

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF OHIO

\* \* \*

CYNTHIA MADEJ, et al.,  
Plaintiffs,

vs

Case No. 2:16-CV-658

ATHENS COUNTY ENGINEER JEFF MAIDEN,  
Defendant.

\* \* \*

Deposition of BARBARA SINGER, D.O.,  
Witness herein, called by the Defendant for  
cross-examination pursuant to the Rules of  
Civil Procedure, taken before me, Donald  
Correll, a Notary Public in and for the State  
of Ohio, at the Willow Wellness Center, 4773  
Carroll Cemetery Road, Carroll, Ohio, on  
Friday, the 15th day of September 2017, at  
10:00 a.m.

\* \* \*

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## 6 EXHIBITS MARKED

7	(Thereupon, Defendant's Exhibit 1, medical	
8	records, was marked for	
9	purposes of identification.) . . . . .	22
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11	affidavit, was marked for	
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23	radiology interpretation, was marked for	
24	purposes of identification.) . . . . .	183

25

1 APPEARANCES:

2 On behalf of the Plaintiffs:

3 Lavelle and Associates

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12

13

14 Also present telephonically: Cynthia Madej

15 \* \* \*

16

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25

1 BARBARA SINGER, D.O.

2 of lawful age, Witness herein, having been  
3 first duly cautioned and sworn, as hereinafter  
4 certified, was examined and said as follows:

5 CROSS-EXAMINATION

6 BY MS. GWIN:

7 Q. Okay. Good morning, Dr. Singer.

8 A. Good morning.

9 Q. And we met in your lobby. My name  
10 is Molly Gwin. I'm counsel for the defendant,  
11 Jeff Maiden, the Athens County engineer, in  
12 this matter, and I'm here today to take your  
13 deposition. Have you ever been deposed before?

14 A. No.

15 Q. Okay. Okay. Well, a couple of  
16 ground rules before we start. You're already  
17 doing a really nice job of giving audible  
18 answers, and if you can continue to do that,  
19 that's helpful. Just because the court  
20 reporter can write that down. Then the second  
21 thing is, in the event I ask you a question, if  
22 you don't understand the question, you need me  
23 to clarify the question, please, go ahead and  
24 let me know, and I'll do my best to do that for  
25 you. I don't want you guessing at answers, if

1 possible. We'd like to only have you answer  
2 questions that you know the answer to.

3 A. Super.

4 Q. And if you answer the question,  
5 I'll assume that you understood the question.  
6 Is that fair?

7 A. That is fair.

8 Q. Okay. And if at any point in time  
9 you need to take a break or anything, get a  
10 drink of water, use the restroom, that's fine.  
11 I'll just ask that in the event of questions  
12 pending, you answer it before you take a break.  
13 Okay?

14 A. Okay.

15 Q. Okay. Great. And I'll go ahead  
16 and call you Dr. Singer, and you can just call  
17 me Molly throughout the course of this, if that  
18 works for you.

19 A. Thank you.

20 Q. Okay. If you can just go ahead  
21 and state your name and spell your last name,  
22 please.

23 A. Dr. Barbara Singer. S-i-n-g-e-r.

24 Q. Okay. And, Dr. Singer, where are  
25 you presently employed?

1           A.     Both here, as self-employed in my  
2     own clinic here, and also at Fair Hope Hospice.

3           **Q.     Okay. And where is Fair Hope**  
4     **Hospice located, Doctor?**

5           A.     In Lancaster.

6           **Q.     And how long have you been**  
7     **employed with hospice?**

8           A.     Six years. Five to six years.  
9     Just over five.

10          **Q.     May I use one of your pens?**

11          A.     Please, go right ahead.

12          **Q.     Okay. And what are your job**  
13     **duties at Fair Hope Hospice?**

14          A.     I'm an assistant medical director.

15          **Q.     Okay. And what does that entail?**

16          A.     Rounding on patients, taking call.  
17     You know, medical education, running medical  
18     education, interfacing with families, managing  
19     patient care.

20          **Q.     And Fair Hope Hospice, is that a**  
21     **hospital, or is that a hospice care provider or**  
22     **some combination thereof?**

23          A.     It's an inpatient hospice care  
24     provider.

25          **Q.     Okay.**

1           A.    And, you know, community as well.  
2   Inpatient and community based.

3           Q.    And so that facility, is that for  
4   what we would call terminally ill types of  
5   patients?

6           A.    Yes.

7           Q.    With a variety of illnesses?

8           A.    Yes.

9           Q.    And you also mentioned that you  
10   are employed here at Willow Wellness Center,  
11   correct?

12          A.    Yes.

13          Q.    Okay. And is Willow Wellness  
14   Center an LLC or a corporation?

15          A.    It's an LLC.

16          Q.    Okay. How long have you been  
17   self-employed at Willow Wellness Center?

18          A.    I think it's been eight years.

19          Q.    Okay. And is that a single member  
20   LLC or do you have other --

21          A.    Yes.

22          Q.    And you are the single member?

23          A.    I am the single member.

24          Q.    Okay. And you founded Willow  
25   Wellness Center?

1           A.     Yes.

2           **Q.     And what services does Willow**  
3 **Wellness Center provide?**

4           A.     Primary care and integrated  
5 primary care.

6           **Q.     Okay. Can you explain to me what**  
7 **integrated primary care is?**

8           A.     Relying on methods for symptom  
9 management and disease management that don't  
10 100 percent rely on pharmacological agents.

11          **Q.     Okay. So holistic type of**  
12 **services, is that a --**

13          A.     Correct. Now, that's a global  
14 term that I'm not sure really fits my practice.

15          **Q.     Okay. Why does that not really**  
16 **fit your practice?**

17          A.     Because that includes a lot of  
18 different healing modalities that aren't  
19 scientifically based, and we're pretty  
20 scientifically based.

21          **Q.     And how many patients presently**  
22 **treat with Willow Wellness Center?**

23          A.     I would have to go look in my  
24 E.M.R. to find that exact number. I assume,  
25 between one and two-thousand. Probably, the



1 lower part of that.

2 Q. Okay.

3 A. But that's a guess.

4 Q. And primarily for primary care  
5 work or for what you described as integrated  
6 primary care work?

7 A. That's a good question. That -- I  
8 cannot answer that question, because integrated  
9 primary care, like we used Vitamin D long  
10 before mainstream medicine did, and Vitamin D  
11 use is now mainstream medicine. Magnesium's a  
12 great sleep aid. It's becoming more used in  
13 mainstream medicine.

14 So there's a zone in there where I  
15 probably am an early adopter of non-harm  
16 techniques that then get adopted by mainstream  
17 medicine, where that's a spectrum. It's not a  
18 percentage I can give you. But I'd rather not  
19 use a narcotic or a benzodiazepine for sleep  
20 when I can use something that's no harm to my  
21 patients and scientifically based.

22 Q. And where were you employed prior  
23 to your employment with --

24 A. Trillium Health Center.

25 Q. Okay. And where is Trillium

1       **located?**

2                   A.     In Lancaster.   It was.

3                   **Q.     It's not any longer?**

4                   A.     It is not any longer.

5                   **Q.     Why not?**

6                   A.     The founders died of old age, and  
7     I think very correctly the fact that there was  
8     a large foundation with a medical practice  
9     associated with it makes anyone who's got legal  
10    sense will be uncomfortable.  It's perceived as  
11    deep pockets.  You don't tend to want that so  
12    closely associated with a big foundation, and  
13    so the lawyer recommended to the successors  
14    that it be closed, or dissociated, and so they  
15    sent me up here.

16                  **Q.     You were set up as a single member**  
17   **of LLC on the recommendation of counsel?**

18                  A.     They gave me enough severance that  
19    I could start my own practice here, and they  
20    did so for my partner, at the time.

21                  **Q.     Okay.  And when were you at**  
22   **Trillium Health Center?**

23                  A.     2007 through 2010, I think.

24                  **Q.     Okay.  What was your primary role**  
25   **there?**

1           A.    I was a physician.

2           **Q.    Okay.  Responsible for?**

3           A.    Patient care.

4           **Q.    In a primary physician capacity?**

5           A.    Correct.

6           **Q.    Any integrative --**

7           A.    Yes.

8           **Q.    -- work there?**

9           A.    Pretty identical to what I do  
10   here.  Similar.

11           **Q.    How much severance were you given**  
12 **to start this organization?**

13           A.    Is that -- I don't need to answer  
14   that one, I don't think.

15           **Q.    No.  You do.  You're under oath,**  
16 **and you are required to answer the question.**  
17 **This is simply a fact finding sort of issue for**  
18 **us.**

19           A.    Right.  But that's not relevant to  
20   the case.

21           **Q.    Well, respectfully, I'll determine**  
22 **if it's relevant or not.**

23                   MR. PETTEY:  I will note an  
24   objection as to relevance.

25                   THE WITNESS:  That's fine.

1                   MR. PETTEY: But I would say that  
2    you should --

3                   THE WITNESS: Answer?

4                   MR. PETTEY: I'm not representing  
5    you, but an objection has been noted, and so  
6    you could still answer the question, and the  
7    objection would still be on record.

8                   MS. GWIN: I just want to note  
9    that Mr. Pettey is here representing the  
10   plaintiffs, Robert and Cynthia Madej, in this  
11   case. He is not your counsel. He's not  
12   authorized to instruct you not to answer. He  
13   is absolutely free to lodge objections to any  
14   questioning on the record, but he's not your  
15   lawyer.

16                  THE WITNESS: Correct.

17                  MR. PETTEY: Yes. Thank you.  
18   That's correct.

19                  THE WITNESS: Correct. I'll look  
20   at the records.

21   BY MS. GWIN:

22                  **Q. Over \$100,000?**

23                  A. No.

24                  **Q. You don't remember how much, or**  
25   **you'll look at the records?**

1           A.    It was under \$100,000, and I'll  
2   look at the records, both.

3           Q.    Over \$50,000?

4           A.    Yes.

5           Q.    So between a hundred and --  
6   between \$50,000 and \$100,000?

7           A.    Correct.

8           Q.    Okay. And your colleague was  
9   given the same amount of severance?

10          A.    I have no idea.

11          Q.    Your former partner, to be set up  
12   on their own, that you testified to previously?

13          A.    I have no idea.

14          Q.    Okay. And how about prior to work  
15   at Trillium?

16          A.    I was in internship and residency.

17          Q.    Okay. And where did you do your  
18   internship and residency at?

19          A.    At O'Bleness Memorial Hospital, in  
20   Athens.

21          Q.    Okay. Can you spell O'Bleness for  
22   me?

23          A.    O, apostrophe, B-l-e-n-e-s-s.

24          Q.    Okay. And what did you do your  
25   residency in, Doctor?

1           A.     Primary care.

2           **Q.     And how long a residency is that?**

3           A.     Three years.

4           **Q.     And were you under a supervising**  
5 **physician for that?**

6           A.     Yes. We had a medical director.

7           **Q.     Okay. Any other areas that you**  
8 **completed a residency? Any specializations or**  
9 **just primary care?**

10          A.     Primary care. I did an integrated  
11 board exam and board through Institute of  
12 Functional Medicine.

13          **Q.     Okay. So are you board certified**  
14 **in primary care?**

15          A.     Yes.

16          **Q.     And when did you obtain that board**  
17 **certification?**

18          A.     2007, I think.

19          **Q.     And where did you go to medical**  
20 **school?**

21          A.     O.U. College of Osteopathic  
22 Medicine.

23          **Q.     Okay. And, Dr. Singer, are you a**  
24 **D.O., or are you an M.D?**

25          A.     D.O.

1           **Q.    Are you board certified in any**  
2 **other areas, besides primary care?**

3           A.    Holistic and palliative-- I mean,  
4 I'm sorry, hospice and palliative medicine.

5           **Q.    And when did you obtain the board**  
6 **certification in that?**

7           A.    2013, I think.

8           **Q.    And did you have to do a residency**  
9 **prior to obtaining that?**

10          A.    An internship type.

11          **Q.    And where did you complete that**  
12 **at?**

13          A.    At Fair Hope Hospice.

14          **Q.    Doctor, what percentage of your**  
15 **patients would you say at this point in time**  
16 **are hospice patients versus primary care**  
17 **patients?**

18          A.    Here at this practice, I don't  
19 have hospice and palliative.

20          **Q.    Understood.**

21          A.    And the number, the census, at  
22 Fair Hope, changes. Frequently, people die. I  
23 think that their census most recently is 170  
24 people, but there are four medical directors.  
25 It's not like -- You float, you know, with

1     whatever case when you're on call. So that's  
2     not a number that's really an accurate number  
3     to compare or contrast or say. I can't give  
4     you an answer to that question that's accurate.

5             **Q.     So are you one of the four medical**  
6     **directors at Fair Hope?**

7             A.     Correct.

8             **Q.     So four medical directors. About**  
9     **170 split, roughly, evenly?**

10            A.     It doesn't work that way.

11            **Q.     Okay. Can you explain to me how**  
12     **it works?**

13            A.     It depends on who's on call.  
14     They're all yours when you're on call.

15            **Q.     Okay.**

16            A.     When someone else is on call.

17            **Q.     And what percentage of your time**  
18     **would you say is spent at the Willow Wellness**  
19     **Center versus what percentage is spent at the**  
20     **Fair Hope Hospital?**

21            A.     Fair Hospice?

22            **Q.     Excuse me. Hospice.**

23            A.     It's all right.

24            **Q.     Thank you.**

25            A.     I'm sorry. It depends also on,



1     you know, if it's a week that I'm on call, it's  
2     a lot more there, or it'll be 50/50. And if  
3     it's a week that I'm not on call, then I  
4     probably spend a few hours versus 40 some, 50  
5     hours here and a few there. So, you know --

6               **Q.     It varies?**

7               A.     It just varies.

8               **Q.     Depending on your schedule there?**

9               A.     Again, it's very fluid.

10              **Q.     And what's your on call schedule**  
11 **presently?**

12              A.     I've been doing the past couple of  
13 months about seven, you know, 24-hour calls,  
14 and rounding and calls, a month. So . . .

15              **Q.     Okay.**

16              A.     It varies.

17              **Q.     Can you explain to me what a**  
18 **rounding call is?**

19              A.     Rounding in the morning at the  
20 inpatient facility and seeing all the patients  
21 there, and then you're on call for 24 hours.

22              **Q.     Okay.**

23              A.     So . . .

24              **Q.     Seven days, a week?**

25              A.     Seven days, a month.

1                   **Q.     Okay.**

2                   A.     Just the past few months, and  
3     sometimes it's been more.  Sometimes it's been  
4     less.

5                   **Q.     And you may have answered this,**  
6     **but you testified, I think that you became**  
7     **board certified in hospice and palliative care**  
8     **in 2013, and prior to that there was an intern**  
9     **residency period?**

10                  A.     Yes.  Yes.

11                  **Q.     Okay.  When did that residency**  
12     **period begin?**

13                  A.     So probably two years prior to  
14     that.  It's more, maybe internship?  What is  
15     the right term?  Like more of a fellowship.  
16     Like I was working there and being trained.  So  
17     but it's not a formal -- I don't want to give  
18     any implication that there was a formal thing.  
19     It was an on the job training experience, and  
20     there's a term for that.  Like an internship or  
21     a, yeah, fellowship, probably.  But it's not a  
22     formal --

23                  **Q.     It's not a formal board**  
24     **certification.  It's --**

25                  A.     Yes.  There is a test at the end.

1                   **Q.     Okay.**

2                   A.     And there's certification, but the  
3     training itself was done on the job.

4                   **Q.     Understood.**

5                   A.     And it's, you know, a certain  
6     number of hours that were met, and I don't  
7     recall exactly. It was a lot of hours.

8                   **Q.     And, Doctor, where did you attend**  
9     **undergraduate, prior to going to Ohio**  
10    **University for medical school?**

11                  A.     Started at Michigan State  
12    University.

13                  **Q.     Go Green.**

14                  A.     You're a Michigander perhaps.

15                  **Q.     No.**

16                  A.     Vanderbilt then.

17                  **Q.     Okay.**

18                  A.     And then Ohio University. I was  
19    having my children and following my children's  
20    father's career.

21                  **Q.     Okay.**

22                  A.     So not that I had difficulty  
23    anywhere.

24                  **Q.     Can you give me the approximate**  
25    **years you were at each of those facilities?**

1           A.    Oh, my goodness.  It's a long time  
2   ago.  Very approximate.  These are very  
3   approximate.  1982 to '83, at Michigan State.  
4   Vanderbilt, oh gosh, '86, '87, maybe, or '85 to  
5   '86.  And then Ohio University, 2002 to '04,  
6   maybe.

7           **Q.    So you finished your undergraduate**  
8   **at Ohio University?**

9           A.    Mm-hmm.

10          **Q.    And that's where your degree is**  
11   **from?**

12          A.    Correct.

13          **Q.    And then did you immediately**  
14   **start --**

15          A.    Medical school, mm-hmm.

16          **Q.    -- D.O. school, immediately?**

17          A.    888 The next school --

18          **Q.    The fall?**

19          A.    Yeah.

20          **Q.    The fall?**

21          A.    The fall of the next year.

22          **Q.    Okay.  Doctor, any other**  
23   **employment or any other educational history?**

24          A.    No, I don't think so.

25          **Q.    Ever work in any other facilities**

1     **besides Trillium, the hospice facility, and**  
2     **here?**

3             A.     No.

4             Q.     Okay. Doctor, have you ever  
5     **served as an expert witness before?**

6             A.     I was in the military. I'm sorry.  
7     I forgot to write that.

8             Q.     Oh, excuse me.

9             A.     I forgot to write that. I'm a  
10    veteran of the Navy.

11            Q.     Oh, thank you.

12            A.     And that was '79 through '81,  
13    probably.

14            Q.     Okay. And then a little time off  
15    **and then to school?**

16            A.     My thoughts, we had children.

17            Q.     Oh, boy. And were you honorably  
18    **discharged?**

19            A.     Yes.

20            Q.     What was your rank at the time of  
21    **discharge?**

22            A.     I was seaman. Yeah.

23            Q.     Okay, Doctor. So have you ever  
24    **served as an expert witness before?**

25            A.     I don't think so, no.

1           Q.    You've never been subject to  
2   deposition, I think you stated?

3           A.    Yeah. I got subpoenaed to court  
4   back a while ago. I don't think that's being  
5   an expert witness, right?

6           Q.    In association with this case?

7           A.    Mm-hmm.

8           Q.    With Ms. Madej? Your treatment of  
9   Ms. Madej?

10          A.    Right.

11          Q.    Okay.

12          A.    That's the only time I've ever.

13          Q.    You never consulted for anyone,  
14   testified for anyone?

15          A.    No.

16          Q.    Okay. Is the only court testimony  
17   you've given the testimony in the Athens County  
18   Common Pleas Court that you just referenced?

19          A.    Yes.

20          Q.    Okay. I'll hand you what I'll ask  
21   the court reporter to mark as -- I'll use  
22   numbers -- Defendant's Exhibit 1.

23                   MR. PETTEY: Thank you.

24                   (Thereupon, Defendant's Exhibit 1,  
25   medical records, was marked for

1 identification.)

2 BY MS. GWIN:

3 Q. Doctor, I'll represent to you that  
4 -- and please take your time to review them,  
5 let me know when you had an opportunity -- that  
6 these are medical records that were pursuant to  
7 a subpoena sent by my office regarding your  
8 treatment of Cynthia Madej. This is the cover  
9 sheet from your assistant, as well as the cross  
10 sheet, but the medical records begin on the  
11 third page. Is that correct? You understand  
12 they were produced pursuant to a subpoena?

13 A. Correct.

14 Q. Okay. And, Doctor, did you have  
15 occasion to treat a patient by the name of  
16 Cynthia Madej?

17 A. Yes.

18 Q. Okay. And when about did you  
19 begin treating her?

20 A. In 2011.

21 Q. Okay. So and that is from the  
22 third page of the records, the statement?

23 A. Correct.

24 Q. This is your invoice, and it looks  
25 like the first date on there is March 29th of

1       **2011, correct?**

2               A.     Correct.

3               Q.     Okay. And how did Miss Madej find  
4       you?

5               A.     I have no idea.

6               Q.     Okay. She called your office and  
7       scheduled an appointment?

8               A.     I assume so.

9               Q.     She was not referred to you by  
10      another physician?

11              A.     I would not know.

12              Q.     You don't know if she was referred  
13      to you or not?

14              A.     No.

15              Q.     How would a referral typically  
16      work? Would the referring physician's office  
17      contact you first?

18              A.     Not necessarily. In primary care,  
19      you can call primary care -- a dermatology.  
20      Various different -- gynecology -- can all be  
21      accessed with just a phone call as a patient,  
22      as a new patient.

23              Q.     Okay. So --

24              A.     There's a specialist, where you  
25      need a referral.



1           Q.    Okay.  Thank you.  I appreciate  
2   that.  So it's possible that she could have  
3   been referred to you by someone else who said,  
4   call Dr. Singer.  She picks up the phone and  
5   calls you.  It's not necessarily that another  
6   doctor makes the introduction?

7           A.    Correct.

8           Q.    Okay.

9           A.    Correct.

10          Q.    And as far as you can recall,  
11   sitting here today, you never received a call  
12   from another specialist or another doctor,  
13   saying, I'm referring Cynthia Madej to you,  
14   correct?

15          A.    No.  There's a letter that was  
16   shown from, I think, Dr. Lieberman.

17          Q.    Okay.

18          A.    That you know -- A note from  
19   previous appointments or a previous  
20   appointment.

21          Q.    A letter Dr. Lieberman sent to  
22   you?

23          A.    I think it was -- I don't recall.  
24   I don't have it in my record.

25          Q.    Okay.  Would he have sent it to

1     **you or to Cynthia Madej?**

2             A.     He may have sent it to her.

3             **Q.     How did Dr. Lieberman know to**  
4     **refer her to you?**

5             A.     I don't think it was regarding a  
6     referral to me. It was just regarding her  
7     diagnosis and . . . and . . .

8             **Q.     Did you talk with Dr. Lieberman --**

9             A.     No.

10            **Q.     -- before you saw Cynthia Madej?**

11            A.     No. She came. I had no previous  
12     experience with her prior to her walking  
13     through the door. Not that she was inside my  
14     door.

15            **Q.     Did she come on the first visit --**  
16     **Is it fair to say that March 29th of 2011 was**  
17     **her first visit?**

18            A.     Yes.

19            **Q.     Did she come on her first visit**  
20     **armed with the letter from Dr. Lieberman?**

21            A.     Yes.

22            **Q.     Did she come alone?**

23            A.     No.

24            **Q.     Who accompanied her?**

25            A.     I think her husband was with her,

1     because I think she was not -- Or, you know,  
2     she did not drive. So I think she had him with  
3     her.

