

IN THE UNITED STATES DISTRICT COURT  
FOR THE STATE OF OHIO  
SOUTHERN DISTRICT, EASTERN DIVISION

DEPOSITION OF ALLAN D. LIEBERMAN, MD  
CYNTHIA MADEJ, ET AL.,

Plaintiffs,

vs. CASE NO. 2:16-CV-658

ATHENS COUNTY ENGINEER JEFF  
MAIDEN,

Defendant.

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DEPONENT: ALLAN D. LIEBERMAN, MD

DATE: APRIL 16, 2018

TIME: 9:00 AM

LOCATION: THE CENTER FOR OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE  
NORTH CHARLESTON, SOUTH CAROLINA

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(Note: All exhibits were marked by Ms. Gwin,  
at the videoconferencing location at Spectrum  
Reporting in Columbus, Ohio.)

1 THE COURT REPORTER: Okay. If everybody is  
2 ready, I'll go ahead and swear the doctor in.

3 THE WITNESS: Before we do that, a little  
4 housekeeping. I did not know that you had  
5 requested six hours of deposition, so I need to go  
6 on record as saying, because of my physical health,  
7 I cannot go beyond three hours, so you may have to  
8 reschedule if you do not complete what you need to  
9 do. So I appreciate that accommodation.

10 MS. GWIN: Okay. Well, I'll just note for  
11 the record that Dr. Lieberman, based on health  
12 concerns, is refusing to proceed more than three  
13 hours at a time. We'll go ahead and get done what  
14 we can get done, and this is the first that this  
15 has been brought to defense counsel's attention.

16 BY MS. GWIN:

17 Q. Good morning, Dr. Lieberman, I appreciate you  
18 making yourself available today. My name is Molly  
19 Gwin. I'm one of the attorneys who's representing  
20 the defendants in this case, and here with me also is  
21 David Ball. We're here to ask you a series of  
22 questions today regarding your capacity as a treating  
23 physician for Cynthia Madej.

24 A. Yes.

1 Q. Have you had your deposition taken before?

2 A. Yes.

3 Q. You have. Okay. When?

4 A. With regard to this case? Is that what you're  
5 asking?

6 Q. No, not with regard to this -- no, not with  
7 regard to this case. And I'll go ahead and ask  
8 Dr. Lieberman, if we can, and particularly with the  
9 videoconferencing, if we can make sure -- there's a  
10 tendency to anticipate questions. If you can try to  
11 let me finish my question before you answer, I'll try  
12 to make sure you're finished with your answer before  
13 I start talking again.

14 THE COURT REPORTER: I'm sorry. This is the  
15 court reporter. May I swear in the doctor, please?

16 MS. GWIN: Yes.

17 (The witness was sworn.)

18 ALLAN D. LIEBERMAN, MD  
19 having been first duly sworn, was examined and  
20 testified as follows:

21 EXAMINATION

22 BY MS. GWIN:

23 Q. Okay, Dr. Lieberman. Just to go ahead and  
24 start, you indicated that you have been deposed



1 before. When have you been deposed before?

2 A. I've been deposed for the last 41 years, and  
3 the last one was Thursday.

4 Q. And were you serving as an expert witness in  
5 that case?

6 A. Yes.

7 Q. And where is that case presently pending?

8 A. You know, I'm not even sure myself. I think  
9 it's right here somewhere in South Carolina.

10 Q. Okay. Thank you. I appreciate that. Are you  
11 representing the plaintiff in that case or the  
12 defendant?

13 A. Plaintiff.

14 Q. And approximately how many times would you say  
15 that you have been deposed?

16 A. I can't even estimate. I've been doing it for  
17 41 years. I'm in the practice of occupational and  
18 environmental medicine, and it's fairly frequent that  
19 we have to be involved in litigation.

20 Q. And the plaintiff in the case that you spoke  
21 about last Thursday, does that person have multiple  
22 chemical sensitivities?

23 A. No.

24 Q. Okay. How many times have you served as an

1 expert in a case involving a patient with multiple  
2 chemical sensitivities?

3 A. I can't even estimate.

4 Q. More than 10?

5 A. Yes.

6 Q. Have you ever served as an expert for a  
7 defendant in a case?

8 A. Yes.

9 Q. Have you ever served as an expert for a  
10 defendant in a case involving multiple chemical  
11 sensitivities?

12 A. I'm sure I have.

13 Q. Okay. And Doctor, where are you presently  
14 employed?

15 A. In North Charleston, South Carolina at  
16 The Center for Occupational and Environmental  
17 medicine.

18 Q. And The Center for Occupational and  
19 Environmental Medicine, is that a corporation?

20 A. Yes.

21 Q. And are you a shareholder of that corporation?

22 A. Yes.

23 Q. Okay. Are you the sole shareholder of that  
24 corporation?

1           A.   Yes.

2           Q.   And how long has the corporation been in  
3   existence?

4           A.   I can't hazard a guess, but I guess it must be  
5   close to 40 years.

6           Q.   And so you've been with the practice for  
7   40 years?

8           A.   I am the practice.

9           Q.   Okay.  Are there other physicians in the  
10   practice besides you, Doctor?

11          A.   Yes.

12          Q.   And who are those other physicians?

13          A.   I have two other physicians.  One is board  
14   certified in emergency medicine, and the other is  
15   board certified in physical medicine and  
16   rehabilitation.  So we're a total of three physicians  
17   in the practice here.

18          Q.   And did either of those other two physicians  
19   ever treat Ms. Madej?

20          A.   Yes.

21          Q.   Which physicians treated her?

22          A.   Primarily Dr. Weirs, W-E-I-R-S.

23          Q.   Did you form The Center for Occupational and  
24   Environmental Medicine, Doctor?

1 A. Yes.

2 Q. Okay. Doctor, are you an MD, a medical  
3 doctor?

4 A. Yes.

5 Q. And are you board-certified in anything?

6 A. Yes, board-certified in environmental medicine  
7 and formerly pediatrics.

8 Q. Can you explain to me what is required to  
9 obtain a board certification in environmental  
10 medicine?

11 A. The board requires five years of active  
12 participation in the field and practice of  
13 environmental medicine. It includes a written  
14 examination and oral examination which usually  
15 entails defending three cases.

16 Q. And did you perform a residency in  
17 environmental medicine?

18 A. No, I did not. All of my education in  
19 occupational and environmental medicine was obtained  
20 through the American Academy of Environmental  
21 Medicine and the American College of Occupational and  
22 Environmental Medicine over many, many years.

23 Q. What years -- what time period was that that  
24 that was obtained?

1           A. I think my first board certification was in  
2 1988, but I don't recall.

3           Q. And same question with regard to pediatric?  
4 When did you become board-certified in pediatrics?

5           A. In 1966, before you were born.

6           Q. And were you required to complete a residency  
7 for that program?

8           A. Yes.

9           Q. And where did you complete the residency for  
10 that program?

11          A. Northwestern University Teaching Hospitals,  
12 Children's Memorial Hospital - Chicago.

13          Q. And where did you attend medical school?

14          A. The Chicago Medical School.

15          Q. And approximately what years were those?

16          A. I was in the class of 1960. That would be  
17 1956 to 1960.

18          Q. And undergraduate, where did you attend,  
19 Doctor?

20          A. I have a bachelor of arts from the New York  
21 University.

22          Q. How many patients presently treat with  
23 The Center for Occupational and Environmental  
24 Medicine?

1       A. I don't know. Over the years, we have a  
2 caseload in excess of over 10,000.

3       Q. How many of those patients have multiple  
4 chemical sensitivities?

5       A. I can't answer that directly in terms of  
6 absolute numbers. If you would ask me what comprises  
7 the population of patients seen at the center, at  
8 least 50 percent of these patients probably represent  
9 allergy immunology. Chemical sensitivity and  
10 toxicity probably is about 5 percent, maybe.

11      Q. How many of those patients treat over the  
12 telephone?

13      A. Oh, I see patients from all over the United  
14 States and sometimes over the world, and so we do a  
15 lot of phone follow-ups over the telephone, so the  
16 answer is many.

17      Q. More than half?

18      A. I would say so, yes. Now, not initially.  
19 Initially all patients -- there have been some  
20 patients that I've never seen, not even with Skype,  
21 for example, because when I started treating them,  
22 they wouldn't have anything like that. But I've  
23 treated patients, let's say, from amyotrophic lateral  
24 sclerosis in cities very far away from here, and they

1       are non-ambulatory; there is no way that they could  
2       get here, and I've attempted to help those patients  
3       with -- over the telephone.

4       Q.   Are you licensed to practice medicine in Ohio?

5       A.   No.

6       Q.   Are you licensed to practice medicine anywhere  
7       other than South Carolina?

8       A.   At the present time, no.   Just in  
9       South Carolina.

10      Q.   Do all of the patients who treat at the center  
11      have an initial evaluation and then treat over the  
12      phone, or what is the standard protocol?

13      A.   Almost all of the patients, almost without  
14      exclusion, are seen here first; and when we do  
15      follow-ups, if it's reasonable within the distance,  
16      then they'll be here.   So when you ask what  
17      percentage, I can't answer that question other than  
18      we do a lot of follow-ups over the telephone,  
19      especially when we're doing that the second year,  
20      third year.

21           And I see patients, for example, now, with  
22      follow-ups that are -- exceed even 25 years.

23      Q.   So it could be 25 years since you've seen them  
24      in person?

1           A. Not usually, but in general, I see them both  
2 here and over the phone. It depends. If there's  
3 something that we need to do, for example, that can't  
4 be done over the telephone, then they do come in,  
5 yes.

6           Now, Ms. Madej is an exception to that rule.  
7 We saw her here, to my knowledge, only one time, and  
8 I was not the initial physician who evaluated her.

9           Q. How many times have you evaluated Ms. Madej in  
10 person?

11          A. I can't answer that, because I don't know.  
12 The only thing I know is she was initially seen in  
13 December of 1999 by Dr. Sheer, and then she was  
14 followed by Dr. Callahan, and then periodically I  
15 noticed there's a progress note from Dr. Lieberman.  
16 But in general, my familiarity with this patient, I  
17 mean, dates back a very long time, but most of them  
18 that I could recall and recorded in the chart are  
19 probably from 2010, 2012, '14, '16, '17, and 2018.

20          Q. Again, my question is, how many times have you  
21 treated Ms. Madej in person?

22          A. I would say that I'm not sure that I ever met  
23 her, but I'm not sure of that. Her initial  
24 evaluation was done by Dr. Sheer, and that was in



1 1999.

2 Q. And despite that, you've rendered opinions  
3 that if the road is paved, she will suffer  
4 life-threatening harm; is that correct?

5 A. There are several supporting letters in there  
6 which we were asked if we would participate in, and  
7 the answer to your question is, yes, because that's  
8 the way they're worded.

9 Q. Thank you, Doctor. I appreciate that. Can we  
10 talk about how you were asked to participate in these  
11 letters? These letters were emailed to your office  
12 to go through. I want to go through them if you have  
13 them in front of you. If not, they should be in your  
14 brother's email to look at, but I'd like to speak to  
15 the letters.

16 A. Okay.

17 Q. Okay. So if we start with the letter that's  
18 dated June 29th of 2010, sir.

19 A. Yes.

20 Q. Are you looking at that? It should be the  
21 first document.

22 A. Right.

23 Q. Thank you. And does this document -- have you  
24 seen this document before?

1 A. Apparently I signed it, so I must have.

2 Q. Thank you. Do you remember signing it?

3 A. No.

4 Q. Is it possible that your signature was forged  
5 on it?

6 A. No. No. It's my signature. This is not a  
7 stamp. This is my signature.

8 Q. Okay. And do you recall who this letter was  
9 presented to?

10 A. In 2010, I think this is relating to the fact  
11 that it was discussion of paving the road that dates  
12 all the way back then, if I'm not mistaken,  
13 time-wise. So it has something to do with that.

14 Q. And at the time that you wrote this letter,  
15 did you draft this language or did the Madejs?

16 A. No. I did.

17 Q. Okay. And was that at their request?

18 A. Yes.

19 Q. Okay. And tell me about that. Was that a  
20 phone conversation?

21 A. Looking at my notes, I notice on progress  
22 notes that yes, they have requested; and there have  
23 been times when Ms. Madej has sent us progress  
24 letters; and in that progress letter, she requested

1 if we could do that.

2 Q. Okay. How would she send you the progress  
3 letters? How would she transmit them to you?

4 A. Well, it was either -- I believe it's mailed,  
5 because it doesn't look like an email to me.

6 Q. So you were sent progress letters under her  
7 signature, and what did those letters ask you to do?

8 A. Oh, support the importance of protecting her  
9 from toxic chemical exposure.

10 Q. Had you rendered -- what did she say about the  
11 toxic chemical exposure?

12 A. Well, when this patient first came to see us  
13 in December -- excuse me -- yes, it was December of  
14 1999. That's 18 years ago. A diagnosis had already  
15 been established that she had chemical sensitivity.  
16 And if you will notice that practically every single  
17 one of my progress notes keeps on saying the same  
18 thing over and over and over again, which is the  
19 number-one concern for this patient is that of  
20 chemical sensitivity.

21 Q. Who did you understand had initially diagnosed  
22 her with chemical sensitivity when she came to see  
23 you in 1999?

24 A. I have no idea.

1 Q. So she told you she had chemical sensitivity?

2 A. Well, she may have been diagnosed by somebody  
3 else, but the point is that I don't know that.  
4 Remember, I did not see the patient when she first  
5 came. I only have my medical records which indicates  
6 that. Dr. Sheer was the examining physician at that  
7 time.

8 Q. Do you believe Ms. Madej has chemical  
9 sensitivity?

10 A. Yes.

11 Q. Okay. So let's go through this  
12 correspondence. The first sentence says that  
13 Ms. Cynthia Madej has been under my care for the past  
14 10 years.

15 A. Yes.

16 Q. In that 10-year period, you had not treated  
17 what -- you had not seen her potentially, correct?

18 A. I'm not so sure. Seen her is probably  
19 correct. Communicated with her is wrong. I'm sure  
20 that we communicated because, if you look at progress  
21 notes -- as a matter of fact, let's be sure about  
22 that. Dr. C. It looks like somewhere around --

23 Q. Doctor, if it's helpful to you, I'm going to  
24 go through the progress notes. They're another

1 exhibit. I'd like to start with the letter, doing  
2 this to the best of your recollection, understanding  
3 that, if the progress notes reflect a visit, we'll  
4 look at those.

5 A. Sure. Go ahead.

6 Q. I'd like to start with -- yes. Do you ever  
7 recall treating her in person in the 10-year period  
8 that's referenced in that letter?

9 A. No.

10 Q. And this then opines that -- this letter then  
11 advises that exposures to small doses of volatile  
12 organic compounds that include herbicides,  
13 pesticides, fertilizers, oil, road tar, asphalt,  
14 diesel exhaust, and other petroleum and roadway  
15 materials could create a life-threatening situation.

16 Is that accurate?

17 A. Yes.

18 Q. And what did you base that opinion on that all  
19 of the aforementioned substances could create a  
20 life-threatening situation for her?

21 A. My education, training, and experience is  
22 number one. And number two, with many of the entries  
23 on progress notes over the years regarding Ms. Madej.

24 Q. So if there were no progress notes between

1 1999 and 2010, then there would be nothing to  
2 document that information, correct?

3 A. When you say there was no notes, I sort of  
4 abstracted to make it easier for me, and I see that I  
5 have notes that date back to 2007 -- actually, 2006.

6 Q. Okay. Have you provided those notes in  
7 response to my subpoena or to the Madejs?

8 A. Yes, you have them all.

9 Q. How do you know -- what evidence do you have  
10 that exposures to any of the aforementioned compounds  
11 create life-threatening situations? Did you ever  
12 test her for any of those compounds?

13 A. Yes, I tested her for many chemical compounds.

14 Q. Which of those compounds did you test her for?

15 A. I tested her for petroleum, which is the  
16 ethanol which is derived from petroleum. I tested  
17 her for mercaptan, which is natural gas additive. I  
18 tested her for chlorine. I tested her for  
19 metabisulfite. I tested her for formaldehyde. Those  
20 were the specific ones.

21 Now, petrochemical testing is done using a  
22 petroleum-derived ethanol compound, and that is  
23 because, when we talk about petro products, we're  
24 talking about everything which is derived from coal,

1 oil, or gas. And so that's their natural core.

2 Everything else is derived from that.

3 So if a person is sensitive to petroleum  
4 products, they're really in trouble because that's  
5 all of modern civilization.

6 Q. How did you administer this test to her? How  
7 was it done?

8 A. When we test chemicals in the office, we test  
9 them sublingually.

10 Q. Can you explain to me what that means.

11 A. Yes. Very dilute solutions of the chemical  
12 are placed under her tongue, which is then absorbed  
13 rapidly into her bloodstream.

14 Q. And are these done in a battery or are they  
15 done individually?

16 A. Oh, individually.

17 Q. And how long is it placed under the tongue  
18 for?

19 A. Well, when we do that, a patient swallows  
20 usually after about a minute and a half to 2 minutes,  
21 and then they are monitored for a period of about  
22 10 minutes.

23 Q. What symptoms did Ms. Madej display?

24 A. Well, with mercaptan -- mercaptan is the

1       ingredient that we put into natural gas so that you  
2       can identify it -- she developed pressure in her  
3       sinuses, dizziness, and congestion. Chlorine  
4       provoked dizziness, nausea, and again sinus pressure.  
5       Metabisulfite -- which is used because it is the  
6       marker for sulfur dioxide, which is a natural  
7       pollutant in the air -- produced dizziness,  
8       foggy-headiness, and nausea. Formaldehyde produced  
9       numbness and burning, headache, and fogginess, brain  
10      fogginess.

11       Q. Is it possible that if anyone has formaldehyde  
12      placed under their tongue they would become  
13      symptomatic or exhibit the symptoms Ms. Madej did?

14       A. Only if they were sensitive, and the dosage --  
15      well, the doses that we use are so dilute, for  
16      example, that you can't identify them, for example,  
17      by taste or odor.

18       Q. Do you know what the percentage of the  
19      substance is, what the -- is it 1 percent the  
20      substance, 1 percent water, or what is it for each of  
21      those items?

22       A. Chemicals are much less than that. When we do  
23      foods, for example, they would be between 5 percent  
24      and 10 percent; and pollens, for example, would,



1 again, be about 5 percent concentrations. But  
2 chemicals are exquisitely dilute.

3 Q. How do you determine how dilute to make them?

4 A. We use a formulation in our procedure manual.

5 Q. In The Center for Occupational and  
6 Environmental Medicine procedure manual?

7 A. Yes.

8 Q. Who developed that formulation?

9 A. Well, these are part of probably our working  
10 instructions that we learned in courses over the  
11 course of many years.

12 Q. What courses are those?

13 A. Well, when it comes to this type of work,  
14 that's almost exclusive the American Academy of  
15 Environmental Medicine. And as the years went by, I  
16 actually became the instructor for the courses in  
17 toxicology and chemical sensitivity.

18 Q. And what are those courses, Doctor?

19 A. These are the instructional courses which are  
20 offered by the academy to physicians who wish to  
21 learn how to practice environmental medicine, and  
22 they're generally --

23 Q. What are the names of the courses?

24 A. Well, there is -- I believe there are four

1 sessive [sic] courses. The one that I was an  
2 instructor on in and in charge of was toxicology and  
3 chemical sensitivity, and I taught that for about  
4 three or four years.

5 Q. And the coursework in that tells you how  
6 dilute to make the substances?

7 A. Yes.

8 Q. How did you identify those items to test  
9 Ms. Madej for, those chemical compounds?

10 A. Well, they are the most common chemicals that  
11 most people would be exposed to, so that's one thing.

12 Number two -- let's go over this again,  
13 because I think it's important, and that is, Theron  
14 Randolph, who's the father of environmental medicine,  
15 taught us the use of the umbrella which was the  
16 petroleum-derived ethanol. You see, everything that  
17 is derived from coal, oil, or gas, all of these  
18 organic compounds, for example, are all derivatives  
19 of coal, oil, or gas. So you don't have to test a  
20 patient for every single petroleum product or  
21 petroleum-derived product; you could just use the  
22 petroleum-derived ethanol. And when the patient  
23 reacts to that, then you know that you have a  
24 reaction.

1           Q. So if they have a reaction to that, they'll  
2 have a reaction to any product that has petroleum in  
3 it, no matter how small the subpart?

4           A. Not necessarily, but the beauty of this is  
5 that, on the basis of what we call molecular mimicry,  
6 that each of these chemical compounds, for example,  
7 has something in common, and that is that they are  
8 derived from coal, oil, or gas. And so that makes it  
9 kind of easy.

10           But specifically, we like to test for certain  
11 things like formaldehyde because it's so commonly  
12 found in the environment. Chlorine, for example,  
13 especially because most of our water is chlorinated.  
14 Swimming pools, for example, chlorinated.  
15 Mercaptan -- natural gas all have mercaptan in it,  
16 and so most of the patients when they're reacting  
17 often are reacting to the ingredient that tells you  
18 that natural gas is present, because otherwise it's  
19 odorless, so you wouldn't know it's there.

20           And as I --

21           Q. Is it tied to any kind of chemical percentage  
22 of the product, though -- the reaction? Is it, if  
23 it's 5 percent, she'll react? If it's more than  
24 that, she won't? What is the baseline?

1       A. No, you can't say that. You'll see in my  
2 notes that I often reflect this. When we talk about  
3 patients with chemical sensitivity, what  
4 differentiates you and me, for example, when it comes  
5 to exposure to toxic chemicals is the dose. There's  
6 no question about it. But we are aware of these  
7 chemicals in doses of parts per million whereas these  
8 folks are aware of the presence of these things in  
9 parts per billion.

10       Now, why is that important? It's important  
11 because there's almost no way that you could clean up  
12 an environment which would be safe enough in the  
13 majority of these people, and that's why they live  
14 very restricted in terms of their exposures. And  
15 because in life, you have to expose yourself; there's  
16 no way that you can't; you have to go places, do  
17 things sometimes, and you're going to be exposed,  
18 is -- they run the risk of reacting.

19       So when it comes to do they always react to a  
20 particular exposure? Not necessarily.

21       Q. Okay. And in this documentation, you've  
22 indicated that exposure includes pesticides, correct?

23       A. Yes.

24       Q. Is that any pesticide or is that limited?

1           A. No. It could be any pesticide, but maybe it's  
2           appropriate at this time, although you didn't  
3 ask me,

4           how did this patient get into trouble in the first  
5 place? If you look back on the history, you'll  
6 notice that we take a history from a patient from  
7 birth, and we go up to the present time. It was  
8 approximately in 1995 that she was exposed to  
9 Dursban. Dursban is the most common termiticide and  
10 household pesticide used, and it's classified as an  
11 organophosphate pesticide.

12           It was after that exposure that she becomes  
13 chemically sensitive. And of interest is that there  
14 was a registry of people who recognized themselves as  
15 being chemically sensitive, and the registry had  
16 approximately over 5,000 people registered.

17           95 percent of these patients said they knew exactly  
18 when they were exposed and to what they were exposed  
19 to, and fascinatingly, 95 percent said that it was  
20 pesticide.

21           So pesticide becomes a major trigger.

22           Q. So any pesticide, regardless of chemical  
23 composition, would create sensitivity for her,  
24 correct?

1       A. Well, let me just tell you this: I started  
2       the practice of environmental medicine a long time  
3       ago, and it was probably back in 1977 or '78; and at  
4       that time, the termiticide that was used, especially  
5       in the South, was that of chlordane and heptachlor,  
6       which was a chlorinated hydrocarbon. Then somewhere  
7       around the early '80s, the Environmental Protection  
8       Agency took that product off of the market because --

9       Q. I'm just going to stop you. I appreciate all  
10       this, but given our limited time, I just -- I  
11       want to

12       understand this opinion, this letter,  
13       indicates that  
14       any pesticide is potentially life-threatening; is  
15       that correct?

16       A. Yes.

17       Q. Is that your feeling --

18       A. Yes.

19       Q. -- regarding this patient?

20       A. Yes.

21       Q. Okay. Had you ever -- other than the  
22       compounds that you tested her for, have you ever  
23       tested her for exposure to a pesticide directly?

24       A. No.

1 Q. Did you ever observe her have a reaction to a  
2 pesticide?

3 A. No.

4 Q. Same question with respect to fertilizers:  
5 Did you ever witness her have a reaction to a  
6 fertilizer?

7 A. No. This is a generic advice to these  
8 patients that they would be susceptible on the basis  
9 of individual biochemistry and individual  
10 susceptibility to exposure to anything which is a  
11 petrochemical, and that's why this is sort of a  
12 warning to the patient that these are things that you  
13 should avoid.

14 Q. Okay. But this doesn't say avoidance. It  
15 says life-threatening situation could be created,  
16 correct?

17 A. Yes.

18 Q. And it identifies -- what you're saying is  
19 everything on here is a petrochemical, correct?

20 A. Yes.

21 Q. Okay. But there are probably other  
22 petrochemicals that are not included on here,  
23 correct?

24 A. Well, there's probably 100,000 other

1 substances which are classified as petrochemicals.

2 Q. Right. I mean, you know, like you said,  
3 anything could have organic compound carbons in them,  
4 correct?

5 A. Yes.

6 Q. Okay. And those -- so it's not an exhaustive  
7 list, correct?

8 A. Yes.

9 Q. But yet you specifically identified that these  
10 items are threatening to her. Why these items and no  
11 other ones? Did she suggest these items?

12 A. In the history, she specifically mentioned  
13 some of those items. The other thing is that she's  
14 living in a rural area, which is probably  
15 agricultural to a certain extent, even though it's  
16 not technically right on top of her.

17 Q. Did she ask you -- did she come up with this  
18 list or did you?

19 A. I don't recall.

20 Q. And the second paragraph of this letter  
21 indicates that if you're spraying chemicals it would  
22 be helpful if they could avoid doing it within a  
23 three-block radius; is that correct?

