

# Exhibit 612

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Exhibits: 1-27

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
SOUTHERN DIVISION

- - - - - x

IN RE: CAMP LEJEUNE WATER )  
LITIGATION ) Case No.:  
----- ) 7:23-CV-897

This document relates to all cases.

- - - - - x

VIDEOTAPED DEPOSITION of MICHAEL YOUNG,  
PhD, a witness called by counsel for the  
Plaintiffs, taken pursuant to the Federal Rules of  
Civil Procedure before Katherine A. Tevnan, RMR,  
CSR No. 129093 and Notary Public in and for the  
Commonwealth of Massachusetts, at the Offices of  
Jones Kelleher, 125 High Street, High Street  
Tower, Boston, MA, on July 24, 2025, commencing at  
9:04 a.m.

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## I N D E X

Deposition of: Direct Cross Redirect Recross  
MICHAEL YOUNG, PhD  
By Mr. Barr 6

## E X H I B I T S

Number	Description	Page
Exhibit 1	Expert Report-5/8/25 Richard Sparks	9
Exhibit 2	Expert Report-5/8/25 Edgar Peterson	9
Exhibit 3	Expert Report-5/8/25 Gary McElhiney	9
Exhibit 4	Curriculum vitae	22
Exhibit 5	Supplemental List of Materials Considered-Sparks	25
Exhibit 6	Supplemental List of Materials Considered-McElhiney	25
Exhibit 7	Supplemental List of Materials Considered-Peterson	26
Exhibit 8	Order for Commercial Products and Commercial Services- YOUNG_USA_CONTRACT_0000000001 -2	48
Exhibit 9	February 2025 Invoice- Medical-Legal Expert Witness Services	59
Exhibit 10	March 2025 Invoice-Medical-Legal Expert Witness Services	62
Exhibit 11	April 2025 Invoice-Medical-Legal Expert	62

1		Witness Services	
	Exhibit	List of Materials	71
2	12	Considered-Peterson	
	Exhibit	List of Materials	71
3	13	Considered-McElhiney	
	Exhibit	List of Materials	72
4	14	Considered-Sparks	
	Exhibit	SEC. 804 Federal Cause of	121
5	15	Action Relating to Water at	
		Camp Lejeune, North Carolina	
6	Exhibit	Preventative Medicine	158
	16	Reports- Llamas-Velasco	
7		article	
	Exhibit	Article-Autoimmune disease	166
8	17	and Risk for Parkinson	
		disease	
9	Exhibit	Ma article- Association of	169
	18	Autoimmune Diseases with the	
10		Risk of Parkinson's Disease	
	Exhibit	McElhiney 8/28/91 Acute	189
11	19	Care Clinic report	
	Exhibit	McElhiney- TN Valley	200
12	20	Medical VA records	
	Exhibit	McElhiney- Acute Care	185
13	21	Clinic 12/25/85 report	
	Exhibit	Peterson 5/14/04 initial	204
14	22	neurological	
		evaluation-Baylor College of	
15		Medicine	
	Exhibit	Peterson Progress Notes	208
16	23	3/14/14	
	Exhibit	Sparks 10/10/73 Clinical	211
17	24	Record-National Naval Medical	
		Center	
18	Exhibit	Gardner article-Mild TBI and	222
	25	risk of Parkinson disease	
19	Exhibit	Chung article- Upper	231
	26	Gastrointestinal Mucosal	
20		Damage and Subsequent Risk of	
		Parkinson Disease	
21	Exhibit	McElhiney 3/7/16 office	235
	27	visit report	

\*Original exhibits retained by Golkow

\*\* Documents quoted on the record are transcribed  
as read.

P R O C E E D I N G S

THE VIDEOGRAPHER: We are now on the record. My name is Robert Martignetti. I'm a videographer for Golkow. Today's date is July 24th, 2025, and the time is 9:02 a.m.

This video deposition is being held in Boston, Massachusetts, In Re: Camp Lejeune Water Litigation. The deponent is Michael Young, M.D.

Counsel will be noted on the stenographic record.

The court reporter is Kathy Tevnan and will now swear in the witness.

MICHAEL J. YOUNG, M.D.

a witness called for examination by counsel for the Plaintiffs, being first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. BARR:

Q. Good morning, Dr. Young. Can I just get you to state your name for the record?

A. Michael Young.

1 Q. Okay. And my name is Brian Barr, and I'm  
2 here on behalf of Mr. McElhiney, Mr. Sparks, and  
3 Mr. Peterson. You're aware of that, right?

4 A. Yes.

5 Q. Okay. And have you been deposed before?

6 A. No.

7 Q. No. Okay.

8 So given that you've never done this  
9 before, I'm going to lay out a few ground rules,  
10 and let's to make sure we can -- we can, you  
11 know, kind of agree with how this is going to go.

12 I'm going to spend my time asking  
13 questions. What I would ask is that you give me  
14 a chance to get out the whole question. Let's  
15 try not to speak over each other. And I'll give  
16 you the chance to fully answer the questions, but  
17 let's just make sure there's a little pause. We  
18 don't want to get her mad at us because she's  
19 trying to type everything we're saying  
20 (indicating).

21 So I tend to -- sometimes I'll get  
22 talking faster. If I'm going too fast, tell me  
23 to slow down. Okay? Can we do that?

24 A. (Witness nodding.)



1 Q. If you don't understand one of my  
2 questions and -- well, and I think we just did a  
3 perfect example of this. Please answer verbally.  
4 You just nodded your head. It's hard for her to  
5 say -- to type that into the record. So can --  
6 just I know sometimes that's a struggle, but  
7 we've got to make sure that we try and do that.  
8 Okay?

9 A. Got it.

10 Q. All right. If you don't understand one  
11 of my questions -- and there's a high likelihood  
12 I'm going to butcher some of these questions. So  
13 if you don't understand one of my questions, just  
14 say, "Hey, I don't -- I don't understand what  
15 you're asking," and I'll try and figure out how  
16 to restate it. Okay?

17 A. Got it.

18 Q. And it's fair for me to assume that if  
19 you answer the question, you understood it. Is  
20 that fair?

21 A. Yes.

22 Q. Okay. So you wrote three reports in this  
23 case, right?

24 A. That is correct.

1           Q.   You wrote a report for Mr. McElhiney,  
2   Mr. Sparks, and Mr. Peterson, correct?

3           A.   Yes.

4           Q.   Okay.   And I'm going to go ahead and  
5   enter those.   Let me just confirm that's what  
6   these are.

7           All right.   This is the report you've  
8   issued on Mr. Sparks that we'll mark as  
9   Exhibit 1.

10                   (Exhibit 1, Expert Report-5/8/25  
11                   Richard Sparks, marked for  
12                   identification.)

13           Q.   And this next one is the report you  
14   authored on Mr. Peterson, we'll mark as  
15   Exhibit 2.

16                   (Exhibit 2, Expert Report-5/8/25  
17                   Edgar Peterson, marked for  
18                   identification.)

19           Q.   And this last one is the report you  
20   issued on Mr. McElhiney that we will mark as  
21   Exhibit 3.

22                   (Exhibit 3, Expert Report-5/8/25 Gary  
23                   McElhiney, marked for  
24                   identification.)

1 Q. And we're going to go through these  
2 reports throughout a lot of the day, so you might  
3 want to keep these kind of handy.

4 You would agree that in these reports  
5 there's a lot of duplicate material across the  
6 reports, right?

7 MS. PLATT: Objection. Foundation.  
8 Form.

9 A. I'm going to take a look at the reports,  
10 make sure that they're the full report. But to  
11 answer your question, what do you mean by  
12 duplicate material?

13 Q. There -- you state a lot of the same  
14 statements in each report. I know you have  
15 specific statements as to each of the plaintiffs,  
16 but a lot of your, you know, background  
17 statements on Parkinson's disease, background  
18 statements on etiology, those are all the same  
19 statements, true?

20 A. They're not all the same, but there's  
21 some shared background --

22 Q. Okay.

23 A. -- to the extent that all three address  
24 Parkinson's disease.

1 Q. Okay. And can you --

2 MS. PLATT: I would just note for the  
3 record that these are the reports. We also have  
4 a materials considered list and a supplemental  
5 materials considered list for each of these that  
6 are not --

7 MR. BARR: Right.

8 MS. PLATT: -- part of the exhibits.

9 MR. BARR: And I'm just talking about the  
10 reports here.

11 MS. PLATT: Thank you.

12 MR. BARR: I understand that.

13 Q. And can you just confirm to me that these  
14 are -- you know, not with the materials  
15 considered list and that kind of stuff, but these  
16 are the reports that you authored in each of  
17 these three cases?

18 A. Allow me to go through each of them and  
19 make sure.

20 (Pause)

21 Q. Doctor, I'm really just asking if these  
22 are your -- probably -- we don't -- we don't need  
23 to read the entire reports. I mean, are these  
24 your reports?

1           A. I'm going to go through each of them and  
2 make sure that --

3           Q. We're going to have to go off the record  
4 to do that because I'm not going to -- we're not  
5 going to spend 15 minutes just for you to confirm  
6 these are actually your reports.

7           MS. PLATT: Brian, we've --

8           MR. BARR: No. We're --

9           MS. PLATT: -- been going through these  
10 depositions allowing the deponent to review  
11 things on the record.

12           MR. BARR: I understand that. But these  
13 are his reports. He doesn't have to read them  
14 page by page just to confirm that they're his.

15           MS. PLATT: I think he has to be able to  
16 answer truthfully that these are his reports, and  
17 so we need to give him an opportunity --

18           MR. BARR: That we're going to have to do  
19 another day of this deposition. Because we're  
20 not going to have time to sit here. And I mean,  
21 this is a very basic question. You did it with  
22 Dr. Barbano. He looked at the report like that  
23 and said, "Yes, these are my reports."

24           MS. PLATT: And I would have given him

1 more time.

2 MR. BARR: So --

3 MS. PLATT: However, let's have Dr. Young  
4 go through his reports and make sure that he's  
5 comfortable answering your questions. He is  
6 under oath, and he needs to be comfortable with  
7 his answer under oath.

8 MR. BARR: Just --

9 (Attorney Miceli enters room)

10 MR. MICELI: Call the magistrate. This  
11 is hilarious.

12 MR. BARR: Just keep going. I mean,  
13 just -- we'll just have to reconvene the depo if  
14 we run out of time.

15 (Pause)

16 A. These are my reports. There are also  
17 materials considered lists attached to them.

18 Q. Okay. I appreciate that.

19 And do each of these reports lay out all  
20 of the opinions you intend to offer in these  
21 three cases?

22 A. Yes. There are also opinions that I  
23 shared with Dr. Shahnasarian about life care  
24 planning matters that may not be explicitly in

1     these reports but are associated with them.

2           Q.   Okay.  But you understand that today is  
3     my one chance to ask you about the opinions you  
4     intend on offering in these three cases, right?

5           MS. PLATT:  Objection.

6           A.   Yes.

7           Q.   Okay.  And if you have opinions outside  
8     of these reports, where are those opinions?

9           MS. PLATT:  Objection.

10          A.   My opinions are contained in these  
11     reports.  Also, to the extent that I shared  
12     opinions with Dr. Shahnasarian that are entailed  
13     by my opinions in these reports, they may be in  
14     Dr. Shahnasarian's reports.

15          Q.   Okay.  But are you intending on offering  
16     opinions that are not contained in these three  
17     reports?

18          MS. PLATT:  Objection.

19          A.   I'm not sure I understand your question.

20          Q.   Well, you understand at some point this  
21     case could go to trial, right?

22          A.   Yes.

23          Q.   Okay.  And in a trial, you would take the  
24     stand and you would get examined by your counsel

1 and offer opinions about these three plaintiffs.  
2 You understand that, right?

3 MS. PLATT: Objection. Form and  
4 foundation.

5 A. Could you clarify what you mean by that?

6 Q. You don't understand what I mean by  
7 offering an opinion?

8 A. I --

9 MS. PLATT: Objection.

10 A. The first part of the question.

11 Q. So you would take the stand in trial and  
12 you would get examined by your counsel and they  
13 would ask you to offer opinions. You understand  
14 that, right?

15 MS. PLATT: Objection.

16 A. Yes.

17 Q. Okay. Those opinions are supposed to be  
18 in these three reports. You understand that,  
19 right?

20 MS. PLATT: Objection.

21 A. Yes.

22 Q. Okay. And so are you intending on  
23 offering opinions at trial that are not in these  
24 three reports?



1           A. Well, I'm not sure what questions will be  
2 asked of me during trial, so I -- to the extent  
3 that these reports contain all of my opinions  
4 about the specific causation matters, these  
5 reports are comprehensive in that regard.

6           Q. Okay. Well, let me try this a little  
7 differently.

8                     You're not aware of any opinions that you  
9 have on these three cases as to specific  
10 causation other than the opinions offered in  
11 these three reports, are you?

12           MS. PLATT: Objection. Form.

13           A. These reports contain my opinions about  
14 specific causation. There may also be opinions  
15 that I shared with Dr. Shahnasarian that are  
16 entailed by my opinions here that are in  
17 Dr. Shahnasarian's report.

18           Q. Okay. And that's -- that's I think where  
19 we're getting hung up. Are there -- are the  
20 opinions that are -- that may or may not be in  
21 Dr. Shahnasarian's report that are -- that are  
22 not contained in these three reports?

23           MS. PLATT: Objection. Foundation.  
24 Form.

1           A. With respect to specific causation, all  
2 of my opinions are contained in these reports.  
3 And there are also opinions that are entailed by  
4 my opinions here which are in Dr. Shahnasarian's  
5 reports.

6           Q. That Dr. Shahnasarian would be offering,  
7 not you, right?

8           MS. PLATT: Objection. Foundation.  
9 Form.

10          A. I can't really speculate about what  
11 questions would potentially be asked of me in the  
12 future and what future matters might arise that  
13 may require me to answer new questions that I  
14 haven't been asked in the past.

15          MR. BARR: Counsel, can we go off the  
16 record and go talk for a second?

17          MS. PLATT: Of course.

18          THE VIDEOGRAPHER: The time is 9:13 a.m.,  
19 and we're off the record.

20                       (Recess taken)

21          THE VIDEOGRAPHER: The time is 9:16 a.m.,  
22 and we're on the record.

23 BY MR. BARR:

24          Q. So I understand you have had

1 conversations with Dr. Shahnasarian about his  
2 life care plan, correct?

3 A. That is correct.

4 Q. What are those conversations?

5 A. Those were conversations about life care  
6 plan for each of the individuals here.

7 Q. But specifically, what did you tell  
8 Dr. Shahnasarian about the life care plan that he  
9 was generating?

10 MS. PLATT: Objection. Form and  
11 foundation.

12 A. I reviewed the life care plans, and I  
13 provided input on the life care plans from a  
14 neurology perspective.

15 Q. And what was that input?

16 A. That should be in Dr. Shahnasarian's  
17 report.

18 Q. I'm here deposing you today, so I'm  
19 asking what was that input.

20 MS. PLATT: Objection. Form.  
21 Foundation.

22 A. I can't recall each of the details of  
23 those conversations without looking at the  
24 reports in which Dr. Shahnasarian details the

1 nature of our conversation.

2 Q. Would you agree with me that these three  
3 reports are the only reports you have issued in  
4 this case?

5 MS. PLATT: Objection. Form and  
6 foundation.

7 Q. In these three cases. I'm sorry.

8 MS. PLATT: Same objection.

9 A. Yes.

10 Q. Okay. You have not issued any  
11 supplemental reports after these reports, have  
12 you?

13 MS. PLATT: Objection.

14 A. No.

15 Q. You've not issued any supplemental  
16 reports reflecting any opinions you may have  
17 provided to Dr. Shahnasarian, have you?

18 MS. PLATT: Objection. Form and  
19 foundation.

20 A. If you're asking whether I've authored  
21 any other reports besides these about these  
22 individuals, the answer is no.

23 Q. No. What I'm asking is, have you offered  
24 any reports which -- stating the supplemental

1 opinions or the opinions you have provided to  
2 Dr. Shahnasarian? Have you authored any of those  
3 reports?

4 MS. PLATT: Objection. Form.  
5 Foundation.

6 A. These are the reports that I've authored.

7 Q. So the answer to my question is no, you  
8 have not authored any reports reflecting the  
9 opinions you've provided to Dr. Shahnasarian; is  
10 that --

11 MS. PLATT: Objection.

12 Q. -- is that fair?

13 MS. PLATT: Objection.

14 A. I'm not sure I understand the structure  
15 of your question. If you're asking whether I've  
16 authored any reports other than these, the answer  
17 is no.

18 Q. Okay.

19 Do these reports, these three reports, do  
20 they provide all of the material that you have  
21 relied on in coming to the opinions you're  
22 offering in this case -- in these three cases?

23 MS. PLATT: Objection. Form.  
24 Foundation.

1           A. As I stated earlier, there are materials  
2 considered lists attached to these reports --

3           Q. Um-hmm.

4           A. -- and those materials considered lists  
5 are comprehensive of the materials that I  
6 considered in arriving at the opinions --

7           Q. Okay.

8           A. -- that I offer in the reports.

9           Q. I believe these have the references on  
10 them, do you see that, starting on page -- we can  
11 just pick one. Pick the Sparks report, which is  
12 Exhibit No. 1. If you start on page 27, there's  
13 your reference list. Do you see that?

14          A. Yes.

15          Q. Okay. And these are the actual -- the  
16 scientific literature that you have cited within  
17 the body of the report, true?

18               MS. PLATT: Objection.

19          A. These are the references cited. They're  
20 not the entirety of the materials considered.

21          Q. Okay. Are there medical articles,  
22 scientific articles outside of these references  
23 that are -- that are somewhere else?

24          A. If they're on the materials considered

1 list, then that's where they would be.

2 Q. Okay. We'll come back to that.

3 (Discussion off the record)

4 Q. All right. You can put that aside for  
5 just a minute.

6 Let's see. Where is that? There it is.

7 I'm going to hand you what I'm going to  
8 mark as Exhibit No. 4.

9 (Exhibit 4, Curriculum vitae, marked  
10 for identification.)

11 Q. I've handed you what was produced to us  
12 as your curriculum vitae. Do you have that in  
13 front of you?

14 MS. PLATT: I believe we produced an  
15 updated version last week.

16 MR. BARR: I thought it was the same one.  
17 I got -- but we can deal with it. It's okay.

18 MS. PLATT: Okay.

19 Q. This one says this one -- is this one  
20 current as of March 2nd, 2025?

21 A. So there was an updated version that I  
22 shared subsequent to this.

23 Q. Okay. And that's fine. But is this one  
24 current as of March 2nd, 2025?

1 A. This was an old version of my CV.

2 Q. Okay.

3 A. This is not my current CV.

4 Q. And that wasn't my question. My question  
5 was, is this your CV as of March 2nd, 2025? You  
6 can see a date prepared at the very top of the  
7 CV.

8 A. Um-hmm. Yeah. Since this version, there  
9 were several updates, including certain  
10 publications and other updates, that I shared in  
11 an updated --

12 Q. Okay.

13 A. -- version of my CV, but -- in response  
14 to the question.

15 Q. Were any of those updates to your  
16 publications, did they deal with publications on  
17 Parkinson's disease?

18 A. Not directly.

19 Q. Okay.

20 A. There was one publication around --  
21 dealing with advanced dementia and advanced care  
22 plans, which Parkinson's disease might fall under  
23 the umbrella of.

24 Q. Okay. And I'll have to look and see if I



1 have the current one.

2 MS. PLATT: If you don't have it, we're  
3 happy to reproduce it, but it was produced last  
4 week.

5 MR. BARR: I believe you, it was.

6 MS. PLATT: Okay.

7 MR. BARR: I'm not -- I'm not denying it  
8 was.

9 MS. PLATT: Okay.

10 MR. BARR: It's just this is the one I  
11 had.

12 Q. All right. We also were produced -- and  
13 we'll get into your material -- your full  
14 materials considered list here in a little bit.  
15 But this morning -- this week, we were also  
16 produced a supplemental materials considered  
17 list. Are you aware of that?

18 A. Could I see the supplemental list you're  
19 referring to?

20 Q. Sure. Let me pull it out. I've got to  
21 see if I have all the copies or -- no. It looks  
22 like I have all the copies.

23 All right. So we'll mark it as  
24 Exhibit 5.

1                   (Exhibit 5, Supplemental List of  
2                   Materials Considered-Sparks, marked  
3                   for identification.)

4           Q.   And this is your supplemental material  
5           considered list in the Sparks case.  You see  
6           that?

7           A.   Yes.

8           Q.   And it looks like it's what, two pages of  
9           documents roughly?

10          A.   From what I recall, these were videos --

11          Q.   Okay.

12          A.   -- not documents.

13          Q.   Okay.  And then I will provide to you  
14          your supplemental material considered list in  
15          McElhiney.  We'll mark this as Exhibit 6.

16                   (Exhibit 6, Supplemental List of  
17                   Materials Considered-McElhiney,  
18                   marked for identification.)

19          Q.   Just confirm that this is your list.  Is  
20          that your supplemental list?

21          A.   Yes.

22          Q.   Okay.  And that appears to be medical  
23          records, true?

24          A.   Yes.

1 Q. Okay. There's no new scientific articles  
2 in there, it's just medical records, right?

3 A. I would have to look at these Bates  
4 numbers to answer that.

5 Q. Okay. But it's your -- understanding  
6 you're not 100 percent certain, but you believe  
7 this was medical records?

8 A. I would have to look at the Bates  
9 numbers.

10 Q. Okay.

11 A. There are a lot of records.

12 Q. Okay. And then the last one is your  
13 supplemental list of materials considered in the  
14 Peterson case, which we'll mark as Exhibit No. 7.

15 (Exhibit 7, Supplemental List of  
16 Materials Considered-Peterson, marked  
17 for identification.)

18 Q. Can you just confirm that that is your  
19 supplemental materials considered list in the  
20 Peterson case?

21 A. Yes.

22 Q. And that also appears to be medical  
23 records, true?

24 A. I would have to look at the Bates number.

1 Q. So you don't remember what you looked at?

2 A. I --

3 MS. PLATT: Objection.

4 A. There are a lot of records. These  
5 probably were medical records, but it would be --  
6 I would feel more confident if I actually saw  
7 the --

8 Q. Okay.

9 A. -- document here.

10 Q. Well, let me ask, from the time in which  
11 you authored your report until today, have you  
12 done additional research into the scientific  
13 literature to come up with articles to support  
14 your opinions?

15 A. No.

16 Q. No. Okay. And have you had scientific  
17 articles that would support your opinions  
18 provided to you by counsel?

19 A. No, none.

20 Q. Okay. So all of the scientific articles  
21 you reviewed would have been in your original  
22 material considered list, true?

23 A. Unless --

24 MS. PLATT: Objection.

1           A. Unless they're in these supplemental  
2 materials considered list.

3           Q. But you just said you didn't see any.

4           MS. PLATT: Objection.

5           A. I said I would have to see the -- all  
6 these documents to confirm that.

7           Q. Okay. But I thought you just said that  
8 you didn't do any research to find any and  
9 counsel didn't provide you any. So where would  
10 they have come from?

11           MS. PLATT: Objection. Form.

12           A. If they were in the supplemental  
13 materials, then I considered them. If they  
14 weren't, then I didn't.

15           Q. But you don't have any memory of reading  
16 any or have any provided to you; is that fair?

17           MS. PLATT: Objection. Form.

18           A. I would have to see -- I would have to  
19 see the supplemental materials.

20           Q. Okay. But I thought you just -- and I'm  
21 sorry to keep belaboring this point. But I  
22 thought you just said you didn't research and  
23 find any and counsel didn't provide any to you.  
24 So where would they come from?

1 MS. PLATT: Objection. Form.

2 A. Is that what I said?

3 Q. Yes.

4 MS. PLATT: Objection.

5 A. Well, I -- that's -- if that is indeed  
6 what I said, my intention is to convey that I  
7 would have to see each of the materials on the  
8 materials considered list, since there were many  
9 documents in each case, and I would feel most  
10 comfortable answering that question seeing each  
11 of these Bates stamped documents.

12 Q. If there -- if there were scientific  
13 articles provided to you after the time you wrote  
14 your report, you would agree with me that you had  
15 not considered those for your opinions, true?

16 MS. PLATT: Objection.

17 A. I would have to see the -- each of the  
18 documents that are on these supplemental  
19 materials considered lists.

20 Q. So you think it's possible that there are  
21 scientific articles that you did not look at  
22 until after you drafted your reports that you  
23 somehow considered in coming to your opinions?

24 MS. PLATT: Objection. Form.

1           A. No, that's not what I'm saying.

2           Q. Okay. Well, that's what I asked. So are  
3 there -- you would agree with me that to the  
4 extent there are scientific articles in these  
5 supplemental materials considered lists, that you  
6 had not considered those at the time you wrote  
7 your opinions, true?

8           MS. PLATT: Objection. Form.

9           A. I would have to -- I would have to look  
10 at them.

11          Q. Okay. But you can't consider something  
12 you don't have, can you?

13          MS. PLATT: Objection.

14          A. Could you rephrase the question?

15          Q. Yeah. You can't consider a piece of  
16 scientific material that you don't have, can you?

17          MS. PLATT: Same objection.

18          A. No.

19          Q. Okay.

20          MS. PLATT: I would just note for the  
21 record, there's another materials considered  
22 list --

23          MR. BARR: I understand.

24          MS. PLATT: -- I believe we produced on

1 May 15th that has not been entered in as an  
2 exhibit.

3 MR. BARR: Okay. I understand.

4 Q. Do you treat Parkinson's disease cases in  
5 your practice?

6 A. Yes.

7 Q. How many a year?

8 A. Well, I'm a neurologist, and Parkinson's  
9 disease is the second most common  
10 neurodegenerative disorder. I don't have an  
11 exact tally, but it's one of the more common  
12 conditions that I see.

13 Q. And are you comfortable in your training  
14 actually being the primary neurologist for  
15 Parkinson's disease patients, or do you refer  
16 them out to movement disorder specialists?

17 MS. PLATT: Objection. Form.

18 A. I'm comfortable.

19 Q. Okay. And do you know how many you have  
20 under your care, how many Parkinson's disease  
21 patients you have under your care right now?

22 MS. PLATT: Objection. Form.

23 A. I don't have an exact tally. I don't --  
24 I don't keep those records like that.



1 Q. I mean 10, 50, 100, 1000, any idea?

2 A. I see several a week, and so it should be  
3 in the hundreds.

4 Q. Okay. And you're the primary doctor that  
5 adjusts their Sinemet, their levodopa, and does  
6 all that kind of stuff?

7 MS. PLATT: Objection.

8 A. It depends on the individual case.

9 Q. Okay. What's the -- what's the -- kind  
10 of the depending factor there?

11 A. So sometimes patients come to me without  
12 a diagnosis initially and they're presenting with  
13 new parkinsonian symptoms, symptoms on the  
14 spectrum of what might appear to be a  
15 parkinsonian disorder, and they don't yet have a  
16 diagnosis. Maybe they're coming from a second or  
17 third opinion about what the etiology of the  
18 symptoms might be. There my role would be aiding  
19 and diagnosis.

20 Sometimes I'm seeing patients in the  
21 inpatient setting where I'm not the longitudinal  
22 provider but rather consulting inpatient  
23 physician, particularly when people are admitted  
24 to the hospital and there's a neurology consult

1 question about somebody with apparent  
2 parkinsonian symptoms. There my role would be as  
3 a consulting physician, offering opinions about  
4 the likelihood of Parkinson's disease or related  
5 parkinsonian condition.

6 Other times, and this gets into my role  
7 in the outpatient setting, I am following  
8 patients with an established diagnosis.  
9 Sometimes I'm their primary neurologist and  
10 sometimes co-managing with a team of other  
11 specialists as well.

12 Q. Do you know how many cases of Parkinson's  
13 disease, approximately, you diagnose on an annual  
14 basis?

15 A. I don't have an exact tally.

16 Q. Can you approximate it?

17 A. I don't have those exact numbers in front  
18 of me.

19 Q. So you can't say 1, 10, 50? You don't  
20 know?

21 A. I don't have the exact numbers.

22 Q. Okay. But -- and you can't approximate  
23 it either?

24 MS. PLATT: Objection.

1           A. I would say -- I could speculate, but I'd  
2 rather not speculate without, you know, exact  
3 tally in front of me.

4           Q. Well, I'll allow you to speculate with  
5 all the caveats that go into speculation.

6           A. Um-hmm.

7           Q. So go ahead.

8           MS. PLATT: Objection.

9           A. And the question was how many -- repeat  
10 the question.

11          Q. How many -- how many Parkinson's disease  
12 cases do you believe that you diagnose annually  
13 where you are the original diagnosis?

14          A. And are you asking idiopathic Parkinson's  
15 disease or also related parkinsonian syndromes,  
16 like Lewy body dementia --

17          Q. Parkinson's disease.

18          A. -- multiple system atrophy?

19          Q. I'm saying Parkinson's disease.

20          A. Okay. Again, I don't have the exact  
21 numbers, but I would estimate one to two a month.

22          Q. Okay.

23          A. Many patients who I see, there might be a  
24 suspicion for Parkinson's disease, and it ends up

1 being related dementia, synucleinopathy,  
2 non-primary Parkinson's disease, secondary  
3 parkinsonism, or related condition that may  
4 masquerade as Parkinson's disease.

5 Q. Okay. Do you have like any  
6 subspecialties of neurology that you focus on?

7 A. I do.

8 Q. Okay. What are those?

9 A. So my fellowship training after my  
10 residency in neurology was in neurorecovery, and  
11 that's a field that deals with rehabil- --  
12 neurorehabilitative interventions for people with  
13 chronic neurological conditions.

14 I also, in my role at McLean Hospital, as  
15 associate chief and now interim chief of  
16 neurology, deal with a lot of neurological  
17 conditions at the interface of psychiatry and  
18 neurology.

19 This is where I see a lot of patients  
20 with advanced or incipient dementia that is  
21 presenting in atypical ways and parkinsonian  
22 spectrum conditions. And so those would be my  
23 two -- what I would consider to be my two areas  
24 of most interest.

1           That said, I primarily consider myself to  
2   be a general neurologist. As I mentioned before,  
3   Parkinson's disease is the second most common  
4   neurodegenerative disorder, and it's one of the  
5   most common conditions that neurologists  
6   encounter in routine clinical practice.

7           Q. Okay. Do you consider yourself a  
8   specialist in movement disorders?

9           (Reporter requested clarification)

10          Q. Movement disorders.

11          A. As I said before, I consider myself a  
12   neurologist. To the -- and I'm a board-certified  
13   neurologist. And to the extent that neurology  
14   contains movement disorders and a variety of  
15   other neurological conditions, I feel very  
16   comfortable with it.

17          Q. Okay. But that wasn't my -- my question  
18   is, do you -- do you hold yourself out as a  
19   specialist in movement disorders?

20          A. I consider myself to be a neurologist.

21          Q. Okay. You can -- you can add whatever  
22   context you want to add, but I'd like a direct  
23   question to my -- answer to my question.

24                 Do you consider yourself to be a

1 specialist in movement disorders? Is that how  
2 you hold yourself out?

3 A. What do --

4 MS. PLATT: Objection. Form.

5 A. What do you mean by "hold yourself out"?

6 Q. Do you represent to the population that  
7 you are a specialist in movement disorders?

8 A. I -- I'm a neurologist. I'm a  
9 board-certified neurologist. Movement disorder  
10 is a common neurological condition, and I hold  
11 myself out to be a board-certified neurologist.

12 Q. Okay. Let me try it one more time.

13 Do you hold yourself out as a specialist  
14 in movement disorders? Yes or no, and then you  
15 can say whatever you want.

16 MS. PLATT: Objection. Form.

17 A. I'm a board-certified neurologist, and to  
18 the extent that movement disorders and  
19 Parkinson's disease is the second most common  
20 neurodegenerative disorder, it's a condition  
21 that --

22 Q. I've got that.

23 A. -- I see people for on a routine basis.

24 Q. Okay. Well, I'm going to take that as a

1 no.

2 Did you do a fellowship in movement  
3 disorders?

4 MS. PLATT: Objection. Form.

5 A. No. However, in my neurorecovery  
6 fellowship, I spent a significant amount of time  
7 caring for people with movement disorders.

8 Q. Are you a member of the Movement Disorder  
9 Society?

10 A. No.

11 Q. Okay. How many publications do you have  
12 specifically on Parkinson's disease?

13 A. It should be in my CV.

14 Q. Okay. But have you published expressly  
15 on Parkinson's disease?

16 A. Yes.

17 Q. Okay. How many publications do you think  
18 that is?

19 A. So my publication -- for some reason this  
20 copy of my CV that you provided doesn't have my  
21 publications in it. So if you have an updated  
22 copy of my CV, I could --

23 Q. We'll have to try and get that on a  
24 break. That's the one -- that's the one I was

1 given previously, not the one I got last week.

2 But you -- so you do believe you've  
3 published specifically on Parkinson's disease?

4 A. Yes. Several of my publications do cover  
5 Parkinson -- matters related to Parkinson's  
6 disease and have Parkinson's in the title.

7 Q. Okay. And are you -- do your  
8 publications focus more on the treatment of  
9 Parkinson's disease, or do they have a specific  
10 focus?

11 MS. PLATT: Objection. Form.

12 A. If you have a copy of my CV, we could go  
13 through each of them --

14 Q. If you say --

15 A. -- specifically.

16 Q. If you just say, "I don't remember,"  
17 that's fine. You can say that.

18 A. Okay.

19 Q. I'm just trying to get your general  
20 thoughts of what you -- what you know as you sit  
21 here today.

22 MS. PLATT: Objection. Form.

23 A. Could you repeat the question?

24 Q. Sure. Do you know if the publications



1 you have that are specifically on Parkinson's  
2 disease, if they have a particular focus?

3 A. One publication relates to Parkinson's  
4 disease advocacy. Another publication relates to  
5 caffeine and Parkinson's disease risk. There's  
6 another publication I've authored related to  
7 Parkinson's disease that should be in my  
8 publications list on my CV.

9 Q. Okay. Have you -- have you done  
10 presentations on Parkinson's disease?

11 A. No.

12 Q. Okay. Do you teach classes on  
13 Parkinson's disease?

14 A. I teach residents and sometimes medical  
15 students, and Parkinson's disease, not  
16 uncommonly, comes up in rounds or discussions  
17 with trainees.

18 Q. Have you worked on cases of environmental  
19 exposures and relationships to Parkinson's  
20 disease?

21 MS. PLATT: Objection. Form.  
22 Foundation.

23 A. What do you mean by "worked on cases"?

24 Q. Treated patients, published studies,

1 anything like that.

2 MS. PLATT: Same objection.

3 A. So those are two -- two separate  
4 questions.

5 Q. Okay. And I can ask them separately --

6 A. Okay.

7 Q. -- if you'd prefer that.

8 A. Yeah.

9 Q. Have you treated patients with -- where  
10 you believed it was a case of environmental  
11 exposure causing Parkinson's disease?

12 A. The cases of Parkinson's disease that  
13 I've treated, there haven't been established  
14 environmental causes, although there may have  
15 been risk factors for Parkinson's disease in  
16 those cases.

17 Q. In your -- in your clinical practice,  
18 have you made efforts to determine the etiology  
19 of anyone's Parkinson's disease?

20 A. That is a routine part of the workup of a  
21 neurological condition, is to, to the extent that  
22 one can, try to understand what the etiology  
23 might be and ask about risk factors and  
24 protective factors.

1           So that's really a routine part of --

2           Q.   Okay.

3           A.   -- clinical practice, not only in  
4   Parkinson's disease, but in -- across many  
5   neurological conditions.

6           Q.   So it's your belief that doctors across  
7   neurology are always trying to figure out what  
8   caused the particular neurological dysfunction?

9           MS. PLATT:  Objection.  Form.  
10   Foundation.

11          A.   Not necessarily.  Not necessarily.  
12   Really I can't speculate about what other doctors  
13   would do.  Different doctors have very different  
14   approaches.  I -- you know, I can't, you know,  
15   sit here and say what every doctor out there  
16   does.

17                I could say what's in my own practice,  
18   which is, when I see a patient and there's a new  
19   constellation of symptoms and suspicion for a  
20   neurological condition, like a Parkinson's  
21   disease or related parkinsonian syndrome, I would  
22   do my best to identify what the risk factors  
23   might have been for developing those.

24                And that could influence actually the

1 diagnosis itself insofar as, you know,  
2 Parkinson's disease, for example, if somebody's  
3 been exposed to a dopamine-blocking agent, like  
4 an antipsychotic agent, for many months or years,  
5 that is a risk factor for parkinsonian symptoms  
6 and secondary parkinsonism.

7 And so that's one example of how we  
8 really -- I try my best to identify what  
9 exposures a person has had that may have  
10 influenced their neurological presentation.

11 Q. Okay. Change topics a little bit and  
12 talk to you about areas where maybe you don't  
13 consider yourself an expert.

14 Do you consider yourself an expert in  
15 epidemiology?

16 A. No. I'm a neurologist, and I consider  
17 myself an expert in neurology.

18 Q. Okay.

19 A. To the extent that medical training and  
20 residency training touches on principles of  
21 epidemiology, I may feel comfortable with those,  
22 but I wouldn't consider myself to be an  
23 epidemiology expert.

24 Q. Okay. What about in toxicology?

1           A. No. I consider myself to be a neurology  
2 expert, a medical --

3           Q. Okay.

4           A. I treat patients. I don't -- I'm not a  
5 toxicologist. I treat patients. And to the  
6 extent that questions of principles of toxicology  
7 might come up, those are ones that we learn in  
8 medical school, and there sometimes are touch  
9 points between the two fields, but I'm not -- I'm  
10 a neurologist.

11          Q. Okay. Do you consider yourself an expert  
12 in psychiatry?

13          A. No. I'm a neurologist. I consider  
14 myself to be an expert in treating patients with  
15 neurological conditions.

16          Q. Okay.

17          A. As I mentioned earlier, many of those  
18 patients, especially those that I see at McLean  
19 Hospital, have conditions that are the interface  
20 of psychiatry and neurology. And those fields  
21 are -- can be quite intertwined.

22          Q. Okay.

23          A. In fact the board -- the American Board  
24 of Psychiatry and Neurology is a unified board.

1           Q. I would -- I would like you to just focus  
2 on my question. Okay? And we're going to be  
3 here all day. If you can, just focus on my  
4 question. So would you --

5           MS. PLATT: Dr. Young can answer the  
6 question as he needs to. Again, he is under  
7 oath, and he needs to --

8           MR. BARR: He also can't just burn time.

9           MS. PLATT: He's not burning time. He's  
10 answering your question. He's still on topic.

11          MR. BARR: He's answering it, but he's --  
12 we're getting pretty far afield.

13          Q. Do you consider yourself an expert in  
14 neuropsychiatry?

15          A. I consider -- no. I consider myself a  
16 neurologist. And as I mentioned earlier, to the  
17 extent that I treat many patients at a  
18 psychiatric hospital with neurological  
19 conditions, many of the patients I see are  
20 patients with complex neuropsychiatric  
21 conditions. That said, I'm a neurologist.

22          Q. Okay.

23          A. I'm not a psychiatrist.

24          Q. How about an expert in cardiology?

1           A. No. I'm a neurologist. I care for  
2 patients with neurological conditions. To the  
3 extent that there is interface between the  
4 cardiovascular system and neurological  
5 conditions, neurologists, in fact during their  
6 first year of training, do internal medicine  
7 fellowship where we become comfortable with the  
8 principles of cardiology and cardiovascular  
9 medicine.

10           So -- and particularly in the field of  
11 stroke, which is a common neurological condition.

12           Q. You would agree with me that you're not  
13 an expert in gastroenterology, are you?

14           A. No. I'm a neurologist. I care for  
15 patients with neurological conditions. To the  
16 extent that there are some neurological  
17 conditions that affect the enteric system,  
18 Parkinson's disease being one of them, I  
19 sometimes find myself managing patients with  
20 gastrointestinal symptoms.

21           Q. Okay. You would agree with me you're not  
22 an expert in diabetes?

23           A. No. I'm a neurologist. I care for  
24 patients with neurological conditions, some

1 neurological conditions, the risk of which might  
2 be increased by diabetes, particularly peripheral  
3 neuropathy, which diabetes is one of the leading  
4 causes for. That said, I'm a neurologist. I  
5 care for patients with neurological conditions.

6 Q. How about an expert in environmental  
7 exposures?

8 A. No. I'm a neurologist. I care for  
9 patients with neurological conditions. To the  
10 extent that sometimes environmental exposures are  
11 relevant to the workup of neurological  
12 conditions, it does enter into consideration,  
13 although my expertise is in neurology.

14 Q. Okay. Now, you were retained I believe  
15 in January of this year; is that right?

16 MS. PLATT: Objection.

17 A. I would have to see the contract to  
18 confirm the date.

19 Q. So you don't -- you realize January was  
20 just a few months ago, right?

21 A. It was early -- it was early part of the  
22 year. I can't say whether it was early February  
23 or late January.

24 Q. Okay. So you would at least agree with



1 me you remember you were retained this year, was  
2 when you first started working on these cases?

3 A. Yes.

4 Q. Okay. All right. So let me show you --

5 MR. BARR: Where are we at?

6 (Exhibit 8, Order for Commercial  
7 Products and Commercial Services-  
8 YOUNG\_USA\_CONTRACT\_0000000001-2,  
9 marked for identification.)

10 Q. So this will be Exhibit No. 8. And I  
11 believe that this is the contract you have signed  
12 with the Department of Justice.

13 Does this appear to be the agreement you  
14 signed with the Department of Justice to work on  
15 this case?

16 (Pause)

17 A. Yes.

18 Q. Okay. And this is dated January 23rd,  
19 2025, correct? You see it right up there,  
20 box No. 3.

21 A. Yes.

22 Q. Okay. And that would be when you were  
23 retained in this case, true?

24 A. Yes.

1 Q. Prior to being retained, do you know how  
2 you were contacted, how you were found by the  
3 Department of Justice?

4 A. Yes.

5 Q. How was that?

6 A. By e-mail.

7 Q. Okay. But do you know -- do you -- prior  
8 to being retained, where there any -- who reached  
9 out to you, when did that happen?

10 MS. PLATT: Objection. Form.

11 A. The attorneys.

12 Q. Okay. And but when did they reach out to  
13 you?

14 A. I believe January.

15 Q. Okay. And did you do any work to  
16 determine if this was a case you wanted to work  
17 on?

18 A. What do you mean by work?

19 Q. Do any investigation into the facts  
20 surrounding Camp Lejeune and the water  
21 contamination and, you know, poisoning of  
22 veterans, all those types of things? Did you do  
23 any work to see what the facts of this case were  
24 before you decided to work on it?

1 MS. PLATT: Objection. Form.  
2 Foundation.

3 A. I had conversations with the attorneys.

4 Q. Okay. Over how -- what period of time?

5 A. Between early January and January --  
6 whatever date in January I signed on to the case.

7 Q. Were you provided materials to look at  
8 before you were ever retained to see if this was  
9 something you were interested in working on?

10 A. I had conversations with the attorneys.

11 Q. So it was just conversations. Do you  
12 know how many, for how long?

13 MS. PLATT: Objection. Form.

14 A. There were several conversations. I  
15 don't recall the exact details.

16 Q. Okay. And what kind of questions did you  
17 have about your interest in working on this case?

18 MS. PLATT: Objection. Form and  
19 foundation. And I believe you're asking prior to  
20 retainment.

21 MR. BARR: Prior to retention. Prior to  
22 rentention.

23 MS. PLATT: Okay.

24 A. I don't remember the exact questions that

1 I asked, but is -- could --

2 Q. Sure.

3 A. Is that what you're asking?

4 Q. I mean, did you ask anything about what  
5 the case was about? Did -- or was it more like  
6 what's the time commitment? I mean, what were --  
7 what was your general interest in -- prior to  
8 being retained, in what you wanted to know before  
9 you decided to work on this?

