

SUPERIOR COURT OF THE STATE OF NEW YORK

COUNTY OF ORANGE

In the Matter Of:
JOHN FORD

Petitioner,

- against -

#210005/1998

PATIENT AT MID HUDSON PSYCHIATRIC,
Respondent.

Hearing

May 2, 2012
Orange County Government Center
Goshen, New York 10924

B E F O R E :

HON. NICHOLAS DE ROSA
Judge of the County Court

A P P E A R A N C E S :

ANDREA RISOLI, ESQ.
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A L S O P R E S E N T :

John Ford, Defendant

* * *

LUCILLE D. KESTER, CSR
Senior Court Reporter

MR. CONFLITTI: Robert Conflitti.

MR. ARCIDIACONO: Guy Arcidiacono, Assistant District Attorney, Suffolk County District Attorney's Office.

MS. RISOLI: Andrea Risoli for Mr. Ford. Good morning, Your Honor.

THE COURT: Good morning, Ms. Risoli.

MS. RISOLI: Your Honor, I ask you if Mr. Ford can be unhandcuffed?

THE COURT: All right, sure.

MR. CONFLITTI: I'm asking for 2 stipulations before we call a witness. First, as to the qualifications of the witness.

My witness is Doctor Catherine with a "C" Williams. I'm asking for a stipulation she is a qualified psychologist and she will be testifying as such and as an expert at this hearing.

THE COURT: Ms. Risoli.

MR. ARCIDIACONO: We join in the commissioner's application, Your Honor. We stipulate.

THE COURT: I assumed you would.

MS. RISOLI: I'll stipulate to that.

MR. CONFLITTI: Second, as to Mr. Ford's chart, a portion of the chart has been produced by the hospital in certified form.

I'm asking we stipulate that be admitted in evidence as the hospital's Exhibit 1 for the purposes of this hearing.

THE COURT: Any objection?

MR. ARCIDIACONO: None, Your Honor. Again, we join in the application.

MS. RISOLI: I don't have any objection subject to the rules of evidence.

THE COURT: All right.

MR. CONFLITTI: I'll call Doctor Williams.

C A T H E R I N E W I L L I A M S, was called as a witness and having been first duly sworn, was examined and testified as follows:

(Whereupon at this time, the witness stated the full name is Doctor Catherine Williams.)

MR. ARCIDIACONO: Obviously, this is an application for retention arguing Mr. Ford has a dangerous mental disorder.

The District Attorney's Office does join in

that application as well.

THE COURT: Pull that microphone up so we can hear you clearly.

Spell your last name for us.

THE COURT: Mr. Conflitti.

DIRECT EXAMINATION

BY MR. CONFLITTI:

Q Doctor Williams, are you familiar with Mr. Ford seated across the room from me?

A Yes, I am.

Q How so?

A I'm his treating psychologist at Mid-Hudson.

Q How often do you see him over there?

A I see him several times per week, maybe three or four times per week.

Q As his treating psychologist have you also had discussions with other members of his treatment team?

A Yes, I have.

Q How long have you been his treating psychologist?

A Since October of 2010.

Q So, a year and a half or so, is that fair enough?

A Yes.

Q In preparation for your testimony today did you review Mr. Ford's chart?

A Yes.

Q When is the last time you interviewed him with respect to this retention application?

A Forensic psychiatric report in July of 2011.

Q Is it a typical practice for psychologists to review the patient's chart in order to freshen up an older interview?

A Yes.

Q Could you please, Doctor Williams, briefly describe Mr. Ford's history of psychiatric treatment.

A Well, he came to us at the latest admission in 2000 and he has attended groups. He's been stable with medication as described.

He's done everything he's been asked to except to participate clinically. So he's pretty much just been present.

Q Now, does he have a prior history of psychiatric treatment before he came to Mid-Hudson?

A There is only, that we know of, been a reported history by his brother, but he has denied that and we haven't been able to access that record, because we don't have his permission to do so.

Q How far back do you know he has a psychiatric history? I don't mean in terms of treatment.

What do you know about his prior psychiatric history, his history of psychiatric disorders, before coming to Mid-Hudson?

A All I know is what's been reported and so, as far as what's been reported, it's family reports as far as behavior from his childhood, from his brother and sister. So, documented history, we have none.

Q What's the underlying criminal offense for which Mr. Ford is currently a 330.20 patient at Mid-Hudson?

THE WITNESS: Your Honor, may I please refer to the record?

THE COURT: Sure, go ahead.

Q You have a copy of the certified record we have in evidence up there?

A Yes, sir, I do.

Three counts of conspiracy, three counts of criminal solicitation, illegal possession of radioactive materials, and reckless endangerment.

Q Those are the charges, but what are the underlying facts behind those charges as you understand them?

A Mr. Ford was -- he was attempting to expose some

politicians to radioactive materials and he gave the impression to informants he was intending to cause their death by doing so.

Q Why? What was his reason behind that as you understand it from your review of the case?

A Because he thought they were going to harm him because he was investigating UFO sitings, because he had information about aliens and UFO landings.

He thought they wanted to cover that up and not allow people to be aware of it.

Q Did he have any specific act that he claimed these politicians had done in order to cover up those UFO sitings?

A There were several acts.

Q Such as?

A There was one -- I'm going to get fuzzy now.

Q To the extent you can, please refer to the records you have up there.

A There was one called a crash at South Haven Park in Long Island.

Q A crash of what?

A UFO in 1992.

Q All right.

A That was apparently a UFO crashed in a park and

it was covered up and the group that Mr. Ford had find -- he had called a LIUFON, which was a large group of people in Long Island, a UFO network who believed --

Q That's LIUFON?

A Yes, they believe the vehicle had crashed and the politicians were covering it up so the general public would not be aware of it. They were seeking to expose the facts as they believed them to be so people would be aware what they believe actually happened.

Q That's as a result of his alleged cover up of this UFO crash that he tried to expose these politicians to radioactive materials?

A Yes, they were trying to prevent him from doing so and they were trying to cause harm to him -- I think he believed they were trying to harm him in some way.

He was being protected by the Israeli mossad because these people were coming after him trying to shoot at him on some of these instances and on some of these occasions.

I'm trying to find it in my report, some specific examples of what you're asking for. It's going to take me a while.

Q In your opinion, Doctor Williams, is Mr. Ford suffering from a mental illness?

A Yes.

Q What's your diagnosis of him?

A Schizoaffective disorder depressive type. What does that mean generally?

A He has pervasive delusions. There is an underlying depression. His mood is mostly depressed and he has a sense of impending doom and his feeling is that something really bad is going to happen.

He has these delusions. He needs to do something about that. For instance, he feels, like, something bad is happening; that he also has this delusion he's been a part of the CIA. That's a protective factor.

He has these people looking out for him, so he's protected. The Israeli mossad, the politicians were coming to get him. So the mossad people were going to protect him.

For that he became a court officer. That was his career. He had a cash of weapons. There was a report by the informant. That was the person who led to his arrest. The person that reported all the information that became part of the record that he had a loaded gun outside of the intended victim's house that was ready to be used in case he needed to use it to shoot the person, things like that.

Q You mentioned a number of delusions. Were there any others you can think of other than talking about the CIA, mossad, UFO's and the politicians wanting to hurt him, could you think of any others as you sit there? Maybe not. The answer may be no, I don't know?

A Right at the moment those are about it.

Q Fair enough. How would you characterize Mr. Ford's insight into his mental illness?

A It's pure.

Q Why?

A He doesn't really acknowledge -- I've read in the record he has at times gotten to the point where he says maybe he has mental illness, but at the time at which I interviewed him he said no, he doesn't believe that he does, but he does take the medication which is good.

