

Hall

UNIVERSITY HOSPITAL UBC SITE
 SHAUGHNESSY SITE

EMERGENCY PSYCHIATRIC
NURSING ASSESSMENT FORM

DATE: Nov 30/99 ASSESSMENT TIME: 1630

NAME: FENG GAO AGE: 33 SEX: M BED # CHAR

ACCOMPANIED BY: Name: RAMP Phone # _____

CONTACT PERSON: Name: none ^{no family} ~~in contact~~ Phone # _____

PRESENT COMPLAINT/HISTORY LEADING TO ADMISSION: "RAMP officer insisted I come" - "trying to contact CBC - urgent news about P.M. Mulroney - I have the feeling I'm being framed by the P.M." - started Fri/Sat
INFORMANT: _____
RELATIONSHIP: _____

VITAL SIGNS: BP: 145/90 TPR: 37°-92 - HGT: "180 cm" WT: "165 lb" PERL:

ALLERGIES: NO YES Penicillin

MEDICATION:

NAME OF DRUG	DOSE	FREQUENCY	NAME OF DRUG	DOSE	FREQUENCY
<u>none</u>					

COMPLIANT WITH TAKING MEDICATIONS: NO YES UNKNOWN

ALCOHOL / DRUG HISTORY: NO YES Explain: "occasional alcohol - none today" denies illicit drugs.

PHYSICAL HEALTH / MEDICAL HISTORY: no G/O - "a little bit exhausted I had little lunch" - just today.

PSYCHIATRIC HISTORY: "stress"

PSYCHIATRIC HOSPITALIZATIONS: NO YES

PSYCHIATRIST: NO YES NAME: Ron Ramick PHONE _____

PSYCHIATRIC DAY CARE: NO YES "months ago"

MENTAL HEALTH CLINIC: NO YES Dr Shivers - SPH -

given sedatives in July '92

MENTAL STATUS EXAMINATION

GENERAL APPEARANCE:

- Clean/neat
- Healthy appearance
- Relaxed facial expression
- Sad facial expression
- Staring
- Slumped/slumped posture

- Untidy/Poor Hygiene
- Emaciated
- Frightened expression
- Angry facial expression
- Poor eye contact
- Restless/fidgety

GENERAL BEHAVIOUR:

- Sluggish/slow
- Relaxed
- Pleasant
- Co-operative
- Seductive

- Over active
- Wringing Hands
- Sarcastic
- Combative
- Posturing/grimacing

SPEECH:

Fast

Slow

Loud

Soft

- Clear/articulate
- Pressured
- Irrelevant & disorganized
- Mute
- Difficult articulation

- Vague
- Flat monotonous voice
- Coherent & relevant
- Over talkative

MOOD AFFECT / MENTAL CONTENT:

- Feels anxious
- Feels depressed / lonely
- Feels guilty
- Feels hopeless / worthless
- Agitated

- Elated
- Shows little / no feeling
- Avoids discussing feelings
- Hostile
- Labile

COGNITIVE FUNCTIONING:

- Alert / responsive
- Orientated
- Concentration - poor
- good
- Mentally handicapped

- Lethargic
- Disorientated
- Memory - poor
- good

DELUSIONS:

- Grandiose delusions
- Delusions of persecution
- Thinks they're being poisoned
- Feels controlled
- Religious delusions
- Specify other/explain above:

HALLUCINATIONS:

- Auditory
- Visual
- Tactile
- Taste
- Olfactory
- Specify other/explain above:

N/A

CHECK YES OR NO, IF YES, DESCRIBE

Suicidal ideas: NO YES _____
 Suicidal plans: NO YES _____
 Previous attempts: NO YES _____
 Homicidal ideas: NO YES ?
 Elopement risk: NO YES RAMP in attendance

SAFETY FACTORS:

Retriaged/Reassess Placed in Hospital Garb
 Certified Personal Belongings:
 Placed in seclusion searched
 Physically restrained clothing list completed
 Observation: Constant Q.15 min. Other

Assessed By: Dr. MORRISON at 1640 hrs.

REFERRALS:

Psychiatric: NO YES Dr. MASKAL (SCHWARTZ) at 1645 hrs.
 Social Work: NO YES name _____ at _____ hrs.