4               **Q.     Someone drove her here, correct?**

5               A.     Correct. I assume.

6               **Q.     Did her husband accompany her**  
7     **throughout the examination?**

8               A.     I don't recall.

9               **Q.     If her husband had asked to be**  
10     **present throughout the examination, is there a**  
11     **protocol you would have followed for him to be**  
12     **present?**

13              A.     If the patient agrees to and  
14     desires that, that is acceptable to have a  
15     spouse or significant -- You know, they are  
16     allowed to have an advocate or other individual  
17     present.

18              **Q.     Does the other party who's present**  
19     **have to sign anything, or is just the patient's**  
20     **statement sufficient?**

21              A.     Patient's statement is sufficient.

22              **Q.     For any patient, they can request**  
23     **that a party be present during the examination?**

24              A.     They can request that. I think  
25     that that is generally acceptable unless

1     there's a reason that I feel that a patient may  
2     be threatened.

3                 **Q.     Sure.**

4                 A.     And then I will usually create a  
5     block.  Also, I think in issues of younger  
6     women, I think, it's desirable to meet them  
7     separately away from a parent so that they can  
8     discuss choices about birth control.  And so I  
9     think there are issues that you have to create  
10    a boundary, but there are more exception -- I  
11    mean, they're not common.  They're just  
12    standard.

13                **Q.     So Mr. Madej could have been**  
14    **present for Cynthia's visit upon her request?**

15                A.     I think, very likely, yeah.

16                **Q.     Very likely he was present.  Would**  
17    **that be reflected in your medical records if he**  
18    **was present?**

19                A.     Not necessarily, no.

20                **Q.     Was he present at his request or**  
21    **at Cynthia's?**

22                A.     I think, hers.

23                **Q.     So we talked about he definitely**  
24    **accompanied her, you think, to the March 29th**  
25    **visit, the initial visit?**

1           A.    I also think, and I'm going to  
2    jump back way past that, I saw them at Trillium  
3    once or twice at the other facility for  
4    identical things to this.

5           **Q.    Both of them together?**

6           A.    Her at least.  Probably, both of  
7    them in the room at the same time.

8           **Q.    So it was regular that both of**  
9    **them would be together for the visits?**

10          A.    I think so, yes.

11          **Q.    Did Mr. Madej participate in**  
12   **discussions regarding Miss Madej's medical**  
13   **care, her symptoms?**

14          A.    Minimally, I recall.  Minimally, I  
15    think.  She was certainly the one speaking the  
16    most and responding.  I think he would add  
17    something from time to time, but I don't  
18    remember him being a big force in the  
19    conversation.

20          **Q.    What kind of things would he**  
21   **comment on and add?**

22          A.    Boy, you know, I don't remember  
23    him being silent, but I don't really remember  
24    him adding much to the conversation that stood  
25    out in my mind.  So I guess it seems more

1     vague, because this was a long time ago.

2             **Q.     Yeah.  No, I appreciate that.**

3             **A.     I've had a lot of patients in the**  
4     interim.

5             **Q.     Sure.  Would he talk about the**  
6     **steps he took to help care for Cynthia?**

7             **A.     Some.  Some.**

8             **Q.     Did he ever ask for FMLA leave to**  
9     **help care for Cynthia?**

10            **A.     No.**

11            **Q.     Never filled out any kind of an**  
12   **FMLA certification?**

13            **A.     No.**

14            **Q.     Did you understand him to be on**  
15   **FMLA leave, presently, while caring for**  
16   **Cynthia?**

17            **A.     No.  At the time, no.**

18            **Q.     Did you know that before I just**  
19   **told you?**

20            **A.     No.  Unless I did it without**  
21   remembering, but I would assume I'd have a copy  
22   of it.

23            **Q.     Okay.  So let's go back, if we**  
24   **can, to 3/29.  So this indicates an office**  
25   **visit on the description, and then it indicates**

1     **NP 4. What does that mean?**

2             A. That's the level of complexity of  
3     an appointment, and it might have been new  
4     patient Level 4.

5             **Q. So tell me, if you can -- 1 to 5?**  
6     **1 to 4? What's the different levels of**  
7     **complexity? What's the scale?**

8             A. Level 1 is allied medical  
9     professional, not a physician visit. Level 2  
10    is a very low intensity, short visit. Often a  
11    nurse practitioner's visit would be a Level 2.  
12    Level 3 is more of a standard, simple,  
13    straight-forward appointment. Level 4 is more  
14    complex, and a Level 5 is very complex in  
15    medical thinking and medical reasoning and  
16    needs.

17            **Q. So does this relate to the doctor,**  
18    **the physician, treating? Or the numeral**  
19    **designation is as to the patient?**

20            A. It refers to both.

21            **Q. Okay.**

22            A. The level of complexity that the  
23    patient requires and the medical decision  
24    making, I think is really the medical decision  
25    making that's needed by the physician. The

1 complexity of that.

2 **Q. And how is that assigned? How are**  
3 **those levels assigned?**

4 A. It's designed by the level of the  
5 exam, the complexity of the medical decision  
6 making. So, you know, a cold, something very  
7 straightforward, one issue, would be a level.  
8 You know, where you give a list of what the  
9 patient needs to do to respond might be a Level  
10 3. A more complex patient is a Level 4.

11 **Q. Okay. Thank you. How do you**  
12 **determine what level they would be at? Is that**  
13 **something you do after the fact, after the**  
14 **initial evaluation, or prior to seeing them?**

15 A. While and after. You know, it's a  
16 feeling that you get from how much of an exam  
17 you do. It's based on many factors of the  
18 exam, what your physical exam is, how many  
19 subjective complaints and concerns the patient  
20 has and the complexity of decision making. I  
21 probably undercoat some, you know. I probably  
22 do more 5s than I give myself credit for,  
23 because it just is a trait. I probably do  
24 that.

25 **Q. Okay. And you are the party who**



1       **assigns the code?**

2               A.     Yeah.

3               **Q.     Not your assistant or anything?**

4               A.     Not my billing person or  
5     assistant, correct.

6               **Q.     Thank you. And it looks like**  
7     **there was a charge on this date for \$190. Is**  
8     **that correct, Doctor?**

9               A.     Mm-hmm. That was a new patient  
10    Level 4 visit. Standard.

11              **Q.     Okay. Sure. And who paid for**  
12    **this. Did the Madejs pay out of pocket? Was**  
13    **this billed through insurance?**

14              A.     I don't know.

15              **Q.     You don't know. Okay. Would you**  
16    **have records of that, if it was billed through**  
17    **insurance?**

18              A.     I don't know.

19              **Q.     There's no records if it was sent**  
20    **to a provider?**

21              A.     I don't know how that is done.

22              **Q.     Okay.**

23              A.     Our billing.

24              **Q.     No, I understand.**

25              A.     No, I don't know how that is kept

1 and how long those records are kept for. I  
2 just don't know the answer to that.

3 Q. Do you think the Madejs paid  
4 directly?

5 A. I really don't know. I really  
6 stay out of that intentionally.

7 Q. Okay. And then on the same day we  
8 have a description on the second line, OMT 1-2  
9 areas. What does that mean, Doctor?

10 A. Osteopathic manipulation.

11 Q. Okay.

12 A. She had rib pain and stomach pain.  
13 Osteopathic manipulation to probably ribs and  
14 abdomen would be my guess. I don't see it  
15 specified here, but it's going to be in her  
16 note from that date.

17 Q. Okay. And we'll get to that, and  
18 perhaps now is the best time to do that. So  
19 that would be --

20 A. Back at the very back end of  
21 things, probably.

22 Q. Oh, I see. They're in reverse  
23 chronological order. Okay. Okay. So, yes,  
24 the last page. Okay. So I'll go ahead and  
25 indicate that we've directed you to the last

1 page of this document, and this is your medical  
2 records that were produced on this date,  
3 correct?

4 A. Correct.

5 Q. Okay. And how would you produce  
6 these? Would you input these after you  
7 examined the patient into a computer?

8 A. Mm-hmm.

9 Q. Yes or no?

10 A. Yes. Sorry. During and after I  
11 tend to do a written note and then . . .

12 Q. Have you produced your written  
13 notes?

14 A. I think I destroy them when I  
15 convert them. I mean, they're my shorthand  
16 notes to myself.

17 Q. Okay. That's fine. I just want  
18 to make sure I have all the records.

19 A. Yes.

20 Q. Okay. And it looks like here Miss  
21 Madej appeared wearing a face mask?

22 A. Correct.

23 Q. Okay. And do you remember that?

24 A. Yes.

25 Q. Why was she wearing face mask?

1           A.     Because she felt that the air when  
2     she went out of her home environment was  
3     harmful to her.  Whatever chemicals or whatever  
4     was in the environment.

5           **Q.     Okay.  And it looks like no vitals**  
6     **were recorded for this encounter?**

7           A.     Because she wouldn't come inside  
8     the building to do so.

9           **Q.     Okay.  And what was her stated**  
10    **reason for not coming inside the building?**

11          A.     That the air inside the building  
12    was harmful to her because of her chemical  
13    sensitivity.  It would make her ill.

14          **Q.     Did she identify what chemicals**  
15    **were in the air inside the building that were**  
16    **going to make her ill?**

17          A.     I think there was an air  
18    freshener, but I think it was just in general  
19    being in our space where probably regular  
20    paints had been used or regular carpeting was  
21    on the floor.  You know, I don't have a  
22    chemical sensitive environment.  This would be  
23    a nightmare, right?  Regular paint on the walls  
24    and regular carpeting, whatever cleaning  
25    products we used.  You know.  That's just . . .

1                   **Q.     Were you able to examine her with**  
2   **a stethoscope?**

3                   A.     I had to wipe it off with alcohol  
4   and let it dry completely first.

5                   **Q.     So you would have taken a vital**  
6   **that way?**

7                   A.     I would listen to her heart and  
8   lungs, and I would say -- What do I have?  
9   Okay. Lungs are clear. I listened to her  
10   heart. It was regular rate, no murmur, no  
11   rubs, no gallops. So I listened to her.

12                  **Q.     Did you take her blood pressure?**

13                  A.     I did not, because the cuff is a  
14   meshy kind of fabric that you can't --

15                  **Q.     Where did you perform this**  
16   **examination?**

17                  A.     This was in Athens. It would have  
18   been in off the edge of the driveway behind the  
19   building.

20                  **Q.     Okay. So there are two locations**  
21   **for Willow Wellness Center?**

22                  A.     There were.

23                  **Q.     Okay.**

24                  A.     I stopped doing Athens.

25                  **Q.     Okay.**

1           A.     Except for I have a handful of  
2     like nonagenarian patients who can't come up  
3     here that I've kept for a half day a month that  
4     I see still.

5           Q.     So you did have a location in  
6     Athens?

7           A.     Yes.

8           Q.     And what time period did you have  
9     that for?

10          A.     Probably, 2010 through a year ago.

11          Q.     2016?

12          A.     Yes.   Sometime in 2016.

13          Q.     And Miss Madej traveled by car to  
14     that facility?

15          A.     Yes.

16          Q.     Did you ever see Miss Madej at her  
17     home?

18          A.     No.

19          Q.     Did you always examine Miss Madej  
20     outside?

21          A.     Yes.

22          Q.     And Mr. Madej was more often than  
23     not present with her?

24          A.     Correct.

25          Q.     Did she keep her gas mask on while

1     **outside?**

2             A.     Or face mask.   Whatever.   Yes.

3             **Q.     How with her face mask on did you**  
4     **perform an evaluation regarding her teeth and**  
5     **gums?  There's a note here, necrotic teeth with**  
6     **severe infection dental difficulty, gingival --**

7             A.     She probably removed it, so I  
8     could look at that and then put it back on.

9             **Q.     Okay.  So that you did note**  
10    **necrosis of the teeth with a severe dental**  
11    **infection, correct?**

12            A.     Yes.  Again, hard to remember.  
13    But if it's in there, I certainly wouldn't have  
14    made that up.  Hard to make that one up.

15            **Q.     Understood.  And how long did you**  
16    **examine her for at the initial visit?**

17            A.     It probably would have been -- She  
18    probably had a 45-minute appointment.  It was a  
19    new patient visit.

20            **Q.     Did she take her clothes off or**  
21    **anything during that?**

22            A.     Not -- I was able to look under  
23    her clothing, but she kept her clothes -- I  
24    think she kept her clothing on.  We were  
25    outside.  Somewhat private but . . .

1                   **Q.    Do you ever examine other patients**  
2   **outside?**

3                   A.    No.   I've never had that before or  
4   since.

5                   **Q.    But Miss Madej was insistent upon**  
6   **it?**

7                   A.    Correct.

8                   **Q.    Was Mr. Madej insistent upon it?**

9                   A.    I don't think he expressed  
10 anything about it.

11                  **Q.    Thank you.**

12                  A.    I don't know.

13                  **Q.    Did they identify what, other than**  
14 **the air freshener, that was in the air that**  
15 **would make her ill?**

16                  A.    She specifically mentioned  
17 cleaning products, of gassing, of paints, and I  
18 think carpeting.   So solvents.

19                  **Q.    Do paints give off fumes, if it's**  
20 **not been freshly painted?   Do you know?**

21                  A.    I don't really know.   That's not  
22 my specialty.

23                  **Q.    Sure.   Understood.   What about**  
24 **carpets?   Same inquiry.   Can you smell a carpet**  
25 **if it's not been freshly laid?   Not your**



1     **specialty?**

2                   A.     I don't know how long that goes on  
3     for.   That's someone else's specialty.

4                   **Q.     I guess it's the cellular life of**  
5     **the solvent in the carpet, correct?**

6                   A.     And so dependent on what chemicals  
7     are used.   Yeah, that's a different specialty  
8     than I have.

9                   **Q.     Okay.   And it's noted here that**  
10    **Miss Madej had depressive symptoms?**

11                  A.     Yes.

12                  **Q.     Can you speak a little bit about**  
13    **those?**

14                  A.     Again, it's a long time ago.

15                  **Q.     I understand.   I appreciate you**  
16    **trying to answer them.**

17                  A.     It would have been it's in  
18    subjective.   I wonder what I have as far as the  
19    objective.   Let me just look at her . . . I  
20    don't, in her objective, have that written.   So  
21    she must have stated that she was.   Oh, yeah.  
22    Psychological.   No localized findings.   Yeah,  
23    but that's -- I didn't comment on anything  
24    specific about her in my physical findings.   I  
25    found her affect flattened, in retrospect, and

1 I'm not sure I got that written in any of the  
2 notes which would be consistent with it. So  
3 what she did is she told me she was depressed,  
4 very likely.

5 Q. Why did she say she was depressed?

6 A. It's in subjective, in that note.

7 Q. Yeah. You said she told you she  
8 was depressed. Why did she say? Did she say,  
9 I'm depressed because? Or she just said, I'm  
10 depressed?

11 A. I assume, because it's a long time  
12 ago.

13 Q. So she didn't give a reason why  
14 she was depressed?

15 A. I didn't write it down.

16 Q. Okay.

17 A. But she may have. She may have  
18 said that she was, you know, blue. I don't  
19 know. I just don't know, in that situation.

20 Q. Did Mr. Madej say anything about  
21 why Miss Madej was depressed?

22 A. I don't recall.

23 Q. The area where you conducted this  
24 examination, I think you started to describe it  
25 and I interrupted you, and I'm sorry about

1     **that. Is it grassy?**

2             A.    No. It was concrete.

3             Q.    Okay. Like the parking lot  
4     **outside right now?**

5             A.    That's asphalt.

6             Q.    Okay.

7             A.    So it was concrete.

8             Q.    Was it -- how far away from the  
9     **road was it approximately?**

10            A.    I don't know. I'm really bad at  
11    guessing that type of distance. I'm gong to  
12    say, 400 feet, maybe.

13            Q.    And you don't know whether or not  
14    **Miss Madej traveled over asphalt road to get to**  
15    **you, correct?**

16            A.    The road that we live on is  
17    asphalt.

18            Q.    So she would have had to have,  
19    **right?**

20            A.    Mm-hmm. Yes.

21            Q.    Okay. Anything else that you  
22    **observed about Miss Madej that we have the --**  
23    **you'll have to remind me -- OMT 1 and 2, the**  
24    **osteo manipulation?**

25            A.    Mm-hmm.

1                   **Q.     So you conducted that outside?**

2                   A.     Yes.

3                   **Q.     Okay.   And what does that entail?**

4                   A.     In this case, I worked on her  
5     ribs, her stomach, her shoulders.   You know,  
6     upper extremity and thoracics.   You know, to  
7     use my hands.   She would have been dressed.   I  
8     had a table out there.   It had to be wiped down  
9     with alcohol and dried completely before she  
10    could get near it.

11                  **Q.     Wowees.   Never had that with any**  
12   **other patient before?**

13                  A.     No.   This is different.

14                  **Q.     Mm-hmm.   And you note here in your**  
15   **assessment, multiple chemical sensitivity,**  
16   **Iodoplex?**

17                  A.     Right.

18                  **Q.     What does Iodoplex mean?**

19                  A.     Iodoplex is an iodine containing  
20    thing.   Sometimes people with, you know,  
21    anecdotal, because there are no big studies,  
22    right?

23                  **Q.     Mm-hmm.**

24                  A.     Anecdotal evidence that sometimes  
25    iodine containing things can help them be less

1 reactive, and it's just anecdotal.

2 **Q. Right. It's not a --**

3 A. It's not. Indoplex would have  
4 been something to suggest maybe you could get  
5 some of this and try it, maybe it would help  
6 you. That's what some physicians -- anecdotal  
7 stuff when you have no --

8 **Q. When it's not a recognized disease**  
9 **under the SM 4, correct?**

10 A. It's what we're left with.

11 **Q. So it's an anecdotal kind of**  
12 **recommendation based on --**

13 A. Mine is.

14 **Q. Yours is, based on her presenting?**

15 A. Correct.

16 **Q. All right. It's not a diagnosis?**

17 A. The multiple chemical sensitivity  
18 or -- Well, she came to me with that diagnosis  
19 from a specialist. So it's not my skill set to  
20 diagnose that. So it's not --

21 **Q. Understood.**

22 A. But a patient will come to me with  
23 rheumatoid arthritis, and I'm not going to  
24 reinvent the wheel and, you know, diagnose  
25 their rheumatoid arthritis again or --

1     Particularly when there's stuff that points to  
2     things that are not explained otherwise.

3                 **Q.     Do you have any other patients**  
4     **with multiple chemical sensitivity?**

5                 A.     I did a long time ago, back at the  
6     other clinic. I had another woman briefly, but  
7     again it was for her such a hardship to travel  
8     to the -- She didn't live in Lancaster.

9                 **Q.     Mm-hmm.**

10                A.     So she came maybe a time or two  
11     and . . . and . . . that --

12                **Q.     And how would you diagnose**  
13     **multiple chemical sensitivity?**

14                A.     Again, it comes from another  
15     doctor, generally.

16                **Q.     It's not your skill set to**  
17     **diagnose it?**

18                A.     Hmm-mm. No, it's not.

19                **Q.     Did Ms. Madej report at this**  
20     **initial appointment what she was sensitive to,**  
21     **what chemicals she was allegedly sensitive to?**

22                A.     Cleaning supplies. Again, the  
23     things that were in my clinic. So those were  
24     certainly reported on.

25                **Q.     Anything else?**

1           A.    I know car exhaust was a problem  
2   for her. I think it's just, you know,  
3   airborne.

4           **Q.    They're somatic form, correct?**

5           A.    Pardon?

6           **Q.    They're somatic form**  
7   **sensitivities, right? There's no medical basis**  
8   **for them?**

9           A.    I don't know that.

10          **Q.    Do you know if Ms. Madej was ever**  
11   **subject to any kind of exposure to the things**  
12   **that she claimed harm from, in like allergy**  
13   **testing, prick testing or inhalation?**

14          A.    I don't know the criteria for  
15   diagnosing multiple chemical sensitivity.

16          **Q.    No, I understand. I appreciate**  
17   **that.**

18          A.    And how all of those apply to it,  
19   because all sensitivities are not IgE mediated,  
20   which is what the prick testing -- Yeah, there  
21   are a lot of different immune responses.  
22   That's above my knowledge base.

23          **Q.    Okay.**

24          A.    You know, many immune responses  
25   that must be --

1           Q.    You never spoke with Dr. Lieberman  
2    regarding any tests he did on Miss Madej to  
3    assess her for her claim of multiple chemical  
4    sensitivity?

5           A.    No, I didn't.

6           Q.    And she never told you, hey, he  
7    did allergy testing, prick testing?

8           A.    No.

9           Q.    She just presented and said, I  
10   have this?

11          A.    Correct. And I did have a letter.

12          Q.    Sure.

13          A.    Again, I know I can probably track  
14   -- It probably is in the old records from  
15   Trillium.

16          Q.    Okay.

17          A.    But I don't have those. So . . .

18          Q.    I appreciate that. Okay. Okay.  
19   And then we have here that -- I'll just go  
20   ahead and direct you back to Page 3. Then on  
21   the same date this Iodoplex from Hollywood  
22   Health was given to her, and that's the iodine?

23          A.    Right. Right.

24          Q.    Okay. What is that?

25          A.    It's an iodine type complex, like



1 I said, that is anecdotally supposed to be  
2 helpful for those people to reduce some of the  
3 chemical sensitivity.

4 Q. Okay. And do you know if Miss  
5 Madej paid for this? Again, I know it's a  
6 billing question, and if the answer is I don't  
7 know that's fine.

8 A. I don't know.

9 Q. Okay. What is in Iodoplex? What  
10 chemically?

11 A. I don't recall anymore. Iodine,  
12 various . . .

13 Q. Is it supposed to inhibit any  
14 proteins or protease blockers? Or what's the  
15 effect of it?

16 A. It's supposed to mitigate the  
17 symptoms of --

18 Q. How does it do that?

19 A. -- chemical sensitivity. Iodine  
20 is considered, I mean, this is helpful in just  
21 battling particularly chlorine, because they're  
22 in the same column in the periodic table, that  
23 iodine can be helpful if you're around volatile  
24 chlorinated compounds that it can actually help  
25 get them off receptors or get chlorine off of

1 places -- out of places in the body where it  
2 might be, because chlorinated compounds are  
3 tricky for people sometimes.

4 **Q. Do you ingest this or is it --**

5 A. Mm-hmm. I think it's a pill.

6 **Q. Okay. Iodine pills. Okay.**

7 A. And none of the pills that I think  
8 I ever gave her were well tolerated by her  
9 because of contamination or by . . .

