

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 104

HON. CHARLES H. OLDER, JUDGE

COPY

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

CHARLES MANSON, SUSAN ATKINS,
LESLIE VAN HOUTEN, PATRICIA KRENWINKEL,

Defendants.

139

No. A253156

REPORTERS' DAILY TRANSCRIPT
Thursday, October 29, 1970

APPEARANCES:

For the People:

DONALD A. MUSICH,
STEPHEN RUSSELL KAY
and
VINCENT T. BUGLIOSI,
DEPUTY DISTRICT ATTORNEYS

For Deft. Manson:

I. A. KANAREK, Esq.

For Deft. Atkins:

DAYE SHINN, Esq.

For Deft. Van Houten:

RONALD HUGHES, Esq.
PAUL FITZGERALD, Esq.

For Deft. Krenwinkel:

VOLUME 139

JOSEPH B. HOLLOMBE, CSR.,
MURRAY MEHLMAN, CSR.,
Official Reporters

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LOS ANGELES, CALIFORNIA, THURSDAY, OCTOBER 29, 1970

1:50 o'clock p.m.

- - -

THE COURT: All parties and counsel are present.
The jury is not present.

This is the time set for the hearing regarding
the competency of Dianne Lake.

Have each of you received a copy of the
reports of Drs. Skrdla and Deering?

MR. KANAREK: Yes, your Honor.

MR. HUGHES: We have, your Honor.

MR. FITZGERALD: We have, your Honor.

MR. SHINN: Yes, your Honor.

THE COURT: All right. Do you wish to examine the
doctors, Mr. Fitzgerald?

MR. FITZGERALD: It might facilitate matters in
our examination of the doctors and in connection with
evidence we intend to present, there are certain documents
we are going to show the witnesses and it might be
helpful if we marked them at this time, if the Court
please.

Could we mark them Special Exhibits?

THE COURT: Yes, a report of Dr. Skrdla, dated
October 27th, 1970, will be marked as the Court's
Special Exhibit 13, and the report of Dr. Deering dated
October 28, 1970, will be Court Special Exhibit 14.

1 MR. FITZGERALD: Next in order, which would be 15,
2 I have a photocopy of an order for commitment for 90
3 days observation, and a report (Welfare and Institutions
4 Code Section 6550), signed by Judge John P. McCurie,
5 Inyo County, California, ordering Dianne Lake to Patton
6 State Hospital, a two-page document.

7 Your Honor, may that be marked Special Exhibit
15 15?

9 THE COURT: It will be so marked.

10 MR. FITZGERALD: Special Exhibit 16 is a one-page
11 document entitled application for 72-hour detention for
12 evaluation and treatment, dated January 10, 1970.

13 May that be marked 16?

14 THE COURT: It will be so marked.

15 MR. FITZGERALD: Next is a two-page document
16 entitled Psychiatric Examination by H. W. Oshrin, M.D.,
17 dated January 12, 1970, signed by the same.

18 May that be marked Special Exhibit 17?

17 THE COURT: It will be so marked.
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1 MR. FITZGERALD: Next in order would be a two-page
2 document entitled Social History Evaluation signed by
3 Linda Hall, Psychiatric Social Worker, dated January 13,
4 1970.

5 May that be marked Exhibit 18?

6 THE COURT: It may be so marked.

7 MR. FITZGERALD: Next, I have a one-page document
8 dated January 19, 1970, entitled Addendum To Social History
9 Evaluation, signed by Linda Hall, Psychiatric Social Worker.

10 May that be marked 19?

11 THE COURT: It may be so marked.

12 MR. FITZGERALD: Next I have a one-page document dated
13 January 20, 1970, entitled State of California, Department
14 of Mental Hygiene, Face Sheet, containing diagnosis.

15 May that be marked Special Exhibit 20?

16 THE COURT: It will be so marked.

17 MR. FITZGERALD: Next in order would be a one-page
18 document entitled Superior Court Inyo County, Declaration of
19 H. W. Oshrin, dated January 19, 1970.

20 May that be marked Special Exhibit 21?

21 THE COURT: What is the description of that,
22 Mr. Fitzgerald?

23 MR. FITZGERALD: It is a Declaration of H. W. Oshrin.

24 THE COURT: It will be so marked.

25 MR. FITZGERALD: Next in order is a two-page document
26 dated January 13, 1970, entitled Psychological Assessment,

1 signed by Bruce Meeks, Ph.D., Staff Psychologist.

2 May that be marked 22?

3 THE COURT: It may be marked 22.

4 MR. FITZGERALD: Next is a one-page document entitled
5 Superior Court Inyo County. The title of the document is
6 Notice of Hearing on Petition For Appointment of Conservator
7 And For Temporary Conservator and Notice of Order Appointing
8 Temporary Conservator, which document is dated January 27,
9 1970, and signed Frank H. Fowles, District Attorney and
10 Attorney for Petitioner, Dianne Lake.

11 May that be marked Special Exhibit 23?

12 THE COURT: It will be so marked.

13 MR. FITZGERALD: Next is a two-page document entitled
14 Superior Court Inyo County. Title of the document is
15 Petition For Appointment of Conservator and For Temporary
16 Conservator; Recommendation For Conservatorship Investigation;
17 Recommendation For Temporary Conservator; and Order Appointing
18 Temporary Conservator, dated January 27, 1970, signed
19 Frank H. Fowles, attorney for petitioner and Donald Talmadge,
20 petitioner.

21 May that be marked 24?

22 THE COURT: It will be marked 24.

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1 MR. FITZGERALD: Next is a one-page document
2 entitled Recommendation for Conservatorship dated
3 January 19, 1970, signed Harvey Oshrin, M.D.

4 May that be marked 25?

25 5 THE COURT: It will be so marked.

6 MR. FITZGERALD: Next is a one-page document
7 entitled Superior Court Inyo County, entitled Order
8 Appointing Temporary Conservator, dated January 27, 1970,
9 signed Judge McMurray.

10 May that be marked 26?

26 11 THE COURT: It will be so marked.

12 MR. FITZGERALD: Next is a one-page document
13 entitled Superior Court Inyo County. Further entitled
14 Letters of Temporary Conservatorship, dated January 27,
15 1970, signed Daniel T. Bromely, Clerk of Superior Court.

16 May that be marked 27?

27 17 THE COURT: It will be so marked.

18 MR. FITZGERALD: Next is a one-page document
19 entitled Superior Court Inyo County. Further entitled
20 Letters of Conservatorship dated April 3, 1970, signed
21 by Daniel T. Bromely, Clerk of Superior Court.

22 May that be marked 28?

28 23 THE COURT: It will be so marked.

24 MR. FITZGERALD: Further, pursuant to a subpoena
25 duces tecum, there was forwarded to this court from the
26 Clerk of Court, Inyo County, Independence, California,

1 a Superior Court file of Inyo County, 6937-J.

2 Could that be received in evidence by
3 reference?

4 The others, at this point, we will just mark
5 for identification; but I think, for your Honor to
6 understand the evidence more adequately, it would be
7 helpful if you had, at your disposal, that file.

3 fls,

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1 THE COURT: It will be marked 29 by reference.

2 MR. FITZGERALD: Thank you.

3 MR. BUGLIOSI: Your Honor, can we call Dr. Skrdla to
4 the stand and ask him some preliminary questions before the
5 defense --

6 MR. FITZGERALD: There is just one further preliminary
7 matter, and that is whether or not counsel for the
8 prosecution is willing to enter into a stipulation that
9 your Honor may read and consider the file of the State of
10 California, Department of Mental Hygiene, Patton State
11 Hospital, in re Dianne Lake.

12 We both informally agreed, or both sides
13 informally agreed in chambers some days ago that your
14 Honor could read and consider that report in determining the
15 issue.

16 We would be willing to offer to stipulate that
17 you do read and consider that file with the same force and
18 effect as though the persons whose reports are contained in
19 that file were called, sworn and testified here in court,
20 or that they could be received into evidence as medical
21 hospital records and/or official records of the State of
22 California.

23 THE COURT: Do you wish to mark the file by reference?

24 MR. FITZGERALD: I would ask the Court advice in that
25 matter. We have the original file.

26 THE COURT: The Court considers it should be marked by

1 reference as Special Exhibit 30.

