ORIGINAL

1
2 UNITED STATES DISTRICT COURT
3 EASTERN DISTRICT OF NEW YORK
4 -
5 ADRIAN SCHOOLCRAFT,
6 Plaintiff,
7 -against- Index No.
10CIV-6005 (RWS)
8
THE CITY OF NEW YORK, DEPUTY CHIEF
9 MICHAEL MARINO, Tax Id. 873220,
Individually and in his Official
10 Capacity, ASSISTANT CHIEF PATROL
BOROUGH BROOKLYN NORTH GERALD NELSON,
11 Tax Id. 912370, Individually and in his
Official Capacity, DEPUTY INSPECTOR
12 STEVEN MAURIELLO, Tax Id. 895117,
Individually and in his Official
13 Capacity, CAPTAIN THEODORE LAUTERBORN,
Tax Id. 897840, Individually and in his
14 Official Capacity, LIEUTENANT JOSEPH
GOFF, Tax Id. 894025, Individually and
15 in his Official Capacity, stg. Frederick
Sawyer, Shield No. 2576, Individually
16 and in his Official Capacity, SERGEANT
KURT DUNCAN, Shield No. 2483,
17 Individually and in his Official
Capacity, LIEUTENANT TIMOTHY CAUGHEY,
18 Tax Id. 885374, Individually and in his
Official Capacity, SERGEANT SHANTEL
19 JAMES, Shield No. 3004, and P.O.'s "JOHN
DOE" 1-50, Individually and in their
20 Official Capacity (the name John Doe
being fictitious, as the true names are
21 presently unknown)(collectively referred
to as "NYPD defendants"), JAMAICA
22 HOSPITAL MEDICAL CENTER, DR. ISAK ISAKOV,
Individually and in his Official
23 Capacity, DR. LILIAN ALDANA-BERNIER,
Individually and in her Official Capacity
24 and JAMAICA HOSPITAL MEDICAL CENTER
EMPLOYEES "JOHN DOE" # 1-50, Individually
25

(Continued)

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2 and in their Official Capacity (the name
John Doe being fictitious, as the true
3 names are presently unknown),
4
Defendants.
5
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6
111 Broadway
7 New York, New York
8 February 11, 2014
10:30 a.m.
9
10 VIDEOTAPED DEPOSITION of DR. LILIAN
11 ALDANA-BERNIER, one of the Defendants in
12 the above-entitled action, held at the
13 above time and place, taken before
14 Margaret Scully-Ayers, a Shorthand
15 Reporter and Notary Public of the State
16 of New York, pursuant to the Federal
17 Rules of Civil Procedure.
18
19 * * *
20
21
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1
2 APPEARANCES:
3
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23 (Appearances continued on next page.)
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22 (Appearances continued on next page.)
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24
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1
2 APPEARANCES CONTINUED
3
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File # 090.155440
8
9
10
ALSO PRESENT AT VARIOUS TIMES: MAGDALENA
11 BAUZA
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14 * * *
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2 STIPULATIONS

3 IT IS HEREBY STIPULATED AND AGREED, by

4 and among counsel for the respective

5 parties hereto, that the filing, sealing

6 and certification of the within

7 deposition shall be and the same are

8 hereby waived;

9 IT IS FURTHER STIPULATED AND AGREED

10 that all objections, except as to form of

11 the question, shall be reserved to the

12 time of the trial;

13 IT IS FURTHER STIPULATED AND AGREED

14 that the within deposition may be signed

15 before any Notary Public with the same

16 force and effect as if signed and sworn

17 to before the Court.

18

19 * * *

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1
2 MR. SMITH: On the record at
3 10:29. We are starting the deposition
4 of Dr. Lilian --
5 MR. CALLAN: Aldana,
6 A-L-D-A-N-A, Bernier.
7 MR. SMITH: Aldana-Bernier.
8 The deposition is being
9 videotaped.
10 We are at 111 Broadway, my
11 office, Nathaniel Smith, and today is
12 the 11th of February 2014.
13 You can swear the Witness in.
14 L I L I A N A L D A N A -
15 B E R N I E R, the Witness herein, having
16 first been duly sworn by the Notary Public,
17 was examined and testified as follows:
18 EXAMINATION BY MR. SUCKLE:
19 Q. What is your name?
20 A. Lilian Aldana, hyphen, Bernier;
21 L-I-L-I-A-N, A-L-D-A-N-A, hyphen,
22 B-E-R-N-I-E-R.
23 Q. Where do you reside?
24 A. 71 Parker Avenue, Maplewood,
25 New Jersey 07042.

1 L. ALDANA-BERNIER
2 Q. Good morning, Doctor. My name
3 is Howard Suckle. I represent Mr.
4 Schoolcraft in this matter, and I'll be
5 asking you some questions today.
6 Although I'm sure your attorney
7 has gone over some basic rules of a
8 deposition, let me just make sure we are
9 all are clear on them.
10 If at any time you don't
11 understand my question for any reason
12 whatsoever, please let me know because if
13 you do answer we are going to assume that
14 you understood the question. Okay?
15 A. Okay.
16 Q. In addition while sometimes
17 during the course of a conversation, a
18 shake of the head or a nod may be an
19 appropriate answer when the answer is yes
20 or no. Here we have a court reporter and
21 the court reporter needs to take down
22 everything that you say, everything I
23 say, and anything else said in the room.
24 If the answer is appropriately
25 yes or no, can you please use some type

1 L. ALDANA-BERNIER
2 of word, say yes or no, opposed to
3 shaking your head?
4 A. Yes.
5 Q. Also in that vein, the reporter
6 needs to take down everything that you
7 and I say. Although you may anticipate
8 what my question is going to be before I
9 finish, please let me finish it so the
10 reporter can take that down and then
11 begin to answer. Okay?
12 A. Yes.
13 Q. Doctor, can you tell me what
14 you presently do for a living?
15 A. I am a medical doctor,
16 psychiatrist specialty.
17 Q. Where are you employed, if at
18 all?
19 A. I am. I'm working for Jamaica
20 Hospital.
21 Q. When you say you work for
22 Jamaica Hospital, is that your employer?
23 A. Yes.
24 Q. How long have you been employed
25 by Jamaica Hospital?

1 L. ALDANA-BERNIER
2 A. From 1995 to the present.
3 Q. I don't want to know the
4 details, but you are paid a salary,
5 correct?
6 A. Yes.
7 Q. By Jamaica Hospital?
8 A. Yes.
9 Q. In other words when you see
10 patients, you don't bill them
11 independently, do you?
12 A. No, I don't.
13 Q. Doctor, can you tell me where
14 did you go to undergraduate school?
15 A. I went to the Concordia
16 College. That is for my BSN in the
17 Philippines.
18 Q. Are you originally from the
19 Philippines?
20 A. I am from the Philippines, yes.
21 Q. That's where you were born?
22 A. Yes.
23 Q. What did you study at Concordia
24 College?
25 A. That's bachelor's of science in

1 L. ALDANA-BERNIER
2 nursing.
3 MR. SMITH: Sorry. What was
4 that bachelor's in?
5 THE WITNESS: In nursing.
6 Q. When did you complete that?
7 A. This was in 1973.
8 Q. After you completed your
9 bachelor's in nursing, what did you do
10 with regards to your career or education?
11 A. When I finished in March, I
12 work in the emergency room voluntarily
13 for the Far Eastern University.
14 Q. How long did you do that?
15 A. From March to November when I
16 came to the United States in 1973.
17 Q. When you came to the United
18 States, for what purpose did you come to
19 the United States?
20 A. The American dream.
21 Q. Did you continue your education
22 or your career at that point?
23 A. Yes, 1976 to '97 I took my
24 master's in nursing, minor in education
25 at the New York University.

1 L. ALDANA-BERNIER
2 Q. So you have a master's in
3 nursing?
4 A. Yes.
5 Q. And education?
6 A. Yes.
7 Q. After you completed your
8 master's in nursing and in education,
9 what did you do next with regard to your
10 career and education?
11 A. After that I went to medical
12 school from 1981 to 1986, University of
13 Santiago, Dominican Republic.
14 Q. At some point you immigrated to
15 the Dominican Republic?
16 A. Yes.
17 Q. Did you become a citizen of the
18 Dominican Republic?
19 A. No, I was a citizen of the
20 United States before I went there.
21 Q. Just for the record, when did
22 you become a citizen?
23 A. That was between '78 and '79.
24 Q. While you were in medical
25 school, did you concentrate on any

1 L. ALDANA-BERNIER
2 particular area of medicine?
3 A. At that point in medical
4 school, no.
5 Q. Did you graduate from the
6 University of Santiago?
7 A. Yes.
8 Q. What was your degree?
9 A. MD.
10 Q. What did you do next after that
11 with regard to your career or education?
12 A. In 1986 I had my externship at
13 the Elizabeth General Hospital in
14 psychiatry.
15 Q. Where is that?
16 A. In New Jersey.
17 Q. How long did you do that?
18 A. For a year.
19 Q. After that what did you do next
20 with regard to your career or education?
21 A. From '89 to '93, I had my
22 residency in psychiatry at the
23 Metropolitan Hospital here in Manhattan.
24 Q. As a resident did you have to
25 rotate through other disciplines as well

1 L. ALDANA-BERNIER
2 as psychiatry?
3 A. Yes, we did internal medicine,
4 urology.
5 Q. Any other disciplines you
6 rotated through?
7 A. I choose my elective in
8 endocrine.
9 Q. What is endocrine?
10 A. Endocrine has to do with your
11 hormones.
12 Q. Did you complete that
13 residency?
14 A. I did in 1993.
15 Q. After your residency what did
16 you do next with regard to your career or
17 education?
18 A. After 1993 I had -- 1994 I work
19 at Kings County Hospital as an inpatient
20 doctor.
21 Q. When you say "inpatient
22 doctor," what do you mean?
23 A. Inpatient unit.
24 Q. In psychiatry?
25 A. Psychiatry inpatient unit.