10 **Q. Do you have literature to support**  
11 **that iodine is effective treatment for people**  
12 **with multiple chemical sensitivity?**

13 A. I think it was anecdotal. It was  
14 anecdotal, again, and I think a lot of the  
15 study on iodine is by Dr. Brownstein.

16 **Q. Do you know what Dr. Brownstein is**  
17 **a specialist in?**

18 A. I think he's an integrated  
19 medicine practitioner, but again I was reading  
20 about that at the time. You know. Seeking  
21 options for this patient.

22 **Q. Okay. Okay. Any other**  
23 **information regarding Miss Madej's first visit.**  
24 **It looks like, was she referred for a thyroid**  
25 **assessment? Was she directed to have blood**

1     **work after her first initial, at the visit on**  
2     **March 29th of 2011?**

3             A.     I assume that I would have wanted  
4     all that, but let's see.   Yep.

5             **Q.     Okay.  Where does it say that?**

6             A.     Thyroid panel and antibodies,  
7     under assessment.  I lump assessment and plan  
8     together.  So goiter, it says, thyroid panel  
9     and antibodies.  Thyroid antibodies were  
10    ordered.

11            **Q.     Okay.  And did you have concerns**  
12    **about her thyroid?**

13            A.     She has a goiter.

14            **Q.     Oh, okay.**

15            A.     So, yes.  And iodine sometimes can  
16    help reduce.  Which is why we have iodine in  
17    our salts.  So iodine salt is generally . . .

18            **Q.     And do you have studies that**  
19    **iodine can reduce goiters?**

20            A.     That's why we have it in all of  
21    our salt.  I think that's kind of a known that  
22    that's the level that reduces goiter, and that  
23    is, I'm sorry, sort of a public health thing.  
24    Like foliate reduces birth defects.  That's why  
25    we have folic acid in all cereals.  There are

1 certain things that are like nutritionally  
2 widely accepted, and so we have iodized salt  
3 for just that reason, and we live in the goiter  
4 belt because we're a low iodine region and  
5 historically had a lot of goiters before they  
6 iodized our salt. So I don't think I've read  
7 specific but I mean that is sort of a medical  
8 -- Widely accepted medically.

9 Q. Okay. And did Miss Madej report  
10 somewhere to have the blood work performed?

11 A. I don't recall if maybe at the  
12 next appointment we looked at it or not.

13 Q. Okay. Okay. So I think that's  
14 all of the first appointment, and then it looks  
15 like she saw you about one month later again?

16 A. Mm-hmm.

17 Q. Correct. And that was on April  
18 29th, and at this time this is an established  
19 Level 3, correct?

20 A. Mm-hmm.

21 Q. And I think you previously  
22 testified that a cold could be Level 3,  
23 potentially?

24 A. Right.

25 Q. Okay. And so we have the records

1     **here, and it looks like under the subjective**  
2     **she noted that she was better after the OMT,**  
3     **correct?**

4             A.     Correct.

5             Q.     Okay. And that was after your  
6     **manipulation of her. So that helped, correct?**

7             A.     It helped with that symptom.

8             Q.     Okay.

9             A.     Mm-hmm.

10            Q.     And then any changes from this  
11     **exhibit to the first -- excuse me -- from this**  
12     **visit to the first one?**

13            A.     It seems like, while I'm looking  
14     at her mood, she seemed in a slightly better  
15     mood at this point, compared to the previous  
16     one.

17            Q.     And again she was examined  
18     **outside?**

19            A.     Correct. And we actually got a  
20     blood pressure at that time.

21            Q.     You did take her blood pressure?

22            A.     Mm-hmm. We probably put something  
23     on the inside of the cuff. I was probably  
24     better prepared, and I probably put something  
25     inside the cuff to keep it safe for her. But I

1 don't recall that specifically, but I'm --

2 Q. I see where it says that, yes.

3 Okay. So Miss Madej is 5'7" and is 114 pounds,  
4 as of this visit?

5 A. Correct.

6 Q. So very thin, correct?

7 A. Yes.

8 Q. Okay. And I think that later on  
9 in the medical records you noted a potential  
10 Vitamin D deficiency; is that correct?

11 A. Correct.

12 Q. And also a protein deficiency?

13 A. Yeah. I probably did labs that  
14 would have shown that at various points in  
15 time.

16 Q. What were your recommendations  
17 regarding the Vitamin D deficiency?

18 A. That she supplement it and also  
19 get out in the sun.

20 Q. Did you recommend changes to her  
21 diet?

22 A. Vitamin D's tricky, you know, if  
23 you supplement it.

24 Q. Okay.

25 A. For that one, sun is really your

1 best bet or a supplement, or both, in her case.

2 Q. Okay. And then, you know, it's  
3 noted that she, at this time, objectively,  
4 she's well-developed, nourished, hydrated,  
5 groomed, normatensive and in no acute distress,  
6 correct?

7 A. Correct. Well, probably on the  
8 thin side of that, because her BMI 17.85, she's  
9 under weight. So I think I . . .

10 Q. Okay. And any treatment  
11 recommended following this visit? It looks  
12 like there was another manipulation done and no  
13 Iodoplex, correct?

14 A. Correct.

15 Q. Okay.

16 A. And I think I did give her a  
17 prescription for a sort of more natural  
18 thyroid. So that we could address her low  
19 thyroid and goiter. So I probably saw a lab in  
20 the meantime.

21 Q. Okay. And then it appears that  
22 the next time that she saw you was six months  
23 later, in October of 2012, correct?

24 A. Mm-hmm.

25 Q. Okay. And do you know why the

1     **delay?**

2                   A.     It was I think very much a  
3     hardship for her to be seen and leave her home.

4                   Q.     Okay. Do you know if she treated  
5     with any other medical providers during the  
6     interim time period that she --

7                   A.     I can't know for a fact, but I  
8     don't believe she did. I have no reason to  
9     believe that she would have.

10                  Q.     And again here you've noted that  
11     she refuses to enter the facility to be  
12     weighed, correct?

13                  A.     Right. I think one time we  
14     brought the scale out, and, you know, we were  
15     trying to get whatever information we could.

16                  Q.     She made it -- It's difficult,  
17     correct?

18                  A.     It was very challenging to address  
19     her needs.

20                  Q.     Certainly not optimal conditions  
21     for a medical examination, correct?

22                  A.     You know, you can find out a lot  
23     with a stethoscope, but difficulty in obtaining  
24     vital signs is tricky, makes it more  
25     challenging. So I was grateful when we got



1     them.

2                   **Q.     Okay. And you've noted here on**  
 3     **the assessment that she has an iron deficiency**  
 4     **and is anemic, correct?**

5                   A.     Mm-hmm.

6                   **Q.     Okay. And that coupled with her**  
 7     **Vitamin D deficiency, do they always go hand in**  
 8     **hand?**

9                   A.     No.

10                  **Q.     Could you have one and not the**  
 11     **other?**

12                  A.     Oh, yes.

13                  **Q.     And what did you recommend for the**  
 14     **iron deficiency?**

15                  A.     I was evaluating it with labs. I  
 16     wrote for a lab. Ferritin level and a CBC.

17                  **Q.     Okay. What is ferritin?**

18                  A.     It's sort of a measure of iron  
 19     content. CBC's your comprehensive blood count,  
 20     and it's not a direct measure of iron, and  
 21     ferritin is.

22                  **Q.     Okay. So you referred her based**  
 23     **on a perception that she was possibly anemic,**  
 24     **correct?**

25                  A.     Probably looked at old labs.

1                   **Q.     Okay. Can you separate the**  
2     **symptoms of her anemia from her alleged**  
3     **chemical sensitivity?**

4                   A.     I believe so, to the best of my  
5     ability as a family practice doctor. Right?  
6     Anemia has certain symptoms.

7                   **Q.     Fatigue?**

8                   A.     Yes.

9                   **Q.     Lethargy?**

10                  A.     Correct.

11                  **Q.     What other symptoms does anemia**  
12     **have?**

13                  A.     Weakness, I think. You know,  
14     pallor. I mean, people with iron deficiency  
15     anemia tend to crunch on ice, tend to get  
16     easily winded with exertion but are fine when  
17     they're sitting still.

18                  **Q.     I'm just wondering, did you**  
19     **conduct an internal gynecological examination**  
20     **of Ms. Madej at this point in time?**

21                  A.     No.

22                  **Q.     I know that there's just cervical**  
23     **normal, but is that for something else?**

24                  A.     Oh, that must have just not --  
25     That was probably one that I didn't delete when

1 I was doing the charting. So that's a charting  
2 error.

3 Q. Okay.

4 A. I'll make an addendum to that,  
5 because that was a charting error. Thank you  
6 for pointing that out.

7 Q. You never conducted any  
8 gynecological examination of Miss Madej?

9 A. There was no way to get up close  
10 and personal in that situation.

11 Q. Thank you. I wasn't trying to  
12 insinuate that you did.

13 A. No, that was a charting error.  
14 I'll make a note so that I correct that,  
15 because we love our electronic medical records.

16 Q. Okay. Okay. And then I note on  
17 here that the plan was to see here again in two  
18 months, correct?

19 A. Correct.

20 Q. Okay. And nothing is prescribed  
21 for her at this point in time, and it doesn't  
22 look like there was even an OMT, any kind of  
23 manipulation done?

24 A. Labs were done. Correct. And she  
25 was encouraged to take a high dose Vitamin D.

1                   **Q.     Okay.**

2                   A.     And dietary changes, I'm sure, to  
3     get iron up, because she wouldn't have accepted  
4     another alternative.

5                   **Q.     Diet changes, more leafy greens,**  
6     **what else?**

7                   A.     Red meats, organ meats, but that  
8     probably wouldn't have been well received by  
9     her. I don't know.

10                  **Q.     Did you recommend that?**

11                  A.     Yes.

12                  **Q.     Okay. And she said, I don't do**  
13     **that?**

14                  A.     Well, I don't think that she --  
15     There are obstacles, because of the multiple  
16     chemical sensitivity, to getting clean red  
17     meats and . . .

18                  **Q.     Okay. And then it does not look**  
19     **like you saw her again until May of 2015,**  
20     **correct?**

21                  A.     Correct.

22                  **Q.     Okay. And do you know why the**  
23     **delay?**

24                  A.     Again, I think that difficulty in  
25     leaving the home environment was really a

1 problem for her, a huge obstacle for her.

2 Q. Did she say that it was to you?

3 A. Yeah.

4 Q. What did she say?

5 A. I don't remember the exact words,  
6 but I just remember her saying that it's very  
7 difficult to come to any appointment and that  
8 she doesn't leave her home for that reason.

9 Q. Did her husband say that as well?

10 A. I don't remember him saying that.

11 Q. And then the next record is the  
12 5/1 meeting?

13 A. Right.

14 Q. And her chief complaint here is  
15 profound weakness, and once again she's refused  
16 to be weighed, correct?

17 A. Correct.

18 Q. And she has lost weight since the  
19 last time you've seen her?

20 A. Visibly. I mean, it must have  
21 been visibly, because I don't have it here.

22 Q. Because she wouldn't be weighed?

23 A. Correct.

24 Q. Okay.

25 A. And there are certain, you know,

1 in hospice you -- I mean this is not a hospice  
2 patient, but you can use other signs and  
3 symptoms. Clothing that is too loose and  
4 visible changes. So . . .

5 Q. Yeah. If she won't be weighed,  
6 you can't get her weight.

7 A. Correct.

8 Q. I understand that. Okay. And  
9 then under your assessment you've noted under  
10 one, SD T, R, A, L performed in usual manner.  
11 What does that mean?

12 A. Somatic dysfunction. So  
13 something's wrong with the thoracics, ribs,  
14 abdomen and lumbar spine.

15 Q. And you manipulate at that point?

16 A. Correct.

17 Q. And then there was some myofascial  
18 work done for her?

19 A. That's -- those are all  
20 techniques, osteopathic manipulation.

21 Q. Mm-hmm. And then what is a  
22 mesenteric lift?

23 A. Mesentery is part of the gut.

24 Q. Okay. So press on her stomach or  
25 manipulate it?

1           A.    Yeah.  Manipulate it.  It's not  
2   like --

3           Q.    Sorry.  Okay.  And she tolerated  
4   that well?

5           A.    It says so.

6           Q.    And she has good range of motion  
7   noted?

8           A.    Improved.

9           Q.    Okay.  Improved.  And comfortable  
10   and flexible, correct?

11          A.    Mm-hmm.  Improvement, yes.

12          Q.    And then we've again noted a low  
13   Vitamin D and a request to recheck levels.  And  
14   then the weight loss, is that wording after  
15   that, is that blood work to be done to assess  
16   that?

17          A.    Exactly.

18          Q.    So do you think you referred her  
19   for blood work twice that you reviewed?

20          A.    Yeah.  I think it was really  
21   difficult.  I'm sure there were many times I  
22   tried to get lab work, and it was difficult for  
23   her to go into a facility to get blood drawn,  
24   but I -- You know, you've got to do due  
25   diligence as a practitioner and you know --

1           **Q.     Absolutely.**

2           **A.     -- at least try.**

3           **Q.     Yeah. And blood work would be**  
4 **part of that due diligence, correct?**

5           **A.     Yes. If they're capable of**  
6 **getting it.**

7           **Q.     How else would you do it, if**  
8 **they're not capable of getting blood work?**

9           **A.     I mean, patients who are**  
10 **housebound, you can get visiting nurses to go**  
11 **in and draw that. It never really occurred to**  
12 **me to do that.**

13           **Q.     I mean you can still get. It's**  
14 **just getting the sample. You're still**  
15 **assessing blood panels?**

16           **A.     Correct.**

17           **Q.     It's just whether or not they**  
18 **extract it?**

19           **A.     Whether they can get the patient,**  
20 **yeah, into a space that they can get blood**  
21 **drawn. Correct.**

22           **Q.     Did she tell you why she couldn't**  
23 **have blood drawn?**

24           **A.     Because going into a space that**  
25 **would have chemicals that had historically, for**



1 her, made her sick.

2 Q. Did she identify what chemicals  
3 those were?

4 A. No, not at that point. I mean, I  
5 know the ones that were relevant to my  
6 situation. I don't think I went into any  
7 length with that.

8 Q. Did she identify if she had ever  
9 been tested to see if those chemicals made her  
10 sick or if she just said that they made her  
11 sick?

12 A. She just said that.

13 Q. Did her husband say that those  
14 chemicals made her sick?

15 A. I don't recall him piping in.

16 Q. Okay. And, again, for the  
17 hypothyroidism, what is hypothyroidism?

18 A. Low thyroid.

19 Q. What are the symptoms of  
20 hypothyroidism?

21 A. Fatigue. Weakness.

22 Q. Okay. And what do these  
23 abbreviations after that stand for?

24 A. Which? Where are we?

25 Q. Number 6, under assessment.

1 A. Oh, okay. What date are you on?

2 Q. I'm on 5/1/2015.

3 A. Okay.

4 Q. I just skipped ahead.

5 A. Those are labs, and they're also  
6 covered under weight loss. Because if I  
7 over-medicated her for thyroid, they could have  
8 contributed to weigh loss.

9 Q. Okay.

10 A. Right. So you need to track, if  
11 you're doing any kind of therapy and getting  
12 any thyroid medication into a patient, you need  
13 to track if you're under or overdosing. That's  
14 how you do it, with labs.

15 Q. So this is a referral for lab work  
16 for additional blood work?

17 A. These are what labs I ordered,  
18 yes.

19 Q. Okay. Understood. And once  
20 again, it looks like on this date she had  
21 another manipulation of different areas, but a  
22 manipulation nonetheless?

23 A. Mm-hmm.

24 Q. Okay. And then it appears she  
25 came back a week later?

1 A. Mm-hmm.

2 Q. Okay. And was this, was she in  
3 pain? Was there something --

4 A. 5/22?

5 Q. Yes.

6 A. So it's three weeks later.

7 Q. Three weeks later? Well, so we've  
8 got under billing sheet showing a visit on  
9 5/8/2015, with a manipulation and with a  
10 Vitamin D supplement it looks like prescribed,  
11 but no record of that visit?

12 A. Yeah.

13 Q. Okay. Is there a reason that  
14 there's not at a record relating to that visit?

15 A. No. No, there's not. Just . . .

16 Q. Did you maybe just forget to do  
17 it?

18 A. Maybe. Maybe it got lost, maybe.  
19 Yeah, maybe.

20 Q. Okay. And this again was an  
21 office visit indicating that she would have  
22 come to the facility?

23 A. Uh-huh.

24 Q. And this would have been in  
25 Athens, correct?

1 A. Correct.

2 Q. Okay. So okay. Well, if you can  
3 just review and supplement if you find it?

4 A. Yeah. Sure.

5 Q. Okay. Thank you. Okay. So then  
6 5/22, we have another in-person visit?

7 A. Correct.

8 Q. And again the standard  
9 osteopathic, I'll call it osteopathic therapy,  
10 is performed on her?

11 A. Correct.

12 Q. Okay. And another request to  
13 review panels for anemia, correct?

14 A. Correct.

15 Q. Okay. And so she had not had  
16 blood work done, at this point in time,  
17 correct?

18 A. Correct.

19 Q. Okay. And that wasn't because you  
20 hadn't referred her, that was because --

21 A. No. I had an H pylori done. Do  
22 you know what? I've got to have something on  
23 that 8th, I'm sure, and probably we looked at  
24 labs, at that point in time. I will have that  
25 somewhere.

1                   Q.    That's fine. Not a problem.

2    Would she have had blood work on the visit on  
3    the 22nd?

4                   A.    It looks as if something was done,  
5    yes, by then. Because I would have made a note  
6    that labs were not done.

7                   Q.    Okay. And again there's a note  
8    under pelvis with restricted fascia, under  
9    objective?

10                  A.    Mm-hmm.

11                  Q.    That's just an external pelvic  
12    exam?

13                  A.    Correct.

14                  Q.    And then her weight, well, anemia,  
15    concern with anemia, was noted again, correct?

16                  A.    Correct.

17                  Q.    And then there was a suggestion of  
18    potentially a gallbladder or pancreas etiology?

19                  A.    Yeah. pancreatitis etiology.

20                  Q.    Etiology. Thank you. Was she  
21    evaluated for that?

22                  A.    Labs, amylase, lipase, and a CBC  
23    were ordered. Which would have been start for  
24    that, and an ultrasound -- and there was an  
25    ultrasound ordered.

1                   **Q.     And was she seen outside on this**  
2 **date again?**

3                   A.     I assume so, yeah. I don't think  
4 she was ever seen inside, in Athens or here.

5                   **Q.     Okay.**

6                   A.     Yeah, an ultrasound had been  
7 ordered back on the 1st, and she got it on the  
8 22nd.

9                   **Q.     On this date, correct?**

10                  A.     Or she was getting it on the  
11 Tuesday after that. So it took a few weeks to  
12 get that, the lab to get that arranged. It  
13 probably happened in a situation that was  
14 chemically free for them.

15                  **Q.     But she did have an ultrasound**  
16 **conducted?**

17                  A.     I think so. It was to be on  
18 Tuesday, according to that note. So it was  
19 scheduled.

20                  **Q.     Okay. And then the next visit is,**  
21 **we'll say, three weeks later.**

22                  A.     6/12?

23                  **Q.     Yes. And then you've noted here**  
24 **that she's got fewer signs and symptoms of the**  
25 **anemia, but her labs have worsened?**

1           A.     Correct.

2           **Q.     And what is a B shot?**

3           A.     Vitamin B.

4           **Q.     Okay. All right. She didn't want**  
5           **to have shots of Vitamin B, but she said she'd**  
6           **do it reluctantly. Is that what that means?**

7           A.     Where are you reading this?

8           **Q.     Under assessment.**

9           A.     Script for cobalamin? Where are  
10          you?

11          **Q.     Well, I skipped a few pages.**

12          A.     Okay. That's okay. So you're on  
13          6 . . .

14          **Q.     Let's go to the 6/12.**

15          A.     Okay.

16          **Q.     I just want to go through them**  
17          **sequentially. So 6/12, she was given a**  
18          **prescription for something for the anemia,**  
19          **correct?**

20          A.     Correct. So that she could seek a  
21          chemical free, preservative free B vitamin to  
22          inject.

23          **Q.     Cobalamin?**

24          A.     Cobalamin is B -- is B12.

25          **Q.     Okay. So these are B-12**

1       **injections, correct?**

2                   A.     Mm-hmm.

3                   **Q.     Okay.**

4                   A.     Right.

5                   **Q.     It would be injected like with a**  
6       **syringe?**

7                   A.     Yeah.   And in a non plastic.   They  
8       wanted glass syringes and non plastic  
9       containers in order to accommodate her chemical  
10      sensitivity.   So I wrote the prescription and  
11      gave her a prescription because of her needs.

12                  **Q.     Did she identify what compound in**  
13       **plastic she was allegedly sensitive to?**

14                  A.     She may have.   I didn't write it  
15      down or register it.

16                  **Q.     Did she identify the basis for**  
17       **glass being safer for her than plastic?**

18                  A.     I think plastics do leach  
19      chemicals, though, and glass is notorious.  
20      That's why it's used in a lot of our medical  
21      preparations for just that reason.   I think  
22      again I'm not going to say I have that study,  
23      but we do use glass when we feel a concern for  
24      it.

25                  **Q.     Did you have any basis to feel**



1     **concerned, other than Miss Madej's own**  
2     **statements?**

3             A.     No.

4             **Q.     Did you ever test her for**  
5     **petrochemicals or organic compounds?**

6             A.     I don't even know where we begin  
7     with that, if there are tests that are accurate  
8     for that. That's again in that chemical  
9     sensitivity specialty that I don't have.

10            **Q.     Thank you. I appreciate that.**

11            A.     That knowledge, I don't have.

12            **Q.     And then there's an indication of**  
13    **a new assessment on 6/12, SOB. What is that?**

14            A.     Short of breath.

15            **Q.     Okay. And you noted that that was**  
16    **potentially secondary to the anemia, correct?**

17            A.     Correct.

18            **Q.     And you've testified that**  
19    **shortness of breath and fatigue can be**  
20    **symptomatic of anemia, correct?**

21            A.     Correct.

22            **Q.     And dyspepsia?**

23            A.     Stomach discomfort and digestive  
24    discomfort, and I did a manipulation to try to  
25    help her with that.

1                   Q.    Okay.  And we've addressed the  
2   anemia and the fatigue you again noted was  
3   secondary to anemia?