2 Would you describe the file?

3 MR. FITZGERALD: Yes.

4 It is the file of Patton State Hospital, State
5 of California Department of Mental Hygiene.

6 It bears a file number, your Honor, 113848, and
7 it is entitled "Dianne Elizabeth Lake."

8 THE COURT: It will be marked by reference as Court's
9 Special Exhibit 30.

10 MR. FITZGERALD: Apparently the number I read is
11 incomplete, it is 113848-6, your Honor.

12 THE COURT: Very well.

13 MR. FITZGERALD: In response to Mr. Bugliosi's
14 observation we will proceed in any manner that is convenient.

15 THE COURT: All right.

16 MR. BUGLIOSI: People call Dr. Skrdla.

17 THE CLERK: Would you raise your right hand, please,
18 and would you please repeat after me.

19 I do solemnly swear --

20 THE WITNESS: I do solemnly swear --

21 THE CLERK: -- that the testimony I may give --

22 THE WITNESS: -- that the testimony I may give --

23 THE CLERK: -- in the cause now pending --

24 THE WITNESS: -- in the cause now pending --

25 THE CLERK: -- before this Court --

26 THE WITNESS: -- before this Court --

1 THE CLERK: -- shall be the truth --

2 THE WITNESS: -- shall be the truth --

3 THE CLERK: -- the whole truth --

4 THE WITNESS: -- the whole truth --

5 THE CLERK: -- and nothing but the truth --

6 THE WITNESS: -- and nothing but the truth --

7 THE CLERK: -- so help me God.

8 THE WITNESS: -- so help me God.

9 THE CLERK: Would you please be seated. Would you
10 please state your name.

11 THE WITNESS: My name is Blake Skrdla, S-k-r-d-l-a.

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BLAKE SKRDLA,

14 called as a witness by and on behalf of the People, was
15 examined and testified as follows:

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DIRECT EXAMINATION

18

BY MR. BUGLIOSI:

19

Q Doctor, you were recently appointed by this
20 Court to examine one Dianne Lake pursuant to Section 701 of
21 the California Evidence Code.

22

A Yes, I was.

23

Q And you understand that the purpose of the
24 appointment was for you to examine her and determine, number
25 one, her present competency to testify as a witness in
26 these proceedings and, number two, to also determine her

1 ability to understand and comprehend a conversation she had
2 with another person in September of 1969, is that correct?

3 A That is correct, Counsel.
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1 Q Prior to your examination of Miss Lake,
2 Doctor, I take it you had access to Dianne's file at
3 Patton State Hospital, is that correct?

4 A Yes, the court provided a file and I believe
5 that is the one referred to in the order.

6 Q And you also examined the Inyo County
7 Superior Court file relating to one Dianne Lake?

8 A Yes, I did.

9 Q And I take it you reviewed both of these
10 files?

11 A Yes, I did.

12 Q And read them in detail?

13 A I reviewed them. I did not read every word
14 in part of the Patton State Hospital report.

15 Q These files included her physical, mental
16 and emotional history, is that correct, Doctor?

17 A Yes.

18 Q Also her prior criminal history?

19 A Yes, I believe there was reference to this,
20 too,

21 Q Her education?

22 A Yes.

23 Q Her association with the Charles Manson
24 Family?

25 A Yes.

26 Q Her ingestion of any hallucinogenic drugs?

3a-2

1 A Yes.

2 Q And any other pertinent data?

3 A Yes.

4 Q When and where did you actually personally
5 examine Dianne Lake?

6 A I examined her on October 26, 1970, which was
7 Monday of this week, at the Los Angeles County USC
8 Medical Center.

9 Q And how long did you examine or speak to Miss
10 Lake?

11 A The actual time I spent with Miss Lake was
12 two hours and five minutes.

13 Q Who was present during the examination if
14 anyone in addition to yourself and Miss Lake?

15 A No one was present during the two hours and
16 five minutes.

17 Q As a result of your examination, Doctor, did
18 you form any opinions with respect to both her competency
19 to testify and in addition thereto her ability to under-
20 stand and comprehend the conversation she had with
21 another person in September of 1969?

22 A Yes, I formed an opinion.

23 Q And what is that opinion?

24 A First of all, I feel that on the basis of
25 my evaluation she is presently competent under Section
26 701 of the Evidence Code in that she is capable of

3a-3

1 expressing herself so as to be understood, and, secondly,
2 is capable of understanding the duty of a witness to tell
3 the truth.

4 With regard to the second question, on the
5 basis of the history which she gave me and my review
6 of the Patton State Hospital record I found nothing which
7 would indicate that she was not able to understand and
8 comprehend conversation with whatever other persons may
9 be named in September, 1969.

3b fls.

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1 MR. BUGLIOSI: Thank you, Doctor, no further
2 questions.

3 THE COURT: Cross-examination.

4 MR. FITZGERALD: Yes, your Honor.

5 THE COURT: May we have a stipulation that the two
6 doctors' reports may be received as special exhibits?

7 MR. BUGLIOSI: So stipulated.

8 MR. FITZGERALD: It is so stipulated.

9 THE COURT: Are counsel willing to stipulate?

10 MR. KANARE: Subject to cross-examination.

11 THE COURT: Yes, of course.

12 MR. KANAREK: Yes, your Honor.

13 THE COURT: Mr. Shinn.

14 MR. SHINN: So stipulated.

15 THE COURT: Mr. Hughes?

16 MR. HUGHES: So stipulated.

17 THE COURT: Very well, then, Special Exhibits 13 and
18 14 are received subject to cross-examination.

19 MR. FITZGERALD: May I approach the witness, your
20 Honor?

21 THE COURT: You may.

CROSS-EXAMINATION

22 Q BY MR. FITZGERALD: I am handing you three
23 different documents, one that has been marked Special
24 Exhibit 17 which purports to be a psychiatric examination
25 by H. W. Oshrin.

26 I am handing you Exhibit No. 18 which appears to

1 be a document entitled "Social History Evaluation," and
2 Special Exhibit 22 entitled "Psychological Assessment,"
3 Doctor.

4 Now, directing your attention to what has been
5 marked as Special Exhibit 17, the report entitled
6 Psychiatric Examination by H. W. Oshrin, M.D., did you read
7 that report which was contained in the Patton State Hospital
8 file in arriving at your opinions and conclusions that you
9 testified to in regard to the competency of Dianne Lake?

10 A Yes, I considered that, Counsel.

11 Q Did you specifically take into consideration
12 the recommendations contained at the bottom of Page 2,
13 specifically referring to the first sentence, last paragraph
14 which is as follows:

15 "It is felt that she is gravely disabled and in
16 need of long-term care and treatment, as well as placement,
17 after she leaves the hospital, with 24-hour supervision for
18 many years."

19 Did you read that?

20 A Yes, I read that, Counsel.

21 Q Did you also read and take into consideration
22 the diagnosis of schizophrenia, chronic undifferentiated
23 type?

24 A Yes, I did.

25 A Did you also take into consideration the prog-
26 nosis which is extremely guarded for any improvement in this

1 girl?

2 A Yes.

3 Q Did you also take into consideration that this
4 doctor H. W. Oshrin examined Dianne Lake on the date of
5 January 12, 1970, a date that was closer in time to her
6 alleged psychosis than your examination?

7 A Yes, that's correct.

8 Q Did you also take into consideration in forming
9 your opinion the materials contained in Court's Special
10 Exhibit 18, the document entitled "Social History
11 Evaluation" dated January 13, 1970, wherein on Page 2 under
12 the section, recommendation, there is contained the
13 following:

14 "I feel that this girl is gravely disabled
15 and in need of conservatorship. She is in need
16 of continued care and treatment, certified for
17 14 days intensive treatment, and refer for
18 conservatorship as gravely disabled."

19 A Yes, I considered that, Counsel.

20 Q And did you take into consideration that this
21 report was also prepared at a time closer to her alleged
22 psychosis than your examination of her?

23 A Yes, I did.

24 Q Did you also take into consideration the
25 report of Bruce Meeks, a Ph.D., staff psychologist, marked
26 Court's Special Exhibit 22?

1 A Yes, I took that into consideration.

2 Q Directing your attention to the last paragraph
3 on Page 2 of that document, it begins:

4 "In summary, the patient is presently
5 seen to be psychotic.

6 "Her extensive experiences with drugs
7 and her description of many of her present
8 symptoms would suggest that the present
9 schizophrenic reaction was precipitated by her
10 drug experiences in her social situation.

11 "Dianne is a very insecure, dependent
12 girl who is very confused by the threatening
13 world about her and by chaotic and abnormal
14 experiences during the last few years.

15 "Diagnostic impression, schizophrenia,
16 acute schizophrenic episode."

17 Did you take into consideration the impressions
18 of Dr. Meeks?

19 A Yes, I did.

20 Q Now, these three reports and these three
21 exhibits that I variously referred to as well as the file of
22 the Patton State Hospital referred to interviews with
23 Dianne Lake wherein she has informed the evaluating
24 personnel that she had hallucinations prior to her
25 admission to Patton State Hospital on January 10, 1970.

26 Isn't that correct?

1 A Yes.

2 Q There is also some reference to extensive
3 delusional material, is there not?

4 A What extensive delusional material are you
5 referring to, Counsel?

6 Q I am referring -- let's refer directly to
7 Special Exhibit 22, wherein I believe Dr. Meeks talks about
8 the patient describing holes in her brain.

9 A Yes, I read that some place, Counsel.
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1 Q Yes. I think it is in paragraph 3.

2 A Yes.

3 Q Of page 2 of No. 22.

4 A Yes.

5 Q He described two white spots as being
6 shackerles, which are holes in your brain that let air
7 into your brain to breathe.

8 I think there is also some mention of other
9 delusional material, is there not, Dr. Skrdla?

10 A Well, Counsel, I will have to take issue with
11 what you are describing as delusional material.

12 What this psychologist is describing, I
13 believe, is what she is seeing in the ink blot test;
14 and these tests are so constructed that one can project a
15 number of things that one perceives into the test; but
16 it doesn't necessarily mean that she believes these as
17 false ideas or delusions, but just what she sees on the
18 cards.