1 L. ALDANA-BERNIER
2 Q. As an attending?
3 A. Attending.
4 Q. You were employed by Kings
5 County Hospital?
6 A. Kings County Hospital.
7 Q. That's a hospital run by the
8 City of New York?
9 A. Yes, Brooklyn.
10 Q. You were an employee of the
11 City of New York at that time?
12 A. Yes.
13 Q. We're early on now, and it's
14 okay, but if we keep running over each
15 and you're not letting me finish before
16 you answer, she is going to start hitting
17 me.
18 You have to let me finish
19 before you answer. Okay?
20 A. Okay.
21 Q. How long were you an employee
22 of the City of New York?
23 A. Can I count?
24 Q. Take your time.
25 A. I'm not sure. Between eight to

1 L. ALDANA-BERNIER
2 nine months.
3 Q. While you were doing your
4 residency at Metropolitan, is that a City
5 hospital?
6 A. It's a City hospital.
7 Q. While you were there, were you
8 paid any money or given any stipend?
9 A. Paid a salary.
10 Q. So you were an employee at that
11 point too of the City of New York,
12 correct?
13 A. Yes.
14 Q. How long were you an employee
15 of Metropolitan?
16 A. Four years.
17 Q. After the inpatient attending
18 at Kings County Hospital, what did you do
19 next?
20 A. I went to Coney Island
21 emergency room.
22 Q. What did you do there?
23 A. Emergency room attending.
24 Q. Psychiatric?
25 A. Psychiatric emergency room.

1 L. ALDANA-BERNIER
2 Q. Is Coney Island Hospital a City
3 hospital?
4 A. City hospital.
5 Q. How long did you work as an
6 attending at the Coney Island Hospital
7 for the City of New York?
8 A. At the time maybe three months.
9 Q. When you went from Kings to
10 Coney Island Hospital, was this a
11 transfer; did you leave one job and start
12 a new job?
13 A. I left one job to start a new
14 job.
15 Q. After what year was it that you
16 worked at Coney Island Hospital?
17 A. That was 1995.
18 Q. After Coney Island Hospital,
19 what did you do next?
20 A. I went to Jamaica Hospital.
21 Q. So you went to Jamaica Hospital
22 in 1995?
23 A. '95.
24 Q. And you have been employed
25 there ever since?

1 L. ALDANA-BERNIER
2 A. Yes.
3 Q. When you first got to Jamaica
4 Hospital, what was your position?
5 A. I was working in the emergency
6 room as an attending psychiatrist.
7 Q. And has that position changed
8 at all, have you changed your position at
9 Jamaica Hospital?
10 A. As an attending? I'm still an
11 attending.
12 Q. You are still in the same
13 position as in 1995?
14 A. I'm an attending still in
15 Jamaica Hospital.
16 Q. Were you anything other than an
17 attending at Jamaica Hospital?
18 A. I was director of the emergency
19 room.
20 Q. When were you the director of
21 the emergency room?
22 A. I am not sure. I don't
23 remember when, but I was acting director
24 and became the director. Then I was
25 still an attending at Jamaica Hospital.

1 L. ALDANA-BERNIER
2 Q. How many months or years were
3 you the acting director?
4 A. How many years?
5 Q. How long?
6 A. Like -- I have no recollection.
7 Q. Was it a year, two years, six
8 months, ten years? Give me an idea.
9 A. As acting, approximately one
10 year.
11 Q. How about as director?
12 A. Director, maybe ten years.
13 Q. While you were the acting
14 director and director, were you actually
15 practicing medicine during that period of
16 time?
17 A. Yes.
18 Q. Well, was there any difference
19 in the job function as acting director or
20 director?
21 A. No. They were trying to find
22 something so you are just the acting
23 until they find a real director.
24 Q. And they found you?
25 A. Yeah, I have been there. They

1 L. ALDANA-BERNIER
2 rather have somebody in there than take
3 somebody from outside.
4 Q. When was the last time you were
5 in the role of director of the
6 psychiatric emergency room at Jamaica
7 Hospital?
8 A. That was October 2013.
9 Q. So in October 2009, you were
10 the director of the psychiatric emergency
11 room?
12 A. Yes.
13 Q. As a director of the
14 psychiatric emergency room in October
15 2009, what were your responsibilities and
16 functions?
17 A. Director of emergency room, you
18 do have administrative responsibility.
19 You attend administrative meeting. At
20 the same time, you were still do
21 clinicals, you still have the clinical
22 aspect. You have to see the patients.
23 At the same time, you have to oversee the
24 residents and the other staff of the
25 emergency room.

1 L. ALDANA-BERNIER
2 Q. As the director of the
3 emergency room, did you have any role in
4 creating or drafting any of the rules or
5 regulations of Jamaica Hospital emergency
6 room?
7 A. Together with the other members
8 of the team or other administrators, yes,
9 I sit down with them and give my
10 feedback.
11 Q. How much of your job in October
12 2009 as director involved administrative
13 work versus clinical work?
14 A. I do more clinical.
15 Q. You say more clinical?
16 A. More clinical, yes.
17 Q. Give me an idea how much of
18 your day or week was spent doing
19 administrative work versus clinical work?
20 A. I do more clinical, but I was
21 the only psychiatrist in the emergency
22 room until -- go ahead?
23 Q. Until when?
24 A. Until they had given me a new
25 attending which was for only one year.

1 L. ALDANA-BERNIER
2 Q. When was that?
3 A. In 2012/2013.
4 Q. So October 2009 you were the
5 only attending psychiatric physician in
6 the psychiatric emergency room?
7 A. Yes.
8 Q. And did you have a set schedule
9 at the time during the day that you
10 worked?
11 A. I go to work from eight
12 o'clock.
13 Q. Until when?
14 A. That depends, until finishing
15 my patient. I cannot stay because
16 sometimes you work overtime, six o'clock,
17 seven o'clock.
18 Q. What is the standard day?
19 A. Eight to four.
20 I want you to know, I don't
21 stay until four o'clock. I stay more
22 than that.
23 Q. That's what I'm trying to find
24 out.
25 On an average day, if there is

1 L. ALDANA-BERNIER
2 such a thing, how long do you stay at the
3 hospital?
4 A. Maybe ten, 12 hours.
5 Q. When I talked about
6 administrative responsibilities, to
7 oversee the residents, was that part of
8 that administrative responsibility, is
9 that clinical, or something else?
10 A. That's more of your teaching
11 responsibilities.
12 Q. How about overseeing the staff,
13 is that in addition to your
14 administrative responsibilities?
15 A. Yes.
16 Q. How much of your time was
17 devoted to doing clinical compared to all
18 of these other functions that you had as
19 director?
20 A. I spend maybe out of the ten
21 hours, I spend eight hours clinical.
22 Q. When you say "overseeing
23 staff," is that the nursing staff or
24 something else?
25 A. Yes, nursing staff.

1 L. ALDANA-BERNIER
2 Q. In addition to having been the
3 only psychiatric physician employed at
4 the emergency room in October 2009, were
5 there other physicians who had privileges
6 in the emergency room; psychiatric I'm
7 talking about?
8 A. Yes.
9 Q. And how did that work, what
10 kind of association did other doctors
11 have with the psychiatric emergency room
12 that you are aware of?
13 A. We divided in shifts. One you
14 have that works from four to 12 and one
15 that work from 12 to eight.
16 Q. When you say "one that works,"
17 since you were the only one employed,
18 what was the title of the people that
19 worked for the other two shifts?
20 A. Also psychiatrists.
21 Q. Were they employed by Jamaica
22 Hospital?
23 A. Yes.
24 Q. And that was in October 2009?
25 A. Yes.

1 L. ALDANA-BERNIER
2 Q. Let me just clarify: I thought
3 you said you were the only psychiatrist
4 working in the emergency room in October
5 2009. Are you saying these other
6 psychiatrists were residents?
7 A. I'm referring to the time you
8 were asking. The time I work from eight
9 to four, I am the only psychiatrist.
10 Q. So during your shift?
11 A. During my shift.
12 Q. In October 2009 who were the
13 other psychiatrists employed by Jamaica
14 Hospital that you are aware of in the
15 emergency room?
16 MR. RADOMISLI: Objection to
17 form.
18 A. When you saying other
19 psychiatrists, include the residents?
20 Q. Let's not talk about residents
21 yet. The other attendings.
22 A. Who are the other?
23 Q. Yes, who are the other
24 physicians that man those other shifts?
25 A. I will not remember who those

1 L. ALDANA-BERNIER
2 psychiatrist were.
3 MR. SMITH: What was the answer?
4 MR. CALLAN: She doesn't
5 remember.
6 [The requested portion of the
7 record was read.]
8 Q. And working at Metropolitan,
9 Kings County Hospital, Coney Island
10 Hospital up until your job working with
11 Jamaica Hospital, did you ever encounter
12 patients brought in by police officers to
13 the emergency psychiatric unit?
14 A. Did I ever encounter?
15 Q. Yes.
16 A. In all of the hospitals that I
17 worked?
18 Q. Yes.
19 A. Yes.
20 Q. From October 2009 back into
21 your career, how many times did you
22 encounter patients who had been brought
23 to the psychiatric emergency room by
24 police officers?
25 A. I will not remember.