4                   A.   Likely secondary to anemia.

5                   MS. GWIN:  I'm just going to take  
6   a break, if you don't mind?

7                   THE WITNESS:  Yes.  Go right  
8   ahead.

9                   MR. PETTEY:  Yeah.  No problem.  
10                   (Thereupon, recess was held.)

11                   MS. GWIN:  Okay.  Back on the  
12   record.

13   BY MS. GWIN:

14                   Q.    Okay.  When we went off the  
15   record, we were discussing the medical record  
16   from your office of 6/12/2015, and it looks  
17   like on that date, as far as billing records  
18   go, once again, we've got the bill for the  
19   office visit for manipulation, and that's all.  
20   And her next visit was on July 3rd of 2015,  
21   correct?

22                   A.   Mm-hmm.

23                   Q.    Okay.

24                   A.   It's actually a typographical  
25   error on the diagnosis of low Vitamin D.

1 Attempt to rectify, but not attempt, rectal.

2 Q. Okay.

3 A. Very different things.

4 Q. Okay. Thank you, Doctor. I  
5 appreciate that. And it looks like on this  
6 date, you know, once again, we've noted  
7 abdominal pain, as well as weight loss. The  
8 standard manipulation is performed. She  
9 tolerates it appropriately. You have a note  
10 under assessment that there is to be an attempt  
11 to increase her caloric intake.

12 A. Mm-hmm.

13 Q. And then it indicates that Ms.  
14 Madej refused a referral to, is that a  
15 gastrointestinal doctor?

16 A. Yes.

17 Q. What do you recall about that?

18 A. Just that the difficulty in  
19 navigating another office and the exposures  
20 were prohibitive for her.

21 Q. What did she say, that she didn't  
22 want to have a gastrointestinal analysis done?

23 A. No. I think she would have been  
24 glad to, if she could have done it in a way  
25 that would not have made her ill or treated her

1 chemical sensitivity.

2 **Q. What did she tell you about how**  
3 **that would trigger her chemical sensitivity?**

4 A. Based on having to travel across  
5 many asphalt roads or whatever, to be exposed  
6 to fumes from exhaust, to being inside a  
7 building and being exposed, too. And again  
8 that part of it is, I think, you know, studies  
9 have been done about internal environments  
10 inside building versus outside, that there is  
11 more chemicals in the environment in internal  
12 spaces.

13 **Q. What studies are those?**

14 A. I'm going to defer on that one. I  
15 know I've read them. I'm pulling it off my,  
16 you know, my knowledge base. Again, that's the  
17 chemical sensitivity world that the specialists  
18 really do deal with, but I do recall things  
19 about closed buildings. We got radon levels  
20 that were high, or we got chemicals from  
21 cleaning supplies that were high, and that some  
22 of the super insulated buildings were actually  
23 unsafe in some ways. Again, this is stuff I've  
24 read, and I'm not going to be able to give you  
25 a study to base that off.

1                   **Q.     Do you remember when you read it?**

2                   A.     Years ago.

3                   **Q.     How many years ago?**

4                   A.     I can't even begin to recall.

5                   **Q.     Did you rely on any of those**  
6 **studies in treating Miss Madej?**

7                   A.     Probably.  Probably, globally, but  
8 not specifically, right?  That I respected her,  
9 her assertions and the assertions of Dr.  
10 Lieberman and tried to accommodate those as a  
11 primary care physician.

12                  **Q.     How many studies do you think you**  
13 **reviewed on enclosed chemical environments?**

14                  A.     Probably one or two.  I mean, I  
15 don't think that it's something I've ever  
16 dwelled on or sought a lot of information  
17 about.

18                  **Q.     Because it's not your**  
19 **specialization?**

20                  A.     Correct.

21                  **Q.     She has Vitamin D, low, still,**  
22 **correct?**

23                  A.     At this appointment, yes.

24                  **Q.     And what were the efforts to**  
25 **rectify that that were made?**

1           A.    I tried to get her to take some  
2   supplementation. I had encouraged her with  
3   certain products, but they had other  
4   ingredients that she felt uncomfortable, would  
5   very likely trigger her. So I told her to --  
6   You know, I put the onus on her to investigate  
7   products that could be safe for her.

8           **Q.    What were those products?**

9           A.    I left it to her. Ingredients in  
10   the capsules, agitator-like things, things that  
11   they bulk, bulking agents that they put. I  
12   don't remember the specifics. That she would  
13   look at the label of a product I would  
14   recommend and say, I can't, because of A, B or  
15   C. I wasn't recording those.

16           **Q.    So at this point she's still not**  
17   **taking Vitamin D, it looks like?**

18           A.    I don't think. She was trying to  
19   get out in the sun more.

20           **Q.    But not take supplemental Vitamin**  
21   **D?**

22           A.    Correct.

23           **Q.    Would that have helped with the**  
24   **anemia?**

25           A.    Vitamin D doesn't play into

1 anemia.

2 Q. Would that have helped with the  
3 symptoms of lethargy, potentially?

4 A. Potentially.

5 Q. And the neck pain. Epsom salt  
6 packs were recommended, correct?

7 A. Mm-hmm.

8 Q. What does an Epsom salt pack look  
9 like?

10 A. It's just Epsom salt with hot  
11 water and apply to the skin.

12 Q. So it goes on your skin?

13 A. Yeah, but I don't know that she  
14 felt comfortable with that either.

15 Q. Did she say she didn't feel  
16 comfortable?

17 A. I don't know. I made a lot of  
18 recommendations at every appointment, and at  
19 some point you just need to let the patient  
20 choose what they're going to do or not do.

21 Q. Would you say she followed your  
22 recommendations?

23 A. I don't think she felt able to  
24 much of the time.

25 Q. In your opinion, based on a

1     **reasonable degree of medical certainty, had she**  
2     **followed some of these recommendation, the**  
3     **Vitamin D, the B-12 shots, the Epsom salt,**  
4     **would some of these symptoms have potentially**  
5     **been alleviated?**

6             A.     But she might have robbed Peter to  
7     pay Paul in that she might have potentially  
8     triggered symptoms of the chemical sensitivity,  
9     in order to do so.

10            **Q.     How do you know that she would**  
11     **have triggered symptoms of a chemical**  
12     **sensitivity?**

13            A.     I don't know that, because I'm a  
14     primary care physician, but that's what limited  
15     her from doing so. So I said, she might. That  
16     is a qualifying descriptor, right, of it?  
17     Because she might have.

18            **Q.     But just focusing on your**  
19     **expertise, which is primary care.**

20            A.     Right.

21            **Q.     Had she followed your --**

22            A.     Not had the chemical sensitivity  
23     and was able to do that? Yeah, I think it  
24     would have helped her a lot. So I made those  
25     recommendations, and based on that I did not



1 have access to chemical free products, other  
2 chemical free products, left it to her to  
3 investigate how to go about those.

4 MR. PETTEY: I apologize. I  
5 missed something there where the two of you  
6 were talking over each other.

7 THE WITNESS: Uh-huh. Sorry.

8 MR. PETTEY: When you were giving  
9 your answer, you were saying, if she did not  
10 have MCS, would those things have potentially  
11 helped her?

12 THE WITNESS: Right.

13 MR. PETTEY: Is that what you were  
14 saying?

15 THE WITNESS: They help patients  
16 who don't have it, because they don't get sick  
17 from the other chemicals in the product. But  
18 the assertion of the multiple chemical  
19 sensitivity world is that those other additives  
20 make patients unwell, and so she feared them  
21 for that reason.

22 MR. PETTEY: Pardon me, Molly.  
23 Thank you.

24 MS. GWIN: Oh, you're welcome.

25 And, Dr. Singer, I'll try not to

1 talk over you. I've been doing that. So I  
2 will do better. It's an occupational hazard.

3 BY MS. GWIN:

4 Q. Did you ever compile a list of all  
5 of the antigens that Miss Madej claimed caused  
6 her to be ill?

7 A. No.

8 Q. Did you ever ask her what all of  
9 the antigens are that she claimed caused her to  
10 be ill?

11 A. No. I never asked for that.

12 Q. So when you would make a  
13 recommendation, it was, hey, try this. And she  
14 would say, oh, I can't, because X. Is that how  
15 you came to know she had sensitivities to  
16 varying agents?

17 A. Correct.

18 Q. Did the list evolve throughout  
19 your treatment with her?

20 A. I don't think it did. I think it  
21 was there long before.

22 Q. Did you learn about new items that  
23 she was sensitive to during the course of  
24 treatment when you began in 2011, versus when  
25 you ended in 2016?

1           A.    I don't think so.

2           **Q.    You knew about every item she was**  
3 **sensitive to?**

4           A.    Or I think she knew already what  
5 she was sensitive to. I'm sorry. I may have  
6 answered a different question than you asked.  
7 She knew what she was sensitive to. She  
8 conveyed those things as they became relevant.

9           **Q.    Did you ever note a similarity**  
10 **between any of the items that she was sensitive**  
11 **to?**

12          A.    I never really thought about it.  
13 There were a lot of solvents on the list. You  
14 know. The easily airborne aromatics, aromatic  
15 chemicals, whatever.

16          **Q.    Okay. The next visit. Okay. So**  
17 **the next time you saw her is approximately a**  
18 **month later, and at this point she is a 5 on**  
19 **the description under the billing records?**

20          A.    Correct.

21          **Q.    And what did you base that change**  
22 **on?**

23          A.    The weight loss. She was  
24 apparently having some skin breakdown, which is  
25 characteristic of B vitamin deficiency. I was

1 concerned that there was a cancer process going  
2 on, at that point, because of the severity of  
3 her symptoms, that she was imminently at risk  
4 of dying. You know.

5 And there's another typo here  
6 under abdominal pain. It's heme cards, which  
7 is checking for blood. Not hemorrhoid cards.

8 **Q. Okay. So the skin breakdown that**  
9 **you noted, where is that noted in your**  
10 **objective records?**

11 A. Let's see if it's on here. Again,  
12 let's see if it's my bad record keeping here.  
13 There should have been a rash of some sort.  
14 Let's see what I've got. Yeah. I say, no  
15 rashes.

16 **Q. Okay.**

17 A. But there is some pemphigoid on  
18 here. So she had some tissue breakdown.

19 **Q. You remember it?**

20 A. I do. I think it was an arm, but  
21 I don't remember for sure.

22 **Q. Did it look like an abrasion, or a**  
23 **bruise?**

24 A. No. It looked like an eruption.  
25 Like what happens with pemphigoid is that the

1 upper surface of skin kind of breaks away, and  
2 you get bubbles or bulli. So it would have been  
3 a uniquely characteristic rash.

4 Q. Okay. And she's down to 98  
5 pounds, at this point, it looks like?

6 A. Yeah.

7 Q. Was she weighed in the facility?

8 A. I think the scale was brought out.

9 Q. Was the scale cleaned with alcohol  
10 every single time?

11 A. I don't recall that. She probably  
12 had clothing on or shoes. She would have just  
13 been able to get on it without touching  
14 anything other than the bottom of her shoes.

15 Q. Okay. And then there's a  
16 peripheral edema noted. What is that?

17 A. Swelling of the ankles and hands,  
18 potentially. Is that on . . .

19 Q. August 21st.

20 A. Oh, okay. I'm on the 8th.

21 Q. Oh, that's why.

22 A. Excuse me. Sorry about that.

23 Q. Well, let's go back to the 8th.  
24 I'm sorry.

25 A. You're okay.

1                   Q.    I don't have the 8th.  Yes, I do.  
2   Excuse me.  Okay.  Okay.  So, again, she's down  
3   to 98 pounds.  Excuse me.  You still noted the  
4   anemia, and then a dramatic weight loss of 30  
5   pounds.

6                   A.    Mm-hmm.

7                   Q.    And again had she previously lost  
8   30 pounds?

9                   A.    I think it's in the total of the  
10   past couple years.  You know, the past few  
11   years.  So . . .

12                  Q.    From the time you first saw her?

13                  A.    Right.  So it's again noted,  
14   probably would have been.  Yep.  I was  
15   concerned that there was something.  She was  
16   just so fragile.  Medically fragile.

17                  Q.    And again she's still refusing to  
18   see a gastrointestinal doctor, correct?

19                  A.    Because of the exposure risk.

20                  Q.    In your opinion, would the risk of  
21   exposure have been less than your concern for  
22   her death that not seeing a G.I. doctor, at  
23   this point?

24                  A.    I'm not qualified to say that,  
25   because I'm not that in tune into chemical

1 sensitivities, one way or the other. But I  
2 think that not seeing a G.I. doctor was, at  
3 that point, a frightening thing for a physician  
4 to have a patient do.

5 **Q. Did you have to put something in**  
6 **writing like, this is against my recommendation**  
7 **that you haven't seen a G.I. doctor?**

8 A. I think I wrote that. You know,  
9 concern for death. It's pretty, you know --  
10 And refusal, you know, based on refusal, that  
11 she might die of something, and no one in  
12 America should really be dying of colon cancer.  
13 That's what I was dealing with. But I  
14 certainly had no idea, but I feared for that.

15 **Q. Okay. And then the pemphigus?**

16 A. Pemphigoid.

17 **Q. That's the skin?**

18 A. The skin. Mm-hmm. So she would  
19 have had buli. You know, a bubbly kind of  
20 rash.

21 **Q. And then no OMT was done that day**  
22 **because of your concern for her**  
23 **gastrointestinal health, correct?**

24 A. Correct. And heme cards were sent  
25 home, because I couldn't do a rectal on her.

1                   **Q.     And it looks like you noted that**  
2     **she understood the risk of death, at this**  
3     **point?**

4                   A.     Yeah.

5                   **Q.     What did you say to her about**  
6     **that?**

7                   A.     I think what I've said here that,  
8     you know, my concern is that there's a cancer  
9     happening, and you very possibly, if you  
10    continue on this track, would risk debility or  
11    death if you continue to lose weight or if  
12    there's something growing in you that's eating  
13    you up. You know, I think I would have been  
14    pretty frank with that, and she accepted that  
15    risk and that the risk of going to leave town,  
16    drive and then be in an office was as big to  
17    her as anything else. Or that she attributed  
18    her symptoms to something other than a cancer,  
19    to her dietary restrictions or whatever else.

20                  **Q.     Any idea why she would agree to**  
21     **see a specialist like Dr. Lieberman and not see**  
22     **a G.I. specialist? Any idea?**

23                  A.     That was back a long time before.  
24     I mean that was many, many years prior to I  
25     think my having even seen her, or several years



1 prior to my having seen her. I don't know the  
2 degree of debility she had at that point, if  
3 she was as vulnerable. It may be that she felt  
4 she was so vulnerable. That would be my guess.  
5 Again, I didn't have that discussion with her.

6 **Q. And understanding that you're not**  
7 **a gastrointestinal specialist, what was your**  
8 **professional medical opinion of the reasons for**  
9 **the G.I. issues?**

10 A. I had ruled out pancreatitis. I  
11 had ruled out -- I was concerned for a cancer  
12 because of the great weight loss and sickness,  
13 but she'd be gone by now if that were the case,  
14 I would assume.

15 **Q. Yeah. She doesn't have cancer now**  
16 **that you know of, right?**

17 A. I don't know, because I have not  
18 seen her for quite sometime.

19 **Q. Was Mr. Madej present when you**  
20 **explained the risk of the death of his wife if**  
21 **she refused to see a specialist? Was he there?**

22 A. I believe so.

23 **Q. What was his response to that?**

24 A. There was no, you know -- It was  
25 just there was no response that I recall.

1                   Q.    He didn't say, I'm going to make  
2   her go, I'm worried about her?

3                   A.    No.

4                   Q.    Okay. And again we've noted the  
5   anemia. Could the anemia and the G.I. issues  
6   have been a part of her diet, have been caused  
7   by her diet?

8                   A.    Possibly.

9                   Q.    What other causes could there be?

10                  A.    Cancer, G.I. bleed, malabsorption,  
11   inflammatory conditions that contribute to  
12   malabsorption. There's a whole host of things  
13   that at least in a developed country we don't  
14   let people get this far along typically.

15                  Q.    Rarely?

16                  A.    This is extremely ill. This is a  
17   healthy young person -- relatively young  
18   person, who's looking like they could die.

19                  Q.    Okay. Okay. And that was your  
20   basis for establishing her as a 5 on your  
21   scale?

22                  A.    Correct.

23                  Q.    And then we have the August 21st  
24   visit, which I was trying to ask you about  
25   earlier, and I'm sorry.

1 A. That's okay.

2 Q. And you noted peripheral edema.

3 A. Mm-hmm.

4 Q. And that is the swelling of the  
5 hands and feet, correct?

6 A. Correct.

7 Q. What could be the cause of that?

8 A. Low protein.

9 Q. Low protein. And how would you  
10 correct for that?

11 A. Increase protein in the diet. I  
12 think what I said, you know, a diuretic. We  
13 would often use a water pill, but she certainly  
14 -- I don't know what the word elastic is.  
15 Again, that's a typo. You know, elevating.  
16 Getting the swelling back up, so that improved  
17 venous return back to the heart.

18 Q. Why did she say she was unable to  
19 use an elastic diuretic?

20 A. Elastic is a typo.

21 Q. Oh, I'm sorry.

22 A. Diuretic.

23 Q. Oh, just that shouldn't be in  
24 there?

25 A. Yeah. Elastic is a typo.

1           **Q.    Okay.  And the statis dermatitis,**  
2   **that's the --**

3           A.    Statis, that's when you swell,  
4   when your ankles swell, your legs swell, and  
5   you get sort of discoloration and redness  
6   because of blood pooling in the legs.

7           **Q.    And what was the cause of that?**

8           A.    Probably the low protein.  You  
9   know, the swelling is causing that.

10          **Q.    And then you emphasize the need**  
11 **for her to continue with the injections?**

12          A.    Right.

13          **Q.    And you also encouraged her to**  
14 **take supplements for Vitamin D?**

15          A.    Right.

16          **Q.    And you don't know if she took**  
17 **those, right?**

18          A.    I don't know.

19          **Q.    Okay.  And again we've got --**

20          A.    And it's a patient.  It's a  
21 subjective weight.  It's not an objective  
22 weight that's in this note on -- Am I on the  
23 correct date, 9/25?

24          **Q.    She was not weighed on a scale?**

25          A.    Correct.  She stated her weight,

1 at that point in time.

2 Q. Why did she sometimes agree to be  
3 weighed on a scale and sometimes not?

4 A. If I brought it out or not,  
5 probably. You know. I mean there's a lot of  
6 effort involved in doing that, depending on if  
7 the next patient was there already waiting.  
8 You know, it's a very awkward --

9 Q. Sure.

10 A. -- situation. But I also was  
11 trying to be decent to her. And she did do  
12 labs then. I had labs from the 25th that she  
13 got done that day afterwards, right away.

14 Q. Okay. I appreciate that, and I  
15 may have them. And I think if you're going to  
16 talk about them, let's just go ahead and mark  
17 them as an exhibit. That would be great. Why  
18 don't we do that now? I believe I have copies  
19 of them. Are these them?

20 A. Yeah. This is the one probably  
21 out of that stack that you have.

22 MS. GWIN: Let's go off the record  
23 for a second.

24 (Thereupon, recess held.)

25 BY MS. GWIN:

1           Q.    Okay.  So the next visit is about  
2   a month later, on 9/25?

3           A.    Mm-hmm.

4           Q.    And once again we've noted that  
5   she didn't come inside to be weighed.  So that  
6   is a subjective measurement, rather than an  
7   objective, and she's been downgraded from a 5  
8   to a 4.  What was that based on?

9           A.    She's no longer losing weight and  
10   looking a little bit less imminently dying.

11          Q.    Okay.  And the assessment.  You've  
12   still noted the anemia, correct?

13          A.    Mm-hmm.

14          Q.    Yes or no?

15          A.    Yes.

16          Q.    And then the peripheral edema,  
17   that's the swelling?

18          A.    And that's less than it was.

19          Q.    Okay.

20          A.    Scant, at that point in time.

21          Q.    And she's gained some weight,  
22   correct?

23          A.    Subjectively, yes.

24          Q.    And you've noted fatigue, but she  
25   was encouraged to resume B vitamins, meaning

1     **did she report to you at this time that she had**  
2     **stopped taking them?**

3             A.     Correct.

4             Q.     And it looks like she was referred  
5     **for a depression survey?**

6             A.     That's standard. Medicare  
7     requires that of all Medicare patients.

8             Q.     Was she a Medicare patient?

9             A.     I don't know, but we just kind of  
10    did it universally. That was a standard thing  
11    in our practice. It wasn't just her.

12            Q.     What is a depression survey?

13            A.     It's a PhQ 9, and it's a standard,  
14    you know -- I can get you a copy of the PhQ 9.

15            Q.     I'm okay right now.

16            A.     Okay.

17            Q.     It's just like a questionnaire?

18            A.     It's just a questionnaire, yeah.  
19    Pretty basic questionnaire.

20            Q.     Did she complete that at the  
21    **office during the appointment?**

22            A.     She may not have, because I don't  
23    have it. I don't think.

24            Q.     Do they fill it in, or do you  
25    **administer it to them?**

1           A.    They fill it in.

2           **Q.    And --**

3           A.    I'll check.  It may have been in  
4 one of her things.  If you'd like a copy of  
5 that, as well, I can get it.

6           **Q.    I'm probably okay right now.**

7           A.    I'll ask.

8           **Q.    Thank you, though.  I appreciate**  
9 **that.  She was again encouraged to increase**  
10 **protein.  Would that have helped with her**  
11 **fatigue?**

12          A.    Perhaps.  She was low in protein.  
13 So I assumed that.  You know.

14          **Q.    And hypoproteinemia, what is that?**

15          A.    Low protein.

16          **Q.    Okay.**

17          A.    And so I was repeating the  
18 metabolic panel to check that.

19          **Q.    So more blood work after this**  
20 **visit?**

21          A.    Yep.  A CBC and a CMP were asked  
22 for, at that point in time.

23          **Q.    Okay.  Okay.  And then we'll go**  
24 **ahead.  The next visit, that's on December 4th.**  
25 **So some three months later.**



1           A.     Mm-hmm.

2           Q.     And at this point in time, it  
3 looks like she was given a manipulation in the  
4 unusual way, correct?

5           A.     Mm-hmm. Yes.

6           Q.     The anemia and the low protein are  
7 still noted?

8           A.     Right. We're tracking them and  
9 monitoring them to see for recurrence or for  
10 change, but they had resolved or improved on  
11 9/25, when she had labs done. So . . .

12          Q.     And again, thus far, all of these  
13 visits have been in person, correct?

14          A.     Correct.

15          Q.     And Mr. Madej you think was  
16 present at most of these, correct?

17          A.     Definitely.

18          Q.     Definitely. Okay. And we've also  
19 noted that you discussed her diet with her, at  
20 this point in time, correct?