10 MS. PLATT: Objection. Form.

11 A. The details of the case.

12 Q. Meaning?

13 MS. PLATT: Objection. Form.

14 A. The nature of the case.

15 Q. So did you ask questions about what was  
16 the nature of the contamination?

17 MS. PLATT: Objection.

18 A. I don't recall the exact questions I  
19 asked. I recall exploring the details of the  
20 case.

21 Q. Do you know if you read any of the  
22 studies that had anything to do with the water  
23 contamination at Camp Lejeune?

24 MS. PLATT: Objection. Form.

1 A. I don't recall.

2 Q. Okay. Do you believe you did or did not?

3 MS. PLATT: Objection. Form.

4 A. I don't recall.

5 Q. Sitting here today, have you read the  
6 studies regarding the water contamination at  
7 Camp Lejeune and its potential health effects?

8 MS. PLATT: Objection. Form and  
9 foundation.

10 A. Which studies are you referring to?

11 Q. Any of the Camp Lejeune studies, have you  
12 read them?

13 A. To the extent --

14 MS. PLATT: Objection. Form.

15 A. To the extent that they're contained in  
16 my materials considered lists, yes.

17 Q. Okay. So but you don't -- you can't sit  
18 here and tell me you have a specific memory of  
19 reading any of these materials, can you?

20 MS. PLATT: Objection. Form.

21 A. I reviewed all of the materials in the  
22 materials considered list, some of which covered  
23 the matters you're asking about.

24 Q. I understand. That was -- that was --

1 but prior to your retention, did you read any of  
2 the stuff?

3 MS. PLATT: Objection. Form.

4 A. Not that I can recall.

5 Q. Okay.

6 Had you ever worked with any of the  
7 lawyers with the Department of Justice before you  
8 were retained in this case?

9 A. Not with these lawyers.

10 Q. Okay. So you'd worked with other lawyers  
11 with the Department of Justice?

12 MS. PLATT: Objection. And to the extent  
13 this goes into privileged information about cases  
14 not related to Camp Lejeune, other Department of  
15 Justice cases, do not answer those unless you  
16 have been disclosed as the expert and testifying  
17 as the expert.

18 Q. Yeah. And I'm just trying to find out if  
19 you'd worked with the Department of Justice prior  
20 to be retained in this case. That's all I'm  
21 trying to find out.

22 A. Not on this case.

23 Q. On any case. Had you worked with the  
24 Department of Justice prior to being retained on

1     this case?

2           A.   I was the consulting expert on a case in  
3     the past, not a testifying expert, and the  
4     details of that case are privileged.

5           Q.   That's fine.  I don't want to get into  
6     the details of the case.

7                   And that was none of the lawyers involved  
8     here?

9           A.   Correct.

10          Q.   Okay.  Had you done anything prior to  
11     being retained that would have kind of advertised  
12     your services to the legal community that you  
13     were available as an expert?

14                   MS. PLATT:  Objection.  Form.  
15     Foundation.

16          A.   No.

17          Q.   Okay.  Do you know who Julie Goodman is?

18                   MS. PLATT:  Objection.  Foundation.

19          A.   Which Julie Goodman?

20          Q.   The Julie Goodman you reference in your  
21     report.

22          A.   I don't know her personally, but I  
23     reviewed her report.

24          Q.   I don't want to get into the details of

1     it. I don't want to hear anything about what  
2     y'all talked about. But have you spoken with  
3     Ms. Goodman?

4             A. No.

5             Q. No?

6                     MS. PLATT: Just note it's Dr. Goodman.

7                     MR. BARR: I'm sorry. I'm sorry. I will  
8     restate that so I -- so I'm fair to her.

9             Q. Without giving me any of the details of  
10    the conversation, have you ever spoken to  
11    Dr. Goodman?

12            A. No.

13            Q. Okay. You read her report, right?

14            A. I'm assuming you're talking about the  
15    general causation --

16            Q. Dr. Goodman's --

17            A. -- report?

18            Q. -- general causation report, yes, sir.

19            A. Yes.

20            Q. Okay. Did you do anything to investigate  
21    the accuracy of anything in her report?

22                     MS. PLATT: Objection. Form.

23            A. I reviewed the report. I reviewed the  
24    methodology and conclusions.



1 Q. Okay.

2 A. And I found them to be convincing.

3 Q. Did you -- did you do anything to  
4 investigate her analysis of all these studies she  
5 went through?

6 MS. PLATT: Objection. Form.

7 A. What do you mean by "investigate"?

8 Q. Determined if she was right, look at the  
9 study yourself and come to your own conclusion.  
10 Did you do any of that?

11 MS. PLATT: Objection. Form.

12 A. I'm not a general causation expert. I'm  
13 a specific cause -- an expert here on neurology  
14 and these individual cases. So my role wasn't to  
15 independently validate a general causation  
16 opinion.

17 However, there are references in  
18 Dr. Goodman's report that I did separately  
19 review, particularly those that are in the  
20 materials considered list.

21 Q. Okay. But you would agree with me, you  
22 are relying upon her opinions in your report,  
23 true?

24 MS. PLATT: Objection.

1           A. Dr. Goodman's opinions are one of many  
2 factors that I relied upon in coming to the  
3 conclusions in my reports.

4           Q. Okay. And you've never spoken to her,  
5 right?

6           MS. PLATT: Objection. Form.

7           A. No.

8           Q. You don't know anything about her  
9 background, do you?

10          MS. PLATT: Objection. Form.

11          A. I wouldn't agree with that.

12          Q. You don't know what she's been paid in  
13 this case, do you?

14          MS. PLATT: Objection. Form.

15          A. What's the question?

16          Q. You don't know what she has been paid in  
17 this case, do you?

18          A. No.

19          Q. You don't know that her and her company  
20 have been paid millions of dollars to draft the  
21 reports they've drafted in this case, do you?

22          MS. PLATT: Objection. Form and  
23 foundation.

24          A. No.

1 Q. Okay. You ever heard of Gradient?

2 MS. PLATT: Objection.

3 A. I don't recall.

4 Q. Okay. Do you know what Gradient does?

5 A. I don't recall.

6 Q. And you didn't do anything to try and  
7 find that out, you just accepted the report,  
8 true?

9 MS. PLATT: Objection. Form.

10 A. Try to find what out?

11 Q. Anything about this person you're relying  
12 on.

13 MS. PLATT: Objection. Form.

14 A. To the extent that the qualifications of  
15 Dr. Goodman were detailed in the materials  
16 considered, I did review those and took those  
17 into consideration.

18 Q. Okay. Now, you've worked on this case  
19 since -- if I remember right, your first billing  
20 was roughly February of 2025. Is that about  
21 right?

22 MS. PLATT: Objection.

23 Q. Okay. We'll just do it -- we'll do this  
24 simpler. Let me just show you your bills. This

1 will be Exhibit No. 13 -- No. -- I'm sorry,  
2 Exhibit No. 9, and this is your bill from  
3 February of 2024 -- February of 2025. See if you  
4 can confirm that for me. We'll get a sticker on  
5 there in a second.

6 (Exhibit 9, February 2025  
7 Invoice-Medical-Legal Expert Witness  
8 Services, marked for identification.)

9 Q. Now, you see this is your bill --

10 (Discussion off the record)

11 Q. You see that this is your bill dated  
12 February 2025, right?

13 A. Yes.

14 Q. Okay. And the date period is February 1,  
15 2025, to February 28, 2025, right?

16 A. Yes.

17 Q. And you -- your first communication  
18 reflected is three hours of no charge, right?

19 A. In the -- in this timeframe, yes.

20 Q. Okay. Do you believe that this was the  
21 three hours prior to the retention, or do you  
22 know what this three hours was?

23 MS. PLATT: Objection. If you believe it  
24 is after retention, do not answer specifics --

1 MR. BARR: Yeah, that's fine.

2 MS. PLATT: -- about that.

3 MR. BARR: That's fine.

4 Q. I'm just trying to get a reference as to  
5 what this is.

6 A. I don't recall.

7 Q. You don't recall. Okay. Do you --

8 A. But this was -- I'm assuming -- this was  
9 between February 1st and February 28th, which was  
10 after my retention on January 23rd.

11 Q. Okay. So did you not bill anything for  
12 the time you spent either prior to retention or  
13 after retention for your kind of investigatory  
14 calls as to whether or not this was something you  
15 wanted to do?

16 MS. PLATT: Objection. Form.

17 A. Before --

18 Q. Because this is your first bill.

19 A. Right. Before -- before I was retained  
20 on January 23rd, there was no contract, so I  
21 wouldn't have been billing --

22 Q. Okay.

23 A. -- for time that I wasn't contracted to  
24 work on anything.

1 Q. Okay. So you didn't -- you didn't even  
2 attempt to bill for the time you spent, kind of  
3 the preliminary conversations as to whether or  
4 not this was something you wanted to work on?

5 MS. PLATT: Objection. Form.

6 A. Not that I could recall, no.

7 Q. Okay. And then the total of this bill is  
8 \$15,750, right?

9 A. Yes.

10 Q. Okay. And that was for your report  
11 preparation, roughly almost ten hours, in  
12 McElhiney and your review of the records, of  
13 almost 20 hours, right?

14 A. 9 and 1/4 -- 9 and 3/4 hours for report  
15 preparation and 20 and 1/4 hours for records  
16 review.

17 Q. Yeah. And one of the things you did look  
18 at was the ATSDR assessment. Do you see that?

19 A. Yes.

20 Q. Do you know how much time you spent  
21 looking at that?

22 MS. PLATT: Objection. Form.

23 A. I don't recall the exact number.

24 Q. Okay. Your next bill is March, and we'll

1 mark this as Exhibit 10. Here you go.

2 (Exhibit 10, March 2025

3 Invoice-Medical-Legal Expert Witness

4 Services, marked for identification.)

5 Q. Now, you see that this is your bill dated  
6 April 15th for the March 1 to March 31 timeframe.  
7 Do you see that?

8 A. Yes.

9 Q. Okay. And this was "Records review; IME  
10 activity" of roughly 49 hours of work for  
11 \$25,725, right?

12 A. Yes.

13 Q. Okay. And then your last bill that I  
14 have is from April, and we'll mark this as  
15 Exhibit 11. Here you go.

16 (Exhibit 11, April 2025

17 Invoice-Medical-Legal Expert Witness

18 Services, marked for identification.)

19 Q. See, this is dated May 15, 2025, and it's  
20 for the work done from April 1 to April 30th,  
21 right?

22 A. Yes.

23 Q. And it's 47 hours at 525 an hour, for  
24 24,675, right?

1 A. Yes.

2 Q. And would these three bills, would this  
3 comprise all of the time that you spent preparing  
4 your reports?

5 A. Yes.

6 Q. Okay. So you would have spent roughly --  
7 let's see. It was 47 hours in April, 20 hours in  
8 February, so that's 68, and roughly 50 hours in  
9 March. So -- right?

10 MS. PLATT: I think you missed the second  
11 page from February when you did that last --

12 MR. BARR: Do what?

13 MS. PLATT: I think you -- you just did  
14 the 20, but you also need to account for the  
15 9.5 -- .75.

16 MR. BARR: Oh, okay. Fair.

17 Q. So it's roughly -- I'm sorry. So it's  
18 roughly 30 hours in February. Look at that.  
19 Right?

20 A. Yes.

21 Q. And then 50 hours in March. So that's  
22 80 hours, right?

23 A. Yup.

24 Q. And 47 hours in April, right? So



1 127 hours.

2 MS. PLATT: Objection. Form.

3 Q. Is that right?

4 A. That is how many hours I've listed, yeah.

5 Q. Okay. And since drafting the report,  
6 have you continued to bill time on this case?

7 A. These are my -- the only invoices that  
8 I've produced so far.

9 Q. No. I understand that. But certainly  
10 you're not sitting here working for free today,  
11 right?

12 A. I keep track of my time.

13 Q. Okay. And so have you continued -- since  
14 your April billings that you submitted in May,  
15 have you continued spending time on this case --  
16 on these three cases?

17 A. Yes.

18 Q. Okay. And can you approximate for me --  
19 since I don't have a bill, can you approximate  
20 for me, since May, how much time you've spent  
21 working on the -- on these three cases?

22 A. I would estimate -- I don't have the  
23 exact number, but I would estimate 30 to  
24 40 hours.

1 Q. Okay. Was -- I mean, did you spend time  
2 getting ready for this deposition?

3 A. Yes.

4 Q. Okay. What did you do to get ready for  
5 this deposition?

6 MS. PLATT: Objection.

7 To the extent that your answer goes into  
8 conversations with the attorneys, I instruct you  
9 not to answer.

10 Q. You can give me you met with the lawyers.  
11 Just don't give me any of the details of the  
12 conversations.

13 A. I reviewed the records. I reviewed  
14 reports, rereviewed, and met with the attorneys.

15 Q. Did you review anything new that wasn't  
16 in your materials considered list or in your  
17 reference list on your report?

18 A. The materials on the supplemental  
19 materials considered list were new.

20 Q. Okay. Other than that.

21 A. No, none that I can recall.

22 Q. Okay. How much time did you spend  
23 meeting with the lawyers to get ready for the  
24 deposition?

1 A. I don't recall the exact amount of time.

2 Q. I mean, did -- did you meet several times  
3 over the past week? I mean, kind of what --  
4 without giving me any of the conversation, just  
5 what the process was.

6 A. We met several times.

7 Q. Who did you meet with?

8 A. The attorneys.

9 Q. Who?

10 A. The DOJ attorneys.

11 Q. Do you have names?

12 A. Names of the attorneys I met with in --

13 Q. Yeah.

14 A. -- in preparing?

15 Q. Yes, sir.

16 A. Yes.

17 Q. Okay. And what are those names?

18 A. I don't remember all of them, but the  
19 ones I remember are Elizabeth Platt, Sara Mirsky,  
20 Cindy Hurt, and Anna Ellison.

21 Q. Okay. And do you know how many meetings  
22 you had specifically on getting ready for the  
23 deposition?

24 A. There were several meetings. I don't

1 remember the exact number.

2 Q. Were they in person or on Zoom?

3 A. Neither. They were on multiple -- well,  
4 actually let me take that back. They were on  
5 MS Teams.

6 Q. Okay.

7 A. So not Zoom.

8 Q. Okay. All right. That's fair. That's  
9 fair. I just call it all Zoom, so...

10 A. Okay. Yeah.

11 Q. It's -- it's all the same to us, but I  
12 appreciate you trying to be precise.

13 Okay. Did you speak with any colleagues  
14 about the opinions that you were planning on  
15 offering in this case?

16 A. No.

17 Q. No. When you were preparing your report,  
18 did you have help drafting your report?

19 A. No.

20 Q. So you did it all yourself?

21 A. Yes.

22 Q. You typed the whole thing?

23 MS. PLATT: Objection. Form.

24 A. Yes.

1 Q. Okay. You don't have like a -- like an  
2 assistant or anything like that that helps you  
3 draft things?

4 MS. PLATT: Objection. Form.

5 A. No.

6 Q. The money that's earned here for your  
7 work, does that go to you personally, or does it  
8 go to the university?

9 MS. PLATT: Objection. Form.

10 A. The contract is with me, not with the  
11 university.

12 Q. Did you need to get approval from the  
13 university to do the work?

14 A. The opinions that I offer here are not  
15 representative of any institution or university.  
16 They're my own opinions.

17 Q. So no, you did not need to seek approval?

18 A. No.

19 Q. Okay. And I know you said you -- this is  
20 the first time you've ever been deposed. Other  
21 than that one other time where you were a  
22 consulting expert for the DOJ, do you have any  
23 other experience in litigation?

24 A. Yes.

1 Q. Okay. And what is that experience?

2 MS. PLATT: And the same instruction  
3 applies: Do not give specifics if they are  
4 privileged.

5 A. As a consulting expert.

6 Q. For who?

7 MS. PLATT: If you can say generally, not  
8 the exact parties in the case.

9 MR. BARR: Well, I think we're allowed to  
10 know who.

11 MS. PLATT: If he's not -- if he has not  
12 been testifying or disclosed as a testifying  
13 expert, those remain privileged. He should not  
14 disclose those.

15 Q. So have you been disclosed as an expert  
16 in any other case other than this one?

17 A. No, not to my knowledge.

18 Q. Okay. Do you spend a lot of time doing  
19 consulting work in litigation?

20 A. No.

21 Q. Okay. How many times do you believe  
22 you've been retained as a consulting expert in a  
23 litigation matter?

24 A. Three or four times previously.

1 Q. Okay. And in none of those times were  
2 you actually disclosed as a testifying expert?

3 A. Not to my knowledge.

4 Q. Okay.

5 A. I've never done a deposition or testified  
6 in court --

7 Q. Have you --

8 A. -- verbally or --

9 Q. Have you ever drafted a report like this  
10 in a -- in another litigation setting?

11 A. I've drafted reports in the past.

12 Q. Okay. In litigation?

13 A. In cases where I've been a consulting  
14 expert. They haven't always gone to trial or  
15 been disclosed.

16 Q. Okay. But if you've drafted a report, do  
17 you know if the report was provided to the other  
18 side?

19 A. I actually don't know. I don't know.

20 Q. Okay.

21 MR. BARR: All right. Why don't we take  
22 a break right here.

23 THE VIDEOGRAPHER: The time is  
24 10:14 a.m., and we're off the record.

1 (Recess taken)

2 THE VIDEOGRAPHER: The time is 10:39 a.m.,  
3 and we're on the record.

4 BY MR. BARR:

5 Q. All right. And I apologize for the  
6 longer break, but I went and got full copies of  
7 your materials considered list. So we can enter  
8 that into the record.

9 So we'll start with Mr. Peterson. We'll  
10 mark this as Exhibit 12.

11 (Exhibit 12, List of Materials  
12 Considered-Peterson, marked for  
13 identification.)

14 Q. There you go. And you -- can you just  
15 confirm that that is your materials considered  
16 list in the Edgar Peterson case?

17 (Pause)

18 A. Yes.

19 Q. Okay. The same thing as to  
20 Mr. McElhiney. I'll mark Mr. McElhiney's  
21 material considered list as Exhibit 13.

22 (Exhibit 13, List of Materials  
23 Considered-McElhiney, marked for  
24 identification.)



1 Q. I'll hand that to you.

2 MR. BARR: Here you all go.

3 Q. And just confirm that this is your  
4 materials considered list for the McElhiney case.

5 (Pause)

6 A. Yes.

7 Q. Okay. And last is the Sparks case.  
8 We'll mark this as Exhibit 14.

9 (Exhibit 14, List of Materials  
10 Considered-Sparks, marked for  
11 identification.)

12 Q. Here you go. And this one's a little  
13 longer. Can you just confirm that this is your  
14 materials considered list in the Sparks case?

15 (Pause)

16 A. Yes.

17 Q. Okay. So now we have on the record a  
18 complete list of all of the materials that you  
19 reviewed in coming to your opinions when you  
20 consider your materials considered list, your  
21 supplemental materials considered list, and your  
22 reference list for the report; is that right?

23 A. Yes.

24 Q. Okay. And so all of the articles on

1     which you are forming your opinions are on one of  
2     those three lists, right?

3             A.   They should be.

4             Q.   And it's fair for me to assume that if an  
5     article is not on that list, that means you have  
6     not reviewed it and you have not considered it,  
7     fair?

8             A.   Yes.

9             Q.   Okay.  So, for example, if you look at  
10    Exhibit 14, which is the list in Sparks.  I see  
11    that you have multiple -- let's see, one, two,  
12    three -- four ATSDR studies.  Do you see that?

13            MS. PLATT:  Are you on the second page?

14            MR. BARR:  Second page.

15            A.   I see that.

16            Q.   Okay.  There's actually a fifth ATSDR if  
17    you look at the bottom of that.  Do you see that?

18            A.   So there's 2017a, 2017b, 2007, 2013, and  
19    2018 --

20            Q.   Yes, sir.

21            A.   -- on this page.

22            Q.   Yes, sir.  And that there are one, two,  
23    three, four -- five of the Bove studies.  Do you  
24    see that?

1 A. Yes.

2 Q. Okay. Now, you would agree with me that  
3 the Goldman studies on Parkinson's disease and  
4 the prevalence of Parkinson's disease in  
5 Camp Lejeune patients compared to Camp Pendleton  
6 patients is not on your materials considered  
7 list, your supplemental material considered list,  
8 or in your reference list; is that true?

9 MS. PLATT: Objection. Form and  
10 foundation.

11 A. I would have to look at the supplemental  
12 materials considered list Bates. I know the  
13 Goldman reports were referenced and discussed in  
14 the Goodman report --

15 Q. Um-hmm.

16 A. -- and to the extent that I looked at  
17 those, I did review those.

18 Q. So you're -- you are now saying you did  
19 look at the Goldman studies?

20 MS. PLATT: Objection. Form.

21 A. I saw the aspects of them that were  
22 included in Goodman's report.

23 Q. Okay. So you saw what she quoted about  
24 them. That doesn't necessarily mean you printed

1     them and read them yourself, right?

2             MS. PLATT:  Objection.  Form.

3             A.  To the extent that they may have been  
4     provided to me and may be included in the  
5     supplemental considered list, I don't -- that's  
6     the extent of what I considered --

7             Q.  Okay.

8             A.  -- in my opinions.

9             Q.  And if they're not in that supplemental  
10    material considered list, then that means you did  
11    not print them and read them, right?

12            MS. PLATT:  Objection.  Form.

13            A.  I don't recall.

14            Q.  Well, if they're not on your material  
15    considered list, they're not in your reference  
16    list, and assume for me that they're not part of  
17    the supplemental material considered list, that  
18    would mean you did not review and rely upon them,  
19    right?

20            MS. PLATT:  Objection.  Form.

21            A.  I would have to see the Bates -- the  
22    exact Bates to make sure of that.

23            Q.  Okay.  But -- and all I'm asking is --  
24    I'm not saying they are or they are not.

1 A. Um-hmm.

2 Q. I can't represent that to you here today.

3 A. Right.

4 Q. But I'm saying, if they are not in that  
5 Bates ranges of those supplemental material  
6 considered list, that would mean you have not  
7 specifically pulled those, reviewed them, and  
8 relied upon them, right?

9 MS. PLATT: Objection. Form.

10 A. I may have reviewed the aspects that were  
11 covered by Dr. Goodman and Dr. Goodman's report.

12 Q. I --

13 A. So the Gold -- the Goldman studies are  
14 thoroughly reviewed in Dr. Goodman's report.

15 Q. I understand that.

16 A. And some of the expert -- other expert  
17 reports that I read.

18 Q. Right. And all I'm trying to find out is  
19 I -- I get that you read about the Goldman  
20 studies in Goodman's report and you saw her  
21 critique and her evaluation of those studies. I  
22 understand that.

23 I'm just trying to make sure it's clear,  
24 at least to me, that you haven't printed those

1 and done like an independent evaluation of those  
2 as Dr. Michael Young.

3 MS. PLATT: Objection. Form.

4 A. With respect to matters of general  
5 causation, I relied on Dr. Goodman. My reports  
6 here really are covering these individuals'  
7 Parkinson's disease and their presentation,  
8 potential etiologies, and whether or not they  
9 had -- they have Parkinson's disease.

10 Q. Well, I mean, you would agree -- I mean,  
11 you've done a differential etiology before,  
12 haven't you?

13 A. A differential diagnosis.

14 Q. Well, I -- let's just make sure we're  
15 speaking the same language here. So let me --  
16 let me explain it, and you may have an objection,  
17 I get it.

18 But some people say differential  
19 diagnosis to mean deciding between two different  
20 injuries or diseases. Is it this, or is it that?  
21 I'm using it to mean causation. So that's why I  
22 said differential etiology.

23 So have you -- have you -- have you --  
24 you understand that, you know, you were -- you're

1 doing a differential etiology in your report,  
2 right?

3 MS. PLATT: Objection. Form.

4 A. I'm not familiar with that terminology.  
5 I haven't heard that terminology being used,  
6 differential etiology. Could you explain again  
7 what you mean about that?

8 Q. Sure. Well, maybe we can say it in  
9 differential diagnosis. When you say  
10 differential diagnosis, are you using that term  
11 to be is this Parkinson's or is this something  
12 else or are you using it to mean what the cause  
13 of the Parkinson's is or can it be both?

14 MS. PLATT: Objection. Form.

15 A. To me, those are separate questions.

16 Q. They are separate questions. And so when  
17 you use the word "differential diagnosis," how  
18 are you using it?

19 A. Where?

20 Q. Right now as we're talking.

21 A. Typically, differential diagnosis would  
22 mean looking at an individual's presentation,  
23 their individual constellation of symptoms, their  
24 unique situation and a comprehensive analysis of

1 their situation to arrive at a conclusion about  
2 what their condition is among the other possible  
3 conditions that they could have.

4 Q. Right. But you would agree with me that  
5 in your report, you aren't -- you were more  
6 focused on what caused their Parkinson's disease,  
7 true?

8 MS. PLATT: Objection. Form.

9 A. Not exactly, no.

10 Q. You agree with Dr. Barbano that  
11 Mr. McElhiney has Parkinson's disease, right?

12 MS. PLATT: Objection. Form.

13 A. Yes.

14 Q. Okay. And you agree with Dr. Barbano  
15 that Mr. Peterson has Parkinson's disease, right?

16 MS. PLATT: Objection. Form.

17 A. Yes.

18 Q. And you agree with Dr. Schwarz that  
19 Mr. Sparks has Parkinson's disease, right?

20 MS. PLATT: Objection. Form.

21 A. Yes.

22 Q. Okay. So everybody agrees on that,  
23 right, these three people all have Parkinson's  
24 disease? You agree with that and the experts on



1 our side agree with that, right?

2 MS. PLATT: Objection. Form.

3 A. Yes.

4 Q. Okay. You also agree that Parkinson's  
5 disease is a progressive disease, right?

6 A. Yes.

7 Q. It is going to progress, right, for  
8 anybody that has it?

9 A. Yes. It is a progressive neurologic  
10 disorder.

11 Q. You agree it's incurable, right?

12 A. There may be cures that have not been --  
13 yet been discovered, so in principle, it could be  
14 curable and we don't know the cure. And there  
15 are --

16 Q. I'll restate it. I'll restate it to  
17 avoid that.

18 It's presently incurable. Let me --  
19 Parkinson's disease is presently incurable. You  
20 agree with that, right?

21 A. The symptoms of Parkinson's disease can  
22 be managed and controlled. That said, the  
23 neurodegenerative process itself is -- there --  
24 there's no clear cure at the moment for --

1 Q. Right.

2 A. -- for that aspect of it.

3 Q. The treatment for Parkinson's disease is  
4 to control the symptoms and manage the symptoms,  
5 right?

6 A. Most of the treatments available are  
7 focused on symptom management. There are some  
8 interventions that could slow the course of  
9 neurodegeneration, and there are other  
10 interventions that can improve quality of life  
11 for people living with the disorder.

12 Q. But they're not going to cure the  
13 disorder, right?

14 A. Not currently.

15 Q. Okay. The cells in the substantia nigra,  
16 they're going to continue to experience  
17 degeneration and die as the person gets older,  
18 right?

19 A. Typically the neurodegenerative process  
20 is a progressive one.

21 Q. Okay. Things like DBS, that -- DBS, you  
22 know what DBS is, right?

23 A. Yes.

24 Q. Okay. DBS, that doesn't cure Parkinson's

1 disease, does it?

2 A. Depends what you mean by cure. It does  
3 control the symptoms and in a lot of people can  
4 dramatically improve quality of life and get the  
5 symptoms under quite significant control and  
6 reduce the amount of synthetic dopamine agents  
7 they may be relying upon.

8 Q. For a period of time, right? I mean, the  
9 disease is going to continue to progress, and  
10 it's going to out- -- it's going to progress to a  
11 point where DBS is not effective in controlling  
12 the symptoms, true?

13 A. It depends on the individual and how long  
14 the person lives with the DBS and what the cause  
15 of death might be and -- so I can only answer  
16 that question if we're talking about a specific  
17 individual.

18 Q. All right. Let's talk about a specific  
19 individual.

20 A. Okay.

21 Q. You agree Mr. Peterson had a DBS  
22 performed, right?

23 A. Yes.

24 Q. It did not cure him, did it?

1           A. As I stated before, it -- DBS does not  
2 stop the neurodegenerative process. It helps to  
3 control symptoms and, for a lot of people, reduce  
4 the need for medication and can improve quality  
5 of life.

6           Q. He's presently confined to a wheelchair  
7 and incommunicable, true? He can't verbalize --

8           MS. PLATT: Objection.

9           Q. -- right?

10           MS. PLATT: Objection. Form.  
11 Foundation.

12           A. You asked two questions there. Could you  
13 clarify what --

14           Q. He's confined to a wheelchair.

15           A. He --

16           MS. PLATT: Objection. Form.  
17 Foundation.

18           A. What do you mean by "confined"?

19           Q. His movement disorder is so advanced that  
20 he cannot function outside of being in a  
21 wheelchair.

22           MS. PLATT: Objection. Form.  
23 Foundation.

24           A. As I detail in my report, he does rely

1 upon a motorized wheelchair. Nonetheless, he  
2 engages in exercise daily and practices  
3 transitions from sitting to standing at home. So  
4 there are times when he's not in the wheelchair,  
5 but he does rely on a wheelchair.

6 Q. You conducted a virtual interview with  
7 him, right?

8 MS. PLATT: Objection. Form.  
9 Foundation.

10 A. Yes.

11 Q. Would you describe him as being able to  
12 communicate effectively?

13 A. He was able to communicate. Not in the  
14 way --

15 Q. Through his wife.

16 MS. PLATT: Objection. Please let  
17 Dr. Young finish his answer.

18 A. He was able to communicate, not in the  
19 way that you and I communicate, but in the way  
20 that some people with neurological disorders  
21 learn to communicate, which is through assistive  
22 devices, sometimes relying on others.

23 As I detail in the report, his speech was  
24 dysarthric, requiring the use of a text-to-speech

1 device.

2 Q. Okay. He got DBS done, and he  
3 continued -- his disease continued to progress,  
4 correct?

5 MS. PLATT: Objection. Form.

6 A. Yes.

7 Q. Okay. I want to talk about your IME,  
8 let's call it that, that you conducted on each of  
9 these three gentlemen.

10 You agree that you conducted a virtual  
11 examination of each of these three gentlemen,  
12 true?

13 MS. PLATT: Objection. Form.

14 A. Yes.

15 Q. Okay. And you were able to come to your  
16 opinions based upon this virtual exam and a  
17 review of the records, the testimonial evidence  
18 in the case, and the medical literature, right?

19 MS. PLATT: Objection. Form.

20 A. "These opinions" being the ones --

21 Q. The opinions you've written in your  
22 reports.

23 MS. PLATT: Again, please let Dr. Young  
24 finish.

1 MR. BARR: Well, he was asking me a  
2 question.

3 A. The exam was one part of the larger  
4 analysis, consideration of all the materials  
5 cited, as well as the materials in the materials  
6 considered list.

7 Q. You agree that a virtual exam, as you  
8 did, is a reliable way to come to the conclusions  
9 you've come to, true?

10 MS. PLATT: Objection. Form.

11 A. It was -- it's one piece of a larger  
12 collection of facts that were taken into  
13 consideration in arriving at the conclusions.

14 Q. Right. And all I'm asking is, you  
15 wouldn't -- you wouldn't criticize a doctor, such  
16 as yourself, that used a virtual exam in  
17 examining a patient to coming to an opinion,  
18 would you --

19 MS. PLATT: Objection.

20 Q. -- if that was just a component of their  
21 methodology?

22 MS. PLATT: Objection. Form.

23 A. I think it would depend on the individual  
24 case. Are you asking about a different or

1 generally?

2 Q. I'm asking about these three plaintiffs.  
3 So in these three plaintiffs, you wouldn't be  
4 critical of a doctor that did a review of their  
5 records, a review of the literature, and did a --  
6 did a virtual exam of them to come to their  
7 opinions, because that's exactly what you did,  
8 right?

9 MS. PLATT: Objection. Form.

10 A. I would have to look at what that doctor  
11 did. Not every virtual exam is the same.

12 Q. Okay. You don't have any criticisms of  
13 Dr. Barbano and Dr. Schwarz of their virtual  
14 exam, do you?

15 MS. PLATT: Objection. Form.

16 A. Do you have their reports? I can look at  
17 their --

18 Q. You have the reports. You've read them.  
19 You've offered opinions in this case. You've  
20 written them in that report. And I'm asking if  
21 you have an opinion that's critical of their  
22 exam.

23 MS. PLATT: Objection. Form.

24 A. I wasn't asked to opine on the quality of



1     their exam, and that's sort of outside of my role  
2     here.

3           Q.   Okay.   So you're not coming into court  
4     and offering an opinion that's critical of their  
5     exam of these patients, right?

6           MS. PLATT:   Objection.   Form.

7           A.   My role here really was to evaluate these  
8     individuals, conduct a medical exam, review the  
9     records, and evaluate whether they have  
10    Parkinson's disease, what the etiology might be,  
11    and what the potential relationship might be to  
12    the alleged exposure.

13          Q.   Okay.

14          A.   Not to evaluate the quality of another  
15    physician's exam.

16          Q.   Okay.   And if you had had criticisms of  
17    that based upon your review of what they had  
18    done, you would have offered those criticisms,  
19    true?

20          MS. PLATT:   Objection.   Form.

21          A.   I'm not sure what you're asking.   If  
22    there's something that's not relevant to the  
23    subject matter of the report, it might be a  
24    thought that comes into my -- this is a very

1 hypothetical, so I -- you know, I'm not exactly  
2 sure what you're asking.

3 Q. I'm just asking -- just trying to make  
4 sure you're not going to take the stand in trial  
5 one day and completely out of the blue, without  
6 having provided an opinion on this, sit and take  
7 the stand and say, "I am critical of the way they  
8 conducted their exam."

9 MS. PLATT: Objection. Form.

10 A. My opinions here really are about these  
11 individuals' Parkinson's disease, their  
12 etiologies, potential relationship to the alleged  
13 exposure. It -- I -- in these reports, I'm not  
14 attempting to evaluate another physician's  
15 approach in terms of their examination.

16 Q. Okay. So you're not offering an opinion  
17 on that?

18 MS. PLATT: Objection. Form.

19 A. Not in -- not in these reports.

20 Q. Okay.

21 A. Yeah.

22 Q. That's all I needed.

23 Would you agree with me that kind of the  
24 fundamental core disagreement between you and

1 Dr. Barbano and Dr. Schwarz is the cause of  
2 Parkinson's disease with Mr. McElhiney,  
3 Mr. Peterson, and Mr. Sparks?

4 MS. PLATT: Objection. Form.

5 A. I'm not sure I understood the question.

6 Q. Okay. Let me try and rephrase it in  
7 simpler terms.

8 Do you agree -- you agree with me that  
9 you do not agree with Dr. Barbano's opinion that  
10 at least as likely as not the exposure to the  
11 water at Camp Lejeune was the cause of  
12 Mr. McElhiney's Parkinson's disease?

13 MS. PLATT: Objection. Form.

14 A. My opinion is that, within a reasonable  
15 degree of medical certainty, we -- I cannot come  
16 to the conclusion that the alleged exposure  
17 caused each of these individuals' Parkinson's  
18 disease.

19 Q. Well, you actually said "sole definitive  
20 cause," right?

21 MS. PLATT: Objection. Form.

22 A. Which -- which piece of the report?

23 Q. We'll get to that. We'll get to that.

24 But -- okay. You understand that

1 Dr. Barbano and Dr. Schwarz are offering opinions  
2 on these three plaintiffs that exposure to the  
3 water at Camp Lejeune in their opinion is at  
4 least as likely as not the cause of these three  
5 gentlemen's Parkinson's disease. You understand  
6 they have that opinion, right?

7 A. I read that in their reports.

8 Q. So you understand that, yes?

9 MS. PLATT: Objection. Form.

10 A. That is their opinion.

11 Q. Okay. And you disagree with that  
12 opinion, true?

13 A. Yes. I do not think we could come to  
14 that conclusion within a reasonable degree of  
15 medical certainty.

16 Q. Now, you agree that there's no family  
17 history of Parkinson's disease with McElhiney,  
18 right?

19 (Pause)

20 A. There is no known family history.

21 Q. Okay. And same as to Mr. Peterson,  
22 right?

23 (Pause)

24 A. There is no known family history.

1 Q. And same as to Mr. Sparks, right?

2 A. No known family history for Mr. Sparks,  
3 although he did mention that he has a family  
4 member with dementia --

5 Q. Okay. So we --

6 A. -- of unclarified etiology.

7 Q. So we can rule out -- because there's no  
8 known family history, we can rule that out as a  
9 risk factor for their Parkinson's disease, right?

10 MS. PLATT: Objection. Form.

11 A. To my knowledge, they haven't been  
12 genetically tested. That said, we -- there's --  
13 there's no evidence in either of these -- in any  
14 of these cases that family history was a risk  
15 factor.

16 Q. Right. And without evidence, you can't  
17 include that as a risk factor, true?

18 MS. PLATT: Objection. Form.

19 A. Right.

20 Q. Okay. I want to look at -- you say the  
21 same thing in all three reports, so I'm not sure  
22 it matters which one you look at. But we can  
23 look at Exhibit No. 1, which is the Sparks  
24 report. And I'm on page 1.

1           And on page 1, you write -- it's under  
2           your section "Expert Opinion." I'm on page 1,  
3           sir.

4           A. Um-hmm.

5           Q. Under -- so your bullet point 2, you  
6           write, "Additionally, it is my opinion that there  
7           is insufficient evidence to conclude to a  
8           reasonable degree of medical certainty that his  
9           condition is definitively caused by exposure to  
10          contaminated water at Camp Lejeune."

11          Did I read that right?

12          A. Yes.

13          Q. Okay. And you make that same statement  
14          in all three reports, true?

15          Dr. Young --

16          A. Yes.

17          Q. -- you make that same statement in all  
18          three reports, true?

19          A. Yes.

20          Q. Okay. And so this is the standard that  
21          you've applied to the case, right? Your standard  
22          is "to a reasonable degree of medical certainty  
23          that his condition is definitively caused,"  
24          right?

1 MS. PLATT: Objection. Form.

2 A. The standard that I applied is a  
3 reasonable degree of medical certainty.

4 Q. But there's more to it. It's that "is  
5 definitively caused," right?

6 MS. PLATT: Objection. Form.

7 A. So this was one sentence in the report.

8 Q. And you say it more than once.

9 A. The standard that I used is within a  
10 reasonable degree of medical certainty.

11 Q. Okay. But you understand, legally,  
12 there's multiple different types of standards.  
13 There is: at least as likely as, more likely  
14 than not. You understand that, right?

15 MS. PLATT: Objection. Form.  
16 Foundation.

17 A. I'm not a legal expert, so I can't opine  
18 on legal standards of causation. The standard  
19 that I used in these reports was a reasonable  
20 degree of medical certainty.

21 Q. Okay. Then what did you mean by  
22 "definitively caused"?

23 A. Within a reasonable degree of medical  
24 certainty.

1 Q. Yeah. But what does "definitively  
2 caused" mean?

3 MS. PLATT: Objection. Form.

4 Q. Are you looking for a definite cause?

5 MS. PLATT: Objection. Form.

6 A. It's a word choice. What I mean is a  
7 reasonable degree of medical certainty.

8 Q. Okay. No. But that's -- those are your  
9 words, right?

10 MS. PLATT: Objection. Form.

11 Q. Definitively caused, that was your word  
12 choice, right?

13 MS. PLATT: Objection. Form. You're  
14 asking multiple questions and not allowing  
15 Dr. Young the opportunity to answer those  
16 questions.

17 MR. BARR: Well, he had a blank look on  
18 his face, so I was trying to reword it.

19 MS. PLATT: He's looking, and he's  
20 thinking. He's answering your question, if you  
21 would give him an opportunity to.

22 MR. BARR: You can say, "Object to form."

23 A. Can you repeat the question?

24 Q. You decided to use the words



1 "definitively caused," right?

2 MS. PLATT: Objection. Form.

3 A. Those are words in that section of my  
4 report. If you look at Mr. Sparks, for example,  
5 there are other portions of the report that  
6 expound upon my opinions, for example, on page 22  
7 that there are other --

8 Q. Sir --

9 A. -- risk factors.

10 Q. Sir, I --

11 MR. BARR: I'm going to have to get the  
12 judge on the line. All I asked was if he used  
13 the words "definitively cause." That's it.  
14 That's all I asked. I don't need an explanation.

15 MS. PLATT: That was not your question.  
16 Allow Dr. Young to answer it.

17 MR. BARR: That was precisely my  
18 question.

19 MR. MICELI: Read the question back for  
20 us. Ask the court reporter.

21 MS. PLATT: Mr. Miceli, I ask you not  
22 speak in accordance with our deposition protocol.

23 MR. MICELI: Well, we're way beyond the  
24 protocol because you're not saying, "Object to

1 form." Let's just read it back so we're clear as  
2 to what he said.

3 MR. BARR: I mean, we're not going to go  
4 through this --

5 MR. MICELI: You're coaching your  
6 witness, is what you're doing.

7 MR. BARR: We're not going to these -- I  
8 asked a precise question, and then I'm getting  
9 him telling me about something on page 25 that  
10 has nothing to do with the question.

11 MS. PLATT: He's attempting to answer  
12 your questions.

13 MR. BARR: No, he's not.

14 MS. PLATT: He is.

15 MR. BARR: Can I get the question read  
16 back?

17 (Record read)

18 Q. So my question was, you chose to use the  
19 words "definitively caused," right?

20 MS. PLATT: Objection. Form.

21 A. Yes. Those are words in my report. They  
22 don't --

23 Q. You said yes, and you answered the  
24 question.

1 MS. PLATT: He --

2 A. As I did before.

3 Q. So we're going to the next question.

4 A. I -- if I can --

5 Q. What did you mean by definitively caused?

6 MS. PLATT: Counsel, you have to allow  
7 Dr. Young to finish his answer.

8 MR. BARR: He is allowed to answer my  
9 question. He is not allowed to answer some other  
10 question that I didn't ask.

11 MS. PLATT: He is answering your  
12 question.

13 MR. BARR: No, he's not.

14 MS. PLATT: He is staying on the scope of  
15 your question, and he's answering it to the best  
16 of his ability.

17 Q. You can answer my question. Now I've  
18 asked another question. What do you mean by  
19 definitively caused?

20 A. Within a reasonable degree of medical  
21 certainty.

22 Q. Okay. So I can read this sentence, I  
23 just want to make sure I have this right, that  
24 there is insufficient evidence to conclude to a

1 reasonable degree of medical certainty that his  
2 condition is to a reasonable degree of medical  
3 certainty caused by exposure to contaminated  
4 water at Camp Lejeune. That's how I'm supposed  
5 to read that sentence?

6 MS. PLATT: Objection. Form.

7 A. I take the sentence to be true, whether  
8 the word "definitively" is there or not. I  
9 understand your question about potentially  
10 "definitively" there being duplicative.

11 Q. No. My question is what do you mean by  
12 definitively. Are you looking for this is  
13 100 percent the cause? This is 90 percent the  
14 cause? This is 60 percent the cause? What does  
15 definitively mean?

16 MS. PLATT: Objection. Form.

17 A. Within a reasonable degree of medical  
18 certainty.

19 Q. What does that mean?

20 MS. PLATT: Objection. Form.

21 A. It means applying the same careful  
22 standard that I would use in my practice arriving  
23 at the opinion within a reasonable degree of  
24 medical certainty.

1 Q. Let's look on page -- pull out the  
2 McElhiney report, which is Exhibit 3. And I'm  
3 looking at page 27. And I'm looking in this  
4 paragraph that says "Etiology and Risk Factors."  
5 Do you see that on page 27?

6 A. Yes.

7 Q. Okay. And it's about halfway down. It's  
8 the sentence right after "sedentary lifestyle."  
9 It starts, "While each of these factors." Are  
10 you with me?