1 L. ALDANA-BERNIER
2 Q. Hundreds of people, thousands
3 of people?
4 A. Not hundreds.
5 Q. How often in your career have
6 you encountered patients brought to the
7 psychiatric emergency room by police
8 officers?
9 A. Repeat that question.
10 Q. Sure.
11 In your career how many times
12 have you encountered patients being
13 brought to the emergency room by police
14 officers?
15 A. I think I answered you. I will
16 say I cannot remember.
17 Q. Can you give me an estimate
18 what kind of number we are talking about:
19 ten times, five times, a hundred times?
20 A. Well, I will be deceiving you
21 if I told you a number, right?
22 Q. Can you give your best
23 estimate?
24 A. Maybe ten.
25 Q. In those ten or so times,

1 L. ALDANA-BERNIER
2 understanding it's an estimate, do you
3 recall any of those patients being
4 brought in in handcuffs?
5 A. Okay. How do you want me to
6 answer that?
7 Q. Yes or no.
8 Do you remember anybody, any of
9 those ten or so people, being brought in
10 in handcuffs?
11 A. They were -- any time an
12 officer bring a patient, they are in
13 handcuffs.
14 Q. Every single time that you
15 encountered officers bringing patients to
16 the hospital, they are in handcuffs in
17 your history?
18 A. When an officer brings a
19 patient to the emergency room, they
20 usually are in handcuffs.
21 Q. And they are usually under
22 arrest?
23 A. Not all are under arrest.
24 Q. When you say "they are not all
25 under arrest," what do you mean?

1 L. ALDANA-BERNIER
2 A. When they bring in a patient
3 very agitated, combative, violent,
4 depending on the nature of their call,
5 I'm sure they were being brought by
6 handcuffs.
7 Q. And do you recall as you sit
8 here any of names of any of those
9 patients?
10 A. No.
11 Q. And do you recall as you sit
12 here a gentleman named Adrian Schoolcraft
13 from only your memory?
14 A. Hold on. You're saying from my
15 memory?
16 Q. Yes.
17 A. Because I have been reading the
18 chart.
19 Q. Independent of the records, do
20 you have any memory of Adrian
21 Schoolcraft?
22 MR. CALLAN: Objection to the
23 form of the question.
24 You can answer.
25 A. No, I don't.

1 L. ALDANA-BERNIER
2 Q. Okay. Can't describe him
3 physically, can you?
4 A. No.
5 Q. So am I correct that your
6 entire memory of any care or treatment
7 you may have rendered to Mr. Schoolcraft
8 is contained in the hospital chart of
9 Jamaica Hospital?
10 MR. RADOMISLI: Objection to
11 form.
12 MR. CALLAN: I join in the
13 objection.
14 You can answer.
15 A. From it, yes.
16 Q. So your memory of care and
17 treatment of Mr. Schoolcraft comes from
18 the notes contained in the hospital chart
19 of Jamaica Hospital, correct?
20 A. Yes.
21 Q. And prior to coming here today,
22 did you review any documents?
23 A. The same, yes.
24 Q. What did you review?
25 A. The records [indicating].

1 L. ALDANA-BERNIER
2 Q. When you say "the records,"
3 what records?
4 A. The hospital records.
5 Q. Of who?
6 A. Of Mr. Schoolcraft.
7 Q. Did you review the entire
8 hospital chart?
9 A. Not the entire, just go through
10 maybe five pages.
11 Q. What five pages did you look
12 at?
13 A. Just going through
14 [indicating].
15 Q. What was the nature of the
16 things you looked at?
17 A. I want to the consult, and I
18 went through the notes of the resident.
19 Q. Your consult and the --
20 A. The consult of the resident and
21 the notes of the residents when the
22 resident was working in the emergency
23 room.
24 Q. Your consult and the resident's
25 note in your --

1 L. ALDANA-BERNIER
2 A. Not my consult, a consult done
3 by the resident in the medical ER and the
4 notes of the resident when the patient
5 was in our psych unit.
6 Q. The consult of the resident,
7 was that a psych ER consult?
8 A. It was a psychiatric consult in
9 the medical ER.
10 Q. And then you looked at notes
11 from the psych ER?
12 A. From the psych ER.
13 Q. Were any of those your notes?
14 A. The notes of the residence.
15 Q. Prior to coming here today and
16 since October 2009, have you ever looked
17 at any notes that you made in the chart?
18 A. No.
19 Q. So in anticipation of coming
20 here today before you came to this room,
21 did you look at any documents before
22 today?
23 A. Yes, same notes.
24 Q. Same notes.
25 In that entire time from

1 L. ALDANA-BERNIER
2 October 2009 up until today, did you have
3 access to the entire Jamaica Hospital
4 chart, at least as you understood it to
5 be?
6 A. No.
7 Q. No one showed it to you?
8 A. No.
9 Q. Did you ask to review it?
10 A. Before, but I was stopped.
11 Q. Who stopped you?
12 A. The hospital risk management.
13 Q. So you at some point decided
14 you want to look at the chart, and risk
15 management asked you not to do that?
16 A. The very, very first time, yes.
17 I don't remember when was that but was
18 risk management.
19 Q. Was that when you received some
20 type of summons and complaint regarding
21 this lawsuit?
22 A. Yes.
23 Q. After that you knew you were
24 coming here to testify, correct,
25 somewhere before today someone told you

1 L. ALDANA-BERNIER
2 have to testify, right?
3 A. Yes.
4 Q. In fact this is the second time
5 that you arrived in this room to testify,
6 correct?
7 A. Yes.
8 Q. In anticipation of either of
9 those two times, you never reviewed the
10 chart other than the notes you --
11 A. You're right.
12 Q. You never reviewed any chart
13 with your handwriting on it prior to
14 today?
15 A. My handwriting?
16 Q. Yes.
17 A. I saw it.
18 Q. So you read your handwriting or
19 your notes?
20 A. Yes.
21 Q. So now you have told me you
22 have read the consult of a resident,
23 psychiatric resident, in the medical ER
24 and the notes in the psychiatric ER?
25 A. [Indicating.]

1 L. ALDANA-BERNIER
2 Q. And your notes?
3 MR. CALLAN: Those were her
4 notes, Counsel. I think that's the
5 confusion.
6 MR. SUCKLE: I'll clarify.
7 Thank you.
8 A. Yes.
9 Q. As your counsel points out, the
10 psych ER notes included your notes?
11 A. Yes.
12 Q. Did you make any notes in the
13 chart that you were aware of that were
14 not done in the psych ER?
15 A. No.
16 Q. And did you review any other
17 documents in anticipation of coming here
18 to testify?
19 A. No.
20 Q. Did you read any transcripts of
21 any testimony prior to today?
22 A. No.
23 Q. Did you speak to anybody at
24 Jamaica Hospital regarding preparing for
25 testimony here today?

1 L. ALDANA-BERNIER
2 A. No.
3 Q. Have you spoken to anybody at
4 Jamaica Hospital --
5 MR. SUCKLE: Withdrawn.
6 Q. Have you spoken to anybody at
7 Jamaica Hospital about your care and
8 treatment of Mr. Schoolcraft?
9 A. No.
10 Q. How about anybody else's care
11 and treatment of Mr. Schoolcraft?
12 A. Who?
13 Q. Have you ever spoken to anybody
14 at Jamaica Hospital about anybody else's
15 care and treatment of Mr. Schoolcraft?
16 A. No.
17 Q. Have you spoken to anybody from
18 the New York City Police Department
19 regarding your care and treatment of Mr.
20 Schoolcraft?
21 A. No.
22 Q. And just for the record, what
23 is risk management? You said you spoke
24 to risk management. What is that?
25 A. They are the legal department.

1 L. ALDANA-BERNIER
2 MR. SUCKLE: Mark this 69.
3 [The document was hereby marked
4 as Plaintiff's Exhibit 69 for
5 identification, as of this date.]
6 MR. CALLAN: I'll show you
7 what's been marked as Plaintiff's
8 Exhibit 69.
9 Counsel from Jamaica Hospital,
10 is that the hospital chart provided to
11 you by Jamaica Hospital for Adrian
12 Schoolcraft?
13 MR. RADOMISLI: Yes.
14 Q. I will ask you, do you know
15 what this is?
16 A. That's our record.
17 Q. When you say "our record," you
18 mean Jamaica Hospital's record?
19 A. Jamaica Hospital record.
20 Q. That record is created as part
21 of the business of Jamaica Hospital,
22 correct?
23 A. Correct.
24 Q. It's the business of Jamaica
25 Hospital to make that record?

1 L. ALDANA-BERNIER
2 A. You're right.
3 Q. And that record is kept at
4 Jamaica Hospital as part of its regular
5 course of business, correct?
6 A. Yes.
7 Q. And entries in this chart were
8 made on or about the dates listed in
9 here?
10 A. Yes.
11 Q. Is this the record that you had
12 access to review prior to testifying here
13 today?
14 A. Yes.
15 Q. Or a copy of it?
16 A. Or the copy, yes.
17 Q. But you did have a chance to
18 review this original record here today
19 prior to testifying?
20 A. Yes, when I came in here.
21 Q. Can you tell me from your
22 review of the record before we go through
23 the record, generally what was your role,
24 if at all, was with regard to the care
25 and treatment of Mr. Schoolcraft?

1 L. ALDANA-BERNIER
2 A. What was my role in the care?
3 Q. Yes.
4 A. My role was I as soon as I came
5 to the emergency room, I had the
6 responsibility to go and see every
7 patient that was left over under my care
8 and Mr. Schoolcraft was one of them so I
9 had to, like, every other patient go and
10 see him, speak to him, evaluate him.
11 Q. Evaluate him?
12 A. Yes.
13 And then I have to read the
14 notes of the initial doctor who was the
15 resident that saw the patient. I have to
16 assess that note, and make my decision if
17 needed to be admitted.
18 Q. In your training as a nurse,
19 did you learn about the creation of
20 hospital records?
21 A. Did I what?
22 Q. Did you learn about how to make
23 hospital records in your training as a
24 nurse?
25 A. How to make hospital records?

1 L. ALDANA-BERNIER

2 Q. Yes.

3 A. Yes.

4 Q. Did you also learn how to make

5 hospital records during your training as

6 a physician?

7 A. Yes.

8 Q. And as a resident, did you

9 learn about how to make hospital records?