You know, usually when people don't think they have mental illness they won't take the medication, but he's been compliant.

Q How about insight into his offense? Does Mr. Ford have that and to what extent?

A At the time at which I interviewed him he said it was a joke. He said the radioactive materials were really just used to test the geiger counters they test to look for UFO's. They use them to see if geiger counters

were working.

So they would use the radioactive material to see if the geiger counters would set them off. They were just, like, having a dialog about what if we use these radioactive materials to kill these guys and they were just joking. It was a joking kind of dialogue.

Q That's what he said to you recently?

A At the time of the interview.

Q Your interview back last summer?

A Yes.

Q What did he say back at the time of the offense back in 1995, 1996?

A My understanding the same thing.

Q All right.

Did he have any insight into his possession of weapons that you described?

A Not to my knowledge.

Q When people challenge his delusions, what happens?

A He has become angry or standoffish.

Q How would you characterize his judgment in general?

A I would have to say his judgment is poor, because he doesn't seem to have an understanding. Even the

ability to take someone else's prospective, he's very intelligent and he's well read and well spoken.

That's a concern, because he is so intelligent and yet it's difficult for him to take someone else's prospective. You have to wonder where he falls short of being able to do that.

Q In your opinion, Doctor, as a result of Mr. Ford's mental illness, is he a physical danger to himself or to others?

A It's difficult to say he's an imminent physical danger, but the risks he presents at the time he was hospitalized have not been mitigated.

Q All right.

So, as of now, the risks he had at the time he was hospitalized are the same?

A They're the exact. Treatment, he doesn't engage in treatment at all. I'm sorry. He hasn't engaged in physical treatment.

He's taken the medication as has been prescribed. Other than that, he's done nothing to engage in treatment.

Q All right.

Has he committed any acts of violence in the hospital?

A No, he hasn't.

Q The fact that he hasn't committed any acts of violence, in your opinion, does that mean he doesn't have a dangerous mental disorder?

A No.

Q Why not?

A Because he hadn't committed any physical acts of violence that were documented before he came to the hospital and yet he was found to be intending to harm someone.

Q All right.

You mentioned a couple times he's generally compliant with medication.

A Yes.

Q The fact he's compliant with medication does that, in your opinion, mean he doesn't have a dangerous mental disorder?

A No, because he's in a secure setting. It's been found people in a secure setting who are compliant with medication are not necessarily going to be compliant outside.

Q You're a psychologist, not a psychiatrist. Do you know generally what medication he takes and for what purposes?

A He's on antipsychotics and anti-anxiety medication.

Q How is his compliance with other aspects of treatment other than medication?

A Good. He also had some medical treatment and he's been very good with everything.

Q He goes to the treatment?

A Yes.

Q Other aspects of treatment, for want of a better phrase, is it taking? Is he getting benefit from the treatment?

A He seems to be, yes. He had cancer.

Q I'm not talking medical treatment. I'm talking psychiatric treatment, groups, things of that nature, is he getting a benefit from that?

A No.

Q Why not?

A He doesn't engage. He goes and he sits there, but he doesn't talk about himself or his issues, why he's here, but he goes and he sits and he's there, but he doesn't engage in the process. I thought you meant the medical treatment.

Q No other questions. Thank you, Doctor.

MR. ARCIDIACONO: Some follow-up, Your

Honor.

THE COURT: Sure.

EXAMINATION

BY MR. ARCIDIACONO:

Q Good morning, Doctor.

A Good morning.

Q Doctor, you just mentioned a moment ago that Mr. Ford does go to groups. What kind of group sessions does he go to?

A We have clinical groups such as social skills, advanced risk reduction, RCA.

Q What is RCA?

A Cognitive behavioral skills for, like, consequences for behavior, have to reduce future risk. Then there is -- what else -- coping skills.

There are different groups, different themes for each cycle.

Q In these groups there are other patients as well as clinicians?

A Yes.

Q You mentioned in your opinion Mr. Ford does still suffer from delusions, correct?

A Yes.

Q Is he challenged about these delusions in these

group sessions?

A I have to let you know I am not one of the group facilitators for Mr. Ford.

Q Just based on your reading of the records?

A And my knowledge, we actually had a meeting yesterday, the team, and we went over what Mr. Ford's been doing in the group.

Q Based on your review of the records and based on you said you're his treating psychologist, based on all of that, is he challenged about these delusions?

A Yes.

Q What is his reaction to that?

A He actually reports that he still believes that he was employed by the CIA and the KGB and protected by the Israeli mossad. At the time of the instant offense I think that --

Q Based on your treating him, in your opinion to a reasonable degree of psychological certainty, he still has these delusions?

A I can only say that based on my being told that by our social worker.

Q Based on your reading of the records, how does it compare to his delusions at the time of the crime?

A I would have to say they're unchanged. There is

no reason to believe that they've changed at all.

Q In your opinion what makes him dangerous?

A The fact that he doesn't acknowledge that he has a mental illness and he hasn't engaged in his treatment, verbal treatment to mitigate -- he also regards the instant offense as a joke. He said it was a joke. It wasn't intended to be what he was charged with.

Q Doctor, based on your reading of the record, when did Mr. Ford's psychiatric condition begin?

A My impression is that it began in his childhood, based on his family reports.

Q Now, Doctor, in your opinion does Mr. Ford have certain risk factors?

A Yes.

Q In fact in your report did you include what's called An ACR 20 risk assessment?

A Yes.

Q Could you describe what the ACR 20 risk assessment is?

A Assessment of historical factors, clinical factors, current clinical symptoms and signs and risk factors which are future risk factors if you will.

Q Now, Doctor, in your opinion, based on completing this risk assessment, does Mr. Ford currently

have risk factors?

A Yes, he does.

Q Page three, relationship instability, could you describe what that is?

A Relationship instability describes intimate relationships. In Mr. Ford's case they would be heterosexual relationships and this information --

Q Let me stop you right there. In your opinion is this a risk factor in Mr. Ford's case?

A Yes.

Q Why?

A Because the information that we gathered suggests that Mr. Ford had some difficulty with relationships and that the difficulty was such that it suggested there was some potential for violence there.

Q Can you be more specific? Do you need to review your risk assessment?

A Yes, I remember what happened, but he was engaged a couple times and he kind of had difficulty with intimacy.

The women he was engaged to -- I think it's kind of hard to describe, because I didn't know them and this wasn't reported by him, it was more reported by his sister. It's kind of difficult to be concrete.

1 Q Were there actually three prior engagements?

2 A By the report, yes.

3 MS. RISOLI: You're putting words in her
4 mouth.

5 Q Why don't you take a look if that will refresh
6 your recollection?

7 A I can make a really general statement. I want
8 to be careful.

9 At this point it's kind of, like, third hand,
10 but being very general, it suggests that Mr. Ford has had
11 difficulty with intimate relationships with women and that
12 he has a preponderance to emotional instability and that he
13 can become violent when he becomes emotionally unstable.
14

15 Q You see that potential?

16 A I do.

17 Q How about prior supervision failure, could you
18 describe generally what that means?

19 A It means under supervision such as probation,
20 incarceration or a mental health setting that the person
21 has not done as they were expected.

22 Q In 1995 to your knowledge, based on the records
23 was Mr. Ford prescribed Zoloft, looking at H-10?

24 A Oh, yes, I'm sorry and I wasn't thinking of that
25 as psychiatric treatment.

Q I'll ask it again just so the record is clear.

MS. RISOLI: I object. He's leading the witness. She's reading. She is not testifying to her own knowledge.

THE COURT: Why don't you go back and start those questions again?

MR. ARCIDIACONO: Sure.