19 Q Thank you.

20 Referring to the paragraph immediately above,
21 the last sentence thereof, where Dr. Meek says: "Her
22 thought processes are frequently autistic, alogical and
23 confused and confabulated, as is characteristic of
24 psychotic individuals."

25 Now, let's go back.

26 What does "autistic" mean?

4-2

1 A It is a term for withdrawn or isolated or
2 preoccupied with one's self rather than the external
3 environment.

4 Q Would a synonym be withdrawn?

5 A That is a fairly good synonym.

6 Q And alogical means the patient has difficulty
7 thinking in a rational fashion?

8 A Well, apart from logical, it may be somewhat
9 looseness in the thinking.

10 Q Does "confabulate" mean to make up?

11 A Yes, Counsel.

12 Q Perhaps you could describe what confabulation
13 is.

14 A Well, confabulation is the producing of
15 material, often to cover memory defects.

16 Q In other words, if someone can't accurately
17 recall an event, they make up facts to fit the event they
18 can't recall?

19 Is that a fair statement?

20 A Well, in some cases this does occur, where
21 there is true confabulation.

4a fls.

4a-1

1 Q Now, you disagree with the assessment of
2 Dr. Oshrin, Dr. Meeks, and the psychiatric social worker,
3 Linda Hall in their evaluation of Dianne Lake in January
4 of 1970?

5 A I have no basis, Counsel, for disagreeing
6 with them because I didn't examine her then.

7 I am quite certain that they describe what
8 they saw at that time.

9 Q Well, I take it in your professional experience,
10 Doctor, you have read and analyzed critically a number of
11 psychological and psychiatric reports prepared by other
12 physicians, have you not?

13 A Yes.

14 Q And do their conclusions appear to be based
15 on the evidence presented within the report?

16 A I see no particular reason to quarrel with
17 these conclusions, Counsel.

18 Q Now, I'd like to ask you some questions
19 generally.

20 If we assume for a moment, hypothetically,
21 that Dianne Lake was psychotic in January of 1970,
22 would she have a difficult time presently relating
23 events that occurred during her psychotic episode?

24 A Not necessarily, Counsel.

25 It would depend entirely upon the psychotic
26 reaction and its depth, and really the type of psychotic

4a-2

1 reaction.

2 I can illustrate this best by referring to,
3 say, the catatonic schizophrenic, who would respond not
4 at all to his environment, says nothing, may actually stay
5 in a corner for hours or days, and yet he has very
6 often perfect recollection of everything that has occurred
7 and can later describe all of the conversations that have
8 taken place in his presence.

9 And inasmuch as Dianne did not have such a
10 severe psychosis that she had to have tranquilizing
11 medication, I would assume that her autism, withdrawal,
12 and her confusion was probably drug-induced and did not
13 interfere with her thinking processes to a degree that
14 she would necessarily have severe impairment of memory
15 or severe delusional formation.

16 Q Now, you referred to the catatonic schizophrenic.
17 That is one type of schizophrenia, is it not?

18 A Yes.

19 Q The catatonic variety?

20 A Right.

21 Q There is also a variety, as Dianne Lake was
22 diagnosed, as a chronic undifferentiated type.

23 What about the recall of the chronic
24 undifferentiated type of schizophrenic for events that
25 took place during the psychotic episode?

26 A Ordinarily, in the schizophrenic, there is

1 limited impairment of memory and limited impairment of
2 perceptions.

3 The perceptions may be distorted under some
4 circumstances, but, ordinarily, this type of psychosis
5 doesn't interfere with the orientation or the memory of
6 the individual to any significant degree.

4b fls.

4B-1

1 Q Now, let's take the example of somebody who
2 has had hallucinations or delusions, and for illustrative
3 purposes only, let's assume somebody thought they were
4 Napoleon during the month of May, and a year later they were
5 oriented as to time and place and had accepted their
6 real identity or their true identity.

7 Now, if they were referring back to incidents
8 that occurred when they thought they were Napoleon, would
9 those, the relation of those incidents, be medically
10 trustworthy or psychiatrically trustworthy?

11 A They can be, Counsel, yes. They can be.

12 It depends entirely upon the individual's
13 restitution; that is, how well he compensates later.

14 Two common ways of reacting to the situation when
15 he was Napoleon would be, one, either to say, "Yes, I
16 remember thinking about that, and it was pretty silly,
17 wasn't it?"

18 Or, two, to have no memory of it at all because
19 of some other factors that were interfering with memory,
20 such as electroshock treatments or drugs.

21 Q Now, from a review of the materials contained
22 in the Patton State Hospital, it appears that Dianne Lake
23 related that she had some rather traumatic experiences in
24 the desert vicinities of Inyo County during the months of
25 June, July, August, September and October of 1969; isn't
26 that correct?

1 A Yes, I assume that, Counsel.

2 Q Now, if she were to testify in this case in
3 regard to events that took place in the desert area of
4 Inyo County during the aforementioned months, what about her
5 reliability in that situation?

6 A I think that she would be considered on the
7 basis of my findings now and my extrapolation of the facts,
8 that she would be able to ^{perceive} / and relate reasonably
9 well, certainly many of the experiences she may have had.

10 Q Did you have an opportunity to read the report
11 of your colleague, Harold C. Deering, that has been marked
12 Special Exhibit 14?

13 A No. I have not seen the report nor have I
14 talked to Dr. Deering regarding this case.

15 MR. FITZGERALD: May I approach the witness, your
16 Honor?

17 THE COURT: You may.

18 MR. FITZGERALD: Q I am going to show you a report,
19 Special Exhibit 14, a report of Dr. Harold C. Deering.
20 A three-page report dated October 28, 1970.

21 Directing your attention to the first paragraph
22 on Page 3, which is entitled "Mental Status Examination,"
23 Dr. Deering says:

24 "Abnormal mental trends were manifested
25 by low self-esteem, a great need for acceptance,
26 and passivity. She is easily led because of her

1 "need to please."

2 In your opinion, is that a fair and accurate
3 evaluation of Dianne Lake as she exists today, or as she
4 relates events today?

5 A He is referring here, I assume, to personality
6 traits, and I would have no reason to quarrel with his
7 assessment of her, because I see her as a rather passive,
8 somewhat dependent girl.

4c-1

1 Q Do you see her as having low self esteem?

2 A Well, yes. I think I could agree with that,
3 although I didn't put it into those words.

4 Q Would you agree with his assessment that she
5 is easily led because of her need to please?

6 A Well, because of her passivity as demonstrated
7 in the past, and her need for a family and a group to
8 associate with, I think I would accept this, yes.

9 Q If she felt -- assume this -- if she felt that
10 she would be pleasing the prosecutorial officials, including
11 law enforcement officers, as well as prosecutors, that by
12 testifying as to certain materials she would be pleasing
13 them, would she have a tendency to do so?

14 A I get the impression that she would not
15 distort facts knowingly.

16 I didn't find her suggestible in my presence.

17 I felt that her relation of facts to me was
18 fairly concrete and without excessive exaggeration.

19 So, I did not feel that she would distort
20 in order to actually please anyone by recounting facts
21 which did not exist.

22 Q Would that opinion change in any respect if
23 you were informed that she had given inconsistent
24 versions of a particular event?

25 A Well, I would have to assess those, I suppose,
26 individually to make an opinion; but I would just say,

4c-2

1 from my two-hour examination, that I didn't feel that she
2 was distorting or apt to fabricate in order to please,
3 certainly me, during the examination, and I didn't get
4 the impression that she was trying to please anyone else
5 particularly.

6 I felt she was -- she gave me the impression
7 that she was rather upset and a little bit reluctant,
8 actually, to have to appear.

9 Q Now, did your examination of the Patton State
10 Hospital file reveal when, if at all, Dianne Lake was
11 released from Patton State Hospital as a patient?

12 A Yes.

13 It indicated she was released, I believe, late
14 in August, 1970.

15 Q Was it your opinion, then, that she was treated
16 as a mentally ill person from the period January through
17 August of 1970?

18 A Yes. She was treated as a mentally disordered
19 person during that period at Patton.

20 MR. FITZGERALD: I have no further questions of this
21 witness.

22 THE COURT: Mr. Shinn?

23 MR. SHINN: Nothing further, your Honor.

24 THE COURT: Mr. Kanarek?

25 MR. KANAREK: Yes, your Honor. Thank you, your
26 Honor.

4d fls.

4d-1

CROSS-EXAMINATION

1
2 BY MR. KANAREK:

3 Q Doctor, do you feel -- what do you feel is
4 the reason that she was released in August, 1970;

5 A I am not certain that I would be in a position
6 to give a reason.

7 I think probably the Patton State Hospital
8 staff could explain that better; but I would assume, from
9 the history I was able to get, that she had shown sufficient
10 improvement at that time that there seemed to be no further
11 reason for her to remain in the hospital.

12 Q Well, do you think that she was released so
13 that she could then become available to become a witness
14 in this case?

15 MR. BUGLIOSI: Calls for a conclusion, your Honor.

16 MR. KANAREK: He is a doctor.

17 THE COURT: Sustained.

18 BY MR. KANAREK:

19 Q Well, Doctor, can you see any medical reason
20 for releasing her in August of 1970, looking at these
21 files and these reports?