11 A. Yes.

12 Q. Okay. It says, "While each of these  
13 factors could, in theory, incrementally  
14 contribute to neurodegenerative risk, no single  
15 factor can be definitively pinpointed as  
16 causative under the current state of medical  
17 knowledge."

18 Did I read that right?

19 A. Yes.

20 Q. Okay. So the standard you're applying  
21 there is you're looking for one single factor to  
22 be the definite cause; is that a fair way to read  
23 that sentence?

24 MS. PLATT: Objection. Form.

1 A. No.

2 Q. Okay. Then how is -- how else is that  
3 sentence supposed to be read?

4 A. What this means is that, although there  
5 are a constellation of risk factors that could  
6 increase one's risk of Parkinson's disease, no  
7 single factor can be attributed -- can be  
8 believed within a reasonable degree of medical  
9 certainty to bring about the Parkinson's disease  
10 in that person.

11 Q. The definitive cause, right?

12 MS. PLATT: Objection. Form.

13 A. Within a reasonable degree of medical  
14 certainty causing the condition.

15 Q. You are looking for a definite cause,  
16 fair?

17 MS. PLATT: Objection. Form.

18 A. I'm really looking for something within a  
19 reasonable degree of medical certainty. For  
20 example, if you look at Conclusion No. 2, where I  
21 write: There is insufficient evidence to  
22 conclude with -- to a reasonable degree of  
23 medical certainty that the Parkinson's disease  
24 was caused by exposure. To me these are word

1 choices. They're not -- they're word choices.

2 Q. Was caused in what way? I mean, you  
3 understand -- is it -- is it more likely than  
4 not? You're looking for 51 percent? Is it as  
5 least as likely as, which is 50/50? What are you  
6 looking at there?

7 MS. PLATT: Objection. Form.

8 A. I'm looking at a reasonable degree of  
9 medical certainty, the same careful,  
10 well-considered approach that I would use in  
11 medical practice to arrive at the conclusions.

12 Q. What would you -- what would you call the  
13 methodology you're using to look at all these  
14 risk factors, weigh them, and decide if just one  
15 of them can be determined to be the single  
16 definitive cause?

17 MS. PLATT: Objection. Form.

18 A. I'm not sure I could answer the question  
19 you -- the way you've asked it.

20 Q. Well, I'm asking it the way you wrote it.  
21 So what methodology would this be, what would you  
22 call it, where you've got a -- you lay out a host  
23 of different potential risk factors, right?

24 A. Yes.

1 Q. Okay. A large number of potential risk  
2 factors --

3 MS. PLATT: Objection. Form.

4 Q. -- right?

5 MS. PLATT: Objection. Form.

6 A. In each of the cases, there are -- is a  
7 variety of risk factors at play.

8 Q. And at no point anywhere in your report  
9 do you risk exposure -- do you list exposure to  
10 TCE or the contaminated water at Camp Lejeune as  
11 a risk factor, do you?

12 MS. PLATT: Objection. Form.

13 A. No.

14 Q. No. It's nowhere in your report. You  
15 understood that that was the allegation in this  
16 case, right?

17 MS. PLATT: Objection. Form.

18 A. I understood that there is a question as  
19 to whether the alleged exposure caused the  
20 individual's Parkinson's disease.

21 Q. And you didn't even consider that, did  
22 you?

23 MS. PLATT: Objection. Form.

24 A. I considered that possibility.



1 Q. You didn't talk about it at all.

2 MS. PLATT: Objection. Form. Do you  
3 have a question there?

4 A. I do discuss it in the rebuttals to the  
5 other experts.

6 Q. Where in your report do you point to what  
7 the risk factors are for exposure to TCE at  
8 Camp Lejeune? Where is that in your report?

9 MS. PLATT: Objection. Form.

10 A. Which one? Which report?

11 Q. Any of them.

12 A. For example, if we look at  
13 Mr. McElhiney's report.

14 Q. Tell me where you're looking.

15 A. Page 31.

16 Q. Okay.

17 A. Paragraph 3.

18 Q. Okay.

19 A. There I discuss the attribution of  
20 causation to TCE exposure.

21 Q. Okay. But where did you weigh the  
22 TCE exposure? Where is that in your analysis?

23 MS. PLATT: Objection. Form.

24 A. With respect to general causation, I

1     relied on Dr. Goodman. My role here was, as a  
2     neurology expert, to evaluate each of these  
3     individuals' Parkinson's disease to come to a  
4     determination about whether in fact they have  
5     Parkinson's disease and to evaluate the possible  
6     risk factors and potential connection or lack  
7     thereof to the alleged exposure.

8           Q. Okay. But in coming to that conclusion  
9     on specific causation, you would agree with me  
10    that nowhere in your report did you do an  
11    analysis of the risk factors associated with TCE,  
12    did you?

13           MS. PLATT: Objection. Form.

14           A. I relied on the general causation  
15    opinions of Dr. Goodman, also the reports of  
16    Drs. LaKind and Bailey with respect to exposure  
17    and risk assessment.

18           And then when it -- when it comes to  
19    specific causation, the opinions that I offer in  
20    my report take into account the range of  
21    Parkinson's disease risk factors that obtain in  
22    each of these situations.

23           Q. Okay. So you listed every possible risk  
24    factor you could come up with of each one of

1 these gentlemen, right?

2 MS. PLATT: Objection. Form.

3 A. What do you mean that I could come up  
4 with? These are --

5 Q. I mean, you listed -- I mean, with  
6 Mr. McElhiney, I think you have 10 or 15 of them.

7 MS. PLATT: Objection. Form.

8 A. These are risk factors in -- in each of  
9 the cases. You know, to be comprehensive and  
10 thorough, one needs to identify potential risk  
11 factors, and --

12 Q. Okay.

13 A. -- those are in my report.

14 Q. And in your listing of potential risk  
15 factors, would you agree that TCE exposure is a  
16 potential risk factor for these three gentlemen?

17 MS. PLATT: Objection. Form.

18 A. I relied on the opinions of Dr. Goodman,  
19 Dr. Bailey, and Dr. LaKind.

20 Q. Okay.

21 A. And --

22 Q. But you were the person doing the  
23 differential diagnosis here, right? That was  
24 you. That wasn't them. That was you, right?

1 MS. PLATT: Objection. Form.

2 A. Yes.

3 Q. Okay. In doing a differential diagnosis,  
4 you understand that you have to rule in all the  
5 risk factors first, right? You have to figure  
6 out what are all the potential risk factors,  
7 right?

8 MS. PLATT: Objection. Form.

9 Q. That's the methodology.

10 MS. PLATT: Objection. Form.

11 A. The methodology is to look at each  
12 individual's presentation, the context, their  
13 situation, and to evaluate what the possible risk  
14 factors are --

15 Q. Exactly.

16 A. -- and, within a reasonable degree of  
17 medical certainty, determine what the risks could  
18 be.

19 Q. Okay. And in doing -- and so we agree, I  
20 mean you probably stated it more artfully than I  
21 did, but we agree that when you're doing a  
22 differential diagnosis like this, the first step  
23 is to analyze the patient and to figure out what  
24 all of their potential risk factors are, right?

1 MS. PLATT: Objection. Form.

2 A. So differential diagnosis is a process of  
3 determining what somebody's diagnosis is, what  
4 their medical condition is. That is separate  
5 from an assessment of what the risk factors for  
6 that diagnosis are.

7 Q. Okay.

8 So what do you call this second step,  
9 this assessment of risk factors for purposes of  
10 causation? What methodology are you using in  
11 doing your analysis there?

12 MS. PLATT: Objection. Form.

13 A. This is standard medical analysis.

14 Q. Okay. So describe it for me.

15 A. So one -- there's one question of -- that  
16 comes up of whether somebody -- when somebody has  
17 a constellation of neurological symptoms, one  
18 question is: What is the disease process that is  
19 causing those symptoms?

20 If it's motor symptoms that are typical  
21 for Parkinson's disease and they meet the  
22 Parkin- -- the criteria for Parkinson's disease,  
23 then typically a diagnosis would be rendered.

24 Q. Um-hmm.

1           A. One would also consider other diagnoses  
2 and, in that process, evaluate the plausibility  
3 that there may be something else at play. That's  
4 a differential diagnosis.

5           Q. Um-hmm.

6           A. Once the diagnosis has been arrived at,  
7 and not always -- sometimes it can -- things can  
8 happen in parallel, not necessarily one after the  
9 other, the physician would be evaluating what the  
10 risk factors are, what that person's history is  
11 like, what their life course was like that might  
12 have contributed to the symptoms at play and the  
13 diagnosis at play.

14          Q. Okay. But --

15          A. So it's really part and parcel. It's --  
16 one can think of this about as sort of a double  
17 helix. It's really intertwined at times, the  
18 risk -- the risk factor analysis and the  
19 individual differential diagnosis.

20          Q. And all -- you agree you had some sort of  
21 methodology you used to come to the opinion that  
22 their exposure to the water at Camp Lejeune  
23 was -- could not be the definitive cause? You  
24 had a methodology you employed, right?

1 MS. PLATT: Objection. Form.

2 A. With respect to questions of general  
3 causation, I relied on the opinions of  
4 Dr. Goodman, Dr. Bailey, and LaKind.

5 Q. I'm not talking about their opinions.  
6 I'm talking about your opinion. I mean, you --  
7 you agree you are offering an etiology opinion in  
8 this report, right? You're saying we can't  
9 figure it out, right?

10 MS. PLATT: Objection. Form.

11 A. I'm not saying we can't figure it out.

12 Q. Well, you don't know what it is, right?

13 MS. PLATT: Objection. Form.

14 A. I don't know what what is?

15 Q. You don't know what the cause is. I  
16 mean, that's your opinion: I don't know what the  
17 cause is. It's idiopathic.

18 MS. PLATT: Objection. Form.

19 A. As I specify in the reports, each of  
20 these individuals has a constellation of risk  
21 factors, and each of those have to be taken into  
22 consideration when coming to well-considered  
23 medical judgments about specific causation.

24 Q. Um-hmm. And all I'm asking is, what is

1 the -- I'm asking you to describe the methodology  
2 you employed to come to your specific causation  
3 opinion.

4 MS. PLATT: Objection. Form.

5 A. Applying standard medical knowledge,  
6 experience, skills, and technique that would be  
7 relied upon in standard medical practice.

8 Q. Okay. But that -- with all due respect,  
9 that doesn't mean a whole lot. I'm trying to  
10 figure out what your -- how did you go about  
11 making that determination in any of these  
12 three cases? What did you do?

13 MS. PLATT: Objection. Form.

14 A. Making which determination, to be clear?

15 Q. The only -- for purposes of -- the only  
16 thing we're talking about are your causation  
17 opinions. That's it. Okay?

18 So what was your methodology to come to  
19 your causation opinions here?

20 A. With respect to general causation, I  
21 relied upon --

22 Q. You didn't offer a general causation  
23 opinion. You're not a general causation expert.

24 MS. PLATT: Counsel, Dr. Young is trying



1 to describe his methodology.

2 MR. BARR: No. He's going back into  
3 general causation. I want to know what his  
4 specific causation opinion methodology was.

5 MS. PLATT: He is describing that and  
6 answering your question. Please allow him to  
7 finish.

8 A. With respect to general causation, I  
9 relied upon Dr. Goodman. I also relied on risk  
10 assessment and exposure assessments by  
11 Drs. Bailey and LaKind.

12 And then with respect to specific  
13 causation, I used standard medical technique,  
14 experience, knowledge, skills to evaluate. In  
15 reviewing each of these medical -- individuals'  
16 medical records comprehensively, what --  
17 identifying what within a reasonable degree of  
18 medical certainty may or may not be a likely  
19 cause or risk factor.

20 Q. So were you looking for a single cause?

21 MS. PLATT: Objection. Form.

22 A. So with Parkinson's disease, it's rarely,  
23 if ever, the case that there is a single cause.  
24 If there -- if there was a clear single cause

1     that can -- that was apparent in my review, then  
2     I would have specified that.

3             Q.    Okay.

4                    Was part of your methodology to review  
5     each of these gentlemen's life history and  
6     determine potential risk factors that could cause  
7     Parkinson's disease?  Was that part of your  
8     methodology?

9             MS. PLATT:  Objection.  Form.

10            A.    My methodology was to review the medical  
11     records to evaluate each of the individuals.  In  
12     the course of that, identify any potential risk  
13     factors, as I would in routine practice.

14            Q.    Okay.

15                   And then was your next step -- once  
16     you've identified potential risk factors, was  
17     your next step to try and rule out risk factors?

18            MS. PLATT:  Objection.  Form.

19            A.    I'm not sure I understand how that -- how  
20     that's different from the first.

21            Q.    You analyze anything that's a potential  
22     risk factor and then you go drill down on it and  
23     say, "I can exclude this one."  "I can exclude  
24     that one."  Did you do any of that?

1 MS. PLATT: Objection. Form.

2 A. In which case are you referring to, in  
3 each of them?

4 Q. Any of the three cases.

5 A. Yes.

6 Q. Okay. So you've tried to rule some of  
7 them out. And in doing that analysis, you would  
8 agree with me, at no point did you analyze the  
9 strength of the association between TCE and  
10 Parkinson's disease, did you?

11 MS. PLATT: Objection. Form.

12 A. I wouldn't agree with that assessment.  
13 With respect to general causation, exposure, and  
14 risk assessment, I relied upon Dr. Goodman,  
15 Dr. Bailey and Dr. LaKind. I also --

16 Q. I didn't ask you -- I just asked if you  
17 did an analysis. I didn't ask if they did an  
18 analysis. I asked if you did.

19 MS. PLATT: Counsel, again, Dr. Young is  
20 answering your question as to the methodology.

21 MR. BARR: No. No. No, he's not.

22 A. I read the methodologies. I read the  
23 conclusions. I read them as a neurologist. I  
24 also, in my responses to the other experts,

1 describe the etiologies that can be excluded.

2 Is that -- is that what you're asking?

3 Q. Yeah. I'm just trying to figure out what  
4 your method was. What -- how did you go about  
5 this? You were -- were you given an assignment?

6 A. My assign- --

7 MS. PLATT: Objection. Form.

8 A. My assignment was to evaluate each of  
9 these individuals' neurological conditions to  
10 determine whether they have Parkinson's disease,  
11 to assess what the potential risk factors are and  
12 what the potential relationship may or may not be  
13 to the alleged exposure.

14 Q. Okay.

15 A. With respect to general causation, I  
16 relied upon Dr. Goodman and on Drs. Bailey and  
17 LaKind for exposure and risk assessment.

18 Q. Okay. And in doing your case-specific  
19 causation analysis, you would agree with me that  
20 you specifically never analyzed TCE as a risk  
21 factor for Mr. Sparks, Mr. McElhiney, or  
22 Mr. Peterson, right?

23 MS. PLATT: Objection. Form.

24 A. I wouldn't agree with that

1     characterization.

2           Q.    So you think you did a specific analysis  
3     of TCE?

4           A.    I did not do a general causation  
5     analysis.  I read and relied upon Dr. Goodman,  
6     Dr. Bailey, and Dr. LaKind for each of these  
7     individuals around questions of general  
8     causation, exposure, and risk assessment and took  
9     that into account when considering that potential  
10    risk factor.

11          Q.    Okay.  Let me ask this different.  Did  
12    you rule out TCE as a risk factor for these  
13    three gentlemen?

14               MS. PLATT:  Objection.  Form.

15          A.    I concluded within a reasonable degree of  
16    medical certainty that the alleged exposure was  
17    not a cause of their Parkinson's disease and --

18          Q.    So --

19          A.    -- one needs to account for the range of  
20    other risk factors at play.

21          Q.    So it's your opinion -- I just want to  
22    make sure I understand this.

23                It's your opinion that their exposure to  
24    TCE in the water at Camp Lejeune did not

1 contribute at all to their onset of Parkinson's  
2 disease?

3 MS. PLATT: Objection. Form.

4 A. My conclusion is that, within a  
5 reasonable degree of medical certainty, I cannot  
6 attribute their Parkinson's disease to the  
7 alleged exposure.

8 Q. In any form?

9 MS. PLATT: Objection. Form.

10 A. What do you mean "in any form"?

11 Q. Contribute at all.

12 MS. PLATT: Objection. Form.

13 A. My goal here wasn't to speculate or to  
14 evaluate hypotheticals, rather to determine  
15 within a reasonable degree of medical certainty  
16 what is the case.

17 Q. And you actually don't offer any opinions  
18 as to what the cause was, do you?

19 MS. PLATT: Objection. Form.

20 A. I do offer opinions that touch on that.

21 Q. You talked about different risk factors.  
22 At no point do you say, "This was the cause of  
23 their Parkinson's disease," do you?

24 MS. PLATT: Objection. Form.

1           A.   Parkinson's disease is characteristically  
2   a complex disorder.   More often than not, a vast  
3   majority of times there's a constellation of risk  
4   factors and interplay of complex factors that  
5   bring about the Parkinson's disease.

6           Idiopathic Parkinson's disease is the  
7   most common form of Parkinson's disease, where no  
8   specific cause can be identified -- or I should  
9   say singular cause.

10          Q.   Are you offering an opinion that TCE  
11   exposure is not a risk factor for Parkinson's  
12   disease?

13          MS. PLATT:   Objection.   Form.

14          A.   I'm not a general causation expert.   The  
15   opinions that I offer here are within the context  
16   of each of these individuals.   I rely on  
17   Dr. Goodman around questions of general  
18   causation.

19          Q.   Okay.   So do you not have an opinion as  
20   to whether TCE can cause Parkinson's disease?

21          MS. PLATT:   Objection.   Form.  
22   Foundation.

23          A.   I rely on the assessment of Dr. Goodman.

24          Q.   That's not what I asked.   I asked if you

1 had an opinion.

2 MS. PLATT: Objection. Form.

3 MR. BARR: I didn't ask what he relied  
4 on. I asked if he had an opinion. If he doesn't  
5 have an opinion, that's fine. He can say, "I  
6 don't have an opinion."

7 MS. PLATT: You're not giving him the  
8 opportunity to answer the question.

9 A. As I said before, I relied on the  
10 assessment of Dr. Goodman around questions of  
11 general causation. The opinions that I offer in  
12 each of these reports are in the context of the  
13 individuals, their specific presentations, their  
14 specific risk factors. It wasn't my role here to  
15 independently assess the question of general  
16 causation.

17 Q. So the answer to my question is, is you  
18 do not have an opinion as to whether TCE can  
19 cause -- an independent opinion as to whether TCE  
20 can cause Parkinson's disease?

21 MS. PLATT: Objection. Form.

22 A. I relied on the reports of Dr. Goodman.  
23 I also reviewed the methodology and conclusions  
24 and found them compelling from a neurology



1 standpoint. And I don't see firm medical ground  
2 for arriving at the conclusion that TCE was the  
3 cause in these individuals' cases.

4 Q. Was the cause at least as likely as not,  
5 right?

6 MS. PLATT: Objection. Form.  
7 Foundation.

8 A. I'm not assessing -- my conclusions are  
9 not framed in terms of at least as likely as not.  
10 They're within a reasonable degree of medical  
11 certainty.

12 Q. So you don't even know if you're applying  
13 the correct legal standard in your analysis; is  
14 that fair?

15 MS. PLATT: Objection. Form.  
16 Foundation.

17 A. The standard that I apply is within a  
18 reasonable degree of medical certainty. I'm not  
19 a lawyer, so I can't opine on correct or  
20 incorrect legal standards. The standard that I  
21 apply is within a reasonable degree of medical  
22 certainty.

23 Q. Did anybody ever show you the  
24 Camp Lejeune Justice Act statute and what the

1 standard actually is?

2 MS. PLATT: Objection. Form.  
3 Foundation.

4 A. Not that I can recall.

5 Q. I'll show you what I'm going to mark as  
6 Exhibit, where are we at here, 15.

7 (Exhibit 15, SEC. 804 Federal Cause  
8 of Action Relating to Water at Camp  
9 Lejeune, North Carolina, marked for  
10 identification.)

11 Q. There you go, sir. Do you see that this  
12 is a document titled "Federal Cause of Action  
13 Relating to Water at Camp Lejeune,  
14 North Carolina"? Do you see that?

15 I'm just asking if you saw the title,  
16 sir.

17 A. I see the title.

18 Q. Okay. And if you go down, you see you're  
19 in Section 804, and then (b)(2) [sic], Standards.  
20 Do you see that?

21 A. What page are you on?

22 Q. The first page, right there, (b)(2),  
23 Standards (indicating).

24 (Discussion off the record)

1 A. 1803, 2(b)?

2 Q. No. Yeah. I'm sorry. Yeah. And  
3 Elizabeth is right. (c)(2), Standards.

4 A. Okay.

5 Q. Okay. You see (c) is Burden -- Burdens  
6 and Standard of Proof, right?

7 MS. PLATT: Do you see Standard --

8 A. Yes.

9 Q. Okay. And it says, "STANDARDS - To meet  
10 the burden of proof described in paragraph (1), a  
11 party shall produce evidence showing that the  
12 relationship between exposure to the water at  
13 Camp Lejeune and the harm is -

14 "(A) sufficient to conclude that a causal  
15 relationship exists; or

16 "(B) sufficient to conclude that a causal  
17 relationship is at least as likely as not."

18 Did I read that right?

19 (Pause)

20 Q. I just asked if I read it right.

21 A. It's to meet the burden of proof  
22 described in paragraph (1), which is, "IN  
23 GENERAL - The burden of proof shall be on the  
24 party filing the action to show one or more

1 relationships between the water at Camp Lejeune  
2 and the harm."

3 And then Standards, as you quoted, "To  
4 meet the burden of proof described in ... (1), a  
5 party shall produce evidence showing that the  
6 relationship between exposure to the water at  
7 Camp Lejeune and the harm is either [sic] -

8 "(A) sufficient to conclude that a causal  
9 relationship exists; or

10 "(B) sufficient to conclude that a causal  
11 relationship is as least as likely as not."

12 Q. So I read it right?

13 A. Sounds like it.

14 Q. Okay. And you would agree that that's  
15 not the manner -- that's not the standard you  
16 used when you were reviewing these cases?

17 MS. PLATT: Objection. Form.

18 A. The standard that I used with -- is  
19 within a reasonable degree of medical certainty.  
20 As I -- this is -- as I look at this here, it  
21 says, "The burden of proof shall be on the" --  
22 I'm not a legal expert, so I'm not going to  
23 speculate about what the legal standards are or  
24 are not in this case.

1           The standards that I apply in my reports  
2       are within a reasonable degree of medical  
3       certainty.

4           Q.   Understand.   So you would -- is this the  
5       first time you've seen the actual standard that's  
6       to be applied to Camp Lejeune Justice Act cases?

7           MS. PLATT:   Objection.   Form.

8           A.   I've seen this wording used in the past.

9           Q.   Okay.   And you understand that this  
10       wording is the statute that sets the standards  
11       that must be met in these cases, right?

12          MS. PLATT:   Objection.   Form.

13       Foundation.

14          A.   I'm not a legal expert.   The standard  
15       that I apply in my reports are within a  
16       reasonable degree of medical certainty.

17          Q.   And that -- and is that any report you  
18       ever write, including cases outside of the  
19       Camp Lejeune Justice Act?

20          MS. PLATT:   Objection.   Form.

21       Foundation.

22          A.   Yes.   The professional opinions that I  
23       offer are within a reasonable degree of medical  
24       certainty.

1 Q. Okay. You would at least agree with me  
2 that nowhere in your report do you say the words  
3 "at least as likely as not"?

4 A. That's not the standard that I use.

5 Q. Okay.

6 A. The standard that I use is within a  
7 reasonable degree of medical certainty.

8 Q. You would agree with me that nowhere in  
9 your report do you say -- do you offer an opinion  
10 that either TCE can or TCE can't cause  
11 Parkinson's disease, do you?

12 MS. PLATT: Objection. Form.

13 A. My opinions are not about general  
14 causation. My opinion's about specific causation  
15 in each of these individual's cases.

16 Q. How do you make an assessment of specific  
17 causation without having an understanding of  
18 general causation?

19 MS. PLATT: Objection. Form.

20 A. I do have an understanding. And for that  
21 understanding, I rely upon Dr. Goodman coupled  
22 with the exposure and risk assessments of  
23 Drs. Bailey and LaKind.

24 Q. But nowhere in your report do you -- do

1 you talk at all about whether or not TCE can  
2 cause Parkinson's disease, do you? Either way,  
3 on either side of it.

4 A. I do talk about it.

5 MS. PLATT: Objection. Form.

6 Q. Where do you talk about it? Where do you  
7 say in your report that either TCE is or TCE is  
8 not a risk factor for Parkinson's disease?

9 MS. PLATT: Objection. Form.

10 A. For example --

11 Q. Just tell me where you're at so I can  
12 find you.

13 A. Page -- page 31.

14 Q. Which report?

15 A. Of McElhiney report. In Exhibit 3, I  
16 discuss --

17 Q. Page 31?

18 A. Page 31.

19 Q. Oh, okay. Hold on. I'm looking at  
20 Sparks. Let me get McElhiney.

21 Okay. I'm with you.

22 A. "Based on the detailed analysis above, I  
23 diverge from Dr. Barbano's conclusion in that his  
24 attribution of causation to TCE exposure appears

1 to omit a comprehensive evaluation of the broader  
2 range of potential risk factors present in  
3 Mr. McElhiney's case, including repeated head  
4 injuries, PTSD, GERD, seborrheic dermatitis,  
5 herpes zoster, rosacea, hearing loss, anxiety,  
6 depression, prediabetes, B12 deficiency, male  
7 sex, advancing age, potential exposure to  
8 solvents over years of machine/engine mechanics  
9 work, sleep apnea, eczema [sic], having grown up  
10 on a farm ... and sedentary lifestyle, each of  
11 which can [sic] individually or in combination  
12 serve -- may serve as a contributor to PD risk.  
13 Given the current state of medical knowledge  
14 and" --

15 Q. I got it. I got it. I can read the  
16 paragraph.

17 A. And then further down, "I likewise cannot  
18 conclude within a reasonable degree that  
19 Mr. McElhiney would not have developed PD if he  
20 were not exposed to TCE, especially in light of  
21 his numerous risk factors."

22 Q. Okay.

23 A. "It is essential to consider the full  
24 spectrum of" --



1 Q. Sir, respectfully, I can read the report.

2 MS. PLATT: You --

3 A. You asked me where I put that in the  
4 report.

5 MR. BARR: I asked where he said TCE is  
6 or is not a cause of Parkinson's disease. None  
7 of that says that.

8 MS. PLATT: Allow Dr. Young to point  
9 you --

10 MR. BARR: I can read the words.

11 MS. PLATT: You asked for locations.  
12 He's giving you locations.

13 MR. BARR: This -- we're going to have to  
14 redo this whole depo.

15 MS. HURT: Can we take a break?

16 MR. BARR: Yeah.

17 MS. HURT: I'd like to take a break.  
18 Thank you.

19 THE VIDEOGRAPHER: The time is  
20 11:47 a.m., and we're off the record.

21 (Recess taken)

22 THE VIDEOGRAPHER: The time is 11:58 a.m.  
23 and we're on the record.

24

1 BY MR. BARR:

2 Q. All right. Dr. Young, I'm still trying  
3 to understand your opinions on TCE. Do I have it  
4 right in that for the purpose of determining  
5 whether or not TCE can cause Parkinson's disease,  
6 you are completely relying upon Dr. Goodman,  
7 Dr. LaKind, and Dr. Bailey?

8 MS. PLATT: Objection. Form.

9 A. I'm not offering opinions about whether  
10 TCE generally can cause Parkinson's disease. My  
11 opinions here are about whether these  
12 individuals' neurological conditions can be  
13 attributed causally to Parkinson -- to the  
14 alleged exposure.

15 To the extent that there are general  
16 causation opinions in the milieu, I rely on  
17 Dr. Goodman and also rely on the reports of  
18 Drs. Bailey and LaKind in matters of risk  
19 assessment and exposure.

20 The opinions that I offer here are really  
21 about specific causation to understand these  
22 individuals' Parkinson's disease. And as I point  
23 out, there are a range of risk factors at play.

24 Q. But would you agree with me that when you

1 list your range of risk factors for all three of  
2 these gentlemen, at no point did you list TCE?

3 MS. PLATT: Objection. Form.

4 A. I cannot attribute TCE as a -- as a risk  
5 factor within a reasonable degree of medical  
6 certainty for these individuals.

7 Q. So in your opinion it was not a risk  
8 factor at all; is that what you're saying?

9 A. Where? Generally or --

10 Q. For these three -- no. We are limit --  
11 we are confining your testimony and your opinions  
12 to these three gentlemen today.

13 So it's your opinion that for these  
14 three gentlemen, exposure to TCE in the water at  
15 Camp Lejeune was not a risk factor for them in  
16 Parkinson's disease?

17 MS. PLATT: Objection. Form.

18 A. I could not come to that conclusion  
19 within a reasonable degree of medical  
20 certainty --

21 Q. Okay.

22 A. -- based on the available evidence.

23 Q. Point to me in your report where you  
24 conducted that analysis.

1 A. What analysis?

2 Q. The analysis where you excluded TCE as a  
3 risk factor for them.

4 A. In which report?

5 Q. In any of them. I -- but I don't want to  
6 see a sentence where you say it's not. I want to  
7 see an analysis, where you actually do an  
8 analysis where you rule out TCE.

9 MS. PLATT: Objection. Form.

10 A. In my -- the report of Mr. Sparks, for  
11 example, on page 26, "Based on the detailed  
12 analysis above, I diverge from Dr. Schwarz's  
13 conclusion in that the attribution of causation  
14 to TCE exposure does not sufficiently account for  
15 the broader range of potential risk factors  
16 present in Mr. Sparks' case, including but  
17 not ... limited to occupational exposures, male  
18 sex, and head injury, each of which individually  
19 or in combination may serve as a contributor" --

20 Q. Okay.

21 A. -- "to PD risk. Given the current state  
22 of medical knowledge" --

23 Q. Okay. I got all that.

24 MS. PLATT: No.

1           A. And there's more here about TCE, which is  
2           that within "the current state of medical  
3           knowledge and the multifactorial nature of PD, I  
4           thus find that there is insufficient evidence to  
5           conclude within a reasonable degree of medical  
6           certainty that TCE exposure definitively caused  
7           Mr. Sparks' PD. I likewise cannot conclude  
8           within a reasonable degree of medical certainty  
9           that he [sic] would not have developed PD if he  
10          were not exposed to TCE."

11          Q. Okay. These are your comments on  
12          Dr. Schwarz's report, right?

13          A. These are.

14          Q. Right. But that's what -- this is  
15          contained in your section, "Comments on the  
16          Expert Report of Dr. Schwarz," right?

17                 MS. PLATT: Objection. Form.

18          A. This is page 25 to 26.

19          Q. Right. And what's the title heading for  
20          this section of your report?

21          A. "Comments on the Expert Report ...."

22          Q. Okay. So in your actual affirmative  
23          report, where is your analysis of TCE?

24          A. I don't --

1 MS. PLATT: Objection. Form.

2 A. I'm not doing an independent analysis of  
3 general causation, exposure, or risk assessment.  
4 What I'm doing is a --

5 Q. I'm talking as to these --

6 MS. PLATT: No. Allow --

7 Q. -- three plaintiffs.

8 MS. PLATT: -- Dr. Young to finish  
9 question -- his answer.

10 MR. BARR: No. He keeps dodging my  
11 question.

12 MS. PLATT: He's not dodging your  
13 question.

14 Q. My question is as to these three  
15 plaintiffs, in your case-specific causation  
16 opinions, where is the analysis as to the  
17 exposure of TCE as to these three plaintiffs?  
18 Where is it?

19 MS. PLATT: Objection. Form.

20 A. My role here was, as a medical expert, to  
21 evaluate each of these individuals' Parkinson's  
22 disease. Not as a general causation expert. Not  
23 as a toxicology expert or exposure analyst. I --  
24 for those discrete analyses, I relied upon the

1 reports of Dr. Goodman, Dr. Bailey, and  
2 Dr. LaKind.

3 Q. Yup.

4 A. When it comes to individual specific  
5 causation, the approach that I took within a  
6 reasonable degree of medical certainty did not  
7 find that to be a causal factor at play in these  
8 cases.

9 Q. Okay. And I'm looking for your analysis  
10 where you didn't find it to be a causal factor.  
11 That's what I'm looking for.

12 MS. PLATT: Objection. Form.

13 Q. Are you just saying, ipse dixit, it is  
14 because I say it is?

15 A. No.

16 MS. PLATT: Objection. Form.

17 Q. Where is your analysis?

18 MS. PLATT: Objection. Form.

19 A. Which analysis?

20 Q. Of TCE as to these three gentlemen.  
21 Where is it?

22 MS. PLATT: Objection. Form.

23 A. Again, with respect to general causation,  
24 I relied upon the opinions of Dr. Goodman. Also

1     relied on Dr. Bailey and LaKind with respect to  
2     exposure and risk assessment analyses.

3             The opinions that I offer here are within  
4     a reasonable degree of medical certainty, and the  
5     approach that I take is to arrive at my  
6     conclusions based on the same careful standard  
7     medical approach that I would use at the bedside  
8     to determine, in the first instance, whether  
9     these individuals have Parkinson's disease;  
10    secondly, what the risk factors could be; third,  
11    what the potential relationship could be between  
12    the alleged exposure and their Parkinson's  
13    disease.

14            Q.   So your bedside approach would be to go  
15    read a report of a non-medical doctor to come up  
16    with an opinion to exclude a potential risk  
17    factor, that's your bed side approach?

18            MS. PLATT:  Objection.  Form.

19            A.   I'm not sure what you're asking.

20            Q.   Got that.  I figured.

21            Did you even consider TCE as a risk  
22    factor of these gentlemen's Parkinson's, or did  
23    you exclude it in total because of what you had  
24    read in Dr. Goodman's report?



1 MS. PLATT: Objection. Form.

2 A. I considered it based on my review and  
3 understanding of Dr. Goodman, Dr. Bailey, and  
4 Dr. LaKind's reports. I did not find within a  
5 reasonable degree of medical certainty that this  
6 is a clear causal factor at play in these  
7 individual cases.

8 Q. So a clear causal factor, that's the word  
9 we're going to use now?

10 MS. PLATT: Objection. Form.

11 A. What do you mean?

12 Q. Well, it's your word. What do you mean?

13 MS. PLATT: Objection. Form.

14 A. I mean that, within a reasonable degree  
15 of medical certainty, I cannot causally attribute  
16 their Parkinson's disease to the alleged  
17 exposure.

18 Q. Okay. And your manner in doing that was  
19 to rely upon the reports provided by Goodman,  
20 LaKind, and Bailey, right?

21 MS. PLATT: Objection. Form.

22 A. Those were pieces of a larger body of  
23 facts that were taken into consideration in  
24 arriving at my conclusions with respect to

1 specific causation.

2 Q. So in coming to your medical opinions,  
3 you relied upon the opinions of three non-medical  
4 doctors?

5 MS. PLATT: Objection. Form.

6 A. I did not solely rely on their opinions.  
7 Of course in medicine and science generally, no  
8 single person has all of the expertise, and one  
9 needs to rely to some extent on -- oftentimes on  
10 others who don't have the domain expertise that  
11 one might not have as a medical doctor.

12 Q. Okay. But you are --

13 A. Not every medical doctor --

14 Q. I'm sorry.

15 A. -- is a toxicologist or an epidemiologist  
16 or an exposure analyst or a water modeling  
17 specialist. Of course, one would need to rely on  
18 the carefully considered assessments of others  
19 in -- in building medical opinions.

20 Q. You didn't do anything to assess general  
21 causation, that's been your clear testimony  
22 today, right?

23 MS. PLATT: Objection. Form.

24 A. My task here was not to assess general --

1 questions of general causation.

2 Q. And you didn't do it, right?

3 MS. PLATT: Objection. Form.

4 A. My task was not to assess questions of  
5 general causation.

6 Q. Okay. I didn't ask what your assignment  
7 was. I asked if you did it.

8 You did not assess general causation as  
9 it pertains to the water at Camp Lejeune and  
10 Parkinson's disease, did you?

11 MS. PLATT: Objection. Form.

12 A. I relied on Dr. Goodman with respect to  
13 matters of general causation.

14 Q. So you didn't do an analysis?

15 A. I did an analysis, but not one about  
16 general causation.

17 Q. You -- on the issue of general causation,  
18 you did not do an independent analysis, fair?

19 MS. PLATT: Objection. Form.

20 A. My analysis was around specific  
21 causation.

22 Q. Okay. The answer to my question is yes  
23 or no. Did you do an independent analysis or  
24 assessment of general causation as it pertains to

1 the water at Camp Lejeune and Parkinson's  
2 disease?

3 MS. PLATT: Objection. Form.

4 A. My role in this case was as a neurology  
5 expert.

6 Q. I didn't ask what your role was. I asked  
7 if you did an assessment.

8 A. I did an assessment, but not a general  
9 causation assessment.

10 MS. PLATT: Counsel, he's answered your  
11 question multiple times.

12 MR. BARR: No, he's -- he's -- he's --  
13 no, he hasn't. He's actually not said, "No, I  
14 haven't done a general causation assessment." He  
15 has not said that.

16 MS. PLATT: He doesn't have to use the  
17 word "yes" or "no" simply because you wish that  
18 he does.

19 MR. BARR: Well, okay. Please come to  
20 trial and behave this way. Oh, I can't wait.

21 Q. You would also agree that it -- nowhere  
22 in your report do you do an assessment of  
23 their -- of these gentlemen's exposure to TCE and  
24 what the risk to them was from that exposure.

1 That's nowhere in your report, right?

2 MS. PLATT: Objection. Form.

3 A. It's in the materials considered lists,  
4 the -- those analyses that I rely upon, which do  
5 perform those --

6 Q. Okay. But I asked if you did that. So I  
7 understand it's in your materials considered  
8 list. I understand you're relying on three  
9 non-medical doctors. I get that. That's loud  
10 and clear.

11 I'm just asking if, in your report, there  
12 was any analysis that you did of their exposure  
13 to the water at Camp Lejeune and what their risk  
14 factor for Parkinson's would be from that.

15 MS. PLATT: Objection. Form.

16 A. As I stated earlier, I relied on the  
17 general causation analysis of Dr. Goodman and the  
18 exposure and risk assessments of Drs. Bailey and  
19 LaKind. I did not do that independently.

20 Q. Okay.

21 Do you believe that it was appropriate to  
22 consider their exposure to the water at Camp  
23 Lejeune as a potential cause of Parkinson's  
24 disease?

1 MS. PLATT: Objection. Form.

2 A. I want to make sure I -- I'm  
3 understanding your question, and there are two  
4 ways that I could imagine it being interpreted.  
5 So if I could ask you to rephrase it.

6 MR. BARR: Can I have it --

7 A. I'd appreciate it.

8 MR. BARR: -- read back, please?

9 (Record read)

10 A. Is the question whether it was  
11 appropriate to -- well, I --

12 Q. I just want --

13 A. I don't want to put words in your mouth,  
14 so maybe if I could ask you to rephrase.

15 Q. I might actually be fine with you putting  
16 words in my mouth.

17 Would you -- do you think it was  
18 appropriate to even consider TCE as a risk factor  
19 for these gentlemen? I'm not saying say it was,  
20 but just consider it as a risk factor.

21 MS. PLATT: Objection. Form.

22 A. Clearly it is something that's being  
23 considered, that the question exists. That's why  
24 this case exists.

1 Q. So it was appropriate to consider it as a  
2 potential risk factor?

3 MS. PLATT: Objection. Form.

4 A. Are you asking whether it's appropriate  
5 to label it as a risk factor or --

6 Q. Yes.

7 A. -- whether it's appropriate to put into  
8 question whether it could be a risk factor?

9 Q. I'm asking you if it's appropriate to  
10 label it a risk factor.

11 MS. PLATT: Objection. Form.

12 A. I could -- I'm not offering opinions  
13 about general causation. I'm only analyzing  
14 these individual cases and offering opinions  
15 about specific causation.

16 Q. Well, I -- here's where I'm -- how do you  
17 say on the one hand, "I don't know whether it's  
18 appropriate to label it as a risk factor," and on  
19 the other hand say that it wasn't a risk factor  
20 for these gentlemen?

21 MS. PLATT: Objection. Form.

22 Q. How are -- how are you doing that  
23 analysis?

24 MS. PLATT: Objection. Form.

1           A.    So I wouldn't agree with the -- with the  
2   first clause in that question.  And the second  
3   clause, I -- my response to that is that I rely  
4   on the general causation opinion of Dr. Goodman  
5   and the exposure and risk assessment of  
6   Dr. LaKind in coming to my conclusion within a  
7   reasonable degree of medical certainty about  
8   whether the alleged exposure operated causally in  
9   these individuals to bring about their  
10  Parkinson's disease.

11           Q.    As the sole definitive cause, right?

12                   MS. PLATT:  Objection.  Form.

13           A.    As the cause.

14           Q.    No.  The words you wrote were "sole  
15  definitive cause."  Those -- you had no help  
16  writing your report, right?

17                   MS. PLATT:  Objection.  Form.

18           A.    That's right.

19           Q.    Those were the words you chose, right?

20                   MS. PLATT:  Objection.  Form.

21           A.    Those were some of the words I chose.  In  
22  other places, I don't use those words.  It's  
23  really a word choice.

24           Q.    Okay.  So it's a meaningless word choice,



1 I can just strike all those words from your  
2 report?

3 MS. PLATT: Objection. Form.

4 A. I wouldn't say it's meaningless, but, you  
5 know, if we -- if you want to drill down into  
6 that a little bit more, we could go through  
7 portions of my report where I articulate my  
8 opinions without using those words.

9 What I mean is, I cannot within a  
10 reasonable degree of medical certainty arrive at  
11 the conclusion that the alleged exposure operated  
12 to bring about each of these individual's  
13 Parkinson's disease.

14 Q. Right. And the only piece of that you  
15 haven't answered is the standard you applied to  
16 that. Was it --

17 A. Within a reasonable degree of medical  
18 certainty.

19 Q. I understand, but -- I'm not going to  
20 reargue this with you again. We'll just move to  
21 strike your opinions.

22 MS. PLATT: Objection.

23 Q. So given the opinions of Dr. Goodman,  
24 Dr. Bailey, and LaKind, did you not consider TCE

1 as a risk factor for Mr. McElhiney, Mr. Peterson,  
2 or Mr. Sparks?

3 MS. PLATT: Objection. Form.

4 A. I considered whether it could be, and I  
5 did not find within a reasonable degree of  
6 medical certainty that it is.

7 Q. Okay. And when you considered --

8 A. In these situations.

9 Q. And you considered if it could be. Where  
10 did you write about that?

11 MS. PLATT: Objection. Form.

12 A. I relied on the analyses of Dr. Goodman,  
13 Dr. Bailey, and Dr. LaKind, and I do specify that  
14 in my report.

15 Q. Okay. I want to move to Mr. McElhiney's  
16 report, and that's Exhibit 3, I believe. That's  
17 Peterson. That's McElhiney.

18 For all three plaintiffs, you make the  
19 statement that being male is a risk factor for  
20 Parkinson's disease. You agree with that, right?

21 A. Yes.

22 Q. Okay. But you also agree that being male  
23 does not cause Parkinson's disease, right?

24 A. As I specify in my report, "While being

1 male is a risk factor for Parkinson's disease  
2 insofar as male sex is associated with increased  
3 risk of developing Parkinson's disease, being  
4 male does not cause Parkinson's disease risk  
5 factors alone."

6 Q. Sir, I don't need you to read the  
7 whole -- I just asked if you agreed that being  
8 male does not cause Parkinson's disease.