Q Doctor, you filled out a report. You wrote a report. It's been made part of the court record, part of the application. Part of that report you prepared an ACR 20?

A Yes.

Q So I'm looking at category H-10. Could you describe what category H-10 is?

A Prior supervision failure, which describes the patient having not done as expected in a situation such as probation, incarceration or mental health treatment.

MS. RISOLI: When was this? Do you have a date?

THE WITNESS: 1995.

Q In 1995, based on your reading of the records, was he prescribed Zoloft?

A Yes.

Q Did he comply with that treatment to your

knowledge?

A No.

Q Based on your information what happened?

A He stopped taking it, because it didn't help him.

Q That would qualify as prior supervision failure?

A Yes.

Q How about category C-3 major illness, is that one of the risk factors?

A It's a clinical factor.

Q Describe that for the record. What does that mean?

A A clinical factor is a current descriptor of symptoms or signs. It's a risk factor. It's not in the risk category.

Q In his case does he have current active symptoms?

A Yes.

Q Could you describe those symptoms?

A Delusions which are false beliefs, fixed false beliefs, and flat affect, which is, like, no emotion.

Q Now, you said at the beginning of your testimony with Mr. Conflitti in your opinion he suffers from schizoaffective disorder. Is that a major mental illness?

A Yes.

Q What axis is that?

A Axis 1.

Q That's of the diagnostic and statistical manual
for mental disorders?

A Yes.

MR. ARCIDIACONO: No further questions.

CROSS EXAMINATION

BY MS. RISOLI:

Q Doctor Williams, you've testified that you are
Mr. Ford's treating psychologist, is that correct?

A That's how I'm referred to.

Q When you treat him, you said you see him several
times per week?

A Yes, I do.

Q When you see him these several times per week,
what do you talk about?

A I seen him passing.

Q What does that mean, in the hallway?

A We see each other in the mall, in the conference
room, in the C building.

Q So the only interview you had with him as his
treating psychologist is from July 2011, is that correct?

A That's the only interview I had with him.

Q You don't have any other personal intimate one-on-one interaction with him aside from the hallways, except for the interview in July 2011?

A That's correct.

Q All right.

So, when you say treating him, what are you treating exactly? What's your oversight as the treating psychiatrist?

A I'm assigned.

Q What are you assigned to do?

A Whatever they ask me to do.

Q What do they ask you to do in regards to Mr. Ford?

A In his case the FPR.

Q What is the FPR again?

A Forensic psychiatric report.

Q That is why you interviewed him in July 2011?

A Yes.

Q You interviewed him in the anticipation of creating this report?

A That's why we do that.

Q So you didn't interview him in anticipation of treating him?

A Not necessarily.

Q When you say, "treating psychiatrist," where does the treatment come in? Could you explain that?

A That's what they call it -- if there is ever treatment required, the psychologist provides the treatment. I'm the treating psychologist for all the patients on the ward.

Q When you treat him or when treatment is needed, obviously there was no treatment needed I guess since July 2011, is that correct?

A Yes.

Q All right.

So, you're one-on-one with Mr. Ford is pretty much nil, is that correct?

A That's correct.

Q All right.

During your reading of the record, you state that you reviewed the report, the record, the progress notes, the forensic reporting, the history, to base your opinion that Mr. Ford is dangerously mentally ill and requires the secure confinement, is that correct?

A Yes.

Q All right.

In determining that you decided that you read about something from family relationships with his brothers

2 and sisters, is that correct?

3 A He has only one brother and one sister.

4 Q Have you ever spoken to them?

5 A Not directly.

6 Q Do you know their names?

7 A I don't recall them.

8 Q Is that also when you were reading the report,
9 you state he had some difficulty with intimate
10 relationships with women, is that correct?

11 A I don't believe. I said it exactly that way.

12 Q How did you say it then?

13 A I don't remember exactly what I said.

14 Q All right.

15 Well, how would you explain what his
16 difficulties with women are?

17 A I don't believe I said he had difficulties with
18 women.

19 Q Difficulties with what, intimate relationships,
20 is that what you said?

21 A I believe I said something to the effect that --
22 excuse me one second -- this is a difficult situation
23 because this is kind of third hand.

24 Q Right.

25 A I'll be as distinct as possible.

Q When you mean third hand, what do you mean by third hand?

A I tried to explain it before. If you just give me a minute, I'll respond to you the best I know.

What I mean by third hand is that this is first of all documented as per someone else's report.

Q One second. Per someone else's report, who?

A Per Doctor Patricia --

THE WITNESS: Your Honor, who am I supposed to answer first?

THE COURT: Just spell.

A Simon-Phelan, Ph.D. forensic psychiatric report of 7-24-2009.

Q That's good enough, all right.

In that report what are you referring to?

A I'm referring to her report that Mr. Ford was engaged three times and she described how he broke the engagement.

He was secretly dating someone -- his fiance' was secretly dating someone behind his back.

She described the quality of his engagements. He describes his sister made a report about the women he was engaged to.

This is all information that came from her

report.

Q In 2009?

A Yes.

Q Have you spoken to Doctor Taylor about this?

A Who?

Q The author of the report, the writer?

MR. ARCIDIACONO: You mean Doctor Phelan.

MS. RISOLI: I'm sorry.

A No, I haven't.

Q Have you ever spoken to Mr. Ford about it?

A No.

A No, I haven't.

Q All right.

So, now, you said that you were investigating the underlying facts which brought him to the hospital. Do you know why Mr. Ford was admitted? Do you know when Mr. Ford was admitted?

A Do I know why?

Q When?

A 2007 I believe.

Q You believe it was in 2000?

A The first time?

Q The first time, yes.

A I don't believe so.

Q All right.

A I think you're wrong.

Q You think I'm wrong, okay.

A I believe he was admitted before that on a
730.50.

MS. RISOLI: Can anyone tell me when Mr.
Ford was admitted to Mid-Hudson?

MR. CONFLITTI: I have February 23, 2000.

MS. RISOLI: I think he went in and then it
had something to make him fit for trial.

A 730.50.

Q Is it fair as to he's been in Mid-Hudson over
twelve years, is that correct?

A A long time.

Q And since he's been at Mid-Hudson is there
anything in any of your records that demonstrates that he
has had any violent altercations with anybody in
Mid-Hudson?

A No.

Q Has he ever had any verbal threatening violent
altercations with anyone?

A No.

Q Has he ever touched another patient or another
doctor or had any threatening behavior at all with anybody

in Mid-Hudson?

A Not to my knowledge.

Q Has he cooperated since that time with medication compliance?

A Yes.

Q Have you ever had to go to Court and do medication over objection?

A Not to my knowledge.

Q Has he always complied with his medical treatment? You stated he had some medical problems.

A Yes.

Q And what were those problems exactly?

A He's had several. Hold on one second if I may. COPD, diverticulosis, prostate cancer, colon cancer, which have been both treated and I believe he had procedures for both of those. I think a couple of other things.

Q During those procedures, he was always compliant with his treatment, whatever he was told to do?

A He's had impeccable behavior and he has a very pleasant behavior.

Q Is he cooperative with everything else?

A Yes.

Q You say he's not cooperative when he goes to these treatment classes, the risk -- what were they again?

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A Clinical groups.

Q Clinical groups, right. What do you mean by that? He does go, is that correct?

A Yes, he does go.

Q So, you say that he never engages in conversation when he goes to these groups?

A I can't say he never engages in conversation, but, see, what happens is what's expected of the patient is that they're supposed to talk about why they're here and they're supposed to be able to engage in a dialogue about how they could mitigate their risk factors so when they leave they won't do that again.

Q His risk factors, according to the treatment team, are?

A Very basically --

Q Belief in UFO's?