10 A. Yes.

11 Q. How about Kings County, did you

12 learn there about how to make hospital

13 records?

14 A. Yes.

15 Q. And the same for Coney Island

16 Hospital, correct?

17 A. Yes.

18 Q. And Jamaica Hospital as well?

19 A. Yes.

20 Q. In fact do you know what the

21 purpose of creating a hospital record is?

22 A. That's to keep a file on the

23 patient.

24 Q. Is that just to have a file, or

25 is there a medical purpose for creating a

1 L. ALDANA-BERNIER
2 hospital record?
3 A. Yes, a medical purpose for the
4 file to ascertain that the patient was in
5 that place when he was treated.
6 Q. Just to know whether or know he
7 was physically in the place?
8 A. It's a medical record of the
9 patient, complete medical record of the
10 patient.
11 Q. When you say "complete medical
12 record," it's supposed to show the
13 treatment of a patient at a facility?
14 A. Treatment, treatment plan, and
15 discharge plan.
16 Q. If there is an evaluation of
17 the patient, the records are required to
18 have details of that evaluation, correct?
19 A. Yes.
20 Q. If there is an examination of
21 the patient, it's required to create
22 notes regarding that --
23 MR. CALLAN: Objection.
24 A. Yes.
25 Q. Does good and accepted medical

1 L. ALDANA-BERNIER
2 practice require when a physician
3 examines a patient they make a note of
4 that examination?
5 A. Yes.
6 Q. Does good and accepted medical
7 practice require when a physician makes
8 an evaluation of the patient, they need
9 to make a note of that evaluation?
10 A. Yes.
11 Q. And why do physicians make
12 notes of their examinations of patients
13 in hospital charts?
14 A. Why do we make notes?
15 Q. Yes.
16 A. We have to make notes to make
17 sure that we have seen the patient, that
18 we have assessed what we are supposed to
19 be doing for the patient, and to make
20 sure there is a record that the patient
21 was assessed and evaluated and treated;
22 that's why we do it.
23 Q. Isn't it also important to note
24 in the records either your examinations
25 or evaluation of a patient so that in the

1 L. ALDANA-BERNIER
2 future someone else can read those
3 evaluations and examinations and
4 understand what took place?
5 A. You're right.
6 Q. You know in medicine sometimes
7 you are not the last physician to see a
8 patient, correct?
9 A. That's right.
10 Q. Especially in a hospital
11 setting?
12 A. That's correct.
13 Q. Sometimes you will evaluate or
14 see a patient and other physicians will
15 see a patient and evaluate them, correct?
16 A. Yes.
17 Q. And you know that other
18 physicians may want to review what
19 happened in the past, correct?
20 A. That's correct.
21 Q. That's one of the reasons for
22 creating a hospital record and notes in
23 the hospital, correct?
24 A. That's correct.
25 Q. In fact you testified that you

1 L. ALDANA-BERNIER
2 went back and read some previous notes
3 that other physicians made in Mr.
4 Schoolcraft's chart during your care and
5 treatment of him, correct?
6 A. That's correct.
7 Q. It's important for you to have
8 notes from other physicians so you know
9 what their evaluations were, correct?
10 A. That's correct.
11 Q. Also to know what their
12 examinations were?
13 A. That's correct.
14 Q. And to know what they base
15 their examinations and evaluations on,
16 correct?
17 A. That's correct.
18 Q. The only way to know that would
19 be to read the chart and see what is
20 written down, correct?
21 MR. RADOMISLI: Objection to
22 form.
23 A. That's correct.
24 Q. When you went and evaluated Mr.
25 Schoolcraft, did you actually speak to

1 L. ALDANA-BERNIER
2 the residents that had written the notes
3 that you just described?
4 A. I did not speak to the
5 residents. I read his notes.
6 Q. You relied on the records to
7 determine what previously had taken place
8 with Mr. Schoolcraft; is that what you're
9 saying?
10 A. I read his notes. I had to go
11 see the patient.
12 Q. Do you know whether or not any
13 physician reviewed any of your records
14 after you treated Mr. Schoolcraft?
15 A. I do not know if they reviewed
16 my records.
17 Q. Do you know if they did?
18 A. I'm sure they go and read the
19 notes.
20 Q. When you examine a patient in
21 the psychiatric ER, is that a physical
22 examination, psychiatric examination, or
23 something else?
24 MR. LEE: Objection to form.
25 A. Psychiatric evaluation.

1 L. ALDANA-BERNIER
2 Q. Did you in October 2009 or
3 November 2009 have a standard practice
4 how you did a psychiatric examination?
5 A. Yes, yes. Evaluate the patient
6 and get the history of present illness
7 and the past history and then you do a
8 mental status exam.
9 Q. So you do history, past
10 history, and mental status exam?
11 A. Yes.
12 Q. And the history is gotten by
13 asking the patient questions?
14 A. Yes.
15 Q. And any other way that you get
16 the history?
17 A. It's just through interaction.
18 Q. With the patient?
19 A. With the patient, yes.
20 Q. So you ask a question, the
21 patient answers, so you get the history?
22 A. Yes.
23 Q. How about the past medical
24 history, same thing?
25 A. Yeah, it's history, present

1 L. ALDANA-BERNIER
2 illness, past history, past medical
3 history, and the mental status exam.
4 Q. Everything but the mental
5 status exam is done by asking the patient
6 questions, getting answers, and writing
7 it down?
8 A. Yes.
9 Q. Why did you write those things
10 down?
11 A. For records so that somebody
12 else when the next doctor comes will be
13 able to read the notes.
14 Q. What is a mental status exam?
15 A. A mental status exam is --
16 entails different questions like testing
17 cognitive function.
18 Q. Conative function?
19 A. Yes.
20 Testing his abstraction,
21 testing his thought process, testing the
22 thought content whether there is a
23 delusion, there is a hallucination, if he
24 was suicidal or homicidal; also includes
25 visual assessment which is looking at his

1 L. ALDANA-BERNIER
2 appearance and also assessing his speech
3 and assessing his insight and judgment.
4 Q. This is how you do your mental
5 status exam on all the psychiatric
6 patients --
7 A. Yes.
8 Q. You do your own examination,
9 correct?
10 A. Yes.
11 Q. Let's go to testing conative
12 functioning, how do you do that?
13 A. Testing orientation, checking
14 his memory.
15 Q. And you ask him questions?
16 A. Yes.
17 Q. You did a mental status
18 examination on Mr. Schoolcraft, right?
19 A. Yes.
20 Q. You asked him questions about
21 his memory, correct?
22 A. We do that on all our patients.
23 Q. You did that on Mr.
24 Schoolcraft, correct?
25 A. We do it on all of our

1 L. ALDANA-BERNIER
2 patients. I may have done on Mr.
3 Schoolcraft.
4 Q. Any other things that you do
5 with regard to conative function in your
6 mental status examination?
7 A. Usually the orientation and the
8 memory.
9 Q. When you say "orientation,"
10 what do you mean?
11 A. Asking what date is it today,
12 where are you right now, if he is aware
13 of his surrounding, where he was.
14 Q. And good and accepted medical
15 practice requires you to perform this
16 mental status examination of his
17 cognitive functioning, correct?
18 A. That's correct.
19 Q. And to make a note of your
20 findings, correct?
21 A. Correct.
22 Q. And make a note of your
23 examination of his cognitive functioning,
24 correct?
25 A. That's correct.

1 L. ALDANA-BERNIER
2 Q. You indicated obstruction
3 [sic], what is that?
4 A. Trying to test the intellectual
5 capacity by giving problems or decision
6 making if you give a situation.
7 Q. Did you perform this part of
8 the mental status examination on Mr.
9 Schoolcraft?
10 A. We do that in all of our
11 patients. I may have done it
12 [indicating].
13 Q. So you did it with Mr.
14 Schoolcraft?
15 A. Yes.
16 Q. He is one of your patients,
17 correct?
18 A. Yeah.
19 Q. And does good and accepted
20 medical practice require you perform this
21 obstruction [sic] test --
22 MR. CALLAN: Objection.
23 MR. RADOMISLI: Objection.
24 Q. -- mental status examination?
25 MR. CALLAN: Objection to the

1 L. ALDANA-BERNIER
2 form of the question.
3 MR. SMITH: It's abstraction.
4 You said obstruction. Let's rephrase
5 that.
6 Q. Does good and accepted medical
7 practice require you to perform this
8 abstraction test?
9 A. Yes.
10 Q. And to make notes of your
11 findings during that test?
12 A. Yes.
13 Q. Thought process, what is that?
14 A. Thought process.
15 Q. You said part of the test was
16 thought process?
17 A. If he was thinking linear, is
18 he goal directed or is he was over --
19 going [sic] disorganized or loose.
20 Q. Good and accepted medical
21 practice requires you to perform that
22 examination as part of your mental status
23 examination?
24 A. Yes.
25 Q. And you make notes of your

1 L. ALDANA-BERNIER
2 findings, correct?
3 A. Yes.
4 Q. You talked about whether or not
5 part of the mental status examination is
6 whether or not someone is delusional?
7 A. Yes.
8 Q. How do you that?
9 A. Delusional is false belief.
10 Q. False belief?
11 A. That's not in agreement with
12 one's culture.
13 Q. How do you perform that test?
14 A. You usually ask them or when
15 the patient comes and say somebody
16 running after me, somebody is chasing me,
17 or there is a conspiracy or plot against
18 me; that is a delusional belief, a false
19 belief.
20 Q. How do you perform that test?
21 A. They come and tell you.
22 Q. You ask them?
23 A. The patient tells you.
24 Q. Have a conversation?
25 A. Yes.