Nancy Locke _____ NOV. 30/9A _____
 Signature & Designation Date

Time	Medication	Nurses' Notes
1630H	_____	brought in to E.D. by RCMP - voluntary but denies physical/psychiatric illness - grandiose paranoia - RCMP officer present during interview - <u>RP</u>
1640H	_____	S/B Dr Morrison _____ <u>RP</u>
1700H	_____	<u>note</u> - no "safety factors" - <u>RP</u> Dr Maskal (psych) consulted by Dr Morrison _____ <u>RP</u>
1715H	_____	psych resident reviewing chart
1730H	_____	psych staff person present - interview by RCMP officer _____ <u>RP</u>

UNIVERSITY HOSPITAL
 UBC SITE - ACUTE CARE UNIT
 EMERGENCY RECORD

hall

MODE OF ARRIVAL
 CAR/POLICE

HOSPITAL NUMBER
 0196325

PATIENTS NAME
 GAO, FENG

ARRIVAL DATE
 30 NOV 92
 TIME
 1629

PATIENTS ADDRESS
 201-1640 WEST 11 AVE, VANC, BC, V6J 2B9
 NP

AGE
 33
 SEX
 M
 MARITAL STATUS
 DATE OF BIRTH
 29 JAN 59

MEDICAL PLAN NUMBER
 9120140135

RESIDENCE IN B.C.
 20 YR
 YRS.

RESPONSIBLE FOR PAYMENT
 MSP #9120140135-00

SOCIAL INSURANCE NUMBER

EMPLOYERS NAME AND ADDRESS

OCCUPATION

PATIENTS PHONE

NEAREST RELATIVE AND ADDRESS

RELATIONSHIP

RELATIVES PHONE

ELEC. EMERG. DATE OF ACCIDENT TIME OTHER PARTY INVOLVED YES NO

PLACE AND CAUSE OF ACCIDENT

FAMILY PHYSICIAN
 /B MORRISON

E.R. LOG NUMBER
 E92-14714

ALLERGIES: IMMUNIZATION:

PRESENTING COMPLAINT: 0/0

T 37° P 92 R 16. BPL S 145/90

See notes

NURSE IN ATTENDANCE
 [Signature]
 ORDERS:

ADMISSION DATA

PHYSICIAN

REMARKS

This man has been brought in by RCMP immediately. He was reportedly on left UBC family staff until a few months ago. He has been threatening staff at home some times and on the weekend he reportedly contacted his lawyer who spoke with UBC's lawyer. He had been making threats again against psychiatric staff.

Dr. J. Jursery phoned in message to advise patient to psychiatry of calm cooperative willing to discuss problems. In threatening behavior and no attempt to leave at present.

base to psychiatry.

PHYSICIAN ATTENDANCE
 [Signature]

REFERRED TO RESIDENT ATTENDING CALLED CONTACTED HERE

ADMIT WEST F.P. NOTIFIED DISCHARGE HR. 2010H

NOTIFIED: POLICE CORONER RELATIVES TIME HR.

PHYSICIAN AUTHORIZING DISCHARGE
 [Signature]

DIAGNOSIS: Depressive Parahum delusional
 CODE(S): 1812 0120 306

FORM NO. KM 1 1980



Province of British Columbia
Ministry of Health

FORM 4
MENTAL HEALTH ACT
[Section 20 (3), 23, 24 and 25, R.S.B.C. 1979, c.256]

MEDICAL CERTIFICATE

I, the undersigned Patricia Luz Testa Schwartz
physician's name in full

hereby certify that I am a duly qualified medical practitioner of the Province of British Columbia and in the actual practice of the medical profession and that I am not disqualified from giving a valid medical certificate for this person for the reasons set forth in Section 20 (4) of the Act.

I examined Feng Gao
person's name in full
on the 30th day of November month 1992 year

and in my opinion he is mentally disordered. It is also my opinion that Feng Gao
person's name in full

requires medical treatment in a facility and care, supervision and control in a facility for his own protection or for the protection of others.

The reasons, in summary form, upon which my opinion that this person is mentally disordered is founded, are as follows:

He has been "very stressed" since he lost his job last July. He feels there is a conspiracy against him by Brian Mulroney & that he has been "framed". He has been harassing C.B.C. trying to get his story in the news. Over the weekend he made threatening calls to colleagues.

This person was was not brought to me by a police officer or constable under the provisions of section 24 (1) of the Act.