22 A As I see her now, she certainly was in good
23 remission at that time and was quite capable of being
24 released, by the history which she gave me independently.

25 Q Well, you say she is very suggestive; right?

26 A No, I didn't say she was suggestible, Counsel.

1 I said she is dependent, she is somewhat
2 immature, she has a need to associate either with a
3 family or a group. But I wouldn't say she is suggestible.

4 Q Well, having scanned -- did you scan the
5 Patton State Hospital report, or did you read it, study it,
6 intensely?

7 A Well, I read it. I wouldn't say that I
8 studied each word of it, but I reviewed it.

9 Q Now, you say that she was not severely delusional,
10 my notes indicate.

11 To what extent was she delusional when you were
12 speaking with her?

13 A I don't know that I used that term in my
14 report.

15 Q Not in your report. I believe in your examina-
16 tion by Mr. Fitzgerald.

17 You used the term that she was not severely
18 delusional. I believe, words to that effect.

19 A Yes.

20 Well, I meant that she wasn't drawing conclusions
21 based upon facts which were untrue necessarily.

22 Q Not necessarily, but she could have been?

23 A Well, to some extent, because of her drug
24 experiences and the isolation which occurred when she was
25 removed from the Family.

26 Q And also because of her incarceration at Patton

1 State Hospital?

2 That was isolation, Doctor, wasn't it?

3 A No.

4 I got the impression from Dianne that she
5 seemed to be very grateful for the experience at the
6 hospital, because she said to me that people were anxious
7 to help her, and she liked being in the hospital and
8 receiving all this help.

9 Q Is that reflected in your report?

10 A I believe I made reference to it at one point,
11 yes.

12 Yes, she stated -- just a moment, Counsel,
13 I will have to locate it.

14 I made reference some place to the fact that
15 she was quite grateful for the help which she received.

16 Yes. On page 5, the first paragraph.

17 She felt that her hospital experience tended
18 to make her more optimistic, when previously she said she
19 was somewhat depressed, and was grateful for the help
20 that she received.

5 fls.

1 Q And would you read your next sentence, Doctor?

2 A "In retrospect she felt that she had a
3 good life as a child and expressed concern
4 for the future of her siblings."

5 Q Now, having in mind that the file reveals the
6 fact that her parents --

7 Would you tell us, do you believe that she had a
8 good life as a child?

9 A Well, one would have to assess that, I suppose,
10 independently from her assessment --

11 Q I'm sorry?

12 A Yes -- she had no complaints about her early
13 upbringing.

14 She did begin to become somewhat disturbed about
15 what her father did when she was 13 and how the family
16 decided to give up a regular life in the community and live
17 in a bread truck and use drugs.

18 Up to that point, even though her parents were
19 separated for a time and she had to assume extra
20 responsibilities within the family, she still complained very
21 little, and felt that her parents were quite interested in
22 her in trying to provide the best possible experiences.

23 Q Did you read the report concerning her parents,
24 Doctor, that is in the file?

25 A Are you referring to one of the special exhibits?

26 Q I am referring to the report wherein her parents

1 were interviewed in Berkeley.

2 A I am aware of that.

3 Q Do you consider that her statement, then, that
4 she had a good life as a child is a factually correct
5 statement?

6 A In part, Counsel, I think it is her assessment.

7 Q That is what I am saying.

8 A Yes.

9 Q Do you think that her assessment is a realistic
10 assessment in view of the fact that her parents were giving
11 her and the rest of the Family LSD and other drugs when there
12 were children of tender years?

13 Do you approve of that or -- pardon me, not
14 approve --

15 Do you believe that her assessment of having
16 a good childhood is correct in view of that evidence?

17 A At that point her assessment of her childhood,
18 if you want to call it that, it was really adolescence at
19 that time, her assessment at that point was different, and
20 she did not like in retrospect the fact that she was given
21 the drugs and that her parents gave up their jobs and
22 decided to live on the road, so to speak.

23 Q Where is that reflected in your report, Doctor?

24 A I don't know that I used those particular
25 words, but I have it in my report that, I believe under
26 "Family History," yes, on the first paragraph of Page 2

1 where I note in 1967 her parents relinquished their jobs
2 and at her father's insistence began association with a
3 group of hippies.

4 "Soon afterwards the family began living
5 in a converted bread truck. She attributed her
6 father's change of life style to use of marijuana
7 and LSD.

8 "After two weeks of this life Dianne
9 left her family, and there has been only
10 sporadic contacts with them since then."

11 Q Well, now, are you attributing her leaving the
12 family because of the fact that the family was engaging
13 in these activities, Doctor?

14 A Well, that certainly is one of the factors,
15 and I got the impression she did not even then approve of
16 it, because some things about using the drugs were dis-
17 turbing to her.

5a

5a-1

1 Q On the contrary, Doctor, don't the reports
2 reveal that she left her family because her father felt
3 that a person of her years should go out and fend for
4 herself in the world at the age of 11, 12 and 13?

5 Don't the reports in the file reveal that?

6 A Well, that certainly is another factor, and
7 probably contributed.

8 Q Well, then, do you believe she is factual when
9 she tells you that she left because she did not like the
10 activities of her family, when in fact she left because
11 the family shoved her out?

12 A Well, there may be various interpretations
13 actually of what she said.

14 But I got the impression from her that she was
15 not happy with what was going on, and she did live with
16 another couple because she did not approve, at least in
17 part, of what the family was doing.

18 Maybe her father shoved her out, too, as you
19 say.

20 Q Well, when she lived with this other couple
21 she started having sexual intercourse at the age of 13,
22 and also having homosexual relations, homosexual experiences
23 at the age of 13 with this other couple.

24 Is that correct, Doctor?

25 A I did not go into that particular aspect of
26 her sexual life.

1 Q That is reflected in the file however, is that
2 correct?

3 A It may be, Counsel.

4 Q You mean you don't recall whether it is or
5 it is not?

6 A What part of the file are you referring to,
7 Counsel?

8 Q The part of the file that refers to --

9 MR. KANAREK: May I approach the witness, your
10 Honor?

11 THE COURT: You may.

12 BY MR. KANAREK:

13 Q Had you read the sexual history paragraph of
14 Dr. Deering?

15 A Counsel, I have never seen Dr. Deering's
16 report until I was here on the stand, and I was only
17 called to the attention of sentences on page 3 a few
18 minutes ago.

19 Q Yes, Doctor -- if you would read that over,
20 Doctor, would you read that paragraph over to yourself?

21 A Yes, Counsel.

22 Q Having read that over to yourself, and
23 recognizing that, or assuming that a girl of 11, 12 or
24 13, whatever her age may have been, at least being a girl
25 of tender years, having engaged in sexual intercourse,
26 both homosexual and heterosexual activities with the family

1 that she moved into with, after she left her parents,
2 would you say that this is indicative of truth telling on
3 her part as far as your interview of her is concerned?

4 A Well, I did not ask her about the particular
5 point that you brought up, so it would not have anything to
6 do with my assessment of her credibility or her ability
7 to tell the truth, Counsel.

8 Q Well, Doctor, you have told us that she had a
9 happy childhood. She told you she had a happy childhood.

10 A Yes, I am referring to her childhood.

11 You are referring, I believe, here, to
12 incidents that happened after she was 13 or 14.

13 I would call this the adolescent period.

14 Q Did you discuss with her what her adolescent
15 experiences were?

16 A Not in great detail in the sexual area because
17 I did not feel it was pertinent to the questions asked
18 by the Court.

19 I did ask her briefly about some of her sexual
20 contacts while in the group.

21 Q Well, is it a fact that sexual behavior during
22 adolescence is important in determining the mental health
23 or mental stability of a person in getting their history?

24 Isn't that important?

25 A Well, one could say, if you wish, that
26 everything that contributes to the history may be of some

1 degree of importance.

2 But with respect to the questions asked me I
3 did not think it was necessary to go into great detail
4 about her sexual experiences.

5 She told me when she first began becoming
6 involved in sexual experiences and some general details
7 about later experiences.

8 Q Well, do you think this person knows the meaning
9 of an oath?

10 A The oath?

11 Q Yes.

12 A This girl is quite intelligent. I would say she
13 is above average in intelligence.

14 I see no reason why she cannot understand the
15 oath at this time.

16 Q Do you believe that the oath would have any
17 restraint on her as far as telling the truth is concerned?

18 A I don't see why it would not, Counsel, I think
19 she certainly understands the responsibility of a witness
20 to tell the truth.

21 Q Do you think she identifies herself with the
22 prosecution in this case?

23 A I don't know that she identifies necessarily
24 with either at this point, Counsel.

25
26
5b Fls.

3-1

1 Q If you were on trial for murder, Doctor, for
2 your life, would you want a witness of this type to be the
3 primary witness against you?