9 MS. PLATT: Dr. Young is answering your  
10 question.

11 MR. BARR: I don't need -- I don't need  
12 him to read his report to me.

13 MS. PLATT: Counsel, if you continue  
14 to --

15 MR. BARR: Okay. Okay. We're -- we're  
16 going on a break. We're going to get the Court  
17 on the phone. I'm not going to keep doing this.

18 THE VIDEOGRAPHER: The time is  
19 12:17 p.m., and we're off the record.

20 (Recess taken)

21 THE VIDEOGRAPHER: The time is  
22 12:24 p.m., and we're on the record.

23 BY MR. BARR:

24 Q. So you agree that being male does not

1 cause Parkinson's disease?

2 A. Being male does not cause Parkinson's  
3 disease. Risk factors alone derived from  
4 population level associations don't provide  
5 mechanistic explanations or establish individual  
6 level causation.

7 So although being male is a  
8 well-described risk factor, it's not a -- it's  
9 something that's known about -- known to bring  
10 about Parkinson's disease in men only.

11 Q. Right. There's a statistical association  
12 between male and Parkinson's disease, right?

13 MS. PLATT: Objection. Form.  
14 Foundation.

15 A. Yes.

16 Q. But there's no underlying understood  
17 biological mechanism of how being male would  
18 cause Parkinson's disease, right?

19 A. It's an active --

20 MS. PLATT: Objection.

21 A. It is an active area of research. There  
22 are some researchers that have speculated and  
23 done some work around whether it has to do with  
24 the hormonal milieu that's different between

1 males and females that increases risk and what  
2 the potential -- how that potential association  
3 could be explained. So it's not yet fully worked  
4 out in the science, but there are people working  
5 on it.

6 Q. Okay. But as we sit -- I mean, we  
7 understand we're taking this deposition as of  
8 July 24, 2025, right?

9 A. Yes.

10 Q. Okay. And as of July 24, 2025, there's  
11 no understood mechanism through which being male  
12 could cause Parkinson's disease?

13 MS. PLATT: Objection. Form.  
14 Foundation.

15 A. There have been mechanisms that have been  
16 hypothesized in the literature, including the  
17 literature that I cite here --

18 Q. I used the word "understood."

19 A. Understood to mean --

20 Q. That there's an accepted --

21 A. -- a well-accepted --

22 Q. There's accepted methodology -- there's  
23 an accepted mechanism through which being male  
24 can cause Parkinson's disease.

1 A. It's not a cause. It's a risk factor.

2 Q. Okay. And there's a difference between  
3 risk factors and causes, right?

4 A. Yes.

5 Q. Okay.

6 Something could be a risk factor, which  
7 it means it's -- it's a statistical association,  
8 but without an understood and accepted biological  
9 mechanism, it can't be a causation factor, right?

10 MS. PLATT: Objection. Form.

11 A. There may be risk factors -- well, I --  
12 not every risk factor is a cause, if that's what  
13 you're asking.

14 Q. Yes.

15 A. As to how to define what a cause is,  
16 which was sort of embedded in the second part of  
17 your question, we may need to explore that in  
18 more detail.

19 Q. Okay. But one of the ways in which a  
20 risk factor becomes elevated to a cause is when  
21 we discover a biological mechanism through which  
22 that risk factor could cause Parkinson's disease,  
23 right?

24 MS. PLATT: Objection. Form.

1           A. Sometimes in science and medicine, causes  
2       are identified even before the mechanism is  
3       understood. A mechanism may be one possible  
4       factor that elevates a risk factor to a cause.  
5       Not necessarily -- a necessary or sufficient  
6       condition for being a cause, but it could be  
7       something that comes into play.

8           Q. What other things could -- what other  
9       types of things could cause a risk factor to  
10      become a cause?

11          A. Well-accepted evidence that the risk  
12      factor operates to bring about the condition of  
13      interest rather than merely associated with it.

14          Q. What do you mean by "well-accepted"?

15          A. Established and accepted within the  
16      medical literature.

17          Q. Okay. So if literature describes like a  
18      risk factor as controversial as a cause, that  
19      would indicate it's probably not accepted, true?

20               MS. PLATT: Objection. Form.

21          A. Not accepted by --

22          Q. The medical community?

23          A. The medical comm- -- it may be accepted  
24      by some in the medical community. I can't speak

1 for the medical community at large. I'm not here  
2 as a representative for the medical community.

3 Generally speaking, a -- risk factors do  
4 not equate at a one-to-one level to causal  
5 factors.

6 Q. Okay.

7 A. There may be myriad risk factors that are  
8 known for any given condition, as was the case in  
9 each three of these individuals, without these  
10 risk factors clearly being causes.

11 Q. Understand. Let me make sure I have the  
12 right report here.

13 Okay. On page 27 of your McElhiney  
14 report, which is Exhibit 3, I'm in the paragraph  
15 that's headed "Etiology and Risk Factors." Do  
16 you see that paragraph?

17 A. Yes.

18 Q. And you write a sentence where you say,  
19 "In Mr. McElhiney's case, potential risk factors  
20 include," and then you have a whole list of  
21 items, correct?

22 A. Yes. The risk factors include head  
23 injury --

24 Q. I don't need you to read them all. I



1 just asked if you included a whole list of  
2 factors.

3 MS. PLATT: Objection. Form.

4 A. This is -- yes.

5 Q. Okay.

6 A. That's what's written there.

7 Q. Okay. And so the last one you include is  
8 sedentary lifestyle. Do you see that?

9 A. Yes.

10 Q. Okay. Now, on page 26, you have a  
11 similar list. You go through Mr. -- well,  
12 starting on 25, you have his prior medical and  
13 surgical history. Do you see that on 25?

14 A. Yes.

15 Q. And you have a big list of things from  
16 his prior medical and surgical history, right?

17 A. Yes.

18 Q. Okay. And then you say, on the next  
19 page, on page 26, "Of these conditions, the  
20 following have been described in the medical  
21 literature as PD risk factors," and you have a  
22 set of factors, right?

23 A. Yes.

24 Q. You did not include sedentary lifestyle

1     there?

2             MS. PLATT:  Objection.  Form.

3             A.  Sedentary lifestyle is not part of the  
4     typical thing that one would write in the past  
5     medical history.  It's not a condition per se.  
6     It's an aspect of the -- of the history.

7             Q.  Okay.  So that's -- and the explanation  
8     is is that's not necessarily part of his past  
9     medical history, so that's why it's not listed  
10    there.  That's all I was trying to get to.

11            A.  And similar -- yeah.

12            Q.  Okay.  And so going back to page 27, you  
13    list sedentary lifestyle, and you cite two  
14    articles.  You reference 89 and 90.  Do you see  
15    that?

16            A.  Yes.

17            Q.  And that is the Llamas-Velasco article  
18    and the Lynn article, correct?

19            A.  Yes.

20            Q.  Okay.  Now, can you define what sedentary  
21    lifestyle means?

22            A.  Yes.

23            Q.  What's it mean?

24            A.  Generally, physically inactive.

1 Q. Okay. And are you really testifying that  
2 a Marine veteran who is retired, ran a  
3 construction business, and drove a truck led a  
4 sedentary lifestyle?

5 MS. PLATT: Objection. Form.

6 A. It could be a risk factor given the  
7 physical inactivity that he experienced as a  
8 result of his musculoskeletal issues, especially  
9 after his involvement in the Marines.

10 Q. What is your basis for stating that  
11 Mr. McElhiney led a sedentary lifestyle?

12 MS. PLATT: Objection. Form.

13 (Pause)

14 A. It's described in the -- in his medical  
15 records as well as in my discussion with him  
16 during the exam that he experienced a range of  
17 musculoskeletal complaints and pain that limited  
18 his activity.

19 Q. How much did he exercise prior to his  
20 Parkinson's disease diagnosis?

21 MS. PLATT: Objection. Form.  
22 Foundation.

23 (Pause)

24 A. While I don't have his exact exercise

1 schedule, it's clear from his medical records  
2 that he had experienced a constellation of  
3 disabling conditions, in part owing to his  
4 musculoskeletal issues and neuropathy that  
5 limited his ability to be active.

6 Q. Okay. But admittedly, you're speculating  
7 on how much he actually exercised because you  
8 don't know, do you?

9 MS. PLATT: Objection. Form.

10 A. I can say within a reasonable degree of  
11 medical certainty, based on the constellation of  
12 disabling conditions that he had, that he was  
13 limited in his activity.

14 Q. Okay.

15 A. It's part and parcel of those  
16 musculoskeletal conditions.

17 Q. So what would be the objective measure of  
18 defining him as sedentary other than just saying  
19 generally he had these -- you know, these  
20 problems, and I believe he would have been less  
21 active, what was the activity level he needs to  
22 not have to be sedentary?

23 MS. PLATT: Objection. Form.

24 A. I don't know if there's a specific number

1 I could give you. That said, it's clear in his  
2 medical records, including those with Dr. Martha  
3 Jane Smith at the interventional pain clinic,  
4 Dr. Smith and Dr. Walker and others, that he  
5 suffered from a host of very painful  
6 musculoskeletal conditions that limited his  
7 activity.

8 Q. Okay. You would agree that there's no  
9 understood mechanics through which a sedentary  
10 lifestyle could cause Parkinson's disease, right?

11 MS. PLATT: Objection. Form.

12 A. I never -- a sedentary lifestyle was  
13 never described as a -- as a cause of Parkinson's  
14 disease in my report. It's listed as a risk  
15 factor.

16 Q. Okay. So we can rule that out as a  
17 potential cause of Parkinson's disease in  
18 Mr. McElhiney?

19 MS. PLATT: Objection. Form.

20 A. It is among other factor -- risk factors  
21 at play. I mean, there it's not something that  
22 is a singular cause in his case. I would not say  
23 the sedentary lifestyle caused his Parkinson's  
24 disease.

1 Q. Okay. It's a statistical association  
2 with Parkinson's disease, right? There's no --  
3 there's no mechanism through which being  
4 sedentary that you know of that can cause  
5 Parkinson's disease, right?

6 MS. PLATT: Objection. Form.  
7 Foundation.

8 A. So there could be mechanisms by which  
9 physical inactivity may increase one's risk of  
10 Parkinson's disease. It's -- in fact physical  
11 activity is known to be one of the most  
12 protective factors against a host of  
13 neurodegenerative disorders. Again, something  
14 that's being studied actively as to why that  
15 might be the case.

16 Some have speculated that it might have  
17 to do with the antiinflammatory effects of  
18 physical activity, cardiovascular effects that --

19 Q. But none of that's been proven?

20 MS. PLATT: Objection. Form.

21 A. It's -- physical activity, as I've stated  
22 before, is not a singular cause of Parkinson's  
23 disease. There are many people that are  
24 physically inactive that don't develop

1     Parkinson's disease.

2           Q.   Okay.  And you would agree with me that  
3     the studies on sedentary lifestyle and  
4     Parkinson's disease attack it more from the  
5     approach of:  Does an active lifestyle reduce the  
6     risk of Parkinson's disease, right?

7           MS. PLATT:  Objection.  Form and  
8     foundation.

9           A.   Not exactly.

10          Q.   Well, let's look at one of the studies  
11     you're relying on.  We'll mark this as  
12     Exhibit 16.

13                     (Exhibit 16, Preventative Medicine  
14                     Reports- Llamas-Velasco article,  
15                     marked for identification.)

16          Q.   Here you go.

17          MR. BARR:  There you go.

18          MS. PLATT:  Thank you.

19          Q.   So this is the Llamas-Velasco article.  
20     Do you see that?  This is your reference 89.

21          A.   Yes.

22          Q.   Okay.  So you've obviously read this  
23     before, right?

24          A.   Yes.

1 Q. Okay. And in the title of this is  
2 "Physical activity and risk of Parkinson's  
3 disease and parkinsonism in a prospective  
4 population-based study," right?

5 Did I -- did I read the title right?

6 A. Yes.

7 Q. Okay. And so if you go to the  
8 introduction, you see the sentence in the second  
9 column that starts, "Whether physical activity  
10 modifies the incidence of PD"?

11 A. Which page are you on?

12 Q. Page 1, right here (indicating).

13 A. Yup.

14 Q. Okay. It says, "Whether physical  
15 activity modifies the incidence of PD and  
16 parkinsonism is not clear."

17 I read that right?

18 A. This is an introductory statement.

19 Yes --

20 Q. Okay. But do you --

21 A. -- you read that right.

22 Q. Do you agree that, that it's not clear?

23 A. If you go to the discussion because  
24 there -- typically in scientific --



1 Q. I just asked -- all I asked is if you  
2 agree with that, that it's not clear.

3 MS. PLATT: Objection. Form.

4 Q. If there are other things you want to say  
5 about this article, your counsel's going to get  
6 the chance to ask you questions and you can --  
7 you can answer them then, but right now let's  
8 answer my questions.

9 MS. PLATT: Objection. Form. Dr. Young  
10 is answering your questions.

11 MR. BARR: No, he didn't.

12 A. If you could allow me to finish my  
13 sentence. I --

14 Q. No. All I asked was if you agree with  
15 this statement that whether physical activity  
16 modifies the incidence of PD and parkinsonism is  
17 not clear. I just asked if you agreed with that.

18 MS. PLATT: Counsel, again, let him  
19 finish his answers.

20 MR. BARR: He's going to have to try and  
21 answer my question because --

22 MS. PLATT: If you would like to get  
23 Judge Jones on the phone, you are welcome to get  
24 Judge Jones on the phone.

1           MR. BARR: He's going to have to try and  
2 answer my question.

3           Q. So do you agree with that statement?

4           A. The way scientific articles are  
5 structured generally is that they start with the  
6 background of the field and highlight the gaps.  
7 They then describe what they did and their  
8 analysis.

9           Q. Um-hmm.

10          A. And then in their conclusions oftentimes  
11 try to remedy that gap.

12          Q. I understand.

13          A. So I'm pointing out here a gap in the  
14 literature, that the incidence -- or as you  
15 pointed out, "Whether physical activity modifies  
16 the incidence of PD and parkinsonism is not  
17 clear," that is something they write.

18                 And then if you turn to the discussion --

19          Q. All I asked is if you agreed with the  
20 statement.

21          A. Well, I think it's more nuanced than that  
22 in light of their discussion -- well, in light of  
23 their findings. Because if you look at their  
24 findings --

1 Q. Okay.

2 A. -- for example, on page 4 -- on page 3 in  
3 the discussion, "Our findings show a protective  
4 effect of physical activity on the incidence of  
5 Parkinson's disease ..."

6 Q. Right.

7 A. "Gender-specific ... between active ...  
8 vs. sedentary men ...."

9 They also describe the precedent  
10 literature of Sasco, et al. "Since then, several  
11 prospective cohort studies" identifying an  
12 "inverse association between ... level of  
13 physical activity and development of Parkinson's  
14 disease with different results regarding sex,  
15 level of ... activity" and "age of the subjects."

16 Q. Okay. And what -- and if you go down, it  
17 says "The Cox regression model showed that the  
18 active physical activity group had a lower risk  
19 of PD incidence at 3 years compared with the  
20 sedentary lifestyle group," right?

21 MS. PLATT: Sorry. Where are you at?

22 Q. Page 3.

23 MS. PLATT: And which column?

24 MR. BARR: The Cox progression model.

1 MS. PLATT: Okay.

2 Q. Do you see that?

3 A. Yes.

4 Q. This study is about the reduction of risk  
5 of Parkinson's from physical activity, not the  
6 increase of risk from sedentary lifestyle, right?

7 MS. PLATT: Objection. Form.  
8 Foundation.

9 A. If you look at table 3, where they report  
10 out on their models, they provide risk of  
11 Parkinson's disease and parkinsonism, comparing  
12 the sedentary group as reference.

13 Q. Um-hmm.

14 A. They also point out in their discussion  
15 that "Physical activity has been shown to improve  
16 mitochondrial function ... astrocytes could  
17 contribute by increasing the expression of ...  
18 GFAP in the dorsal striatum." "Influences  
19 cardiovascular risk factors linked to vascular  
20 parkinsonism such as hypertension, diabetes, and  
21 cholesterol." And also point out in their  
22 conclusions that "an active lifestyle in aged  
23 people should be promoted in health prevention  
24 programs."

1 Q. I understand all of that. But where is  
2 the study of how a sedentary lifestyle increases  
3 the risk of Parkinson's disease?

4 MS. PLATT: Objection. Form and  
5 foundation.

6 A. Well, when you compare people who have  
7 sedentary lifestyle to people without sedentary  
8 lifestyle, it's clear from this study that having  
9 a sedentary lifestyle -- those who have a  
10 sedentary lifestyle will be at higher risk of  
11 Parkinson's disease --

12 Q. But that's not what this was studying,  
13 was it? This was studying how physical activity  
14 reduces the risk of Parkinson's disease.

15 MS. PLATT: Objection. Form.

16 A. I see it as two sides of the same coin.  
17 If something's reducing risk in one half of the  
18 population, that will mean -- that would  
19 logically entail the finding that the other group  
20 has a higher risk as compared to the former  
21 group.

22 Q. Now, you say in your report, and I -- I  
23 don't know if you say this in all of them, but  
24 you definitely say it in the McElhiney report, so

1 we can look there.

2 In -- on page 5 of McElhiney, which is  
3 Exhibit 3, if you go down to -- do you see the  
4 heading is "Why Might Someone Develop PD"?

5 A. Yes.

6 Q. Okay. And then it's the third -- the  
7 second paragraph down that starts "General  
8 examples of PD risk factors." Do you see that?

9 A. Yes.

10 Q. Okay. And one of the examples you list  
11 is autoimmune conditions. Did I read that right?

12 A. Yes.

13 Q. Okay. Now, is autoimmune, is it a risk  
14 factor or a causal factor?

15 MS. PLATT: Objection. Form.

16 A. We know that it's a risk factor.

17 Q. Okay. We don't know that it's a causal  
18 factor?

19 MS. PLATT: Objection. Form.

20 A. No. It might -- it might be. It might  
21 turn out to be, but we don't know that to be the  
22 case.

23 Q. Okay. So you don't know that today.

24 Okay.

1           Now, you reference Articles 46 and 47.  
2   Do you see that?

3           A.   Yes.

4           Q.   And that's the Rugbjerg and the -- the  
5   I'll just say Ma articles; is that right?

6           A.   Yes.

7           Q.   Okay.   So did you actually read these  
8   articles?

9           MS. PLATT:   Objection.   Form.

10          A.   Yes.

11          Q.   Okay.   Let me start with the Rugbjerg  
12   article.   We'll mark this as Exhibit 17.

13                   (Exhibit 17, Article-Autoimmune  
14                   disease and Risk for Parkinson  
15                   disease, marked for identification.)

16          Q.   There you go.

17          MR. BARR:   Here y'all go.

18          MS. PLATT:   Thank you.

19          Q.   Now, we can just look at the abstract in  
20   the conclusion.   Does this not state, "Our  
21   results does not support the hypothesis that  
22   autoimmune diseases increase the risk of  
23   Parkinson's [sic] disease"?

24          MS. PLATT:   Objection.   Form.

1 Q. Did I read that right?

2 (Pause)

3 Q. Sir, all I asked is if I read that  
4 sentence right.

5 A. Yes.

6 Q. All right. So according to the authors  
7 of this study that you've cited for support that  
8 autoimmune disease is a risk factor of  
9 Parkinson's disease, this article actually says  
10 this study doesn't support that, right?

11 A. Well, if you look at their actual  
12 discussion --

13 Q. If you look at their actual conclusion,  
14 they say it doesn't support it, right?

15 MS. PLATT: Objection. Form. Again, I  
16 ask you to allow Dr. Young to finish his answer  
17 to the question. If you would like to call  
18 Judge Jones, you are free to do so.

19 A. So they write in their introduction,  
20 "Patients with autoimmune diseases, such as RA or  
21 SLE, produce chronically high concentrations of  
22 inflammatory mediators over long periods of time  
23 ... it's [sic] been hypothesized that these  
24 patients may be at increased risk for



1 neurodegenerative diseases such as PD. This  
2 hypothesis is supported by studies on brains  
3 taken postmortem from parkinsonian patients that  
4 demonstrated increased levels of proinflammatory  
5 mediators ...."

6 They then -- they then went on to study  
7 this question --

8 Q. Um-hmm.

9 A. -- and in some subgroups did find an  
10 increased risk of Parkinson's disease, including  
11 women with Graves' disease, insulin-dependent  
12 diabetes, pernicious anemia, and among patients  
13 of both sexes with sarcoidosis.

14 Q. Okay.

15 A. So --

16 Q. What is their conclusion?

17 MS. PLATT: Objection. Form.

18 Q. Is the conclusion, "Our results do not  
19 support the hypothesis that autoimmune diseases  
20 increase the risk for Parkinson's [sic] disease"?

21 MS. PLATT: Objection. Form.

22 (Pause)

23 A. In their more expository conclusions,  
24 they do discuss the possible autoimmune diseases

1 that may be linked.

2 Q. Okay. But --

3 A. And then the abstract talks about  
4 autoimmune diseases as a category.

5 Q. Okay. And you talked about autoimmune  
6 conditions as a category, right?

7 MS. PLATT: Objection.

8 A. Do you have the other citation?

9 Q. Sure. I do.

10 (Discussion off the record)

11 Q. Unfortunately, all I have is the abstract  
12 on this one. But let me mark this as Exhibit --

13 MR. BARR: Are we on 18?

14 MS. PLATT: Yes.

15 (Exhibit 18, Ma article- Association  
16 of Autoimmune Diseases with the Risk  
17 of Parkinson's Disease, marked for  
18 identification.)

19 Q. Here you go.

20 MR. BARR: There you all go.

21 MS. PLATT: And I would just note on the  
22 record that this is a website printout of the  
23 abstract. This is not the complete article --

24 MR. BARR: I already said it's an

1 abstract.

2 MS. PLATT: -- that Dr. Young cited in  
3 his report.

4 MR. BARR: Okay. That's fine. I already  
5 said it was an abstract.

6 Q. If you look at the results section of  
7 this, does it not say, "After multiple comparison  
8 correction, only multiple sclerosis ... reached  
9 statistical significance and showed an increased  
10 risk for incident PD"? Did I read that right?

11 (Pause)

12 A. Yes. The hazard ratio there was 1.55 to  
13 4.02, with an adjusted P value of .004.

14 Q. Okay. So it -- but they --

15 A. Can I also point out that if we're  
16 talking about McElhiney still, although I list  
17 that in the general causation -- sorry, in the  
18 general statement about possible risk factors, I  
19 don't believe I write -- I did not specify  
20 autoimmune conditions --

21 Q. You didn't.

22 A. -- as a risk factor in the individual  
23 case.

24 Q. I'll give you that, you didn't. But you

1 did state it as a potential risk factor across  
2 Parkinson's disease, right? And you cited  
3 two articles in support of that.

4 MS. PLATT: Objection. Form.

5 Q. Right?

6 A. Here I was listing general examples of PD  
7 risk factors.

8 Q. Um-hmm.

9 A. As we see from Ma, et al., autoimmune  
10 conditions, such as MS, can potentially be a risk  
11 factor.

12 Q. Okay. But --

13 A. Now, that is not a risk factor that I  
14 identified in the McElhiney case --

15 Q. I understand.

16 A. -- but it is something that I provided as  
17 background.

18 Q. But you cited two articles, one of which  
19 says it doesn't support the hypothesis, and the  
20 other one says it only supports it for multiple  
21 sclerosis.

22 MS. PLATT: Objection. Form.

23 A. Well --

24 Q. Right?

1 A. The first --

2 Q. That's what the articles say.

3 MS. PLATT: Objection. Form.

4 A. In the discussion of the first article,  
5 they do point to several conditions that are  
6 found to be associations, including women with  
7 Graves' disease.

8 Q. Where did you put those limitations in  
9 your report? You just said autoimmune  
10 conditions.

11 MS. PLATT: Objection.

12 Q. Where are all these limits where you're  
13 now putting upon that word?

14 MS. PLATT: Objection. Form.

15 A. Insulin-dependent diabetes, pernicious  
16 anemia --

17 (Reporter requested clarification)

18 A. Okay. Where are the limitations, was  
19 that your question?

20 Q. Yeah. In your report, you just say  
21 autoimmune conditions, and you cite two reports.

22 A. I don't say all --

23 Q. Those two reports don't support that  
24 statement, do they?

1 MS. PLATT: Objection. Form. Again,  
2 please allow Dr. Young to finish.

3 MR. BARR: I wasn't done with my  
4 question.

5 MS. PLATT: Please allow him to answer  
6 your question.

7 MR. BARR: I'm allowing him to answer,  
8 but I have to state the question first.

9 A. Did you finish the question?

10 Q. Yes. Do we need to read it back?

11 A. No.

12 Q. Okay.

13 A. I don't state here all autoimmune  
14 conditions. I state autoimmune conditions, not  
15 all autoimmune conditions.

16 Similarly, I write certain infection --  
17 also certain infectious diseases and autoimmune  
18 conditions actually. So certain -- I take that  
19 to mean specific, not all. I don't mean that to  
20 cover the entire category --

21 Q. Okay.

22 A. -- of infections that are at large,  
23 autoimmune diseases that are at large.

24 Q. Okay.

1 MS. PLATT: It's 1 o'clock. Do you want  
2 to break for lunch, or do you have a couple more  
3 questions?

4 MR. BARR: No. That's fine. We can  
5 break.

6 THE VIDEOGRAPHER: The time is  
7 12:56 p.m., and we're off the record.

8 (Lunch recess taken)  
9  
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1 A F T E R N O O N S E S S I O N

2 THE VIDEOGRAPHER: The time is 1:50 p.m.,  
3 and we're on the record.

4 BY MR. BARR:

5 Q. All right, Dr. Young. For each of the  
6 three plaintiffs, you've offered an opinion that  
7 the plaintiffs suffered head injuries and that  
8 those head injuries are a risk factor for  
9 Parkinson's disease. Do you agree with that?

10 (Pause)

11 A. Yes.

12 Q. Okay. And would you agree with me that  
13 the literature supports an association between  
14 brain injury and PD, but not necessarily head  
15 injury?

16 MS. PLATT: Objection. Form.

17 A. Which literature exactly are you --

18 Q. The scientific literature, the stuff you  
19 reviewed to come in and offer the opinions you're  
20 offering today.

21 A. Do you -- are you referring to spec- --  
22 the citations I offer in the report or --

23 Q. I'm asking if in your report if the -- if  
24 the articles are about brain injury rather than



1 head injury.

2 A. The references in my report are to brain  
3 injury. Now, to the extent that many head  
4 injuries involve brain injuries, because the  
5 brain is within the head, an injury to the head  
6 may well be a risk factor.

7 Q. But it would need to be an injury to the  
8 head that's a brain injury, correct?

9 MS. PLATT: Objection. Form.

10 A. It would have to be an injury to the head  
11 that affects the brain, not just like the nose or  
12 the ear, a mild scab. It would have to be --

13 Q. Right.

14 A. -- an injury that affects the brain.

15 Q. It needs to be a mild TBI, a moderate  
16 TBI, something along that nature, right?

17 MS. PLATT: Objection. Form.

18 Q. That's what the literature supports?

19 A. We -- let's look at the literature you're  
20 talking about because there are --

21 Q. Well, you're the expert here, so I'm  
22 asking you, in your opinions that you're offering  
23 in this case, if it needs to be -- if the  
24 literature supports it being a mild TBI, or can

1 it be less than that?

2 MS. PLATT: Objection. Form.

3 A. The literature suggests an association  
4 between brain injury and Parkinson's disease.

5 Q. Okay. And is a mild TBI considered to be  
6 a concussion?

7 A. The nomenclature is actually evolving in  
8 this area. There's recently a task force that  
9 came together and is revisiting some of this  
10 terminology around what constitutes mild TBI,  
11 what constitutes moderate TBI, what counts as  
12 concussion versus not concussion.

13 Generally, my opinion is that a brain  
14 injury can increase the risk of Parkinson's  
15 disease.

16 Q. Okay. But you would agree with me that,  
17 for this to apply, the plaintiff would have need  
18 to have suffered a brain injury prior to the  
19 onset of Parkinson's disease?

20 A. For what to apply?

21 Q. For this -- for it to be a risk factor.

22 A. In order for it to be a risk factor, the  
23 factor has had -- has to have occurred before the  
24 entity for which the risk factor is a risk.

1 Q. Right. And then would you also agree  
2 that if the plaintiff or the person did not  
3 actually suffer a brain injury, that that would  
4 also -- brain injury would not be a risk factor  
5 for that person?

6 MS. PLATT: Objection. Form.

7 A. We'd have to look at the specifics of  
8 what we're -- are you talking in abstract, if  
9 somebody --

10 Q. In abstract, if somebody has never  
11 suffered a brain injury --

12 A. Um-hmm.

13 Q. -- then, by definition, that could not be  
14 a risk factor for them, true?

15 MS. PLATT: Objection. Form.

16 A. It's tautologically true that if somebody  
17 has never experienced a brain injury, then a  
18 brain injury cannot be a risk factor for their  
19 condition.

20 Q. Right. That's the difference between  
21 general causation and specific causation, right?  
22 Generally, they're associated, but it might not  
23 be in that specific person's case?

24 MS. PLATT: Object. Form.

1 A. What do you mean by that?

2 Q. Never mind. We'll just --

3 MR. BARR: Just strike it.

4 MS. PLATT: Objection.

5 MR. BARR: To me striking?

6 MS. PLATT: Yeah.

7 MR. BARR: Okay.

8 Q. You understand that not one of these  
9 gentlemen, not Mr. McElhiney, not Mr. Peterson,  
10 not Mr. Sparks, has ever been diagnosed with a  
11 concussion or a TBI, right?

12 MS. PLATT: Objection. Form.

13 A. Based on my review of each of their  
14 records, it appears that each of -- each of these  
15 individuals had experiences which may have  
16 constituted a brain injury even if they weren't  
17 diagnosed at the time.

18 Q. So it may have. You're speculating?

19 MS. PLATT: Objection. Form.

20 A. No. I think within a reasonable degree  
21 of medical certainty, the circumstances that are  
22 described suggest there was a brain injury.

23 Q. Even though they were not diagnosed with  
24 a brain injury at the time, right?

1 MS. PLATT: Objection. Form.

2 A. Well, which one are you -- are you asking  
3 about?

4 Q. Well, the -- just I'm asking if you  
5 agreed with me. I mean, is there a record for  
6 any of these three gentlemen where they were ever  
7 diagnosed with a brain injury contemporaneous to  
8 an injury?

9 MS. PLATT: Objection. Form.

10 A. Well, if you look at each of the  
11 individual cases, we could go through the  
12 situations that each of them were in which  
13 suggests there was an injury to the brain.

14 For example, in Mr. Sparks's case, as I  
15 outline on page 6, "Mr. Sparks described a  
16 motor-vehicle collision resulting in head injury  
17 when in Brazil while riding in 'an old ...  
18 Suburban' on 'wet cobblestones,' the vehicle  
19 'sideswiped several cars,' and his head struck  
20 the back -- the dashboard. He was 'probably not  
21 wearing a seat belt,' recalled spending ... an  
22 hour in the emergency department ... required  
23 sutures to the right eyebrow and chin."

24 You know, that degree of injury to the

1 head would suggest there was a brain injury.

2 Q. Was he diagnosed with a brain injury at  
3 the time?

4 MS. PLATT: Objection. Form.

5 (Pause)

6 A. In addition, the --

7 Q. I didn't ask in addition. I asked if he  
8 was diagnosed with a brain injury at the time.

9 A. He was described to have gone through a  
10 series of events, which implies that he had a  
11 brain injury.

12 Q. Okay. But you --

13 A. Elsewhere it's described at the National  
14 Naval Medical Center in Bethesda, Maryland, that  
15 "Two weeks prior to admission, he [sic] was  
16 riding in a -- with his girlfriend and another  
17 marine in a government vehicle," dot, dot, dot --

18 Q. How many years --

19 A. -- "was involved in a multi-car" --

20 Q. -- after the fact was that description?

21 A. -- "accident, hitting two cars and a  
22 tree. After each of these episodes, the patient  
23 related that he had 'gone blank' and had no  
24 conscious reason for his behavior at those

1 times."

2 Q. Um-hmm.

3 A. To me that suggests there probably was a  
4 brain injury.

5 Q. Okay. But I understand you think you  
6 know better than the doctors that treated him at  
7 the time.

8 MS. PLATT: Objection. Form.

9 Q. And I understand that you think something  
10 suggests something.

11 MS. PLATT: Objection. Form.

12 Q. All I asked was, was he diagnosed with a  
13 brain injury at the time by the doctors that were  
14 treating him?

15 MS. PLATT: Objection. Form.

16 A. In the first case, I -- I'm not saying  
17 that I, quote/unquote, know better than his  
18 treating physicians at the time. What I can tell  
19 you is that many people with brain injuries don't  
20 receive those formal words, "You have had a brain  
21 injury," during their initial hospitalization,  
22 especially decades ago when there was generally  
23 underrecognition of more mild brain injuries.

24 Q. Okay. You've seen his -- you've seen all

1 three of these men's military records, have you  
2 not?

3 A. I've seen all of the records that were  
4 shared with me.

5 Q. And you know that when they were examined  
6 in the VA, the VA concluded there was no history  
7 of a TBI with any of these gentlemen, right?

8 MS. PLATT: Objection. Form.  
9 Foundation.

10 A. Could you point me to where that's  
11 stated?

12 Q. You're the expert. I mean, you have  
13 allegedly reviewed all this material to come to  
14 your opinion. So I'm asking you if you have --  
15 if you know this.

16 MS. PLATT: Objection. Form.

17 A. You're going to have to point me to the  
18 space -- the place in the documents you're asking  
19 me about. I have to see the things you're asking  
20 me about.

21 Q. So you don't -- you don't -- you don't  
22 have any memory of reviewing this material; is  
23 that what you're saying?

24 MS. PLATT: Objection. Form.



1           A. I've reviewed the materials, but I'm not  
2           sure which material you're asking me about.

3           Q. Okay. Well, let's start with  
4           Mr. McElhiney. Why don't we do that. Let's  
5           get -- with Mr. McElhiney, the head injuries  
6           you're referring to are a punch in the nose in  
7           1988 and running into a softball player in 1991,  
8           where he suffered a broken wrist. Does that ring  
9           a bell?

10           MS. PLATT: Objection. Form.

11                   (Pause)

12           A. In 1987, as I detail on page 23, he took  
13           a punch to the face, broke his nose. "In 1989,  
14           while stationed in Japan, he collided with a  
15           softball player, broke his wrist, felt  
16           'dizzy' ...." Those are the two episodes.

17           Q. Those are the two episodes. And you're  
18           not aware -- I just want to make sure you're not  
19           aware of any other instances of potential brain  
20           injury for Mr. McElhiney. Those are the two?

21           MS. PLATT: Objection. Form.

22           A. Yes.

23           Q. Okay. So let me show you what I'm going  
24           to mark as Exhibit 21.

1 (Exhibit 21, McElhiney- Acute Care  
2 Clinic 12/25/85 report, marked for  
3 identification.)

4 Q. Here you go.

5 MR. BARR: Here y'all go.

6 Q. And you see this is a record of the  
7 December 25th, 1985, incident. You see that?

8 A. Yes.

9 Q. Okay. And it says, "Symptom:  
10 31-year-old white male in ACC states, 'I think I  
11 was punched in the nose. I was dizzy for a  
12 little while, but I never fell.'"

13 Do you see that?

14 A. Yes.

15 Q. Okay. And show me on this record where  
16 he was diagnosed with a concussion or a brain  
17 injury.

18 MS. PLATT: Objection. Form.

19 A. This wasn't a neurological evaluation.

20 Q. So he was not diagnosed with this record,  
21 correct?

22 MS. PLATT: Objection. Form.

23 A. He stated, "I think I was punched in the  
24 nose. I was dizzy for a little while." The

1 circumstances suggests that he had a substantial  
2 enough brain injury -- head injury to result in  
3 dizziness.

4 Q. Was he even sent for a neurological  
5 evaluation?

6 A. Not to my knowledge.

7 Q. Did he miss any work?

8 A. Not to my knowledge. That --

9 Q. Any -- any --

10 A. That wouldn't rule out the possibility  
11 that he had a brain injury.

12 Q. Any lingering effects described in the  
13 records? Any lingering confusion, dizziness,  
14 anything?

15 MS. PLATT: Objection. Form.

16 A. He had the broken nose, which was  
17 lingering. That said, beyond that I'm -- I don't  
18 know.

19 Q. Okay. So you don't have any basis to --  
20 well, strike that.

21 At the very least, you can agree that the  
22 record of this incident does not reflect a  
23 diagnosis of a brain injury from the doctors that  
24 treated him?

1 MS. PLATT: Objection. Form.

2 A. It doesn't exclude there being a brain  
3 injury.

4 Q. Okay. Now, the next with him is --

5 (Discussion off the record)

6 Q. I do -- let's go back to Exhibit 21 real  
7 quick before we move on. You can see that  
8 they're -- they have the typical SOAP notes, you  
9 know, you see symptoms, observations. You see  
10 that on there?

11 A. I see symptoms and observations. I don't  
12 see the A and the P, the assessment and the plan.

13 Q. Right.

14 A. Am I missing that somewhere?

15 Q. This is the record I have. It's the  
16 record you have.

17 A. Okay.

18 Q. You see under the observation, it's head,  
19 eye, ears, nose, throat?

20 MS. PLATT: Objection. Form.

21 A. Yes.

22 Q. Okay. And head, it says "within normal  
23 limits," right?

24 MS. PLATT: Objection. Form.

1           A.   Yes.   Although, it does say below,  
2   "Orbits intact, nose is deviated markedly to the  
3   left" --

4           Q.   Okay.

5           A.   -- which is part of the head as well.

6           Q.   But that's not his brain?

7           A.   They didn't seem to do a neurological  
8   evaluation.

9           Q.   Okay.   He broke his nose, and they  
10   diagnosed that, right?

11                   (Pause)

12          Q.   You can see the assessment right here,  
13   sir.   It says, "Fracture nasal ... with  
14   displacement," (indicating).

15          A.   Yes.

16          Q.   Okay.   And in the assessment diagnosis,  
17   it mentions nothing of a concussion or a brain  
18   injury, right?

19          A.   Yes.   Though that doesn't exclude the  
20   possibility that he had a brain injury.

21          Q.   I understand.

22                   You also note that he's -- this is listed  
23   as non-urgent, right?

24          A.   It says "Emergency Care and Treatment,"

1 "Acute Care Clinic."

2 Q. It's checked "non-urgent" under the  
3 category, right? See it on the left-hand side?

4 A. Category. Yes. Um-hmm.

5 Q. Non-emergent?

6 A. Yes.

7 Q. Okay.

8 A. It's marked as that.

9 Q. Okay. So let's go to the next one. And  
10 we'll mark this as Exhibit --

11 MR. BARR: I've gotten -- the numbers are  
12 going to be off, or do we want to just keep going  
13 forward? I skipped 19 and 20. Do you want to go  
14 back, or do y'all just want to go with 22?

15 MS. PLATT: What's easiest for you?

16 THE COURT REPORTER: Just go back.

17 MR. BARR: Just go back? Okay. My  
18 fault. That's the problem with me having a  
19 sticker.

20 (Exhibit 19, McElhiney 8/28/91 Acute  
21 Care Clinic report, marked for  
22 identification.)

23 Q. Let me show you what I'm going to mark as  
24 Exhibit 19. Here you go.

1 MR. BARR: Here you go.

2 Q. All right. You see that this is a record  
3 of an emergency care and treatment of  
4 Mr. McElhiney on August 28, 1991. Do you see  
5 that?

6 A. Yes.

7 Q. Okay. And the symptom is "36-year-old  
8 Caucasian" -- what is it? Do you have any idea  
9 of the medical terminology, what that "AD male"  
10 means?

11 MS. PLATT: Objection. Form.

12 Q. If you don't, that's fine.

13 A. The rest of that is just something  
14 complaining of wrist pain. "States he collided  
15 with another player while playing softball.  
16 Doesn't know exactly what happened to wrist."

17 Q. Right. Is there even a complaint of head  
18 injury in this?

19 MS. PLATT: Objection. Form.

20 A. His chief complaint at this time was  
21 wrist pain.

22 Q. Um-hmm.

23 A. I would add that in his own description  
24 of the event to me, he stated that in addition to

1 breaking his wrist, he felt dizzy after colliding  
2 with the softball player.

3 Q. And the description to you was in 2025;  
4 is that right?

5 A. Yes.

6 Q. So more than 30 years after this event  
7 occurred?

8 A. Yes.

9 Q. Okay. And at the time the event  
10 occurred, there's nothing in this record  
11 complaining of dizziness, is there?

12 MS. PLATT: Objection. Form.

13 (Pause)

14 A. Not in this record. That was something  
15 he reported to me --

16 Q. Okay.

17 A. -- during the interview.

18 Q. Okay. So whatever he experienced, it was  
19 not -- if he had something going on with his  
20 head, it wasn't significant enough at the time  
21 for him to at least report it to these doctors,  
22 true?

23 MS. PLATT: Objection. Form.

24 A. I don't know exactly what he reported at



1 that time, but the documents don't -- don't  
2 reflect what he later endorsed.

3 Q. Right. And you would agree, there's no  
4 diagnosis of concussion or brain injury in this  
5 document, is there?

6 MS. PLATT: Objection. Form.

7 A. No. The possibility of brain injury is  
8 raised by his discript- -- his own description of  
9 what had happened and constellation of events  
10 that raised the possibility that there was a mild  
11 brain injury at the time.

12 Q. 30 years after the fact, right?

13 MS. PLATT: Objection. Form.

14 A. What's the question?

15 Q. 30 years after the fact is when you're  
16 saying he raised this with you, right?

17 MS. PLATT: Objection. Form.

18 A. My interview with him was in 2025. I  
19 didn't meet him in 1980.

20 Q. You would also agree that if you look on  
21 page 3 of this, under the observation section, it  
22 says "Neurovascularly intact," does it not?

23 MS. PLATT: It might be helpful to point  
24 where on the page you're referring to.

1 Q. Do you see it, sir, where I'm reading?  
2 Right here (indicating). Dr. Young?

3 A. Yes.

4 Q. Right there (indicating).

5 A. Yes. I believe that's referring to the  
6 distal radius, that the hand is neurovascularly  
7 intact. It's not a comment on the --

8 Q. Just --

9 A. -- cerebral cranial vasculature. That's  
10 contained under this statement about him having  
11 been splinted a day before for a distal radius  
12 nondisplaced fracture that presumably occurred  
13 following the collision.

14 And within that context is a sub-bullet.  
15 It stated, "Neurovascularly intact" --

16 Q. Got you.

17 A. -- amidst the x-ray non-displaced radial  
18 fracture.

19 Q. Okay.

20 A. They're probably talking about the  
21 sensory nerves and the --

22 Q. You're probably right.

23 A. -- vascular supply.

24 Q. Anything in this record that -- because

1 with the other record, you said there were things  
2 in it that suggested a head injury, you remember  
3 that, with the 1985 incident?

4 A. Yup.

5 Q. Okay. Is there anything in this record  
6 from 1991 that suggests a head -- a brain injury?

7 MS. PLATT: Objection. Form.

8 (Pause)

9 Q. I'm just asking about the record.

10 A. Nothing other than the fact that he had  
11 collided with somebody and later described that  
12 he was feeling dizzy after that collision.

13 Q. Okay. And just so the record's clear,  
14 the description you are talking about of  
15 dizziness is the description during your IME  
16 30 years later?

17 A. Yes. This was one of two episodes in  
18 which there is a possibility that he had a brain  
19 injury.

20 Q. Okay. But all my question was, you  
21 mentioned this suggestion of dizziness, that was  
22 not from the record, that was from your interview  
23 of him 30 years later, right?

24 A. So far as I can tell.

1 Q. Okay. So you stated earlier that you've  
2 offered all your opinions to a reasonable degree  
3 of medical certainty, fair?

4 A. Yes.

5 Q. Is a suggestion of a TBI, does that rise  
6 to the level of reasonable medical certainty to  
7 include that in a risk factor?