Physician's signature [Signature] Date Nov. 30th, 1992

P.O. address 2211 Westbrook Mall Telephone 822-7421

EMERGENCY ADMISSION
(Mental Health Act, section 23)

I certify that, in accordance with section 23 of the Act, there is no other physician who is qualified to give a second medical certificate, by whom this person can be examined, who practices in this vicinity or within a reasonable distance of where this person resides.

Signature of physician _____

NOTE: This medical certificate becomes invalid on the 15th clear day after the date upon which the physician examined the person who is the subject of this certificate.

Improper completion of this form may invalidate the admission procedure.
Please take care in completing the certificate.

Involuntary admission should be used only if the patient cannot be appropriately admitted as an informal patient.

A "facility" means a Provincial mental health facility or psychiatric unit.



Province of British Columbia
Ministry of Health

FORM 4
MENTAL HEALTH ACT

[Section 20 (3), 23, 24 and 25, R.S.B.C. 1979, c.256]

MEDICAL CERTIFICATE

I, the undersigned ALEXANDER BRUCE MORRISON
physician's name in full

hereby certify that I am a duly qualified medical practitioner of the Province of British Columbia and in the actual practice of the medical profession and that I am not disqualified from giving a valid medical certificate for this person for the reasons set forth in Section 20 (4) of the Act.

I examined FENG GAO
person's name in full
on the 30th day of Nov month 1992 year

and in my opinion he is mentally disordered. It is also my opinion that FENG GAO.
person's name in full

requires medical treatment in a facility and care, supervision and control in a facility for his own protection or for the protection of others.

The reasons, in summary form, upon which my opinion that this person is mentally disordered is founded, are as follows:

Feelings of persecution. Has been
threatened by people with violence.

This person was was not brought to me by a police officer or constable under the provisions of section 24 (1) of the Act.

Physician's signature A Morrison Date 30 Nov 92

P.O. address 4500 Oak St Telephone 875 2247
Stouffville Hospital

EMERGENCY ADMISSION
(Mental Health Act, section 23)

I certify that, in accordance with section 23 of the Act, there is no other physician who is qualified to give a second medical certificate, by whom this person can be examined, who practices in this vicinity or within a reasonable distance of where this person resides.

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Gao

UNIVERSITY HOSPITAL, UBC SITE

Gao, Feng

0196329

HISTORY AND PROGRESS NOTES

DR CHAPMAN, L
DATE 29 JUN 92 M XX YRS
FPH 9120140136
92-06352
P2WP P2W 30 NOV 92

DATE TIME
30 Nov 92
2000

Admission Note

Feng Gao
33 y/o Chinese from Vancouver
currently unemployed Computer Scientist

- 1. Age, Occupation, Race
- 2. Complaints
- 3. History of Present Illness
- 4. Past Illness
- 5. Family History
- 6. Personal History
- 7. Personal Enquiry
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RRP - Paranoid ideation; brought to ER accompanied by RCMP this afternoon after having made a number of harassing phone calls to colleagues and the CBC.

HPI - (Collateral info from Brian Cotton, RCMP-UBC Detachment, plus police file).

Well until earlier this year, when noted to make a few aggressive + impulsive gestures towards other faculty members in the Dept of Computer Science at UBC. Police have a statement from another faculty member dated Mar 16th, in which pt. walked past him, swore, then threw a coffee cup for no apparent reason. Pt. then pushed faculty member, who was urged by colleagues to file a formal complaint @ police, as this had occurred previously but had not been officially documented.

Pt. had been working in the Computer Science Dept on a fixed contract for the past 3-4 years. On June 30th of this year, contract expired, + pt. not given tenure (he had apparently withdrawn his application). At the time he felt there was a 'conspiracy' occurring against him, resulting in him refusing to leave his office + turn in

his key on July 2nd. RCMP were called in to remove him, and took him off to cells for a short time under physical restraint. Not clear from police records to what degree pt. was considered violent at that time.

Since July, has been unemployed, and desperately seeking work at another university. Supporting self & savings. Has a lawsuit pending against UBC regarding his dismissal, and continues to express paranoid ideation regarding a 'conspiracy' against him orchestrated by the Head of the Dept of Comp Sci Dr. Maria Calusny.