4 MR. BUGLIOSI: Irrelevant, your Honor.

5 THE COURT: Sustained.

6 MR. KANAREK: Thank you, Doctor.

7 THE COURT: Any questions, Mr. Hughes?

8 MR. HUGHES: Yes, your Honor.

9
10 CROSS-EXAMINATION

11 BY MR. HUGHES:

12 Q Dr. Skrdla, did you have occasion to see the
13 minute orders of Dr. Oshrin, or the chart of Dr. Oshrin
14 admitting her to the hospital, the handwritten chart?

15 A Yes, I saw that in the Patton State Hospital
16 record, counsel.

17 Q And do you recall that -- do you recall there
18 that there was an indication that she should not be under
19 any medication such as tranquilizers or narcotics, is that
20 correct?

21 A Something to that effect, and she did tell me
22 that she did not take anything except vitamins.

23 Q Do you recall Dr. Oshrin's report, under
24 "Diagnosis," it would be Court's Special Exhibit 17, under
25 "Diagnosis," drug dependence, hallucinogens prominent?

26 A Yes.

1 Q That is besides the diagnosis of schizophrenia,
2 undifferentiated type, is that correct?

3 A Yes.

4 Q If you had a patient who you had diagnosed as
5 drug dependent but who was also of this type of schizophrenia
6 as diagnosed at this time, would you make certain that they
7 were off of all types of narcotics and other drugs?

8 A Well, this is sort of a complicated situation
9 you pose, Counsel.

10 First of all, I tend to think of the drug
11 dependent individual who develops a psychosis under the
12 circumstances such as this girl is said to have, I would
13 not give her the diagnosis, schizophrenic reaction,
14 based upon seeing several hundred cases in Department 95 of
15 the Superior Court in this State and County.

16 I would call it drug-induced psychosis, and it
17 is a transitory type of thing that does resemble schizo-
18 phrenia in my opinion, but it is not a true schizophrenia
19 in most cases.

20 Drug reactions can proceed into a functional
21 psychosis which becomes schizophrenia over a period of time.

22 But in the vast majority of the cases I have
23 seen only what I would call drug-induced psychosis which is
24 a transitory thing that clears up rather quickly when the
25 drugs are removed.

26 Q You are not saying that you disagree with

1 Dr. Oshrin's diagnosis, however, are you, at that time?

2 A Well, as I see the situation, Counsel, a
3 number of psychiatrists call these cases schizophrenia
4 when they see the symptoms which look like schizophrenia.

5 But in my experience I don't use this terminology.
6 I use "drug-induced psychosis" because I don't believe it
7 is a true schizophrenia in most cases. It just looks like
8 it.

9 Q Well, Dr. Oshrin also noted other indicia of
10 schizophrenia, did he not?

11 If you will turn to the second page of Special
12 Exhibit 17 under about the first paragraph about eight lines
13 down, he refers --

14 Do you see a section that says, "Affect."

15 First she had a defiant attitude. In general
16 her affect was basically appropriate, but slightly on the
17 depressed side as mentioned she had tears, laughs in-
18 appropriately when discussing elements of the book she
19 had read.

20 Is inappropriate laughter a characteristic of
21 schizophrenia?

22 A Inappropriate laughter can be a characteristic of
23 all kinds of conditions, Counsel, drug-induced psychosis,
24 organic brain disease, mental deficiency.

25 Actually it is not specific for schizophrenia,
26 in my opinion.

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Q The sentence after that reads:

"Speech is rather vague and evasive,
very difficult to follow, and difficult to
rectify misunderstandings."

Had you read that when you made your diagnosis?

A Yes.

Q Is vague speech and evasiveness a characteristic
of schizophrenia?

A It can be, but again it is not specific for
schizophrenia.

I have seen many drug-induced psychoses that
show quite inappropriate affect.

Great hostility, bizarre speech, sometimes
for days or weeks, and then it disappears.

5c

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1 Q And people who are having auditory and visual
2 hallucinations, are they generally regarded as being
3 schizophrenic?

4 A Again, these are merely symptoms which are not
5 specific to schizophrenia but can occur in many conditions.

6 They can occur in the alcoholic who is undergoing
7 delirium tremens; they can occur in a number of other
8 conditions, and psychoses, which are not schizophrenia.

9 Q If you were told this girl had been in custody
10 for some 90 days prior to these evaluations, would you be
11 more in agreement with the diagnosis of schizophrenia, as
12 a true schizophrenia rather than some drug-induced
13 psychosis?

14 A Well, not necessarily, Counsel.

15 Drug-induced psychoses don't always begin
16 immediately after the use of the drug. They can come along
17 rather insiduously.

18 I think there were several factors in operation
19 that may have contributed to her psychosis described at
20 Patton State Hospital.

21 The girl's assessment of her situation was that
22 one of the major things was the separation from the girls
23 and feeling somewhat isolated after her arrest.

24 Q Referring you again to Dr. Oshrin's report,
25 have you read the second paragraph which reads:

26 "Thinking. She admits to having visual

1 "hallucinations under the influence of drugs."

2 Then, skipping a line:

3 "Also she admits to having hallucinations
4 in the present, saying, 'I don't know if they are
5 thoughts or a voice, whether they are from the
6 inside or the outside.'"

7 Have you read that?

8 A Yes, I read that and she gave me the independent
9 history of similar experience.

10 Q And it is your testimony that she is not now
11 having these auditory or visual hallucinations?

12 A There have been none by her admission from the
13 history she gave me since June of this year.

14 She said that there were color distortions,
15 particularly while in the hospital for some weeks or months
16 after she was admitted when, under emotional stress these
17 would recur.

18 But these disappeared completely, I believe, in
19 June of this year.

20 Q Do hospitalized persons on occasion, to your
21 knowledge, or your experience, do they sometimes learn what
22 to say in response to psychiatric questioning, in order to
23 seek release from a hospital?

24 In other words, to disavow hallucinations and
25 things which would characterize them as being schizophrenic?

26 A Well, this can happen. But actually if a person

1 is really in the throes of a functional psychosis he may be
2 able to cover up one or two things or maybe several; but
3 certainly not everything if he is actually psychotic.

4 Q Often a good way of testing this is some test
5 such as the Minnesota Multiphasic Personality Inventory or
6 the MMPI, is it not?

7 A Well, that is a psychological test that is
8 sometimes used, but it is not necessarily a good way of
9 testing, I wouldn't say, in my experience.

10 Q The MMPI does have certain scales built into it
11 which relate to lying, does it not?

12 A Yes, it does.

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1 Q And generally, unless a person being tested
2 is terribly clever or has taken these tests many times,
3 it is very difficult for them to get around the lying
4 aspect, is that correct, of the MMPI?

5 A Well, it is rather difficult. I am certain it
6 could be with coaching or with help in a sensitive person.

7 Q You would be able to do it, I imagine; is that
8 correct?

9 A Oh, I don't know, Counsel.

10 Q In your opinion, would Dianne have been able
11 to get around the lying functions of the MMPI?

12 A I would doubt that she would be able to do this.

13 Q So, you feel that probably her reaction to the
14 MMPI, then, would have been -- you feel, then, that unless
15 there is some indication on the MMPI that she was lying,
16 that she was not; is that correct?

17 A I don't really have any opinion regarding the
18 MMPI because I don't know when it was given or by whom
19 and under what conditions, or anything about it.

20 MR. HUGHES: May I approach the witness, your Honor?

21 THE COURT: You may.

22 MR. HUGHES: May I have a moment, your Honor?

23 (Mr. Hughes approaches the witness.)

24 BY MR. HUGHES:

25 Q I show you what is part of the supplemental file
26 from Patton State Hospital on Dianne Lake, and I refer you to

6-2

the MMPI dated January 13th, 1970.

Are you familiar with the reading of charts of this type, Doctor?

A Well, I am aware of the chart but I don't consider myself necessarily competent to read it, since it is usually read by those who do the tests frequently and by the psychologist who gives the test.

Q I see.

Then, you are not in a position to state that there is any inaccuracy in Dr. Meek's interpretation of those reports as they appear in Special Exhibit -- I believe it is 22?

A No, I wouldn't consider myself in a position to criticize the report.

I would think that the psychologist should do that.

Q Now, on the second page of Dr. Bruce Meek's report, in the second paragraph, he states that "The patient frequently experiences hallucinations and depersonalization."

Do you recall that? Do you recall reading that?

A Yes.

Q And do you recall also in that paragraph that "Dianne is a highly conforming, highly suggestible and obedient girl who is very fearful of rejection"?

A Yes, I believe I read that some place.

1 Q Are we basically having an argument over the --
2 are we basically having an argument over how to classify
3 her psychosis back in January in words?

4 We are not having an argument as to whether she
5 was psychotic then, are we?

6 A No, we are not having any argument regarding
7 that, Counsel.

8 Q So, you feel, then, that, primarily, you would
9 not have classified her as schizophrenic, but merely as
10 some drug-induced psychosis?

11 A Based upon my experience and the information I
12 have, I probably would have given her that diagnosis.

6a fls.

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1 Q Now, if you had -- strike that.