8 MS. PLATT: Objection. Form.

9 A. The episodes that he had I would say  
10 cannot be excluded as risk factors.

11 Q. Okay. And you can say that to a  
12 reasonable degree of medical certainty without an  
13 actual diagnosis?

14 MS. PLATT: Objection. Form.

15 A. Are you asking about a specific aspect in  
16 my report here?

17 Q. I'm asking about your opinions. That's  
18 the only thing I've been asking about all day, is  
19 your opinions.

20 MS. PLATT: Objection.

21 Q. You've said that you've offered your  
22 opinions to a reasonable degree of medical  
23 certainty, and you have set out that brain injury  
24 or head injury is a potential risk factor for

1     these gentlemen.

2             And on Mr. McElhiney specifically, I'm  
3     asking if two records that don't diagnose a brain  
4     injury rise to the level of reasonable medical  
5     certainty.

6             MS. PLATT:  Objection.  Form.

7             A.  As I state on -- for example, for  
8     Mr. McElhiney, head injuries are a potential risk  
9     factor.  That opinion is offered within a  
10    reasonable degree of medical certainty, that it's  
11    a potential risk factor.

12            The circumstances that were described in  
13    the records don't exclude that possibility.  
14    Oftentimes head injuries go undiagnosed,  
15    especially in the '80s and '90s.  So I can't  
16    exclude that within a reasonable degree of  
17    medical certainty as a risk factor in these  
18    cases.

19            Q.  So but you would agree with me that it is  
20    speculative on your part as to whether or not  
21    these doctors missed a brain injury in these  
22    two incidences, right?

23            MS. PLATT:  Objection.  Form.  
24    Foundation.

1           A. I wouldn't agree with that  
2       characterization.

3           Q. Well, you weren't there, were you?

4           A. No.

5           Q. Okay. The only thing you have is the  
6       medical record, right?

7           MS. PLATT: Objection. Form.

8           A. No.

9           Q. You don't have a video of the examination  
10      at the time, do you?

11          MS. PLATT: Objection. Form.

12          A. I have the records from the time and my  
13      interviews and examination of each of the  
14      individuals.

15          Q. Would you agree that it would be easier  
16      to include TBI as a risk factor if in fact  
17      Mr. McElhiney had been diagnosed with a brain  
18      injury in either one of these incidents?

19          MS. PLATT: Objection. Form.

20          A. What do you mean by easier?

21          Q. Easier to say yes, it's a risk factor.

22          MS. PLATT: Objection. Form.

23          A. I describe it as -- it's described here  
24      in my conclusions as a potential risk factor,

1     which it is.

2           Q.   Let me ask it a little differently.

3                   Are you offering the opinion that these  
4   two incidences with Mr. McElhiney contributed or  
5   caused his Parkinson's disease?

6           MS. PLATT:  Objection.  Form.  
7   Foundation.

8           A.   What I delineate here are risk factors.  
9   They're not necessarily causes.  Risk factors  
10  must be differentiated from causal factors.  So  
11  to the extent that these factors are risk  
12  factors, then yes, that reflects my opinion.

13                  If the question is whether these are  
14  causal factors, that is not my opinion.

15           Q.   Okay.  So you -- are -- do you not have  
16  an opinion that these are causal factors?

17                  What is your opinion as to whether or not  
18  these two incidences with Mr. McElhiney are  
19  causal factors of his Parkinson's disease?

20           MS. PLATT:  Objection.  Form.

21           A.   These are potential risk factors.  While  
22  each of these risk factors could in theory  
23  contribute to the risk of Parkinson's disease, no  
24  single factor can be pinpointed as causative

1 under the current state of medical knowledge.

2 Q. And it -- is your understanding of causal  
3 factor, because you've said this a couple times  
4 today, is that to be a causal factor, it has to  
5 be the single causing factor?

6 MS. PLATT: Objection. Form.

7 A. Generally speaking or in these specific  
8 situations?

9 Q. Generally speaking.

10 A. Well, I should preface my answer by  
11 saying that I'm not an expert on general  
12 causation, and I don't intend to offer any  
13 opinions about general causation.

14 But at the surface, in my medical  
15 experience, there may be situations in which  
16 there are causal explanations for outcomes that  
17 are multipart type, meaning it's not one cause,  
18 but multifactorial.

19 Q. Right. And so in your analysis of these  
20 three patients, do you -- are you offering an  
21 opinion that -- I'm sorry. Let me strike that.

22 In your opinions that you're offering on  
23 Mr. McElhiney, are you offering the opinion that  
24 either one of or both of these incidences, which



1 you think are possible brain injuries, that they  
2 are one of the factors that caused his  
3 Parkinson's disease?

4 MS. PLATT: Objection. Form.

5 A. No.

6 Q. Okay.

7 A. I'm stating that these are risk factors,  
8 not causes.

9 Q. Understand.

10 You understand that the military has  
11 actually determined that Mr. McElhiney does not  
12 have a history of TBI, correct?

13 MS. PLATT: Objection. Form.

14 A. Could you point me to where that  
15 determination is?

16 Q. Sure.

17 (Exhibit 20, McElhiney TN Valley  
18 Medical VA records, marked for  
19 identification.)

20 Q. So this will be Exhibit No. 20. I'll  
21 hand you that.

22 MR. BARR: I've only got one. I'm sorry.

23 MS. PLATT: There's two there.

24 MR. BARR: Oh, there's two there. Okay.

1 I can't even count.

2 Q. All right. Dr. Young, you see that this  
3 is a record. And the record I'm focusing on,  
4 with all of these military records, they just  
5 kind of flow page to page, and sometimes a start  
6 of a record starts in the middle or at the end of  
7 the page.

8 So the record I'm starting with here is,  
9 you can see at the bottom it says "Local Title:  
10 C&P Examination." Do you see that?

11 A. I think you handed me two documents here.  
12 One is not stamped. It may be duplicates.

13 Q. Let me see here.

14 Yeah. I handed you two by mistake there.

15 MR. MICELI: This is 20?

16 MR. BARR: Yeah, this is 20.

17 Q. You see, I'm looking at the bottom of the  
18 page where it starts, "Local Title: C&P  
19 Examination"?

20 A. Yes.

21 Q. Okay. So if you go to the next page, you  
22 see that the date of this is June 10th, 2016.  
23 You see that date of note, June 10, 2016, at  
24 1300?

1 A. Yes.

2 Q. Okay. And so this would be after both of  
3 the 1985 and 1988 incidences, correct?

4 A. Yes.

5 Q. Okay. And if you look on both of those  
6 records, they're both military hospitals,  
7 correct, the '85 and the '88 incidences?

8 MS. PLATT: Objection. Form and  
9 foundation.

10 Q. Are you with me, Dr. Young? You appear  
11 to be reading --

12 A. Yes. I'm just checking. Yes.

13 Q. Okay. And so if you look down on page 2,  
14 you see there's Section 2(c), and it asked, "Does  
15 the Veteran have a diagnosed traumatic brain  
16 injury?" Do you see that?

17 A. Yes.

18 Q. And what is marked?

19 A. "No ... Not shown in records reviewed."

20 Q. Okay.

21 A. Now, I would -- I would clarify, that  
22 doesn't mean he doesn't have a brain injury. It  
23 only means he hasn't been diagnosed with a brain  
24 injury.

1 Q. Okay. Let's move to Mr. Peterson. I'll  
2 get all my McElhiney stuff out of the way.

3 Your opinion on Mr. McElhiney -- I mean,  
4 I'm sorry, your opinion on Mr. Peterson comes  
5 from his description of an incident that occurred  
6 in 1974; is that fair?

7 MS. PLATT: Objection. Form.  
8 Foundation.

9 A. No.

10 Q. Okay. So you have your interview and you  
11 also have a letter from a doctor at Baylor in  
12 2014 [sic], right?

13 MS. PLATT: Objection. Form.

14 A. There's also Dr. Barbano's expert report,  
15 which clarifies that this event would be  
16 consistent with a mild concussion with 15- to  
17 20-second loss of consciousness.

18 Q. As described. But you -- you have not  
19 seen a record that diagnoses him with a  
20 concussion or a brain injury of any kind, have  
21 you?

22 MS. PLATT: Objection. Form.

23 A. Dr. Barbano's expert report states the  
24 event would be consistent with a mild concussion.

1 Q. Okay. So you've seen Dr. Barbano's  
2 report, which was drafted in 2020 -- I can't  
3 remember if it's '4 or '5, but in the 2020s,  
4 right? And you've seen a letter from Baylor,  
5 right, a doctor at Baylor, right?

6 A. Could you show me the letter you're  
7 referring to?

8 Q. Sure. We'll mark this as Exhibit 22.  
9 (Exhibit 22, Peterson 5/14/04 initial  
10 neurological evaluation-Baylor  
11 College of Medicine, marked for  
12 identification.)

13 Q. There you go.

14 MR. BARR: Here you go.

15 Q. So you've got for your conclusion that  
16 Mr. Peterson has as a risk factor potential brain  
17 injury. Your bases for that opinion are your  
18 interview of Mr. Peterson, right?

19 A. That is one of the --

20 Q. Okay. I'm going to go through all of  
21 them.

22 A. Yup.

23 Q. Dr. Barbano's report, right?

24 A. Yes.

1 Q. And this letter from 2014 from the doctor  
2 at Baylor, right?

3 MS. PLATT: Objection. Form.

4 (Pause)

5 Q. Or do you not know what you based your  
6 opinion on?

7 MS. PLATT: Objection. Form.

8 A. I do. I see the letter here by  
9 Dr. Lai --

10 Q. Um-hmm.

11 A. -- and I'm double-checking to make sure  
12 there's no other records that mention this  
13 episode.

14 Q. Okay. But you're not -- okay. I'll give  
15 you a chance to do that.

16 (Pause)

17 A. Yes.

18 Q. Okay. And so the closest you have to a  
19 contemporaneous record is a letter to 2014,  
20 right?

21 MS. PLATT: Objection. Form.

22 Q. Sir, you just confirmed that you only  
23 have the three things.

24 MS. PLATT: Objection. Form.

1 A. Was your -- repeat your question. Sorry.

2 Q. The only thing -- the closest thing you  
3 have to a contemporaneous record is a letter from  
4 2014, what, 40 years after the fact --

5 MS. PLATT: Objection. Form.

6 Q. -- right?

7 A. This --

8 Q. I'm sorry. It's 2004. So 30 years after  
9 the fact.

10 MS. PLATT: Same objection.

11 A. As stated, "He ... has a history of head  
12 injury from playing football in 1974 during which  
13 he suffered loss of consciousness."

14 Q. Okay. But there -- he doesn't say he was  
15 diagnosed with a concussion, does he?

16 MS. PLATT: Objection. Form.

17 A. The circumstances of having a head injury  
18 that results in loss of consciousness implies  
19 there was a concussion.

20 Q. Okay. But have you seen a record that  
21 actually diagnoses Mr. Peterson with a  
22 concussion?

23 MS. PLATT: Objection. Form.

24 A. Dr. Barbano's expert report states the

1 event would be consistent with a mild  
2 concussion --

3 Q. That's -- that's not what I asked you.

4 A. -- and I concur with Dr. Barbano's  
5 assessment --

6 Q. So --

7 A. -- of the facts of the case, that there  
8 was a history of head injury from playing  
9 football in 1974 --

10 Q. That wasn't what I asked you.

11 A. -- during which he suffered a loss of  
12 consciousness.

13 Q. I asked you if you had seen a record, a  
14 medical record, that diagnoses a concussion in  
15 Mr. Peterson.

16 MS. PLATT: Objection. Form.

17 A. Not a contemporaneous record. However,  
18 there's subsequent records and descriptions of  
19 this event that are consistent with concussion.

20 Q. But not a diagnosis, right?

21 MS. PLATT: Objection. Form.

22 A. Not a contemporaneous diagnosis.  
23 However, Dr. Barbano's expert report states the  
24 event would be consistent with a mild concussion



1 with a 15- to 20-second loss of consciousness.

2 Q. So can I rely upon Dr. Barbano's report  
3 as one of Mr. Peterson's actual medical records?

4 MS. PLATT: Objection. Form.  
5 Foundation.

6 A. It's not a medical record.

7 Q. Thank you.

8 A. But your question was, in any of the  
9 records did you see --

10 Q. I said medical records, sir.

11 MS. PLATT: Objection. Form.

12 A. Okay.

13 Q. So you would agree there's not a medical  
14 record that diagnoses him with a concussion?

15 MS. PLATT: Objection. Form.

16 A. The records that I reviewed simply  
17 describe the event and may not use the term  
18 "concussion," but could be consistent with  
19 concussion, as Dr. Barbano pointed out.

20 Q. Okay. I'm going to show you what I'm  
21 going to mark as Exhibit 23.

22 (Exhibit 23, Peterson Progress Notes  
23 3/14/14, marked for identification.)

24 Q. Here you go.

1 MR. BARR: Here you go.

2 Q. All right. This is another -- Exhibit 23  
3 is another C&P exam. This one is done for  
4 Mr. Peterson. Do you see that?

5 A. Yes.

6 Q. Okay. And the date of this C&P exam is  
7 March 14, 2014, correct?

8 A. Yes.

9 Q. Okay. And let's go down to 2(c) again.  
10 And do you see the question, "Does the Veteran  
11 have a diagnosed traumatic brain injury"?

12 A. Yes.

13 Q. And what was the answer given?

14 A. "No ... Not shown in records reviewed."  
15 That said, I would add that it doesn't exclude  
16 the possibility of there being a TBI, just that  
17 there wasn't a diagnosed TBI.

18 Q. Okay. So similar to what we talked about  
19 with Mr. McElhiney, are you offering an opinion  
20 in this case that this 1974 incident playing  
21 football is one of the risk factors that caused  
22 his Parkinson's disease?

23 MS. PLATT: Objection. Form.

24 A. No. Risk factors that are -- risk

1 factors are -- aren't automatically causal  
2 factors. What I stated in my report and my  
3 opinion is that this is a potential risk factor,  
4 not necessarily a causal factor.

5 Q. Right. And what I'm asking now is, I'm  
6 just making sure you're not going to come into  
7 court and say, "One of the reasons he got  
8 Parkinson's disease was because of this  
9 1974 incident."

10 MS. PLATT: Objection. Form.  
11 Foundation.

12 A. The incident may have increased his risk  
13 of developing Parkinson's disease. I wouldn't  
14 say within a reasonable degree of medical  
15 certainty that it caused his Parkinson's disease,  
16 but only that it's a potential risk factor for  
17 his Parkinson's disease.

18 Q. Okay. All right. Let's go to  
19 Mr. Sparks.

20 In your report you describe this incident  
21 with a car wreck and, you know, some of the  
22 mental status he described. Do you recall that?  
23 And you're free to look at your report to see how  
24 you described it.

1           Just a reminder, this was the car crash  
2     in Brazil.

3           A.    Um-hmm.

4                   (Pause)

5           A.    Yes.

6           Q.    Okay.  And so do you have that -- keep  
7     that part of your report available to you because  
8     I actually want to show you the record of this.  
9     So we will mark this as Exhibit No. 24.

10                   (Exhibit 24, Sparks 10/10/73 Clinical  
11                   Record-National Naval Medical Center,  
12                   marked for identification.)

13          Q.    Okay.  Here you go.

14                   MR. BARR:  Here you go.

15          Q.    Let me get out your Sparks report.

16                   Are you looking at the section where you  
17     describe this in your Sparks report?

18          A.    Yeah.  So this is described --

19          Q.    Could --

20          A.    -- in two spots.

21          Q.    Yeah.  Could you help me out and just  
22     tell me where you're looking?

23          A.    So spot 1 is page 6.  Spot 2, where some  
24     of this narrative summary is cited, is spot 8 --

1 page 8.

2 Q. Okay. So 6 and 8 are the two pages where  
3 you describe this incident; that's right?

4 MS. PLATT: Objection. Form.

5 Q. Okay. And what you say in your report  
6 is, "After each of these episodes, the patient  
7 related that he had 'gone blank' and had no  
8 conscious reason for his behavior at those  
9 times," right?

10 A. Are you on page 8?

11 Q. Of your report, yes, sir.

12 A. Yes. This is a direct quotation from the  
13 clinical record that you shared with me.

14 Q. Yeah. But you're -- as I understand your  
15 opinion, you're saying the way this event was  
16 described is evidence of a brain injury to you.

17 MS. PLATT: Objection. Form.

18 A. In addition to this description, there  
19 was the description that he shared with me during  
20 the interview.

21 Q. Okay. Well, let's actually look at  
22 what's described here. This was a -- Exhibit 24  
23 is an October 10, 1973, record diagnosing  
24 Mr. Sparks with passive-aggressive personality,

1 correct?

2 A. This was the record from the National  
3 Navy Medical Center --

4 Q. Um-hmm.

5 A. -- that arrives at that final diagnosis.  
6 It seems they were focused for most of that  
7 hospitalization on psychological symptoms.

8 And in the course of their description of  
9 his HPI, the history of present illness, they  
10 detail the event when he was riding in the car:  
11 Became unaware of surroundings, "was involved in  
12 multi-car accident, hitting two cars and a tree.  
13 After each of these episodes ... patient related  
14 that he had 'gone blank' and had no conscious  
15 reason for his behavior during those times."

16 Q. Okay. So let -- let's break this down.  
17 So this record describes three different  
18 episodes, does it not? The first is, "One night,  
19 while he and other marines were in a local bar, a  
20 friend became involved in a fight with a  
21 Brazilian." That's the first one, right?

22 MS. PLATT: Objection. Form.

23 A. It goes on to provide more details about  
24 that.

1 Q. Right. The second one is, "Two weeks  
2 prior to admission, the patient was riding with  
3 his girlfriend and another marine in a government  
4 vehicle. The patient claimed he became unaware  
5 of his surroundings [sic], and in that state was  
6 involved in a multi-car accident ...," right?

7 A. And it goes on --

8 Q. It goes on, but it -- but he became  
9 unaware of his surroundings. That's not a  
10 symptom of a brain injury right there, is it?  
11 That's before the car accident.

12 A. The next --

13 MS. PLATT: Objection.

14 A. The next sentence is, "After each of  
15 these episodes" --

16 Q. Uh-huh.

17 A. -- "patient related he had 'gone blank.'"

18 Q. Right.

19 A. And then --

20 Q. Going blank, explaining his behavior. He  
21 didn't know why he was behaving the way he was.  
22 Not that he went blank after the accident.

23 MS. PLATT: Objection. Form.

24 Foundation.

1 A. To me, it's ambiguous.

2 Q. Okay.

3 A. It could mean -- it could be that he  
4 became aware of his -- unaware of his  
5 surroundings and then gone blank again. It's  
6 unclear the way this record is formulated, which  
7 is why I think the description that he provided  
8 to me in the -- in the interview is important to  
9 be aware of, that in addition to that, he was not  
10 wearing a seatbelt and recalled spending time in  
11 the emergency department, requiring sutures to  
12 the right eyebrow and chin, indicating facial  
13 trauma that --

14 Q. Okay. But facial trauma, we've already  
15 established, is not brain injury.

16 A. Facial trauma that can be associated with  
17 brain injury.

18 Q. But you've got no actual documentary  
19 evidence of brain injury, do you?

20 MS. PLATT: Objection. Form.

21 A. I'm not sure if they even looked -- if  
22 they checked a head CT or brain MRI. I didn't  
23 see a formal neurological assessment at the time.

24 Q. But you're not sitting here saying that



1     you can offer an opinion to a reasonable degree  
2     of medical certainty that this was a risk factor  
3     for Mr. Sparks when you can't even conclude he  
4     had a brain injury, can you?

5             MS. PLATT:  Objection.  Form.

6             A.  I can conclude within a reasonable degree  
7     of medical certainty that this should be  
8     considered as a potential risk factor.

9             Q.  Okay.  You would at least agree with me  
10    that the way he described -- the way this was  
11    described in the 1973 record is not consistent  
12    with a brain injury, true?

13            MS. PLATT:  Objection.  Form.

14            A.  No, I wouldn't say it's inconsistent.  To  
15    me, it's consistent.

16            Q.  It's describing a psychiatric condition,  
17    is it not?

18            MS. PLATT:  Objection.  Form.  
19    Foundation.

20            Q.  How else do you read, "After each of  
21    these episodes," talking about all three  
22    episodes, "the patient related that he had 'gone  
23    blank' and had no conscious reason for his  
24    behavior at those times"?

1 MS. PLATT: Objection. Form.  
2 Foundation.

3 A. The record states the patient claimed he  
4 became -- sorry. Scratch that.

5 The record states, was involved -- after  
6 that -- in that state "was involved in a  
7 multi-car accident, hitting two cars and a tree.  
8 After each of these episodes, the patient related  
9 he had 'gone blank' and had no conscious reason  
10 for his behavior at those times."

11 Q. Are you reading that as he lost  
12 consciousness due to striking his head?

13 MS. PLATT: Objection. Form.

14 A. It's unclear. It could be. It's  
15 compatible to me. It's not incompatible with  
16 the -- with the possibility that he had --

17 Q. Do you --

18 A. -- loss of consciousness.

19 Q. -- regularly diagnose conditions in your  
20 practice without objective evidence and decades  
21 after the events?

22 MS. PLATT: Objection. Form.  
23 Foundation.

24 A. Again, I'm not diagnosing anything here.

1     What I'm doing is stating that, within a  
2     reasonable degree of medical certainty, there's a  
3     possibility that this is a risk factor.

4           Q.   So you're not actually offering the  
5     opinion that Mr. Sparks had a brain injury?

6           MS. PLATT:  Objection.

7           A.   My role here is not to make a diagnosis  
8     or not make a diagnosis of brain injury.  It's to  
9     read the facts that we have in front of us and  
10    ascertain whether there could be a risk factor  
11    here in the events that Mr. Sparks described to  
12    me and were described in the records.

13           And I -- you know, I don't say he  
14    definitely had a brain injury, I don't say he had  
15    a TBI, rather that this is a potential risk  
16    factor.

17           Q.   Okay.  So is what you're telling me is  
18    that your effort in this -- in these reports was  
19    to just provide us all of the potential risk  
20    factors and that you did not actually go through  
21    and say this one could have contributed and this  
22    one wouldn't have?

23           MS. PLATT:  Objection.  Form.

24           A.   The risk factors -- as I point out in the

1 report, these are risk factors. Not every risk  
2 factor is a causal factor. And so that's the  
3 extent of my opinion.

4 The reports go beyond pointing out what  
5 risk factors might be. I evaluate whether each  
6 individual has -- the condition is consistent  
7 with Parkinson's disease, evaluate what the risk  
8 factors might have been, and to the extent  
9 possible, understand what the relationship might  
10 have been to the alleged exposure.

11 And in each of the cases, as you've seen,  
12 there are a range of potential risk factors that  
13 make it really hard to attribute the Parkinson's  
14 disease to a single alleged exposure.

15 Q. Okay. And so you aren't attributing any  
16 of these three plaintiffs' Parkinson's disease  
17 with any of these risk factors as a -- as a  
18 single cause --

19 MS. PLATT: Objection.

20 Q. -- is that fair?

21 MS. PLATT: Objection. Form.

22 Foundation.

23 A. As I describe in my report, Parkinson --  
24 on page 22, Parkinson --

1 Q. Which report are you looking at? I'm  
2 sorry.

3 A. This is Sparks.

4 Q. Sparks. Okay.

5 A. If we're still on Sparks.

6 "Parkinson's disease is most frequently  
7 idiopathic, meaning no singular cause is  
8 definitively identified. Commonly cited risk  
9 factors," dot, dot, dot. "In Mr. Sparks' case,  
10 potential -- potential risk factors include head  
11 injury, occupational risk ... male sex, low B12.  
12 While each of these factors could, in theory,  
13 incrementally contribute to neurodegenerative  
14 risk, no single factor can be definitively  
15 pinpointed as causative under the current state  
16 of medical knowledge."

17 Q. Okay.

18 A. "Even if Mr. Sparks had not been exposed  
19 to TCE, it is my opinion, within a reasonable  
20 degree of medical certainty, that Mr. Sparks  
21 could still have [sic] developed Parkinson's  
22 disease."

23 Q. Okay.

24 A. His "Parkinson's disease could therefore

1 reasonably be [sic] regarded as idiopathic,  
2 potentially arising from multifactorial risk  
3 factors rather from a single, clearly defined  
4 cause."

5 Q. I want to -- I want to get beyond theory.  
6 So are you offering the opinion that this episode  
7 in Brazil incrementally contributed to  
8 Mr. Sparks's neurodegenerative risk?

9 MS. PLATT: Objection. Form.  
10 Foundation.

11 A. It is a -- it is a potential risk factor.

12 Q. But that's not -- I know you think it's a  
13 potential, but I'm asking if you are going to  
14 affirmatively opine that it is, it did  
15 contribute --

16 MS. PLATT: Objection.

17 Q. -- to his neurodegenerative state.

18 MS. PLATT: Objection. Form.  
19 Foundation.

20 A. I can only say that it's a risk factor.

21 Q. Okay.

22 MS. HURT: Can we take a break?

23 MR. BARR: Sure.

24 MS. HURT: I just want to get some water.

1 MR. BARR: Oh, no, you're good.

2 THE VIDEOGRAPHER: The time is 2:50 p.m.,  
3 and we're off the record.

4 (Recess taken)

5 THE VIDEOGRAPHER: The time is 2:57 p.m.,  
6 and we're on the record.

7 BY MR. BARR:

8 Q. All right. One of those articles you  
9 cite in support of your opinions on TBI, I'll  
10 hand it to you in one second, is the Gardner  
11 article. Tell me if you remember this one.

12 (Exhibit 25, Gardner article-Mild TBI and  
13 risk of Parkinson disease, marked for  
14 identification.)

15 A. Yes. This is one of several articles  
16 cited on TBI.

17 Q. Right. You would agree with me that  
18 Mr. Peterson, Mr. McElhiney, and Mr. Sparks would  
19 all have been -- would all have been excluded  
20 from this study, true?

21 MS. PLATT: Objection. Form.

22 A. That's not entirely clear to me, that  
23 they would have been excluded.

24 Q. Okay. Well, let's look at the definition

1 of TBI exposure and severity, starting on  
2 page e1773. Are you there? Are you there?

3 A. Yes.

4 Q. Okay. And it says, "TBI exposure was  
5 defined either by having a diagnosis of TBI after  
6 a comprehensive neurologic assessment ... or by  
7 having at least one inpatient or outpatient TBI  
8 diagnosis ... from a comprehensive list of ICD-9  
9 codes used by the Defense and Veterans Brain  
10 Injury Center ... and the Armed Forces Health  
11 Surveillance Branch for TBI surveillance."

12 Do you see that?

13 A. Yes.

14 Q. Okay.

15 A. This study was done in -- the enrollment  
16 was after the year 2000.

17 Q. Okay. But Mr. Peterson, Mr. McElhiney,  
18 and Mr. Sparks would not have qualified because  
19 they did not have a diagnosis of TBI, right?

20 MS. PLATT: Objection. Form.

21 A. They wouldn't have gaul- -- it --  
22 hypothetically if this study were happening when  
23 they had their --

24 Q. They wouldn't have met the definitions of



1     this study, would they?

2             MS. PLATT:  Objection.  Form.

3             A.  This study happened after their  
4     incidents, so I'm not sure what you're asking.  
5     They weren't --

6             Q.  They did --

7             A.  -- candidates for the study because the  
8     study happened much later on.

9             Q.  They did not have a diagnosis of TBI, did  
10    they?

11            MS. PLATT:  Objection.  Form.

12            A.  They wouldn't have clearly met the  
13    inclusion criteria.  That said, this was a study  
14    that was performed many years after their head  
15    injuries.

16            Q.  Okay.

17            A.  Secondly, the way mTBI is defined is TBI  
18    with loss of consciousness of 0 to 30 minutes.

19            Q.  I'm just asking, the only people included  
20    in this study were people diagnosed with a TBI,  
21    right?

22            MS. PLATT:  Objection.  Form.  
23    Foundation.

24            A.  Yes.  In order to study a condition, the

1 people that are being studied have to have been  
2 evaluated for that condition.

3 Q. So they would not have been included in  
4 the patient population for this study by  
5 definition?

6 MS. PLATT: Objection. Form.

7 A. I can't say whether they would have been  
8 included if they were evaluated specifically for  
9 a TBI. Some of this nomenclature didn't even  
10 exist at the time they had their head injuries.

11 Q. Okay.

12 A. For example, the Department of Defense  
13 clinical criteria was only developed in 2010,  
14 many years after their head injuries. The 2012  
15 DVBIC and Armed Forces Health Surveillance Branch  
16 ICD-9 criteria were similarly developed after  
17 their incidents of head injury.

18 And so it's a little anachronistic. I  
19 don't know if that's the right word. It's --  
20 it's -- I'm not sure what you're asking when we  
21 talk about their situations in the context of  
22 this study, which was designed and deployed many  
23 years later with different nomenclature and  
24 clinical norms at play.

1 Q. Okay. You done? You done?

2 A. Yes.

3 Q. Okay. I'd like to refer you to -- let's  
4 look back at Exhibit No. 2, which is the -- your  
5 report on Mr. Peterson. Okay? And I'm looking  
6 specifically at page 19.

7 You write, "Of these conditions, the  
8 following have been described in the medical  
9 literature as potential PD risk factors: head  
10 injury," which we've discussed, "impaired fasting  
11 glucose/prediabetes." You write "GERD." Do you  
12 see that?

13 A. Um-hmm.

14 Q. And you have one reference for GERD,  
15 right?

16 A. Yes.

17 Q. And that's the Chang paper, right?

18 A. Yes.

19 Q. Okay. Now, I just want to make sure. On  
20 page 21 of Peterson, you write, "In  
21 Mr. Peterson's case, potential risk factors  
22 include head injury, male sex, herpes ... and  
23 coronary artery disease."

24 You did not talk about diabetes, GERD,

1 any of those things. So have you excluded those  
2 by the time we get to this point in your report?

3 MS. PLATT: Objection. Form.

4 A. The reason why they're not included in  
5 that second sentence on page 21 --

6 Q. Um-hmm.

7 A. -- is because it wasn't clear to me from  
8 reading the records whether those diagnoses,  
9 whether he received those -- he was -- those  
10 conditions were known or any suspicions for  
11 having those conditions existed before the onset  
12 of Parkinson's --

13 Q. Okay.

14 A. -- disease.

15 Q. Okay. And so that's why on page 22, you  
16 would not have listed GERD, diabetes, those types  
17 of things, for Mr. Peterson, true?

18 A. Yes.

19 Q. Okay. Let's look at Exhibit No. 1, which  
20 is your Sparks report. And on page 20, you  
21 write, "Of these conditions, the following have  
22 been described in the medical literature as  
23 potential PD risk factors: head injury, impaired  
24 fasting glucose/prediabetes, GERD, and [sic] low

1 B12."

2 Do you see that?

3 A. Yes.

4 Q. Ad then if you flip in a couple pages to  
5 page 22, at the bottom of the page, you write,  
6 "In Mr. Sparks's case, potential risk factors  
7 include head injury, occupational risks ... male  
8 sex, low B12."

9 Did I read all that right?

10 A. Yes.

11 Q. So you left off in that GERD, impaired  
12 fasting glucose/prediabetes, right?

13 A. Yes.

14 Q. Does that mean you excluded those because  
15 you could not determine whether they were  
16 temporally associated?

17 A. It means that I didn't see anything in  
18 the record suggesting those conditions obtained  
19 prior to the onset of the Parkinson's disease.  
20 If other records come about that suggest that may  
21 be the case, then my opinion may change. But  
22 based on what I reviewed, that's the case.

23 Q. Well, and there aren't -- I mean, I know  
24 you can't sit here and say you know you reviewed

1 every record that -- that's ever existed for  
2 Mr. McElhiney, Peterson, or Sparks. But you've  
3 reviewed all the material that's been provided to  
4 you, right?

5 A. Yes.

6 Q. Okay. And in that review of that  
7 material, you were able -- unable to determine  
8 whether or not GERD, prediabetes preexisted the  
9 onset of Parkinson's disease with Mr. Sparks,  
10 true?

11 MS. PLATT: Objection. Form.

12 (Pause)

13 A. Yes.

14 Q. Okay. And then lastly we have  
15 Mr. McElhiney. If you go to page 26, you write,  
16 "Of these conditions, the following have been  
17 described in the medical literature as PD risk  
18 factors: PTSD, head injuries, GERD, seborrheic  
19 dermatitis, herpes zoster, rosacea, hearing loss,  
20 anxiety, depression, prediabetes, B12 deficiency,  
21 eczema, sleep apnea."

22 Did I read all that right?

23 A. Yes.

24 Q. And you maintain those as you go into

1 page 27, true?

2 MS. PLATT: Objection. Form.

3 Q. You say, "In Mr. McElhiney's case,  
4 potential risk factors include," and you list out  
5 GERD and all those same things, right?

6 MS. PLATT: Objection.

7 A. Among other things.

8 Q. Okay. And then you -- on page 31, in  
9 response to Dr. Barbano, you continue to list out  
10 all of those same potential risk factors, true?

11 MS. PLATT: Objection. Form.

12 A. Yes.

13 Q. Does that mean that you came to the  
14 conclusion that each one of those risk factors  
15 occurred after the onset of Parkinson's disease  
16 with Mr. McElhiney?

17 MS. PLATT: Objection. Form.

18 A. Based on my review, they seem -- there  
19 seemed to be evidence for these factors being  
20 identified prior to the onset of Parkinson's  
21 disease.

22 Q. Okay. And let's -- let's look at the  
23 Chang study, which is your -- the study you cite  
24 for support. Let me find it in here.

1 MR. MICELI: This is going to be 26?

2 MR. BARR: Yeah. But I need my  
3 highlighted version.

4 (Pause)

5 MR. BARR: Oh, there it is. I found it.  
6 Okay. So I will mark this as Exhibit No. 26.

7 (Exhibit 26, Chung article- Upper  
8 Gastrointestinal Mucosal Damage and  
9 Subsequent Risk of Parkinson Disease,  
10 marked for identification.)

11 Q. Here you go.

12 MR. BARR: There you go.

13 Q. Now, Chang is a study, according to its  
14 title, of "Upper Gastrointestinal Mucosal Damage  
15 and Subsequent Risk of Parkinson's [sic]  
16 Disease," right?

17 A. That is the title.

18 Q. Okay. And if we look, you can see -- all  
19 right. So if you look on page 2 of this --  
20 actually, the third page. Do you see there's a  
21 section "Patient Selection and Follow-Up"?

22 A. Yes.

23 Q. Okay. And I'm reading from that second  
24 paragraph. It says, "Patients with positive



1 endoscopic findings for" -- and that's mucosal  
2 damage, right?

3 A. Um-hmm.

4 Q. -- "were matched with patients without  
5 mucosal damage in a 1:3 ratio based on age, sex,  
6 and date of EGD."

7 Do you know what EGD is?

8 A. The EGD is the --

9 Q. Endoscopy finding.

10 A. -- is the procedure.

11 Q. Right.

12 A. The date of the EGD.

13 Q. Muscu- -- I'm sorry. "Mucosal damage  
14 was defined as the presence of erosion,  
15 esophagitis, ulcer, or peptic ulcer [sic]  
16 observed on EGD or pathology reports," correct?

17 A. Yes.

18 Q. So this was not a study of people with  
19 just GERD, was it?

20 MS. PLATT: Objection.

21 A. It was a broader study. If you look at  
22 Supplemental -- eTable 1 in Supplement 1 to this  
23 article --

24 Q. Um-hmm.

1           A. -- as the authors describe on page 6 --  
2       I'm sorry, 7/11, "Additionally, consistent with  
3       prior studies that show increased prevalence of  
4       GERD in patients with PD, our investigation  
5       reveals a noteworthy positive association between  
6       GERD and PD. At baseline within our first nested  
7       analysis of patients with mucosal dysfunction,  
8       prevalence of GERD was significantly higher in  
9       patients with PD than those without PD" --

10          Q. Right.

11          A. -- "(eTable 1 in Supplement 1)."

12          Q. PD has a higher risk of causing GERD,  
13       that's what that is saying.

14               MS. PLATT: Objection. Form.  
15       Foundation.

16          Q. If you're comparing -- your control  
17       populations are people with PD and people without  
18       PD. What you're finding is, is how the PD  
19       creates a risk of GERD, right?

20               MS. PLATT: Objection. Form.

21          A. The authors state --

22          Q. Sir, can you answer my question?

23               MS. PLATT: Objection.

24          Q. I didn't ask you what the authors stated.

1 A. The question again, can you repeat it?

2 Q. If your control populations are people  
3 with PD versus people without PD --

4 A. Um-hmm.

5 Q. -- what you're testing for is whether or  
6 not there's an association between PD leading to  
7 GERD, not GERD leading to PD, right?

8 MS. PLATT: Objection. Form.

9 A. The relationship could be bidirectional.

10 Q. Okay. But that's not how this was set  
11 up, was it?

12 MS. PLATT: Objection. Form.

13 Q. This was PD patients versus non-PD  
14 patients.

15 A. Their conclusion was that, in this cohort  
16 study, a history of upper gastrointestinal MD was  
17 associated with elevated risk of developing a  
18 clinical PD diagnosis.

19 Q. But again, the study is people that have  
20 more than GERD. You have to have had mucosal  
21 damage, right? That's what they were looking at  
22 here.

23 MS. PLATT: Objection.

24 Q. Whether or not gastrointestinal mucosal

1 damage has a risk of Parkinson's disease.

2 MS. PLATT: Objection. Form.

3 A. GERD is one of the common things that  
4 comes along with -- or induces mucosal damage.

5 Q. Okay. But you know that Mr. McElhiney  
6 specifically has GERD without esophagitis, right?

7 MS. PLATT: Objection. Form.  
8 Foundation.

9 Q. He does not have mucosal damage.

10 MS. PLATT: Objection. Form.  
11 Foundation.

12 A. Could you point me to the EGD report?

13 Q. I can point you to his medical records.  
14 Let me show you what I'm marking as Exhibit 27.

15 (Exhibit 27, McElhiney 3/7/16 office  
16 visit report, marked for  
17 identification.)

18 Q. There you go.

19 MR. BARR: There you go.

20 Q. You see that this is a record from  
21 Dr. Huffnagle dated March 7, 2016, right?

22 A. Yes.

23 Q. Okay. And this would have been before  
24 the onset -- the dai- -- at least before the

1 diagnosis of Parkinson's disease, correct? Which  
2 was in 2018.

3 A. Right.

4 Q. Okay. Now, we didn't -- we didn't spend  
5 any time on this today, but you understand that  
6 there is a prodromal phase of Parkinson's  
7 disease, correct?

8 A. Yes.

9 Q. You don't just wake up one day and have  
10 Parkinson's disease, right?

11 MS. PLATT: Objection. Form.

12 Q. Let me -- let me restate that. There's a  
13 long neurodegenerative process that ultimately  
14 results when you have about 80 percent cell death  
15 in the motor symptoms that are classically  
16 defined as Parkinson's disease, correct?

17 MS. PLATT: Objection. Form.

18 Foundation.

19 A. There is a prodromal phase.

20 Q. Okay. And it can be as long as 20 years,  
21 correct?

22 MS. PLATT: Objection. Form.

23 Foundation.

24 A. There can be a long prodromal phase.

1 Q. It can be as long as 20 years? I mean,  
2 you've seen studies on that, right?

3 MS. PLATT: Objection. Form.  
4 Foundation.

5 A. There is a prodromal phase.

6 Q. Okay. You would agree with me that, more  
7 likely than not, in 2016 for a 2018 diagnosis,  
8 Mr. McElhiney was in the prodromal phase?

9 MS. PLATT: Objection. Form.  
10 Foundation.

11 A. I'm not sure I would agree with that.

12 Q. Okay. So you think you could have gone  
13 from a normal-acting substantia nigra to, within  
14 two years, enough of a neurodegenerative process  
15 to lead to the cardinal features of Parkinson's  
16 disease?

17 MS. PLATT: Objection. Form.

18 A. The prodromal -- length of the prodromal  
19 phase in each individual could vary. So although  
20 it's possible that he was in a prodromal phase, I  
21 can't affirmatively say that this was part of  
22 that prodromal phase.

23 Q. Okay. But you've certainly seen studies  
24 where -- I mean, you're aware in your treatment

1 of Parkinson's disease that Parkinson's disease  
2 often causes gastrointestinal dysfunction?

3 MS. PLATT: Objection. Form.

4 A. It -- not uncommonly there are  
5 gastrointest- -- gastrointestinal symptoms that  
6 can be part of the non-motor symptoms of  
7 Parkinson's disease, and vice versa, there is  
8 literature to suggest that gastrointestinal  
9 disruption may promote gut dysbiosis that  
10 increases the risk of Parkinson's disease. So  
11 it's -- it could be bidirectional.

12 Q. It's the gut-brain theory thing, right?

13 MS. PLATT: Objection. Form.

14 A. Yeah. There is an interaction between  
15 the brain and the gastrointestinal system and  
16 emerging literature that disruption in the GI  
17 system of certain kinds may increase the risk of  
18 Parkinson's disease.

19 Q. Okay. But we just looked at a study, the  
20 Chang study, that showed that people with  
21 Parkinson's have a -- have a higher likelihood of  
22 GERD, right?

23 MS. PLATT: Objection. Form.

24 A. I can't put it better than the authors

1 did. The "findings likely suggest 1 of  
2 2 possibilities: first, that MD may serve as an  
3 inciting event that could precipitate  
4 pathological alpha-synuclein folding [sic] in the  
5 gut. Second, as dopamine is known to play a role  
6 in gastro- -- a plea -- a key gastroprotective  
7 role, it may be that patients with subclinical  
8 dopaminergic signaling reduction are at a higher  
9 risk of MD and that alpha-synuclein pathology  
10 preceded this event. Understanding these  
11 mechanisms is of great interest in future  
12 research endeavors."

13 They go on in the paragraph after that to  
14 go into GERD specifically within the supplemental  
15 material, which is not, to my knowledge, in this  
16 exhibit.

17 Q. Okay. But we were talking about  
18 Mr. McElhiney, and I got sidetracked. So we're  
19 looking at Exhibit 27, which is the record from  
20 Dr. Huffnagle. You still have that in front of  
21 you?

22 A. Yup.

23 Q. And if you go to the second page, I want  
24 you to look at the problem list. Does it not



1 say, "GERD without esophagitis 11/16/2015"?

2 A. Yes, it says, "GERD without esophagitis."

3 Q. And you haven't seen a record anywhere in  
4 Mr. McElhiney's record where he's diagnosed with  
5 esophagitis, have you?

6 MS. PLATT: Objection. Form.

7 A. I don't recall.

8 Q. Okay. You can't point one out to me  
9 today, can you?

10 MS. PLATT: Objection. Form.

11 (Pause)

12 A. No. It doesn't mean he doesn't have -- I  
13 don't -- I would have to see actually any  
14 EGD reports or upper GI studies to confirm  
15 whether or not there was mucosal damage.

16 Q. Okay. But you can't, sitting here today,  
17 say, "Yes, I'm aware that he had mucosal damage"?

18 A. I would have to see any EGD reports,  
19 upper GI reports.

20 Q. But did --

21 A. What I can say is that people with GERD  
22 are at a high risk of mucosal damage.

23 Q. Okay. But that doesn't mean you have it,  
24 right?

1 MS. PLATT: Objection. Form.

2 A. No. It means it's a risk factor for  
3 having it.

4 Q. And as of 2016, you've now seen a record  
5 that specifically says he does not have mucosal  
6 damage because he does not have esophagitis.

7 A. One could have mucosal damage without  
8 having esophagitis outside of the esophagus. So  
9 it -- I would first have to see the report on  
10 which that diagnosis was made and also see the  
11 rest of the EGD report to say whether or not one  
12 way or another whether there was mucosal damage.