A Not at all. Acknowledging that it's really not okay to be carrying out a radioactive material even if you think it's a joke and telling people who you intend to give it to someone else and then saying, even if you think it's a joke, you have a loaded weapon outside someone else's house for instance.

Q Do you know what Mr. Ford -- you did testify he was a court officer, is that correct?

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A That's true.

Q For over twenty years?

A Yes.

Q He had an interest, but not an interest, but guns were part of his profession?

A Yes.

Q Do you know Mr. Ford's level of education?

A Masters Degree.

Q Do you know in what?

A I know that he had a political science double major.

Q You say he's very intelligent. He's very well read, is that fair to say?

A Yes.

Q Really the one risk factor he doesn't seem to engage in discussion about the underlying offense that happened back in 1995?

A Also, the delusional thinking really is he a member of the CIA, KGB and the Israeli mossad. Those were all conflicting ideas to start with.

Q Okay. So what are your plans for his treatment to go forward? What are we doing here?

He's been in the hospital for over twelve years. It sounds, like, he's been the most excellent patient.

1 Doctor Catherine Williams
2 A Yes, he has.

3 Q How are we going to move him forward? Why
4 couldn't he be managed in the non-secure facility? Why
5 does he have to be in this most restrictive setting?

6 A It's just a really hard sell once somebody ends
7 up here to say, well, we haven't mitigated the risk
8 factors, but it's okay. They have been so good, they can
9 take a step back.

10 Q Okay, but there is no inclination of having him
11 try to move down to the next level, which would not really
12 be out on the street.

13 Even if he was discharged tomorrow, there would
14 be strict intensive conditions to that anyway.

15 MR. ARCIDIACONO: Objection.

16 Q Is that correct?

17 THE COURT: Go ahead.

18 MS. RISOLI: I have a question. I'll
19 rephrase it.

20 THE COURT: Go ahead.

21 Q If someone, not Mr. Ford, just a patient in
22 general was to be discharged out from a Criminal Procedure
23 Law 330.20, wouldn't they go out with an order of
24 conditions?

25 A Yes, but I think also everything hasn't been

tried yet. We're kind of at a stalemate.

Q How's that?

A Well, we have suggested to Mr. Ford that we think it would be a good idea to try one more medication.

Q What is that medication?

A Clozaril.

Q What was the problem?

A I think that my understanding he's been unwilling to do that. I'm not a psychiatrist. I haven't been the one to offer it to him.

Q Who is the psychiatrist?

A Charles Sarner.

Q So, are you suggesting that would be the last thing you have to try and if Mr. Ford was willing to do that, then it might move him to the next step? Is that fair to say?

A I couldn't speak for the entire treatment team, especially for the psychiatrist.

Q Just speak for itself.

A It's a viable recommendation.

Q What is his reservation? What is Mr. Ford's reservation about not taking Clozaril?

A I don't know. I think maybe he doesn't think he needs it, but I can't be sure. I'd be speaking for him.

Q Did you ever have a conversation with Mr. Ford about taking Clozaril?

A I can't remember to be perfectly honest.

Q If you don't remember, you don't remember.

So, you're saying that you think Mr. Ford has reservations of taking Clozaril because he doesn't think he needs it yet. He's been compliant for twelve years on medication?

A Yes.

Q You've never had a problem with any of his medications, is that correct?

A That's correct.

Q Just to go back to the groups, because that seems to be a problem.

A Yes.

Q What do you mean that he doesn't participate enough? I'm not really understanding.

A It's more the quality of the participation. That's the way that it was explained and the way it's written in the notes.

Mr. Ford's attendance at groups is fine. He comes to groups and his attendance is a hundred percent. He's always been compliant. He's polite, cooperative.

When you come to a group, you're asked to talk

about your offense. You're asked to talk about yourself, your family, sometimes about if you're in a drug group, which he didn't have a substance or alcohol problem, none of that, but just about your daily life or anything in particular. Just in particular, mostly about your instant offense.

He doesn't talk about that. He doesn't talk about what he did might be wrong or where his delusional beliefs might be faulty and at times when people have challenged that, he has become angry.

It's hard for him to take somebody else's prospective. If I said that doesn't make sense that you could be in KGB and CIA at the the same time, it would be difficult from what I'm told.

Remember, I'm not a group leader.

Q You haven't had this discussion with him, is that correct?

A No, I have not.

MS. RISOLI: I have no further questions.

REDIRECT EXAMINATION

BY MR. CONFLITTI:

Q Doctor, you haven't had a lot of face-to-face contact with Mr. Ford since that report back in July, right?

A No.

Q As a member of his treatment team do you engage in team meetings with all the other members of the team on a periodic basis?

A Yes.

Q How often?

A Every weekday.

Q When is his most recent treatment plan?

A March.

Q Who wrote that?

A I did.

Q All right. Thank you.

MR. ARCIDIACONO: No more questions, Judge.

THE COURT: Ms. Risoli.

MR. ARCIDIACONO: Just a couple of questions.

EXAMINATION

BY MR. ARCIDIACONO:

Q Doctor, in your opinion to a reasonable degree of psychological certainty based on your reading of the records and your conversations with Mr. Ford and your consultation with your other colleagues who worked on this case has Mr. Ford's mental condition changed significantly in the ten or eleven years he's been here?

A I would have to say not that we can determine because he hasn't told us enough. He hasn't spoken about anything. If I had to guess, I would say --

THE COURT: I don't want you to guess try to answer the question.

Q Based on your observations?

A No.

Q He has not changed?

A No.

Q In your opinion does he accept the fact he has a mental illness?

A No.

MR. ARCIDIACONO: No further questions.

Thank you.

RE CROSS EXAMINATION

BY MS. RISOLI:

Q If you say he has not changed in over twelve years, what do you mean by not changing? If he said that, he didn't belong to the CIA or the KGB that would be changing in your opinion?

A That's a good question.

Q All right.

Thank you. Could you try to answer that? It's just your opinion?

A That's a good question. It's hard to answer. It would depend on how it came about. I would love to see Mr. Ford go.

To tell you the truth from my prospective and from my knowledge of Mr. Ford's history his dangerousness lies in his knowing that there is nothing wrong with what he did, leaving here thinking he could do something like that again, but this time who knows what would happen.

Q That is true. Nobody really knows, is that correct?

A Yes.

MS. RISOLI: I have nothing further.

MR. CONFLITTI: Nothing else.

MR. ARCIDIACONO: Nothing. Thank you, Your Honor.

EXAMINATION

BY THE COURT:

Q Just so we're in the same isle here, there have been no incidents since his admission with regard to threats, with regard to violence or anything like that?

A No.

Q Of course, it's almost impossible to get radioactive material while he's in the hospital?

A That's right, as far as I know.

Q Your main concerns seem to be, first of all, he has no insight into his mental illness, correct?

A Correct.

Q Not only does he lack insight, he doesn't believe he's mentally ill?

A That's my understanding.

Q Which is pretty much two different things?

A Yes.

Q He suffers from delusions and those delusions have not changed during all the time that he's been institutionalized, correct?

A As far as I can tell.

Q All right.

Your other concern is that he participates in treatment, but he does not, in other words, he walks down the hall and goes into the room, but he doesn't engage in treatment, because obviously treatment is being able to speak about your mental illness and to talk about it. That's the treatment, not just sitting in the room staring at the ceiling?

A He attends, but he doesn't participate.

Q You stated that the risks presented at the time of hospitalization have not been mitigated, correct?

A Correct.

Q Because in your reading of the record and in your opinion nothing has changed since the first day he walked into the hospital, is that pretty much what you stated?

A You notice you make a good point. I can't say nothing has changed, but I can say that.