24 A. Yes, that was a naive statement back in 2010.



1 Q. What do you mean by that?

2 A. Well, the Environmental Protection Agency has  
3 people who do modeling for drift, and that is -- we  
4 now know, for example, that, with drift, chemical  
5 exposures could be a lot longer than four blocks and  
6 a lot longer than miles, as a matter of fact. And in  
7 one reference, which was entitled The Toxic Cloud by  
8 Brown, he proves --

9 Q. Dr. Lieberman --

10 A. -- 3,000 miles.

11 Q. How did you come up with the three-block  
12 radius?

13 A. I wanted to keep it from out from under her --  
14 technically, her nose, but as I said, that was naive  
15 thinking at that time. So you'll see later on in  
16 some of the --

17 Q. Did she come up with this --

18 A. I'm sorry?

19 Q. Did you come up with the 3-mile radius -- did  
20 you come up with the three-block radius or did she?

21 A. I did.

22 Q. Did you ever -- so three blocks, I mean, that  
23 could be -- city blocks are different than  
24 suburban

1 blocks, maybe, correct?

2 A. Yes.

3 Q. That distance could vary?

4 A. Yes.

5 Q. And did you ever test her from three blocks  
6 away versus two blocks away for exposure to any of  
7 these substances?

8 A. No. But later on in the history, you're going  
9 to find that she specifically mentions that after a  
10 specific time, she began to get very sick, and she  
11 couldn't understand why. And that's when she found  
12 out that they were potholing with asphalt some of the  
13 road which I believe was within probably a mile or  
14 2 miles of her.

15 Q. Okay. We'll go through that. Do you have any  
16 medical evidence to show she became sensitive within  
17 a three-block radius?

18 A. No.

19 Q. Okay. And this references chemicals. What  
20 did you understand chemicals to be?

21 A. Anything which is derived from coal, oil, or  
22 gas to which she reacts.

23 Q. Okay. But that's not specifically enunciated  
24 in this paragraph, correct?

1 A. Yes. It's generic.

2 Q. Okay. I'd like to have you look at the letter  
3 that is dated September 2nd of 2015, please. It  
4 should be the third page there. It's not on your  
5 letterhead.

6 A. What date?

7 Q. September 2nd of 2015.

8 A. Yes, I have it.

9 Q. Doctor, before we go on, what is your  
10 understanding of what a volatile organic compound is?

11 A. Well, the word volatile only means that it's  
12 airborne, and most of these petrochemicals are  
13 airborne.

14 Q. Okay. So it just means anything airborne,  
15 volatile organic compound -- that's your definition?

16 A. Yes.

17 Q. So it's your definition that anything that's  
18 airborne Ms. Madej could become sensitive to?

19 A. Well, we're talking about petrochemicals that  
20 are airborne. Patients certainly react to pollens,  
21 which are airborne, but that's not what we're talking  
22 about now. We're talking about volatile organic  
23 compounds, VOCs, and VOCs are mostly petrochemicals.

24 Q. How do you know that?

1 A. What are you asking?

2 Q. How do you know that VOCs are mostly  
3 petrochemicals? Could there be an example of a  
4 volatile organic compound that's not a petrochemical?

5 A. If there is, I don't know.

6 MS. GWIN: Ms. Court Reporter, could you go  
7 ahead and mark the document dated June 29, as  
8 Exhibit 1, please.

9 THE COURT REPORTER: I'm sorry. I do not  
10 have a paper copy of that exhibit.

11 MS. GWIN: Okay. I'll just go ahead and mark  
12 them. Okay.

13 Q. All right. So Dr. Lieberman, if you look at  
14 the letter dated September 2nd of 2015, it does not  
15 bear your signature, but it bears your name and it's  
16 not on your letterhead.

17 A. Yes, I notice that.

18 Q. Okay. Have you seen this document before?

19 A. Yes, because I reviewed a lot of this material  
20 before this deposition.

21 Q. Okay. Do you recall writing this document?

22 A. From 2015, I'm sure that I did.

23 Q. Okay. But your signature is not on it,  
24 correct?

1 A. Yes.

2 Q. Why is your signature not on it?

3 A. I don't know.

4 Q. Would this have been a draft, perhaps?

5 A. I don't know.

6 Q. Can you just describe to me, when you would  
7 submit letters of medical necessity for Ms. Madej,  
8 how did the process typically go? Would you speak to  
9 her over the phone about it? Would you -- she would  
10 draft something? How did that work?

11 A. As I said before, she would send rather  
12 detailed letters, and in the body of the letters, she  
13 would ask us if we could write a letter of necessity  
14 pointing out her degree of sensitivity.

15 Q. Did she propose the restrictions that she  
16 sought in the letters?

17 A. Not necessarily, no. But in my chart -- and I  
18 look at progress notes and history -- a lot of these  
19 things are specifically mentioned.

20 Q. What things?

21 A. Well, for example, her reaction to asphalt is  
22 mentioned. Certainly paints.

23 Q. Is asphalt a generic term?

24 A. I can't hear you.

1 Q. Is asphalt a generic term?

2 A. Yes.

3 Q. So there are varieties of different asphalts,  
4 correct?

5 A. Yes.

6 Q. And they don't all have the same chemical  
7 composition, correct?

8 A. And probably each batch is probably different  
9 because they're rather crude materials.

10 Q. Did you ever administer any tests to determine  
11 if she was sensitive to asphalt other than the  
12 discussions we've had already?

13 A. No.

14 Q. Other than what you've told me about already?

15 A. Not specific to asphalt, no.

16 A. Only that asphalt is a petrochemical.

17 Q. Then how did you determine that the potential  
18 exposure to asphalt could cause her to have  
19 respiratory or heart failure or paralysis? How did  
20 you determine that?

21 A. Well, it didn't say that's specific to  
22 asphalt, did it?

23 Q. Well, it says, work to maintain roads and/or  
24 to clear vegetation poses a hazardous situation for

1       this patient. Exposure will cause her a wide variety  
2       of symptoms: Migraines, shortness of breath,  
3       dizziness, heart racing, and could create a  
4       life-threatening situation, respiratory or heart  
5       failure, paralysis.

6       A. Right.

7       Q. So what did you mean when you said that? That  
8       doesn't mean asphalt?

9       A. No, not necessarily because it also could be  
10      the road. Many of the roads, for example, use  
11      herbicide in order to take down the vegetation and  
12      clear. Specifically, Ms. Madej in one of her letters  
13      specifically talks about becoming temporarily  
14      paralyzed from an exposure as she went past the  
15      field, for example. Now, what was in that field, I  
16      do not know. The suggestion was that it was an  
17      agricultural product, most likely a pesticide.

18      Q. Okay. Have you -- do you know what products  
19      the county engineer uses to maintain roads?

20      A. No, I do not.

21      Q. Do you know what products the county engineer  
22      uses to clear vegetation on roads?

23      A. Specifically, no, I do not.

24      Q. Do you have any evidence that work to maintain

1 roads or to clear vegetation on roads would cause  
2 Ms. Madej to have respiratory failure to the point of  
3 death?

4 A. I can't answer that specifically except, based  
5 upon my education, training, and experience, and  
6 especially the latter, for example, I have many  
7 patients who have become extremely sick as a result  
8 of herbicide and chemicals that were sprayed in order  
9 to clear vegetation from particular areas, especially  
10 utility poles which are near their homes.

11 Q. Okay. And again, have you ever -- you never  
12 observed Ms. Madej become extremely sick as a result  
13 of herbicides, have you?

14 A. No. Only historically.

15 Q. What she told you, what she reported to you in  
16 her letter, correct?

17 A. Yes. Yes. All of these letters, I think --  
18 and you're correct -- because you're representing the  
19 county -- is because of her absolute panic that if  
20 she were to be exposed to these materials that she  
21 would become and remain quite sick. Now, experience  
22 with her historically is that reactions don't just  
23 last for minutes or hours; they can last for days,  
24 weeks, and sometimes even months, and we see that



1 with the average patient who is designated as a  
2 chemically sensitive patient.

3 Q. Okay. Have you ever observed her having a  
4 reaction?

5 A. No.

6 Q. And when you wrote this letter, it had been  
7 16 years since you had seen her, if at all? You  
8 can't remember?

9 A. That's right.

10 Q. Did you talk to her around the time that you  
11 wrote this letter?

12 A. Oh, I'm sure I did. Let's see to be exact.  
13 The dates of 2015, yes. I see here in 2015, requests  
14 letter for asphaltting. March 24th, mold still a  
15 problem. Vinyl sensitivity. Looks forward to  
16 building her own home. Those are the two '15 entries  
17 that I have.

18 Q. That's fine. So does that help -- requested  
19 letter for asphaltting. Did she call you and say, I  
20 don't want them to pave the road; put together a  
21 letter that says it will be life-threatening for me?

22 A. She needn't say life-threatening. I did. I  
23 added that because it could be. And I think the  
24 important point is trying to, as a matter of fact,

1 get that point across that this woman bought a house  
2 which was built by Habitat of Humanities for some  
3 previously chemically sensitive patient, and she  
4 finally found an oasis. And so she's trying to  
5 protect that oasis, and I'm trying to help her to do  
6 that.

7 Q. Sure. Doctor, I appreciate all of this. I  
8 know that you know a lot about this. I need you to  
9 answer the questions I ask, though, because it will  
10 go faster. I know you don't want to be here either,  
11 so it will be quicker if you can just answer what I  
12 pose.

13 A. Yes.

14 Q. Okay. Let's go ahead. The last paragraph of  
15 this letter indicates that it is strongly advised  
16 that activities be avoided within 1 mile of her  
17 residence.

18 How did you come up with the 1-mile  
19 restriction?

20 A. Well, the same way that I did with the three  
21 blocks, which was actually wrong. These patients are  
22 going to be exposed, and it's going to be not just  
23 blocks; it's going to be miles, and it could be many  
24 miles. So I guess I'm just trying to emphasize that

1       it's got to be a distance from her.

2           Q.   Okay.  Again, do you have any medical evidence  
3       that, you know, within a mile would hurt her whereas  
4       1.25 miles would not?

5           A.   No.  It's arbitrary.

6           Q.   Did Ms. Madej propose this distance?

7           A.   I don't believe so, because I put in the three  
8       blocks before; and then I talked about 1 mile; and if  
9       I'm not mistaken, I then talked about 3 miles, and I  
10      believe that was after she told me that she was going  
11      downhill and did not know -- unbeknownst to her that  
12      potholes with chip was being placed over a period of  
13      time when she noticed that she was getting sicker.  
14      And that was a mile, I believe.

15          Q.   How do you know it was a mile?

16          A.   I think she told me that.

17          Q.   How did she tell you she knew that?

18          A.   She just said, I did not know -- unbeknownst  
19      to me -- that I was getting sicker and sicker and did  
20      not know that they were filling in potholes within a  
21      mile from their house.

22          Q.   So based on your testimony, Ms. Madej could  
23      become reactive even outside of a mile to something,  
24      correct?

1           A.   Yes.

2           Q.   And it's your testimony that it's not  
3           determinate on what percentage of the petrochemical  
4           she's exposed to; any amount will cause her to become  
5           reactive, correct?

6           A.   We don't know that.

7           Q.   Okay.  You can't quantify how much exposure  
8           over what kind of distance it would take?

9           A.   No.  If it's a windy day, for example, and  
10          depending upon the drift, it could be many miles.

11          Q.   You're aware that Ms. Madej has posed some  
12          alternative substances to be used on the road,  
13          correct?

14          A.   Yes.

15          Q.   What evidence do you have that those  
16          substances will be safe for her versus the substance  
17          that the engineer wants to use?

18          A.   Well, I'm not an expert in terms of roadwork  
19          at all; I'm just sort of an expert in terms of what  
20          certain chemicals will react in certain patients.  
21          She apparently did this research, and that was the  
22          thing that -- it sort of upset me a little bit,  
23          because there was a valid alternative.

24               And I believe if you go to the EPA guidelines,

1       they have guidelines on everything. I didn't see one  
2       specifically for asphalt. I looked for it, but I  
3       couldn't find it. But they have guidelines just  
4       about on everything, and one, for example, as an  
5       analogy, was that of carpeting, and it specifically  
6       says that, where an alternative can be found which  
7       would be safer and less toxic, it should be used. So  
8       I think that's a principle of EPA.

9       Q. So I'll ask it again: What evidence do you  
10      have --

11      A. I don't.

12      Q. -- that she would become reactive --

13             Okay. Thank you. Okay. I'd like to then  
14      turn to the letter that will be marked as Exhibit 3,  
15      and this is a letter dated September 4th, 2015, and  
16      this letter is under your signature.

17      A. September 24?

18      Q. September 4. 4.

19      A. September 4. I see a September 2nd. I  
20      don't see a September 4.

21      Q. It's under your signature.

22      A. I don't have that.

23      Q. It's document 2 at the bottom, the little  
24      number. It came right before the September 2 letter.

1 A. Before the 2.

2 Q. It's AL-002 at the bottom.

3 A. Yes. Okay. I see that.

4 Q. Okay. So this letter --

5 A. Is that the same letter?

6 Q. It was written two days later, correct?

7 A. That's not the same letter we're talking  
8 about?

9 Q. We're going to go through it, because it is a  
10 little bit different.

11 A. That's strange that those letters were written  
12 within such a close period of time.

13 Q. It is strange, and do you perhaps -- perhaps  
14 this was a proposed letter that the Madejs prepared  
15 and the second letter was your actual letter. Is  
16 that possible?

17 A. I can't answer that. I don't recall.

18 Q. Okay. I understand. It was a long time ago.

19 So I'll represent to you -- and feel free to review  
20 it, but the only differences in this letter is the  
21 last paragraph, wherein, instead of saying, to avoid  
22 risk to my patient, it says, to prevent danger to my  
23 patient; and then it says, it is strongly advised  
24 that Cynthia be contacted prior to planning a minimum

1 of three days before initiating any road construction  
2 or maintenance activity within 1 mile.

3 So there's not a prohibition on the work in  
4 this letter; there is just a statement and request  
5 that she be notified. Feel free to review it. Is  
6 that correct?

7 A. Yes, that is correct. And there's another  
8 letter here, I believe, about the gypsy moth which is  
9 the same principle: To notify.

10 Q. Yeah. We're going to get there. I appreciate  
11 it. Thank you. Is it possible that it was your  
12 recommendation that she just be notified rather than  
13 have the 1-mile restriction, based on your review of  
14 these documents?

15 A. She was so panic-stricken that if they had  
16 asphalted the road like we've been talking about that  
17 she would become critically ill. And so she sort  
18 of -- I think sort of goes off the deep end and begs,  
19 for example, please don't do that because I'm going  
20 to have to pay a terrible price. And so I think all  
21 of this wording that we have done was to support her  
22 with the hope, for example, that the alternative that  
23 she researched -- and she did the research, and I  
24 only know that because she told me. It would be a

1 lot safer.

2 So I mean, if an alternative is available,  
3 then there's no reason why not. And I understood  
4 that it was also cheaper.

5 Q. But we've already talked -- you don't have any  
6 medical evidence that an alternative would be safer  
7 for her, correct?

8 A. Yes. That's correct.

9 Q. Okay. So I'll ask it again. Is it possible  
10 that the 1-mile restriction was not your  
11 recommendation, at least as of September 4th of  
12 2015? Is that a possibility that what's in the  
13 September 4th letter supersedes the September 2nd  
14 letter?

15 A. No, but I believe it is my wording, and I  
16 think it was based on the fact that she discovers  
17 that when she's going downhill that, unbeknownst to  
18 her, they are asphaltting within a period of a few  
19 miles of the house.

20 Q. Did she tell you when she observed that?

21 A. Yeah, she did. It's in a progress note  
22 somewhere. That's the question. Where? Roadwork  
23 continues. February 8th of 2017 I think is the  
24 reference that we're looking for.



1 Q. Okay. So this predates that, though. These  
2 were before that, correct, these letters?

3 A. Yes. You're correct.

4 Q. Okay. All right. Let's go to the next  
5 letter. This is September 10th of 2015.

6 MS. GWIN: I actually need to take a brief  
7 break. I'll be right back.

8 (A recess was taken.)

9 Q. Okay. Dr. Lieberman?

10 A. Yes.

11 Q. I can't see you. Could you adjust?

12 There we go. Okay. So following up, between  
13 September 2nd of 2015 and September 4th of 2015,  
14 what caused you to change your opinion from  
15 notification to the restriction? Why the difference?

16 A. I have no idea.

17 Q. That's fine. Fair enough. There was no new  
18 medical evidence submitted in a two-day period,  
19 correct?

20 A. Yes.

21 Q. Okay. Okay. If we'll go ahead and look at  
22 what I will mark as Exhibit 4, and this is a letter  
23 dated September 10th of 2015.

24 A. Isn't that same one we were just talking

1 about?

2 Q. This letter is the same as the September 2nd  
3 letter, I believe. Take a moment to review and  
4 confirm that.

5 A. Yes, I think it's the same.

6 Q. Okay. Any reason why the same letter is  
7 submitted six days later?

8 A. Again, no.

9 Q. And this letter -- once again, this just  
10 requests that she be contacted and that activities be  
11 avoided within a mile, correct?

12 A. That's what it says, yes.

13 Q. And are you aware that documentation in this  
14 letter was relied on by the Athens County Common  
15 Pleas Court in granting an injunction as to the  
16 paving of the road?

17 A. I thought that was the reason for writing it.

18 Q. What did she tell you about writing the  
19 letter?

20 A. Well, she specifically asked me to do that to  
21 see if she could stop them. As I said, she's  
22 panic-stricken that if the roadwork is done that  
23 she's going to get very, very sick.

24 Q. Did she seem panicked when you spoke to her on

1 the phone?

2 A. She always seems a little bit panicked when I  
3 speak to her on the telephone.

4 Q. Did you know that Ms. Madej had a vitamin D  
5 deficiency?

6 A. Yes.

7 Q. Did you also know that Ms. Madej was  
8 potentially anemic?

9 A. Yes.

10 Q. Could her anemia be responsible for some of  
11 the symptoms that she exhibited?

12 A. The answer is, it could be contributing, yes.  
13 And the reason is because chemically sensitive people  
14 are not just sensitive to chemicals; they're also  
15 sensitive to food, and she's extremely limited in  
16 terms of what she was eating.

17 Number two, she was isolating herself, because  
18 vitamin D is made in our skin from the sun, and so  
19 she was never outside; she was always protecting  
20 herself in her isolation. And she had one of the  
21 lowest vitamin D levels that I've ever seen, for  
22 example.

23 And the answer to your question is, yes,  
24 that's especially the reason why, for example, it

1       necessitated protecting her because she's so  
2       vulnerable.

3       Q.   Understood.  And we've had a lot of testimony  
4       regarding her vulnerability.  Does that have anything  
5       to do with the paving of the road, though, from a  
6       medical standpoint?

7       A.   No.  But one of the basic principles of  
8       environmental medicine is the concept of the total  
9       load, and part of that total load certainly would be  
10      nutrition, and nutrition was a very big concern for  
11      us, as we noticed that her weight -- when I believe I  
12      looked was like 125 pounds.  She's 5 foot 7 1/2, if I  
13      recall correctly, and so she was sort of thin to  
14      begin with.

15           And then she goes all the way down, I think,  
16      to maybe 107 or 117.  So she's lost quite a bit of  
17      weight because she's so restricted in terms of what  
18      she's eating, and that was a big danger for her.

19           And I noticed that Dr. Weirs, probably in 2018  
20      or '17, cautions her that she has to try to eat even  
21      if she doesn't want to.

22      Q.   Yes.  Absolutely.  And again, her nutrient  
23      deficiencies, they are not related at all to the  
24      substance that the county engineer uses on the road,

1 correct?

2 A. Yes. That's correct.

3 Q. Okay. I'd go ahead and draw your attention to  
4 what I will mark as Exhibit 5, and this is a letter  
5 dated February 25th of 2016.

6 A. I have it.

7 Q. Have you seen this document before?

8 A. I must have. I signed it.

9 Q. Okay. And do you recall who this document was  
10 prepared for?

11 A. No.

12 Q. Okay. And in this document, you've used the  
13 phrase multiple chemical sensitivity, and that phrase  
14 has not been used in prior pieces of correspondence.  
15 Why is that included here?

16 A. I don't know. I do not like to use the word  
17 multiple chemical sensitivity because it is not a  
18 diagnosis. It's like saying a headache -- okay -- or  
19 muscle pain. That's not a diagnosis. There is no  
20 diagnosis labeled multiple chemical sensitivity.

21 There is one for toxic effect of a particular toxic  
22 thing, but not multiple chemical sensitivity.

23 Q. Okay. So why was it used here? I understood,  
24 and thank you for that. Why is it used here? Was it

1 at her request?

2 A. No. I think, if anything, it might have been  
3 an error on my part. Sometimes some of the staff in  
4 my office will help me in terms of writing these  
5 letters, and it could very well be that that's a  
6 no-no in my office. We do not use the word multiple  
7 chemical sensitivity.

8 Q. Okay. You're aware that multiple chemical  
9 sensitivity is not a recognized disease under the  
10 ICD-10, correct?

11 A. That's correct. But it's a wonderful  
12 description of what the patients have, but it's not a  
13 diagnosis.

14 Q. And you're aware that it's not a recognized  
15 disability under federal law, correct?

16 MR. BALL: Objection.

17 A. Now, in 2018, I'm not sure about that. I was  
18 reviewing material that came from Yale University's  
19 law reviews with regard to multiple chemical  
20 sensitivity and fibromyalgia in terms of diagnoses,  
21 and I think it's getting to be more and more  
22 recognized, for example. People are using it. Now,  
23 every 10 years, the world health organizations will  
24 come out with new nomenclature and coding, and I

1 wouldn't be surprised if MCS will be put in there  
2 somewhere. But not now.

3 Q. But it's not presently?

4 A. That's correct.

5 Q. It presently is not, though, correct?

6 A. Yes.

7 Q. Okay. This letter -- do you know who this  
8 letter was prepared for? It deals with pesticides.

9 A. I believe this is the gypsy moth letter, but I  
10 can't -- let's see if I could figure that out.

11 The

12 gypsy moth. Gypsy moth. I know she asked me  
13 for a

14 letter, and it precosted [sic] gypsy moth, and I  
15 think that's probably the letter.

16 Q. What is gypsy moth? What is your  
17 understanding of that?

18 A. Oh, sometime there's an invasion in certain  
19 geographic areas of moths. And when that happens, of  
20 course, the pesticing, in order to destroy these  
21 insects, is instigated. And apparently that's what  
22 she talked about. By the way -- yeah, here it is.

23 It's right here. February 2016, gypsy moth, asking  
24 for accommodation. That's the reference. So the

1 letter is --

2 Q. That's in your progress notes?

3 A. Yes.

4 Q. And those have been provided, Doctor?

5 A. Yes. Well, you're supposed to have  
6 everything. It's February 2016.

7 Q. And this document asks for spraying of any  
8 pesticide within a 3-mile radius of her home will  
9 cause severe and debilitating results to her health.  
10 That's in paragraph 4, correct?

11 A. Yes.

12 Q. How did you come up with the 3-mile radius?

13 A. Again, all of this is generic, and as a matter  
14 of fact, in preparation for this deposition, because  
15 I noticed four blocks, 1 mile, 3 miles, is -- which  
16 is it, Lieberman, you know? I was talking to  
17 Dr. Weirs -- listen to me -- to Dr. Ray in Dallas,  
18 Texas about it. He said I believe that in my  
19 four-volume text on chemical sensitivity is a  
20 reference, but I couldn't find it. But I did know,  
21 for example, that I had patients who were workers at  
22 the EPA, and their job was modeling drift.

23 And so I know that this was sort of fallacious  
24 information. It's not four blocks, it's not 1 mile,



1       and it's not 3 miles. It could be a massive amount  
2       of miles. So it's wrong.

3       Q. It's wrong. Okay. Thank you. I appreciate  
4       that. It's just an arbitrary amount, correct?

5       A. Yes. What you need to know is that very, very  
6       often, especially in South Carolina, because we're in  
7       the South and we have a lot of insects -- and there  
8       is a lot of aerial spraying and sometimes with  
9       trucks, and so many, many patients have requested us  
10      to try to get accommodation. And I have to tell you  
11      that they have been very accommodating in notifying  
12      the people and not spraying within a certain area  
13      near their homes. And I don't know what that area  
14      is, but they have accommodated those patients.

15      Q. Let me ask this: Does the 1-mile restriction  
16      that you previously referenced -- the 1 mile for the  
17      roadwork -- does that extend above, overhead? Does  
18      that extend up into the sky?

19      A. You mean like airplanes? That --

20      Q. Yes, Doctor.

21      A. Yes, that is a concern. But with aerial  
22      spraying, especially, for example, is that the drift,  
23      which would be the air. But ultimately what goes up  
24      must come down, so it lands somewhere.

1 Q. So did you intend the 1-mile restriction to be  
2 aerial as well or just radial?

3 A. No. Just radial in that matter, because  
4 that's the only thing that they could accommodate.

5 Q. You would agree that it's conceivable that  
6 airborne particles would travel within a mile and  
7 even closer to her, correct?

8 A. Yes.

9 Q. And probably she continues to have those  
10 exposures daily, correct?

11 A. Yes.

12 Q. Doctor, Ms. Madej, is she still treating with  
13 you?

14 A. Yes. The last time we communicated was on  
15 March 28th.

16 Q. And how often does she treat with you?

17 A. Well, if I tell you, I counted up the number  
18 of times -- there were 20 contacts from 1999, I  
19 think, to 2006 or '7 and then probably another 15 or  
20 20 in the latter years.

21 Q. And all of these were by phone with the  
22 exception of the initial visit, correct?

23 A. Yes.

24 Q. And was Ms. Madej billed for those visits?

1           A. I hope so.

2           Q. What was the approximate amount that she was  
3 billed per time?

4           A. I don't know. Our fees now are, I think, \$90  
5 for the first 15 minutes, and I think it's \$160 for a  
6 half hour or something like that.

7           Q. Do you have any patients -- and again, this is  
8 patients, not people that -- not expert fees -- who  
9 you're charging \$2,000 an hour?

10          A. I'm sorry. Ask that question again.

11          Q. Are any of your patients charged \$2,000 an  
12 hour -- patients?

13          A. No. That's my litigation fee.

14          Q. Okay. That's where you're an expert, correct?  
15 The expert witness, right?

16          A. I'm almost always in cases that I do  
17 designated as an expert except in this case.

18          Q. Have you ever testified as a treating  
19 physician before?

20          A. If I have, I don't recall.

21          Q. What percentage of your time is spent  
22 operating as an expert versus what percentage is  
23 spent treating patients?

24          A. The attorney asked me that question on

1 Thursday, and what I said to him is probably close to  
2 1 percent, certainly under 5 percent. I think, for  
3 example, this year, this is my third deposition in  
4 2018. But in 2017, I'm not sure that I even had one.