13 Q. Well --

14 A. But putting that aside, there is a  
15 diagnosis here of GERD, which is a risk factor  
16 for mucosal damage, and commonly does cause  
17 mucosal damage.

18 Q. When you were coming -- when you were  
19 drafting your opinions in your report and you had  
20 all the records, were you not given the  
21 opportunity to look and see if there were EGD  
22 reports you could look at?

23 MS. PLATT: Objection. Form.

24 A. If they were in the records -- I would

1 have to look at the records now. There were a  
2 lot of records I reviewed.

3 Q. Okay. You're not saying that you offer  
4 the opinion that GERD is a risk factor for him  
5 and just don't know if he has mucosal damage, are  
6 you?

7 A. I'm not talking about mucosal damage  
8 per se.

9 Q. But the --

10 A. I'm saying this is a potential risk  
11 factor.

12 Q. Where is your support that GERD is a risk  
13 factor for Parkinson's disease? You cited one  
14 study that's a study about mucosal damage.

15 MS. PLATT: Objection. Form.

16 A. As the authors state, of that -- in that  
17 study, "Our investigation reveals a noteworthy  
18 positive association between GERD and PD."

19 Q. When comparing PD people to  
20 non-PD people, right?

21 MS. PLATT: Objection. Form.

22 (Pause)

23 A. Even if you look at the table 2, nested  
24 odds ratios in patients without mucosal damage

1 on initial biopsy, there's a positive trend in  
2 people with GERD, with a risk ratio of 1.84.

3 Q. What's the confidence interval?

4 A. .8 to 4.28.

5 Q. So it's non-statistically significant,  
6 right?

7 MS. PLATT: Objection. Form.

8 Q. Right?

9 A. In that cohort.

10 Q. Right. That means it could absolutely  
11 just be a chance finding, right?

12 MS. PLATT: Objection. Form.

13 A. Among the people with mucosal damage on  
14 initial biopsy --

15 Q. Can I get an answer to my question? My  
16 question was, that would -- that means, because  
17 it's not statistically significant, it could be a  
18 chance finding?

19 MS. PLATT: Objection. Form.

20 A. That doesn't detract from the possibility  
21 that this is a risk factor.

22 Q. Okay. So you think it's fine to rely  
23 upon studies that are -- that have results that  
24 are not statistically significant, that's fine?

1 MS. PLATT: Objection. Form.

2 A. Again, this is a -- as stated by the --  
3 by the authors here, "consistent with prior  
4 studies they [sic] show increased prevalence of  
5 GERD in patients with PD" and "reveals a  
6 noteworthy positive association between GERD  
7 and PD."

8 The finding in the preceding col- --  
9 preceding row does show a statistically  
10 significant association between GERD and PD of a  
11 P value of .04 --

12 Q. Right.

13 A. -- and a rai- -- confidence interval of  
14 1.04 to 14 --

15 Q. And you have no idea --

16 A. -- .76.

17 Q. -- what that -- the temporal association  
18 was. So it could be before and after PD onset,  
19 right?

20 MS. PLATT: Objection. Form.

21 Q. Just say what you're saying. You would  
22 have to find patients with GERD and then track  
23 whether they got PD or didn't get PD, right?  
24 That's not what that study does, is it?

1 MS. PLATT: Objection. Form.

2 A. This was a retrospective cohort study  
3 with -- of patients with no PD history undergoing  
4 upper endoscopy with biopsy between January 2000  
5 and December 2005, with follow-up assessments in  
6 July 31st, 2023. And they characterize "the  
7 relative risk of PD ... estimated using the  
8 incident rate ratio ... and multivariate Cox  
9 proportional hazard ratios ...."

10 Q. Yes. In patients that have mucosal  
11 damage, which is not Mr. McElhiney.

12 MS. PLATT: Objection. Form.

13 A. I can't say one way or another. What I  
14 can say is that he has GERD, which is a risk  
15 factor for mucosal damage, and that being a  
16 potential risk factor for Parkinson's disease.

17 Q. What is the -- what is the risk -- the  
18 odds ratio of mucosal damage with GERD?

19 MS. PLATT: Objection.

20 Q. What's the hazard index, do you know?

21 MS. PLATT: Objection. Form.

22 A. I'm not a gastroenterologist.

23 Q. Okay.

24 A. I don't have --

1 Q. So when you tell us that people with GERD  
2 have a high risk of esophagitis, you're -- you  
3 literally don't have any basis for that?

4 MS. PLATT: Objection. Form.

5 A. I never said -- I -- well, could you  
6 repeat the question?

7 Q. No. I think we've established the point.

8 Let's see. I want to talk about your  
9 opinions about Mr. McElhiney growing up on a  
10 farm.

11 You would agree that you don't know  
12 whether Mr. McElhiney was ever exposed to  
13 pesticides, do you?

14 MS. PLATT: Objection. Form.

15 (Pause)

16 A. I don't know that for sure.

17 Q. So you're not able to offer any testimony  
18 at all establishing that Mr. McElhiney was  
19 exposed to pesticides, are you?

20 MS. PLATT: Objection. Form.

21 A. I don't know that for sure.

22 Q. What do you not know for sure? I mean,  
23 are -- is there something you have in your brain  
24 that you've learned that he was exposed to

1 pesticides?

2 MS. PLATT: Objection. Form.

3 Q. Some objective evidence that he was  
4 exposed to pesticides?

5 MS. PLATT: Objection. Form.

6 A. Just the risk of exposure as a child  
7 living on two farms, that being the potential  
8 risk for being exposed to --

9 Q. A pig farm --

10 A. -- pesticides.

11 Q. -- right? A pig farm?

12 MS. PLATT: Objection.

13 A. The first farm was he stated a  
14 125-acre pig farm. Second, a --

15 Q. A show horse farm.

16 A. -- show horse farm. They maintained a  
17 garden. Grew various foods. Relied on well  
18 water. Ate what they planted.

19 Q. You understand he has testified that he  
20 was not exposed to pesticides. They didn't use  
21 pesticides on the farm, right?

22 MS. PLATT: Objection. Form.

23 (Pause)

24 A. Can you point me to where in his



1 testimony you're referring to?

2 Q. Well, you talked to him. What did he  
3 tell you?

4 MS. PLATT: Objection. Form.

5 A. He -- from my recollection, he didn't  
6 exactly recall whether he used pesticides in --

7 Q. Did you not get the opportunity to review  
8 his deposition?

9 A. I did.

10 Q. Okay. And you're aware from reading that  
11 that he testified he was not exposed to  
12 pesticides, right?

13 MS. PLATT: Objection. Form.

14 A. Could you point me to the section of the  
15 deposition?

16 Q. No. I'm just asking -- you had the  
17 chance to review it. I'm just asking if you  
18 recall that.

19 MS. PLATT: Objection. Form.

20 A. I'd like to look at the document you're  
21 asking me about.

22 Q. I don't have it, so...

23 A. I need to be able to look at the things  
24 you're asking me about.

1 Q. Well, you had plenty of opportunity to  
2 review this before you wrote your report.

3 A. There --

4 MS. PLATT: Objection. Form.

5 Q. Okay. How about this, what do you know  
6 about pig farming?

7 MS. PLATT: Objection. Form.

8 Foundation.

9 Q. Let me ask it differently. What  
10 pesticides are used on a pig farm, if you know?

11 MS. PLATT: Objection. Form.

12 Foundation.

13 A. I'm not a pig farmer, an expert on pig  
14 farming. What I can say is that living on a farm  
15 is a risk factor for being exposed to pesticides  
16 generally.

17 Q. Okay. But you can't sit here and say  
18 that Mr. McElhiney was in fact exposed to  
19 pesticides, can you?

20 MS. PLATT: Objection. Form.

21 A. No. I nev- -- nowhere do I assert that  
22 he was definitely exposed to pesticides, only  
23 that there is a risk --

24 Q. Okay.

1 A. -- for him having been exposed.

2 Q. Are all pesticides created equal?

3 MS. PLATT: Objection. Form.

4 Foundation.

5 A. I'm not a pesticide expert. I can't  
6 answer that.

7 Q. Okay. What do --

8 A. I would imagine not.

9 Q. I mean -- you would imagine not. You  
10 would imagine all pesticides have the same risk  
11 of Parkinson's disease associated with them?

12 MS. PLATT: Objection. Form.

13 Foundation.

14 A. I'm not an expert on toxicology or  
15 pesticide use.

16 Q. Can you offer any opinions about which  
17 pesticides create a risk of Parkinson's disease?

18 MS. PLATT: Objection. Form.

19 Foundation.

20 A. My role here is not as a pesticide expert  
21 or toxicologist, rather to evaluate each of these  
22 individual's cases as a neurologist applying  
23 medical knowledge about their individual  
24 scenarios.

1 Q. And that's fair. But you offered the  
2 opinion that a risk factor for Mr. McElhiney was  
3 pesticide exposure on a farm, right?

4 MS. PLATT: Objection. Form.

5 A. To be more precise, in this instance,  
6 what I wrote is having grown up on a farm with  
7 possible pesticide exposure. I didn't assert  
8 that he was exposed to pesticides.

9 Q. But if you look on all of your -- you  
10 know, on Mr. Sparks and Mr. Peterson, you removed  
11 some of them as you went through the report. You  
12 never did that with Mr. McElhiney, so --

13 A. What do you mean by that?

14 Q. Your final statements were that exposure  
15 to pesticides on a farm are potential risk  
16 factors for him.

17 MS. PLATT: Objection. Form.

18 Q. How can you rule something in if you  
19 don't even know if he was exposed to it?

20 MS. PLATT: Objection. Form.

21 A. What my statement is in this section that  
22 you're asking about is that, in his case,  
23 potential risk factors include all of these  
24 things that are listed out having grown up on a

1 farm with potential pesticide exposure.

2 Q. Okay. To the extent there was pesticide  
3 exposure, you would agree with me that you have  
4 no knowledge of the pesticide --

5 MS. PLATT: Objection. Form.

6 Q. -- right?

7 A. I would not know what pesticides he may  
8 or may not have been exposed to.

9 Q. You understand the comment that dose  
10 makes the poison?

11 MS. PLATT: Objection. Form.

12 Foundation.

13 A. I don't know what that means.

14 Q. You don't know what "the dose makes the  
15 poison" means? Well, do you think the amount of  
16 pesticide exposed to would make a difference?

17 MS. PLATT: Objection. Form.

18 Foundation.

19 A. I don't know what you mean by that.

20 Q. Okay. You have no idea, even if he was  
21 exposed to pesticide, what pesticide it was and  
22 how much he was exposed, do you?

23 MS. PLATT: Objection. Form.

24 A. We don't have records about that.

1 Q. Do you know if he -- it has inhalation  
2 exposure, ingestion, dermal, any idea?

3 MS. PLATT: Objection. Form.

4 A. We don't have records about that.

5 Q. Okay. And despite having no records of  
6 whether he was exposed, what he was exposed to,  
7 how long he was exposed to it, or the manner in  
8 which he was exposed, you believe you can say to  
9 a reasonable degree of medical certainty that  
10 that is a possible risk factor for him?

11 MS. PLATT: Objection. Form.

12 A. Well, I'm not saying here that he was  
13 exposed to pesticides and this was a risk factor,  
14 rather that potential risk factors include having  
15 grown up on a farm, which entails a possible  
16 pesticide exposure.

17 Q. Okay. And now, you also say in your  
18 report that Mr. McElhiney, one of his risk  
19 factors for Parkinson's disease is sleep apnea.  
20 Do you recall that?

21 A. Yes.

22 Q. Okay. And you held that opinion on  
23 page 26, 27, 29, and 31.

24 A. Yes.

1 Q. So that was consistently within the risk  
2 factors as you worked your way through the  
3 report, right?

4 MS. PLATT: Objection. Form.

5 A. What do you mean by consistently within  
6 the risk factors?

7 Q. Well, unlike Mr. Peterson and Mr. Sparks,  
8 you didn't remove sleep apnea from Mr. McElhiney.  
9 You kept it all in there.

10 A. Sleep apnea is in there.

11 Q. Okay. Every time, right?

12 MS. PLATT: Objection. Form.

13 (Pause)

14 A. Yes.

15 Q. Okay. So that would mean, if you're  
16 being consistent with how you did this in Sparks  
17 and Peterson, that you have concluded that -- his  
18 sleep apnea onset before his Parkinson's disease?

19 A. It means that I couldn't rule out that he  
20 had sleep apnea before his Parkinson's disease  
21 diagnosis.

22 Q. Now, you -- we've talked -- you did an  
23 IME of Mr. McElhiney, right?

24 A. Yes.

1 Q. And in that IME, he told you that he had  
2 been prescribed CPAP six months prior to your IME  
3 interview, right?

4 A. Yes. This doesn't mean that that was the  
5 first time he had OSA, but that was the first  
6 time he had been prescribed CPAP.

7 Q. Okay. But if that was consistent with  
8 the first time he had been diagnosed with sleep  
9 apnea, that would have been in 2024, right?

10 A. This was the first time he was  
11 diagnosed -- that he was give a CPAP. It doesn't  
12 mean this was the start of his OSA.

13 Q. Okay. You understand a sleep study was  
14 done on him in April of 2024, right?

15 MS. PLATT: Objection. Form.  
16 Foundation.

17 A. Do you have a copy of the sleep study  
18 you're asking me about?

19 Q. I was just asking if you remembered.  
20 Because you do agree the timing of these risk  
21 factors is important for your opinion, right?

22 MS. PLATT: Objection. Form.

23 A. Yes.

24 Q. Okay. I mean, you -- if the risk factor



1 occurred after the onset of PD, I mean, you would  
2 agree, that cannot be a risk factor for that  
3 person, right?

4 A. Sleep apnea is commonly existing for a  
5 long period of time before it's diagnosed --

6 Q. Um-hmm.

7 A. -- and, in particular, people with higher  
8 BMIs, as Mr. McElhiney had. And so I couldn't  
9 rule out the possibility that he had untreated,  
10 undiagnosed OSA --

11 Q. Okay. But --

12 A. -- prior to the onset and diagnosis of  
13 his Parkinson's disease.

14 Q. I mean, you also can't rule out --

15 A. I'm not familiar with --

16 Q. -- he has undiagnosed liver cancer, can  
17 you?

18 MS. PLATT: Objection. Form.

19 A. I'm not here to assess whether or not he  
20 has undiagnosed liver cancer.

21 Q. Okay. But there was no diagnosis of  
22 sleep apnea prior to 2024, was there?

23 MS. PLATT: Objection. Form.

24 Foundation.

1           A. Not to my knowledge. That said, he had  
2 risk factors for OSA, including his high BMI.

3           Q. Okay. But you have no objective evidence  
4 that you can point to to even suggest that he had  
5 obstructive sleep apnea prior to 2018, can you?

6           MS. PLATT: Objection. Form.

7                       (Pause)

8           A. What I write in my report and my opinion  
9 today still is that this is a potential risk  
10 factor.

11          Q. Okay. But if it happened -- if it -- if  
12 it onset after the onset of Parkinson's disease,  
13 you would agree with me, it is not a possible  
14 risk factor?

15          MS. PLATT: Objection. Form.

16          A. We don't know exactly when it was onset.  
17 We only know when it was diagnosed.

18          Q. Okay. But you don't have -- I mean, you  
19 agree with me that medicine is evidence based,  
20 right?

21          A. Yes.

22          Q. You don't make diagnoses and assessments  
23 without evidence, right?

24          A. That's correct.

1 Q. And you have no evidence of obstructive  
2 sleep apnea prior to his diagnosis in 2024, do  
3 you?

4 MS. PLATT: Objection. Form.  
5 Foundation.

6 A. There is evidence that he has obstructive  
7 sleep apnea and a question as to when those --  
8 when that condition came about. We know when it  
9 was diagnosed. We don't know when he started to  
10 experience sleep apnea.

11 Q. Okay. But you have nothing in the record  
12 that you can point to -- well, let's strike that.

13 You're not -- you're not an expert in  
14 sleep apnea, are you?

15 A. No.

16 Q. You don't diagnose sleep apnea, do you?

17 A. I'm a neurologist. I sometimes see  
18 patients who I suspect might have sleep apnea and  
19 order sleep studies and help get it diagnosed.

20 Q. Okay. But haven't -- you certainly  
21 didn't do that with Mr. McElhiney?

22 MS. PLATT: Objection.

23 A. No.

24 MS. PLATT: Form.

1 Q. Okay. The only thing you have are the  
2 records, an extensive list of medical records  
3 with his medical history, right?

4 MS. PLATT: Objection. Form.

5 A. I have his medical records.

6 Q. And the only thing you can offer me is  
7 that he had a BMI, so that would put -- a high  
8 BMI, and that put him at risk of obstructive  
9 sleep apnea, right?

10 MS. PLATT: Objection. Form.

11 Q. Is that right?

12 MS. PLATT: Same objection.

13 (Pause)

14 A. We know that in April 2024, he was  
15 evaluated in the sleep evaluation clinic due to  
16 symptoms that, among others, were concerning for  
17 a sleep disorder, and he was then subsequently  
18 diagnosed with OSA.

19 That doesn't mean that the OSA was onset  
20 then. In fact it indicates that there could  
21 be -- there could well have been a longer  
22 standing OSA that was undiagnosed.

23 Q. But you have no evidence -- you're  
24 completely speculating on that. You have no

1 actual evidence to say he had long-standing,  
2 undiagnosed OSA.

3 MS. PLATT: Objection. Form.

4 A. I'm not saying he has long-standing,  
5 undiagnosed OSA. Rather, as I say in my report,  
6 this is a potential risk factor.

7 Q. But it's not if it happened after PD  
8 onset?

9 MS. PLATT: Objection.

10 Q. It's not, is it?

11 MS. PLATT: Objection. Form.

12 A. We don't know for sure when it happened.  
13 We know when it was diagnosed.

14 Q. You're aware that obstructive sleep apnea  
15 is associated with Parkinson's disease in the  
16 sense that many Parkinson's patients have  
17 obstructive sleep apnea, right?

18 MS. PLATT: Objection. Form.  
19 Foundation.

20 A. There is a bidirectional relationship.  
21 People with Parkinson's disease are at higher  
22 risk of sleep apnea, and people with sleep apnea  
23 are at higher risk of developing --

24 Q. So --

1 A. -- Parkinson's disease.

2 Q. So you can't rule out that  
3 Mr. McElhiney's OSA in 2024 was in fact caused by  
4 his Parkinson's disease, can you?

5 MS. PLATT: Objection. Form.

6 A. No. I also can't rule out that he had a  
7 longer-standing OSA that was undiagnosed and led  
8 to his increased risk of Parkinson's disease.

9 MR. BARR: Okay. Let's take a break.

10 THE VIDEOGRAPHER: The time is 3:48 p.m.,  
11 and we're off the record.

12 (Recess taken)

13 THE VIDEOGRAPHER: The time is 3:55 p.m.,  
14 and we're on the record.

15 BY MR. BARR:

16 Q. Okay. I want to try to wrap up this  
17 discussion on sleep apnea and then move on to  
18 something else.

19 You would agree with me that  
20 Mr. McElhiney was officially diagnosed with  
21 obstructive sleep apnea in 2024, right?

22 MS. PLATT: Objection. Form.

23 A. That's what the record suggests.

24 Q. Okay. You would also agree with me that

1 he was diagnosed with Parkinson's disease in  
2 2018, right?

3 A. Yes, around that time.

4 Q. Okay. And while you don't want to put a  
5 timeframe on it, you agree with me, there is a  
6 prodromal phase of Parkinson's disease, correct?

7 MS. PLATT: Objection. Form.

8 A. Typically --

9 Q. Okay.

10 A. -- there may be.

11 Q. So you would agree that, more likely than  
12 not, Mr. McElhiney was suffering symptoms of  
13 Parkinson's disease before his actual diagnosis,  
14 correct?

15 MS. PLATT: Objection. Form.

16 A. Which symptoms are you asking about?

17 Q. Any symptoms of Parkinson's disease.

18 A. Sometimes a prodromal phase isn't rising  
19 to the level of people noticing those symptoms  
20 clinically.

21 Q. It could be depression, right?

22 A. Sometimes symptoms may be rising to the  
23 level of clinical suspicion. Every patient truly  
24 is very different. Sometimes there are --

1 THE WITNESS: Bless you.

2 A. Sometimes there are symptoms that come  
3 about prior to one's diagnosis that are clearly  
4 associated as -- in a prodromal manner. Other  
5 times, somebody may not experience overt sequela  
6 of this prodromal phase. So it's very much an  
7 individual analysis and evaluation that has to  
8 take place.

9 Q. The neurodegenerative process that's led  
10 to Parkinson's disease in Mr. McElhiney would  
11 have been ongoing before the onset of -- before  
12 his official diagnosis of Parkinson's disease,  
13 correct?

14 MS. PLATT: Objection. Form.

15 A. Yes. Parkinson's disease is not a  
16 hyperacute onset -- typically not a hyperacute  
17 onset syndrome. It's gradually progressive, and  
18 then at some point people start to notice  
19 symptoms that bring them to a doctor and leads to  
20 a diagnosis.

21 Q. Okay. So for sleep apnea to be a risk  
22 factor for Parkinson's disease for Mr. McElhiney,  
23 he would have had to have had undiagnosed sleep  
24 apnea for a period of at least six years, true?



1 MS. PLATT: Objection. Form.

2 A. For it to have been a risk factor, yes.

3 Q. Okay. And probably even longer, if you  
4 consider the prodromal phase, correct?

5 MS. PLATT: Objection. Form.

6 A. I'm not familiar with extensive  
7 literature suggesting OSA as a prodromal feature  
8 of --

9 Q. That's not --

10 A. -- Parkinson's disease.

11 Q. That wasn't my question. That wasn't my  
12 question. My question wasn't whether OSA -- and  
13 I'm sorry for cutting you off. But I -- I wasn't  
14 saying that OSA is a prodromal feature. What I  
15 was saying was, if his neurodegenerative process  
16 had to have been ongoing before onset for OSA to  
17 be a risk factor for his Parkinson's disease, it  
18 would have had to have been undiagnosed for  
19 longer than six years.

20 MS. PLATT: Objection. Form.

21 A. It would have to be undiagnosed for a  
22 while.

23 Q. Okay.

24 A. And that's not uncommon. I commonly see

1 patients that have been undiagnosed for decades,  
2 and they come for -- with symptoms of --

3 Q. What's your basis that patients with  
4 obstructive sleep apnea suffer symptoms of  
5 obstructive sleep apnea for years before it's  
6 diagnosed?

7 MS. PLATT: Objection. Form.

8 A. I'm not making a categorical statement  
9 about all patients with OSA, rather suggesting  
10 the possibility that many patients' symptoms are  
11 experienced for a while before a diagnosis is  
12 rendered.

13 Q. And I'm asking you for any support for  
14 that statement. A study, anything that supports  
15 your view, other than the fact that you are  
16 saying it, that people have symptoms of  
17 obstructive sleep apnea for years before it's  
18 diagnosed.

19 MS. PLATT: Objection. Form.

20 A. That's not my opinion. My opinion is  
21 that people can have symptoms for years, not that  
22 people do have symptoms for years.

23 Q. But what's your -- what's your support  
24 for that, that they can?

1 MS. PLATT: Objection. Form.

2 Q. Is it just that you're saying it?

3 A. Well --

4 MS. PLATT: Objection. Form.

5 A. People aren't -- generally speaking,  
6 people aren't diagnosed with conditions the day  
7 that they develop symptoms. There's usually a  
8 period of time between when they first develop  
9 symptoms and when they receive a diagnosis.

10 Q. I'm not talking about conditions  
11 generally. I'm talking about obstructive sleep  
12 apnea.

13 MS. PLATT: Objection. Form.

14 Q. So as to obstructive sleep apnea, what is  
15 your support that there's this whole bunch of  
16 people out there that suffer the symptoms of  
17 obstructive sleep apnea for years before  
18 diagnosis?

19 MS. PLATT: Objection. Form.

20 A. My opinions here aren't about people in  
21 general or the general population, rather these  
22 specific situations that I was asked to evaluate.

23 And in this particular case, there is a  
24 clear diagnosis of obstructive sleep apnea that

1 came up in 2024. That doesn't demonstrate that  
2 is when the symptoms of obstructive sleep apnea  
3 started or that that's the first point of onset  
4 of OSA, rather that's when it was diagnosed.

5 Q. How long --

6 A. So that doesn't exclude the possibility  
7 that there was longer-standing OSA. We don't  
8 have earlier sleep studies.

9 Q. How long does a patient suffer from the  
10 symptoms of obstructive sleep apnea before they  
11 typically get it diagnosed?

12 MS. PLATT: Objection. Form.  
13 Foundation.

14 A. It probably varies patient to patient.  
15 And I'm not here to --

16 Q. The answer is you don't know, right?

17 MS. PLATT: Objection. Form. Allow  
18 Dr. Young to finish his answer. Do not cut him  
19 off.

20 MR. BARR: Say "Object to form."

21 A. Again, I'm not here to offer opinions  
22 about the general population of people with  
23 obstructive sleep apnea, rather to offer my  
24 medical opinions about these specific situations

1 and what may or may not be possible.

2 Q. So you're speculating?

3 A. No. I'm offering opinions within a  
4 reasonable degree of medical certainty about what  
5 constitutes a potential risk factor.

6 Q. Okay. I want to move on. I want to talk  
7 about Mr. Sparks. You opine on page 23 of your  
8 report that an exposure to dust while working as  
9 a customs officer was a potential risk factor,  
10 correct?

11 MS. PLATT: Objection. Form.

12 Q. It's paragraph 3 of your conclusions.

13 A. What I write here in more detail is that  
14 "Potential risk factors in Mr. Sparks' case  
15 include but are not necessarily limited to  
16 occupational exposures, (for example, in the  
17 [sic] gasoline service station, and dust exposure  
18 during the [sic] spill as a Customs officer),  
19 male sex, and head injury. While each of these  
20 factors could, in theory, incrementally  
21 contribute to neurodegenerative risk, no single  
22 factor can be definitively pinpointed as  
23 causative under the current state of medical  
24 knowledge."

1 Q. Okay. I'm asking you specifically about  
2 your statement about dust exposure. You would  
3 agree with me that you have no idea what the dust  
4 even was, do you?

5 MS. PLATT: Objection. Form.

6 A. During my interview with Mr. Sparks, he  
7 recalled that he inhaled some dust that came  
8 through a shipment in 1996. A forklift punctured  
9 a container releasing dust. His job was to keep  
10 it isolated. He apparently inhaled it. He  
11 recalls that it was not an elicited substance, but  
12 rather dust that was released from a container  
13 that was primarily filled with plastic pellets.  
14 The next morning he developed constant abdominal  
15 cramps that kept him out of work. He then went  
16 to primary care in Laredo, Texas, who diagnosed a  
17 gastric ulcer, which, by the way, is mucosal  
18 damage. And required --

19 Q. We were talking about Mr. McElhiney on  
20 that, by the way, but...

21 MS. PLATT: Objection. Form.

22 A. -- and required a diet of soft foods. He  
23 resigned within a week. "When this happened to  
24 my stomach," he said, "I put two and two together

1 and figured it could have been hazardous  
2 material."

3 Q. Okay. So my question to you before you  
4 read all that to me was, what dust was he exposed  
5 to? What was it?

6 MS. PLATT: Objection. Form.

7 A. We don't know.

8 Q. Okay. So you're attaching as a risk  
9 factor for Parkinson's disease exposure to some  
10 unknown dust?

11 MS. PLATT: Objection. Form.

12 A. He stated it was filled with plastic  
13 pellets, but we don't have like a chemical  
14 composition report of that dust.

15 Q. Okay. How can you sit here and with a  
16 reasonable degree of medical certainty call  
17 exposure to some unknown dust in some unknown  
18 quantity a risk factor for Parkinson's disease?

19 MS. PLATT: Objection. Form.  
20 Foundation.

21 A. What is called a risk factor is  
22 occupational exposures. A potential risk factor  
23 could be occupational exposures, including  
24 gasoline service station work and dust exposure

1 during the spills as a customs officer.

2 Q. I understand that. I understand what you  
3 wrote. But you don't know what the dust was and  
4 you don't know the quantity of it, right?

5 MS. PLATT: Objection.

6 Q. You don't know anything about it?

7 MS. PLATT: Objection. Form.

8 A. We know that it was some dust that was  
9 released by the puncture of this shipment  
10 container that was apparently containing plastic  
11 pellets.

12 Q. Are plastic pellets neurotoxic?

13 MS. PLATT: Objection. Form.

14 Foundation.

15 A. So if you look at references 40 to 42,  
16 there are some references there about micro and  
17 nanoplastics and Parkinson's disease risk.

18 Q. These are plastic pellets, these are not  
19 nanoplastics, right?

20 MS. PLATT: Objection. Form.

21 Foundation.

22 Q. Nanoplastics are microscopic plastics,  
23 right? That's not what this was.

24 MS. PLATT: Objection. Form.



1 Foundation.

2 A. We don't know exactly what the dust was  
3 composed of. And what's -- what I'm saying here  
4 is that it is a potential risk factor. If it was  
5 the case that this was a toxic form of dust, then  
6 that could be a risk factor.

7 Q. But you have no basis to say it was a  
8 toxic form of dust, do you?

9 MS. PLATT: Objection. Form.

10 A. It could be a potential risk factor. We  
11 know it was damaging to his mucosa. He developed  
12 a -- seemed to develop an ulcer from inhaling it.

13 Q. Oh, so now you're linking those two  
14 things, and you're saying this dust caused his  
15 mucosal damage?

16 MS. PLATT: Objection. Form.

17 A. I'm not here to talk about exactly what  
18 caused the mucosal damage. It is noteworthy  
19 that, when he went to be evaluated after  
20 developing a host of symptoms after the  
21 inhalation, was found to have this gastric ulcer  
22 that kept him out of work.

23 Q. What's the -- what's the mechanism  
24 through this unknown inorganic dust would cause a

1     gastric ulcer within, what, 12 hours?

2             MS. PLATT:  Objection.  Form.  
3     Foundation.

4             A.  I'm not a gastrointestinal expert.  I  
5     can't speculate about the mechanism.

6             Q.  So you would agree with me, you have no  
7     basis to sit here and offer the opinion that this  
8     unknown dust caused his gastric ulcer?

9             MS. PLATT:  Objection.

10            Q.  You can't say that, can you?

11            MS. PLATT:  Object -- objection.  Form.

12            A.  Mr. Sparks himself stated, "When this  
13     happened to my stomach, I put two and two  
14     together and figured it could have been a  
15     hazardous material."

16            Q.  So do you often, when your patients talk  
17     to you and they tell you, "This is what I have,"  
18     do you just accept what they say?

19            MS. PLATT:  Objection.

20            Q.  You accept their own personal diagnosis  
21     as untrained medical professionals?

22            MS. PLATT:  Objection.  Form.

23            A.  Well, we -- a patient's narrative of  
24     their own personal experience has to be taken

1     into consideration. They're not the final  
2     authority on what condition they have or why they  
3     have it. But we certainly can't exclude what  
4     patients tell us. These are very important  
5     narratives to take into consideration.

6           Q. Would this --

7           A. But again I'm not a gastrointestinal  
8     specialist. I'm just pointing out what  
9     Mr. Sparks himself told me.

10          Q. Okay. Would this dust have to be  
11     neurotoxic to be a risk factor for Parkinson's  
12     disease?

13           MS. PLATT: Objection. Form.  
14     Foundation.

15          A. Not necessarily.

16          Q. How else could it cause Parkinson's  
17     disease?

18           MS. PLATT: Objection. Form.

19          A. A risk factor isn't necessarily a cause.

20          Q. Okay. So if a patient like Mr. Sparks  
21     came to you and said, "TCE caused my Parkinson's  
22     disease," would you endorse that diagnosis?

23           MS. PLATT: Objection. Form.  
24     Foundation.

1           A. To me, that wouldn't be diagnosis. That  
2 would be --

3           Q. Okay. Would you -- would you endorse  
4 that etiology?

5           MS. PLATT: Objection. Form.  
6 Foundation.

7           A. This is a very hypothetical situation  
8 you're presenting me with.

9           Q. Well, you just accepted his  
10 self-diagnosis that dust caused his gastric  
11 ulcer, so I'm just asking if you're willing to  
12 accept his own -- his own statement that TCE  
13 caused his Parkinson's disease.

14           MS. PLATT: Objection. Form.

15           A. Taking a step back, I don't have an  
16 opinion about whether the dust exposure caused  
17 the gastric ulcer. I simply pointed out that the  
18 day after he was exposed to this dust and inhaled  
19 it, he went to his primary care doctor, who  
20 diagnosed him with an ulcer that kept him out for  
21 a couple of weeks, and Mr. Sparks himself told me  
22 that he figured it could have been a hazardous  
23 material.

24           I'm not saying whether that's true or not

1 true. I'm simply reporting what Mr. Sparks told  
2 me.

3 Q. Okay. But you're labeling it a risk  
4 factor for Parkinson's disease.

5 MS. PLATT: Objection. Form.

6 A. It is a potential risk factor. Because  
7 we don't know that -- it is a potential risk  
8 factor.

9 MR. BARR: I don't think I have any other  
10 questions for Dr. Young, so...

11 MS. PLATT: All right. No questions from  
12 us.

13 Thank you for your time today.

14 THE VIDEOGRAPHER: With that, the time is  
15 4:13 p.m. This deposition has concluded, and  
16 we're off the record.

17 (Whereupon the deposition was concluded  
18 at 4:13 p.m.)  
19  
20  
21  
22  
23  
24

C E R T I F I C A T E

I, MICHAEL YOUNG, PhD, do hereby certify that  
I have read the foregoing transcript of my  
testimony, and further certify that said  
transcript is a true and accurate record of said  
testimony (with the exception of the following  
corrections listed below):

Page	Line	Correction
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MICHAEL YOUNG, PhD

Sworn to and subscribed before me this  
day of , 2025.

Notary Public

My commission expires:

1 COMMONWEALTH OF MASSACHUSETTS)

2 )

3 SUFFOLK, SS. )

4 I, Katherine A. Tevnan, Registered Merit  
5 Reporter, Certified Shorthand Reporter No. 129093  
6 and Notary Public in and for the Commonwealth of  
7 Massachusetts, do hereby certify that MICHAEL  
8 YOUNG, PhD, the witness whose deposition is  
9 hereinbefore set forth, was duly sworn by me and  
10 that such deposition is a true record of the  
11 testimony given by the witness.

12 I further certify that I am neither related  
13 to or employed by any of the parties or counsel to  
14 this action, nor am I financially interested in  
15 the outcome of this action.

16 In witness whereof, I have hereunto set my  
17 hand and seal this 6th day of August, 2025.

18 

19 \_\_\_\_\_  
20 Katherine A. Tevnan,  
21 Registered Merit Reporter  
22 CSR # 129093

23 Notary Public

24 My commission expires March 10, 2028

<b>&amp;</b>	<b>10/10/73</b> 5:16	<b>15</b> 5:5 12:5	<b>1991</b> 184:7
<b>&amp;</b> 2:3	211:10	62:19 106:6	190:4 194:6
<b>0</b>	<b>100</b> 26:6 32:1	121:6,7 203:16	<b>1996</b> 269:8
<b>0</b> 224:18	99:13	208:1	<b>1:3</b> 232:5
<b>0000000001</b>	<b>1000</b> 32:1	<b>15,750</b> 61:8	<b>1:50</b> 175:2
4:20	<b>10:14</b> 70:24	<b>158</b> 5:6	<b>1st</b> 60:9
<b>0000000001-2</b>	<b>10:39</b> 71:2	<b>15th</b> 31:1 62:6	<b>2</b>
48:8	<b>10th</b> 201:22	<b>16</b> 5:6 158:12	<b>2</b> 4:12,20 9:15
<b>004</b> 170:13	<b>11</b> 4:24 62:15	158:13	9:16 93:5
<b>04</b> 244:11	62:16	<b>166</b> 5:7	101:20 121:19
<b>1</b>	<b>11/16/2015</b>	<b>169</b> 5:9	121:22 122:1,3
<b>1</b> 4:11 9:9,10	240:1	<b>17</b> 5:8 166:12	202:13,14
21:12 33:19	<b>1100</b> 2:13	166:13	209:9 211:23
59:14 62:6,20	<b>11:47</b> 128:20	<b>18</b> 5:9 169:13	226:4 231:19
92:23,24 93:1	<b>11:58</b> 128:22	169:15	239:2 242:23
93:2 122:10,22	<b>12</b> 5:2 71:10,11	<b>1803</b> 122:1	<b>20</b> 5:12 61:13
123:4 159:12	273:1	<b>185</b> 5:12	61:15 63:7,14
174:1 211:23	<b>12/25/85</b> 5:13	<b>189</b> 5:10	189:13 200:17
227:19 232:22	185:2	<b>19</b> 5:11 189:13	200:20 201:15
232:22 233:11	<b>121</b> 5:4	189:20,24	201:16 203:17
233:11 239:1	<b>125</b> 1:20	226:6	208:1 227:20
<b>1-27</b> 1:3	247:14	<b>1973</b> 212:23	236:20 237:1
<b>1-278</b> 1:2	<b>127</b> 64:1	216:11	<b>200</b> 5:11
<b>1.04</b> 244:14	<b>129093</b> 1:18	<b>1974</b> 203:6	<b>2000</b> 223:16
<b>1.55</b> 170:12	278:5,22	206:12 207:9	245:4
<b>1.84.</b> 243:2	<b>12:17</b> 146:19	209:20 210:9	<b>20005</b> 2:14
<b>1/4</b> 61:14,15	<b>12:24</b> 146:22	<b>1980</b> 192:19	<b>2004</b> 206:8
<b>10</b> 4:23 32:1	<b>12:56</b> 174:7	<b>1985</b> 185:7	<b>2005</b> 245:5
33:19 62:1,2	<b>13</b> 5:3 59:1	194:3 202:3	<b>2007</b> 73:18
106:6 201:23	71:21,22	<b>1987</b> 184:12	<b>2010</b> 225:13
212:23 278:24	<b>1300</b> 201:24	<b>1988</b> 184:7	<b>2012</b> 225:14
	<b>14</b> 5:4 72:8,9	202:3	<b>2013</b> 73:18
	73:10 209:7	<b>1989</b> 184:13	
	244:14		



<b>2014</b> 203:12 205:1,19 206:4 209:7 <b>2016</b> 201:22,23 235:21 237:7 241:4 <b>2017a</b> 73:18 <b>2017b</b> 73:18 <b>2018</b> 73:19 236:2 237:7 257:5 262:2 <b>202-616-4211</b> 2:15 <b>2020</b> 204:2 <b>2020s</b> 204:3 <b>2023</b> 245:6 <b>2024</b> 59:3 255:9,14 256:22 258:2 259:14 261:3 261:21 267:1 <b>2025</b> 1:21 4:21 4:22,24 6:6 22:20,24 23:5 48:19 58:20 59:3,6,12,15,15 62:2,16,19 148:8,10 191:3 192:18 277:19 278:17 <b>2028</b> 278:24 <b>204</b> 5:13 <b>20773</b> 278:18	<b>208</b> 5:15 <b>21</b> 5:13 184:24 185:1 187:6 226:20 227:5 <b>211</b> 5:16 <b>22</b> 4:14 5:14 96:6 189:14 204:8,9 219:24 227:15 228:5 <b>222</b> 5:18 <b>23</b> 5:16 184:12 208:21,22 209:2 268:7 <b>231</b> 5:19 <b>235</b> 5:21 <b>23rd</b> 48:18 60:10,20 <b>24</b> 1:21 5:17 148:8,10 211:9 211:10 212:22 <b>24,675</b> 62:24 <b>24th</b> 6:6 <b>25</b> 4:15,16 5:18 97:9 132:18 152:12,13 222:12 <b>25,725</b> 62:11 <b>2519</b> 2:21 <b>25th</b> 185:7 <b>26</b> 4:17 5:19 131:11 132:18 152:10,19 229:15 231:1,6 231:7 253:23	<b>27</b> 5:21 21:12 100:3,5 151:13 153:12 230:1 235:14,15 239:19 253:23 <b>28</b> 59:15 190:4 <b>28th</b> 60:9 <b>29</b> 253:23 <b>2:50</b> 222:2 <b>2:57</b> 222:5 <b>2nd</b> 22:20,24 23:5 <b>3</b> <b>3</b> 4:13 9:21,22 48:20 100:2 104:17 126:15 145:16 151:14 162:2,19,22 163:9 165:3 192:21 268:12 <b>3/14/14</b> 5:16 208:23 <b>3/4</b> 61:14 <b>3/7/16</b> 5:21 235:15 <b>30</b> 63:18 64:23 191:6 192:12 192:15 194:16 194:23 206:8 224:18 <b>30112</b> 2:22 <b>30th</b> 62:20	<b>31</b> 62:6 104:15 126:13,17,18 185:10 230:8 253:23 <b>316</b> 2:5 <b>31st</b> 245:6 <b>32502</b> 2:6 <b>36</b> 190:7 <b>3:48</b> 261:10 <b>3:55</b> 261:13 <b>4</b> <b>4</b> 4:14 22:8,9 162:2 204:3 <b>4.02</b> 170:13 <b>4.28.</b> 243:4 <b>40</b> 64:24 206:4 271:15 <b>42</b> 271:15 <b>46</b> 166:1 <b>47</b> 62:23 63:7 63:24 166:1 <b>48</b> 4:18 <b>49</b> 62:10 <b>4:13</b> 276:15,18 <b>5</b> <b>5</b> 4:15 24:24 25:1 165:2 204:3 <b>5/14/04</b> 5:13 204:9 <b>5/8/25</b> 4:11,12 4:13 9:10,16 9:22
---	--	--	--

<b>50</b> 32:1 33:19 63:8,21 <b>50/50</b> 102:5 <b>51</b> 102:4 <b>525</b> 62:23 <b>59</b> 4:21	<b>804</b> 5:4 121:7 121:19 <b>80s</b> 196:15 <b>85</b> 202:7 <b>88</b> 202:7 <b>89</b> 153:14 158:20 <b>897</b> 1:11	<b>above</b> 126:22 131:12 <b>absolutely</b> 243:10 <b>abstract</b> 166:19 169:3,11,23 170:1,5 178:8 178:10 <b>acc</b> 185:10 <b>accept</b> 273:18 273:20 275:12 <b>accepted</b> 58:7 148:20,21,22 148:23 149:8 150:11,14,15 150:19,21,23 275:9 <b>accident</b> 181:21 213:12 214:6,11,22 217:7 <b>accordance</b> 96:22 <b>account</b> 63:14 105:20 116:9 116:19 131:14 <b>accuracy</b> 55:21 <b>accurate</b> 277:5 <b>acre</b> 247:14 <b>act</b> 120:24 124:6,19 <b>acting</b> 237:13 <b>action</b> 5:5 121:8,12	122:24 278:14 278:15 <b>active</b> 147:19 147:21 155:5 155:21 158:5 162:7,18 163:22 <b>actively</b> 157:14 <b>activity</b> 62:10 154:18 155:13 155:21 156:7 157:11,18,21 159:2,9,15 160:15 161:15 162:4,13,15,18 163:5,15 164:13 <b>actual</b> 21:15 124:5 132:22 167:11,13 195:13 208:3 215:18 260:1 262:13 <b>actually</b> 12:6 27:6 31:14 42:24 67:4 70:2,19 73:16 90:19 117:17 121:1 131:7 139:13 141:15 155:7 166:7 167:9 173:18 177:7 178:3 200:11 206:21
<b>6</b>	<b>9</b>		
<b>6</b> 4:4,16 25:15 25:16 180:15 211:23 212:2 233:1 <b>60</b> 99:14 <b>62</b> 4:22,24 <b>68</b> 63:8 <b>6th</b> 278:17	<b>9</b> 4:11,12,13,21 59:2,6 61:14 61:14 223:8 225:16 <b>9.5</b> 63:15 <b>90</b> 99:13 153:14 <b>90s</b> 196:15 <b>9:02</b> 6:6 <b>9:04</b> 1:22 <b>9:13</b> 17:18 <b>9:16</b> 17:21		
<b>7</b>	<b>a</b>		
<b>7</b> 4:17 26:14,15 235:21 <b>7/11</b> 233:2 <b>71</b> 5:1,2 <b>72</b> 5:3 <b>75</b> 63:15 <b>76</b> 244:16 <b>7:23</b> 1:11	<b>a.m.</b> 1:22 6:6 17:18,21 70:24 71:2 128:20,22 <b>abdominal</b> 269:14 <b>ability</b> 98:16 155:5 <b>able</b> 12:15 84:11,13,18 85:15 229:7 246:17 248:23		
<b>8</b>			
<b>8</b> 4:18 48:6,10 211:24 212:1,2 212:10 243:4 <b>8/28/91</b> 5:10 189:20 <b>80</b> 63:22 236:14			