Q He's gotten older. He has been on medication longer?

A Yes.

Q As to his behavior, delusions, thinking, his opinion with regard to mental illness, any of those things, have any of those things changed?

A Not to my knowledge.

Q What has changed? You said you can't say nothing has changed. What has changed?

A He's gotten older.

Q Thank goodness for that. The alternative would mean we wouldn't be here today. Anything else?

A No.

Q Nothing else you can think of?

A Not that I know of.

Q All right.

THE COURT: Any other questions?

MR. ARCIDIACONO: No questions.

MR. CONFLITTI: No questions.

MS. RISOLI: No, Your Honor.

THE COURT: You're sure this time?

MR. ARCIDIACONO: I'm sure.

THE COURT: Ms. Risoli, no questions.

MS. RISOLI: No questions.

THE COURT: Thank you, Doctor. You may step down.

(Witness excused.)

THE COURT: Mr. Conflitti.

MR. CONFLITTI: The hospital rests.

MR. ARCIDIACONO: The People rest.

MS. RISOLI: I'm going to call John Ford to the stand.

J O H N F O R D, was called as a witness and having been first duly sworn, was examined and testified as follows:

(Whereupon at this time, the witness stated the full name is John Ford.)

DIRECT EXAMINATION

BY MS. RISOLI:

Q Good afternoon, Mr. Ford.

You heard the Doctor's testimony today, right?

A Yes.

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Q How old are you?

A Sixty-three.

Q All right.

And let's go through the Doctor's concerns,
right.

Basically we all know you're the best patient
there is. In fact, haven't you won awards?

A Yes, I have.

Q What awards have you won in Mid-Hudson?

A I've won kindness, random acts of kindness award
and, also, another award that is conferred by the treatment
team.

Q All right.

What I have in my possession, I have four random
acts of kindness awards, is that fair to say?

A Yes.

Q And I see another award here for encouraging
others to support a non-violent environment?

A Yes.

Q Could you tell us what that's about?

A Well, it's an award that's given out every four
months by the treatment team and it's given in recognition
of non-violent conduct and exemplary acts of kindness.

Q What ward do you reside on?

A 45-46.

Q What does that ward represent out of all? How does it compare to the other wards?

A It's a special ward. It's an early discharge ward.

Q All right.

A You have to be a very good patient in order to be a member of the ward.

Q All right.

So, basically, it's a privilege to be on that ward, is that fair to say?

A Yes.

Q All right.

And what are your activities every day? Give us a day in the life of Mid-Hudson, your day?

A Well, we wake up at 7:00 in the morning. We're given a half hour to get dressed and brush our teeth. Then we go to breakfast at 7:30.

We're finished by about 8:00 o'clock. We go back to the ward. We have meds at 8:15. That's usually over by about 9:00 o'clock.

Then we have an hour or so before we begin our regular activities of going to groups and gym or library.

Q All right.

When you go to the groups, you heard the Doctor, they seem to be concerned you're not engaging in discussions. What do you do? What groups do you have first?

A Well, I have one at 3:00 o'clock in the afternoon with Mr. Miller, the social worker. I participate in that. Very rarely do I see Doctor Williams come in.

Q That was the woman who just testified, is that correct?

A Yes. So, I will discuss things with Mr. Miller pertaining to my situation and there are other patients in there and they discuss their cases, but you have patients there who are convicted of murder, rape, other charges.

I don't find anything in common with these people. So I don't intrude into the discussion.

Q Do you discuss about your own situation?

A Yes.

Q How often do you have this group?

A Once a week.

Q And then what other groups do you participate in?

A Well, Thursday nights I have one with Nancy Greavy (phonetic). She's our nurse. I forget the name of

2 it, but it's a very sociable group.

3 We discuss any topic underneath the sun. I find
4 I get a lot out of it. She's a very social person.

5 Q You could speak about current events, your
6 situation, whatever one feels like speaking about?

7 A Yes.

8 Q Are there any other groups you participate in?

9 A On Friday we have groups, Friday morning in the
10 cat building. I go over to one group, which is usually run
11 by the nurse and she is usually -- she will usually show a
12 film or we have a brief discussion and I try to
13 participate, but some of the topics are not relative.

14 Q But you do participate in discussion when you
15 feel the topics are relevant to you, is that correct?

16 A Yes.

17 Q Let's talk about your medication. You've
18 always been compliant with medication, is that correct?

19 A Yes.

20 Q So the Doctor is saying there is one more thing
21 they might want to try. They feel, like, they're not
22 making much progress.

23 You have been in Mid-Hudson for over twelve
24 years. That would be Clozaril, is that correct?

25 A Yes, that's correct.

Q Has anybody spoken to you about this?

A My preceding psychiatrist, Doctor May, who is no longer in the facility, wanted to put me on Clozaril.

I told him I didn't want it because it's a very caustic medication. There are a lot of bad side effects.

He agreed with me. He said that he didn't want to put me on it after hearing my objections, because he said I'm recovering from two types of cancer and Clozaril has a tendency to lower your white blood cell count.

He said it would be detrimental to my treatment to take the medication.

Q All right.

You heard the Doctor -- and when was that?
Do you remember when Doctor May spoke to you about that if you can remember?

A I think it was about last summer.

Q All right.

The Doctor also testified to you having no insight into your mental illness. Are you mentally ill, Mr. Ford?

A I believe I'm not. I think it's a misdiagnosis.

Q What do you believe your problem is? Why are you at Mid-Hudson?

A Well, it's a long story.

Q Let's try to make it as short as possible. Just highlight a couple of points. We know everybody knows how you got there.

A Yes.

Q What led up to that behavior?

A Well, in 1995 I had a visit from an old friend of mine in the CIA in the northeastern sector division for covert operations came to my house and warned me my UFO research had antagonized local officials and that I should be very careful what I did publicly in the future.

Later that year, I had the chance to meet Mr. Joseph Mascello (phonetic) at a friend's house and took up -- he took up a liking to me, but I just tolerated him.

He borrowed my pick-up truck one night to transport his girlfriend's belongings up to the residence in Port Jefferson Station.

Q Let's try to fast forward a little bit.

A He was severely beaten by four men while he was driving my truck. When he came to my house, he showed me signs of bruises, lacerations, etcetera, and he told me that the beating was meant for me.

He was Israeli intelligence. He was sent by the mossad to make contact with me, to offer me protection against assassination attempts by the local politicians in

Suffolk County.

Q You didn't know this man that well?

A No, he said to me -- he said -- I asked him for proof. I asked him for documentation, if he had any. He said he didn't have any. He said normally mossad agents don't carry documentation.

He said I know you have done work for the Central Intelligence Agency for a number of years. He said I know you know a number of officials in the agency. Oh, read off these officials names.

Q People who you knew?

A Yes. Now this is above top secret information. You don't get this by reading a newspaper. This is information that's held in the strictest security. Yet he knew it.

Q All right.

At the time were you working as a court officer?

A No, I had a severe accident at work and I had to retire.

Q What kind of accident?

A I was ordered to lift a heavy package. I had a history of back problems and when I went to lift it, I blew the three discs and herniated them.

Q Do you still have pain from it?

A Yes, I do.

Q After all of that how did the instant offense come about that led to an arrest?

A Well, the mossad had been protecting me for about four months. There were at least five assassination attempts defeated.

Mascelli (phonetic) learned that I was getting radon to check out geiger counters that I brought for the organization.

He brought over the night before a gentleman by the name of Kevin Kutch (phonetic) who he said was one of the Israeli agents that had been working with him.

Q This is Mr. Mascelli (phonetic) brought him over?

A Yes, I got into a conversation with him. We started to joke about the politicians. We went to joke about the radium.