21          A.     Correct.

22          Q.     And what did you discuss?

23          A.     Increasing protein, trying to  
24 diversify as much as possible, attempting to  
25 normalize that. So -- But she felt very

1 restricted because of the chemical sensitively  
2 and her reaction to various foods.

3 **Q. Were you ever concerned about an**  
4 **eating disorder?**

5 A. It didn't seem specifically like  
6 an anorexia, bulimia type disorder. It didn't  
7 have that feeling to me. I know restricted  
8 range of eating can be, but I really feel like  
9 her restricted range of eating was more because  
10 of fear of reaction to things, rather than fear  
11 of consuming nutrients.

12 **Q. Did you ever test her for any of**  
13 **the substances she claimed would cause**  
14 **sensitivity if she ingested them?**

15 A. That would have gone to a chemical  
16 sensitivity or an allergist. I think we  
17 probably did talk about seeing an allergist,  
18 and I don't think that, again, it was very  
19 onerous for her to go to specialists.

20 **Q. Did you ever contact Dr. Lieberman**  
21 **and say --**

22 A. No.

23 **Q. -- she needs follow up on the**  
24 **alleged sensitivities, because she weighs 98**  
25 **pounds?**

1           A.    No.  I tried to deal with -- I  
2   mean, that would have probably been, you know,  
3   the next would have been to do that, but she  
4   got better.  So I didn't have to.  And I  
5   weighed her then at the following appointment  
6   after I actually got a weight.  So . . .

7           Q.    Okay.  And then you saw her again,  
8   approximately, three months later, on March  
9   25th of 2016?

10          A.    Yep.

11          Q.    Okay.  And we've got a report of  
12   hot flashes, correct?

13          A.    Mm-hmm.

14          Q.    And I think that your assessment  
15   noted that that was consistent with menopause?

16          A.    Correct.

17          Q.    And vasomotor symptoms, what are  
18   those?

19          A.    Those are hot flashes.

20          Q.    Okay.

21          A.    Sweating, hot flashes.

22          Q.    And today she actually refused the  
23   manipulation, correct?

24          A.    Correct.

25          Q.    And again she -- What was noted

1     **about the B12 level at this visit, that she**  
2     **couldn't use it or she could?**

3             A.     Apparently, she was able to use  
4     some B12 at a very low level, like a very weak  
5     B12, and so I'm trying to monitor this patient  
6     who I feel has been fragile, and so I wanted  
7     some labs.

8             **Q.     The elevated CO2, how do you**  
9     **determine that?**

10            A.     It was in her lab.

11            **Q.     Okay. And suspected apnea. What**  
12     **kind of apnea?**

13            A.     Apnea can have a lot of different  
14     causes. You know, it can be central. It can  
15     be because of, you know, airway restriction.  
16     It can be, if people are really allergic, they  
17     can have apnic tendencies. If there's  
18     swelling of the airways. There may be  
19     different forms of apnea.

20            **Q.     But you concluded she couldn't do**  
21     **anything about this, correct?**

22            A.     She basically said there's no  
23     point in traveling there, because there's  
24     nothing I can do about it. I won't be able to  
25     tolerate CPAP. I wouldn't be able to.

1                   **Q.     Didn't she wear a gas mask in some**  
2   **of her earlier meetings?**

3                   A.     She was wearing like a -- That's  
4   why when you said about gas mask, I said it was  
5   a face mask. It was not a gas mask.

6                   **Q.     It was like a paper mask?**

7                   A.     Like a cloth. Like a finely woven  
8   fabric, kind of multi-layered. A thick mask.

9                   **Q.     Okay. The dysuria.**

10                  A.     Dysuria. Urinary irritation.

11                  **Q.     Could that have been caused by**  
12   **diet?**

13                  A.     No, I don't think so.

14                  **Q.     What did you attribute that to?**

15                  A.     Urinary tract infection or  
16   menopause or, you know, a lot of different  
17   things. But I wanted to check it for  
18   infection.

19                  **Q.     Okay. And again no pelvic exam**  
20   **was done on her?**

21                  A.     No. Setting.

22                  **Q.     Yeah.**

23                  A.     And you wouldn't necessarily, for  
24   a urinary tract infection any way. You'd get a  
25   urine sample.

1                   Q.    And then you noted that her  
2    insomnia is likely secondary to menopause,  
3    correct?

4                   A.    Mm-hmm.

5                   Q.    So this would have been --  
6    Menopause is not noted as a symptom until this  
7    visit, or as a --

8                   A.    It was becoming a bigger set of  
9    symptoms.

10                  Q.    Okay. And the next visit is a  
11   month later, and this is comment. It's not a  
12   month later. It's about three weeks later, and  
13   it looks like there's just a note of a comment  
14   on 4016, no billing. Would that have been  
15   would she have called in on that date?

16                  A.    Let's see. What date is this  
17   again?

18                  Q.    4/13 of 2016.

19                  A.    It could have been a phone. A  
20   phone conversation or -- I don't know what that  
21   -- Oh, no, no. Oh, it could be that I wrote  
22   down the wrong date and that she actually  
23   didn't have an appointment on that date,  
24   because it says like it got erased.

25                  Q.    Okay.

1 A. Right?

2 Q. Yeah. That's fine.

3 A. So it was probably that it was  
4 actually on the 15th.

5 Q. Okay.

6 A. And it had been entered in the EMR  
7 system. We don't have a particularly friendly  
8 EMR system. So sometimes things -- So I just  
9 think that didn't ever occur.

10 Q. Okay.

11 A. It was on the 15th, that that  
12 occurred.

13 Q. Okay. So she has another visit on  
14 the 15th?

15 A. Mm-hmm.

16 Q. This is an in-person office visit?  
17 She's subject to manipulation again, correct?

18 A. Correct.

19 Q. Okay. Still noted low Vitamin D?

20 A. She started to use a rectal  
21 vitamin, because she wasn't able to tolerate an  
22 oral one.

23 Q. Is there a difference between  
24 absorption from a rectal?

25 A. I have no clue. It was -- I have

1 no clue.

2 Q. Kind of arbitrary, right?

3 A. I just don't know.

4 Q. Okay. The elevated CO2, that was  
5 going to be rechecked, correct?

6 A. Correct.

7 Q. With additional blood work?

8 A. Correct.

9 Q. And you suspected here that her  
10 low Vitamin D was what was causing the fatigue,  
11 correct?

12 A. Probably, yes.

13 Q. Okay. And then CXR. What is  
14 that?

15 A. Chest x-ray.

16 Q. And she didn't get that, right?

17 A. Correct.

18 Q. And you recommended that?

19 A. Yes.

20 Q. And she didn't want to, right?

21 A. Or she thought it was dangerous,  
22 rather than want to.

23 Q. Okay.

24 A. I'm not there to judge that.

25 Q. Understood. And then you've noted



1     that the patient has a range of subjective  
2     symptoms, correct?

3             A.     Correct.

4             Q.     Your reports break down subjective  
5     versus objective symptoms, correct?

6             A.     Correct.

7             Q.     And we talked a little bit today  
8     about an objective measurement of weight is  
9     where you stand on a scale, and you get  
10    weighed?

11            A.     Correct.

12            Q.     And a subjective is where you  
13    would look at someone and guess their weight,  
14    correct?

15            A.     No.

16            Q.     That's not?

17            A.     Subjective is what they tell you.

18            Q.     She told?

19            A.     Or what they convey to you.

20    Objective is what you observe and measure.

21            Q.     Right. So when her weight, when  
22    you indicated it was subjective in some of the  
23    prior records, she told you that weight?

24            A.     Patient reported that weight.

25            Q.     So these symptoms that are

1 characteristic of her MCS, these are all  
2 subjective, meaning she reported them, correct?

3 A. Right. So I'm looking at an ill  
4 appearing patient who's saying, this is why,  
5 and this is what I'm experiencing.

6 Q. But they were not objectively  
7 measured symptoms, correct?

8 A. Because I don't even know how you  
9 do that, because it's not my field.

10 Q. Okay. And she's billed on this  
11 for the visit, as well as the manipulation. Is  
12 it possible with the comments in the medical  
13 records, she maybe missed appointments or you  
14 had to reschedule them or something?

15 A. It's possible.

16 Q. Just wondering. Okay. So the  
17 next visit that she's billed for is 5/20, and  
18 again we've got a standard manipulation, and  
19 we've got a new symptom, rhinitis?

20 A. Congestion. Nasal congestion.

21 Q. Like a cold or . . .

22 A. Allergies, probably, because  
23 cromolyn tends to be for. I have a nonspecific  
24 rhinitis. So . . .

25 Q. Did you prescribe that for her?

1           A.    I suggested it.  It's an over the  
2   counter.

3           **Q.    Oh, you can just guy it?**

4           A.    Mm-hmm.

5           **Q.    Did she use that?**

6           A.    I don't know, according to this.  
7   I recommended it.  I can't imagine that it  
8   would have been chemical free enough for her,  
9   but I don't know that for a fact.  I mean it  
10  comes in a plastic container.  Would that have  
11  been an issue for her?  I make recommendations,  
12  and it's often patients often do not -- not  
13  just this one, but they often do not abide by  
14  what we suggest.  It's part of medicine,  
15  unfortunately.  Autonomy.

16           **Q.    The Vitamin D deficiency is noted,**  
17 **again, and then a request to research nonfat**  
18 **Vitamin D.  Why was that?**

19           A.    The patient will, because she  
20  thought the fats, like sesame oil, that they  
21  would use them, and that they were a problem  
22  for her.  And so she was going to look for a  
23  nonfat source of that.

24           **Q.    What fats did she say were a**  
25 **problem for her?**

1           A.    I think it was sesame oil that's a  
2   lot of Vitamin D's are done in sesame oil. I  
3   assume she listed other ones, but I remember  
4   sesame oil being a significant one that she  
5   said the source was a problem for her.

6           Q.    Did you test her for sesame oil?

7           A.    No.

8           Q.    And then the back pain. It looks  
9   like the manipulation improved, correct?

10          A.    Mm-hmm.

11          Q.    Okay. Okay. So I just want to --  
12   This next couple pages after this, these  
13   chronic diagnoses, can you tell me what this  
14   record is? It starts right after the billing  
15   records, yes.

16          A.    Okay. These are the reports of  
17   what was diagnosed at the appointments or at  
18   the initial intake were established by other  
19   physicians.

20          Q.    Okay. And at the bottom of this  
21   page, it's allergy, unspecified, not elsewhere  
22   classified. And then there's a comment of  
23   multiple chemical sensitivity by Chris Morrow,  
24   the transcriptionist, on 10/30/12.

25          A.    Right.

1                   **Q.     So the allergy's noted at the**  
2   **initial meeting, the initial visit, in March**  
3   **of --**

4                   A.    Is it?  Okay.

5                   **Q.     Is that what start means?**

6                   A.    Correct.  Yeah.

7                   **Q.     Okay.  Unspecified allergies are**  
8   **indicated, at that point, correct?**

9                   A.    Correct.

10                  **Q.     What is the note regarding**  
11   **sensitivity entered?**

12                  A.    That was done by the  
13   transcriptionist, and I really don't know.  
14   See, it's up here under sensitivity.

15                  **Q.     Okay.**

16                  A.    It's also noted by her there when  
17   she went through and transcribed out the  
18   diagnosis from each appointment into the  
19   document.  You know.

20                  **Q.     Did you tell her to put that in**  
21   **there?**

22                  A.    I told her to transcribe the  
23   diagnosis.  She did so.  I don't know what  
24   happened there.  I just don't know.

25                  **Q.     Okay.**

1           A.    I think probably it's hard in our  
2   EMR.   You know, she has sensitivity, and so she  
3   put multiple chemical sensitivity as what that  
4   referred to, from my note.   So she didn't find  
5   multiple chemical sensitivity in our EMR, but  
6   it's a pretty weak data base in some ways, our  
7   EMR is.   And then under allergy she put that  
8   down as from drawing from multiple chemical  
9   sensitivity.   So my diagnosis I wrote was that,  
10   and these are the way she recorded them in the  
11   permanent record.

12           Q.    I see.   So because there was not a  
13   designation for chemical sensitivity, she noted  
14   it as an allergy, correct?

15           A.    Correct.

16           Q.    Which there would be a diagnosis  
17   for, correct?

18           A.    Correct.

19           Q.    There would be an objective way to  
20   diagnose allergies, correct?

21           A.    Some.   Yes.

22           Q.    Did you ever consider referring  
23   this?   We talked about this?   We talked about  
24   this, I know, but how many times did you  
25   discuss referring her to an allergist?

1           A.    I don't know. I think she had  
2    been to one, but I don't recall. I'm sorry. I  
3    just don't recall. I mean there were probably  
4    very few stones left unturned.

5           Q.    Yeah. You were worried.

6           A.    She was sick. She wasn't out of  
7    the woods.

8           Q.    And so your last visit with Miss  
9    Madej was on May 20th of 2016, correct?

10          A.    Correct.

11          Q.    Is that the marked copy of the  
12   exhibit? I just don't want to lose them.

13                You've got them. Okay?

14                THE REPORTER: I've got them.

15                MS. GWIN: Okay.

16   BY MS. GWIN:

17          Q.    Dr. Singer, I'm going to hand you  
18   an affidavit that you prepared. Just take a  
19   moment to review it.

20          A.    All right.

21          Q.    I just have a few clean-up things  
22   before we start that. Did anyone else ever  
23   accompany Miss Madej to your office for her  
24   examinations besides her husband?

25          A.    No.

1           Q.    Did anyone else ever drive the  
2   vehicle that got them to the office visits  
3   besides her husband?

4           A.    No.  I mean, I wasn't out in the  
5   parking lot when they . . .

6           Q.    Any other way you know of that she  
7   would have gotten to your office besides in a  
8   car?

9           A.    No.

10          Q.    And did Miss Madej report during  
11   any of the course and scope of your treatment  
12   with her that she was treating with any other  
13   medical providers?

14          A.    No.

15          Q.    And we noted in the Exhibit 1, the  
16   records, that there is a gap between about a  
17   two and a half year period, from October of  
18   2012, to May of 2015, that you did not see Miss  
19   Madej, correct?

20          A.    Correct.

21          Q.    Is it reasonable to assume that  
22   she was not exposed to any substances that  
23   created sensitivity during that time?

24          A.    I have no idea.

25          Q.    Did you ever treat Miss Madej over



1     **the phone?**

2             A.     I don't recall.

3             **Q.     Possibly, you would have taken a**  
4 **phone call, and it wouldn't be in the billing**  
5 **records?**

6             A.     I think it would have been. We  
7 might have charged a time. I think it would  
8 have been. I don't think I did.

9             **Q.     That's fine. Did you ever obtain**  
10 **a hair sample from Miss Madej?**

11            A.     No.

12            **Q.     Did you ever take a urine sample?**

13            A.     I wrote for labs, but I personally  
14 did not.

15            **Q.     You had her --**

16            A.     I had a urinalysis when she had  
17 dysuria. I ordered it, at least.

18            **Q.     And we'll get to the blood work,**  
19 **but you referred her for blood work on multiple**  
20 **occasions?**

21            A.     Correct.

22            **Q.     Any over medical tests, besides**  
23 **blood work, urine sample?**

24            A.     We did an ultrasound. I think I  
25 sent for a chest x-ray. I don't think that was

1     obtained. I think other things we discussed  
2     and probably dismissed, due to the difficulty  
3     in doing them.

4               **Q.     Dismissed by your patient?**

5               A.     Because of the multiple chemical  
6     sensitivity.

7               **Q.     There's a report in the records**  
8     **that she is sensitive to almost all medicines,**  
9     **supplements and many foods. Was that based on**  
10    **that subjective kind of report from her?**

11              A.     Correct.

12                     (Thereupon, Defendant's Exhibit 2,  
13    affidavit, was marked for identification.)

14              **Q.     Okay. All right. So this is your**  
15    **affidavit. Do you recognize this document, Dr.**  
16    **Singer? Well, excuse me. Exhibit 2. Do you**  
17    **recognize this document?**

18              A.     Yes.

19              **Q.     Did you write this document?**

20              A.     I don't think I wrote it. I think  
21    it was written by my staff. I mean, my staff  
22    typed it and . . .

23              **Q.     Did you dictate it, and then they**  
24    **typed it?**

25              A.     I think it was collaborative,

1     probably.

2                   **Q.     Understood.**

3                   A.     I suggested what needed to be in  
4     it.

5                   **Q.     Does your signature appear on this**  
6     **document?**

7                   A.     Yes.

8                   **Q.     And this document was executed in**  
9     **November -- or excuse me -- September of 2015.**  
10    **So it was about five months after you last saw**  
11    **Miss Madej?**

12                  A.     Correct.

13                  **Q.     And who asked you to prepare this**  
14    **document?**

15                  A.     I think either the Madejs or their  
16    lawyer.

17                  **Q.     Their lawyer, meaning Mr. Pettey?**

18                  A.     Yeah.

19                  **Q.     Okay.**

20                  A.     Yes.

21                  **Q.     And when they asked did they call**  
22    **you on the telephone?**

23                  A.     I don't recall.

24                  **Q.     What do you recall that they asked**  
25    **you to do?**

1           A.    To write an affidavit about the  
2   situation and how it could impact her lawsuit.

3           **Q.    Did you understand, at this point**  
4   **in time, that she was seeking an injunction**  
5   **regarding paving of the road?**

6           A.    I think, I did.

7           **Q.    And who did you understand that**  
8   **from?**

9           A.    Again, I don't really recall.  
10   Maybe from Sky.   Maybe from them.   I don't  
11   know.

12          **Q.    Had Miss Madej --**

13          A.    It might have been from him, from  
14   Bob Madej.   I don't recall.

15                (Thereupon, there was an  
16   interruption, and the deposition went off the  
17   record for a brief moment.)

18                THE WITNESS:   I'm sorry.

19                MS. GWIN:   That's okay.

20                Can you read the last question and  
21   answer back?

22                THE REPORTER:   Yes.

23                (Thereupon, the reporter read back  
24   the last question and answer.)

25   BY MS. GWIN:

1           Q.    When Miss Madej came to see you  
2   for her medical visits did she ever mention the  
3   road in front of her house?

4           A.    No.

5           Q.    Okay. Did her husband ever  
6   mention the road in front of her house?

7           A.    No.

8           Q.    Did she ever indicate a  
9   sensitivity to asphalt?

10          A.    I don't recall. I know that . . .

11          Q.    That's fine. If that's the  
12   answer, I don't want you to guess.

13          A.    At one point, and maybe this was  
14   later, that she said that she thought her house  
15   was too close to the road. Maybe that was  
16   probably after. I don't recall. I don't  
17   recall.

18          Q.    Did she ever indicate a  
19   sensitivity to diesel jet and other fuels?

20          A.    Exhaust. I remember that being an  
21   issue.

22          Q.    How about diesel?

23          A.    I don't remember that. Though  
24   that is under exhaust and also more reactive  
25   than probably regular auto exhaust, at least in

1 the studies out of Europe and China.

2 **Q. What studies?**

3 A. I'm not going to -- I've read  
4 studies that there are more reactive airway  
5 diseases and stuff. Like more reactive from  
6 diesel fuel than regular fuels than other  
7 fuels.

8 I know that she had trouble with  
9 herbicides. I mean, she commented on trouble  
10 with herbicides and pesticides. Those are the  
11 two that I recall during appointments her  
12 specifically stating.

13 **Q. Herbicides and exhaust, correct?**

14 A. Herbicides, pesticides and exhaust  
15 were the three that I recall specifically  
16 during that time, specifically. It doesn't  
17 mean it wasn't said. Just what I recall.

18 **Q. Okay. So you don't recall her**  
19 **mentioning smoke?**

20 A. I do not recall that.

21 **Q. And you don't recall her**  
22 **mentioning oil?**

23 A. I do not.

24 **Q. And you don't recall her**  
25 **mentioning tar and asphalt?**

1           A.    I do not.

2           **Q.    And jet fuel, do you know when she**  
3 **would have even been exposed to jet fuel?**

4           A.    I don't know.

5           **Q.    Okay.**

6           A.    You know, these are common things  
7 that initiate in some individuals migraine  
8 headaches. Like walking into the perfume  
9 section at a department store will trigger  
10 people to have migraines. There are people  
11 that have reactions to these things, and it's  
12 very hard to quantify or to validate or  
13 invalidate those. I, at least, have difficulty  
14 with that. That's why those other people are  
15 experts I defer to.

16          **Q.    Did you ever test Ms. Madej for**  
17 **any of the substances mentioned in Paragraph 3?**

18          A.    I wouldn't even know how to begin  
19 to do that.

20          **Q.    And did Miss Madej ever complain**  
21 **of migraine headaches that you recall?**

22          A.    Yes.

23          **Q.    Where was that noted in the**  
24 **medical records?**

25          A.    It's not. I never treated her for

1 it. So I never did anything related to it.

2 Q. And her complaints regarding  
3 alleged sensitivity to these substances are not  
4 specifically mentioned in your medical records,  
5 correct?

6 A. Correct.

7 Q. And so this list of substances,  
8 was this at the Madej's request that you  
9 include these items in the list of substances?

10 A. I believe so. Again, I don't -- I  
11 believe so, yes.

12 Q. They told you the substances they  
13 wanted included?

14 A. I believe so. Those substances  
15 that she had historically had difficulty with,  
16 according to them.

17 Q. And again that's a subjective, not  
18 an objective measurement?

19 A. Correct.

20 Q. Okay. There is an opinion here  
21 that, in Paragraph 2, that Ms. Madej has a wide  
22 range of symptoms caused by organ and  
23 neurological damage. So let's start with  
24 organ. How did you know she had organ damage?

25 A. Skin breakdown. Skin is a big



1 organ. Her digestive tract. You know, the  
2 weight loss. I mean, these are all different  
3 things.

4 **Q. Did the ultrasound reveal any**  
5 **organ damage?**

6 A. The ultrasound showed a normal  
7 gallbladder. It's not probably the best tool.  
8 I was really looking for gallstones or  
9 gallbladder disease.

10 **Q. So the organ damage we're**  
11 **referencing is the skin, correct?**

12 A. The skin. The G.I. tract.

13 **Q. But she wouldn't treat with a**  
14 **gastrointestinal doctor, correct?**

15 A. Correct.

16 **Q. So there was no way of knowing if**  
17 **her G.I. tract was in pain or was broken down?**

18 A. Pain and weight loss are often  
19 signs of that. You know, and those are  
20 objective. Well -- Yeah. Pain and tenderness  
21 is an objective finding. So she had  
22 tenderness, and she had weight loss. Those are  
23 objective findings that point in that  
24 direction, but we weren't able to evaluate  
25 other than by labs.