211:8 212:21 218:4,20 231:20 240:13 <b>acute</b> 5:10,12 185:1 189:1,20 <b>ad</b> 190:9 228:4 <b>add</b> 36:21,22 190:23 209:15 <b>addition</b> 181:6 181:7 190:24 212:18 215:9 <b>additional</b> 27:12 <b>additionally</b> 93:6 233:2 <b>address</b> 10:23 <b>adjusted</b> 170:13 <b>adjusts</b> 32:5 <b>admission</b> 181:15 214:2 <b>admitted</b> 32:23 <b>admittedly</b> 155:6 <b>advanced</b> 23:21,21 35:20 83:19 <b>advancing</b> 127:7 <b>advertised</b> 54:11 <b>advocacy</b> 40:4 <b>affect</b> 46:17	<b>affects</b> 176:11 176:14 <b>affirmative</b> 132:22 <b>affirmatively</b> 221:14 237:21 <b>afield</b> 45:12 <b>age</b> 127:7 162:15 232:5 <b>aged</b> 163:22 <b>agent</b> 43:3,4 <b>agents</b> 82:6 <b>aggressive</b> 212:24 <b>ago</b> 47:20 182:22 <b>agree</b> 7:11 10:4 19:2 29:14 30:3 46:12,21 47:24 56:21 57:11 74:2 77:10 79:4,10 79:14,18,24 80:1,4,11,20 82:21 85:10 86:7 89:23 90:8,8,9 91:16 105:9 106:15 107:19,21 109:20 110:7 114:8,12 115:19,24 123:14 125:1,8 129:24 139:21	143:1 145:20 145:22 146:24 156:8 158:2 159:22 160:2 160:14 161:3 175:9,12 177:16 178:1 186:21 192:3 192:20 196:19 197:1,15 208:13 216:9 222:17 237:6 237:11 246:11 252:3 255:20 256:2 257:13 257:19 261:19 261:24 262:5 262:11 269:3 273:6 <b>agreed</b> 146:7 160:17 161:19 180:5 <b>agreement</b> 48:13 <b>agrees</b> 79:22 <b>ahead</b> 9:4 34:7 <b>aiding</b> 32:18 <b>al</b> 162:10 171:9 <b>allegation</b> 103:15 <b>alleged</b> 88:12 89:12 90:16 103:19 105:7 115:13 116:16	117:7 129:14 135:12 136:16 143:8 144:11 219:10,14 <b>allegedly</b> 183:13 <b>allow</b> 11:18 34:4 96:16 98:6 112:6 128:8 133:6 160:12 167:16 173:2,5 267:17 <b>allowed</b> 69:9 98:8,9 <b>allowing</b> 12:10 95:14 173:7 <b>alpha</b> 239:4,9 <b>ambiguous</b> 215:1 <b>american</b> 44:23 <b>amidst</b> 193:17 <b>amount</b> 38:6 66:1 82:6 252:15 <b>anachronistic</b> 225:18 <b>analyses</b> 133:24 135:2 140:4 145:12 <b>analysis</b> 56:4 78:24 86:4 104:22 105:11 108:11,13 109:18 114:7
---	---	--	---

114:17,18 115:19 116:2,5 120:13 126:22 130:24 131:1,2 131:7,8,12 132:23 133:2 133:16 134:9 134:17,19 138:14,15,18 138:20,23 140:12,17 142:23 161:8 199:19 233:7 263:7 <b>analyst</b> 133:23 137:16 <b>analyze</b> 107:23 113:21 114:8 <b>analyzed</b> 115:20 <b>analyzing</b> 142:13 <b>anemia</b> 168:12 172:16 <b>anna</b> 66:20 <b>annual</b> 33:13 <b>annually</b> 34:12 <b>ans</b> 3:3 <b>answer</b> 7:16 8:3,19 10:11 12:16 13:7 17:13 19:22 20:7,16 26:4 36:23 45:5	53:15 59:24 65:7,9 82:15 84:17 95:15 96:16 97:11 98:7,8,9,17 102:18 119:8 119:17 133:9 138:22 160:7,8 160:21 161:2 167:16 173:5,7 199:10 209:13 233:22 243:15 250:6 267:16 267:18 <b>answered</b> 97:23 139:10 144:15 <b>answering</b> 13:5 29:10 45:10,11 95:20 98:11,15 112:6 114:20 146:9 160:10 <b>answers</b> 160:19 <b>antiinflamm...</b> 157:17 <b>antipsychotic</b> 43:4 <b>anxiety</b> 127:5 229:20 <b>anybody</b> 80:8 120:23 <b>anyone's</b> 41:19 <b>apnea</b> 127:9 229:21 253:19	254:8,10,18,20 255:9 256:4,22 257:5 258:2,7 258:10,14,16 258:18 259:9 260:14,17,22 260:22 261:17 261:21 263:21 263:24 265:4,5 265:17 266:12 266:14,17,24 267:2,10,23 <b>apologize</b> 71:5 <b>apparent</b> 33:1 113:1 <b>apparently</b> 269:10 271:10 <b>appear</b> 32:14 48:13 202:10 <b>appearances</b> 2:1 3:1 <b>appears</b> 25:22 26:22 126:24 179:14 <b>applied</b> 93:21 94:2 124:6 144:15 <b>applies</b> 69:3 <b>apply</b> 120:17 120:21 124:1 124:15 177:17 177:20 <b>applying</b> 99:21 100:20 111:5	120:12 250:22 <b>appreciate</b> 13:18 67:12 141:7 <b>approach</b> 89:15 102:10 134:5 135:5,7 135:14,17 158:5 <b>approaches</b> 42:14 <b>appropriate</b> 140:21 141:11 141:18 142:1,4 142:7,9,18 <b>approval</b> 68:12 68:17 <b>approximate</b> 33:16,22 64:18 64:19 <b>approximately</b> 33:13 <b>april</b> 4:24 62:6 62:14,16,20,20 63:7,24 64:14 255:14 259:14 <b>area</b> 147:21 177:8 <b>areas</b> 35:23 43:12 <b>arising</b> 221:2 <b>armed</b> 223:10 225:15
---	---	---	--

<b>arrive</b> 79:1 102:11 135:5 144:10 <b>arrived</b> 109:6 <b>arrives</b> 213:5 <b>arriving</b> 21:6 86:13 99:22 120:2 136:24 <b>artery</b> 226:23 <b>artfully</b> 107:20 <b>article</b> 5:7,7,9 5:18,19 73:5 153:17,18 158:14,19 160:5 166:12 166:13 167:9 169:15,23 172:4 222:11 222:12 231:7 232:23 <b>articles</b> 21:21 21:22 26:1 27:13,17,20 29:13,21 30:4 72:24 153:14 161:4 166:1,5 166:8 171:3,18 172:2 175:24 222:8,15 <b>articulate</b> 144:7 <b>ascertain</b> 218:10	<b>aside</b> 22:4 241:14 <b>asked</b> 16:2 17:11,14 30:2 51:1,19 83:12 87:24 96:12,14 97:8 98:18 102:19 114:16 114:18 118:24 118:24 119:4 122:20 128:3,5 128:11 138:7 139:6 140:6 146:7 152:1 160:1,1,14,17 161:19 167:3 181:7 182:12 202:14 207:3 207:10,13 266:22 <b>asking</b> 7:12 8:15 11:21 18:19 19:20,23 20:15 34:14 50:19 51:3 52:23 75:23 86:1,14,24 87:2,20 88:21 89:2,3 95:14 102:20 110:24 111:1 115:2 121:15 135:19 140:11 142:4,9 149:13 175:23	176:22 180:2,4 183:14,18,19 184:2 194:9 195:15,17,18 196:3 210:5 221:13 224:4 224:19 225:20 248:16,17,21 248:24 251:22 255:18,19 262:16 265:13 269:1 275:11 <b>aspect</b> 81:2 153:6 195:15 <b>aspects</b> 74:21 76:10 <b>assert</b> 249:21 251:7 <b>assess</b> 115:11 119:15 137:20 137:24 138:4,8 256:19 <b>assessing</b> 120:8 <b>assessment</b> 61:18 105:17 108:5,9 112:10 114:12,14 115:17 116:8 118:23 119:10 125:16 129:19 133:3 135:2 138:24 139:7,8 139:9,14,22 143:5 187:12	188:12,16 207:5 215:23 223:6 <b>assessments</b> 112:10 125:22 137:18 140:18 245:5 257:22 <b>assign</b> 115:6 <b>assignment</b> 115:5,8 138:6 <b>assistant</b> 68:2 <b>assistive</b> 84:21 <b>associate</b> 35:15 <b>associated</b> 14:1 105:11 146:2 150:13 178:22 215:16 228:16 234:17 250:11 260:15 263:4 <b>association</b> 5:9 114:9 147:11 148:2 149:7 157:1 162:12 169:15 175:13 177:3 233:5 234:6 242:18 244:6,10,17 <b>associations</b> 147:4 172:6 <b>assume</b> 8:18 73:4 75:16 <b>assuming</b> 55:14 60:8
--	---	---	--

<b>astrocytes</b> 163:16	27:11 40:6	229:20	12:18 13:2,8
<b>ate</b> 247:18	<b>authority</b> 274:2	<b>back</b> 22:2 67:4	13:12 17:15,23
<b>atrophy</b> 34:18	<b>authors</b> 167:6	96:19 97:1,16	22:16 24:5,7
<b>atsdr</b> 61:18	233:1,21,24	112:2 141:8	24:10 30:23
73:12,16	238:24 242:16	153:12 173:10	31:3 45:8,11
<b>attached</b> 13:17	244:3	180:20 187:6	48:5 50:21
21:2	<b>autoimmune</b>	189:14,16,17	55:7 60:1,3
<b>attaching</b> 270:8	5:7,9 165:11	226:4 275:15	63:12,16 69:9
<b>attack</b> 158:4	165:13 166:13	<b>background</b>	70:21 71:4
<b>attempt</b> 61:2	166:22 167:8	10:16,17,21	72:2 73:14
<b>attempting</b>	167:20 168:19	57:9 161:6	86:1 95:17,22
89:14 97:11	168:24 169:4,5	171:17	96:11,17 97:3
<b>attorney</b> 13:9	169:16 170:20	<b>bailey</b> 105:16	97:7,13,15
<b>attorneys</b> 49:11	171:9 172:9,21	106:19 110:4	98:8,13 112:2
50:3,10 65:8	173:13,14,15	112:11 114:15	114:21 119:3
65:14 66:8,10	173:17,23	115:16 116:6	128:5,10,13,16
66:12	<b>automatically</b>	125:23 129:7	129:1 133:10
<b>attribute</b> 117:6	210:1	129:18 134:1	139:12,19
130:4 136:15	<b>available</b> 54:13	135:1 136:3,20	141:6,8 146:11
219:13	81:6 130:22	140:18 144:24	146:15,23
<b>attributed</b>	211:7	145:13	158:17 160:11
101:7 129:13	<b>avoid</b> 80:17	<b>bar</b> 213:19	160:20 161:1
<b>attributing</b>	<b>aware</b> 7:3 16:8	<b>barbano</b> 12:22	162:24 166:17
219:15	24:17 184:18	79:10,14 87:13	169:13,20,24
<b>attribution</b>	184:19 215:4,9	90:1 91:1	170:4 173:3,7
104:19 126:24	237:24 240:17	208:19 230:9	174:4 175:4
131:13	248:10 260:14	<b>barbano's</b> 90:9	179:3,5,7
<b>atypical</b> 35:21	<b>b</b>	126:23 203:14	185:5 189:11
<b>august</b> 190:4	<b>b</b> 4:9 121:19,22	203:23 204:1	189:17 190:1
278:17	122:1,16	204:23 206:24	200:22,24
<b>authored</b> 9:14	123:10	207:4,23 208:2	201:16 204:14
11:16 19:20	<b>b12</b> 127:6	<b>barr</b> 2:3,4 4:4	209:1 211:14
20:2,6,8,16	220:11 228:1,8	6:21 7:1 11:7,9	221:23 222:1,7
		11:12 12:8,12	231:2,5,12

235:19 261:9 261:15 267:20 276:9 <b>based</b> 85:16 88:17 126:22 130:22 131:11 135:6 136:2 155:11 159:4 179:13 205:5 228:22 230:18 232:5 257:19 <b>baseline</b> 233:6 <b>bases</b> 204:17 <b>basic</b> 12:21 <b>basis</b> 33:14 37:23 154:10 186:19 246:3 265:3 272:7 273:7 <b>bates</b> 26:3,8,24 29:11 74:12 75:21,22 76:5 <b>baylen</b> 2:5 <b>baylor</b> 5:14 203:11 204:4,5 204:10 205:2 <b>bbarr</b> 2:7 <b>bed</b> 135:17 <b>bedside</b> 135:7 135:14 <b>behalf</b> 7:2 <b>behave</b> 139:20 <b>behaving</b> 214:21	<b>behavior</b> 181:24 212:8 213:15 214:20 216:24 217:10 <b>belaboring</b> 28:21 <b>belief</b> 42:6 <b>believe</b> 21:9 22:14 24:5 26:6 30:24 34:12 39:2 47:14 48:11 49:14 50:19 52:2 59:20,23 69:21 140:21 145:16 155:20 170:19 193:5 253:8 <b>believed</b> 41:10 101:8 <b>bell</b> 184:9 <b>belt</b> 180:21 <b>best</b> 42:22 43:8 98:15 <b>bethesda</b> 181:14 <b>better</b> 182:6,17 238:24 <b>beyond</b> 96:23 186:17 219:4 221:5 <b>bidirectional</b> 234:9 238:11 260:20	<b>big</b> 152:15 <b>bill</b> 59:2,9,11 60:11,18 61:2 61:7,24 62:5 62:13 64:6,19 <b>billing</b> 58:19 60:21 <b>billings</b> 64:14 <b>bills</b> 58:24 63:2 <b>biological</b> 147:17 149:8 149:21 <b>biopsy</b> 243:1 243:14 245:4 <b>bit</b> 24:14 43:11 144:6 <b>blank</b> 95:17 181:23 212:7 213:14 214:17 214:20,22 215:5 216:23 217:9 <b>bless</b> 263:1 <b>blocking</b> 43:3 <b>blue</b> 89:5 <b>bmi</b> 257:2 259:7,8 <b>bmis</b> 256:8 <b>board</b> 36:12 37:9,11,17 44:23,23,24 <b>body</b> 21:17 34:16 136:22	<b>boston</b> 1:21 6:8 <b>bottom</b> 73:17 201:9,17 228:5 <b>bove</b> 73:23 <b>box</b> 2:21 48:20 <b>brain</b> 175:14 175:24 176:2,4 176:5,8,11,14 177:4,13,18 178:3,4,11,17 178:18 179:16 179:22,24 180:7,13 181:1 181:2,8,11 182:4,13,19,20 182:23 184:19 185:16 186:2 186:11,23 187:2 188:6,17 188:20 192:4,7 192:11 194:6 194:18 195:23 196:3,21 197:17 200:1 202:15,22,23 203:20 204:16 209:11 212:16 214:10 215:15 215:17,19,22 216:4,12 218:5 218:8,14 223:9 238:12,15 246:23
---	--	---	--

<b>brains</b> 168:2 <b>branch</b> 223:11 225:15 <b>brazil</b> 180:17 211:2 221:7 <b>brazilian</b> 213:21 <b>break</b> 38:24 70:22 71:6 128:15,17 146:16 174:2,5 213:16 221:22 261:9 <b>breaking</b> 191:1 <b>brian</b> 2:4 7:1 12:7 <b>brien</b> 2:2 <b>bring</b> 101:9 118:5 143:9 144:12 147:9 150:12 263:19 <b>broader</b> 127:1 131:15 232:21 <b>broke</b> 184:13 184:15 188:9 <b>broken</b> 184:8 186:16 <b>bryson</b> 2:19 <b>buchanan</b> 2:2 <b>building</b> 137:19 <b>bullet</b> 93:5 193:14	<b>bunch</b> 266:15 <b>burden</b> 122:5 122:10,21,23 123:4,21 <b>burdens</b> 122:5 <b>burn</b> 45:8 <b>burning</b> 45:9 <b>business</b> 154:3 <b>butcher</b> 8:12	123:1,7 124:6 124:19 130:15 138:9 139:1 140:13,22 <b>cancer</b> 256:16 256:20 <b>candidates</b> 224:7 <b>car</b> 181:19 210:21 211:1 213:10,12 214:6,11 217:7 <b>cardinal</b> 237:15 <b>cardiology</b> 45:24 46:8 <b>cardiovascular</b> 46:4,8 157:18 163:19 <b>care</b> 5:11,12 13:23 18:2,5,8 18:12,13 23:21 31:20,21 46:1 46:14,23 47:5 47:8 185:1 188:24 189:1 189:21 190:3 269:16 275:19 <b>careful</b> 99:21 102:9 135:6 <b>carefully</b> 137:18 <b>caring</b> 38:7	<b>carolina</b> 1:6 5:5 121:9,14 <b>carrollton</b> 2:22 <b>cars</b> 180:19 181:21 213:12 217:7 <b>case</b> 1:10 8:23 14:21 19:4 20:22 25:5 26:14,20 29:9 32:8 41:10 48:15,23 49:16 49:23 50:6,17 51:5,11,14,20 53:8,20,22,23 54:1,2,4,6 57:13,17,21 58:18 64:6,15 67:15 69:8,16 71:16 72:4,7 72:14 85:18 86:24 87:19 93:21 103:16 112:23 114:2 115:18 117:16 123:24 127:3 131:16 133:15 139:4 141:24 151:8,19 156:22 157:15 165:22 170:23 171:14 176:23 178:23 180:14 182:16 207:7
	<b>c</b>		
	<b>c</b> 6:1 122:3,5 202:14 209:9 277:1,1 <b>c&amp;p</b> 201:10,18 209:3,6 <b>caffeine</b> 40:5 <b>call</b> 13:10 67:9 85:8 102:12,22 108:8 167:17 270:16 <b>called</b> 1:15 6:16 270:21 <b>calls</b> 60:14 <b>camp</b> 1:9 5:5 6:8 49:20 51:23 52:7,11 53:14 74:5,5 90:11 91:3 93:10 99:4 103:10 104:8 109:22 116:24 120:24 121:8 121:13 122:13		



209:20 220:9	134:10 136:6,8	140:17 142:13	150:9,10,18
226:21 228:6	151:4 165:14	142:15 143:4	156:10,13,17
228:21,22	165:17 198:10	147:6 149:9	156:22 157:4
230:3 251:22	198:14,16,19	170:17 178:21	157:22 199:17
266:23 268:14	199:2,4,16	178:21 199:12	219:18 220:7
272:5	210:1,4 219:2	199:13	221:4 241:16
<b>cases</b> 1:12	<b>causally</b> 129:13	<b>causative</b>	272:24 274:16
11:17 13:21	136:15 143:8	100:16 198:24	274:19
14:4 16:9 19:7	<b>causation</b> 16:4	220:15 268:23	<b>caused</b> 42:8
20:22 31:4	16:10,14 17:1	<b>cause</b> 5:4 56:13	79:6 90:17
33:12 34:12	55:15,18 56:12	78:12 82:14	93:9,23 94:5
40:18,23 41:12	56:15 77:5,21	90:1,11,20	94:22 95:2,11
41:16 48:2	94:18 104:20	91:4 95:4	96:1 97:19
53:13,15 56:14	104:24 105:9	96:13 99:13,14	98:5,19 99:3
64:16,21 70:13	105:14,19	99:14 100:22	101:24 102:2
92:14 103:6	108:10 110:3	101:11,15	103:19 132:6
106:9 111:12	110:23 111:2	102:16 109:23	156:23 198:5
114:4 120:3	111:16,19,20	110:15,17	200:2 209:21
123:16 124:6	111:22,23	112:19,20,23	210:15 261:3
124:11,18	112:3,4,8,13	112:24 113:6	272:14,18
125:15 134:8	114:13 115:15	116:17 117:18	273:8 274:21
136:7 142:14	115:19 116:4,8	117:22 118:8,9	275:10,13,16
180:11 196:18	118:14,18	118:20 119:19	<b>causes</b> 41:14
219:11 250:22	119:11,16	119:20 120:3,4	47:4 149:3
<b>categorical</b>	125:14,14,17	121:7,12	150:1 151:10
265:8	125:18 126:24	125:10 126:2	198:9 200:8
<b>category</b> 169:4	129:16,21	128:6 129:5,10	238:2
169:6 173:20	131:13 133:3	140:23 143:11	<b>causing</b> 41:11
189:3,4	133:15,22	143:13,15	101:14 108:19
<b>caucasian</b>	134:5,23 137:1	145:23 146:4,8	199:5 233:12
190:8	137:21 138:1,5	147:1,2,18	<b>caveats</b> 34:5
<b>causal</b> 122:14	138:8,13,16,17	148:12,24	<b>cell</b> 236:14
122:16 123:8	138:21,24	149:1,12,15,20	<b>cells</b> 81:15
123:10 134:7	139:9,14	149:22 150:4,6	

<b>center</b> 5:17 181:14 211:11 213:3 223:10 <b>cerebral</b> 193:9 <b>certain</b> 23:9 26:6 173:16,17 173:18 238:17 <b>certainly</b> 64:9 237:23 258:20 274:3 <b>certainty</b> 90:15 91:15 93:8,22 94:3,10,20,24 95:7 98:21 99:1,3,18,24 101:9,14,19,23 102:9 107:17 112:18 116:16 117:5,15 120:11,18,22 123:19 124:3 124:16,24 125:7 130:6,20 132:6,8 134:6 135:4 136:5,15 143:7 144:10 144:18 145:6 155:11 179:21 195:3,6,12,23 196:5,10,17 210:15 216:2,7 218:2 220:20 253:9 268:4 270:16	<b>certified</b> 36:12 37:9,11,17 278:5 <b>certify</b> 277:2,4 278:7,12 <b>chance</b> 7:14,16 14:3 160:6 205:15 243:11 243:18 248:17 <b>chang</b> 226:17 230:23 231:13 238:20 <b>change</b> 43:11 228:21 <b>characteristic...</b> 118:1 <b>characterizati...</b> 116:1 197:2 <b>characterize</b> 245:6 <b>charge</b> 59:18 <b>checked</b> 189:2 215:22 <b>checking</b> 202:12 205:11 <b>chemical</b> 270:13 <b>chief</b> 35:15,15 190:20 <b>child</b> 247:6 <b>chin</b> 180:23 215:12 <b>choice</b> 95:6,12 143:23,24	<b>choices</b> 102:1,1 <b>cholesterol</b> 163:21 <b>chose</b> 97:18 143:19,21 <b>chronic</b> 35:13 <b>chronically</b> 167:21 <b>chung</b> 5:19 231:7 <b>cindy</b> 2:12 66:20 <b>cindy.m.hurt</b> 2:17 <b>circumstances</b> 179:21 186:1 196:12 206:17 <b>citation</b> 169:8 <b>citations</b> 175:22 <b>cite</b> 148:17 153:13 172:21 222:9 230:23 <b>cited</b> 21:16,19 86:5 167:7 170:2 171:2,18 211:24 220:8 222:16 242:13 <b>civil</b> 1:17 <b>claimed</b> 214:4 217:3 <b>clarification</b> 36:9 172:17	<b>clarifies</b> 203:15 <b>clarify</b> 15:5 83:13 202:21 <b>classes</b> 40:12 <b>classically</b> 236:15 <b>clause</b> 143:2,3 <b>clear</b> 76:23 80:24 97:1 111:14 112:24 136:6,8 137:21 140:10 155:1 156:1 159:16 159:22 160:2 160:17 161:17 164:8 194:13 222:22 227:7 266:24 <b>clearly</b> 141:22 151:10 221:3 224:12 263:3 <b>clinic</b> 5:11,13 156:3 185:2 189:1,21 259:15 <b>clinical</b> 5:16 36:6 41:17 42:3 211:10 212:13 225:13 225:24 234:18 262:23 <b>clinically</b> 262:20
--	--	--	--

<b>closest</b> 205:18 206:2 <b>coaching</b> 97:5 <b>cobblestones</b> 180:18 <b>codes</b> 223:9 <b>cohort</b> 162:11 234:15 243:9 245:2 <b>coin</b> 164:16 <b>col</b> 244:8 <b>coleman</b> 2:19 <b>colleagues</b> 67:13 <b>collection</b> 86:12 <b>college</b> 5:14 204:11 <b>collided</b> 184:14 190:14 194:11 <b>colliding</b> 191:1 <b>collision</b> 180:16 193:13 194:12 <b>column</b> 159:9 162:23 <b>combination</b> 127:11 131:19 <b>come</b> 22:2 27:13 28:10,24 32:11 44:7 56:9 85:15 86:8,9 87:6 90:15 91:13 105:3,24 106:3	109:21 111:2 111:18 130:18 135:15 139:19 175:19 183:13 210:6 228:20 263:2 265:2 <b>comes</b> 40:16 88:24 105:18 108:16 134:4 150:7 203:4 235:4 <b>comfortable</b> 13:5,6 29:10 31:13,18 36:16 43:21 46:7 <b>coming</b> 20:21 29:23 32:16 57:2 72:19 86:17 88:3 105:8 110:22 137:2 143:6 241:18 <b>comm</b> 150:23 <b>commencing</b> 1:21 <b>comment</b> 193:7 252:9 <b>comments</b> 132:11,15,21 <b>commercial</b> 4:18,19 48:6,7 <b>commission</b> 277:22 278:24	<b>commitment</b> 51:6 <b>common</b> 31:9 31:11 36:3,5 37:10,19 46:11 118:7 235:3 <b>commonly</b> 220:8 241:16 256:4 264:24 <b>commonwealth</b> 1:19 278:1,6 <b>communicate</b> 84:12,13,18,19 84:21 <b>communication</b> 59:17 <b>community</b> 54:12 150:22 150:24 151:1,2 <b>company</b> 57:19 <b>compare</b> 164:6 <b>compared</b> 74:5 162:19 164:20 <b>comparing</b> 163:11 233:16 242:19 <b>comparison</b> 170:7 <b>compatible</b> 217:15 <b>compelling</b> 119:24 <b>complaining</b> 190:14 191:11	<b>complaint</b> 190:17,20 <b>complaints</b> 154:17 <b>complete</b> 72:18 169:23 <b>completely</b> 89:5 129:6 259:24 <b>complex</b> 45:20 118:2,4 <b>component</b> 86:20 <b>composed</b> 272:3 <b>composition</b> 270:14 <b>comprehensive</b> 16:5 21:5 78:24 106:9 127:1 223:6,8 <b>comprehensi...</b> 112:16 <b>comprise</b> 63:3 <b>concentrations</b> 167:21 <b>concerning</b> 259:16 <b>conclude</b> 93:7 98:24 101:22 122:14,16 123:8,10 127:18 132:5,7 216:3,6
---	---	---	--

<b>concluded</b> 116:15 183:6 254:17 276:15 276:17 <b>conclusion</b> 56:9 79:1 90:16 91:14 101:20 105:8 117:4 120:2 126:23 130:18 131:13 143:6 144:11 166:20 167:13 168:16,18 204:15 230:14 234:15 <b>conclusions</b> 55:24 57:3 86:8,13 102:11 114:23 119:23 120:8 135:6 136:24 161:10 163:22 168:23 197:24 268:12 <b>concur</b> 207:4 <b>concussion</b> 177:6,12,12 179:11 185:16 188:17 192:4 203:16,20,24 206:15,19,22 207:2,14,19,24 208:14,18,19 <b>condition</b> 33:5 35:3 37:10,20	41:21 42:20 46:11 79:2 93:9,23 99:2 101:14 108:4 150:6,12 151:8 153:5 178:19 216:16 219:6 224:24 225:2 258:8 274:2 <b>conditions</b> 31:12 35:13,17 35:22 36:5,15 42:5 44:15,19 45:19,21 46:2 46:5,15,17,24 47:1,5,9,12 79:3 115:9 129:12 152:19 155:3,12,16 156:6 165:11 169:6 170:20 171:10 172:5 172:10,21 173:14,14,15 173:18 217:19 226:7 227:10 227:11,21 228:18 229:16 266:6,10 <b>conduct</b> 88:8 <b>conducted</b> 84:6 85:8,10 89:8 130:24	<b>confidence</b> 243:3 244:13 <b>confident</b> 27:6 <b>confined</b> 83:6 83:14,18 <b>confining</b> 130:11 <b>confirm</b> 9:5 11:13 12:5,14 25:19 26:18 28:6 47:18 59:4 71:15 72:3,13 240:14 <b>confirmed</b> 205:22 <b>confusion</b> 186:13 <b>connection</b> 105:6 <b>conscious</b> 181:24 212:8 213:14 216:23 217:9 <b>consciousness</b> 203:17 206:13 206:18 207:12 208:1 217:12 217:18 224:18 <b>consider</b> 30:11 30:15 35:23 36:1,7,11,20,24 43:13,14,16,22 44:1,11,13 45:13,15,15	72:20 103:21 109:1 127:23 135:21 140:22 141:18,20 142:1 144:24 264:4 <b>consideration</b> 47:12 58:17 86:4,13 110:22 136:23 274:1,5 <b>considered</b> 4:15,17,18 5:2 5:3,4 11:4,5,15 13:17 21:2,4,6 21:20,24 24:14 24:16 25:2,5 25:14,17 26:13 26:16,19 27:22 28:2,13 29:8 29:15,19,23 30:5,6,21 52:16,22 56:20 58:16 65:16,19 71:7,12,15,21 71:23 72:4,10 72:14,20,21 73:6 74:6,7,12 75:5,6,10,15,17 76:6 86:6 102:10 103:24 110:22 136:2 137:18 140:3,7 141:23 145:4,7 145:9 177:5
---	--	---	---

216:8 <b>considering</b> 116:9 <b>consistent</b> 203:16,24 207:1,19,24 208:18 216:11 216:15 219:6 233:2 244:3 254:16 255:7 <b>consistently</b> 254:1,5 <b>constant</b> 269:14 <b>constellation</b> 42:19 78:23 101:5 108:17 110:20 118:3 155:2,11 192:9 <b>constituted</b> 179:16 <b>constitutes</b> 177:10,11 268:5 <b>construction</b> 154:3 <b>consult</b> 32:24 <b>consulting</b> 32:22 33:3 54:2 68:22 69:5,19,22 70:13 <b>contacted</b> 49:2	<b>contain</b> 16:3,13 <b>contained</b> 14:10,16 16:22 17:2 52:15 132:15 193:10 <b>container</b> 269:9,12 271:10 <b>containing</b> 271:10 <b>contains</b> 36:14 <b>contaminated</b> 93:10 99:3 103:10 <b>contamination</b> 49:21 51:16,23 52:6 <b>contemporan...</b> 180:7 205:19 206:3 207:17 207:22 <b>context</b> 36:22 107:12 118:15 119:12 193:14 225:21 <b>continue</b> 81:16 82:9 146:13 230:9 <b>continued</b> 64:6 64:13,15 85:3 85:3 <b>contract</b> 4:20 47:17 48:8,11 60:20 68:10	<b>contracted</b> 60:23 <b>contribute</b> 100:14 117:1 117:11 163:17 198:23 220:13 221:15 268:21 <b>contributed</b> 109:12 198:4 218:21 221:7 <b>contributor</b> 127:12 131:19 <b>control</b> 81:4 82:3,5 83:3 233:16 234:2 <b>controlled</b> 80:22 <b>controlling</b> 82:11 <b>controversial</b> 150:18 <b>conversation</b> 19:1 55:10 66:4 <b>conversations</b> 18:1,4,5,23 50:3,10,11,14 61:3 65:8,12 <b>convey</b> 29:6 <b>convincing</b> 56:2 <b>copies</b> 24:21,22 71:6	<b>copy</b> 38:20,22 39:12 255:17 <b>core</b> 89:24 <b>coronary</b> 226:23 <b>correct</b> 8:24 9:2 18:2,3 48:19 54:9 85:4 120:13,19 151:21 153:18 176:8 185:21 200:12 202:3,7 209:7 213:1 232:16 236:1,7 236:16,21 257:24 262:6 262:14 263:13 264:4 268:10 <b>correction</b> 170:8 277:8 <b>corrections</b> 277:7 <b>counsel</b> 1:15 6:10,16 14:24 15:12 17:15 27:18 28:9,23 98:6 111:24 114:19 139:10 146:13 160:18 278:13 <b>counsel's</b> 160:5 <b>count</b> 201:1 <b>counts</b> 177:11
--	--	--	---

<b>couple</b> 174:2 199:3 228:4 275:21 <b>coupled</b> 125:21 <b>course</b> 17:17 81:8 109:11 113:12 137:7 137:17 213:8 <b>court</b> 1:5 6:12 70:6 88:3 96:20 146:16 189:16 210:7 <b>cover</b> 39:4 173:20 <b>covered</b> 52:22 76:11 <b>covering</b> 77:6 <b>cox</b> 162:17,24 245:8 <b>cpap</b> 255:2,6 255:11 <b>cramps</b> 269:15 <b>cranial</b> 193:9 <b>crash</b> 211:1 <b>create</b> 250:17 <b>created</b> 250:2 <b>creates</b> 233:19 <b>criteria</b> 108:22 224:13 225:13 225:16 <b>critical</b> 87:4,21 88:4 89:7 <b>criticisms</b> 87:12 88:16,18	<b>criticize</b> 86:15 <b>critique</b> 76:21 <b>cross</b> 4:2 <b>csr</b> 1:18 278:22 <b>ct</b> 215:22 <b>curable</b> 80:14 <b>cure</b> 80:14,24 81:12,24 82:2 82:24 <b>cures</b> 80:12 <b>current</b> 22:20 22:24 23:3 24:1 100:16 127:13 131:21 132:2 199:1 220:15 268:23 <b>currently</b> 81:14 <b>curriculum</b> 4:14 22:9,12 <b>customs</b> 268:9 268:18 271:1 <b>cut</b> 267:18 <b>cutting</b> 264:13 <b>cv</b> 1:11 23:1,3,5 23:7,13 38:13 38:20,22 39:12 40:8	232:5,13 234:21 235:1,4 235:9 240:15 240:17,22 241:6,7,12,16 241:17 242:5,7 242:14,24 243:13 245:11 245:15,18 269:18 272:15 272:18 <b>damaging</b> 272:11 <b>dashboard</b> 180:20 <b>date</b> 6:5 23:6 47:18 50:6 59:14 201:22 201:23 209:6 232:6,12 <b>dated</b> 48:18 59:11 62:5,19 235:21 <b>david</b> 2:20 <b>day</b> 10:2 12:19 45:3 89:5 193:11 195:18 236:9 266:6 275:18 277:19 278:17 <b>dfs</b> 81:21,21,22 81:24 82:11,14 82:21 83:1 85:2	<b>dc</b> 2:14 <b>deal</b> 22:17 23:16 35:16 <b>dealing</b> 23:21 <b>deals</b> 35:11 <b>death</b> 82:15 236:14 <b>decades</b> 182:22 217:20 265:1 <b>december</b> 185:7 245:5 <b>decide</b> 102:14 <b>decided</b> 49:24 51:9 95:24 <b>deciding</b> 77:19 <b>defense</b> 223:9 225:12 <b>deficiency</b> 127:6 229:20 <b>define</b> 149:15 153:20 <b>defined</b> 221:3 223:5 224:17 232:14 236:16 <b>defining</b> 155:18 <b>definite</b> 95:4 100:22 101:15 <b>definitely</b> 164:24 218:14 249:22 <b>definition</b> 178:13 222:24 225:5
	<b>d</b>		
	<b>d</b> 4:1 6:1 <b>dai</b> 235:24 <b>daily</b> 84:2 <b>damage</b> 5:20 231:8,14 232:2		

<b>definitions</b> 223:24	144:17 145:5 155:10 179:20	<b>depo</b> 13:13 128:14	123:4 147:8 152:20 154:14
<b>definitive</b> 90:19 101:11 102:16 109:23 143:11 143:15	180:24 195:2 195:12,22 196:10,16 210:14 216:1,6 218:2 220:20 253:9 268:4 270:16	<b>deponent</b> 6:9 12:10 <b>deposed</b> 7:5 68:20 <b>deposing</b> 18:18 <b>deposition</b> 1:14 4:2 6:7 12:19 65:2,5,24 66:23 70:5 96:22 148:7 248:8,15 276:15,17 278:8,10	156:13 179:22 180:15 181:9 181:13 186:12 194:11 196:12 197:23 203:18 210:22,24 211:18 212:16 212:22 216:10 216:11 218:11 218:12 226:8 227:22 229:17
<b>definitively</b> 93:9,23 94:5 94:22 95:1,11 96:1,13 97:19 98:5,19 99:8 99:10,12,15 100:15 132:6 220:8,14 268:22	<b>delineate</b> 198:8 <b>dementia</b> 23:21 34:16 35:1,20 92:4 <b>demonstrate</b> 267:1 <b>demonstrated</b> 168:4 <b>denying</b> 24:7 <b>department</b> 2:10 48:12,14 49:3 53:7,11 53:14,19,24 180:22 215:11 225:12 <b>depend</b> 86:23 <b>dependent</b> 168:11 172:15 <b>depending</b> 32:10 <b>depends</b> 32:8 82:2,13 <b>deployed</b> 225:22	<b>depositions</b> 12:10 <b>depression</b> 127:6 229:20 262:21 <b>derived</b> 147:3 <b>dermal</b> 253:2 <b>dermatitis</b> 127:4 229:19 <b>describe</b> 84:11 108:14 111:1 112:1 115:1 161:7 162:9 197:23 208:17 210:20 211:17 212:3 219:23 233:1 <b>described</b> 122:10,22	<b>describes</b> 150:17 213:17 <b>describing</b> 112:5 216:16 <b>description</b> 4:10 181:20 190:23 191:3 192:8 194:14 194:15 203:5 212:18,19 213:8 215:7 <b>descriptions</b> 207:18 <b>designed</b> 225:22 <b>despite</b> 253:5 <b>detail</b> 83:24 84:23 149:18 184:12 213:10 268:13

<b>detailed</b> 58:15 126:22 131:11 <b>details</b> 18:22 18:24 50:15 51:11,19 54:4 54:6,24 55:9 65:11 213:23 <b>determination</b> 105:4 111:11 111:14 200:15 <b>determine</b> 41:18 49:16 107:17 113:6 115:10 117:14 135:8 228:15 229:7 <b>determined</b> 56:8 102:15 200:11 <b>determining</b> 108:3 129:4 <b>detract</b> 243:20 <b>develop</b> 157:24 165:4 266:7,8 272:12 <b>developed</b> 127:19 132:9 220:21 225:13 225:16 269:14 272:11 <b>developing</b> 42:23 146:3 210:13 234:17 260:23 272:20	<b>development</b> 162:13 <b>deviated</b> 188:2 <b>device</b> 85:1 <b>devices</b> 84:22 <b>diabetes</b> 46:22 47:2,3 163:20 168:12 172:15 226:24 227:16 <b>diagnose</b> 33:13 34:12 196:3 217:19 258:16 <b>diagnosed</b> 179:10,17,23 180:7 181:2,8 182:12 185:16 185:20 188:10 197:17 202:15 202:23 206:15 209:11,17 224:20 240:4 255:8,11 256:5 257:17 258:9 258:19 259:18 260:13 261:20 262:1 265:6,18 266:6 267:4,11 269:16 275:20 <b>diagnoses</b> 109:1 203:19 206:21 207:14 208:14 227:8 257:22	<b>diagnosing</b> 212:23 217:24 <b>diagnosis</b> 32:12 32:16,19 33:8 34:13 43:1 77:13,19 78:9 78:10,17,21 106:23 107:3 107:22 108:2,3 108:6,23 109:4 109:6,13,19 154:20 186:23 188:16 192:4 195:13 207:20 207:22 213:5 218:7,8 223:5 223:8,19 224:9 234:18 236:1 237:7 241:10 241:15 254:21 256:12,21 258:2 262:13 263:3,12,20 265:11 266:9 266:18,24 273:20 274:22 275:1,10 <b>die</b> 81:17 <b>diet</b> 269:22 <b>difference</b> 149:2 178:20 252:16 <b>different</b> 42:13 42:13 77:19	86:24 94:12 102:23 113:20 116:11 117:21 147:24 162:14 213:17 225:23 262:24 <b>differential</b> 77:11,13,18,22 78:1,6,9,10,17 78:21 106:23 107:3,22 108:2 109:4,19 <b>differentiated</b> 198:10 <b>differently</b> 16:7 198:2 249:9 <b>direct</b> 4:2 6:20 36:22 212:12 <b>directly</b> 23:18 <b>disabling</b> 155:3 155:12 <b>disagree</b> 91:11 <b>disagreement</b> 89:24 <b>disclose</b> 69:14 <b>disclosed</b> 53:16 69:12,15 70:2 70:15 <b>discover</b> 149:21 <b>discovered</b> 80:13 <b>discrete</b> 133:24
--	--	--	---



<b>discript</b> 192:8	85:3 88:10	168:11,20	168:19,24
<b>discuss</b> 104:4	89:11 90:2,12	169:17 171:2	169:4,16
104:19 126:16	90:18 91:5,17	172:7 175:9	173:17,23
168:24	92:9 101:6,9	177:4,15,19	<b>disorder</b> 31:10
<b>discussed</b> 74:13	101:23 103:20	198:5,19,23	31:16 32:15
226:10	105:3,5,21	200:3 209:22	36:4 37:9,20
<b>discussion</b> 22:3	108:18,21,22	210:8,13,15,17	38:8 80:10
59:10 121:24	112:22 113:7	219:7,14,16	81:11,13 83:19
154:15 159:23	114:10 115:10	220:6,22,24	118:2 259:17
161:18,22	116:17 117:2,6	222:13 226:23	<b>disorders</b> 36:8
162:3 163:14	117:23 118:1,5	227:14 228:19	36:10,14,19
167:12 169:10	118:6,7,12,20	229:9 230:15	37:1,7,14,18
172:4 187:5	119:20 125:11	230:21 231:9	38:3,7 84:20
261:17	126:2,8 128:6	231:16 235:1	157:13
<b>discussions</b>	129:5,10,22	236:1,7,10,16	<b>displaced</b>
40:16	130:16 133:22	237:16 238:1,1	193:17
<b>disease</b> 5:7,8,10	135:9,13	238:7,10,18	<b>displacement</b>
5:18,20 10:17	136:16 138:10	242:13 245:16	188:14
10:24 23:17,22	139:2 140:24	250:11,17	<b>disruption</b>
31:4,9,15,20	143:10 144:13	253:19 254:18	238:9,16
33:4,13 34:11	145:20,23	254:20 256:13	<b>distal</b> 193:6,11
34:15,17,19,24	146:1,3,4,8	257:12 260:15	<b>district</b> 1:5,6
35:2,4 36:3	147:1,3,10,12	260:21 261:1,4	<b>diverge</b> 126:23
37:19 38:12,15	147:18 148:12	261:8 262:1,6	131:12
39:3,6,9 40:2,4	148:24 149:22	262:13,17	<b>division</b> 1:7
40:5,7,10,13,15	154:20 156:10	263:10,12,15	<b>dixit</b> 134:13
40:20 41:11,12	156:14,17,24	263:22 264:10	<b>dizziness</b> 186:3
41:15,19 42:4	157:2,5,10,23	264:17 270:9	186:13 191:11
42:21 43:2	158:1,4,6	270:18 271:17	194:15,21
46:18 74:3,4	159:3 162:5,14	274:12,17,22	<b>dizzy</b> 184:16
77:7,9 79:6,11	163:11 164:3	275:13 276:4	185:11,24
79:15,19,24	164:11,14	<b>diseases</b> 5:9	191:1 194:12
80:5,5,19,21	166:14,15,23	77:20 166:22	<b>dmiceli</b> 2:23
81:3 82:1,9	167:8,9 168:10	167:20 168:1	