I think Kutch (phonetic) said to me -- he said why don't you give this to the politicians and get rid of them. We all laughed.

The following night Mr. Kutch (phonetic) was supposed to come and pick up the radium because one of our members, Mr. Preston Nichols, was coming to recalibrate the geiger counters for us.

Q The geiger counters were for protection,
detecting metal?

A No, radiation.

Q From the UFO's?

A From the UFO's.

We had an investigation picked up radiation at
landing sites and crash sites for UFO's.

Q Where was that?

A South Haven Park.

Q In Long Island?

A Yes.

Q Did you live in Long Island?

A Yes.

Q Did all of these other people live in Long
Island?

A Yes.

Q Is this, like, a group that believes in UFO's,
is that correct?

A Yes, we have a membership of about 150, 180
members.

Q Do you still have any contact with these people?

A Yes, I do.

Q The members of this group?

A Yes.

Q How do you contact them?

A By letter or by phone call.

Q All right.

Do you still believe in UFO's?

A Yes, I do.

Q All right.

You heard the Doctor say that belief system triggers certain risks factors the hospital seems to be concerned about and that's why you're not moving forward?

A I think she's got it all wrong. I believed in UFO's since I was a child. I certainly didn't engage in any violent behavior growing up, planning the assassination of politicians as part of my belief.

Q You say you were joking around with these men about the -- maybe with the radioactive material, you were joking amongst yourselves, is that correct?

A Yes.

Q Does that mean -- do you, as the Doctor testified, you thought your underlying offense why you got arrested was a joke? Do you think hurting someone is a joke?

A Well, there was no criminal intent. It was done in a joking manner. We were laughing. We were making up possible situations how to administer the stuff.

We thought it was pretty funny, but it was Mr. Mascelli's idea to joke about this stuff. He wanted to scare Mr. Kutch (phonetic) who he said he was going to bury the stuff and get rid of it.

He wanted to scare Kutch (phonetic) because he was taking the stuff that night.

Q When in your whole career as a court officer in your beliefs of UFO's and your stay at Mid-Hudson have you ever engaged in any violent behavior?

A No, I'm not a violent person by name.

Q All right.

If you were to be brought to or discharged and moved to a nonsecure hospital, would you still take your medications?

A Yes.

Q Why would you take your medications if you think you're not mentally ill?

A Because if you don't take your medications, they turn around and will get a force order from the Court and forcibly administer your medications to you.

Q Not always, but, yes, most of the time.

A Most of the time. I just don't feel, like, I want to be a party to that.

Q But do you feel the medications help you in any

way with your mood or to keep your head clear?

A No, they have me on Abilify which Doctor May put me on and I notice no difference between that and the Risperdal that I had been taking before.

Q Do you know what Abilify is for?

A It's an antipsychotic as far as I can tell.

Q What other medication do you take? I don't mean for your medical. I mean for your psychiatric.

A I believe that's the only medication I take.

Q All right.

Right, you take Vistoril?

A That's to help me sleep, because Abilify is an insomniac. It keeps me up at night.

Q Okay, Mr. Ford. Well, the idea is if you were to say you were mentally ill, you might be let out of the hospital. You're not willing to do that, is that correct?

A That's correct.

Q Why is that? Why won't you just say what they want?

A Because my arrest and everything that preceded it was a frame-up.

They tried to get criminal charges on other members of our organization and I've given you their names. They're willing to come and testify to that.

Q I have no further questions.

MR. CONFLITTI: No questions.

THE COURT: Any questions?

MR. ARCIDIACONO: Very quick.

THE COURT: Okay, go ahead.

The problem is I have to quit at 12:30.

That's an enforced time limit the Court system has.

MR. ARCIDIACONO: I understand. I rather not have to come back after lunch.

EXAMINATION

BY MR. ARCIDIACONO:

Q Mr. Ford, you were a court officer for many years, correct?

A Yes.

Q You received firearms training?

A Yes.

Q Now, at some point during the 1990's you were asked to relinquish your weapon, is that correct?

A That's correct.

Q It was for a week?

A Yes.

Q Why was that?

A Well, my mother had been diagnosed the night

before with terminal lung cancer and I also found out my sister had been diagnosed as quite possibly having multiple sclerosis and both disclosures hit me very hard.

The next morning I was in very terrible emotional state that I was just not fit for duty.

Q Based on that, they asked you to relinquish your handgun for a week?

A Yes.

Q You also own guns?

A Yes.

Q You own a whole series of rifles.

MR. ARCIDIACONO: Judge, again, I want to do this really fast. I have a series of photographs. Maybe we can mark them all as one exhibit.

THE COURT: My problem is it's 12:30. I have to break to give the union employees a lunch hour.

THE COURT: Mr. Conflitti.

I'm sorry about that. Normally I would go to 1:00 o'clock with one problem.

MR. ARCIDIACONO: This will take about ten minutes.

THE COURT: I can't do it. That's the

problem.

We have to give this an hour.

MR. ARCIDIACONO: I can come back this afternoon.

(Recess taken.)

(After recess, the following ensued.)

MR. ARCIDIACONO: Your Honor, I have a series of photos and whatever Your Honor thinks would be the easiest, we could mark the whole package.

THE COURT: Mark the package. That would be easiest.

MS. RISOLI: I'm objecting to the introduction of the photos.

THE COURT: They're not introduced yet. They're just being marked.

MS. RISOLI: I'm objecting to them.

THE COURT: I have no idea what they are or why they're here.

(Whereupon at this time, photographs were marked for identification as Suffolk County's Exhibit A as of this date.)

CROSS EXAMINATION

BY MR. ARCIDIACONO:

Q Mr. Ford, we were talking before lunch about the fact you received arms training as a court officer, correct?

A Yes.

Q And you also own some weapons yourself?

A Yes.

Q I'd like you to take a look at the first 2 photos there. The first one depicts pistols, is that correct?

A These are not mine.

Q How about the next photo?

A I recognize some of them. They're all thrown together into a lump. I can't make out some of them.

Q For the record, how many rifles do you own or did you know at the time of the arrest?

A I own thirty rifles and shotguns.

Q And you had ammunition for each of those thirty rifles and shotguns?

A Yes, I did.

Q Mr. Ford, there are some other pictures there. I'm wondering if you could go through them, one at a time, and tell us what they are.

A One, what this is -- that's not my property. I

1 don't know what this is. I don't know what this is. I
2 don't know what this is. I don't know what this is. I
3 don't know what this is. I don't know.
4

5 Q None of this stuff looks familiar?

6 A No, it doesn't, sir.

7 Q Well, now, you did tell the Court that or
8 actually you told the doctors that you had some geiger
9 counters, correct?

10 A Yes.

11 Q Are those geiger counters depicted in any of
12 those photographs?

13 A I haven't gone through all of them.

14 Q All right.

15 A No, they're not.

16 Q The geiger counters you had are not depicted in
17 the photos?

18 A No, they're not.

19 Q You say you had thirty rifles and shotguns?

20 A Yes.

21 Q Did you have any handguns?

22 A I owned thirteen handguns.

23 Q You had licenses for all of them?

24 A Yes.

25 Q Carry?

2 A Yes.

3 Q You had ammunition for them as well?

4 A Yes.

5 Q Now, you were a member of an organization, the
6 Long Island -- maybe you could help me out?

7 A UFO Networking, Incorporated.

8 Q How many members of the organization?

9 A Between 200, 180. I didn't tabulate exactly how
10 many members we had. We had a lot of people join in '95
11 and '94.