1 L. ALDANA-BERNIER
2 THE REPORTER: You have to slow
3 down.
4 Q. And good and accepted medical
5 practice requires you to make a note of
6 that conversation, correct?
7 A. Yes.
8 Q. And to detail what the patient
9 says, correct?
10 A. Yes.
11 Q. For each of your patients,
12 correct?
13 A. Yes.
14 Q. And you did that with Mr.
15 Schoolcraft, correct?
16 A. Yes.
17 Q. Suicidal tendencies, you said
18 that was part of your mental status
19 examination --
20 A. Yes.
21 Q. -- what did you mean?
22 A. We have to ask them if they
23 were suicidal, contemplating, if they are
24 -- if they have a plan.
25 Q. And does good and accepted

1 L. ALDANA-BERNIER
2 medical practice require you to make a
3 note of their responses to those
4 questions?
5 A. Yes.
6 Q. Did you ask Mr. Schoolcraft
7 those questions?
8 A. Should have been asked. I'm
9 sure asked.
10 Q. Should have been asked?
11 A. We ask for every patient.
12 Q. So you asked it of Mr.
13 Schoolcraft?
14 A. Yes.
15 Q. Did you make a note of his
16 responses?
17 MR. CALLAN: You can look at the
18 chart.
19 Are you asking from her memory
20 or --
21 Q. If you recall?
22 A. I do not recall if I did write
23 it.
24 Q. But good and accepted medical
25 practice would require you to make a note

1 L. ALDANA-BERNIER

2 of his responses to your questions

3 regarding suicidal tendencies?

4 A. Yes.

5 Q. How about homicidal tendencies,

6 how do you test for that?

7 A. When a patient comes and tell

8 you he's has thoughts of hurting anyone,

9 and then you will ask him if he has a

10 plan, if he has a weapon.

11 Q. Did you do this test on Mr.

12 Schoolcraft?

13 A. Yes.

14 Q. Did Mr. Schoolcraft have a plan

15 or a weapon?

16 A. I will not remember.

17 Q. Did you make any notes? Does

18 good and accepted medical practice

19 require you to make a note of Mr.

20 Schoolcraft's responses to your question

21 regarding homicidal tendencies?

22 A. I will not remember.

23 Q. Does good and accepted medical

24 practice require you to make that note --

25 A. Yes.

1 L. ALDANA-BERNIER
2 Q. -- regarding Mr. Schoolcraft's
3 response regarding homicidal tendencies?
4 A. Yes.
5 Q. And good and accepted medical
6 practice requires you to make a note of
7 both suicidal or homicidal
8 representations that the patient makes to
9 you as a physician, correct?
10 A. Correct.
11 Q. For every patient that makes
12 representation about a method by which
13 they were going to perform a suicide or a
14 homicide, you would make a note of that,
15 correct?
16 A. Correct.
17 Q. Because good and accepted
18 medical practice would require you to
19 make that note, correct?
20 A. That's correct.
21 Q. If there is no such note, the
22 patient didn't say it, correct?
23 A. That's correct.
24 Q. If the patient did not express
25 a suicidal tendency, you would not make a

1 L. ALDANA-BERNIER
2 note of that?
3 MR. CALLAN: Objection to form.
4 MR. SUCKLE: I will rephrase it.
5 Q. If the patient did not express
6 how they were going to perform some type
7 of homicidal act --
8 MR. SUCKLE: I'm withdrawing
9 that question too.
10 Q. When a patient expresses a
11 suicidal thought, do you write down the
12 details of that thought in --
13 A. Yes.
14 Q. Because good and accepted
15 medical practice requires you to do that,
16 correct?
17 A. Yes.
18 Q. And the absence of any note
19 regarding homicidal thought in your
20 records means the patient did not express
21 a homicidal thought, correct?
22 A. It will say that the patient is
23 not homicidal or they will put a negative
24 sign, a circle.
25 Q. I'm talking about you in your

1 L. ALDANA-BERNIER
2 record.
3 A. Uh-huh.
4 Q. When a patient expresses how
5 they intend to commit a homicidal act, do
6 you write down the thought of the patient
7 how they were going to commit the
8 homicidal act?
9 A. Yes.
10 Q. When a patient expresses how
11 they are going to commit a suicidal act,
12 do you write down what the patient tells
13 you about how they were going to perform
14 a suicidal act?
15 A. That's correct.
16 Q. If there is no note regarding
17 how a patient is going to commit a
18 suicidal act, that means the patient
19 didn't express to you how they were going
20 to commit a suicidal act, correct?
21 A. Correct.
22 Q. If there is no note regarding
23 how a patient was planing to commit a
24 homicidal act, that means the patient
25 didn't express to you how they were going

1 L. ALDANA-BERNIER
2 to commit a homicidal act, correct?
3 A. That's correct.
4 Q. You have to assess their
5 speech. How do you do that?
6 A. Characterize the volume and the
7 pitch: Is it soft, is it normal.
8 Q. And again, good and accepted
9 medical practice requires you as a
10 physician while performing this mental
11 status examination to make a note
12 regarding the assessment of speech,
13 correct?
14 A. That's correct.
15 Q. Did you have access to Mr.
16 Schoolcraft's entire chart when you first
17 saw him?
18 Did you understand the
19 question.
20 A. Yes.
21 Q. Physically, this chart we now
22 have as Exhibit 69 in some form was fully
23 accessible to you in the psychiatric
24 emergency room when you saw Mr.
25 Schoolcraft, correct?

1 L. ALDANA-BERNIER
2 MR. CALLAN: Objection to form.
3 MR. SMITH: Objection to form.
4 There is a timing issue.
5 Q. Was Mr. Schoolcraft's medical
6 chart as it existed at the time that you
7 saw him available to you at Jamaica
8 Hospital's emergency room?
9 A. Yes.
10 Q. Did you have physically Mr.
11 Schoolcraft's chart in your presence when
12 you evaluated him?
13 MR. CALLAN: She already said
14 yes to that, Counsel.
15 MR. SMITH: I don't think she
16 did.
17 Q. Did you have it in your
18 presence when you evaluated him?
19 A. I saw it before I saw him.
20 Q. Where were the charts keep in
21 this psychiatric emergency room at least
22 as it was in November 2009?
23 A. It's usually in the nursing
24 station.
25 Q. Are you familiar with the

1 L. ALDANA-BERNIER
2 policies and procedures for Jamaica
3 Hospital with regard to the use of
4 restraints as they existed in 2009?
5 A. Yes.
6 Q. What is your understanding of
7 that?
8 A. A restraint a usually applied
9 on a patient who is a danger to himself
10 or a danger to the other patients or
11 someone is very agitated, aggressive, or
12 violent.
13 They usually come in soft
14 restraint, four-point restraints usually
15 applied for two hours, and then staff has
16 to go monitor those restraints every 15
17 minutes to make sure there is no
18 impairment of circulation.
19 Q. You described a type of
20 restraint. I missed what you said.
21 A. Soft restraint.
22 Q. What is a soft restraint?
23 A. They are not leather. They
24 were like Velcro, like bandages, so that
25 they wouldn't be very constricting to the

1 L. ALDANA-BERNIER
2 hand or the wrist of the patient.
3 Q. Are those the only type of
4 restraints that Jamaica Hospital used in
5 2009?
6 A. Yes.
7 Q. And who makes the decision
8 regarding whether or not restraints are
9 to be applied to a patient?
10 A. When the doctor is not present,
11 any nursing staff that's there can make a
12 decision if the patient should be
13 restrained.
14 What they do is call the doctor
15 and they will tell the doctor that a
16 patient is going to be restained, and in
17 30 minutes that doctor has to go and
18 check the patient.
19 Q. When a patient was brought in
20 in handcuffs at Jamaica Hospital in 2009,
21 was there a procedure for assessment as
22 to whether or not that person should be
23 put into hospital restraints or not?
24 A. Repeat that again.
25 Q. Sure.

1 L. ALDANA-BERNIER
2 When a patient was brought into
3 the hospital, Jamaica Hospital, in
4 handcuffs in 2009, was there a hospital
5 procedure for determining whether or not
6 that patient should be put in the soft
7 restraints that you described?
8 A. Depends on the case. If the
9 patient is in handcuffs taken to our
10 emergency room and the patient is
11 agitated or violent and a danger to that
12 community of the ER, then he will have to
13 be restained. We usually restrain those
14 kind of patients, violent patients.
15 Q. When a violent patient comes in
16 in handcuffs, they were then placed into
17 the soft restraints, correct?
18 A. Yes.
19 Q. Why is that?
20 A. If they are violent, if we see
21 them as a potential danger, then we have
22 to restrain them.
23 Q. Are the only appropriate
24 restraints to be used at Jamaica Hospital
25 in 2009 the soft restraints that you have

1 L. ALDANA-BERNIER
2 been describing?
3 MR. RADOMISLI: Objection to
4 form.
5 MR. CALLAN: I join the
6 objection.
7 Q. Does good and accepted medical
8 practice require when a patient was
9 brought in in handcuffs that the hospital
10 replace those handcuffs with soft
11 restraints in 2009?
12 MR. RADOMISLI: Objection to
13 form.
14 A. Not all handcuffs are soft
15 restraints. I'm trying to say if we
16 think they were violent and a danger or
17 if they are going to be destructive, we
18 have to put them in restraints.
19 Q. When you say not all handcuffed
20 people are put in restraints, are all
21 people that need to be restrained removed
22 from handcuffs and put into soft
23 restraints?
24 A. If they were violent.
25 Q. How soon after admission in

1 L. ALDANA-BERNIER
2 handcuffs should the patient be put into
3 soft restraints?
4 A. They go through triage. If
5 triage assess the patient and they assess
6 that the patient needs to be on
7 restraints because they were violent, as
8 soon as they come into the emergency
9 room, we have to take off the handcuffs
10 and put them on four-point restraints.
11 Q. Why is that?
12 A. Because they are dangerous.
13 That's after the assessment. If we know
14 they are dangerous, we have to put them
15 on restraints.
16 Q. Am I correct once a patient is
17 brought into Jamaica Hospital in
18 handcuffs and they become a patient of
19 the hospital, physicians are going to
20 make decisions about restraints and the
21 type of restraints to be used, correct?
22 A. Yes.
23 Q. Not the police officers,
24 correct?
25 A. No, they don't have a role.