1                   **Q.     So no gastrointestinal evaluation**  
2 **was done of any of her internal organs,**  
3 **correct?**

4                   A.     Labs are an evaluation of  
5 gastrointestinal, but she did not have any  
6 colonoscopy EGD, but labs were done regarding  
7 gastrointestinal function.

8                   **Q.     Neurological damage?**

9                   A.     That would be migraine, brain fog,  
10 focus, concentration and depression.

11                  **Q.     And you've opined here that she**  
12 **has a life-threatening anemic condition,**  
13 **correct?**

14                  A.     She did.

15                  **Q.     And that was well documented in**  
16 **the records?**

17                  A.     Yes. She was recovering from it,  
18 but I think once you have that, you know, what  
19 does it take to tip that off? I thought she  
20 was pretty precarious.

21                  **Q.     What is cardiometabolic**  
22 **decompensation?**

23                  A.     That's when you start to swell up  
24 and your heart doesn't work so well, because  
25 your protein's so low. I mean, cardiometabolic

1     decompensation, I mean, she was starting to  
2     have that edema. Weakness could have been  
3     that. Anemia. Thyroid.

4                 **Q.     The anemia, the Vitamin D**  
5     **deficiency?**

6                 A.     It's all cardiometabolic  
7     decompensation.

8                 **Q.     What evidence do you have that**  
9     **external chemical stressors caused these**  
10    **symptoms?**

11                A.     I have just the letter from Dr.  
12    Lieberman and her reports.

13                **Q.     During her visits with you?**

14                A.     Yep. And this report, as well. I  
15    think I actually did, at the time, I came up  
16    with a whole lot of literature at the time. I  
17    haven't pulled it back up. And I will send  
18    that to you, if you would like that, about  
19    multiple chemical sensitivity. Because I was  
20    having difficulty writing this and not feeling  
21    like I was pulling it out of the air.

22                **Q.     So this was difficult to write?**

23                A.     It was, and so I found a bunch of  
24    literature, at the time, that was pointing in  
25    this direction, and it validated it. So I'll

1 pull that up, and I'll mail it to you if you'd  
2 like.

3 **Q. How many conversations did you**  
4 **have with the Madejs about writing this?**

5 A. Maybe one. Maybe it was a letter  
6 even. I don't know. But I think it was  
7 probably just -- Yeah, it was probably a  
8 letter.

9 **Q. From the Madejs?**

10 A. I assume or from their lawyer.  
11 From Sky.

12 **Q. How many conversations did you**  
13 **have with Sky about writing this?**

14 A. None. I met him when I ended up  
15 being at court. So by letter maybe, or it was  
16 a phone call from the Madejs. Again, I'm not  
17 really remembering that time. I told you, it  
18 might have been from them. It might have been  
19 from him. I don't know, but I actually met Sky  
20 for the first time when I saw him at court.

21 **Q. But you might have talked to him**  
22 **beforehand?**

23 A. Maybe.

24 **Q. Over the phone?**

25 A. Not a lot. Maybe. Yep. I just

1 don't recall.

2 Q. Then in Paragraph 4, you've noted  
3 that roadway construction and maintenance  
4 activities are of particular concern. What did  
5 you base that conclusion on?

6 A. The articles that I had read and  
7 also the Madej's concern. You know, it's a  
8 concern to them for sure.

9 Q. What did you mean by, roadway  
10 construction?

11 A. That there are a lot of these  
12 petrochemical products that people do say make  
13 them feel ill.

14 Q. Who all says that besides Mrs.  
15 Madej?

16 A. I'll pull up those articles and  
17 mail them to you.

18 Q. Okay.

19 A. I feel very comfortable with that.

20 Q. What is a petrochemical comprised  
21 of? What's in a petrochemical, chemically?

22 A. I don't recall. I mean I think  
23 that this list here is, you know, the  
24 anthracene, benzene, phenols, are the ones that  
25 they were the most concerned with.

1 Q. They being the Madejs?

2 A. Yes.

3 Q. They gave you the names of those  
4 chemicals?

5 A. I think so.

6 Q. Or those compounds?

7 A. I think so.

8 Q. How do you know that tar has  
9 anthracene, benzene and phenols?

10 A. I read about the stuff, at the  
11 time. So I was really trying to back it up,  
12 but I will send you articles, as well.

13 Q. How many articles did you read?

14 A. I don't recall. It's been a  
15 while.

16 Q. Do you remember where they were  
17 published?

18 A. Again, I don't.

19 Q. Did the Madejs ask you to read the  
20 articles?

21 A. No.

22 Q. Did Mr. Pettrey ask you to read the  
23 articles?

24 A. No.

25 Q. How did you find the articles?

1           A.    I looked them up on medical sites,  
2   and also I did a journal research at the  
3   library at O.U. about chemical sensitivities.

4           **Q.    In conjunction with the**  
5   **preparation of this affidavit?**

6           A.    Yes.

7           **Q.    How long did you spend at the**  
8   **library?**

9           A.    Probably, a couple hours.

10          **Q.    What medical journals did you**  
11   **review in preparing it?**

12          A.    I don't recall. I will be glad to  
13   get you copies of what I can come up with.  
14   It's kind of digging up old stuff that I didn't  
15   think would be relevant to the present.

16          **Q.    And I understand, and I appreciate**  
17   **your answering my questions.**

18          A.    I batch deleted that, because I  
19   didn't need it anymore.

20          **Q.    Are you aware of what the chemical**  
21   **composition of tar is?**

22          A.    No. I mean apparently I looked it  
23   up, once upon a time, but I don't.

24          **Q.    Are you aware of what a volatile**  
25   **organic compound is?**

1 A. Yes.

2 Q. What is a volatile organic  
3 compound?

4 A. Volatility is the ability to  
5 disperse into the air, and there are certainly  
6 volatile organic compounds. The organic  
7 compounds are often carbon based. They are  
8 often not exclusively -- They're from organic  
9 origin. So they're carbon based compounds,  
10 typically, and that's what the petrochemicals  
11 are, because they're established by organic --  
12 by creatures and laid down a long time ago.

13 Q. Anything carbon based is organic  
14 really?

15 A. Pretty much.

16 Q. And you've included that these are  
17 life-threatening for Cindy?

18 A. Yeah.

19 Q. And what did you base that  
20 conclusion on?

21 A. I felt concerned for her fragility  
22 and concern that she be protected from  
23 exposures because of how fragile she was, and I  
24 can't attribute her illness to other things  
25 totally, and I can't rule out that those



1 symptoms that she has and some real illness  
2 were not because of various exposures in her  
3 life. I just don't know that, and when in  
4 doubt I'm going to feel where we, you know,  
5 don't do harm. If we think we're going to risk  
6 a patient, we won't do that. That's my  
7 training.

8 Q. Understood. But here we can agree  
9 that you've opined that it's -- I mean, her  
10 fragility is one thing. I don't think that's  
11 disputed, but you've opined here that these  
12 chemicals are life-threatening for her?

13 A. For her. That she has had a  
14 reaction. She has stated a reaction to them  
15 previously.

16 Q. You've never witnessed a reaction?

17 A. Correct. But we get told patients  
18 have allergies to penicillin when they were a  
19 kid, and we don't give them penicillin now,  
20 because we don't want to kill them.

21 Q. So they tell us that, and we hear  
22 this all day long. These, I've got a reaction,  
23 but it is from her description. It's not based  
24 on any objective testing?

25 A. Correct.

1                   Q.    So you opine that these things are  
2   life-threatening for her without --

3                   A.    Could be life-threatening to her.  
4   That it is a potential risk.

5                   Q.    Are you aware of the chemical  
6   composition of chip and seal?

7                   A.    No.

8                   Q.    Are you aware of the chemical  
9   composition of asphalt?

10                  A.    It's not my specialty, no.

11                  Q.    You don't know if there are any  
12   volatile organic compounds in any of those  
13   substances, correct?

14                  A.    At the time when I wrote this, I  
15   did.

16                  Q.    Okay. And then you've noted a  
17   potential for heart attack for Cynthia, as a  
18   result of exposure to these chemicals, correct?  
19   In Paragraph 4?

20                  A.    Right. Well, she was having the  
21   peripheral edema, which is associated with  
22   congestive heart failure. That's what we get  
23   with low protein states. So I was concerned  
24   about heart failure.

25                  Q.    But that was based on her low

1     **protein state, correct?**

2             A.     Yeah.

3             **Q.     It was not based on exposure to**  
4     **these chemicals, correct?**

5             A.     That it could make that worse,  
6     correct. But she was already vulnerable. So I  
7     mean I was definitely looking at a patient who  
8     I felt was vulnerable and hoping for her sake  
9     that she didn't have exposure.

10            **Q.     But what evidence do you have that**  
11    **exposure to any of these items created**  
12    **vulnerability for her?**

13            A.     I guess that is her report and the  
14    report from Dr. Lieberman.

15            **Q.     I mean, again, you have objective**  
16    **medical evidence that there are other factors**  
17    **that are contributing to her vulnerability, the**  
18    **anemia, the poor diet, the lack of protein,**  
19    **correct?**

20            A.     Correct.

21            **Q.     You don't have any medical**  
22    **evidence that any of these compounds are**  
23    **creating a fragile state for her?**

24            A.     Dr. Lieberman did indeed state  
25    that she had this condition, and it is his

1 expertise.

2 Q. How often did you communicate with  
3 Dr. Lieberman?

4 A. The letter that I have that  
5 reports of her condition.

6 Q. Did you ever speak to him on the  
7 phone?

8 A. No.

9 Q. Did you speak with him in the  
10 production of this affidavit?

11 A. No.

12 Q. Okay. And then there's an opinion  
13 that paralysis could occur as a result of road  
14 construction and maintenance activities and the  
15 exposure that occurs, and what did you base  
16 that opinion on?

17 A. That was probably out of the  
18 literature and also from the Madej's report,  
19 but I'm sure it's from the literature.

20 Q. Where did Miss Madej report in the  
21 medical records that she was concerned about  
22 becoming paralyzed as a result of --

23 A. It was after any appointment.  
24 This was all done after any appointment for  
25 her.

1           **Q. Did you review the medical records**  
2   **in preparing this affidavit?**

3           A. I think I did, yes.

4           **Q. Okay. And then in Paragraph 5, we**  
5   **have, Cynthia is unable to relocate from her**  
6   **home due to the severity and breadth of her**  
7   **sensitivities and the specialized living**  
8   **environment she requires.**

9           Did Ms. Madej report to you in  
10 **person for treatment?**

11          A. Yes.

12          **Q. What did you base the conclusion**  
13 **that she couldn't relocate from her home on?**

14          A. Because she in-depth described her  
15 home environment at various times and the  
16 degree of contact, precaution or exposure  
17 precaution that she had in her home. The  
18 materials that were chosen. The lack of off  
19 gassing of various substances. Those are hard  
20 environments to come by.

21          **Q. How do you know they're hard**  
22 **environments to come by?**

23          A. Because the materials are really  
24 specific, and they're not normal materials that  
25 you build a house with.

1                   **Q.    What materials did she identify**  
2   **were in her --**

3                   A.    Lots of glass, lack of sealants,  
4   lack of epoxies, using materials -- And I  
5   didn't ask for what specific materials, but I  
6   definitely feel like she had done a lot of  
7   research to get a chemical free home.

8                   **Q.    There are no chemicals in glass?**

9                   A.    It doesn't off gas.  It's a really  
10   stable, super cool liquid.  It doesn't off gas,  
11   at least.  I mean --

12                  **Q.    Did you ever medically determine**  
13   **that she required a specialized living**  
14   **environment?  Did you ever do any assessment on**  
15   **that?**

16                  A.    I think that that was  
17   Dr. Lieberman at the time that Dr. Lieberman  
18   was her doctor.

19                  **Q.    Did you ever do a home visit to**  
20   **assess her environment?**

21                  A.    No.

22                  **Q.    To determine if she required a**  
23   **specialized environment, would best practice be**  
24   **to conduct a home visit?**

25                  A.    I don't know about that.  I don't

1 know that there's enough literature out there  
2 to support that. I think it's a really unique  
3 and unusual diagnosis.

4 Q. Okay. And then you've concluded  
5 that if the road -- Cynthia's road -- has chip  
6 and seal or asphalt surface or other surfacing  
7 that contains volatile organic compounds or  
8 toxins, coupled with her weakened state, that  
9 she'll suffer physical harm or possibly death?

10 A. She may.

11 Q. She may suffer --

12 A. I don't know what state she's in  
13 now, but back then she had just barely come  
14 through what I thought was a very frightening  
15 experience.

16 Q. What evidence do you have that any  
17 of that was based on the use of chip and seal?

18 A. I don't know that it was. I just  
19 think if you take a vulnerable organism and you  
20 subject them to their stressors, you put them  
21 at risk.

22 Q. But how did you know that those  
23 things were going to stress her?

24 A. Because she had the diagnosis of  
25 multiple chemical sensitivity from Dr.

1 Lieberman.

2 Q. But you never tested her for chip  
3 and seal or asphalt.

4 A. How do you do that?

5 Q. You never tested her for allergies  
6 to any of the things she claimed sensitivities  
7 to?

8 A. No.

9 Q. You never tested her for allergies  
10 when she said, I can't go?

11 A. Because to get the prick testing  
12 would have just been impossible for her to go  
13 to. In her paradigm would have been more  
14 difficult than she was able to manage.

15 Q. This is all in her paradigm,  
16 correct?

17 A. Yeah.

18 Q. There's no objective medical  
19 evidence, other than Dr. Lieberman's letter  
20 that you've testified to but --

21 A. And a very sick patient.

22 Q. How long did this take you to  
23 prepare?

24 A. I have no idea.

25 Q. You said that you did some



1     **research for it?**

2             A.     Yeah.

3             **Q.     Did you talk with Cynthia in**  
4     **preparing this?**

5             A.     I don't recall.

6             **Q.     Pretty serious opinion in here,**  
7     **that she could die, correct?**

8             A.     Yeah. Well, I feel like she  
9     almost had just a little bit earlier. So, yes.

10            **Q.     Did you want to help Miss Madej?**

11            A.     Actually, I had very mixed  
12     feelings, because it was a very challenging  
13     patient, and at some point even doctors get  
14     burned out in their caring.

15            **Q.     Plus she wouldn't do what you**  
16     **recommended, right?**

17            A.     Well, it was a very trying  
18     situation and a trying relationship, but we  
19     have that in medicine, and I felt like  
20     protecting her from potential harm was a good  
21     idea. It's not like I really want to be in the  
22     middle of this. Some of my dearest friends  
23     live on that road and want it paved terribly.

24            **Q.     Yeah, it's a real --**

25            A.     I feel devastated to be a part of

1     this. I can't tell you. But I am here, and  
2     here we are.

3               Q.     I appreciate that. Have you ever  
4     observed Miss Madej in the midst of a reaction  
5     to any of the substances listed in Paragraph 3?

6               A.     I don't know what caused the  
7     illness that I saw.

8               Q.     If you turn to the last page of  
9     what's been marketed as Exhibit 2.

10              A.     This? Okay. Yes.

11              Q.     Okay. I'm going to submit to you  
12     that this was attached to plaintiffs' third  
13     amended complaint that was filed in federal  
14     court. It's the sequential page to your  
15     affidavit, and this is what plaintiffs have  
16     labeled, a non-exhaustive list of alternatives  
17     to chip and seal. Have you seen this document  
18     before?

19              A.     I don't recall. I don't know.  
20     Maybe I have.

21              Q.     Are you familiar with any of these  
22     compounds?

23              A.     Not really, no.

24              Q.     Are you familiar with whether or  
25     not any of them contain volatile organic

1       **compounds?**

2                   A.     No.

3                   Q.     Are you familiar with whether or  
4       **not any of them contain petrochemicals?**

5                   A.     No.

6                   Q.     Are you familiar with whether or  
7       **not any of them contain carbon based**  
8       **substances?**

9                   A.     No.

10                  Q.     Is it possible that the same --

11                  A.     Beet with chloride. Beet would  
12       have to have it. Yeah, so some of them have  
13       to.

14                  Q.     Is it possible -- Let me ask it  
15       **this way. Excuse me. Do you know whether or**  
16       **not some of the compounds that Ms. Madej claims**  
17       **sensitivity to and that you claimed in your**  
18       **affidavit she is sensitive to might very well**  
19       **be in these alternative substances? Is that**  
20       **possible?**

21                  A.     It is possible by my  
22       understanding, because I do not know these.

23                  Q.     Okay. If they did, would you  
24       **agree that Miss Madej should exhibit consistent**  
25       **sensitivity to products that she claims causes**

1 her harm? I mean, one day the BOC can't be a  
2 problem and then the next day it not be,  
3 correct?

4 A. I believe so.

5 Q. If it's a truly objective symptom,  
6 it would manifest objectively, correct?

7 A. I would assume so, yes.

8 Q. Were you aware that Miss Madej  
9 lives within a mile of a farm that's plowed  
10 with a diesel tractor?

11 MR. PETTEY: Objection. Assumes  
12 facts not in evidence.

13 MS. GWIN: You can answer.

14 MR. PETTEY: It calls for  
15 speculation.

16 MS. GWIN: He can't instruct you  
17 not to answer. You can answer the question.  
18 If you don't know, that's okay.

19 THE WITNESS: I don't know.

20 BY MS. GWIN:

21 Q. You said some of your friends live  
22 on that road?

23 A. Yes.

24 Q. Do they live within a mile of the  
25 Madej residence?

1           A.    I don't know where they live.  I  
2   don't know where the Madejs live.

3           **Q.    Do they farm the ground?**

4           A.    No.

5           **Q.    Do they mow their ground, your**  
6   **friends?**

7           A.    I don't know.

8           **Q.    Does somebody mow their grass?**

9           A.    Probably.

10          **Q.    Would it be consistent to assume**  
11   **that there's exhaust from the mower, there's**  
12   **exhaust from their cars that travel that road?**

13          A.    Absolutely.  It's not a perfect  
14   world, for sure.

15          **Q.    Did the Madejs ever ask you to**  
16   **give a medical opinion as to the length of time**  
17   **required for the county engineer to give notice**  
18   **prior to using chip and seal on the road?**

19          A.    No.

20          **Q.    Have you ever performed any test**  
21   **or evaluation as to whether or not the**  
22   **chemicals in Paragraph 3 disperse over a**  
23   **one-mile radius?**

24          A.    Repeat the question, please.  I'm  
25   sorry.

1           **Q.    Thank you.  Have you ever**  
2   **performed any tests or evaluation as to whether**  
3   **or not any of the substances identified in**  
4   **Paragraph 3 of your affidavit disperse over a**  
5   **one-mile radius?**

6           **A.    No.**

7           **Q.    When Ms. Madej, during the time**  
8   **she was in your medical care, was she ever**  
9   **hospitalized?**

10          **A.    No.**

11          **Q.    When Miss Madej left your medical**  
12   **care were you of the opinion that she was**  
13   **anemic, as of her last --**

14          **A.    She improved by her very last**  
15   **ones, I think.  She had improved by the end of**  
16   **March of that year, 2016.  It had improved.**

17          **Q.    That would have been -- Okay.  It**  
18   **had improved, so she was no longer anemic?**

19          **A.    She was no longer anemic, at that**  
20   **point.  She had improved.  Yeah.  She had**  
21   **gotten out of that really terrifying spot, yes.**

22          **Q.    What's standard treatment for**  
23   **anemia?**

24          **A.    Figuring out cause of it and**  
25   **correcting specific cause.  There are many**

1 different causes and many different --

2 **Q. What are they?**

3 A. It's a really long list. The most  
4 common ones are iron deficiency, B Vitamin  
5 folate deficiencies, anemia, chronic disease,  
6 kidney failure. You know, there's many  
7 different, and those are just the high players,  
8 and then there's a zillion others.

9 **Q. Does any treatment for anemia**  
10 **involve nonexposure to asphalt based products?**

11 A. No. That's multiple chemical  
12 sensitivity.

13 **Q. Does any treatment for anemia**  
14 **involve nonexposure to petroleum based**  
15 **products?**

16 A. Again, multiple chemical  
17 sensitivity. Not anemia, necessarily.

18 **Q. And you've testified that you are**  
19 **not an expert on multiple chemical sensitivity?**

20 A. Correct.

21 **Q. Does any treatment for anemia**  
22 **involve nonexposure to volatile organic**  
23 **compounds?**

24 A. No. But anemia makes the organism  
25 fragile.

1                   **Q.     Any reason to dispute that other**  
2     **roads within a mile of the Madej's house have**  
3     **been chip and seal?**

4                   MR. PETTEY:   Objection.   Calls for  
5     speculation.

6                   THE WITNESS:   I don't know.

7     BY MS. GWIN:

8                   **Q.     When you took Ms. Madej's medical**  
9     **history at the initial meeting with her in**  
10    **March of 2011, did you ask for medical records**  
11    **from other providers she might have treated**  
12    **with?**

13                  A.     I think she brought them.   She  
14    brought a file with her, but I can't be sure of  
15    that.

16                  **Q.     Do you remember what was in the**  
17    **file?**

18                  A.     It was stuff from Dr. Lieberman.  
19    I think there probably had been tests done  
20    before.   Maybe hair analysis.   There was a lot  
21    of different stuff, I think, but again I don't  
22    recall for sure.   It might be in the Trillium  
23    records from previously.   I don't know.

24                  **Q.     Did you ever work with Dr.**  
25    **Lieberman on the treatment of any other**



1     **patients?**

2             A.    No.  No, I only had one other, and  
3     it was not a Dr. Lieberman patient.

4             **Q.    Have you ever acted as a local**  
5     **doctor, for Dr. Lieberman?**

6             A.    No.  Wasn't he in like the  
7     Carolinas or something like that?  I think  
8     there weren't many and there aren't that many  
9     physicians in his field.

10            **Q.    Any reason to believe that Dr.**  
11     **Lieberman ever saw Miss Madej after 1999?**

12            A.    No.  I think it was incredibly  
13     onerous for her to go there in the first place.

14            **Q.    So, in fact, it's your**  
15     **understanding she didn't see him in person**  
16     **after 1999, correct?**

17            A.    I don't remember the dates of the  
18     letter, but I don't know.

19            **Q.    But she wasn't treating with him**  
20     **regularly?**

21            A.    Correct.

22            **Q.    Have you ever been to a meeting**  
23     **where Dr. Lieberman gave a lecture?**

24            A.    No.

25            **Q.    Ever go to South Carolina to meet**

1     **him?**

2                   A.     No.

3                   **Q.     How many times did you order labs**  
4     **for Miss Madej?**

5                   A.     Oh, do you want me to count?

6                   **Q.     We can go through them.   More than**  
7     **--**

8                   A.     Probably a dozen times, maybe.   I  
9     mean, it's a ballpark.

10                  **Q.     Okay.   Thank you.**

11                  MR. PETTEY:   Let the record  
12     reflect that the doctor is referring to a  
13     packet of documents.   It has not been admitted  
14     as an exhibit.