12 Q You also had a website?

13 A No, we didn't.

14 Q There was no website then?

15 A No.

16 Q There is now?

17 A I wasn't aware of it.

18 Q Are you aware of it now?

19 A Yes.

20 Q Are you involved in that website?

21 A No, I don't know how to run a computer and I
22 don't have access to computers.

23 Q Now, your organization, at some point you
24 acquired some equipment to do UFO studies?

25 A Which equipment?

2 Q Geiger counters.

3 A Yes.

4 Q How many geiger counters did you have?

5 A Three.

6 Q And these had to be calibrated?

7 A They were military surplus and they hadn't been
8 recalibrated in a number of years. So, some of the
9 readings I was getting were way off.

10 So, I asked our science consultant to
11 recalibrate them. He said he would come over the night of
12 my arrest and do it.

13 Q You obtained some radioactive plugs so that you
14 could calibrate these geiger counters?

15 A Yes.

16 Q How did you obtain these radioactive plugs?

17 A My friend Mr. Ed Zabo had it. He got it from
18 his job at Grummans. He told me it was low grade radium
19 they were using for testing purposes.

20 I went over and picked it up and I asked him how
21 dangerous it was and he said it's not dangerous at all.

22 Q You kept it in your garage?

23 A No, in my cab in my truck.

24 Q Was it in any kind of special container?

25 A A lead proof container.

Q Because it was radioactive?

A Yes.

Q You knew it was illegal to have radioactive material?

A No, I didn't.

Q Your organization did some investigations and believed there had been some sort of alien landing in South Haven Park?

A Not alien landing, a crash. It wasn't only in South Haven Park. It was a much larger case than we initially assumed it to be.

Q Let's just take the South Haven Park. South Haven Park is a county park?

A Yes.

Q In Suffolk County, New York?

A Yes.

Q Just north of the Sunrise Highway and just west of the William Floyd Parkway?

A Yes.

Q It's a rather large park?

A Yes.

Q When was this alien crash determined to have happened?

A November 24, 1992.

Q Now some time in the summer or the spring of 1995, there was some very serious fires in Suffolk County, is that right?

A That is correct.

Q And to what do you attribute those fires?

A Well, at first I was under the impression that it was just spontaneous combustion, like, the news media had said.

Q Let me stop you right there. These fires were rather large?

A Yes, it almost burned down the Town of West Hampton.

Q It made national news. It was a very serious incident?

A Yes.

Q What do you attribute the fires to?

A We developed information there had been a UFO crash outside of Riverhead the day the forest fires had occurred.

We had two of our members Gotti and Dotty Tripp who were hypnotherapists call me and tell me their receptionist, their girl by the name of Patty McDonald, had contact with a man by the name of Steven Ferrara, who lives in Riverhead, and he had witnessed the crash and discovered

the crash.

He had been debriefed by the FBI and Air Force. She told us this and we immediately began to do an investigation into what happened. We approached Mr. Ferrara and he refused to cooperate.

Q You, personally, led this investigation?

A Yes, we talked to some residents in the area. We didn't get any information out of them. So, we had classified the investigation as doubtful, because we couldn't get any verification. Mr. Ferrara took it upon his own prerogative to refuse to cooperate, because maybe he didn't see anything. It was one of those cases that was a dead end.

Q What did this have to do with the fires?

A Well, when Mascelli (phonetic) contacted me, he told me that the reason that elements within the Suffolk County wanted me dead was because the forest fires had been deliberately set first by the federal government to cover the crash of the UFO.

Q This was the crash in South Haven Park?

A No, outside of Riverhead.

Q All right.

A And it is one of the techniques used by the government when they recover one of these crafts to set

forest fires to cover.

Things started to form in place. I said to Mr. Mascelli (phonetic) I said what evidence do you have. He said you will get access to a top secret CIA report about the forest fires and the crash retrieval. We have it. We will give it to you.

Q Did you ever receive that report?

A Well, in April of that year 1996 I went early in the morning into the diamond district with Mascelli (phonetic).

We had a meeting with the head of the eastern seabord mossad. It was a gentleman by the name of -- I don't know if it's his real name or not, but he identified himself as Hiram Goldstein, the general in charge of all mossad activities in the northeastern United States.

Q Let me just cut you off there. How many people did you meet with?

A There were two agents guarding the room and three supervisors.

Q As a result of that meeting is that when you concluded that the fires were set?

A They showed me the CIA report. In it, it listed Mr. Gazzola (phonetic), John Powell and Fred Towle as being the people who took advantage of the national security

situation and set the fires in populated areas so they could destroy the pine barrens and make a fast cash over on the sale of the damaged properties

Q Just so the record is clear, John Powell is a political leader in Suffolk County?

A Yes.

Q Mr. Gazzola (phonetic) was a political leader in Suffolk County?

A Yes.

Q Mr. Towle (phonetic) was a county legislator?

A Used to be.

Q Your organization concluded those three politicians had used this fire to their advantage so they could make money, is that right, and a fire was set by the federal government?

A Well, the initial fires were set around the crash site set by the federal government, but from what the Israeli told me, the County Executive ordered forest service to set the forest fires further south of the crash site so that the crash retrieval would be covered.

As I said, three politicians took advantage of the situation.

Q As you sit here today, is that still your understanding of what happened?

A Yes.

Q Mr. Ford, based on your research, how many alien crashes have been in Suffolk County occurred in Suffolk County since about 1987?

A Well, we had crashes as far back as 1982.

Q How many?

A At least two in 1980's and three in 1990's.

Q One of those was at South Haven, one was in Riverhead and where was the third one?

A In South Haven there was a second crash May 23, 1993.

Q Just so that I'm clear and the record is clear, Mr. Ford, when was the crash that was closest in time to the fire? Was that the one in Riverhead?

A Yes.

Q And was it that crash site that the federal government was trying to extract remains?

A Yes.

Q That was the reason for the fire?

A Yes.

Q All right.

As we sit here today, that's still your belief as to what occurred?

A Yes, considering the evidence we had a

accumulated. Yes, that reinforces my belief.

MR. ARCIDIACONO: I have no further questions.

MR. CONFLITTI: No questions.

MS. RISOLI: I have a couple.

THE COURT: Go ahead.

REDIRECT EXAMINATION

BY MS. RISOLI:

Q Mr. Ford, so you said you had about 30 handguns, is that correct?

A Thirty rifle shotguns and thirteen handguns.

Q All those guns -- you had a license for all those guns?

A Yes.

Q Okay, and why did you have a license for all those guns?

A Because the law requires it.

Q All right.

So are you a man that follows rules, Mr. Ford?

A Yes, I do.

Q So if you were let out -- if you believe that you are not mentally ill, you believe that the medication may help you, may not help you, may be related, may not be related, but if you were told or if you had a

treatment team that told you or you were let out to the community with conditions, would you follow the rules?

A Yes.

MR. CONFLITTI: Objection; beyond the scope.

THE COURT: He can answer. His answer is yes.

Q All right.

You would follow the rules in Mid-Hudson, Mr. Ford?

A Yes.

Q All right.

If you were told you could not use the internet or you could not contact these people in these organizations, would you follow those rules?

A If it was imposed upon me, yes.

MS. RISOLI: No further questions.

MR. CONFLITTI: No questions.

MR. ARCIDIACONO: Nothing else.

THE COURT: Thank you. You may step down.

(Witness excused.)

THE COURT: Ms. Risoli, any other witnesses?

MS. RISOLI: Not at this time.

THE COURT: Anything else to add?

MS. RISOLI: Do you want me to do a little

summation?

THE COURT: As little or as large as you want.

MS. RISOLI: All right.

Mr. Ford's been housed pretty much for twelve years. He's followed all the treatment. He's been cooperative.