5 Q. Thank you. I appreciate that, Doctor. Thank  
6 you very much. Okay. We'll go ahead now, and I'd  
7 like to dive into -- one moment.

8 Okay. I'd actually like to go back and look  
9 at Exhibit 5 again, Doctor. Paragraph 2 references  
10 some severe reaction. Do you know when, about, these  
11 reactions were?

12 A. Where are we referencing, Attorney?

13 Q. Paragraph 2?

14 A. Which letter?

15 Q. The February 25th, 2016 letter.

16 A. Okay. Second paragraph?

17 Q. Yes. When were these severe reactions?

18 A. Oh. Over the course of speaking with her --  
19 and we're talking about in a large number of years --  
20 she's often describing reactions that she has, so  
21 that's where that is making reference to.

22 Q. You've never observed her have one of those,  
23 correct?

24 A. That's correct.

1 Q. Have you ever observed any patient become  
2 paralyzed as a result of exposure to -- I'll call it  
3 indirect exposure, inhalation to pesticides?

4 A. No. I don't recall.

5 Q. Have you ever observed any patient become  
6 paralyzed as a result of indirect exposure to  
7 asphalt?

8 A. No.

9 Q. And Ms. Madej is not paralyzed now, to the  
10 best of your knowledge, correct?

11 A. Yes.

12 Q. Okay. And do you know what road she  
13 referenced that was sealed and paved in paragraph 2?  
14 Do you know what road that was?

15 A. No.

16 Q. How do you know that symptoms that she  
17 displayed were brought about by the plowed field?  
18 How do you know that that contributed? Could her  
19 symptoms have been from something else, potentially?

20 A. Yes.

21 Q. Okay. And in paragraph 3 of this letter,  
22 there is a statement that she has to have --  
23 it's the  
24 second sentence -- that she has to have her

1 windows

2 open daily to off-gas building materials. And I  
3 think that this is potentially a different conclusion  
4 than in the other correspondence that she has to have  
5 her windows sealed.

6 So why is it different?

7 A. Theron Randolph was called as a witness before  
8 Congress, and he said that, in his opinion,  
9 domiciliary pollution was far greater than pollution  
10 that comes from the air outside, and that's because  
11 we bring materials into our home which are synthetic,  
12 which are petrochemicals, and they're constantly  
13 off-gassing.

14 So I think that's the answer to your question.

15 Q. So this is different than prior conclusions  
16 regarding a sealed environment, correct?

17 A. Yes. When she was living in Cincinnati and  
18 Indiana and all of those other places prior to this  
19 particular home, she would keep her windows closed.  
20 But the beauty of finding this home was that it was  
21 in a very rural area, and it was sort of protected  
22 because there really was no industry or, as far as I  
23 know, there wasn't a very close farmland, either.

24 Q. Okay. You're aware that Ms. Madej stored many

1 of her possessions outside of doors, correct?

2 A. Yes.

3 Q. And is it possible that those possessions  
4 could come into contact with airborne volatile  
5 organic compounds outside of doors?

6 A. Yes.

7 Q. You're also aware that Ms. Madej sleeps in a  
8 specialized environment that is lined with glass,  
9 correct?

10 A. Yes.

11 Q. Is that on your recommendation that she does  
12 so or did you tell her to do that?

13 A. No.

14 Q. Okay. Does she need to do that?

15 A. She apparently thinks so, and in order to  
16 build -- she's not the only patient, for example,  
17 that have special oases which are built attached to  
18 their homes. I have several patients like that.

19 Q. Is there any medical need to do so, though,  
20 based on your opinion? Is there any medical  
21 evidence?

22 A. Well, the name of the game is the concept of  
23 the total load. So we ask our patients, whatever you  
24 do, reduce that toxic load, and you take it wherever

1       you can get it. So if this is one way of reducing  
2       exposure, they certainly should do it if it's  
3       convenient for them and they're able to do that.

4       Q. But again, there's no assurance that her  
5       sleeping in her glass cottage creates limited  
6       exposure, is there? She has to walk to it, correct?

7       A. You know, I don't know whether it's a  
8       attached. It sounds to me like it's attached  
9       with a  
10      door.

11      Q. If it wasn't and she had to walk outside,  
12      would we agree that she would be exposed during the  
13      walk?

14      A. Well, better understand: The reason why this  
15      whole case came about is because she built this --  
16      she didn't build it, but she owns it now, an oasis  
17      which is probably one of the best resources for her  
18      in order to live, to reduce her exposures.

19             And then she lives in a rural area, which is,  
20      again, a much safer environment. It's not the  
21      safest, but it's certainly safer. And so everything  
22      is a matter of degree, and you do the best that you  
23      can.

24             So everything she did is right now -- all of



1       these letters that I'm writing is to try to protect  
2       her oasis.

3       Q.   But again, there's no medical evidence that  
4       paving of the road will harm her other than what you  
5       told me, correct?

6       A.   No.   We do know, for example, that there are  
7       certain materials that are going to off-gas over  
8       periods of not days and weeks.   The other thing, of  
9       course, is, because the windows are open, then those  
10      odors are going to permeate the house, and they will.  
11      They will land, for example, on surfaces, on  
12      upholstery, on all of those things, and they will  
13      contaminate the house.

14             So even when the road gets better because  
15      there's a lot of air around it over the period of  
16      weeks and months, the indoor materials may not  
17      off-gas that quickly.   So this is what she's  
18      concerned about.

19      Q.   Okay.   But we testified that you don't know  
20      what substance the county engineer is going to use on  
21      the road, correct?

22             MR. BALL:   Objection.

23      A.   I have a material safety data sheet which was  
24      sent to me by the Madejs going through all of that.

1       So please understand that we don't have to be an  
2       engineer to know that when we are on a road and  
3       they're paving it, for example, you sure don't want  
4       to get stuck on it, because with those hot rollers  
5       going over that asphalt, for example, it is very  
6       strong and volatile. That's what we're talking  
7       about.

8       Q. I understand that. My question is, is there  
9       any medical evidence that you have that the paving of  
10      the road will cause her harm?

11      A. Well, I tested --

12           MR. BALL: Objection. Asked and answered.

13      A. I tested her, for example, with  
14      petroleum-derived ethanol, which is the parent  
15      compound of most of the things that are in that  
16      asphalt formula, for example. And she's reactive.  
17      And I know that she would be reactive because asphalt  
18      is made up of primarily all petrochemicals beside the  
19      gravel.

20      Q. When did you test her for that, Doctor?

21      Doctor, what year? When did you run those tests on  
22      her?

23      A. 2099 -- I'm sorry. 1999 when she first  
24      arrived. The only time that she came was the

1 opportunity that I had to test her.

2 Q. Okay. And is it possible those test results  
3 could change over a 19-year period or a 15-year  
4 period?

5 A. Yes. As a matter of fact, we kind of hope  
6 when patients reduce their toxic load, allergic load,  
7 infectious load, that that's exactly what we're  
8 aiming for is that it would be reduced. In her  
9 situation, though, she seems to me to be getting even  
10 more sensitive.

11 And by the way, I don't normally volunteer  
12 information, but she stated unequivocally that when I  
13 tested her for those chemicals that I actually  
14 provoked her and she became even more sensitive for  
15 quite a period of time after that.

16 Q. Do you believe that to be true that your  
17 testing created additional sensitivity in her?

18 A. Well, it could happen, because I certainly  
19 exposed her, for example, but the level to which  
20 we're exposing is parts per billion. But this is her  
21 statement. She is the exception in terms of her  
22 degree of sensitivity, and again, we're talking about  
23 parts per billion.

24 Q. Do you believe that you exposing her to those

1 materials made her more sensitive?

2 A. I would hope not, because what we were doing  
3 was producing the neutralizing dose which would turn  
4 that off. But I have not had great success in  
5 treating Ms. Madej because, whether it was my  
6 nutrients, for example, or my extracts, almost  
7 everything that we attempted to help her with seemed  
8 to have backfired on us because of her exquisite  
9 degree of sensitivity.

10 Q. Is there any living environment that would be  
11 totally safe for Ms. Madej given her exquisite  
12 sensitivities?

13 A. No. Everything is relative.

14 Q. And you're aware that there's presently an  
15 injunction on the road, correct?

16 A. I think so, yes.

17 Q. But yet, Ms. Madej is still ill and continues  
18 to treat with you, correct?

19 A. Yes.

20 Q. So is it possible that something else besides  
21 the road is causing her to be ill?

22 A. Oh. It's the entire environment which  
23 consists of a lot of the pollutants that we've been  
24 talking about. There's a very important point

1       here --

2           Q.   I'd like to --

3           A.   Yes.   Go ahead.

4           Q.   Okay.   I'd like to go ahead and look at the  
5       document.   This is the follow-up -- the life history  
6       questionnaire form.   I would like to review that.  
7       It's about -- it's rather long.

8           A.   Yes.

9           Q.   Okay.   So Doctor, have you seen this document  
10      before?

11          A.   Yes.

12          Q.   Okay.   What is this document?

13          A.   This is our form that we supply to patients in  
14      preparation for their visit, because there's a lot of  
15      information that we want to garner, and a lot of  
16      times they don't even remember any of this.   By  
17      providing them with the questions beforehand, they  
18      fill it out, and they're able to help us a little bit  
19      better.

20                Now, I tell you what, after I reviewed this in  
21      preparation for this -- because I hadn't looked at  
22      this in quite a while -- the thing that I was struck  
23      by is the complex medical history on this woman.   I  
24      mean, this lady has really had quite a bit of medical

1 problems. There's no question about it. And  
2 chemical sensitivity is certainly a large part of it,  
3 but it's not all of it.

4 Q. She had a lengthy history of medical problems  
5 even prior to 1999, it's your testimony, correct?

6 A. Oh, yes.

7 Q. And if I represent to you that, in 1999, she  
8 did not live in Athens County, you wouldn't have  
9 reason to dispute that, correct?

10 A. No. That's correct. She didn't.

11 Q. Is this her handwriting on this --

12 A. Yes.

13 Q. -- or --

14 A. No, this is her handwriting.

15 Q. Okay.

16 A. Yeah. Correct me if I'm wrong, if you don't  
17 mind: Am I correct is that Ms. Madej was born in  
18 Ohio. And I was confused by the name of the cities.

19 I never heard of that before. But is that close to  
20 where this is?

21 Q. Well, it's not terribly far. It is -- does  
22 that change any of your opinion on anything?

23 A. No. No. It's just that she's sort of coming  
24 home to where she started.

1           Q. Okay. So what is striking about this for you  
2 is that she has had a variety of medical problems.  
3 Can you categorize those generally for me, please.

4           A. Yeah. Let's go back. Fibromyalgia, for  
5 example, was apparently a big problem. And let me  
6 just go back to my notes here. She was having  
7 problems with irritable bowel syndrome;  
8 gastrointestinal system; her musculoskeletal system  
9 with the fibromyalgia; she had problems with  
10 insomnia; she had problems with fatigue; and she had  
11 problems with the mucocutaneous candidiasis. That's  
12 candida. Most people are familiar -- women -- in  
13 terms of yeast vaginitis, but this is involving more  
14 than just the vagina; also the oral mucosa, for  
15 example.

16           So these are just some of the things that she  
17 complained about.

18           She had had an appendectomy. She had had, I  
19 think, two or three other kind of surgeries. She has  
20 a very complex history here.

21           And the other thing that's fascinating is that  
22 she had a fair exposure to multiple other chemicals  
23 because she was working in laboratories as a  
24 molecular biologist and so again exposed.

1           Q. And in taking this history on page 9, the  
2 question number 8 indicates, please list all jobs  
3 since age 20, and it has a column for exposure.

4           A. Yes.

5           Q. And she's listed some exposures. Is that how  
6 you determined what to test her with?

7           A. Yes, part of it. That's correct. So you see  
8 that she's had quite a bit of chemical exposure over  
9 her lifetime, but it's only after the exposure to the  
10 Dursban in 1995, approximately, that she becomes  
11 exquisitely chemically reactive, and that is  
12 certainly consistent with 95 percent of the people  
13 who are chemically sensitive.

14          Q. Did you ever administer any allergy testing on  
15 Ms. Madej?

16          A. Yes, I sure did, and I tested her for a myriad  
17 of foods, of which she reacted to the majority. We  
18 tested her for -- let's go back and look exactly to  
19 be sure what we're talking about here. Food was  
20 very, very big. We also tested her for molds, for  
21 example. We should have tested her for dust. And  
22 all of these things, she's reactive to.

23          Q. Does anything in this history that she gave  
24 indicate a sensitivity to asphalt or petroleum-based



1 products?

2 A. Oh, yes. That's where the -- that's the whole  
3 reason for coming. That's why she came to us.

4 Q. Well, my read of it is it's primarily  
5 pesticides and herbicides in this.

6 A. But the pesticides and the herbicides are what  
7 usually initiates the problem of chemical sensitivity  
8 in these patients. And you see, for example,  
9 Dr. Sheer, when she's 34 years old and comes to  
10 Charleston for the first time -- and probably the  
11 only time -- it was December 1st, 1999. Number 5  
12 is chemical sensitivity. So he recognizes, for  
13 example, that that is a concern for her.

14 Q. Where is that in the medical history?

15 A. It's on the medical diagnosis sheet, which I  
16 think you have pretty close.

17 Q. I want to stay with what I'm looking at,  
18 Doctor, if you don't mind. The medical history form,  
19 where does it indicate chemical sensitivity?

20 A. Oh, in her history?

21 Q. Yes.

22 A. Well, there's so much on here. So you'll see,  
23 for example, number 9, question 9, is circle any of  
24 the following of which you were exposed since age 20,

1 and you'll see there's a lot of stuff on there in  
2 terms of chemicals, for example. And then she talks  
3 about pesticides sprayed frequently. She talks about  
4 fumes. Chemical fumes on my job from 1990 to 1997.  
5 Oil-based polyurethane exposure for two weeks.

6 So those are the things that are there.

7 Q. Is this what you relied upon in diagnosing her  
8 as multiple chemical sensitive, this information?

9 A. Number one, I did not diagnose her. There is  
10 no diagnosis of multiple chemical sensitivities, so  
11 you see even Dr. Sheer just uses the word chemical  
12 sensitivity, not multiple chemical sensitivity.

13 Q. So if Ms. Madej testified that you diagnosed  
14 her as multiple chemical sensitive, that's not  
15 correct, right?

16 A. Most patients are going to use the word  
17 multiple chemical sensitivity because that describes  
18 them. It's like saying I diagnosed her as having  
19 migraine headaches, for example. It doesn't say what  
20 the cause was, for example. Okay.

21 Q. And when she came to you in 1999, you did not  
22 believe that the cause of any of her illness was  
23 asphalt, correct?

24 A. Correct.

1           Q. I'd like to look at this family medical leave  
2 form that's the next document that you completed.  
3 It's a certificate of healthcare provider. Take a  
4 moment. Does your signature appear on the third page  
5 of this document?

6           A. It should, yes. That's my signature.

7           Q. Do you recall completing an FMLA for Bob  
8 Madej?

9           A. I do.

10          Q. Tell me about that.

11          A. What Cindy had asked for was that they were in  
12 the process of moving, and she needed to --

13          Q. Doctor, I can't hear you. Can't hear you.

14          A. I'm sorry.

15          Q. Stop. That's okay. Start again. Thank you.

16          A. I'm busy looking at the screen here.

17          Q. That's okay.

18          A. So the answer to your question is, she asked  
19 us if we would help Bob receive the ability to be off  
20 of work for a period of time which was necessary in  
21 the process of moving into a newer house, and it had  
22 to be fixed up and things like that, and only he  
23 could do it. And so I was happy to help her with  
24 that, and that's what this form is all about.

1           Q. So this was to help Bob remodel their new  
2 house?

3           A. Yes.

4           Q. Okay. It wasn't necessarily providing care to  
5 Cindy?

6           A. Well, that, too. So she points out that he  
7 is -- or she is dependent upon him. That's why she  
8 always requested that he be present, for example,  
9 with any examination or when Dr. Barratz examined  
10 her. She wanted him to be there because she feels  
11 very insecure without him. Now, he does almost all  
12 of the -- I'm sorry?

13          Q. When Cindy treats with you, is Bob present on  
14 the phone as well?

15          A. Sometimes.

16          Q. How often?

17          A. I don't know.

18          Q. And it's okay if you don't know this, because  
19 I know you didn't examine her and you don't believe  
20 her to have multiple chemical sensitivity, but was he  
21 present at the initial diagnosis? Was he present in  
22 1999 with her?

23          A. I'm sure he was. Now, I need to go back,  
24 because you said something, and it's incorrect. So

1 I'd ask the court reporter to repeat what you said.  
2 You do not believe that she has multiple chemical  
3 sensitivity. I do believe that she has multiple  
4 chemical sensitivity. Absolutely unequivocally she  
5 has multiple chemical sensitivity, but that is not  
6 the diagnosis.

7 The diagnosis is toxic effect of  
8 organophosphate pesticides resulting in injury to and  
9 dysfunction of multiple organs and symptoms  
10 manifesting, of which her sensitivity is one.

11 And what you need to understand is that I'm  
12 very specific in saying that her illness was  
13 precipitated despite the fact that she had massive  
14 amounts of exposure to petrochemicals and other  
15 materials. It was the Dursban specifically in 1995  
16 that takes her down.

17 Now, one thing that most people do not know,  
18 you do not have to be exposed to pesticide in order  
19 to be exposed to organophosphate pesticides. It is  
20 used as a flame retardant for plastics, synthetic  
21 rubber, fabric, hydraulic fluids, and it stabilizes  
22 rubber and plastics.

23 And what's so very interesting in my notes,  
24 she keeps talking about the fact that she's reacting

1 to rubber and she's reacting to vinyl plastics. And  
2 it's fascinating to me because, you know, I didn't  
3 fully appreciate the importance of organophosphates  
4 used universally in so many things. So it's not just  
5 pesticide. That explains this whole thing.

6 Her diagnosis is correct, to use your word --  
7 if you don't mind my correcting you -- is she's going  
8 to use the word multiple chemical sensitivity, and  
9 everybody is going to use that term. I'm saying it's  
10 the toxic exposure to organophosphate pesticide  
11 that's her diagnosis, and she manifests all of these  
12 as signs and symptoms related to that.

13 Q. Has blood work that's been performed ever  
14 revealed high percentages of toxic elements?

15 A. She underwent a hair analysis and urine  
16 analysis looking for heavy metals, and the only one  
17 that was found was arsenic, and the arsenic is in  
18 her. Unfortunately, it's in all of us now because if  
19 we eat a lot of rice -- and she eats rice two to  
20 three times a day. Rice, unfortunately, is heavily  
21 contaminated with arsenic, and that's what you're  
22 picking up in Madej, for example, with regard to the  
23 arsenic.

24 Now, I did a cholinesterase level on her, and

1 the reason why that's important is cholinesterase  
2 levels are the biomarkers for organophosphate  
3 pesticide poisoning. And I was surprised when I  
4 looked at it, because the norm, for example, is  
5 something like 2900 up to 7100 in the units that  
6 measures the cholinesterase enzyme. And where she  
7 was was 34. So she was scraping the bottom of the  
8 barrel in terms of the enzyme which is necessary in  
9 order to metabolize acetylcholine, because that's  
10 where most signs and symptoms were initially thought  
11 to cause all of the symptoms that patients have when  
12 they're exposed to organophosphate pesticides.

13 So I believe that that supports the fact that  
14 she's constantly being exposed to organophosphate  
15 pesticides.

16 And Counselor, in preparation for --

17 Q. Doctor, thank you. I appreciate that. Thank  
18 you. That's great. I want to go back to this FMLA  
19 form, please.

20 A. Yes.

21 Q. So is this your handwriting on this document?

22 A. Yes.

23 Q. And this was prepared at the request of  
24 Mr. Madej?

1           A. Yes. It was on February 20th of 2010.

2           Q. Did he tell you he's the only person that can  
3 care for Cindy?

4           A. That was true. Yes.

5           Q. Why is he the only person that can care for  
6 her?

7           A. Most patients who are chemically sensitive are  
8 very protective about anybody else coming into their  
9 home with the fear that they would contaminate the  
10 home, especially with their body odors and their  
11 chemicals that they have on their clothing, for  
12 example.

13          Q. Can it be described as kind of an anxiety  
14 surrounding this?

15          A. There is anxiety around this. No question  
16 about it.

17          Q. And do you have any medical evidence that  
18 Ms. Madej is sensitive to other people's clothing or  
19 body odors?

20          A. Specifically, no, but these are the things  
21 that you're trying to avoid.

22          Q. Is there anything that Ms. Madej isn't  
23 sensitive to?

24          A. I'm sure there is.



1 Q. Are you aware of anything?

2 A. No. She lives in the real world, but her  
3 reactivity is such that she probably is almost always  
4 in some degree of reactivity because there's no way  
5 that she could live in a bubble even though they  
6 created one for her in her glass house.

7 Q. Do you have any other patients who live in a  
8 glass cottage, who sleep in a glass cottage?

9 A. Not glass. I have patients who live in the  
10 back of their homes in specially prepared mobile  
11 homes, for example. The air stream, for example, was  
12 designed especially for people with chemical  
13 sensitivity, and they have those in their backyard,  
14 and that's where they often spend most of their time.

15 Q. Are you familiar with the phrase the  
16 somatoform disorder?

17 A. Oh, somatoform. You're saying S-O-M-A? Yes.  
18 Yes.

19 Q. What's your understanding of what that is?

20 A. Well, this is, in a sense, the underpinning of  
21 hypochondriasis, for example, is that psychosomatic  
22 illness is one that is created in the mind of the  
23 patient, for example. And most patients with  
24 chemical sensitivity are thought to have emotional

1 disorder.

2 Now, I think, for the record, it's important  
3 for you to understand the following. Okay. The  
4 primitive brain was very well developed in terms of  
5 what was called the rhinencephalon or it's called the  
6 smell brain. As man evolves, that rhinencephalon, or  
7 the smell brain, becomes the limbic system; and the  
8 limbic system is now the emotional brain.

9 And so it is not surprising that many of these  
10 patients, when they are exposed, are altering the  
11 limbic system because that's what's getting hit  
12 because it is directly connected to the olfactory  
13 system of the brain. So that's the explanation  
14 there.

15 Q. So is it fair to characterize multiple  
16 chemical sensitivity as somatoform?

17 A. Well, people would like to think that. The  
18 answer is no, I don't think that's correct. However,  
19 I tell all of my patients, in fairness, is that once  
20 burned, twice shy, and that you are conditioned to a  
21 certain extent. And that conditioning is that, after  
22 you've been hit several times, somebody lifts their  
23 arm, you quickly duck. And they're just very  
24 anxious, and I'm sure that there is a degree of

1 emotional overlay in many of these patients.

2 Q. And in Ms. Madej's case, is there a degree of  
3 emotional overlay?

4 A. If she is like everybody else, the answer is  
5 yes, but that's not the primary cause of their  
6 disorder.

7 Q. Did you work just with Bob in submitting this  
8 paperwork?

9 A. You know, I don't recall. I think most of the  
10 information is in my chart.

11 Q. Okay. And this was in connection with them  
12 moving to Athens County, correct?

13 A. I believe so.

14 Q. And on this paper, you've indicated that the  
15 approximate date that her condition commenced was  
16 1995?

17 A. Yes.

18 Q. But I think you previously testified that she  
19 had been very ill prior to that time, based on your  
20 medical history of her that was taken in 1999?

21 A. But not with chemical sensitivity.

22 Q. How do you know that the living environment is  
23 specialized from the Madejs?

24 A. They searched for a very long time to find

1 something like they're living in right now, but as we  
2 said before, there is no way that you could clean up  
3 an environment totally when you're dealing with parts  
4 per billion. So again, in respect to your question,  
5 the answer is, that's not perfect.

6 Q. And there's really nowhere that would be  
7 totally safe for her, correct?

8 A. That's correct.

9 Q. And clearly, she was ill in 2010 before they  
10 moved to Athens County, correct?

11 A. Yes. She was in trouble since 1995 with the  
12 problem that we're dealing with.

13 Q. I'd like to go ahead and go through the  
14 progress notes that I have, and I'll start with the  
15 one dated 12/1 of '99.

16 A. 12/1.

17 Q. It says History.

18 A. Right. Yes.

19 Q. Okay. And so there is an opinion here that  
20 she has intestinal problems, correct?

21 A. Yes.

22 Q. And a finding that she's malnourished,  
23 correct?

24 A. Yes.

1 Q. She also has muscle pain and spasms, insomnia,  
2 inability to cope, confusion, inability to think  
3 clearly, and chemical food sensitivities and chemical  
4 and metal toxicities, correct?

5 A. Yes.

6 Q. Okay. And what are the notations at the  
7 bottom [unintelligible] --

8 (Reporter interruption.)

9 Q. What are the indications at the bottom of the  
10 record? Some are circled; some have a number above  
11 them. What are those?

12 A. Oh, the HSV1, that talks about herpes simplex  
13 type 1. And candida, they wrote above suspect that  
14 she has candida. The IM was infectious  
15 mononucleosis. Root canals, she designates that  
16 there are two. And she has no implants.

17 Now, why those things are important is that  
18 root canals are a major source of toxic exposure.  
19 Infectious mononucleosis, the Epstein-Barr virus,  
20 often creates big changes in the immune system. And  
21 candida is truly a major factor in many patients.

22 So we want to give credence to the presence of  
23 those.

24 Q. And is this your handwriting on this document?

1           A. No. No. I never saw this patient in December  
2           of '99 other than the fact that she was probably in  
3           my office. But I don't recall. That's 18 years ago.

4           Q. Does Ms. Madej primarily treat with you now?

5           A. I don't know. I see that you sent me  
6           something at the last minute, by the way, and  
7           it has

8           a name Barbara Singer on it, and I thought I saw  
9           maybe some labs with the name Barbara Singer on it.  
10          That is a physician that apparently is her local  
11          doctor. I've never had any contact with her.

12          Q. I appreciate that. My question is, at your  
13          office within your practice group, does she primarily  
14          treat with you?

15          A. I think so, but I don't know that other than  
16          the fact that I see that there's a Barbara Singer.

17          Q. No. I mean at The Center for Occupational and  
18          Environmental Medicine.

19          A. Oh, now?

20          Q. Does she treat with the other two doctors?  
21          Yes?

22          A. As a matter of fact, to correct that, in the  
23          year of 2016, I unfortunately broke my hip. And I  
24          was out for many, many months, and I see that

1 Dr. Weirs saw her -- excuse me -- communicated with  
2 her in progress notes maybe five or six times.

3 Q. Why are none of the letters of medical  
4 necessity sent under anyone's signature but yours?  
5 Did you primarily deal with her on those letters?