2 MR. BUGLIOSI: Your Honor, would this be a convenient
3 time for a recess? It is 3:00 o'clock.

4 MR. HUGHES: I have no objection.

5 THE COURT: How much more do you have, Mr. Hughes?

6 MR. HUGHES: A few more minutes of this doctor; five,
7 ten minutes on cross.

8 THE COURT: Do you intend to attend the panel meeting
9 this afternoon, Doctor?

10 THE WITNESS: Yes, your Honor.

11 THE COURT: Is Dr. Deering going, do you know?

12 THE WITNESS: I don't know. I would assume he would
13 be there.

14 THE COURT: There is a meeting between the criminal
15 court judges and the psychiatrists on the panel at 4:00
16 o'clock over in the main courthouse. It has nothing to do
17 with this case. It is just a general meeting, discussing
18 various matters that pertain to the appointment of
19 psychiatrists on the panel.

20 I am sure Dr. Deering will want to attend that
21 meeting. In fact, I would imagine that is why the doctor
22 has requested that this hearing be held this afternoon.

23 So, I would like to see the examination con-
24 cluded before that time.

25 MR. HUGHES: What time was that, Doctor?

26 THE COURT: 4:00 o'clock.

1 MR. FITZGERALD: I think we can do it easily.

2 MR. HUGHES: We can go without a recess, your Honor.
3 There is no problem.

4 THE COURT: Well, we will take a recess for ten
5 minutes.

6 (Recess.)

7 THE COURT: All parties and counsel are present.

8 You may continue,

9 MR. HUGHES: Doctor, referring your attention back
10 to the Patton State Hospital file, which I am about to bring
11 up to you, and to the nursing notes.

12 (Mr. Hughes approaches the witness with the
13 file.)

14 MR. HUGHES: Q Now, referring to the 1/14/70
15 entry by D. Belohovek, P.T.

16 What do the initials P.T. stand for in a
17 psychiatric hospital?

18 A Psychiatric technician, Counsel.

19 Q Have you had occasion to read that, the part of
20 the statement that says "Patient states that she wants
21 someone to tell her how and what to do, that she wants to
22 be like a child again"?

23 A Yes.

24 Q And referring now to the entry here of 1/18.
25 "Seems in better contact and has been less forgetful."

26 That is 1/18/70, by D. Belohovek, P.T.

1 Did you have occasion to note those entries
2 when you made your diagnosis, Doctor?

3 A Yes, I reviewed all of this, although, as I
4 said previously, not word-for-word.

5 Q Now, if you could flip through there to a
6 statement of 3/25 by D. Belohovek, at 1300 hours.
7 "Patient seems somewhat tense today and made some rather
8 silly, bizarre statements concerning meeting some friends,
9 and that she had to. I told her maybe she should stay in
10 today, and she quickly recovered and joked about it."

11 Have you read that and did you consider that
12 in your diagnosis?

13 A I didn't specifically consider that statement,
14 but I am reading it now.

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1 Q Is the making of silly, bizarre statements an
2 indicia of/^a confused psychotic person who might be
3 schizophrenic?

4 A This is possible, but it is not necessarily
5 indicative of schizophrenia.

6 I would say the number of teenagers, and
7 certainly some adults at various times, are inclined to
8 do maybe the same thing.

9 Q Would it be in keeping with your diagnosis
10 of what you felt was a drug-induced psychosis, considering
11 also the date when these statement were made, some six
12 months after her arrest in October -- five and a half to
13 six months?

14 A Well, I think these are compatible with a
15 drug-induced psychotic state because many users of drugs
16 do have various disturbances in their perceptions from
17 time to time, even months after they have used drugs.

18 Q If you would, Doctor, would you move ahead
19 there in those nursing notes to an entry on 4/7/70 at
20 1000 hours by D. Belohovek.

21 Do you see that entry?

22 A Yes, Counsel.

23 Q "Patient seems upset today and talked about
24 changing one way of being controlled by people to
25 another way."

26 Did Dianne tell you about being controlled by

6b-2

people, and did you consider this in your diagnosis?

1 A Well, I considered this sort of thinking in
2 my diagnosis, yes; and because she is a rather dependent
3 teenager, I think it was quite possible that, at various
4 times, she desired being controlled by others and
5 desired being given some supervision and direction.

6 I don't necessarily feel that this is
7 synonymous with schizizophrenia.
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1 Q If you would, would you move forward to an
2 entry of 6/28/70 in the a.m., by D. Belohovek, psychiatrist
3 therapist -- is that right, Doctor?

4 A Psychiatrist technician, yes.

5 Q Technician, excuse me.

6 Four lines from the bottom of that entry there
7 is an entry "Patient remains influenced greatly by others
8 around her and becomes unnerved when too many demands are
9 placed upon her in job assignments."

10 Is this consistent with her being released in
11 August, the observation of June 28th, two months before
12 her release, and is it consistent with your diagnosis,
13 Doctor?

14 A Oh, it's consistent with my diagnosis.
15 It certainly could have happened on June 28th that a note
16 like this is made.

17 But apparently it was not any great influence
18 at the time she was released, in view of the fact they
19 felt she was capable of functioning outside of a hospital
20 environment.

21 Q If you would -- could you flip back then to
22 February 15th, 1970, and an entry by T. Carver, P.T.,
23 psychiatric technician, and down at the bottom of that
24 there is a statement to the effect:

25 "She states when she looks back on her recent
26 past, 'it's like looking down a long black hall.'"

1 A Yes.

2 Q "And now everything is bright and fresh and
3 life seems more worth while."

4 Doctor, is a statement like that consistent
5 with this witness's ability to testify under the provisions
6 of Evidence Code 701?

7 A I don't see it as being inconsistent, Counsel.

8 I think it merely explains the turmoil that
9 she went through as sort of an unguided, immature
10 teenager who was very anxious to have help and super-
11 vision and direction by other persons.

12 Q Do you see an entry on 1/25/70, signed by
13 a registered nurse, I think, which says "Quiet on unit
14 most of p.m., related" -- and then, I guess "-- well
15 with patient Kruger in group, in reference to hearing
16 voices, stated 'the voices told me to leave home.'"

17 Do you see that reference, and did you take
18 that into consideration in making your diagnosis, Doctor?

19 A Yes, I took all of this into consideration.

20 Q And just what did Dianne say to you about
21 currently hearing voices, Doctor?

22 A There is no history of any voices in recent
23 months, Counsel.

24 The last time that she experienced some
25 color distortions that she told me about were in June
26 of this year.

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1 Q She only told you about some recent visual
2 hallucinations then and not any auditory hallucinations,
3 is that correct?

4 A Yes, I was not aware of any recent auditory
5 hallucinations.

6 The last thing that occurred was apparently
7 a color distortion, and I believe that was in June of this
8 year.

9 Counsel, she did tell me specifically that
10 she did have some auditory hallucinations that she recalled
11 shortly after admission to the hospital, but she did not
12 remember exactly when, but not late in her hospital stay.

13 Q I wonder, if you would, Doctor, looking at
14 that folder again in the nursing section, flip to an
15 entry on 5/23/70 by J. Lungren, Registered Nurse, in
16 which it says:

17 "When speaking for long periods, appears
18 to have flight of ideas as she switches topics
19 frequently and it is difficult at times to follow
20 her train of thought."

21 Doctor, is this entry, 5/23, May 23rd,
22 consistent with your current diagnosis that she is
23 competent to testify under Evidence Code 701?

24 A Yes.

25 Q Did that influence you in your report?

26 A I took it into consideration.

1 But now it is five months later, Counsel,
2 and I found no disorganization of thought processes
3 during my examination.
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1 Q Would the fact that she was disorganized some
2 five months ago make it difficult for her to recount
3 properly or truthfully events or conversations which
4 occurred over one year ago, Doctor?

5 A Not necessarily, Counsel, unless the stress of
6 recounting those becomes overbearing.

7 MR. HUGHES: May I approach the witness, your Honor?

8 THE COURT: You may.

9 Q BY MR. HUGHES: Doctor, I have one other entry
10 which I am not sure I will be able to find since I cut a
11 hole through the exact date, but maybe we can --

12 May we read this from my Xerox copy, Mr.
13 Bugliosi?

14 MR. BUGLIOSI: So stipulated.

15 Q BY MR. HUGHES: I don't know which month, but it
16 is something 6/1970.

17 A Was this after March?

18 Q This was after the March entry, the entry is
19 by D. Pratt, P-r-a-t-t.

20 What is the exact date on that, is that April 6,
21 1970, Doctor?

22 A That's right, Counsel.

23 Q "During group patient expressed some fear
24 of 'flashbacks like this patch on my hand, it's
25 like it's in my mind and this little hole in the
26 middle. I don't know what might come through it.

1 "'It's weird.'"

2 Doctor, is that consistent with your diagnosis
3 and your feeling that this witness is able to properly
4 recollect conversations and events that took place over a
5 year ago, considering the date and the time that this was
6 made at the Patton State Hospital?

7 A Yes, this is consistent, Counsel.

8 I think what you are talking about is just an
9 incident which is quite separate in her mind from a number
10 of other things that happened and it is quite consistent
11 with the residual of a drug-induced psychotic state.

12 Q Well, Doctor, is it not a fact that today we
13 talked about a whole number of incidents which were
14 reported by the staff of Patton State Hospital?

15 A Yes.

16 Q And taking all of those incidents into account,
17 is it still your feeling that this witness, proposed witness,
18 is able to testify properly under the provisions of
19 Section 701 of the Evidence Code?