15                  MS. GWIN:   Oh, wait a minute, Sky.  
16     We're getting there.

17     BY MS. GWIN:

18                  **Q.     Did you ever ask Dr. Lieberman to**  
19     **write a letter regarding the proximity**  
20     **restrictions to Ms. Madej's home?**

21                  A.     No.

22                  **Q.     Do you know if Ms. Madej has ever**  
23     **been to the emergency room ever?**

24                  A.     I don't know.

25                  **Q.     Did you ever have trouble**

1     **examining Ms. Madej? Don't touch me there or**  
2     **don't put that on my skin kind of things?**  
3     **You've touched on this a little bit, but any**  
4     **that we haven't talked about?**

5             A.     I think she was very careful that  
6     I had my hands like wiped with alcohol and  
7     dried before I touched her, also, anything that  
8     I used around her.

9             Q.     And other than the chest x-ray,  
10    **were there other tests? And the failure to go**  
11    **to the G.I. doctor. Were there other tests**  
12    **Miss Madej wouldn't allow you to perform?**

13            A.     I don't -- You know, vitals.  
14    Getting weighed in. I don't recall. I don't  
15    recall specifics.

16            Q.     Other than the letter from Dr.  
17    **Lieberman, have you ever reviewed the**  
18    **information in Dr. Lieberman's notes?**

19            A.     I believe I did when I first saw  
20    her.

21            Q.     Have you ever seen Dr. Lieberman's  
22    **medical records on Ms. Madej?**

23            A.     I believe I saw just what she had,  
24    which was a copy of some -- I don't think there  
25    were that many visits with Dr. Lieberman. I

1 don't recall.

2 Q. Is there any reason that those  
3 records that she would have given you are not  
4 included with your records?

5 A. They might be at Trillium, if they  
6 were scanned in there, or part of those  
7 records.

8 Q. Is it your understanding that  
9 there are no treatments for multiple chemical  
10 sensitivity?

11 A. I've just heard, avoidance.

12 Q. And what studies have you reviewed  
13 regarding multiple chemical sensitivity?

14 A. I did back when I wrote this  
15 letter.

16 Q. And how many do you think?

17 A. I recall reading maybe a half  
18 dozen different articles. Again, there aren't  
19 Galante studies out there, but there are some  
20 studies out there, and a lot of the data's  
21 anecdotal, and that's tricky.

22 Q. Have you ever come across any  
23 literature that documented death from MCS?

24 A. I do not recall reading anything  
25 about that.

1                   **Q.     Ever recall coming across any**  
2     **literature that documented death from**  
3     **fibromyalgia?**

4                   A.     Oh, definitely not.

5                   **Q.     Any literature that documented**  
6     **death from chronic fatigue syndrome?**

7                   A.     Yes.

8                   **Q.     Can you tell me what literature**  
9     **that was?**

10                  A.     Again, I could pull it up. But I  
11     do know there are cases where people have  
12     dwindled with chronic fatigue syndrome. You  
13     know, if she had not been -- I really think  
14     that the other stuff, the anemia, the fragility  
15     that I saw because of that and her health and  
16     weight loss, made her vulnerable to risk with  
17     multiple chemical sensitivity. Maybe if she  
18     had been robust at the time or just not through  
19     that, I would have had a different perspective  
20     on it. But she had clearly shown some real  
21     vulnerability. Some fragility. And  
22     life-threatening, I thought, fragility. We  
23     have a young woman start to have her ankles  
24     swell. So fragility for other things that can  
25     contribute, and then the multiple chemical

1 sensitivity is, you know, the straw that breaks  
2 the camel's back is what I feared when I wrote  
3 this letter.

4 Q. This letter? That affidavit?

5 A. This affidavit, yeah.

6 Q. Any reason to dispute that muscle  
7 chemical sensitivity is not in the  
8 international classification of diseases?

9 A. No.

10 Q. That it's not a recognized  
11 disability by medical authorities? Any reason  
12 to dispute that?

13 A. No.

14 Q. And any reason to dispute that  
15 there's no agreed diagnostic criteria or  
16 established cause or basis for it?

17 MR. PETTEY: I'm going to object.  
18 These are all questions that would be asked to  
19 an expert, and this witness has testified she's  
20 not an MCS expert.

21 THE WITNESS: That's fair.

22 MS. GWIN: Okay. Go ahead and  
23 answer.

24 THE WITNESS: I don't know.

25 BY MS. GWIN:

1                   Q.    Have you ever communicated with a  
2   Dr. John Mallot?

3                   A.    No.

4                   Q.    Have you ever read a report by Dr.  
5   Mallot?

6                   A.    No.

7                   Q.    As far as you know, are there any  
8   magical distances that would be required to  
9   prevent multiple chemical sensitivity?

10                  A.    I think every compound's  
11   different.

12                  Q.    So no?

13                  A.    No. And every compound is  
14   different. I don't know.

15                  Q.    Do you know how chip and seal is  
16   laid down on a road?

17                  A.    No.

18                  Q.    Do you know how the Athens County  
19   engineer staffs his road crews?

20                  A.    No.

21                  Q.    Do you know how road maintenance  
22   is performed on Dutch Creek Road?

23                  A.    No.

24                  Q.    Do you know how potholes are  
25   patched on Dutch Creek Road?

1           A.     No.

2           **Q.     Do you know how far away Miss**  
 3 **Madej lives from Dutch Creek Road?**

4           A.     No.   I think I did when I wrote  
 5 this, but I don't recall anymore.

6           **Q.     But you didn't include it in here?**

7           A.     Right.   Correct.

8           **Q.     And you are not a board certified**  
 9 **allergist.   Correct, Dr. Singer?**

10          A.     Correct.

11          **Q.     You're not a chemist?**

12          A.     Bachelor's in chemistry.

13          **Q.     A toxicologist?**

14          A.     No.

15          **Q.     Okay.   Let's go through these**  
 16 **quickly.**

17                   MS. GWIN:   Here you go, Sky.

18                   MR. PETTEY:   Oh, thank you.   I  
 19 think you already gave me a copy of this.

20                   MS. GWIN:   Oh, okay.   Then we'll  
 21 mark this for the court reporter.

22                   MR. PETTEY:   Yeah.

23                   THE REPORTER:   Thank you.

24                           (Thereupon, Defendant's Exhibit 3,  
 25 Athens medical testing, was marked for



1 identification.)

2 MS. GWIN: We're almost done,  
3 Doctor.

4 BY MS. GWIN:

5 Q. Okay. So, Doctor, we've  
6 discussed, and these are labs representing  
7 blood work that Miss Madej was referred for,  
8 correct?

9 A. Mm-hmm.

10 Q. And these were performed at Athens  
11 Medical Testing?

12 A. Correct.

13 Q. And that is a different facility  
14 than where the Willow Wellness Center was, in  
15 Athens; is that correct?

16 A. Correct.

17 Q. And if we'll just go ahead and  
18 start with this is the last lab it looks like,  
19 on the top, that was done?

20 A. Mm-hmm.

21 Q. Can you decipher this for me?

22 A. What's written is, very improved,  
23 July 23 of '16.

24 Q. And that is your handwriting,  
25 Doctor?

1 A. Correct.

2 Q. And this -- We know she was  
3 measured for B-12?

4 A. Correct.

5 Q. Which would relate to --

6 A. I'm sorry. I didn't -- You were  
7 asking for clarification. I was trying to  
8 decipher my writing.

9 Q. I was getting there. We'll do  
10 that.

11 A. Okay. B-12, yes.

12 Q. Okay. And was this measured with  
13 new blood work being drawn and evaluated?

14 A. On 5/20.

15 Q. Okay.

16 A. If you'll look in the collection  
17 date, in that top corner, 5/20.

18 Q. And she had not been fasting, at  
19 this point, correct?

20 A. No, she's not fasting.

21 Q. And is, typically, blood work  
22 taken when fasting?

23 A. Some is and some isn't. It's not  
24 relevant to this lab.

25 Q. Okay. And TSH is?

1           A.    Is thyroid.  A measure of thyroid.

2           **Q.    Okay.**

3           A.    And that was even improving some  
4   from the previous.

5           **Q.    Okay.  So you previously testified**  
6   **that you did give her an affidavit because she**  
7   **was very vulnerable, but the last medical**  
8   **testing she had showed very improved, correct?**

9           A.    Improved.  Not out of the woods  
10   but improved, yeah.  I mean, these are good.  
11   These are good labs.  How long does it take to  
12   stabilize in the face of good labs, I don't  
13   know.  She was still pretty fragile, I thought.  
14   I can't imagine that I can go from someone like  
15   worry about death and dying to ducky in, you  
16   know, a brief period of time.

17          **Q.    Okay.  And then this is a lab the**  
18   **month before, correct?**

19          A.    Right.  A comprehensive metabolic  
20   panel, and I was looking primarily for the  
21   protein levels, and those had come up in the  
22   normal levels.

23          **Q.    And do you know how this blood was**  
24   **drawn from Ms. Madej?**

25          A.    I don't.

1                   Q.    Do you know what the material of  
2   the syringe was?

3                   A.    I have no idea.

4                   Q.    Do you know if the technician  
5   cleaned their hands with alcohol?

6                   A.    I have no idea.

7                   Q.    Do you know if Miss Madej died  
8   after this? Obviously, she didn't, right?

9                   A.    Correct.

10                  Q.    Do you know if she had any kind of  
11   a reaction after this?

12                  A.    I have no idea. I know that she  
13   was -- She was able to go back and get labs  
14   done repeatedly. I think that she will be able  
15   to elucidate that. How that happened.

16                  Q.    Did you have to give any special  
17   instructions to the lab? Test this patient  
18   this way, don't test them that way?

19                  A.    No. Thank God. They took care of  
20   that.

21                  Q.    Okay. Again, is there any reason  
22   why she wasn't doing this when she -- after  
23   fasting?

24                  A.    There's no reason to do that  
25   fasting. I wasn't concerned about any value

1     that would have been enhanced with fasting.

2               **Q.     Okay.**

3               A.     I would do fasting if I was  
4     worried about diabetes, but I wasn't.  So . . .

5               **Q.     And then this also has your**  
6     **hand-written kind of signature on it?**

7               A.     Right.

8               **Q.     Just noting that you saw it,**  
9     **received it?**

10              A.     Correct.

11              **Q.     And the protein that you noted of**  
12     **concern with is two up from the bottom, protein**  
13     **total, or is that number represented elsewhere**  
14     **as well?**

15              A.     There's several different  
16     measures.  You know, globulin's a protein.  
17     Total protein, obviously.  Her CO2 was high  
18     normal, but normal again.  That was another  
19     value.  Basically, those are the ones that I  
20     was most interested in, in that lab.

21              **Q.     Okay.  And just for my help in**  
22     **deciphering, the reference range in the far**  
23     **right category gives the range, and then the**  
24     **result category, and the result needs to be**  
25     **within this reference range to be normal,**

1       **correct?**

2                   A.     Correct.

3                   **Q.     And the units just gives the unit**  
4       **of measurement, correct?**

5                   A.     Correct.

6                   **Q.     And then she's got a flag column**  
7       **if something was abnormally high?**

8                   A.     Right.   And glucose is high, but  
9       she was non fasting.   So it's not relevant.

10                  **Q.     Okay.   Might have just ate a**  
11       **sandwich or spiked her blood sugar?**

12                  A.     Exactly.   That range is only for a  
13       fasting lab.   So when you look at a fast for a  
14       non fasting, those are the things that are  
15       relevant.   So you look at certain things.

16                  **Q.     And then about a month previously**  
17       **she was referred for a full panel, again,**  
18       **correct?**

19                  A.     Mm-hmm.

20                  **Q.     As well as a urinalysis, right?**

21                  A.     Yes.

22                  **Q.     And --**

23                         THE WITNESS:   I have a hospice  
24       call.

25                         MS. GWIN:   Oh, sure.

1 THE WITNESS: I have to just  
2 respond to. I'm sorry.

3 (Thereupon, recess held.)

4 MS. GWIN: Okay. Back on the  
5 record.

6 BY MS. GWIN:

7 Q. What do your notes on this  
8 document indicate?

9 A. This is -- Are we on the same  
10 page? Yes, we're on the same page.

11 That her Vitamin D was really low  
12 in this lab and that her thyroid was also very  
13 low on this lab.

14 Q. And where would those values be  
15 represented?

16 A. The TSH.

17 Q. Okay.

18 A. By being high represents low.  
19 It's an inverse relationship.

20 Q. And the Vitamin D?

21 A. And the Vitamin D is on the second  
22 page right behind that, at an almost  
23 unmeasurable level. Which is pretty icky.

24 Q. Okay. And then some, it looks  
25 like, about three months prior?

1           A.     December 4th.

2           **Q.     Is that correct? Did I get that**  
3 **right?**

4           A.     Yes.

5           **Q.     She's referred for another full**  
6 **panel?**

7           A.     Correct.

8           **Q.     Why, just for my knowledge, why**  
9 **are some of these different? Some have**  
10 **different values and categories than other**  
11 **ones.**

12          A.     Because of different labs that I  
13 ordered.

14          **Q.     Okay.**

15          A.     So this was based on having had  
16 anemia and also, you know, looking at the  
17 protein and other organ functions. She had, at  
18 one point in time, one of her liver enzymes was  
19 just a little bit out of whack, and so I was  
20 rechecking that, as well. I don't think I made  
21 note of it but . . .

22          **Q.     What is problematic on these labs?**

23          A.     The CO2 is high. That speaks to  
24 poor respiration. Something's really affecting  
25 her ability to breathe very well, and the



1     hematocrit being elevated. Up on the upper  
2     part is high. That also speaks to respiratory  
3     difficulty. Nothing else there kind of struck  
4     me as being important really.

5                   **Q. Any reason why the respiratory**  
6     **issues would have been in play?**

7                   A. You know, could it be that she was  
8     exposed to something? We would see that in  
9     respiratory problems. We can see that from  
10    people with sleep apnea, but then I don't see  
11    it in other times, as well. So it seems to wax  
12    and wane.

13                  **Q. And blood work on or about 9/25 of**  
14    **2015. Again, this is about three months prior**  
15    **to the . . .**

16                  A. Yeah. The Vitamin D was low in  
17    that lab, as well. Sorry.

18                  **Q. Okay. Back to the next one, 9/25?**

19                  A. Yes. This is when I was more  
20    worried about her, I think, or when we were  
21    getting into difficulty. More similar  
22    findings. Nothing that changed. Her red blood  
23    cells were large. That's probably the B  
24    vitamin deficiency that was in place at the  
25    time, but it looks like it is the same date

1     that the B vitamin was normal. So it hadn't  
2     caught up yet, and then she started to get it  
3     into her. So . . . not that that's really that  
4     relevant. Her iron level is fabulous.

5             **Q.     Okay. And then a month prior,**  
6     **more blood work?**

7             A.     Correct.

8             **Q.     Anything on here?**

9             A.     Yes.

10            **Q.     Okay.**

11            A.     She's got a lack of globular -- I  
12     mean, her proteins are sort of out of whack for  
13     a healthy, well-nourished, healthy adult.

14            **Q.     Could that have been corrected**  
15     **with diet supplements?**

16            A.     Perhaps. Perhaps. I don't know.  
17     I still don't know what caused all of this, you  
18     know, but something did. Something caused all  
19     this.

20            **Q.     Is part of the reason you don't**  
21     **know because she wouldn't undergo certain tests**  
22     **you referred her to?**

23            A.     Not so much as, you know, I'm not  
24     a specialist at chemical sensitivity. You  
25     know, I don't -- Yeah, and some of it could

1 have been that, I guess.

2 Q. In any of the literature you've  
3 read, is a B vitamin a symptom of chemical  
4 sensitivity?

5 A. No, but it just contributed to her  
6 fragility. Her inability to correct it and eat  
7 a normal diet may have been an underlying cause  
8 of it. Right? But again, one thing that is  
9 low here in a young woman is her sodium level's  
10 low, and we see that when we start to  
11 decompensate with the heart. When the heart  
12 starts to decompensate, in this lab. This is  
13 probably when she was starting to get into  
14 trouble. I don't see that in young people ever  
15 almost.

16 Q. And then this is a panel that was  
17 just slightly after the 8/5 panel? It's MAD  
18 00030, at the bottom, the Bates stamp at the  
19 bottom of the page, to the far right corner.  
20 MAD 00030. So an assessment was done on 8/5,  
21 or a --

22 A. This is 8/28, what I'm -- Let me  
23 see.

24 Q. Yeah.

25 A. Okay.

1           Q.    So that was the one before.  So  
2   within the same month, she was subject to two  
3   panels, and that was because of your concern  
4   about her heart and her --

5           A.    Yes.

6           Q.    -- and her condition, at that  
7   point?

8           A.    Yes.

9           Q.    And what does this -- What is your  
10  read of this document?

11          A.    I see what you're looking at.  
12  This stamp here.  Um . . . anemia.  Um . . .  
13  with large red blood cells related to it.  You  
14  can have small or large or regular size red  
15  blood cells.  Hers is large.  Her liver  
16  enzymes, again, not quite normal, but not  
17  really alarming.  Her carbon dioxide low and  
18  high again.  I'm sorry.  High again.  And her  
19  protein low.  And again you don't see that  
20  typically in a younger person.  Maybe, in an  
21  80-year-old, you know.

22          Q.    Okay.  And this looks like a  
23  duplicate, possibly?

24          A.    Yeah.

25          Q.    And that's a duplicate of the

1     **prior record, I believe?**

2             A.     Right. They just got out of order  
3     somehow. Right.

4             **Q.     And this is a duplicate?**

5             A.     Again, a duplicate.

6             **Q.     This is different. This is the**  
7     **B-12 deficiency measurement that we spoke**  
8     **about?**

9             A.     Mm-hmm.

10            **Q.     What is this? This is the**  
11    **ferritin test you referred her to?**

12            A.     Right. And that was actually  
13    high. So she had lots of iron available, but  
14    that can also be an inflammatory mediator. So  
15    ferritin can go up, if you're inflamed. But  
16    significant anemia with very large red blood  
17    cells, yeah.

18            **Q.     I mean, we don't dispute that Ms.**  
19    **Madej was anemic during the time these panels**  
20    **were performed, right?**

21            A.     Well, there's always a cause,  
22    right? I mean . . .

23            **Q.     Could these labs indicate anything**  
24    **other than anemia?**

25            A.     Well, they point to the diagnosis

1 of anemia. Period. That's when your blood  
2 count is off like this. That's just a state,  
3 but then there's a huge number of causes for  
4 that. You can be losing blood. You can be  
5 nice in blood with autoimmune stuff. You can  
6 have inflammation that causes chronic disease.  
7 There's so many different things you try to  
8 deal with, as a physician, as a primary care  
9 physician, with the low hanging fruit, as far  
10 as what can I try to glue this patient back  
11 together with, and that's my struggle through  
12 all of this. How do I get her back?

13 **Q. I know we've established that**  
14 **you're not an expert in multiple chemical**  
15 **sensitivity, but any literature, anything**  
16 **you're aware of saying anemia is a symptom of**  
17 **MCS?**

18 **A. I don't know.**

19 **Q. Okay. And then this looks like**  
20 **blood work from June 2nd of 2015, and what does**  
21 **this show?**

22 **A. That her protein counts are, you**  
23 **know, out of balance. One of her liver**  
24 **enzymes, the bilirubin, is elevated. Yeah,**  
25 **I've been kind of watching her liver just**

1 going, something didn't make sense in her  
2 liver. That's our big detoxification organ and  
3 multifunction organ. Right? Lots of things it  
4 does. Her carbon dioxide's still high.

5 Q. And then what is the note? I  
6 can't quite make it out. I need to call,  
7 cancel --

8 A. And then I called, and I counseled  
9 her. Possible G.I. bleed, anemia, need for  
10 urgent referral to G.I. Also B-12. If  
11 refuses, something or another. Probably --

12 Q. So you were so worried about this  
13 that you called her and said, you need to get  
14 to a gastrointestinal doctor?

15 A. Yep. We need to do -- Yeah. This  
16 isn't a time will fix this. We need to do  
17 something quick.

18 Q. And as far as you know, she never  
19 saw a gastrointestinal specialist, correct?

20 A. Right. But I did also suggest  
21 that she definitely get more aggressive with B  
22 vitamins, with, you know -- So I mean this is  
23 all the world of just primary care, but this is  
24 tricky stuff to negotiate.

25 Q. And then 6/2/2015, same day. This

1     **is different labs for lipase. This is fat**  
2     **measurement?**

3             A.     No. Those are pancreatic enzymes.

4             Q.     Okay.

5             A.     Because I was worried with that  
6     pain that she had, that she had pancreatitis,  
7     and she doesn't.

8             Q.     Okay. What else does this show?  
9     Anything else?

10            A.     The anemia, again. Right?

11            Q.     Yeah. It's a common theme?

12            A.     There it is. Yes.

13            Q.     And then there's a duplicate, and  
14     I'm sorry for that. Another duplicate. Is  
15     this another duplicate?

16            A.     It looks like it is. 6/3 -- Yep,  
17     it's a duplicate. We're back to the beginning,  
18     except for these. Which are much older.

19            Q.     Okay.

20            A.     And I can get you it.

21            Q.     Yeah, if you don't mind to have a  
22     copy made.

23            A.     Sure.

24            Q.     Because we'll have them marked,  
25     please. Thank you, very much, Doctor.



1           A.     And there's nothing -- If you want  
2     to glance at this, there is nothing different  
3     from what we've seen before. This is a  
4     duplicate. Let me go ahead and just, if Lori's  
5     here, I'll have her copy those.

6           Q.     Thank you.

7                     (Thereupon, a recess was held, and  
8     Defendant's Exhibit 4, Athens lab report, was  
9     marked for identification.)

10    BY MS. GWIN:

11           Q.     Okay. So these are labs from the  
12    same facility, and they are older?

13           A.     2012. 10/3/2012.

14           Q.     Okay. So this is right when you  
15    initially -- Would this be the first lab, as  
16    far as you know, that you referred her to?