6 A. Usually the rest of the staff would prefer for  
7 me to handle all of these kind of things, so I do it.

8 Q. These kind of things meaning what?

9 A. I'm sorry. What were you asking?

10 Q. These kinds of things meaning what?

11 A. All of these letters, for example, that were  
12 requested by Ms. Madej, none of them are signed by  
13 anybody else but me.

14 Q. I know that, and when you say these kind of  
15 things, do you mean providing letters for patients in  
16 other states? They prefer you to do that?

17 A. Yes.

18 Q. Why is that?

19 A. Well, to be very specific, again, is my two  
20 associates who have been with me now for anywhere  
21 from three to five years, and so they never had any  
22 contact with this patient until this year, for  
23 example. I'm the one that had -- in the interim  
24 between Dr. Sheer and Callahan, it was me,

1 Dr. Lieberman, that had all of the contact. So I  
2 think they felt more comfortable with me being  
3 involved with these letters of persuasion.

4 Q. Okay. And then the next level in the document  
5 is some handwritten notes following the progress note  
6 of 12/1/99. Is that your handwriting, Doctor?

7 A. No. That's the handwriting of the clinician  
8 who took her initial history.

9 Q. And this references the chemical sensitivity  
10 again, correct?

11 A. I've got to flip the pages here. It will be  
12 in the history because we underscored "1995 exposure  
13 to Dursban." So the answer is yes.

14 Q. Did you ever perform a mental examination on  
15 Ms. Madej?

16 A. A mental, is that the word you're using?  
17 What's a mental examination?

18 Q. Did you ever administer questions to determine  
19 her [inaudible] --

20 A. We're losing your voice. Can you hear us?

21 Q. Hello. Did you ever ask her any questions to  
22 determine --

23 THE COURT REPORTER: I'm sorry. I can't get  
24 that.



1 A. Something is breaking up.

2 Q. Hello. Can you hear me now?

3 A. Yeah. It seems when you lean closer to that  
4 microphone. Can you pull it closer to you, maybe?

5 Q. Can you hear me now?

6 A. Yes.

7 Q. Can you hear me now?

8 A. Yes, I can.

9 Q. Okay. Did you ever ask Ms. Madej any  
10 questions to determine if she was depressed or not?

11 A. She was depressed, and she discussed  
12 depression somewhere in the progress notes. Yes.

13 Q. Could the fatigue be related to depression?

14 A. It can be in organic depression, but I suspect  
15 that this was situational depression.

16 Q. Why do you suspect that?

17 A. Well, this history is pretty depressing. One  
18 is living in isolation for years; that's very  
19 depressing to me.

20 Q. Me, too. Is there any medical evidence that  
21 she needs to live in isolation?

22 A. The name of the game is to reduce the total  
23 toxic load, and the only way you can do that in our  
24 modern civilization is to isolate yourself; and even

1       when you isolate yourself, you're still not totally  
2       safe. So I think the answer to your question is,  
3       majority of patients with a diagnosis of chemical  
4       sensitivity do their best to avoid exposure because  
5       avoidance is the number-one treatment.

6       Q. Did you tell Ms. Madej she needs to live in  
7       isolation?

8       A. No.

9       Q. Is that your --

10      A. No, I never did.

11      Q. Did you tell Ms. Madej that she's sensitive to  
12      ChipFill?

13      A. No, I did not. But ChipFill contains the  
14      petrochemicals to which I know she's reactive.

15      Q. How do you know what ChipFill contains?

16      A. Because they have a material data sheet that  
17      says so. They're petrochemicals: Tar oils,  
18      petroleum-derived --

19      Q. And the last medical testing that you did on  
20      that was in 1999, correct?

21      A. Yes.

22      Q. All right. I'd like to look at the symptom  
23      response sheet that's dated 11/18 of 1999.

24      A. Yes.

1 Q. What is this document, Doctor?

2 A. Well, most physicians, in taking a history,  
3 are going to ask about signs and symptoms related to  
4 specific organs. So this is called a symptom  
5 response sheet, and we use a coding symptom of I  
6 never, rarely, occasionally, often, always have these  
7 signs and symptoms. And we certainly pay attention  
8 to the often and always.

9 So as we look through this, you'll see that  
10 the greatest number of 3s and 4s was related more to  
11 the neurologic symptom. The other thing is, it seems  
12 to mean that she's even more sensitive now than she  
13 even indicates on this response sheet in 1999.

14 Q. And this is despite her specialized  
15 environment, correct?

16 A. In 1999, no, she was still living in -- I  
17 think -- I'm not sure where she's living in '99. No,  
18 it's not in the safe environment.

19 Q. Okay. But presently, she's in her environment  
20 that's safe, correct?

21 A. Yes, that's right. That's right.

22 Q. And she's more sensitive now than she was  
23 previously, correct?

24 A. Yes. And she's had a greater period of time

1 to be exposed, which exacerbates a lot of her  
2 sensitivities. Now, there's another symptom response  
3 sheet in your records.

4 Q. Wait. Wait. Wait. Wait. Okay. You've got  
5 to go back. Greater period of time to be exposed to  
6 what?

7 A. To our environment, which is chemically  
8 polluted.

9 Q. What in the environment has caused her the  
10 greatest problem, in your opinion?

11 A. Probably pesticides and specifically  
12 organophosphate pesticides.

13 Q. And you're not aware of the chemical  
14 composition of every pesticide ever used, correct?

15 A. Yes, that's correct.

16 Q. And you're not aware of whether pesticides are  
17 used in paving the road, correct?

18 A. To my knowledge, the actual paving itself, I  
19 don't think so.

20 Q. Did you administer this or does Ms. Madej fill  
21 out the symptom response sheet?

22 A. No, this she does spontaneously.

23 Q. She does it herself?

24 A. Yes.

1 Q. And how long was she there in November of  
2 1999?

3 A. At least two days or three days, if I'm not  
4 mistaken, looking at the notes.

5 Q. Do you know how she got there?

6 A. I'm sure she drove.

7 Q. Do you know where she stayed when she was  
8 there?

9 A. She had to stay at -- as a matter of fact, I  
10 don't know where she stayed. We sometimes have  
11 homes -- yeah, we sometimes have homes that patients  
12 can stay in chemically sensitive environments --  
13 chemically clean, relatively clean environments.

14 Q. What is meant by that?

15 A. Well, we have patients who are chemically  
16 sensitive, and their homes are reasonably chemically  
17 safer, and that's where some of our patients stay.

18 Q. What makes them chemically safer?

19 A. Oh, just like she has gone out of the way to  
20 build an oasis for herself back in Ohio, our patients  
21 do the same thing: That they have built an oasis to  
22 the best of their ability.

23 Q. Okay. What makes the houses you have  
24 chemically safer? What are the examples of how

1       they're chemically different than other places?

2           A. Well, the most important thing is, most of our  
3 patients would never put a pesticide in their house.  
4 I could tell you that the home that my wife and I  
5 live in right now, we have never ever sprayed our  
6 home with a pesticide in the 18 years that we've  
7 lived in our new home. And in our old home, I don't  
8 think we ever sprayed it, either. And this is so  
9 important because that's a major source of chemical  
10 pollution.

11          Q. Okay. Are you aware if there are any  
12 pesticides presently in Ms. Madej's home?

13          A. I would hope not.

14          Q. But you don't know?

15          A. I don't know.

16          Q. Okay. Any other things that make these  
17 buildings more chemically safe than others?

18          A. Yes, cleaning products, for example. Very  
19 important. When we look at fabric softeners, you  
20 can't even walk down a street -- if you want to walk  
21 around the corner in your house -- around the block  
22 without being subjected to fabric softener that's  
23 coming out of somebody's dryer exhaust. You're  
24 polluting the whole area of the neighborhood.

1           This is what we're talking about. These  
2           people make a special effort that the products that  
3           they're using, their detergents, for example, are all  
4           fragrance-free detergents. No fabric softeners.

5           If they're doing any construction in the  
6           house, that's a problem. They're going to be  
7           exposed. There's no question about it.

8           Q. Okay. Let's look at the registration form  
9           that was provided.

10          A. Registration form. Yes.

11          Q. Okay. And have you seen this document before?

12          A. I'm sure I have, yes.

13          Q. Okay. Is this your standard? What is this  
14          document?

15          A. Every patient has to identify their name,  
16          their Social Security number, their telephone  
17          numbers, their next of kin. That's what this is.

18          Q. And at the time, it looks like Ms. Madej was  
19          not presently employed when she came to see you  
20          initially, correct?

21          A. That's what it says, yes.

22          Q. And it indicates primary insurance. Was  
23          Ms. Madej's insurance billed for any of her visits?

24          A. In 1999 -- I'm trying to remember -- we opted

1 out of Medicare at that time, and we do not accept  
2 insurance. So we give the patient the forms  
3 necessary to fill out.

4 Q. And I notice, for example, that she has part B  
5 of Medicare in addition to her other insurance.

6 Q. You don't accept any insurance, Doctor?

7 A. That's correct.

8 Q. You have to pay by cash or credit card or  
9 something like that?

10 A. Yes.

11 Q. Why is that?

12 A. Because our experience was that, what we were  
13 charging for, most of the insurance companies would  
14 not honor. So it didn't matter whether they had it  
15 or not; they couldn't benefit from it. So instead,  
16 we offered our patients, when we opted out of  
17 Medicare, to offer them a 20 percent discount so they  
18 would stay with us, and the majority of our patients  
19 did.

20 Q. How much do you think Ms. Madej has paid  
21 throughout the entire 20-year course of her treatment  
22 with you?

23 A. You know, I don't know, but I was thinking  
24 about that when I was looking at the number, the



1 sheer number of progress notes that we have here.

2 Q. A lot, right?

3 A. I would think so.

4 Q. How was her payment usually made?

5 A. I don't know that. I'm completely --

6 Q. Is there any reason why -- I -- go ahead.

7 A. I was just saying, I'm completely ignorant to  
8 the business side of this practice. I only practice  
9 medicine, so I know nothing about the other parts.

10 Q. A request for billing records produced six  
11 pages of documentation. Do you think that's correct  
12 for someone who's been treating since 1999?

13 A. My understanding was that we don't have the  
14 earlier records in terms of that. Isn't that  
15 correct? Isn't that what was said, that they were  
16 destroyed, or the new system went into effect and we  
17 no longer have that?

18 Q. Is that for all of your patients or just  
19 Ms. Madej?

20 A. Oh, I guess once the new system went into  
21 effect, I guess that would be applicable to all of  
22 the patients.

23 Q. Okay. I'd like to look at the next page of  
24 the document. It's a horizontal page, and it has her

1 name at the top as well as the date and a physician's  
2 initials, and it's about four pages long.

3 A. Yes, that's the life line. This is the  
4 physician's handwriting. This is Dr. Sheer's  
5 handwriting, and the other notes that you saw with  
6 the clinicians -- and what we do in the office is the  
7 clinician sits down with the patient and the doctor,  
8 and she recites back verbatim whatever she has  
9 learned. And we do this in chronological order so  
10 you could see that she was born, it looks like, in  
11 May of 1965 in Columbus, Ohio, how much she weighed.  
12 She was breastfed for two months. It talks about the  
13 illnesses that she's had, and it just goes  
14 chronologically.

15 And why this is important, it's going to be on  
16 the second page, I believe. You're going to see  
17 where it says 1995 -- maybe it's not. Maybe it's  
18 page 3. It's page 3. You'll see in the top line,  
19 Dursban, termiticide, for active termite problem.  
20 Okay. And that's 1995. That's the beginning of the  
21 problem.

22 Q. And okay. And there's no years on this  
23 document, though, correct?

24 A. Oh, no. Instead, it looks like they had put

1 down ages.

2 Q. Okay. And how do you know she was exposed to  
3 Dursban? She told you that?

4 A. Oh, yes. Yes.

5 Q. And did you ever question that at all?

6 A. No. The only thing I questioned was the fact  
7 is, oh, my, 95 percent of chemically sensitive  
8 patients, you got chemically sensitive from exposure  
9 to pesticide, which Dursban was the number one. It's  
10 the number-one termiticide, and it's still used even  
11 to today. It's been outlawed for use inside the  
12 house, but it is still approved for termite control.

13 Q. Do you know how much Dursban she was exposed  
14 to?

15 A. No. I mean, I see that there is --

16 Q. Do you know --

17 A. Yeah, I see that there are two numbers that  
18 are listed, but I don't know the accuracy of them.

19 Q. Do you know for how long she was exposed to  
20 the Dursban?

21 A. Well, once you put that into the ground,  
22 you're exposed forever; I could tell you that. The  
23 interesting thing is that what is under the house is  
24 in the house, and how that happens is amazing to me,

1 but that is true.

2 So when they -- the patients -- a very large  
3 number of my patients have been injured with Dursban  
4 and especially for termite use. As a matter of fact,  
5 the paper that we published on the genetic injury to  
6 chromosomes coming from exposure to Dursban was  
7 published in The Journal of Occupational Medicine,  
8 and it represents a very important problem.

9 Q. Okay. And genetic chromosomes would mean it  
10 doesn't alter chromosomes in an adult person?

11 A. But it did. In a normal person, you hope that  
12 you're not altering your chromosomes, but with the  
13 Dursban, we published a series of about five or six  
14 patients with all of their chromosome studies showing  
15 how they became abnormal.

16 Q. How did you determine that? Based on blood  
17 work?

18 A. Oh, yes. The studies are done in the special  
19 laboratories, genetic laboratories, and that's how we  
20 did it.

21 Q. Have you ever conducted any analysis of  
22 Ms. Madej to determine if her chromosomes are  
23 abnormal as a result of the exposure?

24 A. No, I didn't. What we did do, by the way,

1 with Ms. Madej -- and actually, I did not do it; it  
2 was done by Dr. Sheer -- is he did a toxicological  
3 analysis on her and found out, for example, that her  
4 phase 1 and phase 2 detoxification process was  
5 altered and abnormal, and that placed her at  
6 increased risk when she's exposed to any type of a  
7 chemical.

8 And then in 2018, Dr. Weirs apparently did the  
9 same thing.

10 Q. Doctor. Doctor. Doctor. You've got to let  
11 me ask you about the toxicological test that  
12 determined that her pathways were altered. What is  
13 that test? How is it administered?

14 A. This is giving the patient a particular  
15 substance, and then you collect their urine, and the  
16 test is done on the patient's urine, and the  
17 laboratory --

18 Q. What substance do you give them?

19 A. And the laboratory is examining what's called  
20 phase 1, and the phase 1 is where the natural  
21 detoxification system of the body is adding a  
22 chemical to try to make the substance better able to  
23 be excreted, and the conjugation phase, which is the  
24 second phase, is similar. And she was defective in

1       that, too.

2               So the only thing I can say is --

3       Q.   Okay.  Doctor, what was given to her at the  
4   initial test point?  What substance is given?

5       A.   Caffeine.

6       Q.   In what format?

7       A.   I believe it was a pill.

8       Q.   You're aware that recent urine testing of  
9   Ms. Madej by Dr. Barratz revealed a high presence of  
10  an antidiuretic hormone, correct?

11      A.   No.  It was the other way around, I believe.

12      Q.   Okay.  And you're aware that it's his medical  
13   opinion that Ms. Madej has diabetes insipidus.  Are  
14   you aware of that?

15      A.   Yes.  And we disproved that by recently  
16   reviewing all of the specific gravities of five  
17   specimens of urine, and they came back with a  
18   specific gravity of 1.015 -- ten, fifteen -- and when  
19   you have a -- that is the average specific gravity of  
20   urine.

21             Now, when he did it, he got 1.001, and that's  
22   why he suspected that she had diabetes insipidus.

23             Now, the other thing about diabetes insipidus  
24   is it is notoriously present in a pseudo form in

1 patients exposed to mycotoxins from mold exposure,  
2 and she was.

3 Q. Okay. When was the last time you administered  
4 a urine test on Ms. Madej?

5 A. I think about two weeks ago.

6 Q. And prior to that time?

7 A. Oh. I don't recall.

8 Q. Okay. Same question in terms of blood work:  
9 When was the last time you had blood work ordered?

10 A. Well, I didn't, but Dr. Weirs in 2016, I  
11 noticed -- and '17 -- ordered a fair amount of blood  
12 work.

13 Q. Okay. And prior to that time?

14 A. I did not do a whole lot of blood work. We've  
15 monitored her vitamin D level because she was  
16 extremely low. That, we did do.

17 Q. Okay. And then the medical diagnosis sheet  
18 that follows the timeline --

19 A. Yes.

20 Q. Okay. And this is the initial diagnosis,  
21 correct?

22 A. Yes.

23 Q. And again, this was based on the tests that  
24 you described to me with the placement of the

1 substance under the tongue, correct?

2 A. Oh, yes.

3 Q. Were blood work panels ordered at the initial  
4 diagnosis?

5 A. Yes. He ordered a complete blood count,  
6 multichem and insulin, thyroid, DHEA, DMSA, glycine  
7 in the urine. He challenged -- so he did a challenge  
8 test for heavy metals, for example. That was in  
9 1999.

10 Q. Why was follow-up testing not performed for  
11 another -- subsequently?

12 A. Oh, I'm not sure that it wasn't performed.  
13 It's just that myself, I personally did not order it.

14 Q. Why haven't you seen Ms. Madej in person since  
15 1999?

16 A. Well, she said that she can't come, and as you  
17 see, just in trying to get a place suitable for her  
18 to have an independent medical evaluation, that that  
19 was a major difficulty.

20 Q. Would you prefer to examine her in person?

21 A. Not necessarily. I mean, if I had to do  
22 something that I couldn't do and get the information  
23 over the telephone, the answer is yes. But I  
24 wouldn't be doing anything else with her. The name



1 of the game for her is avoidance, and that's what  
2 she's doing, she's doing to the best of her ability  
3 to avoid, and that's what this whole case is all  
4 about.

5 Q. Okay. The next document is an email from  
6 Cindy and Bob Madej to you, it looks like.

7 A. What are we talking about?

8 Q. I'm going to mark this as Exhibit 6.

9 THE COURT REPORTER: May we have a date of  
10 the email, please?

11 MS. GWIN: 5/27/2013.

12 A. What's your number on the bottom?

13 Q. 42.

14 A. Oh, okay. I see.

15 Q. Do you recall receiving this document, Doctor?

16 A. No.

17 Q. Do the Madejs often communicate with you via  
18 email?

19 A. Yes, I would think so.

20 Q. Okay. There's only one email in the medical  
21 records. Do you know where the rest of the emails  
22 are?

23 A. No. See, I don't receive any emails from my  
24 patients because I don't use a computer.

1 Q. Would the emails be maintained as part of the  
2 medical records file, though?

3 A. Oh, yes. If they had emailed, they would  
4 have. So that means they probably mail letters to  
5 us.

6 Q. Wouldn't those have been maintained as part of  
7 the medical file, too?

8 A. Yes, everything is in the middle section of  
9 the chart.

10 Q. Okay. And this is indicating that she wanted  
11 you to review some blood work that had been done by  
12 her local doctor in October, correct?

13 A. Yeah. And you know, I'm glad that you're  
14 showing this, because I was not aware of Dr. Singer  
15 at all. I knew that she had, obviously, other people  
16 who were seeing her, but I never talked with Singer  
17 or ever had any communication with her, but in the  
18 file is two or three labs with her name on it.

19 Q. Are you aware that Dr. Singer based her  
20 conclusion that Ms. Madej had multiple chemical  
21 sensitivity on your medical opinion?

22 A. No, I don't know anything about that.

23 Q. Okay. Did you review -- do you recall  
24 reviewing the blood panels that Dr. Singer performed

1       that are attached?

2           A.   Yeah, I see them. I personally don't recall  
3       seeing these before, but I must have, because on the  
4       bottom it looks like beta natriuretic peptide, heart  
5       strain, congestive heart failure, early  
6       malabsorption, hair analysis. So I don't know where  
7       that came from. It's my handwriting.

8           Q.   Did you subsequently order her to have -- that  
9       is your handwriting?

10          A.   Yes, that's my handwriting.

11          Q.   And did you subsequently order a hair  
12       analysis?

13          A.   If I did, I don't recall seeing it. There's  
14       an initial one that was done by Dr. Sheer, but I  
15       didn't remember seeing any other ones.

16          Q.   How important is reviewing blood work in your  
17       diagnosis for multiple chemical sensitivity patients?

18          A.   Not that important.

19          Q.   How do you typically go about evaluating if  
20       someone has chemical sensitivity?

21          A.   By history.

22          Q.   So based on what I'll call subjective criteria  
23       that they present?

24          A.   Well, some of it is pretty objective, but the

1 point is, you can say it's subjective. That's why  
2 the term itself, multiple chemical sensitivity, is  
3 used by the patient.

4 Q. There's no way to test for it based on blood  
5 work or urinalysis or challenge testing, correct?

6 A. Well, yes, challenge testing is the way that  
7 it's done. And that's why, for example, I took  
8 exception to Dr. Barratz, the way he was testing it.

9 Q. That's fine, Dr. Lieberman. I appreciate  
10 that. We're really not here to get into that. I  
11 just want to know if -- how you make a medical  
12 determination that a person has chemical sensitivity.  
13 And you testified it's based on their history that  
14 they present. Is there any other criteria that's  
15 used?

16 A. Well, I tested a patient for four or five  
17 different chemicals, and so I was able to get her to  
18 react to them, and they're tested blind. She doesn't  
19 know what she's being tested with. So the answer is,  
20 yes, we do test for chemicals, and it is part of the  
21 evaluation. But the history is still the most  
22 important part of the evaluation.

23 Q. Is that why no testing for those chemicals has  
24 been performed since the late '90s?

1       A. Oh. Well, once I tested her, I knew that she  
2       was chemically sensitive, and it didn't matter to me  
3       if I reproduced that again. I knew that she was  
4       sensitive because every single progress note says  
5       number-one problem is chemical sensitivity. That's  
6       what it says practically on every progress note.

7       Q. But her sensitivity changed over the years, I  
8       think was your testimony, correct? She's become more  
9       sensitive?

10      A. She appears to be, yes.

11      Q. And you still see no value to duplicating the  
12      test, correct?

13      A. That's correct.

14      Q. It's still based on what she tells you  
15      primarily, correct?

16      A. Yes. And also confirmed by our initial  
17      evaluation.

18      Q. Do any of your other patients who have been  
19      exposed to Dursban seek an accommodation regarding  
20      paving for a mile radius around their home?

21      A. Not to my knowledge.

22      Q. And is it conceivable that even if an  
23      accommodation is provided, Ms. Madej could still be  
24      sick?

1 A. Yes.

2 Q. Okay. I'd like to look at the document. It's  
3 the hair analysis. It's titled Hair Elements Report,  
4 and it's dated -- it's a lab, and it's dated --

5 A. Yeah. It's 2010. January 26th.

6 Q. Okay. It looks like your name is on here.  
7 Does this jog your memory with ordering the hair  
8 analysis?

9 A. Yes. My name is still going to be on  
10 everything most of the time. All labs and everything  
11 has my name on it.

12 Q. Even if it was another doctor?

13 A. Yes.

14 Q. Okay. And why is that?

15 A. I think that the practice is registered at the  
16 labs with my name.

17 Q. I can't hear you.

18 A. I believe -- yeah. I believe that the center  
19 is registered at these laboratories that we do under  
20 my name.

21 Q. Okay. Understood. Are the other doctors that  
22 you practice with licensed to practice in  
23 South Carolina?

24 A. Yes.

1           Q. So this is the hair analysis, and it looks  
2 like it was ordered on or about 1/26 of 2010,  
3 correct?

4           A. Yes.

5           Q. So there's a very large gap in the medical  
6 records that were provided from about 1999 to 2010;  
7 is that correct?

8           A. Yes.

9           Q. Did you not see Ms. Madej from 1999 to 2010?

10          A. I did not see her, but we communicated over  
11 the phone.

12          Q. And progress notes don't exist for that time  
13 period?

14          A. They do exist. Let me just see.

15          Q. Well, I don't have them.

16          A. You do not? Hmm.

17          Q. Ten years from 2000 to '10, the first part of  
18 the --

19          A. I can't explain that, why you don't have them.

20          Q. Okay. Can you send them to me, please.

21          A. No, I cannot send those to you, surprisingly,  
22 because believe it or not, the first chart -- this is  
23 the second chart that I have, and it looks like it  
24 begins with a note dated February 17th, 2010, and

1       then from 2010 -- well, I could tell you. If you  
2       don't have it, I don't understand. But wait one  
3       second. 2010. 2010. March of 2010, May of 2010.  
4       You do not have any of those?

5       Q. I have 2010-ish going forward, but I don't  
6       have anything from '99 to 2010, and if you didn't  
7       treat her, that's fine; or if there are no records,  
8       that's fine; but if there are records, I would like  
9       them, please.

10      A. No. That chart is totally gone. As a matter  
11      of fact, but the patient had the copies of it.

12      Q. Why is this chart gone?

13      A. I have no idea. I have no idea.

14      Q. So you don't have anything in front of you  
15      right now for that 10-year period?

16      A. Well, from '99 up to 2010, I had.

17      Q. There are records then?

18      A. Well, I have notes from February 2010,  
19      March 2010, August 2010, January 2011, April of 2011,  
20      January 24th of 2012.

21      Q. That's great. That's all fine. I have those,  
22      too. I'm just wondering about the period from  
23      approximately 1999, when she came to see you, until  
24      2010. I don't have records from anywhere in-between



1       that. So 2000, '01, '02, '03, '04, '05, '06, '07,  
2       '08, '09, I don't have anything, and if you have it,  
3       I would like it.

4       A. Okay. There has to be, because I remember  
5       writing down -- it's funny I can't find it now -- is  
6       2-06, 2-07. So there are notes from that, and if you  
7       don't have them, we can get it for you.

8       Q. Thank you very much. I appreciate that.  
9       Okay. Let's go to the hair analysis that was  
10      performed in 2010. You testified -- how often do you  
11      think you treated with her between '99 and 2010?

12      A. Okay. I did find the sheet, and what I have  
13      in terms of the dates are in 2000, because that's  
14      when we did the toxicological study. The next one  
15      was 2007, September of 2007. I see July of '07, May  
16      of '07, April of '07, September of '06, and March of  
17      '06, but nothing before that. So there is a hiatus,  
18      as you are correct, between 2000 and 2006, six years.