Last few weeks has been repeatedly contacting colleagues by phone to discuss his conspiracy. Also recently has been 'harassing' the CBC News to get media coverage for his plight. In addition, now believes that the conspiracy is originating from Brian Mulroney, as pt. has been sending the CBC a number of 'press release' criticizing the PM and his policies. Pt. apparently was told by an executive producer at the CBC on Thursday that his situation 'was not top priority news', and was warned that if he continued to harass them, the police would be contacted.

On Saturday, called the house of his colleague in Comp Sci Dr. Kirkpatrick; happened to speak to his wife - Madame Justice Pamela Kirkpatrick - and told her that he was going to do something that would make media headlines. Apparently Ms. Kirkpatrick was concerned somewhat about the safety of her family, & the safety of other faculty members, & police were informed. In addition, the Comp. Sci. building was closed down over the weekend in light of the potential threats.

Gao

2

GAO, FENG

0196329

DR CHAPMAN, L

29 JAN 59 H 33 YRS

PHN 9 20140136

HISTORY AND PROGRESS NOTES

92-06552
P2VP P2V

30 NOV 92

DATE TIME

Picked up at his home today @ 1600 by RCMP, and
resented to UBC Emergency for assessment.

Apparently arrangements had been made between
a faculty member in Comp. Sci, and Dr. Livesley.

Today, pt. speaking about 'political persecution'
by Mulroney + the CBC, and about a conspiracy
by UBC against him. Denies having made any
direct threats against others, or impulses to
harm anyone or himself. No suicidal ideation.

Denies sx's of thought insertion/control/alienation,
special powers, or hallucinations in any of the
senses.

Identifies some acute stressors in his life: 1)
continued unemployment, + difficulties in finding a
new job; 2) his feelings of inadequacy in his parents'
eyes for not having a job; 3) finding out about his
father's hospitalization on Wed for heart disease; 4)
no friends or family in Vancouver.

Reports mood as 'stressful', but denies depression
over the past few months. Reports \downarrow energy levels +
appetite, \bar{c} no weight change. Sleep is variable,
has intermittent periods lasting 2-3 days at a time
where he gets little sleep. \downarrow concentration lately.

Preoccupied \bar{c} getting media coverage of his dismissal
from UBC.

- 1. Age, Occupation, Race
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PH

- saw Dr. Remick @ ^{SPH} ~~UBC~~ on 2 or 3 occasions earlier in the year; ϕ meds; saw Dr. Sivitz @ SPH on one occasion shortly after the July 2nd incident and was prescribed a 'sleeping pill'.

Meds ϕ AllergiesPCN \rightarrow 'coma' as a childDrugs/ETOH

- social ETOH ϕ drugs
- ϕ caffeine ϕ smokes

PMH

⊖ TMI pain

FPH

- negative

PH

- born in China; ~~completed~~ one younger sister
- completed undergraduate studies in China, then PhD over 6 year period @ UC Berkeley before moving to Vancouver in Aug '88; has ϕ family here.
- parents in China; father - Professor of Philosophy
mother - retired high school teacher
- sister in New York studying Chemistry; has open relationship \bar{c} her regarding his unemployment, but reluctant to discuss this issue \bar{c} parents (\therefore little contact with them recently).
- 'misses parents'
- currently seeking work thru 'professional journals'; living off of savings.

Gao, Feng

019632

DR CHAPMAN, L
29 JAN 59 M 33 YRS
PH 9120140136
92-06352
P2W P2W

HISTORY AND PROGRESS NOTES

30 NOV 92

DATE TIME

MSE

Dressed in jacket + tie, well groomed + neat. Sitting forward in chair for most of interview. Cooperative, good rapport established. ϕ abnormality of psychomotor behavior, or speech. Mood slightly anxious, full range of affect. Expressing non-bizarre paranoid delusions as per HPI. No abnormalities in thought form. No evidence perceptual disturbance. Oriented x3, attentive, 3/3 recall. Relatively abstract proverb/similarity interpretation.

Initially refusing hospitalization, stating he needs to contact CBC. However, became more agreeable when he was informed he would be admitted on an involuntary basis. Minimal insight, judgment at present questionable. Not a suicide risk at present, not a threat to staff members.