His belief system may not been something the doctors agree upon, that might trigger, if he was not supervised in the community, if he was not in a least restrictive alternative or non-secure facility, he might, if he was just left to his own devices, maybe go back to 1992. I don't have a clue. I don't think they do.

He does have a history. If we're going to look at past history such as the crime, we have to look at the past history of his time in Mid-Hudson Psychiatric Center, which he had absolutely no problems whatsoever at all, not even one iota of evidence that he didn't follow the rules.

Therefore, I say this is not the least restrictive alternative. I don't believe the state has proved by clear and convincing

evidence that Mr. Ford is dangerously mentally ill.

THE COURT: Thank you.

MR. ARCIDIACONO: If I may, Judge, first of all Ms. Risoli is wrong. The standard is fair preponderance of the evidence and to the clear and convincing evidence.

MS. RISOLI: I stand to be corrected.

MR. ARCIDIACONO: We've certainly maintained that burden of proof.

Judge, I know Your Honor is familiar with the matter of George L., the Court of Appeals case.

That case I think applies very directly to our situation here, because that talks about potentiality or makes a defendant have or when you determine that the defendant has a dangerous mental disorder, that case goes into great detail about the fact that, just because a patient is following the rules at a secure facility, does not make him not dangerous.

You can still be dangerous because of the potential you represent. I think the example the Court used in that case was nitroglycerin

sitting on a table. Just because it wasn't exploding at that moment didn't mean it was not dangerous.

By that logic you would have to assume someone who was in straight jacket and surrounded by guards was not dangerous.

So the Court's point was that you have to look to other factors. The factors in Mr. Ford's case are that he's been in the hospital now something, like, twelve years and there's been no improvement at all in his condition.

His condition today is roughly what it was twelve years ago. He has no insight into the fact he has a mental illness.

There is no insight. In fact, because of his mental illness that he had thought about these politicians, he resented these politicians. Obviously, there is an element of paranoia here.

The Doctor testified he has an active mental illness, active delusions. The fact he's taking his medication and he shows up at group therapy doesn't really address the issue, which is that he's still actively mentally ill.

Based on everything presented we're going to ask you to sign the retention order

MR. CONFLITTI: One sentence or two, the only expert testimony in the case from Doctor Williams suggests that Mr. Ford hasn't mitigated his risk at all to the extent Doctor Williams can tell from the level it was when he was admitted to Mid-Hudson in the year 2000.

THE COURT: All right.

Based upon the testimony here, Doctor Williams testified his treatment psychologist since October 2010, her testimony was that Mr. Ford was pretty much following all the rules of the facility.

He wasn't acting out, was not dangerous. He was not involved in any violence, whether it's threats or acts, was taking his medication. He was going to the counseling sessions, but was not engaging in them. He would sit there and not engage. He wouldn't talk about his particular problems.

The original criminal offense here was conspiracy and a number of other matters. You know, I'm not an Appeals Court, so whether the

1
2 State had sufficient evidence to convict him of
3 that particular offense, I don't know whether
4 the case had been appealed, whether there was a
5 ruling from the Appeals Court. I don't know. I
6 really can't go into that, what happened at that
7 alleged meeting with these other people and with
8 those radioactive substances.

9 The diagnosis apparently presently is
10 schizoaffective disorder. Doctor Williams
11 testified to the following: That he has "no
12 insight into his mental illness." He suffers
13 from delusions and those delusions have not
14 changed one iota since his initial admission
15 twelve years ago.

16 She said he does not engage in treatment.
17 Apart from having no insight into his mental
18 illness, he does not believe he is mentally ill,
19 which is, as far as I'm concerned, more serious
20 than that.

21 She testified most importantly that the risk
22 presented at the time of this hospitalization
23 has not been mitigated.

24 Look, the fact that he believes in UFO's and
25 they have crashed, he has a lot of company with

1 regard to that belief. There are millions of
2 people who believe that. There are t.v. shows
3 dedicated to that. There are people who believe
4 they have photographs of UFO's.
5

6 Can anybody in this room say they don't
7 exist? Probably not. Who knows if they exist?

8 The fact that he believes in UFO's really is
9 not despositive. The fact that he believes
10 there are politicians that are corrupt and are
11 not doing things in the best interest of the
12 people and are lining their own pockets, again,
13 watch the news every night and you'll see some.
14 So, that's, you know, that's not necessarily
15 delusional in and of itself.

16 However, the entire scenario here from the
17 day that he was arrested and just prior to that
18 to today's date, none of it, not one single
19 sentence has changed, none of it.

20 He doesn't believe he is mentally ill. He
21 doesn't believe what happened back in 96 or 97
22 when this occurred was illegal. He doesn't
23 believe he did anything illegal.

24 He believes the FBI, CIA are involved, the
25 mossad from Israel are involved in this, which

1 is all part of the original delusion that
2 occurred.

3
4 The fact he possessed thirty long guns and
5 thirteen handguns concerns me. He possessed
6 them legally, but when you add all of that
7 together here and, again, couple it with the
8 fact that not one single thing has changed, not
9 one insight into his mental illness that caused
10 him to be here has changed, not one single
11 admission that -- you know what I think --
12 probably what I did back then, even though maybe
13 I didn't really intend it to be that way, but I
14 could see how it could be construed that way,
15 that doesn't appear in any of these records.

16 It's as if it was 1996 or 1997 since one of
17 the reports talks about those particular years,
18 it's as if it was twelve years ago when he first
19 engaged in this type of behavior. Nothing has
20 changed. That's what concerns me.

21 The mere fact he believes in UFO's and all
22 the other stuff doesn't mean he has to be in a
23 secure facility.

24 Maybe when you step back and look at the
25 entire breath of this situation it's troubling.

1
2 [It's|Its] troubling.

3 Again, I cannot look into and investigate
4 the facts of his conviction, what the evidence
5 was, whether I think it was sufficient or not,
6 none of that is before me now. I'm not an
7 Appeals Court.

8 The picture that's presented from Mr. Ford
9 is that nothing has changed. As far as he will
10 go is that those things that happened some
11 twelve years ago, whenever he took this plea, it
12 was just a joke. That's as far as he'll go with
13 it. That's disconcerting to me.

14 So, the Court finds that on the evidence
15 presented at this hearing that:

16 A. He is mentally ill. There is no
17 question about that.

18 I believe he still constitutes a physical
19 danger to others, not so much himself
20 necessarily, but certainly to others based upon
21 this delusional belief system and based upon the
22 fact that he will not even consider the fact
23 that he is in fact mentally ill.

24 So, I believe that he does currently suffer
25 from a dangerous mental disorder as defined in

Criminal Procedure Law 330.20.

Based on the foregoing I order that the Commissioner of Mental Health is authorized to continue the custody of this defendant for a period not to exceed 24 months from the expiration of the period prescribed in the prior retention order.

The last question I have to ask is this: If the mental health system is keeping him in secure treatment and they have seen nothing change in twelve years, have they run out of things to try?

I mean does somebody just sit there and vegetate for years on end? It seems to me you can't just throw your hands up and say nothing we tried worked. So let's bring another retention petition.

I don't see that in twelve years any effort has been made to really find out how they can get into his belief system and figure out what he needs to be able to function outside a secure facility. It's not happening here.

I assume two years from now you'll come back and say we don't know what's wrong with him and

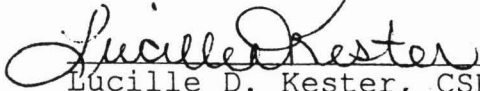
it will be 14 years.

It's time the mental system has to use a little brain power and hard work and find out what's wrong with Mr. Ford.

All right, I'll sign the order.

* * *

CERTIFIED TO BE a true and correct transcript of the within proceedings.


Lucille D. Kester, CSR
Senior Court Reporter