19      Q. Do you know why there's a break?

20      A. No.

21      Q. Okay. Let's look at the hair analysis. Why  
22      did you decide to order this for her?

23      A. I'm not sure that I did, but if I did, the  
24      hair analysis has value for two reasons: One, it is

1     able to look at toxic metals which are on the top,  
2     and you see, for example, that's very consistent with  
3     what Barratz found is high levels of arsenic, and  
4     that's coming from the rice which she's eating.

5     Outside of that, she's pretty reasonably low in all  
6     other problems there.

7             Now, when you look at the essential minerals,  
8     which is the bottom portion, this is what you call a  
9     malabsorption panel, and that's what we had talked  
10    about. We use the word malabsorption. She's not  
11    absorbing her food, and because she can't do that,  
12    all of her metals are low.

13            So if you look at this, magnesium is low,  
14    copper, zinc, manganese, chromium, vanadium,  
15    molybdenum, all very, very low. Lithium, low. And  
16    that's because you need hydrochloric acid in your  
17    stomach in order to absorb, and for some reason, she  
18    doesn't have any and this is what the results are.

19            Q. Could this be like a nutrient deficiency? Is  
20    that a fair characterization?

21            A. It is. No. You're correct. It is.

22            Q. I'm going to go ahead and mark this, by the  
23    way, as Exhibit 7, so the record will reflect that  
24    the hair analysis is Exhibit 7.

1           So is that a function of her diet, the fact  
2           that she doesn't eat any foods?

3           A. Well, it could be a function of what she's not  
4           taking in and also the fact that we see this  
5           malabsorption panel in people who eat extremely well,  
6           but if they don't have hydrochloric acid, they cannot  
7           solubilize minerals and cannot absorb them.

8           So it's one or the other. In her case we  
9           knew, for example, that her diet was very, very poor.

10          Q. Could these deficiencies be cleared with an  
11          appropriate diet?

12          A. I would hope so, but it would also help if she  
13          was on a supplemental hydrochloric acid when she's  
14          eating.

15          Q. Did you ever recommend changes to her diet to  
16          her?

17          A. I think we talk about diet all the time, but  
18          she's so exquisitely chemically sensitive and food  
19          sensitive, for example, that she's very cautious in a  
20          lot of the foods that she's eating. So you may  
21          notice some of the recent progress notes where  
22          Dr. Weirs is really pushing her that she's got to do  
23          better with her diet.

24          Q. Could many of her symptoms be attributed to

1 her diet?

2 A. Yes, they could.

3 Q. Is it difficult to get Ms. Madej to follow  
4 medical advice?

5 A. I don't know the answer to that. What I could  
6 tell you is that we have tried recommending many,  
7 many things, and she does try them, but is so highly  
8 reactive that she cannot stay on them.

9 Q. What things are those?

10 A. Well, the nutrients, for example, that we had  
11 prescribed.

12 Q. What nutrients are those? Which ones  
13 specifically?

14 A. Well, the ones that we use for detox, like  
15 glutathione, I believe she was having a hard time  
16 reacting to. And then we always have multivitamins  
17 and minerals, and she couldn't tolerate that, either.

18 Q. How long was she on the glutathione?

19 A. I don't know.

20 Q. Any other nutrients that were specifically  
21 prescribed?

22 A. There were a whole host of things that we had  
23 prescribed, and most of them were, if I recall  
24 correctly, to help with detoxification.

1 Q. Do you remember any of the other names of the  
2 things that were prescribed?

3 A. Well, how about vitamin D? She could not even  
4 tolerate our vitamin D. So we had to use sunlight  
5 with which to build up her vitamin D levels.

6 Q. How long was she prescribed the vitamin D for?

7 A. A very long time.

8 Q. And she took it and then became reactive?

9 A. Well, she started to take it and then couldn't  
10 take it anymore, so then we relied on sunlight. That  
11 was to get her out at noontime and expose as much of  
12 her skin as she could. And apparently, it went from  
13 2 nanograms up to about 17; and ultimately we got up,  
14 I think, into the early 30 nanogram level, which was  
15 not great, but it was good.

16 Q. What else does the hair analysis show?

17 A. Oh, outside of the malabsorption?

18 Q. Yes.

19 A. Well, these are very important minerals, for  
20 example. They have very important functions in the  
21 body, and they're low. And so, for example,  
22 molybdenum -- surprisingly, that was the only one  
23 which was really good, and that was important because  
24 that one is involved in the detoxification of

1 sulfates, so sulfur dioxide in the air, for example.

2 But outside of that, it's amazingly low. You  
3 may see, for example, zinc. Zinc is elevated not  
4 significantly, although it's a poor copy, so it's  
5 hard to see fully. But when zinc is high, it's  
6 almost always low, and so it goes along with the low  
7 magnesium, the low copper, zinc, manganese, chromium,  
8 and vanadium, very low. Boron.

9 Q. Does anything -- and then it notes the high  
10 arsenic, correct, and we've established that that's  
11 based on rice?

12 A. Yes.

13 Q. Her rice intake?

14 A. Right.

15 Q. I'd like to look at the Labrix Clinical  
16 Services test results.

17 A. Yes.

18 Q. Okay. And so this document -- what is this  
19 document? Is this from the hair sample or different?

20 A. No. This is from saliva. This is a  
21 comprehensive hormone panel, and we're looking  
22 at all  
23 of her estrogens. Estradiol. We're looking at  
24 progesterone, testosterone, DHEA, which is the

1       adrenal. And we're looking at cortisol levels, and  
2       we do four of them.

3               What's truly amazing about this -- because I  
4       do so many of them, it's kind of surprising -- but  
5       her cortisol levels were actually quite good.  
6       22 nanomoles, for example, in the morning is  
7       excellent, really incredibly excellent. But the rest  
8       is all still normal. Most people don't have that.  
9       She does.

10              But when this was done in 2010, she was 44  
11       years old, and she said she's premenopausal. She's  
12       no longer manufacturing a whole lot of progesterone,  
13       so you'll see 38 picograms is on the low side.

14              And the most important thing about this hair  
15       analysis is the ratio between progesterone and  
16       estrogen, and that is that it's much too low. It's  
17       sort of dangerously low. A woman has to balance her  
18       estrogen with progesterone, and this shows imbalance.

19              Q. Okay. So this indicates estrogen dominance  
20       based on the interpretation, correct?

21              A. Yes.

22              Q. And she was prescribed a supplement to correct  
23       for that deficiency?

24              A. You know, I don't recall, but the chances are

1       that we tried to put her on progesterone.

2           Q.   And the interpretation, by the way, of the  
3       reader or the pathologist was that she looks like  
4       she's not ovulating.   Now, she's 44, and she's  
5       premenstrual, but even though she's premenstrual,  
6       most women will still be producing an occasional egg.

7       She's not.   If you don't produce the egg, you don't  
8       produce progesterone.   So here you see a problem with  
9       her hormones.

10       Q.   And I marked this as Exhibit 8.   And again,  
11       Doctor, I'm sorry.   This was a mouth swab or this was  
12       the hair sample?

13       A.   No, it's saliva.   This is done with saliva.

14       Q.   And there is a finding in here that there's a  
15       thyroid insufficiency as well, correct?

16       A.   Where are we looking?

17       Q.   The third paragraph under Interpretation.

18       A.   Oh, query thyroid insufficiency perhaps  
19       related to iodine deficiency.   I don't know how he  
20       tells that.   But she is hypothyroid.   So we  
21       determined that from other tests.   So he's correct.

22       Q.   And do any of these findings herein concern  
23       any kind of environmental causes or are they just  
24       related to hormone findings?



1           A. Just hormone findings.

2           Q. All right. I'd like to look at the progress  
3 note dated 2/17 of 2010.

4           A. Yes.

5           Q. Okay. We'll mark that as Exhibit 9. And is  
6 this your handwriting, Doctor?

7           A. Yes.

8           Q. And did this appointment occur over the phone?

9           A. Yes.

10          Q. Okay. And it indicates she couldn't tolerate  
11 the vitamin D?

12          A. Yes.

13          Q. And the plan was to get an FMLA form, and is  
14 that the form we previously talked about?

15          A. Yes.

16          Q. Okay. How long did this appointment last?

17          A. I don't know. I can't tell from this.  
18 They're either 15 minutes or 30. Most of the time, I  
19 believe she asked for 30, but I'm not sure.

20          Q. Was there any other plan proposed in order to  
21 help her with the vitamin D? It's not in here,  
22 correct?

23          A. It's the next page.

24          Q. Okay. This is the lab review form?

1           A. That's right. And we're recommending that she  
2 use -- yeah.

3           Q. We'll keep this with Exhibit 9.

4           A. Yes. This is to correct the vitamin D  
5 deficiency.

6           Q. Okay. And was this based on the test and  
7 analysis we just looked at?

8           A. Yes.

9           Q. The saliva swab and the hair sample. Okay.

10                  So as of 2010, her symptoms are related to  
11 estrogen dominance, a potential thyroid  
12 insufficiency, and high arsenic; is that correct? Is  
13 that fair?

14           A. No, that's not fair, because chemical  
15 sensitivity still is her chief complaint.

16           Q. And where is that reflected in these records?

17           A. It will eventually show up, but I didn't  
18 record everything every time.

19           Q. No, that's fine. I'm just asking about these  
20 records, though. Nothing in these records in the  
21 tests that we just went over or in the 2010 records  
22 indicates chemical sensitivity as a problem, correct?

23           A. That's correct, until we get to May.

24           Q. Okay. All right. I'd like to look at the

1 progress note for 3/29 of 2010, and we'll go ahead  
2 and mark this as -- it's one page. We'll mark it as  
3 Exhibit 10.

4 And this says that the problem review -- is  
5 this your handwriting, Doctor?

6 A. Yes.

7 Q. Okay. It says that they're planning to leave  
8 their house. Her husband was approved for FMLA. She  
9 has a rash on her legs from sitting in the sun?

10 A. Yes.

11 Q. And she's vitamin D intolerant. So this is  
12 all again vitamin D and the FMLA form, correct?

13 A. Yes.

14 Q. Okay. And what is this number 10, HB with the  
15 low-down drop thing?

16 A. She's showing anemia.

17 Q. And that's reflected in a variety of places in  
18 the preceding medical records, correct?

19 A. Yes.

20 Q. And you don't believe her anemia is related to  
21 exposure to asphalt, correct?

22 A. That's correct.

23 Q. And you don't believe her anemia is related to  
24 petroleum-based products, correct?

1       A. No. Her anemia seems to be related to the  
2       fact that she had excessive heavy bleeding with her  
3       periods and also the fact that she became B12  
4       deficient.

5       Q. And she became B12 deficient based on a  
6       nutrient intake problem?

7       A. Exactly why she became B12 deficient, I'm not  
8       sure. That's not necessarily the fact that she  
9       wasn't getting B12, but I was able to see that  
10      Dr. Singer was giving her shots for B12.

11      Q. Yes. And could anemia cause fatigue?

12      A. For sure.

13      Q. Could it cause confusion?

14      A. Not necessarily.

15      Q. Could it be a byproduct of weight loss? Could  
16      they go hand in hand -- abrupt weight loss?

17      A. Well, if she had iron deficiency anemia, the  
18      answer would be yes. In this situation, though, it  
19      appears to be more related to the B12 deficiency.

20      Q. All right. The next record is dated 5/6 of  
21      2010, and I'll mark it as Exhibit 11. It's one page.  
22      Okay.

23      A. There's your chemical sensitivity. Problem  
24      with floor, ceramic floor.

1 Q. So tell me about this conversation.

2 A. Well, I'm recording the fact that still  
3 problem number 1 is chemical sensitivity, and here  
4 she is saying specifically that there's something in  
5 the floor, which is probably the grouting on a  
6 ceramic floor, which is bothering her. So that  
7 doesn't surprise me.

8 Q. What medical evidence do you have that the  
9 grouting on the ceramic floor was bothering her?

10 A. She said so.

11 Q. She identified the grouting?

12 A. No.

13 Q. Correct?

14 A. She just said ceramic floor. The ceramic is  
15 usually -- rarely off-gassing because it's such a  
16 hard material, and we use ceramics and stone  
17 especially in homes where patients are chemically  
18 sensitive. Where they get into trouble is usually  
19 with the grouting.

20 Q. Okay. Again, what medical evidence do you  
21 have that the grouting on the ceramic floor was  
22 causing the problem?

23 A. None.

24 Q. Okay. And is it possible that something else

1 could have been causing her to become reactive, given  
2 her exquisite sensitivities?

3 A. I'm sure she's reacting to many things, but  
4 right now, she's more concerned about the floor.

5 Q. And this maybe was the floor in their new  
6 house or something, right?

7 A. Yes.

8 Q. And then once again, a notation that she can't  
9 tolerate vitamin D; depends upon the sun?

10 A. Yes.

11 Q. A notation of a rash on her legs?

12 A. Is gone.

13 Q. That means it's gone. Okay. Very weak --

14 A. Yes.

15 Q. -- is that reporting?

16 And liver and gallbladder pain, what does that  
17 mean?

18 A. Well, she's just telling me that she's got  
19 pain over her liver and her gallbladder and  
20 questionable exacerbation when she has fat,  
21 suggesting that it is a gallbladder dysfunction  
22 problem, but not necessarily. Because we later go on  
23 to do an ultrasound, and we cannot document that. So  
24 she's got pain in that right upper quadrant, and I

1 didn't know what it was coming from.

2 Q. And then the anemia from -- is that massive  
3 prolonged period?

4 A. Right.

5 Q. Okay. And then fat loss?

6 A. Yes.

7 Q. Or weight loss?

8 A. Yes. So she was as low as 103 at 5 foot 7 1/2  
9 inches tall.

10 Q. And there's no diagnosis here, correct?

11 A. Right.

12 Q. And why is there no diagnosis here?

13 A. Because my administrator who reviews every one  
14 of my charts didn't send it back and say please  
15 complete this.

16 Q. Okay. So there should be?

17 A. Yes.

18 Q. What was your diagnosis then, if you remember?

19 A. Oh, well, you see the anemia I'm saying is  
20 coming from the blood loss. And I don't know what's  
21 coming from the gallbladder at all. So I would have  
22 put down, again, the chemical sensitivity there and  
23 the fact that she's in distress from that right upper  
24 quadrant discomfort.

1 Q. But anemia and gallbladder pain are not  
2 related to chemical sensitivity, correct?

3 A. They're not in this case.

4 Q. Those are separate issues?

5 A. They are.

6 Q. How long was this visit?

7 A. I don't know. It's either 15 or 30 minutes.

8 Q. And how much was she charged for this?

9 A. I don't recall back in 2010.

10 Q. Okay. The next record is from August 4th of  
11 2010, and it's one page and, I will mark it as  
12 Exhibit 12. Is this your handwriting, Doctor?

13 A. Yes.

14 Q. Okay. And what does this indicate?

15 A. Well, I just put down her hemoglobin is back  
16 up to normal, and I don't know with 100 percent  
17 certainty, because there wasn't any communication  
18 with Dr. Singer, but I believe that I noticed that  
19 Dr. Singer had given her B12 injections.

20 Q. So how did you know her hemoglobin was back to  
21 normal without performing blood work?

22 A. I must have had a lab slip.

23 Q. Okay. If there's no lab slip in here, do you  
24 think that maybe she just told you, hey, it's back



1 up -- Ms. Madej did?

2 A. She may have. I don't recall.

3 Q. And then the plan is to call Anchorage.

4 What's that?

5 A. Yes. I have no idea what that is.

6 Q. Was she thinking of moving to Alaska?

7 A. No. I don't know. Anchorage is the name of a  
8 company, I would think, but I don't remember what  
9 that is all about.

10 Q. Well, if you think of it, let us know.

11 Okay. And then the next medical record is  
12 from 1/26 of 2011, so there's a good five-month gap.  
13 Is that consistent with your records in front of you,  
14 Doctor?

15 A. Yes.

16 Q. Okay. And do you know why the gap? Do you  
17 recall why the gap?

18 A. No. But if she doesn't call, that's good news  
19 to me.

20 Q. Okay. And what is the problem review for this  
21 one?

22 A. December of 2010, she had a gallbladder  
23 attack. Now, we did test her, as you know, in  
24 ultrasound; and we did not find that she had disease

1 of the gallbladder, so what that pain was, I do not  
2 know.

3 Q. Could it have been based on her diet?

4 A. Not likely. More likely related to the  
5 irritable bowel syndrome that Dr. Sheer diagnosed way  
6 back in 1999.

7 Q. Okay. And her irritable bowel syndrome is not  
8 exacerbated by exposure to petroleum products,  
9 correct?

10 A. No, it is, because if you look at  
11 organophosphate pesticide poisoning, the GI tract is  
12 a major target.

13 Q. Okay. What -- where does it say in your  
14 medical records that her irritable bowel syndrome is  
15 exacerbated by exposure to petroleum products?

16 A. It doesn't. But now that I am looking --  
17 yeah, now that I'm looking at the forest, I can make  
18 out some of the trees with a little bit more clarity.

19 Q. Is there any medical study indicating that  
20 exposure to organophosphates causes irritable  
21 bowel

22 syndrome?

23 A. Not the word irritable bowel syndrome, but it  
24 does indicate that the gastrointestinal tract,

1 especially with nausea, vomiting, diarrhea, but  
2 especially diarrhea.

3 Q. Okay. Again, in terms of the diagnosed  
4 condition of irritable bowel syndrome, is there any  
5 medical study at all indicating that it's caused by  
6 exposure to organophosphates?

7 A. Oh, that's a classic, but you're correct  
8 again. Most patients who have irritable bowel  
9 syndrome is more food sensitivity, which she had, for  
10 example, but in retrospect now that I put these  
11 things all together. So her increased sensitivity to  
12 rubber and to vinyl, for example, certainly could be  
13 becoming from organophosphate pesticide sensitivity.

14 Q. Okay. And in terms of -- you never tested her  
15 for sensitivity to rubber, correct?

16 A. No, not as rubber itself. No, I did not.

17 Q. Okay. And did you ever test her for  
18 sensitivity to vinyl?

19 A. Well, that's -- the vinyl is easier because  
20 it's a petrochemical, and that's where the petro  
21 comes in. The answer is yes, we knew she was  
22 sensitive. By the way, most patients --

23 Q. Did you ever test her --

24 A. Yeah, I was saying that most --

1 Q. Have you ever tested her for vinyl?

2 A. Yes, with the petroleum. That's a petroleum  
3 product, vinyl.

4 Q. I understand that she was tested for the  
5 substances you named, but vinyl as itself, she was  
6 not tested for, correct?

7 A. Correct.

8 Q. And what is the diagnosis here?

9 A. If we're looking at an April 28th of 2011,  
10 MCS is still her number-one concern.

11 Q. No. No. No. I'm sorry. We're on the  
12 previous one, Exhibit 13, date 1/26/2011, the  
13 diagnosis on that.

14 A. Oh, the one that says gallbladder?

15 Q. Yes.

16 A. Oh, okay. There is no diagnosis listed there.

17 Q. Mine says Bicarb NAK, maybe sodium potasside  
18 [Sic] or some kind of mineral there?

19 A. That's the plan. That's the treatment. I'm  
20 suggesting that she use the sodium potassium bicarb  
21 to turn off her discomfort in that right upper  
22 quadrant.

23 Q. Is that an oral thing you take?

24 A. Yes.

1 Q. And was she prescribed that? Did you send her  
2 a prescription for that?

3 A. No. We send it to her. The sodium potassium  
4 bicarb is the universal antidote for both all  
5 allergic reactions and chemical reactions, and it  
6 works very, very well. It's the same thing as  
7 Alka-Seltzer Gold.

8 Q. Okay. Got it. Understood. And how long did  
9 this visit take?

10 A. I don't know. It's either 15 or 30.

11 Q. And let's go on to what I'll mark as  
12 Exhibit 14, and this is the next progress note that's  
13 dated 4/28 of 2011. It is one page. And here it is  
14 noted that MCS is still number 1?

15 A. Yes.

16 Q. And was that based on what she told you?

17 A. Yes.

18 Q. And then LMD and hiatal hernia is indicated,  
19 correct?

20 A. Yes. It says local medical doctor questions a  
21 hiatal hernia.

22 Q. That's you wondering if she has it?

23 A. No. No. No. Local medical doctor. It must  
24 be Dr. Singer.

1 Q. Oh, okay. What did you tell Ms. Madej about  
2 her hernia --

3 A. I didn't.

4 Q. -- if anything?

5 A. I didn't.

6 Q. Okay. And the diagnosis/plan was to continue  
7 environmental control, correct?

8 A. Yes.

9 Q. Okay. Exhibit 15. This is 10/19 of 2011, but  
10 there is no writing on it from you, and it's just  
11 blank. And do you think maybe she canceled her  
12 appointment?

13 A. Yes.

14 Q. Okay. Okay. And then on 1/24 of 2012, there  
15 is -- I'll mark this as Exhibit 16. It's two pages.  
16 Whose handwriting appears on the first page?

17 A. I don't know. I don't recognize that at all.

18 Q. Okay. And then the treatment prescribed  
19 indicates a gabapentin. What is that?

20 A. Gabapentin is a drug which is used for a lot  
21 of neurological signs and symptoms, and I'm betting  
22 that this handwriting is that of a physician that was  
23 working with me temporarily who was a neurologist,  
24 and that's why her knowledge of gabapentin, because

1 they use that quite often. We thought that  
2 gabapentin might be helpful for chemical sensitivity,  
3 but I don't know that it ever worked.

4 Q. Is it an antidepressant?

5 A. No. No. Not at all. Gaba is  
6 gamma-aminobutyric acid. It's altering one of the  
7 neurotransmitters of the brain.

8 Q. So is it a psychotropic or a --

9 A. No, I wouldn't call it a psychotropic because  
10 it was primarily used for pain.

11 Q. Okay. And then the next page, it indicates  
12 your notes, I believe?

13 A. Yes.

14 Q. And there is a notation that rubber or vinyl  
15 causes her anger and emotion.

16 A. Yes.

17 Q. Is that correct?

18 A. Yes.

19 Q. And what did you base that finding on?

20 A. Her report.

21 Q. And what was the diagnosis/plan? The  
22 gabapentin?

23 A. Yeah. We were experimenting to see if the  
24 gabapentin would turn off some of the chemical

1 sensitivity, but it did not.

2 Q. What is in gabapentin?

3 A. It's a neurotransmitter which is an enhanced  
4 gamma-aminobutyric acid.

5 Q. Okay. And then 4/30 of 2012 -- I'll mark this  
6 as Exhibit 17. Is this your handwriting?

7 A. Yes.

8 Q. And how long was this appointment?

9 A. Again, I don't know. My guess is that most of  
10 her appointments were 30 minutes, but I can't say  
11 that with certainty.

12 Q. So would she have been charged approximately  
13 \$180 if it was \$90 per 15 minutes? Is that fair to  
14 say?

15 A. Yes.

16 Q. And she would have paid you or you wouldn't  
17 have continued with her treatment, correct?

18 A. Yes.

19 Q. And the problem here, the problem review is  
20 avoidance?

21 A. Yes.

22 Q. Again, the number-one treatment of her  
23 chemical sensitivity is avoidance.

24 Q. But that's not listed as a problem here; it's



1 just avoidance.

2 And then she told you that her house is  
3 triggering her?

4 A. Yes.

5 Q. The heaters are triggering in winter?

6 A. Right.

7 Q. The air-conditioning is a problem?

8 A. Yes.

9 Q. She has now pattern reactivity. What is that?

10 A. No. What it says is that the pattern of her  
11 reactivities is the development of headaches, nausea,  
12 chest tightness; and then we have emotionality and  
13 edema from her hips down to her toes. And she says  
14 that when she's exposed to the rubber and the vinyl  
15 is when she develops the emotionality and the  
16 swelling.

17 Q. Did you perform any tests to determine if  
18 rubber or vinyl caused her to become more emotional?

19 A. No. She told me that.

20 Q. Okay. And the edema, you did not observe; she  
21 reported that, correct?

22 A. Yes.

23 Q. Were you concerned about heart disease with  
24 edema?

1           A. No, because she could assign a particular  
2 cause-and-effect relationship.

3           Q. And what was that?

4           A. The exposure to the petrochemicals.

5           Q. And where does it say that on here that the  
6 edema is caused by the exposure to petrochemicals?

7           A. Well, if you look, you'll see arrows, and it  
8 says rubber and vinyl, and then it has arrows  
9 pointing to emotionality and edema. You see that?

10          Q. So it's your medical opinion that the rubber  
11 and vinyl were creating peripheral edema for her; is  
12 that fair?

13          A. That's correct.

14          Q. But you never tested her for those to  
15 determine that, correct?

16          A. I tested her for -- now that I'm looking at  
17 it, I'm betting that the rubber and the vinyl -- the  
18 vinyl in particular is a petrochemical, but now we  
19 know that the plastics in the rubber contained the  
20 organophosphate molecules, and that now fits very  
21 well.

22          Q. Does every piece of rubber contain the same  
23 chemical compound?

24          A. I don't know.

1 Q. Does every piece of vinyl contain the same  
2 chemical compound?

3 A. Reasonably so, yes.

4 Q. And what do you base that on?

5 A. Well, the vinyl, of course, is going to be in  
6 the plastics family. It's polymers, for example. So  
7 the answer is, these are petrochemicals.

8 Q. But they're not volatile, right? They're  
9 stable?

10 A. No. If you've ever gone into a bathroom with  
11 a brand-new shower curtain, trust me, it's more than  
12 just volatile. It's really overpowering, and the  
13 softer the plastic --

14 Q. Did she tell you --

15 A. Yeah. If it's -- softer the plastic, the  
16 greater the off-gassing.

17 Q. Did she tell you her shower curtain was making  
18 her emotional?

19 A. No, she didn't. She said vinyl is making her  
20 emotional; and I did not specifically ask her what  
21 was the source of the vinyl.

22 Q. Were you able to isolate for other causes that  
23 may have been making her emotional?

24 A. No, I did not.

1 Q. All right. Let's go to Exhibit 18. This is  
2 medical record from 9/6 of 12, and this is -- it  
3 indicates it was canceled, correct?