Imp

Axis I - paranoid delusional d/o

$\left\{ \begin{array}{l} \text{major depression } \bar{c} \text{ mood-congruent} \\ \text{psychotic features} \\ \text{adjustment d/o} \\ \text{schizophreniform (but, non-bizarre} \\ \text{delusions, } \phi \text{ evidence pre-morbid} \\ \text{disturbance)} \\ \text{organic psychosis} \end{array} \right.$

Axis II - no diagnosis

Axis III - no diagnosis



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Axis IV - unemployment

- minimal social support / isolation from family

- father's physical illness

Axis V - deferred for now


Plan

1) admit, certified under MHA (? tendency to be physically impulsive when provoked; escalation in paranoid beliefs)

2) level I overnight (elopement risk - mild)

3) full psych assessment, hold off meds for now

4) likely ~~to~~ brief stay; risk intervention in light of recent acute stressors.


MASHAUCR1

Dec 1/02 - Rec. Note

- I/O in Dr Chapman, nursing staff in seclusion

- Hx reviewed

→ no previous Hx or hosp. until this yr.

→ Angry, impulsive episodes & unusual behavior @ work beginning Feb-Mar this yr.

→ Felt persecuted @ work prior to leaving. Says he has specific conflict w/ fellow colleague dating back to 1990^{pc}

→ In 1 mo prior to hosp.:

- denies depressed or elevated mood

- several episodes of 2-3 nights & sleeping 3-4 hrs (0400-0500h.) but no other vegetative s/s

GAO, FENG

0196329

HISTORY AND PROGRESS NOTES

DR CHAPMAN, L
29 JAN 59 PH 33 YRS
PHI 9120140146 GAO

DATE TIME

92-06352
30 NOV 92
- denies involvement in ~~SP 27th~~ ~~insertion~~ ~~last~~ ~~liberal~~,
delusions of reference
- Wanted to call CBC to 'let people know Brian
Mulroney + other politicians part of a conspiracy'
against Canadians, and Dr. Calne (Head of Dept
Comp. Sci.) part of this conspiracy to persecute him.

MSE - Apprehensive - In PT's

Affect - Some blunting, may be medication-related
as he was sedated ++ E Ativan

Support/Accessibility - Fair

TF - (N)

TC - Wanting to see lawyer for review panel

- Feels persecuted by ABC. Ideas of harming self or others.
- Afraid of losing control and becoming angry last
night and possibly 'disrupting the word' by
'running around' → ask to be sedated. Today,
feels in more control.

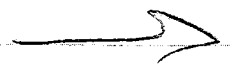
Mood - No evidence of irritability

Insight - poor

- Suspicious of meds → only consented to take it
because Halhal taken also by those sometimes
w/ mental illness

- Feels reactions @ work may be misunderstandings
but denies any direct threats.

- 1. Age, Occupation, Race
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Impression - Though there has been psychosocial impairment, this may be related to the severity of his symptoms. Because of the circumscribed nature of his delusions, and that it has persisted for several months likely, provisional Dx is Delusional Disorder. No evidence for Affective Disorder. Organic Psychotic Disorder less likely but will ~~do~~ rule out a full organic workup, likely including CT scan + EEG. Psych. Testing as well. Less likely Sz or Schizophreniform Dx. Axis I - Delusional Disorder, Persecutory Type

II - Deferred

III - Nil

Plan - Start Haloperidol + Ativan

Level I for now, review later today

Collat. from Comp. Sci., etc.

P. Crowley

Dec 1/92 Supervisor's Note:

At 11:00 am this a.m. - Dr. Chan + nursing staff

Impression: This man is suffering from a psychotic illness which appears to be most probably a Delusional Disorder of persecutory type - a differential diagnosis of Schizophrenia. He has persecutory delusions relating to the Head of Computer Science - Dr. Crowley who he believes dismissed him unjustly. He has the desire to "rehabilitate" relating he will do so by notifying the media of her "wrong doing", notifying his MP and also his lawyer. He believes Dr. Crowley has been harassing him by sending the RCMP to his home.