17           A.     Perhaps. Perhaps.

18           Q.     Okay. This is all you have in  
19    your records, plus what we went through?

20           A.     Right.

21           Q.     Okay.

22           A.     Right.

23           Q.     Do you think you referred her to a  
24    lab while you were at Trillium?

25           A.     That's a long time ago.

1                   **Q.     And what does this Exhibit 4 show?**

2                   A.     Basically, there's no sign of  
3     anemia, at this point, but Vitamin D is off,  
4     significantly low.   Thyroid's okay.

5                   **Q.     What would be the reason, cause,**  
6     **of significantly low Vitamin D?**

7                   A.     It can be that you aren't out in  
8     the sun much, that if you are taking it orally,  
9     you aren't absorbing it.   That your guts are  
10    broke.   You know.   That you don't have  
11    malabsorption, intestinal malabsorption.   It's  
12    a fact side of a vitamin, we have trouble  
13    absorbing it sometimes.   Mostly, exposure to  
14    the sun, and some people just don't absorb it  
15    very well.

16                  **Q.     And you're aware that Ms. Madej**  
17     **does not leave her specialized environment?**  
18     **She stays in her home, correct?**

19                  A.     I don't, no.   I encouraged her to  
20    be out in the sun, in her yard, various times.  
21    And she said she was going to do so and had  
22    been doing so.

23                  **Q.     Okay.   I'm going to hand you**  
24     **what'll be marked as Exhibit 5.**

25                               **(Thereupon, Exhibit 5, injunction**

1     hearing transcript, was marked for  
2     identification.)

3     BY MS. GWIN:

4             Q.     Okay. Now, I want you to read the  
5     whole thing.

6             A.     Yes.

7             Q.     And recite it backwards. No. Dr.  
8     Singer, I'll represent this is a transcript  
9     from the preliminary injunction hearing that  
10    occurred on September 21st, 2015. I think you  
11    previously testified you were called,  
12    presenting, at that hearing.

13            A.     Mm-hmm.

14            Q.     And you testified there before  
15    Judge Lang, correct?

16            A.     Correct.

17            Q.     Okay. I'm just going to go ahead  
18    and draw your attention to some portions of the  
19    testimony that's been transcribed, and the  
20    first is on Page 10, and we have to go back a  
21    few pages. This, I'll represent to you, is Mr.  
22    Madej's testimony regarding accommodations that  
23    he makes for Cindy.

24            A.     Mm-hmm.

25            Q.     And he's testified that on Page 10

1     that Cindy's -- It's about six lines down.  
2     Cindy's really sensitive to plastics, vinyl and  
3     rubber.

4                     And did you ever see any evidence  
5     that she was sensitive to plastics, vinyl or  
6     rubber?

7             A.     She wasn't exposed to it around  
8     me.

9             Q.     Okay.   Thank you.

10            A.     There was no exposure, and I would  
11     have been respectful of that concern.

12            Q.     Okay.   And then on that same page,  
13     under A, where it says on Page 10, A, Mr. Madej  
14     goes on to testify that she's intolerant to  
15     most cleaning products.

16                     Did you ever see any evidence of  
17     that?

18            A.     She asked for accommodation for  
19     that, and I did accommodate that.

20            Q.     You never tested cleaning products  
21     on her?

22            A.     How would I have done that?   Why  
23     would I have done that, considering it's not a  
24     big accommodation?

25            Q.     Understood.   Okay.   If you would

1 flip to Page 42, please. Okay. And this is  
2 regarding a letter that you wrote wherein you  
3 recommended that construction or maintenance  
4 activities not occur within one mile of the  
5 Madej home. Do you recall doing that?

6 A. Probably, yes.

7 Q. Okay. And how did you come to  
8 recommend that one mile?

9 A. I think it came from the Madejs.

10 Q. They asked for one mile?

11 A. Yes.

12 Q. Okay. And it looks like --

13 A. Oh, yeah. She asked us. We  
14 thought that would be protective of her.

15 Q. You never did any independent  
16 analysis?

17 A. No.

18 Q. You never went out and saw the  
19 property? They said, a mile, and you put that  
20 in there?

21 A. Correct.

22 Q. Okay. And then there's testimony  
23 that the letter also asked for five days notice  
24 before any kind of construction occurring,  
25 correct?

1 A. Repeat the question. I'm sorry.

2 Q. If you'll continue reading.

3 A. Mm-hmm.

4 Q. Question: And going back to  
5 Exhibit C, Dr. Lieberman requested a minimum of  
6 three days before initiating any road  
7 construction occur within one mile of your  
8 residence. Do you remember that?

9 Answer: Yes.

10 Question: Why is it three days?  
11 Is that something you asked for?

12 Answer: Yes, we asked for at  
13 least three days.

14 Question: Then with Dr. Singer  
15 you asked for five days?

16 Answer: That's correct.

17 Do you recall them asking for you  
18 to opine that five days notice was required?

19 A. I don't recall that. I mean, I  
20 assume.

21 Q. You have no reason to dispute the  
22 transcript?

23 A. I have no reason to dispute that.

24 Q. Okay. Okay. And, Dr. Singer,  
25 your testimony begins on Page 52.

1 A. Yes.

2 Q. And you noted on Page 54, after  
3 going through some of your history with  
4 Cynthia, your medical expertise, and you noted  
5 that she was diagnosed 15 years ago, and it was  
6 labeled multiple chemical sensitivity, but now  
7 it's called environmental illness?

8 A. Correct.

9 Q. What is the difference between the  
10 two?

11 A. A name, I think.

12 Q. And environment illness is also  
13 not recognized under the DSM 10, correct?

14 MR. PETTEY: Well, I'm going to  
15 object. I just think that was an incorrect  
16 statement. I think you mean the ICD 10.

17 MS. GWIN: I do, yes. The ICD 10.  
18 Is that correct?

19 THE WITNESS: Correct.

20 MS. GWIN: Thank you, Sky.

21 BY MS. GWIN:

22 Q. Okay. And then on Page 64, again,  
23 you indicated that the American Medical  
24 Association doesn't recognize this as a  
25 syndrome, correct?

1 A. Correct.

2 Q. And neither does the World Health  
3 Organization?

4 A. Yes.

5 Q. And then you talk about disability  
6 and social security and the Department of  
7 Justice, and I wondered, what is the medical  
8 significance of the disorder being recognized  
9 by those departments for you?

10 A. I think it's part of the ambiguity  
11 of the condition that we're dealing with that  
12 she's on disability because of a syndrome that  
13 we have difficulty defining. So I think  
14 there's ambiguity, and many, many things live  
15 in this world with ambiguity, and her condition  
16 certainly does. That's what it means to me  
17 medically. It's an ambiguous thing.

18 Q. You did not place her on  
19 disability?

20 A. No.

21 Q. You had no involvement with her  
22 medical disability diagnosis?

23 A. That was long before.

24 Q. And the standard for disability  
25 for purposes of, we'll call it social security



1 state law, that's different than the standard  
2 under the ICD 10, correct?

3 A. I think so.

4 Q. I don't believe I have anything  
5 further regarding that exhibit.

6 Doctor, you're being compensated  
7 for your time here today? That's the check for  
8 you right there.

9 A. Thank you.

10 Q. Correct?

11 A. Yes.

12 Q. Were you compensated in the  
13 preparation of this affidavit, Exhibit 2  
14 affidavit? Were you paid for the preparation  
15 of it?

16 A. No. No, I was not.

17 Q. Okay. And other than the medical  
18 billing records we discussed, which you  
19 indicated you don't recall who paid for that,  
20 if that was covered by insurance, if that was  
21 direct payer, if that was Medicare, you were  
22 paid by the visits by Ms. Madej, correct?

23 A. Correct.

24 Q. Okay. Any other form of payment  
25 that you've received?

1           A.    No.  No.  I briefly met with Sky  
2   Pettey prior to this meeting, and I was  
3   compensated for that only.

4           **Q.    When did you meet with Mr. Pettey**  
5   **prior to this meeting?**

6           A.    At nine o'clock in the morning,  
7   prior to this meeting.

8           **Q.    And were you compensated at your**  
9   **standard hourly rate of \$250, an hour?**

10          A.    Yes.

11          **Q.    And what did you and Mr. Pettey**  
12   **discuss during that meeting?**

13          A.    It was a brief meeting.  Mostly,  
14   what to expect.

15          **Q.    Did you review any records in that**  
16   **meeting with Mr. Pettey?**

17          A.    No.

18          **Q.    Did you review any records prior**  
19   **to the records I've produced here for you**  
20   **today?**

21          A.    No.  I mean, I had Lori print out  
22   also the labs and the appointment notes, but I  
23   really hadn't taken the time to review them  
24   significantly.

25          **Q.    Did you talk to Ms. Madej prior to**

1     **the meeting?**

2             A.     Not since I saw her as a patient.

3             **Q.     You haven't talked to Ms. Madej**  
 4     **since May of 2015 then?**

5             A.     I don't think so. I don't think I  
 6     even talked to her around the court case.

7             **Q.     Okay. How about Mr. Madej?**

8             A.     I talked to him at the courtroom.  
 9     That was the last time I've spoken to them.

10            **Q.     What did you speak with him about?**

11            A.     I think that he mostly spoke about  
 12     how vulnerable he felt for her and how  
 13     frightened he was for her.

14            **Q.     Are you aware that the Athens**  
 15     **County Sheriff's Office has been called to the**  
 16     **Madej property on threats of domestic violence**  
 17     **on more than one occasion?**

18            A.     Yes.

19            MR. PETTEY: Objection.  
 20     Relevancy.

21            THE WITNESS: All right. No. I  
 22     don't know.

23     BY MS. GWIN:

24            **Q.     How does that make you feel?**

25            MR. PETTEY: Objection, again.

1     Relevance.

2                     THE WITNESS:   It's an ambiguous  
3     case.

4     BY MS. GWIN:

5                     Q.     And are you aware that Mr. Madej  
6     has pled guilty to a third degree felony of  
7     intimidating a public official, specifically,  
8     my client, Jeff Maiden?

9                     MR. PETTEY:   Objection.  
10    Relevance.   This witness doesn't have anything  
11    to say about that.

12                    MS. GWIN:   Well, you can't  
13    instruct her not to answer.   So she can answer,  
14    if she's --

15                    MR. PETTEY:   It's a relevancy  
16    objection, not an instruction not to answer.

17                    MS. GWIN:   It sounded like an  
18    instruction not to answer.   You said she  
19    doesn't know anything about it, and if she  
20    doesn't know, that's fine.

21                    THE WITNESS:   I really don't.

22                    MS. GWIN:   That's fine.

23    BY MS. GWIN:

24                    Q.     What did you mean when you said  
25    this is an ambiguous case?

1           A.    Because there's no black and white  
2    in this situation.

3           Q.    Yeah?

4           A.    That's ambiguous.

5           Q.    But you opined that she was going  
6    to be subject to death, if the engineer chip  
7    and sealed that road. So that's not ambiguous.

8           A.    It was a possibility that she  
9    might actually, in her vulnerable state, be  
10   very vulnerable to real harm. I believe that.

11          Q.    Well, your opinion --

12          A.    Yes.

13          Q.    -- was that to a reasonable degree  
14   of medical certainty that she will suffer, not  
15   that she may, that she will suffer serious  
16   physical harm or possible death. It was not  
17   that she may. It was that she will. Is that  
18   correct? And that's not a black and white  
19   statement. That's can't use the product, or  
20   she will suffer death.

21               MR. PETTEY: Objection.

22   Mischaracterization. It says, possible death.

23   BY MS. GWIN:

24           Q.    If you could go back and change  
25   this now, would you?

1           A.    I don't know that I would.  I  
2   don't know that I would.  I wish I could.  I  
3   sure wish I could, but I don't think that I  
4   would, because I do feel like I can't -- I  
5   can't predict an uncontrolled experiment on a  
6   -- But I don't know how healthy she is now, but  
7   I can't predict an uncontrolled experiment on a  
8   patient who is vulnerable.  I just can't.  And  
9   in that case, I would be cautious.

10           **Q.    But you didn't perform any tests**  
11 **on this patient, other than the tests we've**  
12 **discussed today.  You did not test her for any**  
13 **of the substances that she opined would cause**  
14 **death, correct?**

15           A.    Correct.

16           **Q.    Possibly cause death?  I'm sorry.**

17           A.    Correct.  Things that she had  
18   stated she previously had reactions to.

19           **Q.    You only relied on her testimony?**

20           A.    And that of Dr. Lieberman in  
21   validating her.

22           **Q.    If you had been aware about the**  
23 **complaints of potential domestic violence at**  
24 **the home, would you have permitted Mr. Madej to**  
25 **be present during the examination?**

1 MS. GWIN: Objection. Relevance.

2 THE WITNESS: I don't know. I  
3 never felt that he was a risk.

4 BY MS. GWIN:

5 Q. Did you and Mr. Pettey speak about  
6 this affidavit in your meeting?

7 A. No.

8 Q. Did you speak about any of the  
9 medical records?

10 A. No.

11 Q. Did he show you any other  
12 documents?

13 A. No, he didn't.

14 MS. GWIN: I don't believe I have  
15 anything further for this witness.

16 MR. PETTEY: If we could take just  
17 a brief break, I do have a few questions, but  
18 they'll be brief.

19 (Thereupon, recess held.)

20 MR. PETTEY: Okay. Let's go back  
21 on the record, and let's mark these documents  
22 -- it's three pages -- as the next document.

23 Which would be 5 or 6?

24 THE REPORTER: Six, I believe.

25 MR. PETTEY: Six.

1                   (Thereupon, Defendant's Exhibit 6,  
2 radiology interpretation, was marked for  
3 identification.)

4                   CROSS-EXAMINATION

5 BY MR. PETTEY:

6                   Q. Dr. Singer, I'll ask you to look  
7 at the document that has the quality mobile  
8 imaging --

9                   A. Correct.

10                  Q. -- in front of that, and that  
11 document is -- Why don't you tell me what that  
12 document is.

13                  A. It's an x-ray of the ankle. She  
14 apparently had a fall, a swollen, painful  
15 ankle, and there's no fracture. Small  
16 arthritis that we all get, but pretty much a  
17 normal ankle.

18                  Q. And it's indicating the physician  
19 is Singers, with an s on it, but I assume  
20 that's referring to you, given that this is  
21 2013, when she would have been a patient of  
22 yours?

23                  A. Correct.

24                  Q. And so this is a record indicating  
25 that she completed an x-ray?



1           A.     Correct.

2           Q.     All right. Now, there was some  
3     testimony earlier about another x-ray that you  
4     had recommended that she do?

5           A.     Correct. I think this was a  
6     mobile. Is this a mobile x-ray? Yeah, it's a  
7     mobile imagining. So they can get out to  
8     places.

9           Q.     Right. Now, I think you weren't  
10    quite sure what had happened with that x-ray,  
11    but there was some testimony that possibly you  
12    were concerned she had refused to do an x-ray?

13          A.     Or was unable to do. I don't  
14    think refusal was . . .

15          Q.     Now, is it possible that Ms. Madej  
16    made attempts to have that x-ray done, came  
17    back to a later appointment, and at that point  
18    the x-ray was no longer needed?

19          A.     Perhaps, yes.

20          Q.     Is that a possibility?

21          A.     That's very possible, yes.

22          Q.     Rather than that she actually  
23    refused to get the x-ray?

24          A.     Correct. If it was for shortness  
25    of breath and got better, it's very possible.

1           **Q.    And, in fact, the fact that she**  
2   **has gotten an x-ray for another purpose is**  
3   **probably an indicator that she is not a person**  
4   **who would refuse to do an x-ray. Would that be**  
5   **fair to say?**

6           A.    Correct. I mean, the mobile -- I  
7   think everything has just been really hard for  
8   her, as far as getting imagining and testing.  
9   It's just exceeding -- It's big, big obstacles.

10          **Q.    And then the other two documents**  
11   **in this exhibit, could you just briefly tell me**  
12   **what those two documents are, please?**

13          A.    They're both blood work. Just  
14   reflecting, you know, low thyroid and no  
15   anemia, at this point in time. I was looking  
16   for a mitochondrial antibody, so an autoimmune  
17   marker, that just wasn't there. Oh, for the  
18   thyroid. That was for autoimmune thyroid. So  
19   it was just probably evaluating her thyroid and  
20   looking for any anemia, and it was not present.

21                This next page is a metabolic  
22   panel where she has normal protein, normal  
23   kidney function, normal liver enzymes, but  
24   very, very suppressed thyroid.

25          **Q.    And the collection date on both of**

1     those two documents is March 29th of 2011?

2             A.     Let's see, 3/29, yep. Yes, yes.

3     I'm sorry.

4             Q.     And, of course, you're listed as  
5     the ordering physician?

6             A.     Correct.

7             Q.     Earlier we had some testimony  
8     about concern about whether Ms. Madej was going  
9     to get her lab work done. That was while we  
10    were looking at the medical records having not  
11    reviewed the lab testing?

12            A.     Right, right.

13            Q.     Does it seem like there's any big  
14    concern that she was failing to go out and get  
15    her labs?

16            A.     She got them, pretty much, yeah.

17            Q.     And then, finally, turning back to  
18    your affidavit. Do you have any -- Well, let  
19    me rephrase that. I think you already more or  
20    less said that you still believe that what you  
21    said in the affidavit that was admitted as an  
22    exhibit here was correct?

23            A.     For that time, in that snapshot,  
24    with a fragile patient, yes.

25            Q.     And so there's nothing in that

1     **exhibit that you want to withdraw, at this**  
2     **point?**

3             A.     No, I don't think so.

4             **Q.     And regardless of whether it might**  
5     **possibly cause Ms. Madej's death, do you still**  
6     **believe that chip/seal asphalt could cause**  
7     **physical harm to Ms. Madej?**

8             A.     I've not seen her in too long to  
9     judge that. It could, certainly, with multiple  
10    chemical sensitivity, be a challenge to her  
11    system, to her organism, as an organism.

12            **Q.     Sure. You don't have any reason**  
13    **to think that her multiple chemical sensitivity**  
14    **has gone away?**

15            A.     I've not been around her to know.  
16    The only other patient I had with it committed  
17    suicide. So I don't have a basis for what I --  
18    I don't know what happens in the spectrum of  
19    it, if it gets better or worse.

20            MR. PETTEY:   Okay. Those are all  
21    the questions I have.

22            MS. GWIN:   Can I just --

23            THE WITNESS:   Please.

24            MS. GWIN:   -- redirect a little  
25    bit about this.

1                               RE CROSS-EXAMINATION

2       BY MS. GWIN:

3                   Q.     This is Exhibit 6. This is the  
4     radiology from a mobile unit, you testified,  
5     and it looks like it was done on June 28th of  
6     2013; is that correct?

7                   A.     That's the date on here, yes.

8                   Q.     Okay. And that would have been, I  
9     think that Miss Madej's last visit was in  
10    October of 2012, and then she did not begin  
11    coming back until two and a half years later,  
12    in May of 2015, I believe. So this would have  
13    been during a time period when you maybe  
14    weren't seeing her as much?

15                  A.     Right, right. There had been a  
16    lag. She hurt her ankle and didn't want to go  
17    to an emergency room, probably, because of  
18    chemical exposure. And then given the  
19    scenario, I'm not remembering the specifics,  
20    but I certainly would have ordered an x-ray in  
21    that situation.

22                  Q.     Do you know what materials the  
23    portable x-ray machines are made out of?

24                  A.     No.

25                  Q.     Do you know if there are

1     **petrochemicals involved?**

2             A.     I have no idea.

3             Q.     Do you know if there are petroleum  
4     **based products involved?**

5             A.     I don't know.

6             Q.     Do you know if people entered her  
7     **home to conduct the x-ray?**

8             A.     I don't know.

9             Q.     Do you know if she went outside  
10    **and met them to do the x-ray?**

11            A.     I don't know.

12            Q.     Do you know -- So this doesn't say  
13    **where it would have been conducted? Oh. It**  
14    **says, to pick a facility. Does that mean -- Is**  
15    **that a place, or that means she picks?**

16            A.     I don't know how it works. I'm  
17    **sorry.**

18            Q.     No, that's fine. I understand. I  
19    **just I'm trying to determine if people were at**  
20    **the property.**

21                    Do you know who Jason Grennan is?

22            A.     No. So he's a radiologist, right?  
23    **For this organization that I do not know?**

24            Q.     You don't know if they were out  
25    **there or not?**

1           A.    No, they would not be out there.

2    You have a technician with . . .

3           **Q.    The machine?**

4           A.    The machine.  Goes to a site,  
5    takes the image, and then . . .

6           **Q.    Are you covered with like a screen**  
7    **while they take the image, usually, for x-rays?**

8           A.    I don't really know how they did  
9    that one.  A lot of times we'll protect  
10   people's, you know, reproductive organs with a  
11   lead vest of some sort.

12          **Q.    Mm-hmm.**

13          A.    I don't know what happened at  
14   this.

15          **Q.    Did she tell you how she hurt her**  
16   **ankle?**

17          A.    No.  It says, fall, but again I  
18   don't have a note about it at all.

19          **Q.    Do you know if she was billed for**  
20   **this, her insurance company was billed for**  
21   **this?**

22          A.    I don't know.

23          **Q.    Thank you.**

24          A.    I'm sorry.

25          **Q.    That's okay.  I appreciate it.**

1 MS. GWIN: That's all the  
2 questions I have.

3 MR. PETTEY: Thank you. I don't  
4 have anything further.

5 (Thereupon, deposition was  
6 concluded at 2:05 p.m.)

7 (Reading and signing waived.)

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1     STATE OF OHIO                     )  
2     COUNTY OF MONTGOMERY )     SS:   CERTIFICATE

3

4                     I, Donald Correll, a Notary Public  
5     within and for the State of Ohio, duly  
6     commissioned and qualified,

7                     DO HEREBY CERTIFY that the  
8     above-named BARBARA SINGER, D.O., was by me  
9     first duly sworn to testify the truth, the  
10    whole truth and nothing but the truth.

11                    Said testimony was reduced to  
12    writing by me stenographically in the presence  
13    of the witness and thereafter reduced to  
14    typewriting.

15                    I FURTHER CERTIFY that I am not a  
16    relative or Attorney of either party, in any  
17    manner interested in the event of this action,  
18    nor am I, or the court reporting firm with  
19    which I am affiliated, under a contract as  
20    defined in Civil Rule 28(D).

21

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1           IN WITNESS WHEREOF, I have hereunto set  
2   my hand and seal of office at Dayton, Ohio, on  
3   this 21st day of September 2017.

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*Donald Correll*

DONALD CORRELL

NOTARY PUBLIC, STATE OF OHIO

My commission expires 8-9-2022