4 A. Yes.

5 Q. Was she billed when she canceled appointments?

6 A. Most likely not.

7 Q. Did you call her or did she call you?

8 A. At that time, patients called us.

9 Q. Did you schedule in advance?

10 A. Yes.

11 Q. How did that work? Via email or a phone call  
12 to schedule?

13 A. Before the patient hung up, she was assigned a  
14 next meeting; or she called herself and set it up.

15 Q. Okay. Thank you. Okay. Exhibit 18 -- or  
16 excuse me. Exhibit 19, this is one page. This is a  
17 visit on 10/10 of '12. And this indicates chemical  
18 sensitivity is still the number-one problem: Vinyl  
19 and rubber. Correct?

20 A. That's what it says, yes.

21 Q. And that she has low vitamin D still, correct?

22 A. Yes.

23 Q. And what was the diagnosis or plan for these  
24 symptoms?

1       A. We were thinking of putting her on some  
2       chlorella. Chlorella an algae-like material which  
3       has the ability to absorb a lot of pollutants. So I  
4       see I wrote the word chlorella with a question mark.  
5       I also wrote the word Concrobium. Concrobium is the  
6       treatment we use for mold exposure.

7               And underneath that, oxygen multistep therapy.

8       Now, oxygen multistep therapy is a very specialized  
9       form of therapy used for detoxification in chemically  
10      sensitive patients, and we have to supply oxygen to  
11      them for that with a special mask, a special  
12      breathing bag, and things like that.

13             Off the top of my head, I don't recall if she  
14      did that, but I know that we wrote many prescriptions  
15      for oxygen, so maybe she did. It's usually 18 days  
16      delivering 6 to 10 liters per minute for two hours a  
17      day for 18 days. But I don't recall that she did do  
18      that.

19             Okay. We're now down to May?

20             Q. Yes. I want to ask about the oxygen. Why is  
21      the oxygen helpful?

22             A. Oh. In chemically sensitive patients or  
23      environmentally triggered patients is the venous  
24      blood, which usually is pretty dark because it's

1 giving off a lot of oxygen; and in this kind of a  
2 situation, for example, it's the other way around, is  
3 they do not have good exchange between oxygen and  
4 carbon dioxide. So there's a difference between the  
5 venous oxygen level and the arterial oxygen level.

6 And this was a study and a treatment that was  
7 advocated by one of the classical toxicologists, and  
8 we've used it quite often with benefit.

9 Q. And who is that toxicologist?

10 A. His name begins with an A, and right now I  
11 can't think of it. He wrote a whole book.

12 Q. And do you prescribe oxygen therapy for all of  
13 your multiple chemical sensitivity patients?

14 A. Not all of them, but many of them, yes.

15 Q. Okay. And how are you able to determine that  
16 the material the tank is made out of is not reactive  
17 for her?

18 A. Oh, well, those steel tanks, for example, they  
19 are painted usually to tell you that it's green for  
20 oxygen, but we have those in our detox unit, and  
21 we've never noticed anything off-gassing off of them.

22 Q. Could something be off-gassing, though, and  
23 you would not observe it or smell it?

24 A. If it's at a level low enough, the answer is

1 yes. Now, we wouldn't, but there's the advantages of  
2 having the chemically sensitive patients, because  
3 they're so exquisitely odor-sensitive, they could  
4 pick up the parts per billion. We can't.

5 Q. And again, their ability to detect parts per  
6 billion is based solely on their description,  
7 correct?

8 A. Oh, no. That's a fact. So for example, in  
9 the Major Center for Chemical Sensitivities in  
10 Dallas, Texas -- and when they test their patients,  
11 they put them into a booth, and the booth is  
12 completely isolated, and the chemical is put into the  
13 air in this little chamber where they're sitting, for  
14 example, so they know what the level of the chemical  
15 is. And that has already been determined.

16 Q. Was Ms. Madej ever subject to that kind of  
17 testing?

18 A. No, because there was no place we could send  
19 her unless she would go to Dallas.

20 Q. Okay. The next record is dated 5/20 -- and  
21 there is an accompanying prescription with it -- of  
22 2013. And I'll mark -- it's two pages. I'll mark it  
23 as Exhibit 20.

24 And this indicates she has vitamin D -- her

1 vitamin D went up, correct?

2 A. Yes.

3 Q. And then her chemical sensitivity persists?

4 A. Yes.

5 Q. And then her environment is better, but --  
6 exclamation mark?

7 A. Yes.

8 Q. And then what does the next note say?

9 A. Financially in own business, and under that it  
10 says, marked mineral deficiency, reduced hydrochloric  
11 acid. So this is reflecting again that hair analysis  
12 that we looked at with very low minerals.

13 And then you see, for example --

14 Q. What is --

15 A. I'm sorry?

16 Q. What is the financial note?

17 A. I don't know why I asked that question.

18 Q. So you asked her what she did?

19 A. I don't recall.

20 Q. Does this reflect that she told you that she  
21 had an in-home business?

22 A. No. Just that -- it just says "in own  
23 business." I don't know what the business was.

24 Q. Well, it's not about your business, correct?



1           A. That's correct.

2           Q. Could it have been about her husband's  
3 business?

4           A. Most likely.

5           Q. And then we noted that she lived in a rural  
6 area, correct?

7           A. Yes. And I wrote that she cannot tolerate  
8 many of our prescribed nutrients and also thyroid.  
9 She was even questioning whether she should -- about  
10 the thyroid. You see, she's hypothyroid at this  
11 point. See? The TSH of 4.2 is an indicator of that.

12          Q. But the blood work you had was over three  
13 years old at this point, correct?

14          A. No. I think there must be new blood work  
15 somewhere.

16          Q. If there's no labs reflected, though, we can  
17 conclude that she --

18          A. The lab is reflected with a TSH of 4.2.

19          Q. Okay. Where is the lab?

20          A. I don't know where that lab is, but with a TSH  
21 of 4.2, either she told me that it was 4.2 or I have  
22 it somewhere. We keep the labs separately.

23          Q. Okay. And then her plan was oxygen and sun  
24 exposure, correct?

1           A. Yes.

2           Q. Any idea of how to increase her -- any  
3 recommendation for increasing mineral deficiencies  
4 made at this point?

5           A. No -- yes. Excuse me. It says, see marked  
6 mineral deficiency. Reduced hydrochloric acid. And  
7 then you see it says, cannot tolerate many of our  
8 prescribed [sic]. Well, what was prescribed was  
9 hydrochloric acid, and she can't take it. That's  
10 true for many patients, so it's not just her. But  
11 the hydrochloric acid is essential in order to  
12 solubilize the minerals. That's why it's so low.

13          Q. Is there any other alternative mechanism of  
14 treatment?

15          A. Yes, intravenous.

16          Q. Did you recommend that for her?

17          A. No. There's no way she could get that where  
18 she --

19          Q. Why not?

20          A. Well, there's no way to get it where she is.  
21 There's nobody there to give it to her.

22          Q. How do you know that?

23          A. Well, number one, I did not know about Barbara  
24 something, the physician there. So possibly she

1       could, but I don't think so.

2           Q.   And then I see here that there's a portable  
3       oxygen that's recommended based on this prescription  
4       that you wrote, correct?

5           A.   Yes.

6           Q.   Okay.   And would you mail the prescriptions to  
7       her?

8           A.   Most likely.

9           Q.   Or would you mail them to a pharmacist in the  
10      area?

11          A.   I don't know the answer to that.   It could  
12      very well be at that -- Anchorage that we talked  
13      about might have been a gas company, but I don't know  
14      that.

15                THE COURT REPORTER:   May we take a break,  
16      please?

17                THE WITNESS:   Okay.   Hold it.   Our reporter  
18      wants to take a break.   And we are now at three and  
19      a half hours, so what is your plan, Counselor?  
20      What do you want to do?

21                MS. GWIN:   I just have your medicals to  
22      finish, Doctor, and then a few more questions.  
23      It's probably -- I think it will go pretty fast.  
24      Probably only about another hour, hour and a half.

1 THE WITNESS: I'll push myself. And then  
2 I'll tell you what, could we stop so that our court  
3 reporter could take a break?

4 MS. GWIN: Oh, yeah. Sure. That's fine.  
5 Please.

6 (A recess was taken.)

7 Q. All right. Okay, Doctor. Let's -- if we can  
8 go back on the record right now. I want to go to  
9 what I've marked as Exhibit 21, and this is dated 1/8  
10 of 2014. It's a progress note.

11 And again, this is -- is this your  
12 handwriting, Doc?

13 A. Yes.

14 Q. And it looks like she had her tooth taken out  
15 in the fall of 2013, correct?

16 A. Yes.

17 Q. Okay. And then there was a note here that the  
18 house is a major source of exposure for her, correct?

19 A. Yes.

20 Q. Okay. And what did she tell you about that?

21 A. Oh, she said that it's triggering muscle pain  
22 and swelling again, the edema.

23 Q. The house was?

24 A. Well, whatever it was in the house that's

1       bothering her, she says it's causing muscle pain and  
2       swelling again.

3       Q.   Okay.  When you were requested to write  
4       letters for Ms. Madej, when she would call and ask  
5       you that, the medical-necessity letters we went over  
6       earlier, did you make a progress note for that?

7       A.   No.  You just --

8       Q.   Why is that?

9       A.   Well, the letters speak for themselves.  The  
10      second thing was, you see, for example, it says needs  
11      letter for her family leave.  That is on a progress  
12      note.  And then there's another one that was about  
13      gypsy moth.  It was in a letter that she had sent.

14      Q.   Okay.  And then we have -- what is the  
15      notation above the edema on the medical progress note  
16      dated 1/8/2014?  What does that say?

17      A.   Where it says edema, there's an arrow that  
18      says chemical sensitivity, and then the arrow points  
19      to the reaction, which was muscle pain and edema.  
20      Isn't that what you're talking about?

21      Q.   Is that myalgia above edema --

22      A.   Yes.  Yes.

23      Q.   -- that word that --

24      A.   Yes.

1 THE COURT REPORTER: I'm sorry. Whoa. Hold  
2 on.

3 A. Yes. The word that you're referring to is the  
4 word myalgia, which means muscle pain.

5 Q. Okay. And Ms. Madej told you that she thought  
6 her chemical sensitivity was causing these items?

7 A. Yes.

8 Q. The next document I have -- and I think this  
9 just may be misplaced, but I want to confirm it.  
10 It's dated 1/16 of 2014, and the patient information  
11 is Catalina Mujica. Is this just a misplaced record?

12 A. Oh, indeed. That's not her chart.

13 Q. Okay. Okay. I'm just going to mark it as  
14 Exhibit 22. It's one page. I just wanted to make  
15 sure there wasn't a different name or something.

16 A. No.

17 Q. Thank you. No problem. Okay. And then  
18 Exhibit 23 is the -- it's a prescription note, and it  
19 looks like this is signed by Dr. Weirs, and it's a  
20 request for a disability placard from your office; is  
21 that correct?

22 A. That's correct.

23 Q. Did you have discussions with Ms. Madej about  
24 getting a placard for her disability?

1 A. Either I did or Dr. Weirs did.

2 Q. Do you recall having any discussions?

3 A. No, I do not.

4 Q. What is a disability placard?

5 A. It's an accommodation -- the very word that  
6 we're talking about -- where people who are disabled,  
7 impaired, are able to park a lot easier places than  
8 at great distances, for example.

9 Q. So you put it on your car?

10 A. Yes.

11 Q. Right?

12 A. Yes.

13 Q. So if you never left your house, why would you  
14 need this?

15 A. She probably still leaves her house, but her  
16 husband does the driving, but she's the passenger  
17 that's disabled.

18 Q. So she would probably leave her house and  
19 travel over a road --

20 A. Yes.

21 Q. -- as of 3/24 of '14, at least.

22 A. Yes.

23 Q. Correct? Because if it was just her husband  
24 going, he's not disabled, right?

1       A. No. No. But the person who's in the car,  
2       they're the person, for example -- it doesn't matter  
3       who the driver is. If a passenger is in the car --  
4       and that's very true for most people, for example,  
5       because they are so impaired they can't drive, but  
6       they still need to be able to park more conveniently.

7       Q. Okay. And obviously, when you drive  
8       somewhere, you travel over asphalt roads, correct?

9       A. Yeah. But you see, you keep on doing that,  
10      and that's sort of an implication here. Okay. The  
11      only reason we're sitting here for all these hours  
12      and talking is because the patient is requesting an  
13      accommodation for fear that when she is exposed for  
14      periods of time that she will become quite ill.

15      Okay.

16             It doesn't mean that asphalt is the only thing  
17      that she's reacting to. We've already documented  
18      that she's reacting to many, many things. But the  
19      object of this thing is avoidance, and if you could  
20      avoid that kind of exposure, you should, and  
21      requesting the accommodation is not unreasonable.

22             Now, if you go before the courts, the courts  
23      will ask you, is it unreasonable on the part of an  
24      employer to have to do this for a patient? And the



1 criteria is if it's not very difficult to accomplish.  
2 And since she came up with an alternative, which was  
3 even cheaper, for example, the question is, so why  
4 isn't it reasonable for her?

5 But you keep implying again with the asphalt,  
6 asphalt, asphalt. Asphalt is a petrochemical. She  
7 will react to petrochemicals -- we've already said  
8 that -- in fairness to this patient.

9 Q. Sir, I appreciate that.

10 MS. GWIN: And I'll just go ahead and make  
11 note for the record that Dr. Lieberman is not  
12 qualified to render opinions about what is a  
13 reasonable medical accommodation. That's a legal  
14 matter.

15 Q. And we'll move on to Exhibit 24. This is  
16 dated 4/17 of 2014, and this is the next progress  
17 note. Do you see that?

18 A. Yes.

19 Q. Okay. And so the problem here, she's noted a  
20 tough winter, correct?

21 A. Yes.

22 Q. And she's noted that the house is still not  
23 acceptable to her?

24 A. Yes.

1 Q. And her chemical sensitivity is still major?

2 A. Yes.

3 Q. And then she's indicated her husband is very  
4 reactive to weather fronts?

5 A. That's what it says.

6 Q. Do you know what that meant?

7 A. No.

8 Q. Did you ever have concerns about the  
9 relationship between Ms. Madej and her husband?

10 A. No.

11 Q. And then it notes that there are two root  
12 canals?

13 A. Extracted.

14 Q. The teeth were removed then?

15 A. Yes.

16 Q. And then there is that her handicapped placard  
17 helps her. Is that true?

18 A. That's what it says.

19 Q. And it looks like he or she was taking the  
20 iodine under the nutrition?

21 A. Oh. Yes, on the top. She's using the iodine  
22 to paint her skin as a means of supporting her  
23 thyroid. And then it says, oxygen, 5 to 7 liters per  
24 minute, is also helping; and she's using 20 minutes,

1 one to two times a day.

2 Q. Thank you. And there's no diagnosis or plan  
3 after this visit, correct?

4 A. Right.

5 Q. And then on 9/10 of '14 -- this is Exhibit 25.  
6 This is another prescription for her oxygen, correct?

7 A. Yes.

8 Q. And then Exhibit 26 is a progress note dated  
9 11/20 of 2014?

10 A. Yes.

11 Q. And the problem -- so it says here that she  
12 likes it in Athens, Ohio. The community is good.

13 Do you recall her reporting that to you?

14 A. Yes.

15 Q. What did she say about that?

16 A. Well, I think this is the new house, so  
17 apparently it's working out better for her. And by  
18 the community being good, it's a clean environment.

19 Q. And then she's got floors are a problem,  
20 correct?

21 A. Yes.

22 Q. And then it says the aquifers are  
23 contaminated, correct?

24 A. That's what I wrote. I don't know that I ever

1 followed that up. Well, she has aquifers, and then  
2 she has well water.

3 Q. Okay. So she told you they were contaminated,  
4 correct?

5 A. Yes.

6 Q. And it looks like maybe you told her to get  
7 filters for them?

8 A. Yes.

9 Q. And what does the notation of keep going mean?

10 A. Where it says keep going?

11 Q. Yes. Like keep on keeping on?

12 A. That's it.

13 Q. Okay. Exhibit 27.

14 A. Got it.

15 Q. This is one page, and it's marked as 3/24 of  
16 2015. So that's about a four-month gap from the last  
17 time you saw her; is that correct, Doctor?

18 A. It looks like that, yes.

19 Q. Okay. Is that about what you recall? We're  
20 getting a little more close in temporal proximity, so  
21 maybe your mind is fresher?

22 A. I think that's correct, because I don't have  
23 any other indication. There's a hiatus in there.

24 Q. Okay. Thank you. So now she's got a concern

1 for her water, correct?

2 A. Yes.

3 Q. So the water concerns first arose, it looks  
4 like, in November of 2014, and that's when she got  
5 worried about it, right?

6 A. Yes.

7 Q. Okay. And what is Diamond Distilled?

8 A. That's a particular brand of water that she  
9 found was very acceptable for her.

10 Q. Where do you get it?

11 A. Apparently her husband had to go into the city  
12 quite a distance in order to purchase it and stock up  
13 on it, as I recall.

14 Q. Have you ever seen a patient who's sensitive  
15 to water?

16 A. Oh, yes. Water is not so simple. We  
17 generally don't like patients drinking distilled  
18 water because we get a lot of our minerals still from  
19 ordinary water or spring water, and she's not able to  
20 drink that, so she says she's got to use distilled  
21 water.

22 Q. Okay. And what is the next note?

23 A. The air is fair, which means she's reflecting  
24 on her environment is good -- or at least the word

1 "Fair" as opposed to "good." She writes that mold is  
2 still a concern. And again, she reiterates that she  
3 had had a hard winter. She says vinyl has sensitized  
4 her and it's the number-one problem now. Electric  
5 wiring is the source of the vinyl.

6 Now, we see that a lot in large buildings,  
7 office buildings, for example, where the vinyl  
8 coating is massive amounts of wiring in buildings,  
9 but this kind of surprises me just a little bit. But  
10 you see, that's the point we're making. She's so  
11 exquisitely sensitive to parts per billion.

12 Q. And it looks like she was thinking about  
13 building her own house now, correct?

14 A. Yes.

15 Q. Did she tell you anything about that?

16 A. No.

17 Q. Why is it noteworthy?

18 A. Well, the environment is critical, and the  
19 home is amazingly important because that's your  
20 oasis. So anything that she could do to clean up her  
21 own home and personal environment is advantageous for  
22 a person who's chemically sensitive.

23 Q. Sure. Okay. And then we'll mark it as  
24 Exhibit 28. It's one page. And this is the progress

1 note from 7/1 of '15?

2 A. Yes.

3 Q. So it looks like she went for an ultrasound on  
4 the gallbladder, correct?

5 A. Yes.

6 Q. Okay.

7 A. Which was reflected on before, that that right  
8 upper quadrant discomfort was not coming from the  
9 gallbladder. At least we didn't think so.

10 Q. Okay. And it's noted anemia and a B12  
11 deficiency; is that correct?

12 A. That's correct.

13 Q. Okay. And then does that say high iron?

14 A. Yes. Her blood work was -- they did some more  
15 blood work on her, and the iron level was high. So  
16 she does not have an iron deficiency anemia; she has  
17 a B12 deficiency anemia, and it does start to get  
18 better, if you remember, when -- I guess it's that  
19 Dr. Barbara -- what her name was -- puts her on the  
20 B12.

21 Q. Okay. But right now, she's got a deficiency  
22 as of 7/1 of '15, correct?

23 A. Right.

24 Q. Okay. And did you have blood work done or did

1       you maybe review blood work that Singer had done? Do  
2       you remember how you got to the --

3           A. I think it's blood work that Singer did.

4           Q. And low protein, there's a little circle.

5       Does that mean that was better or not?

6           A. I don't know that that's a circle. I would  
7       have made a larger circle if it was negative. The  
8       low protein again is, I think, reflecting her  
9       nutrition.

10          Q. Okay. Thank you. And then food reactivity,  
11       she's still got?

12          A. Yes. And what we wrote is that ten minutes  
13       later she has bloating and for ten hours' duration.  
14       So her GI tract is really a major problem for her.

15               And the last entry says, suspects mold, where  
16       there were 8 inches of rain, and I think there was a  
17       little bit of flooding around her house, if I'm not  
18       mistaken. So mold is another factor in her  
19       environment which she's exposed to which is part of  
20       that total load phenomenon that we talked about.

21          Q. So fair to say she's very sick here?

22          A. Yes.

23          Q. Okay. Was this about as bad as it got?

24          A. Oh, I don't know about that. This is what



1 I've written.

2 Q. And there's no diagnosis or plan recommended,  
3 correct?

4 A. Yes.

5 Q. Do you remember what you recommended, if  
6 anything?

7 A. No, other than the B12. That's the only thing  
8 that we talked about.

9 Q. And that would be a supplement you would take?

10 A. Yes. My recollection is that Dr. Singer was  
11 giving her B12 injections. And you see the next  
12 entry, which is September 1st, 2015, the first  
13 thing we wrote was vitamin B12 level is 80 picograms.  
14 Normally it should be 800. And it says the treatment  
15 is intra-muscular and apparently was making her  
16 stronger.

17 Now, whether I sent her the B12 or Dr. Singer,  
18 I don't know, because I don't see that in my notes.

19 Q. Okay. So this is Exhibit 29, we'll mark.  
20 It's dated 9/1/2015. And so her B12 is  
21 extraordinarily low at this point, correct?

22 A. Yes.

23 Q. And she's got edema, and is that a result of  
24 the B12 deficiency?

1       A. No. We thought it was related to the vinyl,  
2 if you remember, from the entry before.

3       Q. Where does it say vinyl on the entry from 7/1  
4 of '15?

5       A. It's 9/1 that we're looking at. But remember,  
6 the previous ones we talked about edema, and we said  
7 that the edema she said was related to chemical  
8 exposure, specifically vinyl.

9       Q. But it's not noted on here that the edema is  
10 from the vinyl, correct?

11      A. That's correct.

12      Q. Were you ever able to determine if it was  
13 because of the B12 deficiency or because of the vinyl  
14 that she had edema?

15      A. Oh, I don't know. It's not clear.

16      Q. And then she has pain and swelling, and her  
17 weight is down, correct?

18      A. Yes. She's down -- well, we haven't got a  
19 weight on here now, but it's down again. And the one  
20 from before I noticed was down to 110, and she was up  
21 a lot higher previously. So she's losing weight  
22 again. And again, a reflection, I think, of her  
23 difficulty in finding foods that's compatible for  
24 her.

1           Q. Great. Doctor, I can't hear you. If you  
2           don't mind just scooching over a little bit towards  
3           the camera. Thank you.

4           And then the diagnosis I think says she needs  
5           a letter regarding asphaltting; is that correct?

6           A. Yes.

7           Q. Is this the first she brought the letter to  
8           you?

9           A. I'm not sure. There were multiple letters, if  
10          you remember, but I thought they were dated -- and  
11          they were 2015, now that I recall. That is right.  
12          Am I right, all those letters that we went over?

13          Yes. And you asked me, how did you know to  
14          write those letters. Well, here is the answer.  
15          We're catching up with the progress notes.

16                 (Telephone connection was lost.)

17                 (A recess was taken.)

18          Q. Okay. I think my question was Exhibit 29 --  
19          that's the medical record from 9/1 of 2015 -- starts  
20          to talk about the letter; and I just wondered, did  
21          she have to submit separate payment for the letter or  
22          was it just part and parcel of the payment for the  
23          visit?

24          A. Oh, if we write letters, yes, there's an extra

1 payment.

2 Q. And how much is that?

3 A. I don't know. It depends on how complex it is  
4 for us to do.

5 Q. Could you give me a range, please?

6 A. Yes. Sometimes short letters may be 25; very  
7 long letters could be maybe 200.

8 Q. Okay. Thank you. That's helpful. Okay. And  
9 this was when she first brought to your attention  
10 that she needed a letter regarding the paving,  
11 correct?

12 A. I think so. Where are we? What number do you  
13 have?

14 Q. I'm sorry, Doctor. 9/1 of 2015 is the record,  
15 and it's Exhibit 29. The date on it is 9/1. It's  
16 the progress note.

17 A. 9/1. Are we '15 or '16?

18 Q. '15. Page 80, the Bates stamp AL-80.

19 A. Okay. I gotcha. I somehow messed myself up.  
20 I'm there. Okay. Needs letter for asphaltting.  
21 Okay. And that's that September -- I think it was  
22 dated the 2nd of September. Yes.

23 Q. That's correct. Yep. I'm just establishing a  
24 chronology.

1 A. Yes. Okay.

2 Q. Okay. But in the problem review, she didn't  
3 make mention of the asphalt, at least what's  
4 documented in your notes, correct?

5 A. Right.

6 Q. Okay. And then we'll go to what I'll mark as  
7 Exhibit 30. Sorry there's some duplication. It's  
8 just Exhibit 30, and it will be 9/2 of '15. This is  
9 one day later.

10 A. Yes.

11 (Off-the-record discussion.)

12 Q. So we're on Exhibit 30, and it looks like she  
13 called you back the next day, maybe. Correct?

14 A. Yes.

15 Q. And she's noted some other symptoms, that she  
16 sleeps in a sitting position with her head on the  
17 table; and there's a note of vein compression. What  
18 does that mean?

19 A. Well, I'm just suspecting that the way she's  
20 bending over that she's cutting off her blood supply.  
21 And then I have shortness of breath, chest tightness,  
22 bloating in lower abdomen. And then we wrote, no  
23 period for two years.

24 The next entry is sensory sensitivity to

1 rubber and vinyl triggers edema in feet and legs.

2 And I wrote on the bottom, order a beta  
3 natriuretic peptide. Now, the beta natriuretic  
4 peptide is often ordered when you suspect maybe  
5 congestive heart failure.

6 And you asked that question --

7 Q. What do you think was causing --

8 A. Yeah. You had asked that question is how do  
9 you know that the edema is coming from the vinyl. So  
10 I think we were going to try to check that out.

11 Q. So this is a test or assessment for congestive  
12 heart failure?

13 A. Right.

14 Q. Is it administered topically or how do you do  
15 it?

16 A. No. No. No. This is a blood test.

17 Q. Oh, okay. Excuse me. Okay. And you know, so  
18 again, she's sick at this point. She's very sick,  
19 correct?

20 A. Seems to be.

21 Q. There's no mention of anything other than  
22 vinyl and rubber for the triggers, correct?

23 A. That's what -- I think so.

24 Q. Okay. And then we've got a record of 9/16 of

1 '15, which I'll mark as Exhibit 31. It's one page.

2 And again, did she not show for this?

3 A. She may have canceled.

4 Q. Maybe?

5 A. It's a no-show, though.

6 Q. So you billed it?

7 A. No, I don't think so, but --

8 Q. Understood. This is about five days before  
9 the injunction was granted. Do you think maybe she  
10 called you to talk to about that and you just didn't  
11 write anything down? Could that be?