20 A Yes, it is, Counsel.

21 Q In regard to statements or admissions made by
22 another over a year ago, is that your feeling?

23 A Yes, she can make reference to a number of
24 things that occurred even longer ago than that, which
25 certainly are not in question.

26 They appear to be factual.

1 Q It is your feeling that there is no chance that
2 she will have some distortion about these events, these
3 statements, or do you feel there is some chance or
4 possibility that she could distort or alter those state-
5 ments that were supposedly made to her?

6 A Well, obviously --

7 THE COURT: That question is ambiguous in my mind,
8 Mr. Hughes.

9 Are you talking about fabrication, memory lapses
10 or what?

11 MR. HUGHES: I will withdraw the question and reframe
12 it.

13 Q Do you feel that there is any chance that this
14 witness could not truthfully or honestly recall statements
15 made to her over a year ago?

16 A On the basis of all the information I have
17 about her, and on the basis of my independent evaluation,
18 I think she would do her best to give a factual account.

19 I think any witness, no matter how intelligent
20 or how stable, is apt under certain circumstances,
21 particularly stressful circumstances, to distort to some
22 degree, but maybe to a minor degree.

23 I don't see her as distorting to an abnormal
24 degree at this time.

25 Q Are you saying, then, that this psychosis or
26 psychotic episode that she went through will not influence

1 her testimony, and what she is going to relate, as to
2 conversations that took place over a year ago?

3 A I don't think it is going to interfere in any
4 significant degree, Counsel.

5 I think the elements of psychosis to which you
6 have referred are specifically distortions related to
7 the drug experience, and not necessarily to various other
8 experiences or observations.

9 Q If this patient had been having some of these
10 drug experiences during the time of the conversations which
11 he is going to be asked to relate, would that change your
12 opinion, Doctor, or could it?

13 A This could, and having that in mind I did ask
14 her very specific questions regarding her drug use during
15 the two months before she was arrested.

16 To the best of her memory she had used LSD.
17 once shortly before she was arrested in either late
18 September or early October, 1969.

19 She had previously not used any LSD for two
20 months before that but had, rather, I guess, extensively
21 before those two months.

22 But not during that two-month period before
23 her arrest, only once, according to her story.

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7b
1 Q But she also recounts a long history of drug-
2 induced flashbacks, is that correct?

3 A Yes.

4 Q And if she were having a flashback during some-
5 thing that was related to her, would that possibly influence
6 her testimony about that subject?

7 A Not in my opinion, Counsel. I have seen many
8 individuals who report flashbacks, many of them are holding
9 responsible positions in the community and they are aware
10 that these are merely visual distortions. They are not
11 necessarily hallucinations, but things that they do see that
12 are actually there, are distorted somewhat. They accept this
13 for what it is.

14 It is not a true hallucination, but rather an
15 illusion.

16 Q It is true, however, that Miss Lake was reporting
17 auditory hallucinations as well, is that correct?

18 A That is correct.

19 Q During the period from August of last year to
20 at least the time of her confinement at Patton State, is
21 that correct?

22 A Yes, some did occur even after she was at
23 Patton.

24 Q Bearing that in mind, then, would that influence
25 your diagnosis under Evidence Code 701?

26 A The information I was able to get from her

1 would indicate that she would still be able to testify as a
2 competent witness under Section 701 of the Evidence Code.

3 MR. HUGHES: I have no further questions of this
4 witness.

5 MR. FITZGERALD: Before Mr. Bugliosi, I have just a
6 couple of questions, your Honor.

7
8 CROSS-EXAMINATION (REOPENED)

9 BY MR. FITZGERALD:

10 Q What is the credibility of this patient in
11 regard to something that occurred while she was in or
12 during a drug-induced psychosis?

13 THE COURT: I don't understand the question.

14 MR. FITZGERALD: I can break it down.

15 Q BY MR. FITZGERALD: You have testified, I believe,
16 that the examiners at Patton State may have been incorrect
17 in the origin of her psychosis.

18 You opined as a result of your experience in
19 Department 95 that Dianne Lake may have suffered from a
20 drug-induced psychosis as opposed to some other origin, is
21 that correct?

22 A Yes, Counsel.

23 Q What is the credibility to somebody testifying
24 to events that occurred during a drug-induced psychosis?

25 A I don't know if there is a specific answer to
26 that question. It would depend on how much psychotic

1 material was observed concurrent with whatever other
2 material you are referring to.

3 Q And you testified in response to a question by
4 Mr. Kanarek that Miss Lake appeared to be in a fairly good
5 remission.

6 What is a remission?

7 A At this time she is showing no symptoms of
8 a psychotic reaction or being mentally disordered.

9 Q But it is not your testimony that she has been
10 cured?

11 A Well, I don't see any current signs of drug-
12 induced psychosis.

13 We can say it is in remission.

14 Q You prefer to use the term remission rather than
15 cure?

16 A Yes, I would prefer to use that.

17 Q Because in the strict sense, schizophrenia is
18 not curable?

19 A Again, Counsel, in my opinion we are not really
20 talking about schizophrenia.

21 Q No, I understand. Well, in regard to Dianne Lake,
22 would you say she is cured?

23 A Cured -- you mean of the drug-induced psychosis?

24 Q Yes.

25 A If she does not use drugs again she probably
26 won't have any gross psychotic disturbance.

There may be occasional infrequent flashbacks
under periods of emotional stress.

MR. FITZGERALD: I have nothing further.

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1 THE COURT: You may step down, Doctor.

2 THE WITNESS: Thank you.

3 MR. BUGLIOSI: Call Dr. Deering.

4 MR. FITZGERALD: It would appear that it is unlikely,
5 unfortunately, that we can conclude with Dr. Deering
6 before 4:00.

7 THE COURT: We will recess about ten minutes to
8 4:00, then, gentlemen, and Dr. Deering can back tomorrow
9 morning and finish his testimony.

10 (The witness enters the courtroom.)

11 THE CLERK: Would you raise your right hand, please.

12 Would you please repeat after me.

13 I do solemnly swear --

14 THE WITNESS: I do solemnly swear --

15 THE CLERK: -- that the testimony I may give --

16 THE WITNESS: -- that the testimony I may give --

17 THE CLERK: -- in the cause now pending --

18 THE WITNESS: -- in the cause now pending --

19 THE CLERK: -- before this court --

20 THE WITNESS: -- before this court --

21 THE CLERK: -- shall be the truth --

22 THE WITNESS: -- shall be the truth --

23 THE CLERK: -- the whole truth --

24 THE WITNESS: -- the whole truth --

25 THE CLERK: -- and nothing but the truth --

26 THE WITNESS: -- and nothing but the truth --

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1 THE CLERK: -- so help me God.

2 THE WITNESS: -- so help me God.

3 THE CLERK: Would you be seated, please.

4 Would you please state your name.

5 THE WITNESS: Harold C. Deering, M.D., D-e-e-r-i-n-g.

6 THE CLERK: Thank you.

7 THE COURT: Dr. Deering, are you planning to go
8 to this meeting at the courthouse this afternoon?

9 THE WITNESS: I had planned to.

10 THE COURT: I told counsel there is such a meeting,
11 and we will adjourn, then, at ten minutes to 4:00.

12 THE WITNESS: Thank you, sir.

13 I told Dr. Skrdla to give my regards -- regrets,
14 excuse me.

15 MR. BUGLIOSI: Pull the microphone back a bit closer
16 to you, Doctor, and relax.

17 I will waive any preliminary examination of
18 Dr. Deering, your Honor.

19 MR. FITZGERALD: May I proceed?

20 THE COURT: Yes.

21 HAROLD C. DEERING,
22 called as a witness, being first duly sworn, testified as
23 follows:
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EXAMINATION

1 BY MR. FITZGERALD:

2 Q Dr. Deering, you examined one Dianne Lake
3 pursuant to an appointment by Judge Older under Section
4 730 of the Evidence Code, did you not?

5 A I did.

6 Q When did that examination take place?

7 A October 26, 1970.

8 Q And where did it take place?

9 A In the Los Angeles City Police Department,
10 in a private office.

11 Q And who was present?

12 A Myself and her guardian, her foster --
13 the person that she is living with.

14 Q Is that a Mr. Gardner?

15 A Yes.

16 Q And what was the purpose of the examination?

17 A To determine whether or not she could act as
18 a competent witness under Section 701 of the California
19 Evidence Code and whether or not she could comprehend
20 conversations with another person during September of 1969.

21 Q And did you come to some conclusion?

22 A I did.

23 Q What was your conclusion?

24 A It was my conclusion that Dianne Lake is a
25 competent witness as defined under Section 701 of the
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California Evidence Code. She is capable of expressing herself and understands her duty as a witness, and that she had the ability to understand and comprehend the conversations with another during September of 1969.

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1 Q I would like to direct your attention to some
2 documents that have been marked as exhibits before you
3 arrived.

4 A report, a document entitled "Psychiatric
5 Examination" by H. W. Oshrin, M.D., dated 1/12/70, marked
6 Special Exhibit 17.