1 L. ALDANA-BERNIER
2 Q. When you say "they don't have a
3 role," what do you mean?
4 A. They don't have a role in
5 deciding if our patient should be
6 restrained or not.
7 Q. If a patient is handcuff and
8 the hospital wants the handcuffs removed,
9 they should be removed, correct?
10 MR. RADOMISLI: Objection to
11 form.
12 MR. CALLAN: Objection to form.
13 A. The handcuffs?
14 Q. Yes.
15 A. If we think they have to --
16 clarify that. There are many, many -- go
17 ahead. Can you clarify it?
18 MR. SUCKLE: We will move onto
19 something else.
20 Q. Did you have any role in
21 writing any written rules or regulations
22 with regards to restraints at Jamaica
23 Hospital?
24 A. Do I have a role -- I may have
25 sit in in one of those sessions, yes.

1 L. ALDANA-BERNIER
2 Q. As a medical provider, your
3 concern is for the patient's health,
4 correct?
5 A. Yes.
6 Q. Did you in reviewing the chart
7 -- how many times did you actually speak
8 to Mr. Schoolcraft?
9 A. I speak to him once when I came
10 in.
11 MR. SMITH: I'm sorry, what?
12 THE WITNESS: When I came in.
13 Q. When you say when you came in,
14 when your shift started?
15 A. Yes.
16 Q. It's your understanding Mr.
17 Schoolcraft was already in the hospital
18 when your shift started?
19 A. Yes.
20 Q. Do you know how many other
21 patients were under your care when you
22 first started that shift at the
23 psychiatric emergency room besides Mr.
24 Schoolcraft?
25 A. I do not know. 2009 we usually

1 L. ALDANA-BERNIER
2 have a 13-bed capacity. It's always full
3 so I wouldn't know how many patients were
4 there.
5 MR. SMITH: Did she say 30 beds?
6 THE WITNESS: Thirteen.
7 Q. Am I correct that the first
8 time that you encountered Mr. Schoolcraft
9 he was in the psychiatric emergency room,
10 correct?
11 A. That's correct.
12 Q. I will show you what's been
13 marked Plaintiff's Exhibit 69 for today's
14 date. I will ask you, can you turn to
15 the first entry that you made in this
16 chart.
17 [Witness complying.]
18 A. [Indicating.]
19 Q. And you pulled out a note, what
20 is the date of that note?
21 A. That was on November 2nd, 2009,
22 three o'clock in the morning.
23 Q. Do you know what your shift was
24 that day?
25 A. My shift was from eight to

1 L. ALDANA-BERNIER
2 four.
3 Q. And are you familiar with the
4 any laws or rules regarding patients
5 being held in psychiatric emergency rooms
6 or hospital against their will?
7 MR. RADOMISLI: Objection to
8 form. Can I just see that?
9 MR. CALLAN: [Handing.]
10 A. Clarify that.
11 MR. SMITH: Can I see that too?
12 MR. CALLAN: Let's get the notes
13 straightened out.
14 Q. Just as a clarification, you
15 said you made this note at three a.m.?
16 A. That's p.m.
17 Q. When did your shift start?
18 A. From eight to four.
19 MR. SMITH: A.m. or p.m.?
20 Q. 8 a.m. to 4 p.m.?
21 A. Yes.
22 Q. Are you familiar with any rules
23 in the Mental Hygiene Law for admitting
24 patients against their will?
25 A. Yes, the involuntary admission.

1 L. ALDANA-BERNIER
2 MR. SUCKLE: Let me put a thing
3 there so you don't lose it.
4 MR. LEE: I didn't hear anything
5 you just said.
6 MR. CALLAN: His said he's
7 putting a marker in the chart so she
8 doesn't lose her place.
9 Q. What do you know of that law?
10 A. That is where two doctors will
11 commit the patient, or we have the 9.39
12 which is the emergency admission.
13 Q. What was the first one?
14 A. Involuntary, that would be the
15 9.27, and emergency admission is the
16 9.39.
17 Q. What is 9.27, what does that
18 mean?
19 A. Involuntary admission.
20 Q. That's somebody going to be
21 involuntarily admitted for how long?
22 A. After 48 hours, that depends if
23 the patient is not better, they can be
24 kept until six months.
25 Q. So 9.39 of the Mental Hygiene

1 L. ALDANA-BERNIER
2 Law, what is that?
3 A. Emergency admission to the
4 hospital which is also involuntary.
5 Q. In order for a patient to be
6 involuntarily admitted to a hospital, are
7 you familiar with the procedure that must
8 take place?
9 A. Yes.
10 Q. Did you learn about this in
11 your training at Jamaica Hospital?
12 A. At Metropolitan Hospital.
13 Q. And you have been familiar with
14 that since your training at Metropolitan
15 Hospital?
16 A. Yeah.
17 Q. Have you ever had to use that
18 involuntary -- that 9.39 of the Mental
19 Hygiene Law to admit a patient?
20 A. Yes.
21 Q. How many times have you done
22 that in your career?
23 A. Many times.
24 Q. When you say "many," give me an
25 idea how many is many?

1 L. ALDANA-BERNIER
2 A. At that time I used to see
3 3,000 patients a year, most likely 2,000
4 patients. I'm giving you a....
5 MR. SMITH: Can you read that
6 back.
7 [The requested portion of the
8 record was read.]
9 A. An approximation.
10 Q. Is that 2,000 patient a year?
11 A. Two thousand patients a year.
12 Q. You used Section 9.39 of Mental
13 Hygiene Law to admit patients against
14 their will 2,000 times in the year 2009,
15 correct?
16 A. Most likely, yes.
17 Q. The 2,000 per year, has that
18 basically been about how many you have
19 admitted per year while you work at
20 Jamaica Hospital to date?
21 A. Cannot recall. It's hard to
22 say.
23 Q. This is a regular occurrence in
24 your practice?
25 MR. CALLAN: Objection to the

1 L. ALDANA-BERNIER
2 form of the question.
3 Q. Do you understand my question?
4 A. [No response.]
5 Q. Do you understand my question?
6 A. Say it again.
7 Q. Sure.
8 Admitting a patient pursuant to
9 9.39 of the Mental Hygiene Law is a
10 regular part of your practice, correct?
11 A. Yes, when I was in the
12 emergency room.
13 Q. And does your understanding of
14 9.39 of the Mental Hygiene Law, does that
15 apply to any admission at Jamaica
16 Hospital or just the psychiatric
17 emergency room?
18 A. Just the psychiatric emergency
19 room.
20 Q. So a patient can be held
21 against their will in the
22 medical emergency --
23 MR. RADOMISLI: Objection to
24 form.
25 MR. LEE: Objection to form.

1 L. ALDANA-BERNIER

2 MR. CALLAN: I join in the

3 objection.

4 Q. Without complying with 9.39 --

5 MR. CALLAN: Objection.

6 Q. Is that your understanding?

7 A. I could admit them

8 involuntarily, yes.

9 Q. So a patient can be admitted

10 pursuant to 9.39 of the Mental Hygiene

11 Law in the medical emergency room,

12 correct?

13 A. In the medical emergency room?

14 MR. CALLAN: Objection to the

15 form of the question.

16 Q. Yes.

17 MR. CALLAN: You can answer.

18 THE WITNESS: I can answer?

19 MR. CALLAN: Yes.

20 A. If the patient is in the

21 medical ER and we know that the patient

22 needs to be transferred to the

23 psychiatric ER, then we have to move them

24 from the medical ER to the psychiatric

25 ER.

1 L. ALDANA-BERNIER
2 Q. If someone is in the medical
3 emergency room --
4 A. Yes.
5 Q. -- are they free to leave?
6 A. From the medical ER?
7 Q. Yeah.
8 A. But that depends, yes.
9 If the medical doctor calls for
10 an evaluation or assessment for a
11 psychiatric patient, if the psychiatric
12 doctor deems the patient -- that the
13 patient needs to be transferred to the
14 psychiatric ER, they were not free to
15 leave. They have to come to the
16 psychiatric ER.
17 Q. So it's your understanding a
18 patient in the medical ER can be held
19 until transferred to the psych ER for the
20 purposes of then being evaluated at some
21 point in the psych ER under Section 9.39
22 of the Mental Hygiene Law; is that your
23 understanding?
24 MR. LEE: Objection to form.
25 MR. RADOMISLI: Objection.