DR CHAPMAN, L
29 JAN 59 M 33 YRS
PH# 9120140136
92-06352
P2 MP P2W
DATE: 30 NOV 92

HISTORY AND PROGRESS NOTES

1. Age, Occupation, Race
2. Complaints
3. History of Present Illness
4. Past Illness
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6. Personal History
7. Functional Enquiry
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Provisional Diagnosis
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DATE	TIME	
		<p>Plan: - 1:1 for further 24 hrs until we can gather further collateral + further assess his impulsivity</p> <ul style="list-style-type: none"> - collateral: RCMP + Dr. Cowley. - start regular antipsychotic med. - prophylaxis - Cogentin. - reg. Lorazepam. - due to concerns for the safety of others and the diagnosis of mental illness he warrants certification. <p style="text-align: right;">J. Chap</p> <p>Phone call to Staff Sergeant Jensen - UBC - RCMP</p> <ul style="list-style-type: none"> - was called to Feng's apt. to investigate his situation regarding "quasi-violent" behaviour on campus - Feng had phoned Justice Kirkpatrick. to ask - Feng was talking about P.M. Mulroney being involved in a conspiracy + that P.M. was presumably involved in taking retribution on him. - in Comp. Sci - he threw an ashtray at a colleague quite impulsively; his colleagues felt threatened by him after several similar incidents + he was "dismissed" - he had to be removed by RCMP when he refused to vacate his office + there was indication he may become violent. - he was phoning CBE #44 - he had been calling members of the Comp. Sci Dept who apparently "welcomed" these.

- no weapons in Apt.
- no restraining order on him.
- Sargeant is not aware of any specific threats to others
- Feels level of agitation has ↑ over past 2-3 mo
" RCMP felt that hospitalization for assessment was warranted.

[Signature]

1/92 - Res. Note

Phys Exam - BP = 130/85 PR = 95 (reg)

- HEW - pupils & thyromegaly
- ENT - tons ✓ throat clear, unable to open mouth fully
- CVS - H5 @ S3, S4, murmurs AU PAP. (CMT problem)
- Resp - clear to IPPA
- Abd - soft & tender & mass & RLCS BS ✓

Appy 3cm RLQ

Ext - 0 scars

CNS - CRT → S4 @ PERL Fundi @

- reflexes 2+ and sym.
- 0 tremor
- 0 TD

[Signature]

92-06352
 PRR 9120140136
 29 JAN 59 N 33 YRS
 DR CHAPMAN L

4009060
 9051267920
 30 NOV 92

9209670

HISTORY AND PROGRESS NOTES

- 1. Age, Occupation, Race
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DATE	TIME	NOTES
Dec. 2/92		<p>Res. Note</p> <p>- I/v Evelyn & Dr. Chapman, 1:1 nurse</p> <p>- went over past hx -</p> <p>→ did 'ou' & colleagues @ UC Berkeley</p> <p>→ things deteriorated since Feb '90 when pt disagreed & head of Dept. over hiring another colleague</p> <p>↓</p> <p>Felt retaliated by telling him <u>not</u> to apply to tenure position in Aug '91, even though there was a position avail. in Feng's area of expertise</p> <p>Instead offered 1 yr. extension</p> <p>↓</p> <p>Felt Dept. head 'misrepresented' him on a committee which influenced not being hired for <u>another</u> avail. position (no direct evidence)</p> <p>↓</p> <p>Since early '92, felt 'people were running around me' and 'head of dept told them to 'punch me' even though they did not specifically say or do anything derogatory towards Feng ("They were just there")</p> <p>culminating in episode in Mar '92 when "I exploded ... threw my coffee mug against the wall"</p> <p>↓</p> <p>1-2 other episodes of angry outbursts, screaming</p> <p>says people may have misunderstood him as threatening but did not feel any violent impulses towards others</p>

↓
 Told contract not renewed. Perry had written some letters to Dr. Crowley but no reply

↓
 'Peaceful disobedience' by not moving from office on last day of contract June 30. Renewed by RCMP

↓
 Since then, feels that what Brian Mulroney did during constitutional debate was similar to leadership style of Dr. Crowley and found conspiracy as being analogous to his situation. Written to MP, CBC about this. "I was reading between the lines" → though describes no delusions of reference

- Admits ↑ isolation ↓ ability to do research from Jan '92 to prior to termination, and ↑↑ isolation (not going out to friends) since.

- feels at times 'sad' to own situation, but no suicidal ideas.

- In terms of process, he was quick to talk about reasons for persecuted and trying to avoid what the evidence/details were

- He feels he is unable to trust anyone right now though he was quite accessible today, and support was good to some degree

- feels less anxious - since meds

- because able to call his lawyer

- Dec 1 deadline passed → 'I'm not able to influence (Don Mazankowski's) economic statements anymore... it's now beyond my control'

Plan - Level II today
 Further collect.

D. Chm 211 W