12 A. I don't know. But the very next one, which is  
13 December 1st, 2015, specifically says road paving  
14 stopped at court level, I think it says.

15 Q. Yeah. Okay. So this is Exhibit 32. This is  
16 one page. And so she called you, and what was noted  
17 here?

18 A. Well, it seems to me like there was a hiatus  
19 because it says over the last three months. Oh,  
20 okay. In other words, there was road construction  
21 apparently over the last three months, but it was  
22 stopped at the court level.

23 Next is chemical sensitivity persists. Home  
24 is specially built. Took 15 years to do.

1 Progressive weakness. Chest tightness.

2 Then I have B12 intra-muscularly and I have  
3 5-plus edema and -- well, that's interesting, because  
4 you asked that question. And it said, did respond to  
5 shots, but can't tolerate. Leg pain and feet  
6 neurologic-like.

7 And I wrote, will observe. Just keep going,  
8 watching her.

9 But perhaps -- Lasix has to -- Lasix to be  
10 used for edema, and we must have called in a  
11 prescription for it. Patient will call after she has  
12 her B12 injection -- oh -- if she needs the Lasix.

13 So that's kind of interesting on your part,  
14 Counselor, because the question was, was the edema  
15 necessarily coming from the vinyl or was it coming  
16 from the B12. And this sort of suggests that it  
17 might have been the B12.

18 Q. This does suggest that? Okay. Thank you.

19 A. Maybe we'll find the answer on the next one.

20 Q. Okay. And again, approximately a 15-minute  
21 appointment.

22 And then it looks like the follow-up was on  
23 12/4, a couple of days later. At the very bottom, it  
24 says FU 12/4.



1           A. Oh, then she must have called. Okay. I don't  
2 see that. My next note was February the 17th of  
3 2016.

4           Q. Okay. So this will be labeled Exhibit 33.

5           It's one page. Okay. And this is -- this is she's  
6 called you to tell you that she's going to meet at  
7 the road department to find an accommodation.

8           A. Yes.

9           Q. And then you noted that she needed a letter of  
10 accommodation for the gypsy moths. Correct?

11          A. Yes.

12          Q. Okay. What did she tell you about the  
13 meeting?

14          A. She doesn't.

15          Q. She did not -- what did she tell you about  
16 going to the meeting?

17          A. Other than the fact that she was going, that's  
18 all the entry I have. I don't know anything else.

19          Q. And -- okay. Why did she call to talk to you  
20 about that?

21          A. I don't know. I think that she probably  
22 called to talk to me more about the gypsy moth than  
23 about the road department, but I'm not sure of that.  
24 I mean, both pieces of information are relevant to

1 her and her sensitivities.

2 Q. And the letter for the gypsy moth, you would  
3 have charged her for that; that's the letter that we  
4 reviewed from February and March of 2016?

5 A. Yes.

6 Q. Same -- okay. And in terms of those items  
7 that are listed in those letters, did she help you  
8 make that list?

9 A. I don't think so.

10 Q. But I'm just wondering, because the medical  
11 records note rubber and vinyl, and the letters note  
12 more expansive categories. So I'm wondering, did she  
13 propose those? I understand you agree with them now,  
14 but did she propose those categories?

15 A. It's all part of the records that we've had.  
16 I mean, there's so much progress notes here with all  
17 of these comments about what she's reacting to, and  
18 so I'm using that material.

19 Q. Right. But I'm just wondering, if the  
20 progress notes don't contain a material, but the  
21 letters of medical necessity do, is it possible that  
22 perhaps she proposed those elements that are not  
23 noted in the progress notes?

24 A. It is possible.

1 Q. Okay. Let's go to Exhibit 34. This is going  
2 to skip one. This is -- this looks like it's in  
3 Dr. Weirs' writing. It's a prescription?

4 A. Yes. For annual oxygen order.

5 Q. Okay. Great.

6 THE COURT REPORTER: I'm sorry. What's the  
7 date?

8 THE WITNESS: The date on this --

9 MS. GWIN: This one is --

10 THE WITNESS: -- September 5th, 2014 is the  
11 initial date and the re-certification is June 7th  
12 of 2016.

13 Q. And then the subsequent record, we'll mark as  
14 35, and this is a prescription from Dr. Weirs. What  
15 was prescribed here?

16 A. Oh, he's ordering lab work, and so we are now  
17 in 2016. And as I said, I'm not in practice anymore  
18 for a couple of months because of my fractured hip.  
19 And I see that he orders thyroid tests, and he  
20 ordered a red blood cell magnesium, a homocysteine  
21 level, a methylmalonic acid level, and a cardiac  
22 C-reactive protein.

23 Q. And this is at this point -- the injunction is  
24 in place now, correct?

1 A. I think so.

2 Q. And then this progress note from Dr. Weirs --  
3 I'm going to mark it Exhibit 36. It's dated 6/22 of  
4 2016?

5 A. Yes.

6 Q. And it notes more problems over the last year?

7 A. Yes.

8 Q. Okay. And --

9 A. Severely chemically sensitive.

10 Q. Yeah. And this has persisted, though, despite  
11 the injunction on the road, correct?

12 A. Yes. Keep on remembering, you keep on  
13 bringing this up, and I keep on reminding you, it was  
14 for prevention because she is so reactive. And  
15 what's interesting here, again, you'll see, we  
16 document that the severe chemical sensitivity started  
17 after Dursban exposure, so she's one of the  
18 95 percent.

19 And then she writes, worked as biologist of  
20 multiple exposures. And she's been disabled for 20  
21 years. So she has been accepted by Social Security  
22 for 20 years dating back from 2016.

23 Q. Uh-huh.

24 A. Then we put down was anemic to B12 deficiency

1 and feels weaker. Doesn't tolerate vitamin D  
2 supplements or oils.

3 And then we wrote something like, send copy of  
4 Dursban label. Oh, okay. All right. I know what  
5 that is, but you don't. Okay. Do you want me to  
6 tell you about that? Did I lose you again?

7 Q. No, I'm here.

8 A. Oh.

9 Q. You know, I'm okay. And I want to move  
10 through the questions I have, Doctor.

11 A. Yeah, that's fine.

12 Q. We can certainly come back to that.

13 A. As long as you don't need to know, that's  
14 fine.

15 We're at a prescription on July 1st, the  
16 next one, which is --

17 Q. Yes.

18 A. -- your number 89 where he's ordering hormone  
19 testing.

20 Q. Okay. And the hormone testing is attached  
21 here, and I'd like to go through it and document what  
22 the testing showed based on the labs, as you  
23 understand it.

24 A. Oh, okay. Well, this one is measuring,

1 undoubtedly, blood. Blood is not a very good vehicle  
2 with which to measure hormones, and that's why we use  
3 saliva. So this is bound to protein, so it's not  
4 very accurate.

5 But what it showed here is that her level of  
6 estrone, one of the first estrogens, is 34 picograms,  
7 PG. And what it shows is that it's postmenopausal.  
8 So she's no longer producing estrogen. That's what  
9 that shows.

10 And the estradiol is also quite low, again  
11 showing that she is into menopause.

12 And then the estriol is barely identified, and  
13 that's extremely low, also.

14 The next page, again, is looking at hormones,  
15 and it looks like calculated free testosterone, and  
16 it looks like it says it's normal.

17 Then let's see. Sex hormone binding globulin.  
18 Yeah, that's normal. So sex binding -- sex hormone  
19 binding globulin is normal. So that part is normal,  
20 so it's good.

21 Then on the bottom, it says that DHEA sulfite,  
22 which is one of the adrenal hormones, is labeled at  
23 55 micrograms per deciliter, and that puts it into  
24 the low-normal level.

1           Then we go to the third page, again looking at  
2 testosterone -- you know what, this is the same page.  
3 It looks like it's repeated.

4           Q. Yeah, I see that.

5           A. Okay.

6           Q. It looks like all of this indicates, fair to  
7 say, normal labs for a 51-year-old woman, correct?

8           A. For the hormones, yes.

9           Okay. If you look at the page which is marked  
10 your 94 -- page 94, now, this is the thyroid part.

11          And it says that the free T3 level is 2.8. So it's  
12 very low-normal.

13          And if you look at the antibodies directed  
14 against her thyroid which is in the middle and the  
15 bottom, it says anti-TPO antibody is normal, and the  
16 anti-thyroglobulin is normal.

17          And as we keep going, he looked at a  
18 prealbumin level, and it's low-normal.

19          And you look at C-reactive protein, and she's  
20 amazingly normal. That's a sign of inflammation.

21          And then the progesterone level is very low.  
22 And we knew that from the saliva panel, because she's  
23 not ovulating, so she's not making any progesterone.

24          Her free testosterone level is normal for a

1 woman.

2 And as we keep going, this looks like a  
3 repeat. Yes, this is a repeat.

4 Okay. Now, if you will go to number 97,  
5 that's the last of the Athens medical testing.

6 You're testing free T4 and the TSH. If you look at  
7 her TSH, it's significantly elevated at 4.0, even  
8 though their normal is up to 4.9, as most of us know  
9 that the TSH should probably be less than 2. Some  
10 people think it should be less than 1.

11 And she's 4. So what this means is that she  
12 has hypothyroidism, and her level of free T4 is,  
13 again, in the lower one-third. Very low. So most of  
14 her hormones except for her sex hormones are not so  
15 good here.

16 He does a reverse T3 on number 98 page, and  
17 that is 13.6, and that's within the normal levels.  
18 The reverse T3 is considered a very good test for  
19 hypothyroidism, and this looks good. It looks  
20 normal.

21 Her homocysteine level --

22 Q. So she's --

23 A. Yes. Go ahead.

24 Q. Basically this indicates -- the only thing,



1       you know, this indicates is that she's got --

2           A.   Hypothyroidism.

3           Q.   -- hypothyroidism and a mild B12 deficiency.

4       So that's consistent previously with the medical  
5       records, correct?

6           A.   Yes.

7           Q.   Okay.   And --

8           A.   Now, the next thing on page numbered 98, which  
9       is very important, is the homocysteine level.  
10       Homocysteine is a biomarker for all kinds of mischief  
11       in your body when things aren't going well.   And  
12       she's amazingly good:   5.6.

13               And then the methylmalonic acid, which is  
14       another measure of B12 deficiency, looks like it's  
15       perfectly normal now.   So she has compensated with  
16       the injections of the B12, and she's now normal with  
17       that.   So that's nice.

18          Q.   Okay.

19          A.   We're going down to --

20          Q.   So --

21          A.   -- number 99.   Okay.

22          Q.   So I mean, she had indicated previously in the  
23       medical record in Exhibit 36 that she's had a lot of  
24       problems over the past year, but this testing dated

1 7/1 of '16 indicates pretty clear, right, everything  
2 is fine?

3 A. Well, okay, except for chemical sensitivity  
4 because these are not biomarkers of chemical  
5 sensitivity. These are the other problems that she  
6 had. Seems to be reasonably okay.

7 Now, the very next one, Dr. Weirs had ordered  
8 a zinc level; and if you look at that, you'll see  
9 that her levels are low. She doesn't have adequate  
10 zinc.

11 And that's what she's been facing all along is  
12 mineral deficiency, again, I think related to the  
13 hydrochloric acid deficiency, but which she cannot  
14 take in order to correct. So that's on page 99.

15 If we go to --

16 Q. Let's go ahead and move on. We're good. I'm  
17 fine.

18 A. Yeah, July 14th. Yeah. Do you want to do  
19 it or do you want me to?

20 THE COURT REPORTER: I'd rather have Counsel  
21 state --

22 Q. I just want to make sure I note for the record  
23 that they're labeled. So this is going to be  
24 Exhibit 38, and it's one page. And you go ahead,

1 Doctor. It is 7/14 of 2016.

2 THE COURT REPORTER: Actually, we didn't get  
3 on the record what 37 was.

4 THE WITNESS: Oh --

5 THE COURT REPORTER: Let her --

6 MS. GWIN: 37 is the blood panels. It starts  
7 with a date of 7/1 of '16 with The Center for  
8 Environmental Medicine, and it ends with a document  
9 labeled Athens Medical Testing showing zinc levels.

10 THE COURT REPORTER: Thank you.

11 MS. GWIN: That's Exhibit 37. No problem.

12 Q. We're now at Exhibit 38. Go ahead, Doctor.

13 A. It's July 14th, 2016 and this is a note from  
14 Dr. Weirs. He writes, limited diet. Rice and pasta  
15 and veggies. And then he writes, not feeling well.  
16 Swelling is getting worse. Will have possible  
17 gallbladder issues. Chest tightness. Shortness of  
18 the breath is worsening. County is considering  
19 paving road in front of her house. Very stressful.  
20 And then he writes --

21 Q. Okay.

22 A. -- something about an email.

23 Q. Now, so this is where -- is it possible he was  
24 to email her this information? He wanted to send

1       that to her?

2           A.   Yes, he did.   That's correct.   Because, like I  
3   see, he wanted her to try to do some guided imagery,  
4   which we use with a lot of our chemically sensitive  
5   patients to see if we could help them with mind  
6   control, which sometimes reduces their degree of  
7   reactivity.   It doesn't stop it, but it certainly has  
8   helped in many patients.

9           Q.   Right.   And she indicates here that it would  
10   have been stressful for her to have her house [sic]  
11   paved, correct?

12          A.   Yes.

13          Q.   But nothing under the present program, at  
14   least from Dr. Weirs' perspective, had anything to do  
15   with the asphalt, correct?   There's no indication of  
16   any sensitivity because, in fact, the injunction was  
17   in effect at this point in time, correct?

18          A.   Yes.   You know, I don't know that, but you're  
19   telling me that.   Yes.   Okay.

20          Q.   Okay.   But she still wasn't -- she still was  
21   not well, right?   She still isn't feeling well?

22          A.   That's what it says.   And feeling -- and  
23   getting worse.   Well, the swelling is getting worse.

24          Q.   Yeah.

1 A. And not feeling well, yes.

2 Q. Okay. Let's go to 8/25, if we can. This  
3 is -- I'm going to mark it as Exhibit 39.

4 It's two

5 pages. It's a prescription and a progress  
6 note from

7 Dr. Weirs. Go ahead.

8 And I'll just represent that, you know, things  
9 were still -- things were still not better at this  
10 point, correct?

11 A. Right. He writes, new symptoms. Weaker.  
12 Worse. Shaky and weak. Constant chest tightness and  
13 shortness of breath. Worsening edema. Memory worse.  
14 Hair loss. Struggles with all medications and  
15 supplements. Stress still seems severe.

16 And then he says, saliva adrenal panel, and he  
17 has a lab order here which is for B12, which we just  
18 saw, though. We just saw that, didn't we?

19 Q. Well, okay. Well, let's go ahead and go to  
20 what I'll mark as Exhibit 40. This is another lab  
21 that's dated 8/31 of 2016. It's two pages.

22 Actually --

23 A. Yes.

24 Q. It's actually four pages, and it's Exhibit 40.

1       A. Okay. And if we're looking at that, it's a  
2 complete blood count, and all of the elements of the  
3 complete blood count are within the normal limits.

4       Then we look at the multi chemistry part, and  
5 it shows that her alanine level, which is -- I think  
6 it's actually the aminotransferase, which is a liver  
7 enzyme, is interpreted as normal. And everything  
8 else is good except that she has a low calcium level,  
9 which is significant, 8.2, with a low of 8.5. So  
10 again, probably demonstrating, again, this  
11 malnutrition which has been such a major problem for  
12 her with her eating.

13       As we go to the next page of the laboratory,  
14 everything is normal except her total protein, and  
15 that's 6.1, so it's just a little bit on the low  
16 side, and that could be contributing towards her  
17 edema, but it doesn't look like it is, because her --  
18 where did I just see that? Oh, it's not here. It's  
19 just the globulin.

20       If the globulin is 1.5 and that's 6.1 -- so  
21 she has an adequate amount of albumin. And albumin  
22 is really the most important element to see if edema  
23 is coming from there, and it doesn't seem to be  
24 coming from there; it's got to be coming from

1       somewhere else. And that's why, again, I think we're  
2       back again to the chemical exposures that might be  
3       doing that.

4               He did an iron binding capacity --

5       Q. Wait. Wait. Wait. Doctor, which one is the  
6       chemical exposure doing?

7       A. The edema.

8       Q. Okay. I thought we previously testified that  
9       potentially -- but you never observed the edema  
10      around August 31st of 2016, right? She just  
11      reported it to you?

12      A. That's correct. Yes.

13              Now, looking at --

14      Q. I'm going to skip --

15      A. Yeah.

16      Q. No. We're going to keep moving. Okay. Let's  
17      go to Exhibit 41, and that is a progress -- I'm going  
18      to go ahead -- I just skipped the next page. This is  
19      a progress note from Dr. Weirs from 9/14 of 2016.

20              And so there is a notation about potholes  
21      being filled and that she felt worse, and Dr. Weirs'  
22      statement is that malnutrition, nutrient deficiency,  
23      is my number-one concern. Is that correct?

24      A. Yes.

1 Q. And that she was encouraged to try to include  
2 healthy protein and nutrient-dense foods, correct?

3 A. Yes.

4 Q. All right. Exhibit 42, it's one page, and  
5 this is a progress note of 10/4/16. And the only  
6 thing that's notated in here is that she didn't feel  
7 well and to give the records to the attorney.  
8 Correct?

9 A. Yes.

10 Q. Doctor, I apologize. The next documents are  
11 out of order, but I think that they're important.  
12 This is a formula sheet, and -- with your -- with the  
13 company's name at the top. Can you explain to me  
14 what this is?

15 A. Yes. The left-hand side deals with all of the  
16 common inhalant allergens that she was tested with in  
17 December of 1999 and into January of 2000, and it  
18 shows just very modest sensitivities. She's  
19 sensitive, but modestly.

20 Then we look at the pollens, for example.  
21 They did a screening on Tree A and mountain cedar,  
22 and she doesn't show very much sensitivity to that,  
23 either.

24 If you go to the next page --



1           Q. So what is the -- no. One second. One  
2           second. So let's first note that the formula sheet  
3           is going to be marked as Exhibit 43. It's one page.

4           Let's just -- first, what is the scale here?  
5           1 to what?

6           A. Oh, these are end points with intradermal  
7           injections, and the higher the number, usually the  
8           more reactive the patient is. And because I'm  
9           familiar with all of these antigens, she doesn't show  
10          a whole lot of sensitivity, at least on her skin, for  
11          these things. And what we're talking about is dust  
12          and molds, for example, and especially the two  
13          pollens.

14          Q. Okay. So I just want to know what the scale  
15          is. Is it zero to 5? Is it zero to 10?

16          A. No. It's not zero. The scale is usually  
17          going to be from a 2 up to any number. We never use  
18          an antigen stronger than a number 2.

19                 And therefore, when you look at the next one,  
20          which is the food testing, here's where you really  
21          see unbelievably high numbers: 3s and 4s and 6s, for  
22          example, on soybean. She's quite sensitive, for  
23          example, to these things, and that's why she's --

24          Q. I'm sorry. I just need to understand -- I

1 want to -- I appreciate that. I just want to  
2 understand what I'm looking at, and I want to do this  
3 with Exhibit 43. So there's a category for antigens,  
4 and it lists -- it starts with histamine, and then in  
5 the category right next to it, it says DIL, period,  
6 and then for histamine, it has a 4. What is that  
7 representing?

8 A. That's the end point on her skin. So they  
9 injected her, for example, with a number 3, and it  
10 was positive. They went to a 4, and it's a normal.  
11 That is what we call the neutralizing dose. These  
12 are negative numbers. These are the ones that you  
13 use to make up the extracts to treat the patient.

14 Q. So you poke them with an amount, and when they  
15 react, you count how many times it takes until they  
16 react, correct?

17 A. Yeah. We go weaker until we have what's  
18 called a negative wheel. But my point to you is  
19 this: That in looking at this, she doesn't show very  
20 much sensitivity on her skin to that which she  
21 breathes in with the dust and the molds, and the same  
22 with the two pollens that we tested.

23 But when you go to the next sheet, which is  
24 her foods --

1           Q. One second. And I want to go to that. I just  
2 want to -- I have another question. Is this skin  
3 testing; they pricked her with it, or she inhaled it  
4 or what?

5           A. No. This is injecting the antigen into her  
6 skin.

7           Q. Okay.

8           A. This is called intradermal testing.

9           Q. And how long is it for? Okay. Intradermal  
10 testing. And how long was it done for? How long was  
11 it administered?

12          A. We use 10-minute intervals for each injection  
13 and then read the wheel.

14          Q. Okay. All right. And so on the food, is this  
15 intradermal or no?

16          A. No. No. All of this is intradermal.

17          Q. The food is, too, on what I'll mark --

18          A. Yeah. And most people, Counselor, are going  
19 to neutralize on a number 2, and here she is at 3s  
20 and 4s and 6s. She is quite sensitive to foods,  
21 which is exactly what we expected, because there's a  
22 cascading phenomenon in patients who are chemically  
23 sensitive. And first they become very chemically  
24 reactive, and then they lose tolerance to foods, and

1 then they could lose tolerance to other things.

2 Q. That's great. Thank you.

3 A. So this is what this shows. And this  
4 explains, by the way, why she can't eat, because she  
5 gets sick every time she eats.

6 The last page --

7 THE COURT REPORTER: She was trying to  
8 identify the exhibit.

9 Q. And again, this was -- you've got to let me  
10 ask the questions, Doctor. I really appreciate you  
11 taking the time. I know you understand this really  
12 well, but I need to understand it as well as you do.  
13 It just takes me a couple more minutes.

14 A. Okay.

15 Q. So on the food, are these prick testing?

16 A. No. This is intradermal. We don't do prick  
17 testing. Everything is intradermal into the skin.

18 Q. So this isn't injected. How do you inject,  
19 for example, pineapple under someone's skin?

20 A. Oh, well, the extract is made by special  
21 allergy manufacturers, and they give us a bottle, and  
22 most of the foods are in concentrations of  
23 10 percent. So if you looked at the milk, for  
24 example, it looks perfectly clear because it's so

1 dilute; you can't tell that there's milk in there.

2 But these are food antigens which are  
3 injected.

4 Q. And they're prepared for you by a  
5 manufacturer, you indicated?

6 A. Yes.

7 Q. Is there any reason why just standard allergy  
8 testing, prick testing, wasn't performed?

9 A. Prick testing is very inaccurate, especially  
10 for foods. Grossly inaccurate. And we don't do  
11 that.

12 Q. How would you determine what her score is  
13 based on the intradermal injection? Is there redness  
14 at the site or is there symptoms displayed or what  
15 happens?

16 A. Yes. A positive wheel which would show that  
17 she has sensitivity is hard, raised, discoid, and has  
18 grown more than 2 millimeters. Those are the  
19 characteristics of a positive wheel. And if they do  
20 not have those characteristics, then it's negative;  
21 then they're not sensitive, at least on the basis of  
22 their skin testing.

23 Q. Where -- where -- like what site on the body  
24 is this injected at?

1 A. Usually on the arms, the upper arm.

2 Q. That's a lot of shots, huh?

3 A. Oh, yes.

4 Q. Is this technique that's promulgated -- is  
5 this accepted widely by other physicians?

6 A. Absolutely.

7 Q. What is fish mix comprised of?

8 A. The fish mix will be the scale fish, and that  
9 will be like salmon, tuna, grouper.

10 Q. Okay. Let's go to what I'll mark as  
11 Exhibit 45, and it's one page, and this is -- the  
12 antigens here start with petro --

13 A. Yes.

14 Q. -- and go to tobacco. Okay. And this is what  
15 you spoke about earlier. And again, this would be  
16 administered the same way the food test would be?

17 A. No. Chemicals are generally not injected  
18 because they will cause injury to the skin even  
19 though they are so weak, and this is done  
20 sublingually. Now, tobacco, however, is injected,  
21 and all the rest are done under the tongue, and so  
22 it's more subjective.

23 And what I think I told you was the specific  
24 symptoms that she complained about -- and I think, if

1       you don't mind, it would be good again for me to put  
2       that in here. It will take me just a second to get  
3       it.

4       Q. We have them, Doctor. We're going to get to  
5       them. They're later. They're almost here. They're  
6       on the antigens testing page.

7               THE COURT REPORTER: I'm sorry. May we  
8       please get on the record what Exhibit 44 was?

9       MS. GWIN: Sure. Thank you. It's the  
10      document that has a date of 4/17/00. It's one page  
11      and it has the foods listed. It's a formula sheet.

12      MR. BALL: Bates number 111.

13      THE COURT REPORTER: Thank you.

14      Q. So Doctor, you were saying that tobacco is  
15      injected?

16      A. Yes.

17      Q. And you've indicated here, stock D chemicals?

18      A. Yes.

19      Q. What are those?

20      A. When you make up their neutralizing doses to  
21      treat them, you put them together. So in that  
22      bottle, it looks like stock D contained  
23      metabisulfite, mercaptan, chlorine, formaldehyde, and  
24      octopamine, and they were all put into one bottle.

1 Q. So these are administered at the same time --  
2 those last five?

3 A. No. These are no longer tests what you're  
4 looking at. I mean, we're now taking these end  
5 points, and we're putting them into a bottle to treat  
6 her, and they're either taken by injection or they're  
7 taken by drops. In our practice, we like to use the  
8 chemicals as drops, again, the reason being is that  
9 some of them may tend to irritate the mouth, and  
10 certainly antigens would also tattoo the skin. So  
11 because of that, we do it sublingually.

12 And that's what that bracket and the word  
13 stock D stands for.

14 Q. So these were all -- she was prescribed  
15 injections for those chemicals; is that correct?

16 A. No. She was prescribed sublingual drops for  
17 the chemicals and injections for the other antigens:  
18 the dust, the molds, the danders, and the pollens.  
19 All of that is injectable along with the food.

20 Q. Was she charged -- what was the cost for  
21 these?

22 A. Oh, gosh, I don't know. I think it's  
23 something like \$10 an antigen, if I'm not mistaken.

24 Q. And how long was she taking the antigens?



1           A. Well, that's the whole point, is that she  
2           could not tolerate them. So although we  
3           tested her,

4           for example, she could not tolerate the  
5           extracts, and  
6           she never took them, to my knowledge.

7           Q. So this does not represent that you tested her  
8           petroleum; this just indicates that you recommended  
9           injections of petroleum for her, correct?