1 L. ALDANA-BERNIER
2 MR. CALLAN: Same objection.
3 A. A psychiatrist will go to the
4 medical ER, he will assess the patient.
5 He already assessed and evaluated. The
6 psychiatrist will say once medically
7 cleared, transfer the patient to the
8 psych ER. So then the patient will be in
9 the psych ER.
10 Q. When a patient is in the
11 medical ER --
12 A. Yes.
13 Q. -- and they want to go home,
14 can they go home?
15 A. It depends. If a medical
16 issue, yes. If medically cleared they
17 want to go home, they go home.
18 If a psychiatric issue and the
19 psychiatrist will say send to the psych
20 ER, then cannot go home. They have to
21 come to the psych ER for further
22 stabilization or further assessment.
23 Q. Under what standard or law,
24 rule or regulation can a person be held,
25 to your understanding, in the medical

1 L. ALDANA-BERNIER
2 emergency room pending transfer to the
3 psych emergency room?
4 A. If you are referring to that,
5 there is no 9.39 or 9.27 or 9.13.
6 If we know that the patient
7 needs to come to psychiatry, we have to
8 transfer the patient to psychiatry.
9 Q. Am I correct that the only way
10 a hospital can hold a patient based upon
11 a psychiatric problem is under 9.39 if
12 that patient wants to go home?
13 MR. LEE: Objection to form.
14 MR. CALLAN: Objection to form.
15 MR. RADOMISLI: Objection to
16 form.
17 A. Rephrase your question.
18 Q. Sure. I will rephrase it.
19 You say when a person is in the
20 medical emergency room, they can be held.
21 What does that mean?
22 A. If let's say the medical doctor
23 will ask for a consult, he needs a psych
24 consult because let's say that patient is
25 behaving bizarre or may be agitated in

1 L. ALDANA-BERNIER
2 the ER or if they have a past history of
3 psychiatric illness, then that doctor
4 will call for a psychiatrist to come and
5 see the patient.
6 If the psychiatrist thinks that
7 the patient needs to be transferred to
8 the psychiatric department, then we can
9 hold the patient and transfer that
10 patient to the psychiatric unit.
11 Q. Under what regulation, rule, or
12 standard can you hold the patient that
13 you're aware of that you just described?
14 A. There is no 9.39, it's the
15 decision of the psychiatrist to transfer.
16 That's the medical ER. Usually, in the
17 medical ER you cannot handle the patient
18 that has all of these symptoms that I was
19 talking about: bizarre behavior,
20 violent, unpredictable, delusional.
21 They can't handled those types
22 of patients. They tend to transfer that
23 patient to the psychiatric unit for
24 further stabilization of the psychiatric
25 problem.

1 L. ALDANA-BERNIER
2 Q. I'm going to ask my question
3 again. Maybe I'm not being clear.
4 Under what rules, standard, or
5 law can a patient be held in a medical
6 emergency room pending transfer to the
7 psychiatric emergency room for evaluation
8 of the Mental Hygiene Law 9.39, if you
9 are aware of any?
10 A. I'm not aware of any.
11 Q. Am I correct that Section 9.39
12 of the Mental Hygiene Law as you
13 understand it must be complied with in
14 order to hold a patient for psychiatric
15 reasons against their will?
16 MR. LEE: Objection to form.
17 A. That is for when you admit the
18 patient?
19 Q. Yes.
20 A. 9.39.
21 Q. That's your understanding?
22 A. Yes, that's against the rule,
23 yes.
24 Q. What is required by Section
25 9.39 of the Mental Hygiene Law as you

1 L. ALDANA-BERNIER
2 understand it in order to admit a patient
3 against their will under that section?
4 A. If we know that the patient
5 need admission because they are a danger
6 to themselves or a danger to society; if
7 they are psychotic and not able to take
8 care of themselves; if they were
9 depressed; if they were suicidal, then we
10 make that decision that the patient needs
11 to be admitted even if it's against their
12 will.
13 Q. This assessment that you just
14 said has to be made, is that the kind of
15 assessment we talked about earlier: the
16 mental status examination?
17 A. Yes. Yes.
18 Q. And when a person is depressed,
19 when you say they could be held, what do
20 you mean?
21 A. They could be held?
22 Q. Yeah, because they are
23 depressed?
24 A. When they were depressed and
25 not able to take care of themselves, then

1 L. ALDANA-BERNIER

2 that would be considered also a danger to

3 themselves because they were depressed.

4 They are not functioning, not eating.

5 They could be suicidal. They were not

6 maybe functioning, to bare minimum. They

7 are not sleeping, not eating. This is

8 also considered a danger to themselves so

9 they have to be admitted.

10 Q. Are there certain procedures

11 that must be followed in order to comply

12 with 9.39 as you understand it?

13 A. Patient not able to take care

14 of themselves then we are supposed to

15 admit these patients.

16 Q. As a physician are there

17 certain things that you are supposed to

18 do in order to comply with Section 9.39

19 of the Mental Hygiene Law as you

20 understand it?

21 A. Yes, I have to admit this

22 patient. They are depressed.

23 Q. That's all you have to do is

24 admit them?

25 A. I have to admit them, observe

1 L. ALDANA-BERNIER
2 them, stabilize them, medicate them.
3 Q. Anything else that you have to
4 do?
5 A. Anything else. I have to
6 stabilize, medicate. I have to admit. I
7 have to obtain information from previous
8 records.
9 Q. What kind of previous records,
10 you mean the hospital records?
11 A. Yes. If they have a
12 psychiatrist, I have to call them.
13 Q. If they have a psychiatrist,
14 you have to call them?
15 A. If they have a psychiatrist,
16 yes.
17 Q. What about any other doctor, do
18 you have to call those doctors?
19 A. Only the psychiatrist.
20 If they say they want us to
21 call their medical doctor, yes, we call
22 their medical doctor.
23 Q. Did you have to fill out any
24 form?
25 A. Yes, release of information,

1 L. ALDANA-BERNIER
2 yes.
3 Q. In order to comply with Section
4 9.39 of the Mental Hygiene Law, you have
5 to fill out a release of information
6 form?
7 A. I have to go back. I'm sorry.
8 In the emergency room, we do
9 not get release of information, only in
10 the inpatient unit.
11 Q. Did you ever fill out any form
12 in order to comply with Section 9.39 of
13 the Mental Hygiene Law, as you understand
14 it?
15 A. Just those forms, the 9.39
16 form.
17 Q. What are those forms for?
18 A. Those are legal forms.
19 Q. What is the purpose of those
20 legal forms, do you know, as you
21 understand it?
22 A. The purpose of those legal
23 forms is just for the reason that you
24 think: if the patient is a danger to
25 himself and that he needs to be

1 L. ALDANA-BERNIER
2 stabilized in a hospital.
3 Q. It's for your own benefit?
4 A. No.
5 MR. CALLAN: Objection to form.
6 You're recharacterizing her answers.
7 MR. SUCKLE: I'm asking.
8 A. It's not for my benefit.
9 Q. Whose benefit is it for?
10 A. For the benefit of the whole
11 society as well as the patient and whole
12 society.
13 Q. Is it important to be accurate
14 in your recordkeeping in a hospital
15 chart?
16 A. Repeat the question.
17 Q. Is it important to be accurate
18 in your recordkeeping and note keeping in
19 a hospital chart?
20 A. Yes.
21 Q. As a physician?
22 A. Yes.
23 Q. Why?
24 A. It's for the sake of patient.
25 MR. SUCKLE: Do you need to take

1 L. ALDANA-BERNIER
2 a break?
3 THE REPORTER: No.
4 MR. SMITH: Let's take a break.
5 We are going off the record at
6 11:51.
7 [Discussion held off the
8 record.]
9 [Whereupon, at 11:51 a.m., a
10 recess was taken.]
11 [Whereupon, at 12:13 p.m., the
12 testimony continued.]
13 MR. SMITH: Back on the record
14 12:13.
15 Q. Doctor, you had indicated to us
16 your first note in the chart was November
17 2nd, 2009, at 3:10 p.m.
18 And do you know whether or not
19 the patient had been evaluated from a
20 psychiatric prospective at any time prior
21 to your note?
22 A. You're asking me if --
23 Q. I'm asking do you know whether
24 or not the patient had to be evaluated
25 from a psychiatric prospective at any

1 L. ALDANA-BERNIER
2 time prior to November 2, 2009, at any
3 time before you made your note?
4 A. Yes.
5 Q. Did you review the chart of Mr.
6 Schoolcraft prior to seeing him on
7 November 2nd, 2009, at 3:10 p.m.?
8 A. Yes.
9 Q. Why did you do that?
10 A. To be able to know the patient
11 and see what's going on and get
12 information about the patient.
13 Q. And when for the first time did
14 anybody do any kind of psychiatric
15 examination or assessment of Mr.
16 Schoolcraft in Jamaica Hospital that
17 you're aware of?
18 A. That is when he was in the
19 medical ER.
20 Q. And did you see a note of that
21 evaluation?
22 A. Yes, it's here [indicating].
23 Q. What is the date and time of
24 that note?
25 A. It's 11/1/2009 at 6:30 in the

1 L. ALDANA-BERNIER
2 morning.
3 MR. LEE: At what time?
4 THE REPORTER: 6:30 in the
5 morning.
6 MR. SUCKLE: Just give me a
7 second.
8 MR. SMITH: Did you see 11/1?
9 THE WITNESS: Yes, 11/1/2009 at
10 6:30 in the morning.
11 Q. And this is a note by who?
12 A. Dr. Lewin.
13 Q. Spell that?
14 A. L-E-W-I-N.
15 Q. It says 1 of 3 on top, correct?
16 A. Yes.
17 Q. It's a three-page note,
18 correct?
19 A. Yes.
20 Q. And it ends and the three pages
21 end with a note on 11/1/09 at 6:30 a.m.,
22 correct?
23 A. Yes.
24 Q. This is called a "Consultation
25 Form." What is that?

1 L. ALDANA-BERNIER
2 A. When the doctor calls for a
3 consult, this is the form that we use to
4 write our notes.
5 Q. What was the purpose of having
6 Mr. Schoolcraft evaluated, if you recall,
7 from your review of the chart?
8 A. Okay. It said in here that a
9 psych consult was called and reported as
10 patient was acting bizarre.
11 Q. Did you read this note prior to
12 your evaluation of the patient?
13 A. Yes.
14 Q. Is this one of notes that you
15 read prior to coming here to testify in
16 preparation for your testimony today?
17 A. Yes.
18 Q. And were you able to read the
19 note, the handwriting, when you read
20 it --
21 A. Yes.
22 Q. -- back in 2009?
23 A. Yes.
24 Q. Have you seen Dr. Lewin's
25 handwriting before?