7 Special Exhibit 18, a two-page document entitled
8 "Social History Evaluation" dated January 13, 1970.

9 And Special Exhibit 22, entitled "Psychological
10 Assessment," dated January the 13th, 1970.

11 These are part of the records of the Patton State
12 Hospital in regard to Dianne Lake, Doctor.

13 Did you have an opportunity to review the file
14 of Patton State Hospital before your examination of Dianne
15 Lake?

16 A I reviewed the discharge summary and an intake
17 summary. I didn't have all this information at that time.
18 I have read it today, however.

19 Q Did you read this information before you prepared
20 your report of your examination?

21 A Not all of this information, no.

22 Q As a result of subsequently reading this material,
23 has your opinion been altered in any respect?

24 A No.

25 Q Is there some reason for that?

26 A No.

1 Well, I just don't consider the information to
2 be of a nature that would alter my opinion.

3 Q Directing your attention to the exhibit that
4 has been marked 17, and that is the psychiatric examination
5 of Dianne Lake by H. W. Oshrin on January 12, 1970.

6 Directing your attention specifically to Page 2
7 thereof, and particularly the section "Diagnosis."

8 I take it that you noted that the diagnosis was
9 schizophrenia, chronic undifferentiated type, did you not?

10 A I noticed that.

11 Q Did you also look at Dr. Oshrin's prognosis,
12 which was "Extremely guarded for any improvement"?

13 A Yes.

14 Q Did you also see the last paragraph, under the
15 heading "Recommendations"?

16 "It is felt that she is gravely disabled and in
17 need of long-term care and treatment as well as placement
18 after she leaves the hospital with 24-hour supervision for
19 many years."

20 A Yes.

21 Q Now, did you form the opinion that at any time
22 in her life Dianne Lake was psychotic or mentally ill or
23 mentally disabled?

24 A I think she could have been mentally disordered
25 in terms of an acute psychotic episode related to the use
26 of hallucinogenic drugs.

1 Q And did that psychotic episode, whatever its
2 origin, appear to take place on or in or about January of
3 1970?

4 A Well, January of 1970 was when she entered
5 Patton, and that is when this diagnosis was made, yes.

8b-1

1 Q Do you have any indication at all of when this
2 psychotic episode first occurred and when it first went
3 into remission, if at all?

4 A Well, I noticed that she wasn't treated with
5 anti-psychotic tranquilizing drugs at Patton. I also
6 noticed that the same physician, a few days later, wrote
7 an opinion that she was not schizophrenic at that time.

8 Q Did that seem odd or peculiar?

9 A No.

10 Q Directing your attention to Special Exhibit 18,
11 which is a social evaluation, apparently, compiled on
12 January 13, 1970, by one Linda Hall, a psychiatric social
13 worker, and directing your attention particularly to page
14 2, paragraph 2, where she says:

15 "I feel this girl is gravely disabled and
16 in need of conservatorship. She is in need of
17 continued care and treatment."

18 Did you take that into consideration in forming
19 your opinion in regard to Dianne Lake?

20 A Yes.

21 I'd like to add that the term "grave disability"
22 is a term used in the Lanterman-Petries-Shoit bill. They
23 were the authors of the bill, the California Mental Health
24 Act, and they say that grave disability may be due to
25 mental illness or mental disorder, drug abuse or chronic
26 alcoholism that makes the person involved unable to care for

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1 his basic needs of food, shelter and clothing.

2 Q I believe the exact definition is as follows:
3 "Grave disability means a condition in which a person, as
4 a result of a mental disorder, is unable to provide for
5 his basic personal needs for food, clothing or shelter.
6 A person of any age may be gravely disabled under this
7 definition, but the term does not include mentally retarded
8 persons."

9 I direct your attention to Section 5008,
10 sub (a) of the Welfare and Institutions Code.

11 Is that what you are referring to?

12 A Yes.

13 Q It doesn't say anything about alcoholism or
14 drug inducement, does it?

15 A The modified legislation does.

16 Q Directing your attention to Special Exhibit 22,
17 which is entitled Psychological Assessment, prepared by
18 Bruce Meeks, Ph.D., and staff psychologist.

19 He points out that as the result of diagnostic
20 tests he performed, it was his opinion that Dianne Lake
21 was blatantly psychotic in January of 1970; isn't that
22 correct?

23 A Blatantly psychotic?

24 I read "acute schizophrenic episode."
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8c fls. 24

de- 1 1 Q Directing your attention to Page 2 of Exhibit
2 22, the psychological assessment of Dianne Lake. Directing
3 your attention to Paragraph 3.

4 "Some of her test responses are blatantly
5 psychotic. For example, in describing a per-
6 ception of a man's skull on the Rorschach, she
7 describes two white spots as being shackerles,
8 which are holes in your brain which let air in
9 your brain to breathe. I am using my imagination
10 and there is one here pointing to the sternum
11 and one above your stomach."

12 It was his diagnostic impression, was it not,
13 Doctor, that she was schizophrenic -- an acute schizophrenic
14 episode?

15 A That is what it says.

16 Q And in summary, he says, in the last paragraph:

17 "In summary, the patient is presently
18 seen to be psychotic."

19 Did you accept the diagnosis of Patton State
20 Hospital that at some time in early January, she was
21 psychotic?

22 A No.

23 Well, I would accept that she was psychotic.
24 I wouldn't say that she was schizophrenic.

25 Q And I take it, Doctor, you feel that her
26 psychosis was of a drug origin as opposed to some other

1 origin?

2 A Yes.

3 Q Now, is it your opinion that she was in a
4 psychotic episode during September or October of 1969?

5 A If so, it would have been transient while under
6 the influence of drugs.

7 MR. HUGHES: I'm sorry, I didn't hear that answer.

8 THE WITNESS: If so, it would have been transient
9 while under the influence of drugs.

10 MR. FITZGERALD: Q It is after substantial with-
11 drawal of drugs that the drug-induced psychosis appears; is
12 that your testimony?

13 A Not LSD.

14 Q Well, at the time she was taking drugs, she was
15 not psychotic, but after a period of approximately five
16 months, she then is diagnosed as a psychotic, is she not?

17 A She was diagnosed that way at Patton, yes.

18 Q If you would assume that she was arrested in early
19 October, 1969, and you would assume, Doctor, that during
20 her period of arrest and incarceration she wasn't allowed
21 to imbibe drugs, one must assume, then, that she had a
22 four-or-five month drug-free period; right?

23 A Yes.

8d-1

1 Q But your testimony is that, in your opinion,
2 she was not psychotic in September of '69?

3 A If she was, it was a transient thing under LSD,
4 and flashbacks, as you know, are very common under LSD for
5 months thereafter.

6 Q And it would be your opinion, then, that she
7 was having an LSD Flashback experience at the time she was
8 diagnosed, in January, 1970?

9 A That is my opinion.

10 Q But in order to get to Patton State Hospital,
11 and as a result, as a review of the file will indicate,
12 she demonstrated very peculiar, bizarre, extraordinary
13 behavior, did she not, during a time considerably before
14 January, 1970?

15 A The only bizarre behavior that I heard described
16 was she was peering into space, or looking at the ceiling
17 or the walls.

18 THE COURT: It is now ten minutes to 4:00, gentlemen.

19 We will adjourn until 9:00 a.m. tomorrow
20 morning.

21 MR. HUGHES: Your Honor, I do have several other
22 witnesses out in the hall. Could they be ordered back?

23 THE COURT: Very well.

24 You may step down, Dr. Deering.

25 THE WITNESS: Thank you, sir.

26 9:00 o'clock tomorrow morning, your Honor?

8d-2

1 THE COURT: Yes.

2 (Whereupon many prospective witnesses come into
3 the courtroom.)

4 MR. HUGHES: Dianne Belohovek.

5 MISS BELOHOVEK: Yes.

6 MR. HUGHES: Josephine Rungren?

7 MISS RUNGREN: Yes.

8 MR. HUGHES: Virginia Pratt?

9 MISS PRATT: Yes.

10 MR. HUGHES: We will eliminate Alice Vanderpool having
11 to return.

12 Terry Carver.

13 MISS CARVER: Yes.

14 MR. HUGHES: Cecile Harbauer.

15 MISS HARBAUER: Yes.

16 MR. HUGHES: Dr. Bruce Meeks.

17 DR. MEEKS: Yes.

18 MR. HUGHES: And Dr. Handy.

19 DR. HANDY: Yes.

20 MR. HUGHES: Mr. Bird will be eliminated as having to
21 return, the trust officer. And District Attorney Frank
22 Fowles of Inyo County.

23 Will you order them back?

24 THE COURT: For what date?

25 MR. HUGHES: Tomorrow.

26 Will it be convenient to continue this hearing

1 tomorrow morning?

2 THE COURT: This hearing will continue tomorrow
3 morning.

4 MR. HUGHES: 9:00 o'clock tomorrow morning, your
5 Honor.

6 THE COURT: Each of you is ordered to return to
7 this courtroom at 9:00 o'clock a.m. tomorrow morning
8 without further notice, order or subpoena.

9 The court is now adjourned until 9:00 a.m.

10 MR. KANAREK: Your Honor --

11 (Whereupon at 3:55 o'clock p.m. the court
12 was in recess.)