10          A. Yes.

11          Q. And then let's go to Exhibit 46, I'll mark.  
12          This is a date recopy of 6/18/2012, and this is just  
13          another copy of the --

14          A. Yeah.

15          Q. -- histamine list --

16          A. Yeah.

17                THE COURT REPORTER: I'm sorry. I can't --

18                THE WITNESS: The court reporter needs to  
19                just get this straight. The next exhibit is really  
20                just a recopy of the testing sheet, and that goes  
21                for a total of three pages, just recopies.  
22                Everything that we just looked at. It's easier to  
23                read. It's done clearer.

24                MS. GWIN: It's Exhibit 46. Yes. It's just

1 a recopy. Okay.

2 Q. We're almost -- so the next page is a chart,  
3 and it's not dated, but it has Ms. Madej's name on  
4 it. It's one page. I'll label it Exhibit 47.

5 MR. BALL: Document 116.

6 Q. Can you tell me what that is. Can you tell  
7 me -- okay.

8 A. Yeah. Now, this is indicating what stocks we  
9 made up in order to give her treatment. So you'll  
10 see, for example, she was given chemical drops in  
11 December of 1999. Underneath that, it talks about  
12 foods, injection. Under that, it looks like chemical  
13 drops again in February of 2000. And as we keep on  
14 going down there, it looks like that the dates are  
15 cut off, but I don't think that she took extract  
16 beyond just a few months.

17 Q. So even though there's a date of 1/25/2012,  
18 you don't think that she ever took the extraction?

19 A. She took them home, but I think she tried  
20 them, and she was uncomfortable with them.

21 And that's true for many patients. And  
22 technically, this is what we're giving them to help  
23 them with their chemical sensitivities, but she felt,  
24 as a matter of fact -- if you recall, I said that --

1       that when I tested her for the chemicals, that I  
2       actually provoked her and actually made her more  
3       sensitive is what she said.

4       Q.   So these mixtures that you're providing are  
5       just -- they're -- what you're saying is they're  
6       dilute portions of the alleged antigens that people  
7       then inject?

8       A.   Yes.   And we call these the neutralizing  
9       doses, the treatment doses.   And what it shows,  
10      counselor, is that the last thing we gave her -- and  
11      remember, we talked about gaba drops.  
12      January 25th, 2012 was the last thing on this  
13      sheet, and those were those drops that we gave her to  
14      see if we could turn off her chemical sensitivity,  
15      but we failed.

16             So there's nothing here --

17      Q.   Okay.   Let's --

18      A.   Yeah -- that she took past April the 2nd of  
19      2009.   She's taking something, and it looks like --  
20      oh, just two antigens.   I could quickly explain.   The  
21      bottle, which is marked April 2nd, 2009, is a  
22      universal antigen.   So instead of taking all of these  
23      trees and putting them in the bottle, we're now using  
24      just one thing that cross-reacts against all of them.

1 It's called the universal antigen, and it's called  
2 mesquite and onion and garlic. It's called MOG:  
3 mesquite, onion, garlic.

4 These are antigens which cross-react against  
5 hundreds of other allergens, and we use those in  
6 patients that can't tolerate the other antigens. But  
7 you see, she even did not take that for very long.

8 Q. Was she charged for the makeup of all of these  
9 products?

10 A. Yes. If we gave them to her, she was charged.

11 Q. Okay. How much?

12 A. I don't know.

13 Q. More than \$10 a shot?

14 A. They get a bottle of 15 injections, so  
15 whatever it is, it could be -- it depends on the  
16 number of allergens which are in the bottle. You  
17 know, you might know that better because you had that  
18 list of all of the costs that they gave you. It  
19 would be itemized in there.

20 Q. Okay. We'll get to that. All right. Well,  
21 let's -- and so did you mail these to her?

22 A. Yes.

23 Q. Okay. Let's go to the allergy-testing nurse's  
24 notes.

1 A. Yes. When the technician --

2 THE COURT REPORTER: Hold on. Hold on.

3 Let's get the exhibit number down and let her say  
4 what she needs to say about the date and  
5 everything.

6 Q. So this is captioned Allergy Testing Nurse's  
7 Notes. I'm going to go ahead and say that it's one  
8 page, and this looks like a report of antigens  
9 tested. Is that correct, Doctor?

10 A. Yes.

11 Q. Okay. And I just want to ask about on 12/2.  
12 It looks like petroleum was exposed, and it says six  
13 sticks. How was she exposed to that?

14 A. Oh, sublingually.

15 Q. Okay. This is what we discussed?

16 A. Yes.

17 Q. And what does the comment say?

18 A. Blind with two controls. See, when we're  
19 doing testing --

20 Q. No. No. No. I'm sorry. On the Comment -- I  
21 see that, and thank you for that. On the Comment  
22 section, what does -- it says ordered, and then what  
23 does it say?

24 A. It says ordered Lieberman food injection and

1 chemical drops.

2 Q. Okay. So that's what we talked about  
3 previously. The documents that we looked at show  
4 that, correct?

5 A. Yes.

6 Q. All right. That's all I have about that one.

7 A. Okay.

8 Q. Let's go to what I'll mark as Exhibit 49.  
9 This will be two pages, and I'll represent that this  
10 is captioned symptom sheet. What is this document,  
11 Doctor?

12 A. Okay. These are the signs and symptoms that  
13 the patient presented with when we injected them. So  
14 the other sheet is the objective intradermal testing,  
15 and this tells you what some of the symptoms were  
16 that she complained about with each of those  
17 antigens.

18 Q. So let's go to the second page, and it  
19 indicates that when she was injected with the  
20 petroleum, she was dizzy, nauseous, and weak; is that  
21 correct?

22 A. Yes.

23 Q. What's in the petroleum? What part actual  
24 crude oil petroleum to water is it?

1       A. It is -- excuse me. We are testing with a  
2       petroleum-derived ethanol. Now, we drink alcohol,  
3       which is usually derived from corn and grains. This  
4       is alcohol, which is derived from ethanol from  
5       petroleum.

6       Q. How much of it is in there, and how much is  
7       she injected with? What's the amount?

8       A. It's an extremely small amount. All of the  
9       injections are no more than equivalent to one drop,  
10      .05, and sometimes even less than that. And this  
11      is -- these are sublingual tests, though -- the  
12      chemicals. Everything else is injected.

13      Q. Is it like on a piece of paper that goes under  
14      your tongue?

15      A. Oh. It's squirted under the tongue, just like  
16      you would nitroglycerin. That gets absorbed very  
17      rapidly into your bloodstream from under the tongue.  
18      Yes.

19      Q. And then the rest of these antigens that are  
20      noted, I won't go through all of them, but there's  
21      some foods noted. Avocadoes noted, she complained of  
22      dizziness. Lettuce is noted, she complained of  
23      dizziness. Turkey, she complained of being  
24      lightheaded. Olives, she complained of pressure -

1 head and sinus condition.

2 And so these are all of the antigens and the  
3 symptoms she displayed, allegedly, correct?

4 A. Yes.

5 MS. GWIN: Okay. Can we just take a break  
6 for a few minutes.

7 THE WITNESS: Yes.

8 (A recess was taken.)

9 Q. Okay. I just -- I'd like to just call out a  
10 couple of progress notes specifically. The first is  
11 a note. If you'll scroll through, it's dated 5/17  
12 '17. It's a progress note, and the notation on it is  
13 "Discussed letter." If you can get to that, that  
14 would be helpful.

15 A. Yes.

16 MR. BALL: It would be page 130.

17 Q. 130.

18 A. Yes, I have it.

19 Q. Okay.

20 A. I believe this was a letter that was addressed  
21 to Sky Pettey, and I don't know this for a fact, but  
22 I think Sky Pettey was her attorney initially. And  
23 we were trying to explain something to him, and I  
24 think, as a matter of fact, we used that same letter



1 to go to you, if I'm not mistaken. It was an  
2 explanation of chemical sensitivity.

3 So that's the letter I'm sure we're talking  
4 about, and it says to Sky Pettey.

5 Q. Has the letter been admitted as evidence at  
6 any point in time? It's not the letter of medical  
7 necessity that we discussed, correct?

8 A. That's correct.

9 Q. Okay. And so this is -- did you discuss it  
10 with her or did you discuss it with Sky Pettey?

11 A. No. No. No. We discussed it with her.

12 Q. And did you ever have any discussions with  
13 Mr. Pettey about this case?

14 A. I don't even know who Mr. Pettey is.

15 Q. Okay. And what does the letter describe  
16 again?

17 A. It's an explanation as to why chemical  
18 sensitivity is so difficult.

19 Q. Okay. So we'll mark that as Exhibit 50. It's  
20 dated 5/17 of '17. It's one page.

21 I'd like you then to look at -- it should be  
22 right there -- a document that's dated 6/19 of '17.  
23 It's in Dr. Weirs' handwriting. It's one page.  
24 We'll mark this as Exhibit 51.

1 A. Yes.

2 Q. This indicates that the newest --

3 A. It says -- go ahead. I'm sorry.

4 Q. Okay. This indicates that the new attorney  
5 for the defense has been really aggressive, stress.  
6 Is that correct?

7 A. That has to be you, I guess, right?

8 Q. Yes. Okay. And then what is the notation  
9 about finishing 23?

10 A. Oh, 23andMe is a genetic test which Dr. Weirs  
11 ordered, and he did that because he wanted to look at  
12 some genetic changes which would increase her  
13 susceptibility for chemical sensitivity.

14 Q. What is the diagnosis/plan?

15 A. Oh, when you do --

16 Q. What is that language?

17 A. Yes. When you do the 23andMe, they only  
18 supply the raw data, but it's very difficult to  
19 interpret. Most of us cannot do it. It's just so  
20 highly sophisticated and complex. So you send it to  
21 a company which is called NutraHacker. And they  
22 interpret it for you, and they send you back an  
23 interpretation of what does this all indicate. Okay.

24 Q. What did it show for her?

1       A. It's too complex for me to even be able to do  
2       that. It shows that she has certain defects which  
3       could be contributing towards her increased  
4       sensitivity, but we already knew that because we did  
5       those other tests. Remember the phase 1 and phase 2?

6       Q. So you didn't rely on any of the information  
7       contained in that report in determining that  
8       she is

9       chemically sensitive, correct? Is that fair?

10      A. Oh, ultimately I did rely on that because it  
11      showed her increasing susceptibility and explains why  
12      is she different from everybody else. But not this  
13      one, because --

14      Q. Was that provided --

15      A. I'm sorry?

16      Q. Was that document provided with the medical  
17      records?

18      A. The 23andMe?

19      Q. Yes.

20      A. I think so, because it's in my stack here.  
21      It's just a bunch of numbers and letters which you  
22      can't understand, but only Dr. Weirs understands it.  
23      He's the expert in my office in interpreting that.

24      Q. What does it show?

1       A. There were two or three things in there which  
2 shows that it would increase her risk of becoming  
3 more easily sensitized, and I believe it had to do  
4 with methylation genes.

5       Q. Okay. Doctor, what I'd like to do next is the  
6 other progress notes which start with 11/9 of 2016,  
7 and they are in chronological order, and they go --  
8 and it's just the -- it goes from -- I'll just have  
9 you testify that that's an accurate medical record,  
10 to the best of your knowledge; that that's a true and  
11 accurate copy. I'm just going to ask it about every  
12 single one and mark it. Okay?

13      A. Okay. Are we at November 9th?

14      Q. It starts at 120 on the bottom, and yes, it's  
15 November 9th.

16      A. Yes. The answer is that that is an accurate  
17 progress note.

18      Q. Okay. So this is Exhibit 52. It is one page.  
19 It is marked 11/9 of 2016.

20             Exhibit 53 I'll represent to you is one page.  
21 It's dated 11/17 of 16. Is that a true and accurate  
22 copy?

23      A. Yes.

24      Q. February 8th, 2017, it's one page. I'll

1 mark it as Exhibit 54. Is that a true and accurate  
2 copy of the medical record?

3 A. Yes.

4 Q. Exhibit 55, it's one page. It's dated  
5 February 28th of '17. Is this a true and accurate  
6 copy?

7 A. Yes.

8 Q. Exhibit 56, it's dated March 23rd of 2017.  
9 Is this a true and accurate copy?

10 A. Yes.

11 Q. Exhibit 57, it's dated 4/20 of 2017.

12 A. Yes.

13 Q. Is this a true and accurate copy?

14 A. Yes.

15 Q. Was blood work ordered around this time?

16 A. That's what it says, yes.

17 Q. Okay. Exhibit 58. It's dated 5/2 of '17. Is  
18 this a true and accurate copy?

19 A. Yes.

20 Q. I'd like to go now quickly and look at the  
21 billing records that were produced to our office.

22 They start with Patient Account Statement. They're  
23 dated 8/15 of 2017, and there's five pages.

24 A. Yes, I see them. Five pages, and I recognize

1       that they're from my office, and they're detailing  
2       exactly what you asked.

3       Q.   Okay.  So the total cost is represented in the  
4       Amount column, correct?

5       A.   I don't know.  I never look at that.  Let's  
6       see.  What does it say?  I think that's right.  The  
7       bottom number.  It's additive.

8       Q.   Okay.  So it says -- on 1/26/2011, it says  
9       15-minute office service.  It says one, and then it  
10      says \$37.50, correct?

11      A.   Yes.

12      Q.   Okay.  And then on 1/25, it says date of  
13      service, 1/25/12, discovery, owed 662.  And it's  
14      \$34.50, correct?

15      A.   Yes.  These numbers are discounted.

16      Q.   They are cheaper?

17      A.   Yes.

18      Q.   Why?

19      A.   Because she had Medicare, and she was  
20      discounted as a courtesy, which we did to all of our  
21      patients.

22      Q.   So this -- well, Medicare didn't pay it; you  
23      just charged her a Medicare rate; is that right?

24      A.   That's correct.

1           Q.   Okay.  What is -- I don't understand -- I  
2 understand the date of service, 1/25/12.  DISC, owed  
3 662.  What does that mean?  Was that you helping her  
4 with something about her lawsuit or what is that?

5           A.  Where are you looking?

6           Q.  It's on the page with the -- it would be on  
7 1/25 of 2012.  It says DOS in description.  DISC,  
8 662.

9           A.  I see the word discounted also.  I'm  
10 guessing --

11          Q.  That's what that means?  It's discounted?

12          A.  Yes.  Yeah.

13          Q.  Where are the billing records that predate  
14 1/26 of 2011?

15          A.  That's right.  They're gone because of the  
16 system was changed over and all that material was  
17 lost.

18                You'll also notice that these prices that were  
19 charged were back in 2010, so they are much, much  
20 lower than we are now, seven years later.

21          Q.  Just so I'm clear, we don't have any records  
22 for her initial visit; we don't have any records for  
23 the cost of the initial treatment; this is the only  
24 record we have with the cost, right?  That's fine, if

1       that's the case. I just want to make sure that I  
2       have that right.

3       A. I think that's right. And you know what's  
4       possible? She may have it.

5       Q. Okay. I'm going to label this Exhibit 59, and  
6       I'm going to represent that it starts with billing  
7       statements on 1/26/2011, and it's, two, three -- it's  
8       five pages. Exhibit 59.

9       I'd like you to look at a document titled  
10      Petition Regarding Dutch Creek Road, and this will be  
11      labeled Exhibit 60. It's three pages. And they all  
12      have signatures.

13      And Doctor, you'll see that there are some  
14      items identified in the second paragraph, starting  
15      with ParaZYME and ending with concrete.

16      And have you ever evaluated Ms. Madej to  
17      determine if she is sensitive to any of these  
18      products?

19      A. No, not these specifically.

20      Q. Okay. Is it possible that some of these  
21      products have petroleum-based products in them?

22      A. If they are, I can't tell by the name. I  
23      mean, I know that --

24      Q. Is it possible -- is it possible that some of



1       these products have volatile organic compounds in  
2       them?

3           A.   Yes, but I can't tell by their name.

4           Q.   Just a housekeeping thing quickly, I'd like to  
5       just mark -- and I'll go ahead and start at 61 -- the  
6       documents I previously asked the doctor about.

7           And I will indicate for the record that  
8       Exhibit 61 will be the -- it will be her medical  
9       history form. It starts with the please complete the  
10      following life history questionnaire to the best of  
11      your ability. It is a total of -- it's 15 pages with  
12      a page at the back showing a scar diagram that is not  
13      numbered. And that's Exhibit 61.

14          I'll go ahead and represent that Exhibit 62  
15      will be the Family Medical Leave form that I  
16      previously questioned the doctor about that was  
17      prepared for Mr. Lieberman [sic]. It's three pages  
18      long.

19          I'll represent that Exhibit 63 is a history  
20      starting with -- dated 12/1 of '99 referencing  
21      intestinal problems, and it's handwritten notes from  
22      the initial diagnosis. It is -- one, two, three,  
23      four, five -- it is seven pages.

24          Exhibit 64 is the symptom and response sheet.

1       It's one page.

2               Exhibit 65 is the registration form. It is  
3 two pages.

4               Exhibit 66 is a history form. It is  
5 horizontal page orientation. It's dated 12/1 of '99.  
6 It is four pages.

7               Exhibit 67 is the medical diagnosis that I  
8 previously questioned the doctor about. It's dated  
9 12/1 of '99.

10              Doctor, did you review any documents in  
11 preparation for your testimony today?

12              A. No. Just the medical records.

13              Q. Did you talk with anyone in preparation for  
14 your testimony today?

15              A. Yes, I did.

16              Q. Okay. Who would that be?

17              A. I spoke to the attorney sitting opposite you  
18 and the patient.

19              Q. Okay. And how long did you speak with  
20 Mr. Ball for?

21              A. I don't know. Probably close to an hour.

22              Q. Okay. And what did you talk about?

23              A. He told me that I talk too much and that I  
24 shouldn't talk too much, that I should only answer

1 your questions like you've been pleading with me  
2 through the last five hours.

3 Q. Don't worry, Doctor. I appreciate that. What  
4 else did you talk about?

5 A. There were certain things that he wanted me to  
6 be aware of, and that was that you would bring up the  
7 discrepancies between the three blocks and the 1 mile  
8 and the 3 mile; and he wanted to know, well, how will  
9 you answer that. So we talked about that.

10 And let me see. I could tell you what else we  
11 talked about. Oh, other than the fact that they  
12 wanted me to be sure that I saw the material safety  
13 data sheets on the asphalt.

14 Q. You did not have that document in your  
15 possession when you wrote the letters of necessity in  
16 September of 2015; is that correct?

17 A. That's correct. But I have many textbooks of  
18 toxicology, for example, which has all of that  
19 material in it, and of course there is variations on  
20 almost every product that's manufactured. But for  
21 all intents and purposes, the point is, I knew that  
22 when we were talking about asphalt, we're talking  
23 about a conglomeration of multiple petrochemical  
24 materials.

1 Q. What are the titles of the textbooks of  
2 toxicology?

3 A. Oh, boy. Here you go. Well, the best one  
4 that I have is Krieger and Sullivan. K-R-I-E-G-E-R,  
5 and Sullivan is the other author. And it's just a  
6 fantastic textbook of toxicology.

7 Q. What's it called?

8 A. Something about environmental something.

9 Q. When did you review it in connection with your  
10 treatment of Ms. Madej?

11 A. Way in the beginning.

12 Q. Did you review it at all in comprising the  
13 letters of medical necessity?

14 A. No.

15 Q. Anything else you talked with Mr. Ball about?

16 A. I'm looking at my notes here. Oh, yes. We  
17 talked about the diagnosis of diabetes insipidus  
18 which was made by Dr. Barrett, and we talked about  
19 the arsenic level. And those were the kinds of  
20 things that we talked about.

21 Q. Do you have any reason to dispute that  
22 Dr. Barrett has examined Ms. Madej in person more  
23 recently than you have?

24 A. No. That's correct. He did.

1           Q.   Okay.   And I'm sorry if you answered this, but  
2           how often do you still treat with Ms. Madej?

3           A.   Oh, I told you the last time we spoke was on  
4           March the 28th.   So if I look, March 6th;  
5           December of '17, for example.

6           Q.   So about every three months?

7           A.   Yes.

8                   And as you can see from the number of progress  
9           notes, when they add up, that's a very significant  
10          number of contacts with this patient.

11          Q.   How many other patients do you have in Ohio  
12          that you treat with via phone?

13          A.   That treat with what?

14          Q.   How many other patients do you treat with over  
15          the telephone?

16          A.   Oh, I don't know.   You just have to take my  
17          word for it that, over 41 years, we have patients in  
18          many, many states of the United States and foreign  
19          countries; and it's unreasonable to ask a patient to  
20          travel at great expense when the only thing you want  
21          to know is how are you, because every one of my  
22          progress visits with patients begins with how are  
23          you, you know.   That's what I want to know:   Are you  
24          better, the same, or worse?   And then we go into

1 detail, but that's how I begin almost every  
2 evaluation.

3 I don't necessarily have to have the patients  
4 with me. A lot of the patients --

5 Q. So you don't know how many you have --

6 A. -- we Skype.

7 Q. So you don't -- so you don't know how many  
8 patients you have in Ohio?

9 A. No, not at all.

10 Q. More than 100?

11 A. I have no idea because we're talking about a  
12 database of well over 10,000 patients in 40 years,  
13 so --

14 Q. What did you talk with the Madejs about?

15 A. The Madejs -- Ms. Madej was on the telephone  
16 with me when I talked to the attorney.

17 Q. Okay. I see. And did you talk to her  
18 separately after that?

19 A. Yes.

20 Q. What did you guys talk about?

21 A. Well, let's see what we talked about. We  
22 talked about this year.

23 Q. This is in preparation for your deposition  
24 today. What did you talk with Ms. Madej about? I'm

1       sorry. That's my question.

2           A. Nothing specific except, for example, when we  
3       talked about diabetes insipidus, Ms. Madej wanted me  
4       to understand that during her -- I'm quoting March  
5       the 6th, 2018. During her Barrett medical  
6       evaluation, she drank copious amounts of water to  
7       keep hydrated and help with detoxification, and that  
8       was the reason why he thought that she had diabetes  
9       insipidus.

10           I had sent to her a reference which comes from  
11       a book on mycotoxicity which shows that patients  
12       exposed to mycotoxins develop diabetes insipidus-like  
13       presentation, and it's coming from mycotoxins. I  
14       think in her situation it's just that she was  
15       drinking gallons of water.

16           Q. Anyone else you talked to in preparation for  
17       this deposition?

18           A. No.

19           Q. Okay. Dr. Lieberman, can you please, if you  
20       would, confirm what my billing department has  
21       represented to me, that \$2,000 was paid to your  
22       facility on Friday before we go off the record? I'm  
23       happy to wait.

24           A. Okay. Hold on. Okay. Counselor, Jalissa,

1       who is the staff member assigned to this litigation  
2       paperwork, says there was no money received on  
3       Friday.

4       Q.   Okay, Doctor.  I have an email here from my  
5       billing department, but we will check on that right  
6       away for you.  I understand that we represented to  
7       the Court that those funds were being wired, so we  
8       will confirm that ASAP.  Thank you for your patience,  
9       and I don't have any other questions for you at this  
10      point.

11       MR. BALL:  Neither do I.  Thank you,  
12      Dr. Lieberman, very much for hanging in there with  
13      us and getting this done in one session.  We  
14      appreciate it.

15       THE WITNESS:  Okay.  Just, Counselor, before  
16      you go, I think it's important for you to  
17      understand -- and you asked me that if you think  
18      that \$2,000 an hour was a lot, for example.  
19      Technically, it really isn't.  I happen to be sort  
20      of a unique person.  In this particular case, I am  
21      not the expert witness, and because my patient  
22      promised me that I would not even be involved in  
23      this litigation, and unfortunately, you decided  
24      otherwise.



1           And that's why I'm here today, and I am happy  
2           to cooperate, but I was not functioning -- but  
3           normally I am always the expert witness.

4           MS. GWIN: Okay. And I appreciate that,  
5           Doctor. In this case, though, you are a treating  
6           physician, correct? Your testimony is not offered  
7           as an expert?

8           A. That's correct.

9           Q. Is that correct?

10          A. Yes.

11          MS. GWIN: Yes. And respectfully, I have not  
12          drug you into anything. There has been 20 years of  
13          treatment here about someone who seeks to change  
14          the character and substance that's used on a road,  
15          and the defendant is entitled to examine those  
16          claims. The defendant is the party who's been  
17          hailed into court as a result of this and, ergo,  
18          has certainly a right to explore Ms. Madej's  
19          allegations, many of which hinge on your medical  
20          testimony.

21          So again, I appreciate your patience, and we  
22          will confirm that that payment was sent over to you  
23          as soon as I get back to my office.

24          THE WITNESS: Okay. Thank you.

1 MS. GWIN: Thank you.

2 (The deposition concluded at 2:31 PM.)

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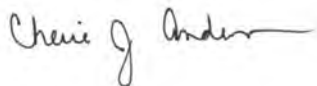
1        CERTIFICATE OF REPORTER  
2        STATE OF SOUTH CAROLINA  
3        COUNTY OF CHARLESTON

4                    I, Cherie J. Anderson, Registered Merit  
5        Report, Registered Professional Reporter, Certified  
6        Realtime Reporter, and Notary Public for the State of  
7        South Carolina at Large, do hereby certify that the  
8        witness in the foregoing deposition was by me duly  
9        sworn to testify to the truth, the whole truth, and  
10       nothing but the truth in the within-entitled cause;  
11       that said deposition was taken at the time and  
12       location therein stated; that the testimony of the  
13       witness and all objections made at the time of the  
14       examination were recorded stenographically by me and  
15       were thereafter transcribed by computer-aided  
16       transcription; that the foregoing is a full, complete,  
17       and true record of the testimony of the witness and of  
18       all objections made at the time of the examination;  
19       and that the witness was given an opportunity to read  
20       and correct said deposition and to subscribe the same.

21                   Should the signature of the witness not be  
22       affixed to the deposition, the witness shall not have  
23       availed himself of the opportunity to sign or the  
24       signature has been waived.

                 I further certify that I am neither related  
to nor counsel for any party to the cause pending or  
interested in the events thereof.

                 Witness my hand, I have hereunto affixed my  
official seal on April 16, 2018, at Charleston,  
Charleston County, South Carolina.



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Cherie J. Anderson  
REGISTERED MERIT REPORTER  
REGISTERED PROFESSIONAL REPORTER  
CERTIFIED REALTIME REPORTER  
My Commission expires  
April 30th, 2023

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