1 L. ALDANA-BERNIER
2 A. Yes.
3 Q. And you had become familiar
4 with it?
5 A. Yes.
6 Q. And if you go to the second
7 page of that note, did you see from that
8 note there had been no prior psychiatric
9 history?
10 A. It says in here, "Denied past
11 psych hospitalization or treatment."
12 Q. Or suicidal attempt?
13 A. Yes.
14 Q. And after this note was
15 written, was Mr. Schoolcraft free to go
16 home?
17 A. After this note was written,
18 she had recommendations.
19 Q. I know. But my question was:
20 Was Mr. Schoolcraft free to go home after
21 that note was written?
22 A. No.
23 Q. When you say "no," why not?
24 A. Because then that was her
25 recommendation he needed one-to-one

1 L. ALDANA-BERNIER
2 observation for unpredictable behavior
3 and escape risk.
4 Q. What was he escaping from, what
5 was the escape risk from?
6 A. He might run out of the
7 emergency room because it's unlocked
8 door.
9 Q. He needed to be held because he
10 was an escape risk?
11 A. He needed to be observed more.
12 Q. He needed to be observed more?
13 A. One-to-one, yes.
14 Q. Did you also read in the note
15 on the second page, the last line on the
16 second page where the note reads, "He
17 denies suicidal ideations." Do you see
18 that?
19 A. Yes.
20 Q. And "He denies homicidal
21 ideations."
22 A. Yes.
23 Q. Do you have any reason when you
24 read that note to believe that wasn't
25 true?

1 L. ALDANA-BERNIER
2 MR. LEE: Objection to form.
3 A. But you are missing the point
4 in there when he is paranoid about his
5 supervisors.
6 Q. I asked you whether you had any
7 reason to believe he was not suicidal and
8 not homicidal?
9 A. I think I need to know further
10 if he was suicidal or homicidal. At that
11 point in time, I need to assess suicidal
12 or homicidal.
13 Q. You didn't have enough
14 information by just reading suicidal or
15 homicidal, correct, you needed more
16 information, correct?
17 A. Yes, it's saying here he was
18 paranoid about his supervisors.
19 MR. CALLAN: Objection to form.
20 Q. So he was being held because he
21 was paranoid?
22 A. Not only that. He became
23 agitated, uncooperative, verbally abusive
24 while he was in the medical ER so we have
25 to find out why there is agitation, why

1 L. ALDANA-BERNIER
2 is was behaving bizarre.
3 Q. Just so I understand. He is
4 been held because he is agitated?
5 A. Yes.
6 MR. CALLAN: Wait for the
7 question.
8 Q. He was being held because you
9 want to know more about him, correct?
10 MR. CALLAN: Objection to form
11 of the question.
12 Q. Is that correct?
13 MR. CALLAN: That question
14 doesn't make any sense. You are
15 talking about --
16 MR. SUCKLE: You have your
17 objection.
18 Q. Is that your understanding of
19 the note?
20 A. There was more to that. The
21 patient was behaving bizarre.
22 Q. What action was he taking that
23 was bizarre?
24 A. According to the note, when
25 they went to his house, the patient

1 L. ALDANA-BERNIER
2 barricaded himself and he will not open
3 the door so they had to break into his
4 apartment.
5 Q. Is it your understanding under
6 9.39 of the Mental Hygiene Law, someone
7 can be held because they are acting
8 bizarre?
9 MR. CALLAN: Objection to form.
10 MR. LEE: Objection to form.
11 Q. Is that your understanding?
12 A. That's my -- he can be bizarre
13 and he can be psychotic.
14 Q. The question was: Is it your
15 understanding of 9.39 of the Mental
16 Hygiene Law that a patient could be held
17 because they're acting bizarre?
18 MR. LEE: Objection to form.
19 A. He can be a danger to himself.
20 Q. You have to answer my question.
21 Can a patient be held under
22 Section 9.39 of the Mental Hygiene Law
23 because they are acting bizarre?
24 A. Yes.
25 Q. Can they be held under Mental

1 L. ALDANA-BERNIER
2 Hygiene Law 9.39, as you understand it,
3 because they are agitated?
4 A. Yes.
5 Q. That's your understanding of
6 the law?
7 MR. CALLAN: Objection to the
8 form of the question.
9 Q. Correct?
10 A. [No response.]
11 Q. Am I correct that's your
12 understanding?
13 A. My understanding, yes.
14 Q. So a good and accepted medical
15 practice as you understand it allowed to
16 make a hospital to hold Mr. Schoolcraft
17 on November 1, 2009, 'cause he was acting
18 bizarre, correct?
19 MR. CALLAN: Objection to form.
20 MR. LEE: Objection to the form.
21 Q. Correct?
22 A. It's not only the behaving
23 bizarre. It's the whole picture that was
24 going on at the time. From the --
25 Q. Did you see anything in this

1 L. ALDANA-BERNIER
2 note that Mr. Schoolcraft was exhibiting
3 a threat to another person?
4 A. Not a threat to another person.
5 Q. Did you see anywhere in here
6 that he was suicidal?
7 A. He is not suicidal.
8 Q. Did you see anywhere in here
9 that he was going to harm himself in any
10 way?
11 A. That I have to question if he
12 was going to hurt himself or if he was a
13 danger to himself because if I have
14 somebody in the emergency room, you have
15 a report that he was behaving bizarre or
16 he was agitated, and if I look at the
17 whole picture from the time that he was
18 taken away from his home where he was --
19 he barricaded himself, then I have to
20 consider him to be held against his will.
21 Q. Did you see anything in this
22 record that Mr. Schoolcraft indicated to
23 the consulting physician that he was
24 going to harm himself?
25 A. He said in here that he denied

1 L. ALDANA-BERNIER
2 that he was going to hurt himself. There
3 is nothing that he was going to hurt
4 himself.
5 Q. Or hurt anybody else, correct?
6 A. Nope.
7 Q. Do you know the physician, the
8 psychiatric resident, that signed that
9 note?
10 A. That is Dr. Lewin. The
11 resident was Dr. Lewin, and the attending
12 Dr. Patel.
13 Q. On the last page of that note,
14 it's a three-page note, is there a stamp
15 there for the resident?
16 A. Yes.
17 Q. So Dr. Lewin was a resident?
18 A. Yes.
19 Q. And did Dr. Lewin provide any
20 notice to Mr. Schoolcraft under 9.39 of
21 the Mental Hygiene Law?
22 MR. RADOMISLI: Objection.
23 A. I would not remember that.
24 Q. Did Dr. Lewin, from your review
25 of the records, produce any forms, signed

1 L. ALDANA-BERNIER
2 any form, under 9.39 of the Mental
3 Hygiene Law in order to admit Mr.
4 Schoolcraft against his will?
5 MR. RADOMISLI: Objection.
6 Q. Did you see any form?
7 MR. RADOMISLI: Objection.
8 MR. CALLAN: Objection.
9 Q. Did he fill out any such form?
10 MR. CALLAN: She is supposed to
11 get into his mind and know what he
12 did?
13 MR. SUCKLE: Forms, forms, did
14 you see any forms.
15 MR. CALLAN: Did you see any
16 forms, that's fine.
17 Go right ahead.
18 A. No.
19 Q. Is there anything in the file
20 that suggests that Dr. Lewin actually
21 filled out any form with regard to 9.39
22 of the Mental Hygiene Law?
23 MR. RADOMISLI: Objection.
24 Q. Anything to suggest that?
25 MR. RADOMISLI: Objection.

1 L. ALDANA-BERNIER
2 Q. From your prospective?
3 MR. RADOMISLI: Objection.
4 MR. SUCKLE: I heard it.
5 MR. RADOMISLI: I strenuously
6 object.
7 MR. SUCKLE: I heard your
8 strenuous objection.
9 MR. CALLAN: Do you want her to
10 look through the entire record?
11 A. There are no forms.
12 Q. Did Dr. Lewin, do you see
13 anything to suggest that Dr. Lewin then
14 ensured within 48 hours that another
15 physician evaluated Mr. Schoolcraft?
16 MR. RADOMISLI: Objection.
17 MR. CALLAN: Objection.
18 Q. Does it say anything in there?
19 A. She indicated in here he needs
20 to be transferred to the psych ER.
21 Q. And after Dr. Lewin, there is
22 another signature. Do you know who that
23 is? Did I ask you that already?
24 In the note of November 1, that
25 Dr. Lewin wrote, underneath his signature

1 L. ALDANA-BERNIER
2 is another signature. Do you know whose
3 signature that is?
4 A. That is Dr. Patel.
5 Q. Did Dr. Patel fill out any form
6 that you are aware of in order to comply
7 with 9.39 of the Mental Hygiene Law?
8 MR. LEE: Objection to form.
9 MR. RADOMISLI: Objection.
10 MR. CALLAN: Same objection.
11 Q. No?
12 A. There is no form in here.
13 Q. There is no form in the record,
14 correct?
15 A. None.
16 Q. Did you read Dr. Patel's note
17 at the end there where he signed?
18 A. "I concur with above doctor's
19 treatment recommendations."
20 Q. What is psychotic disorder,
21 what is that?
22 A. Psychotic disorder is one of
23 the categories of diagnosis wherein
24 patient is not in touch with reality.
25 He can have the following

1 L. ALDANA-BERNIER
2 symptoms, like, agitation, aggressive
3 behavior, delusions, hallucinations,
4 impairment in reality testing.
5 Q. That's a pretty broad category,
6 correct?
7 A. Yes.
8 Q. What does Axis I stand for?
9 A. Those are our DSM categories
10 when we are diagnosing patients.
11 Axis I is for psychotic
12 disorders or mental health disorders.
13 Axis II would be our personality
14 disorder. Axis III is the medical
15 disorder. Axis IV is the social
16 stressor. And Axis V is the global
17 functioning.
18 Q. So when you read that note, you
19 learned that there was some social
20 stressors; being, a conflict at the
21 worksite for Mr. Schoolcraft, correct?
22 A. That's correct.
23 Q. Do you know what the nature of
24 a that conflict was?
25 A. Something -- a conflict between