<b>doctor</b> 11:21 32:4 42:15 86:15 87:4,10 135:15 137:11 137:13 203:11 204:5 205:1 263:19 275:19	<b>dollars</b> 57:20 <b>domain</b> 137:10 <b>dopamine</b> 43:3 82:6 239:5 <b>dopaminergic</b> 239:8 <b>dorsal</b> 163:18 <b>dose</b> 252:9,14 <b>dot</b> 181:17,17 181:17 220:9,9 220:9 <b>double</b> 109:16 205:11 <b>dr</b> 6:22 12:22 13:3,23 14:12 14:14 16:15,17 16:21 17:4,6 18:1,8,16,24 19:17 20:2,9 45:5 55:6,11 55:16 56:18 57:1 58:15 76:11,11,14 77:2,5 79:10 79:14,18 84:17 85:23 87:13,13 90:1,1,9 91:1,1 93:15 95:15 96:16 98:7 105:1,15 106:18,19,19 110:4,4 111:24 112:9 114:14 114:15,15,19	115:16 116:5,6 116:6 118:17 118:23 119:10 119:22 125:21 126:23 128:8 129:2,6,7,7,17 131:12 132:12 132:16 133:8 134:1,1,2,24 135:1,24 136:3 136:3,4 138:12 140:17 143:4,6 144:23,24 145:12,13,13 146:9 156:2,4 156:4 160:9 167:16 170:2 173:2 175:5 193:2 201:2 202:10 203:14 203:23 204:1 204:23 205:9 206:24 207:4 207:23 208:2 208:19 230:9 235:21 239:20 267:18 276:10 <b>draft</b> 57:20 68:3 <b>drafted</b> 29:22 57:21 70:9,11 70:16 204:2 <b>drafting</b> 64:5 67:18 241:19	<b>dramatically</b> 82:4 <b>drill</b> 113:22 144:5 <b>drove</b> 154:3 <b>drs</b> 105:16 112:11 115:16 125:23 129:18 140:18 <b>due</b> 111:8 217:12 259:15 <b>duly</b> 6:17 278:9 <b>duplicate</b> 10:5 10:12 <b>duplicates</b> 201:12 <b>duplicative</b> 99:10 <b>dust</b> 268:8,17 269:2,3,7,9,12 270:4,10,14,17 270:24 271:3,8 272:2,5,8,14,24 273:8 274:10 275:10,16,18 <b>dvbic</b> 225:15 <b>dysarthric</b> 84:24 <b>dysbiosis</b> 238:9 <b>dysfunction</b> 42:8 233:7 238:2
--	--	---	--

<b>e</b>	235:12 240:14	<b>endorsed</b> 192:2	<b>episodes</b>
<b>e</b> 4:1,9 6:1,1	240:18 241:11	<b>endoscopic</b>	181:22 184:16
49:6 175:1,1	241:21	232:1	184:17 194:17
277:1,1	<b>either</b> 33:23	<b>endoscopy</b>	195:9 212:6
<b>e1773</b> 223:2	60:12 92:13	232:9 245:4	213:13,18
<b>ear</b> 176:12	123:7 125:10	<b>ends</b> 34:24	214:15 216:21
<b>earlier</b> 21:1	126:2,3,7	<b>engages</b> 84:2	216:22 217:8
44:17 45:16	197:18 199:24	<b>engine</b> 127:8	<b>equal</b> 250:2
140:16 195:1	223:5	<b>enrollment</b>	<b>equate</b> 151:4
267:8	<b>elevated</b> 149:20	223:15	<b>erosion</b> 232:14
<b>early</b> 47:21,21	234:17	<b>entail</b> 164:19	<b>esophagitis</b>
47:22 50:5	<b>elevates</b> 150:4	<b>entailed</b> 14:12	232:15 235:6
<b>earned</b> 68:6	<b>elicit</b> 269:11	16:16 17:3	240:1,2,5
<b>ears</b> 187:19	<b>elizabeth</b> 2:11	<b>entails</b> 253:15	241:6,8 246:2
<b>easier</b> 197:15	66:19 122:3	<b>enter</b> 9:5 47:12	<b>esophagus</b>
197:20,21	<b>elizabeth.k.pl...</b>	71:7	241:8
<b>easiest</b> 189:15	2:16	<b>entered</b> 31:1	<b>especially</b>
<b>eastern</b> 1:6	<b>ellison</b> 66:20	<b>enteric</b> 46:17	44:18 127:20
<b>eczema</b> 127:9	<b>embedded</b>	<b>enters</b> 13:9	154:8 182:22
229:21	149:16	<b>entire</b> 11:23	196:15
<b>edgar</b> 4:13 9:17	<b>emergency</b>	173:20	<b>esq</b> 2:4,11,12
71:16	180:22 188:24	<b>entirely</b> 222:22	2:20
<b>effect</b> 162:4	190:3 215:11	<b>entirety</b> 21:20	<b>essential</b>
<b>effective</b> 82:11	<b>emergent</b> 189:5	<b>entity</b> 177:24	127:23
<b>effectively</b>	<b>emerging</b>	<b>environmental</b>	<b>establish</b> 147:5
84:12	238:16	40:18 41:10,14	<b>established</b>
<b>effects</b> 52:7	<b>employed</b>	47:6,10	33:8 41:13
157:17,18	109:24 111:2	<b>epidemiologist</b>	150:15 215:15
186:12	278:13	137:15	246:7
<b>effort</b> 218:18	<b>encounter</b> 36:6	<b>epidemiology</b>	<b>establishing</b>
<b>efforts</b> 41:18	<b>endeavors</b>	43:15,21,23	246:18
<b>egd</b> 232:6,7,8	239:12	<b>episode</b> 205:13	<b>estimate</b> 34:21
232:12,16	<b>endorse</b> 274:22	221:6	64:22,23
	275:3		

<b>estimated</b> 245:7	<b>event</b> 190:24 191:6,9 203:15	175:17 190:16 191:24 248:6	196:16 209:15 267:6 274:3
<b>et</b> 162:10 171:9	203:24 207:1	257:16 272:2	<b>excluded</b> 115:1
<b>etable</b> 232:22	207:19,24	272:17	131:2 195:10
233:11	208:17 212:15	<b>exam</b> 85:16	222:19,23
<b>etiologies</b> 77:8	213:10 239:3	86:3,7,16 87:6	227:1 228:14
89:12 115:1	239:10	87:11,14,22	<b>exercise</b> 84:2
<b>etiology</b> 10:18	<b>events</b> 181:10	88:1,5,8,15	154:19,24
32:17 41:18,22	192:9 217:21	89:8 154:16	<b>exercised</b> 155:7
77:11,22 78:1	218:11	209:3,6	<b>exhibit</b> 4:11,12
78:6 88:10	<b>everybody</b>	<b>examination</b>	4:13,14,15,16
92:6 100:4	79:22	6:16,20 85:11	4:17,18,21,22
110:7 151:15	<b>evidence</b> 85:17	89:15 197:9,13	4:24 5:1,2,3,4,6
275:4	92:13,16 93:7	201:10,19	5:7,9,10,11,12
<b>evaluate</b> 88:7,9	98:24 101:21	<b>examined</b> 6:18	5:13,15,16,18
88:14 89:14	122:11 123:5	14:24 15:12	5:19,21 9:9,10
105:2,5 107:13	130:22 132:4	183:5	9:15,16,21,22
109:2 112:14	150:11 212:16	<b>examining</b>	21:12 22:8,9
113:11 115:8	215:19 217:20	86:17	24:24 25:1,15
117:14 133:21	230:19 247:3	<b>example</b> 8:3	25:16 26:14,15
219:5,7 250:21	257:3,19,23	43:2,7 73:9	31:2 48:6,10
266:22	258:1,6 259:23	96:4,6 101:20	59:1,2,6 62:1,2
<b>evaluated</b>	260:1	104:12 126:10	62:15,16 71:10
225:2,8 259:15	<b>evolving</b> 177:7	131:11 162:2	71:11,21,22
272:19	<b>exact</b> 31:11,23	180:14 196:7	72:8,9 73:10
<b>evaluating</b>	33:15,17,21	225:12 268:16	92:23 100:2
109:9	34:2,20 50:15	<b>examples</b> 165:8	121:6,7 126:15
<b>evaluation</b> 5:14	50:24 51:18	165:10 171:6	145:16 151:14
76:21 77:1	61:23 64:23	<b>exception</b>	158:12,13
127:1 185:19	66:1 67:1 69:8	277:6	165:3 166:12
186:5 188:8	75:22 154:24	<b>exclude</b> 113:23	166:13 169:12
204:10 259:15	<b>exactly</b> 79:9	113:23 135:16	169:15 184:24
263:7	87:7 89:1	135:23 187:2	185:1 187:6
	107:15 158:9	188:19 196:13	189:10,20,24

200:17,20	44:2,11,14	<b>explanation</b>	122:12 123:6
204:8,9 208:21	45:13,24 46:13	96:14 153:7	125:22 126:24
208:22 209:2	46:22 47:6	<b>explanations</b>	127:7 129:14
211:9,10	53:16,17 54:2	147:5 199:16	129:19 130:14
212:22 222:12	54:3,13 56:12	<b>explicitly</b> 13:24	131:14 132:6
226:4 227:19	56:13 59:7	<b>explore</b> 149:17	133:3,17,23
231:6,7 235:14	62:3,17 68:22	<b>exploring</b>	135:2,12
235:15 239:16	69:5,13,15,22	51:19	136:17 137:16
239:19	70:2,14 76:16	<b>exposed</b> 43:3	139:23,24
<b>exhibits</b> 1:3	76:16 93:2	127:20 132:10	140:12,18,22
5:23 11:8	94:17 105:2	220:18 246:12	143:5,8 144:11
<b>exist</b> 225:10	111:23 118:14	246:19,24	219:10,14
<b>existed</b> 227:11	123:22 124:14	247:4,8,20	223:1,4 247:6
229:1	132:16,21	248:11 249:15	251:3,7,14
<b>existing</b> 256:4	133:20,22,23	249:18,22	252:1,3 253:2
<b>exists</b> 122:15	139:5 176:21	250:1 251:8,19	253:16 268:8
123:9 141:23	183:12 199:11	252:8,16,21,22	268:17 269:2
141:24	203:14,23	253:6,6,7,8,13	270:9,17,24
<b>experience</b>	206:24 207:23	270:4 275:18	275:16
68:23 69:1	249:13 250:5	<b>expository</b>	<b>exposures</b>
81:16 111:6	250:14,20	168:23	40:19 43:9
112:14 199:15	258:13 273:4	<b>exposure</b> 41:11	47:7,10 131:17
258:10 263:5	<b>expertise</b> 47:13	88:12 89:13	268:16 270:22
273:24	137:8,10	90:10,16 91:2	270:23
<b>experienced</b>	<b>experts</b> 79:24	93:9 99:3	<b>expound</b> 96:6
154:7,16 155:2	104:5 114:24	101:24 103:9,9	<b>expression</b>
178:17 191:18	<b>expires</b> 277:22	103:19 104:7	163:17
265:11	278:24	104:20,22	<b>expressly</b> 38:14
<b>experiences</b>	<b>explain</b> 77:16	105:7,16	<b>extensive</b> 259:2
179:15	78:6	106:15 109:22	264:6
<b>expert</b> 4:11,12	<b>explained</b>	112:10 114:13	<b>extent</b> 10:23
4:13,21,23,24	148:3	115:13,17	14:11 16:2
9:10,16,22	<b>explaining</b>	116:8,16,23	30:4 36:13
43:13,14,17,23	214:20	117:7 118:11	37:18 41:21

43:19 44:6 45:17 46:3,16 47:10 52:13,15 53:12 58:14 65:7 74:16 75:3,6 129:15 137:9 176:3 198:11 219:3,8 252:2 <b>eye</b> 187:19 <b>eyebrow</b> 180:23 215:12	115:21 116:10 116:12 118:11 126:8 130:5,8 130:15 131:3 134:7,10 135:17,22 136:6,8 140:14 141:18,20 142:2,5,8,10,18 142:19 145:1 145:19 146:1 147:8 149:1,6 149:9,12,20,22 150:4,4,9,12,18 154:6 156:15 156:20 165:14 165:14,16,18 167:8 170:22 171:1,11,13 175:8 176:6 177:21,22,23 177:24 178:4 178:14,18 195:7,24 196:9 196:11,17 197:16,21,24 198:24 199:3,4 199:5 204:16 210:3,4,16 216:2,8 218:3 218:10,16 219:2,2 220:14 221:11,20 241:2,15 242:4	242:11,13 243:21 245:15 245:16 249:15 251:2 253:10 253:13 255:24 256:2 257:10 257:14 260:6 263:22 264:2 264:17 268:5,9 268:22 270:9 270:18,21,22 272:4,6,10 274:11,19 276:4,6,8 <b>factors</b> 41:15 41:23,24 42:22 57:2 96:9 100:4,9,13 101:5 102:14 102:23 103:2,7 104:7 105:6,11 105:21 106:8 106:11,15 107:5,6,14,24 108:5,9 109:10 110:21 113:6 113:13,16,17 115:11 116:20 117:21 118:4,4 119:14 127:2 127:21 129:23 130:1 131:15 135:10 146:5 147:3 149:3,11	151:3,5,7,10,15 151:19,22 152:2,21,22 156:20 157:12 163:19 165:8 170:18 171:7 195:10 198:8,9 198:10,11,12 198:14,16,19 198:21,22 200:2,7 209:21 209:24 210:1,2 218:20,24 219:1,5,8,12,17 220:9,10,12 221:3 226:9,21 227:23 228:6 229:18 230:4 230:10,14,19 251:16,23 253:14,19 254:2,6 255:21 257:2 268:14 268:20 <b>facts</b> 49:19,23 86:12 136:23 207:7 218:9 <b>fair</b> 8:18,20 20:12 28:16 55:8 63:16 67:8,9 73:4,7 100:22 101:16 120:14 138:18 195:3 203:6
<b>f</b>			
<b>f</b> 2:20 175:1 277:1 <b>face</b> 95:18 184:13 <b>facial</b> 215:12 215:14,16 <b>fact</b> 44:23 46:5 105:4 157:10 181:20 192:12 192:15 194:10 197:16 206:4,9 249:18 259:20 261:3 265:15 <b>factor</b> 32:10 43:5 92:9,15 92:17 100:15 100:21 101:7 103:11 105:24 106:16 109:18 112:19 113:22			

219:20 251:1 <b>fall</b> 23:22 <b>familiar</b> 78:4 256:15 264:6 <b>family</b> 91:16,20 91:24 92:2,3,8 92:14 <b>far</b> 45:12 64:8 194:24 <b>farm</b> 127:10 246:10 247:9 247:11,13,14 247:15,16,21 249:10,14 251:3,6,15 252:1 253:15 <b>farmer</b> 249:13 <b>farming</b> 249:6 249:14 <b>farms</b> 247:7 <b>fast</b> 7:22 <b>faster</b> 7:22 <b>fasting</b> 226:10 227:24 228:12 <b>fault</b> 189:18 <b>feature</b> 264:7 264:14 <b>features</b> 237:15 <b>february</b> 4:21 47:22 58:20 59:3,3,6,12,14 59:15 60:9,9 63:8,11,18	<b>federal</b> 1:16 5:4 121:7,12 <b>feel</b> 27:6 29:9 36:15 43:21 <b>feeling</b> 194:12 <b>fell</b> 185:12 <b>fellowship</b> 35:9 38:2,6 46:7 <b>felt</b> 184:15 191:1 <b>females</b> 148:1 <b>field</b> 35:11 46:10 161:6 <b>fields</b> 44:9,20 <b>fifth</b> 73:16 <b>fight</b> 213:20 <b>figure</b> 8:15 42:7 107:5,23 110:9,11 111:10 115:3 <b>figured</b> 135:20 270:1 273:14 275:22 <b>filing</b> 122:24 <b>filled</b> 269:13 270:12 <b>final</b> 213:5 251:14 274:1 <b>financially</b> 278:14 <b>find</b> 28:8,23 46:19 53:18,21 58:7,10 76:18 126:12 132:4	134:7,10 136:4 145:5 168:9 230:24 244:22 <b>finding</b> 164:19 232:9 233:18 243:11,18 244:8 <b>findings</b> 161:23 161:24 162:3 232:1 239:1 <b>fine</b> 22:23 39:17 54:5 60:1,3 119:5 141:15 170:4 174:4 190:12 243:22,24 <b>finish</b> 84:17 85:24 98:7 112:7 133:8 160:12,19 167:16 173:2,9 267:18 <b>firm</b> 120:1 <b>first</b> 6:17 15:10 46:6 48:2 58:19 59:17 60:18 68:20 107:5,22 113:20 121:22 124:5 135:8 143:2 172:1,4 173:8 182:16 213:18,21 233:6 239:2	241:9 247:13 255:5,5,8,10 266:8 267:3 <b>five</b> 73:23 <b>flip</b> 228:4 <b>florida</b> 2:6 <b>flow</b> 201:5 <b>focus</b> 35:6 39:8 39:10 40:2 45:1,3 <b>focused</b> 79:6 81:7 213:6 <b>focusing</b> 201:3 <b>folding</b> 239:4 <b>follow</b> 231:21 245:5 <b>following</b> 33:7 152:20 193:13 226:8 227:21 229:16 277:6 <b>follows</b> 6:18 <b>foods</b> 247:17 269:22 <b>football</b> 206:12 207:9 209:21 <b>force</b> 177:8 <b>forces</b> 223:10 225:15 <b>foregoing</b> 277:3 <b>forklift</b> 269:8 <b>form</b> 10:8 15:3 16:12,24 17:9 18:10,20 19:5
--	---	---	--

19:18 20:4,23	102:17 103:3,5	144:3 145:3,11	198:6,20 199:6
28:11,17 29:1	103:12,17,23	147:13 148:13	200:4,13 202:8
29:24 30:8	104:2,9,23	149:10,24	203:7,13,22
31:17,22 37:4	105:13 106:2,7	150:20 152:3	205:3,7,21,24
37:16 38:4	106:17 107:1,8	153:2 154:5,12	206:5,16,23
39:11,22 40:21	107:10 108:1	154:21 155:9	207:16,21
42:9 49:10	108:12 110:1	155:23 156:11	208:4,11,15
50:1,13,18	110:10,13,18	156:19 157:6	209:23 210:10
51:10,13,24	111:4,13	157:20 158:7	212:4,17
52:3,8,14,20	112:21 113:9	160:3,9 163:7	213:22 214:23
53:3 54:14	113:18 114:1	164:4,15	215:20 216:5
55:22 56:6,11	114:11 115:7	165:15,19	216:13,18
57:6,10,14,22	115:23 116:14	166:9,24	217:1,13,22
58:9,13 60:16	117:3,8,9,10,12	167:15 168:17	218:23 219:21
61:5,22 64:2	117:19,24	168:21 171:4	221:9,18
67:23 68:4,9	118:7,13,21	171:22 172:3	222:21 223:20
74:9,20 75:2	119:2,21 120:6	172:14 173:1	224:2,11,22
75:12,20 76:9	120:15 121:2	175:16 176:9	225:6 227:3
77:3 78:3,14	123:17 124:7	176:17 177:2	229:11 230:2
79:8,12,16,20	124:12,20	178:6,15,24	230:11,17
80:2 83:10,16	125:12,19	179:12,19	233:14,20
83:22 84:8	126:5,9 129:8	180:1,9 181:4	234:8,12 235:2
85:5,13,19	130:3,17 131:9	182:8,11,15	235:7,10
86:10,22 87:9	132:17 133:1	183:8,16,24	236:11,17,22
87:15,23 88:6	133:19 134:12	184:10,21	237:3,9,17
88:20 89:9,18	134:16,18,22	185:18,22	238:3,13,23
90:4,13,21	135:18 136:1	186:15 187:1	240:6,10 241:1
91:9 92:10,18	136:10,13,21	187:20,24	241:23 242:15
94:1,6,15 95:3	137:5,23 138:3	190:11,19	242:21 243:7
95:5,10,13,22	138:11,19	191:12,23	243:12,19
96:2 97:1,20	139:3 140:2,15	192:6,13,17	244:1,20 245:1
99:6,16,20	141:1,21 142:3	194:7 195:8,14	245:12,21
100:24 101:12	142:11,21,24	196:6,23 197:7	246:4,14,20
101:17 102:7	143:12,17,20	197:11,19,22	247:2,5,22



248:4,13,19 249:4,7,11,20 250:3,12,18 251:4,17,20 252:5,11,17,23 253:3,11 254:4 254:12 255:15 255:22 256:18 256:23 257:6 257:15 258:4 258:24 259:4 259:10 260:3 260:11,18 261:5,22 262:7 262:15 263:14 264:1,5,20 265:7,19 266:1 266:4,13,19 267:12,17,20 268:11 269:5 269:21 270:6 270:11,19 271:7,13,20,24 272:5,8,9,16 273:2,11,22 274:13,18,23 275:5,14 276:5 <b>formal</b> 182:20 215:23 <b>former</b> 164:20 <b>forming</b> 73:1 <b>formulated</b> 215:6	<b>forth</b> 278:9 <b>forward</b> 189:13 <b>found</b> 49:2 56:2 119:24 172:6 231:5 272:21 <b>foundation</b> 10:7 15:4 16:23 17:8 18:11,21 19:6 19:19 20:5,24 40:22 42:10 50:2,19 52:9 54:15,18 57:23 74:10 83:11,17 83:23 84:9 94:16 118:22 120:7,16 121:3 124:13,21 147:14 148:14 154:22 157:7 158:8 163:8 164:5 183:9 196:24 198:7 202:9 203:8 208:5 210:11 214:24 216:19 217:2,23 219:22 221:10 221:19 224:23 233:15 235:8 235:11 236:18 236:23 237:4 237:10 249:8	249:12 250:4 250:13,19 252:12,18 255:16 256:24 258:5 260:19 267:13 270:20 271:14,21 272:1 273:3 274:14,24 275:6 <b>four</b> 69:24 73:12,23 <b>fracture</b> 188:13 193:12,18 <b>framed</b> 120:9 <b>free</b> 64:10 167:18 210:23 <b>frequently</b> 220:6 <b>friend</b> 213:20 <b>front</b> 22:13 33:17 34:3 218:9 239:20 <b>full</b> 10:10 24:13 71:6 127:23 <b>fully</b> 7:16 148:3 <b>function</b> 83:20 163:16 <b>fundamental</b> 89:24 <b>further</b> 127:17 277:4 278:12 <b>future</b> 17:12,12 239:11	<b>g</b> <b>g</b> 6:1 <b>gap</b> 161:11,13 <b>gaps</b> 161:6 <b>garden</b> 247:17 <b>gardner</b> 5:18 222:10,12 <b>gary</b> 4:14 9:22 <b>gasoline</b> 268:17 270:24 <b>gastric</b> 269:17 272:21 273:1,8 275:10,17 <b>gastro</b> 239:6 <b>gastroenterol...</b> 245:22 <b>gastroenterol...</b> 46:13 <b>gastrointest</b> 238:5 <b>gastrointestinal</b> 5:19 46:20 231:8,14 234:16,24 238:2,5,8,15 273:4 274:7 <b>gastroprotect...</b> 239:6 <b>gender</b> 162:7 <b>general</b> 36:2 39:19 51:7 55:15,18 56:12 56:15 77:4
--	--	---	---

104:24 105:14 110:2 111:20 111:22,23 112:3,8 114:13 115:15 116:4,7 118:14,17 119:11,15 122:23 125:13 125:18 129:15 133:3,22 134:23 137:20 137:24 138:1,5 138:8,13,16,17 138:24 139:8 139:14 140:17 142:13 143:4 165:7 170:17 170:18 171:6 178:21 199:11 199:13 266:21 266:21 267:22 <b>generally</b> 69:7 87:1 129:10 130:9 137:7 151:3 153:24 155:19 161:5 177:13 178:22 182:22 199:7,9 249:16 266:5 266:11 <b>generating</b> 18:9 <b>genetically</b> 92:12	<b>gentlemen</b> 85:9 85:11 106:1,16 116:13 130:2 130:12,14 134:20 141:19 142:20 179:9 180:6 183:7 196:1 <b>gentlemen's</b> 91:5 113:5 135:22 139:23 <b>georgia</b> 2:22 <b>gerd</b> 127:4 226:11,14,24 227:16,24 228:11 229:8 229:18 230:5 232:19 233:4,6 233:8,12,19 234:7,7,20 235:3,6 238:22 239:14 240:1,2 240:21 241:15 242:4,12,18 243:2 244:5,6 244:10,22 245:14,18 246:1 <b>getting</b> 16:19 45:12 65:2 66:22 97:8 <b>gfap</b> 163:18 <b>gi</b> 238:16 240:14,19	<b>gibbons</b> 3:2 <b>girlfriend</b> 181:16 214:3 <b>give</b> 7:13,15 12:17 65:10,11 69:3 95:21 156:1 170:24 205:14 255:11 <b>given</b> 7:8 12:24 39:1 115:5 127:13 131:21 144:23 151:8 154:6 209:13 241:20 278:11 <b>giving</b> 55:9 66:4 119:7 128:12 <b>glucose</b> 226:11 227:24 228:12 <b>go</b> 7:11 9:4 10:1 11:18 12:1,3 13:4 14:21 17:15,16 34:5,7 39:12 62:1,15 68:7,8 71:14 72:2,12 97:3 111:10 113:22 115:4 121:11,18 135:14 144:6 152:11 158:16 158:17 159:7 159:23 162:16 165:3 166:16	166:17 169:19 169:20 180:11 185:4,5 187:6 189:9,13,14,16 189:17,24 190:1 196:14 201:21 204:13 204:14,20 208:24 209:1,9 210:18 211:13 211:14 218:20 219:4 229:15 229:24 231:11 231:12 235:18 235:19 239:13 239:14,23 <b>goal</b> 117:13 <b>goes</b> 53:13 65:7 213:23 214:7,8 <b>going</b> 7:9,11,12 7:22 8:12 9:4 10:1,9 12:1,3,4 12:5,9,18,20 13:12 22:7,7 37:24 45:2 80:7 81:12,16 82:9,10,10 89:4 96:11 97:3,7 98:3 112:2 121:5 123:22 128:13 136:9 144:19 146:16,16,17 153:12 160:5
---	---	---	--

160:20 161:1 183:17 184:23 189:12,12,23 191:19 204:20 208:20,21 210:6 214:20 221:13 231:1 <b>gold</b> 76:13 <b>goldman</b> 74:3 74:13,19 76:13 76:19 <b>golkow</b> 5:23 6:5 <b>good</b> 6:22 222:1 <b>goodman</b> 54:17 54:19,20 55:3 55:6,11 58:15 74:14 76:11 77:5 105:1,15 106:18 110:4 112:9 114:14 115:16 116:5 118:17,23 119:10,22 125:21 129:6 129:17 134:1 134:24 136:3 136:19 138:12 140:17 143:4 144:23 145:12 <b>goodman's</b> 55:16 56:18 57:1 74:22	76:11,14,20 135:24 <b>gotten</b> 189:11 <b>government</b> 181:17 214:3 <b>gradient</b> 58:1,4 <b>gradually</b> 263:17 <b>graves</b> 168:11 172:7 <b>great</b> 239:11 <b>grew</b> 247:17 <b>grossman</b> 2:19 <b>ground</b> 7:9 120:1 <b>group</b> 162:18 162:20 163:12 164:19,21 <b>growing</b> 246:9 <b>grown</b> 127:9 251:6,24 253:15 <b>gut</b> 238:9,12 239:5	<b>handed</b> 22:11 201:11,14 <b>handy</b> 10:3 <b>hanley</b> 3:2 <b>happen</b> 49:9 109:8 <b>happened</b> 190:16 192:9 224:3,8 257:11 260:7,12 269:23 273:13 <b>happening</b> 223:22 <b>happy</b> 24:3 <b>hard</b> 8:4 219:13 <b>harm</b> 122:13 123:2,7 <b>hazard</b> 170:12 245:9,20 <b>hazardous</b> 270:1 273:15 275:22 <b>head</b> 8:4 127:3 131:18 151:22 175:7,8,14 176:1,3,5,5,8 176:10 180:16 180:19 181:1 184:5 186:2 187:18,22 188:5 190:17 191:20 194:2,6 195:24 196:8	196:14 206:11 206:17 207:8 215:22 217:12 220:10 224:14 225:10,14,17 226:9,22 227:23 228:7 229:18 268:19 <b>headed</b> 151:15 <b>heading</b> 132:19 165:4 <b>health</b> 52:7 163:23 223:10 225:15 <b>hear</b> 55:1 <b>heard</b> 58:1 78:5 <b>hearing</b> 127:5 229:19 <b>held</b> 6:7 253:22 <b>helix</b> 109:17 <b>help</b> 67:18 143:15 211:21 258:19 <b>helpful</b> 192:23 <b>helps</b> 68:2 83:2 <b>hereinbefore</b> 278:9 <b>hereunto</b> 278:16 <b>herpes</b> 127:5 226:22 229:19 <b>hey</b> 8:14 <b>high</b> 1:20,20 8:11 167:21
	<b>h</b>		
	<b>h</b> 4:9 <b>half</b> 164:17 <b>halfway</b> 100:7 <b>hand</b> 22:7 72:1 142:17,19 189:3 193:6 200:21 222:10 278:17		

240:22 246:2 257:2 259:7 <b>higher</b> 164:10 164:20 233:8 233:12 238:21 239:8 256:7 260:21,23 <b>highlight</b> 161:6 <b>highlighted</b> 231:3 <b>hilarious</b> 13:11 <b>history</b> 91:17 91:20,24 92:2 92:8,14 109:10 113:5 152:13 152:16 153:5,6 153:9 183:6 200:12 206:11 207:8 213:9 234:16 245:3 259:3 <b>hitting</b> 181:21 213:12 217:7 <b>hmm</b> 21:3 23:8 34:6 74:15 76:1 93:4 108:24 109:5 110:24 161:9 163:13 168:8 171:8 178:12 182:2 189:4 190:22 205:10 211:3 213:4 226:13 227:6	232:3,24 234:4 256:6 <b>hold</b> 36:18 37:2 37:5,10,13 126:19 <b>home</b> 84:3 <b>hormonal</b> 147:24 <b>horse</b> 247:15 247:16 <b>hospital</b> 32:24 35:14 44:19 45:18 <b>hospitalization</b> 182:21 213:7 <b>hospitals</b> 202:6 <b>host</b> 102:22 156:5 157:12 272:20 <b>hour</b> 62:23 180:22 <b>hours</b> 59:18,21 59:22 61:11,13 61:14,15 62:10 62:23 63:7,7,8 63:18,21,22,24 64:1,4,24 273:1 <b>hpi</b> 213:9 <b>huffnagle</b> 235:21 239:20 <b>huh</b> 214:16 <b>hundreds</b> 32:3	<b>hung</b> 16:19 <b>hurt</b> 2:12 66:20 128:15,17 221:22,24 <b>hyperacute</b> 263:16,16 <b>hypertension</b> 163:20 <b>hypothesis</b> 166:21 168:2 168:19 171:19 <b>hypothesized</b> 148:16 167:23 <b>hypothetical</b> 89:1 275:7 <b>hypothetically</b> 223:22 <b>hypotheticals</b> 117:14 <b>i</b> <b>icd</b> 223:8 225:16 <b>idea</b> 32:1 190:8 244:15 252:20 253:2 269:3 <b>identification</b> 9:12,18,24 22:10 25:3,18 26:17 48:9 59:8 62:4,18 71:13,24 72:11 121:10 158:15 166:15 169:18	185:3 189:22 200:19 204:12 208:23 211:12 222:14 231:10 235:17 <b>identified</b> 113:16 118:8 150:2 171:14 220:8 230:20 <b>identify</b> 42:22 43:8 106:10 113:12 <b>identifying</b> 112:17 162:11 <b>idiopathic</b> 34:14 110:17 118:6 220:7 221:1 <b>illness</b> 213:9 <b>imagine</b> 141:4 250:8,9,10 <b>ime</b> 62:9 85:7 194:15 254:23 255:1,2 <b>impaired</b> 226:10 227:23 228:11 <b>implies</b> 181:10 206:18 <b>important</b> 215:8 255:21 274:4 <b>improve</b> 81:10 82:4 83:4
---	--	--	---

163:15 <b>inactive</b> 153:24 157:24 <b>inactivity</b> 154:7 157:9 <b>incidence</b> 159:10,15 160:16 161:14 161:16 162:4 162:19 <b>incidences</b> 196:22 198:4 198:18 199:24 202:3,7 <b>incident</b> 170:10 185:7 186:22 194:3 203:5 209:20 210:9 210:12,20 212:3 245:8 <b>incidents</b> 197:18 224:4 225:17 <b>incipient</b> 35:20 <b>inciting</b> 239:3 <b>include</b> 92:17 151:20,22 152:7,24 195:7 197:16 220:10 226:22 228:7 230:4 251:23 253:14 268:15 <b>included</b> 74:22 75:4 152:1	224:19 225:3,8 227:4 <b>including</b> 23:9 124:18 127:3 131:16 148:16 156:2 168:10 172:6 257:2 270:23 <b>inclusion</b> 224:13 <b>incommunica...</b> 83:7 <b>incompatible</b> 217:15 <b>inconsistent</b> 216:14 <b>incorrect</b> 120:20 <b>increase</b> 101:6 157:9 163:6 166:22 168:20 177:14 238:17 <b>increased</b> 47:2 146:2 167:24 168:4,10 170:9 210:12 233:3 244:4 261:8 <b>increases</b> 148:1 164:2 238:10 <b>increasing</b> 163:17 <b>incrementally</b> 100:13 220:13 221:7 268:20	<b>incurable</b> 80:11,18,19 <b>independent</b> 77:1 119:19 133:2 138:18 138:23 <b>independently</b> 56:15 119:15 140:19 <b>index</b> 245:20 <b>indicate</b> 150:19 <b>indicates</b> 259:20 <b>indicating</b> 7:20 121:23 159:12 188:14 193:2,4 215:12 <b>individual</b> 32:8 56:14 78:23 82:13,17,19 86:23 109:19 134:4 136:7 142:14 147:5 170:22 180:11 219:6 237:19 250:23 263:7 <b>individual's</b> 78:22 103:20 107:12 125:15 144:12 250:22 <b>individually</b> 127:11 131:18 <b>individuals</b> 18:6 19:22	77:6 88:8 89:11 90:17 105:3 110:20 112:15 113:11 115:9 116:7 118:16 119:13 120:3 129:12 129:22 130:6 133:21 135:9 143:9 151:9 179:15 197:14 <b>induces</b> 235:4 <b>infection</b> 173:16 <b>infections</b> 173:22 <b>infectious</b> 173:17 <b>inflammatory</b> 167:22 <b>influence</b> 42:24 <b>influenced</b> 43:10 <b>influences</b> 163:18 <b>information</b> 53:13 <b>ingestion</b> 253:2 <b>inhalation</b> 253:1 272:21 <b>inhaled</b> 269:7 269:10 275:18 <b>inhaling</b> 272:12
---	---	---	--

<b>initial</b> 5:13 182:21 204:9 243:1,14	203:20 204:17 206:12,17 207:8 209:11	<b>intact</b> 188:2 192:22 193:7 193:15	215:8 255:3 269:6
<b>initially</b> 32:12	212:16 214:10	<b>intend</b> 13:20 14:4 199:12	<b>interviews</b> 197:13
<b>injuries</b> 77:20 127:4 175:7,8 176:4,4 182:19 182:23 184:5 196:8,14 200:1 224:15 225:10 225:14 229:18	215:15,17,19 216:4,12 218:5 218:8,14 220:11 223:10 225:17 226:10 226:22 227:23 228:7 268:19	<b>intending</b> 14:15 15:22	<b>introduction</b> 159:8 167:19
<b>injury</b> 131:18 151:23 175:14 175:15,24 176:1,3,5,7,8 176:10,14 177:4,14,18 178:3,4,11,17 178:18 179:16 179:22,24 180:7,8,13,16 180:24 181:1,2 181:8,11 182:4 182:13,21 184:20 185:17 186:2,2,11,23 187:3 188:18 188:20 190:18 192:4,7,11 194:2,6,19 195:23,24 196:4,21 197:18 202:16 202:22,24	<b>inorganic</b> 272:24	<b>intention</b> 29:6	<b>introductory</b> 159:18
	<b>inpatient</b> 32:21 32:22 223:7	<b>interaction</b> 238:14	<b>inverse</b> 162:12
	<b>input</b> 18:13,15 18:19	<b>interest</b> 35:24 50:17 51:7 150:13 239:11	<b>investigate</b> 55:20 56:4,7
	<b>insofar</b> 43:1 146:2	<b>interested</b> 50:9 278:14	<b>investigation</b> 49:19 233:4 242:17
	<b>instance</b> 135:8 251:5	<b>interface</b> 35:17 44:19 46:3	<b>investigatory</b> 60:13
	<b>instances</b> 184:19	<b>interim</b> 35:15	<b>invoice</b> 4:21,23 4:24 59:7 62:3 62:17
	<b>institution</b> 68:15	<b>internal</b> 46:6	<b>invoices</b> 64:7
	<b>instruct</b> 65:8	<b>interplay</b> 118:4	<b>involve</b> 176:4
	<b>instruction</b> 69:2	<b>interpreted</b> 141:4	<b>involved</b> 54:7 181:19 213:11 213:20 214:6 217:5,6
	<b>insufficient</b> 93:7 98:24 101:21 132:4	<b>intertwined</b> 44:21 109:17	<b>involvement</b> 154:9
	<b>insulin</b> 168:11 172:15	<b>interval</b> 243:3 244:13	<b>ipse</b> 134:13
		<b>interventional</b> 156:3	<b>isolated</b> 269:10
		<b>interventions</b> 35:12 81:8,10	<b>issue</b> 138:17
		<b>interview</b> 84:6 191:17 192:18 194:22 203:10 204:18 212:20	<b>issued</b> 9:8,20 19:3,10,15
			<b>issues</b> 154:8 155:4

<b>items</b> 151:21	<b>kathy</b> 6:12	89:1 106:9	127:13 131:22
<b>j</b>	<b>keep</b> 10:3 13:12	110:12,14,15	132:3 186:6,8
<b>j</b> 6:14	28:21 31:24	110:16 112:3	199:1 220:16
<b>jane</b> 156:3	64:12 146:17	120:12 142:17	239:15 250:23
<b>january</b> 47:15	189:12 211:6	144:5 155:8,19	252:4 257:1
47:19,23 48:18	269:9	155:24 157:4	268:24
49:14 50:5,5,6	<b>keeps</b> 133:10	164:23 165:16	<b>known</b> 91:20
60:10,20 245:4	<b>kelleher</b> 1:20	165:17,21,23	91:24 92:2,8
<b>japan</b> 184:14	<b>kept</b> 254:9	180:24 182:6	147:9,9 151:8
<b>jessica</b> 3:3	269:15 272:22	182:17 183:5	157:11 227:10
<b>job</b> 269:9	275:20	183:15 186:18	239:5
<b>jones</b> 1:20	<b>key</b> 239:6	187:9 190:16	<b>l</b>
160:23,24	<b>kind</b> 7:11 10:3	191:24 205:5	<b>l</b> 2:13
167:18	11:15 32:6,9	210:21 214:21	<b>label</b> 142:5,10
<b>judge</b> 96:12	50:16 54:11	218:13 221:12	142:18
160:23,24	60:13 61:2	225:19 228:23	<b>labeling</b> 276:3
167:18	66:3 89:23	228:24 232:7	<b>lack</b> 105:6
<b>judgments</b>	201:5 203:20	235:5 242:5	<b>lai</b> 205:9
110:23	<b>kinds</b> 238:17	245:20 246:11	<b>lakind</b> 105:16
<b>julie</b> 54:17,19	<b>know</b> 7:11 8:6	246:16,21,22	106:19 110:4
54:20	10:14,16 11:14	249:5,10	112:11 114:15
<b>july</b> 1:21 6:6	31:19 33:12,20	251:10,19	115:17 116:6
148:8,10 245:6	34:2 39:20,24	252:7,13,14,19	125:23 129:7
<b>june</b> 201:22,23	42:14,14 43:1	253:1 257:16	129:18 134:2
<b>justice</b> 2:10	49:1,7,21	257:17 258:8,9	135:1 136:20
48:12,14 49:3	50:12 51:8,21	259:14 260:12	140:19 143:6
53:7,11,15,19	54:17,22 57:8	260:13 267:16	144:24 145:13
53:24 120:24	57:12,16,19	270:7 271:3,4	<b>lakind's</b> 136:4
124:6,19	58:4 59:22	271:6,8 272:2	<b>language</b> 77:15
<b>k</b>	61:20 66:21	272:11 276:7	<b>laredo</b> 269:16
<b>k</b> 2:11	68:19 69:10	<b>knowledge</b>	<b>large</b> 103:1
<b>katherine</b> 1:17	70:17,19,19	69:17 70:3	151:1 173:22
278:4,20	74:12 77:24	92:11 100:17	173:23
	80:14 81:22	111:5 112:14	

<b>larger</b> 86:3,11 136:22	103:10 104:8 109:22 116:24	158:3,5 162:20 163:6,22 164:2	11:15 21:13
<b>lastly</b> 229:14	120:24 121:9	164:7,8,9,10	22:1 24:14,17
<b>late</b> 47:23	121:13 122:13	<b>light</b> 127:20	24:18 25:1,5
<b>lawyer</b> 120:19	123:1,7 124:6	161:22,22	25:14,16,19,20
<b>lawyers</b> 53:7,9 53:10 54:7	124:19 130:15	<b>likelihood</b> 8:11	26:13,15,19
65:10,23	138:9 139:1	33:4 238:21	27:22 28:2
<b>lay</b> 7:9 13:19	140:13,23	<b>likely</b> 90:10	29:8 30:22
102:22	<b>length</b> 237:18	91:4 94:13,13	40:8 52:22
<b>lead</b> 237:15	<b>letter</b> 203:11	102:3,5 112:18	56:20 65:16,17
<b>leading</b> 47:3	204:4,6 205:1	120:4,9 122:17	65:19 71:7,11
234:6,7	205:8,19 206:3	123:11 125:3	71:16,21,22
<b>leads</b> 263:19	<b>level</b> 147:4,6	237:7 239:1	72:4,9,14,18,20
<b>learn</b> 44:7	151:4 155:21	262:11	72:21,22 73:5
84:21	162:12,15	<b>likewise</b> 127:17	73:10 74:7,7,8
<b>learned</b> 246:24	195:6 196:4	132:7	74:12 75:5,10
<b>led</b> 154:3,11	262:19,23	<b>limit</b> 130:10	75:15,16,17
261:7 263:9	<b>levels</b> 168:4	<b>limitations</b>	76:6 86:6
<b>left</b> 188:3 189:3	<b>levin</b> 2:2	172:8,18	103:9 130:1,2
228:11	<b>levinlaw.com</b>	<b>limited</b> 131:17	140:8 151:20
<b>legal</b> 4:21,23,24	2:7	154:17 155:5	152:1,11,15
54:12 59:7	<b>levodopa</b> 32:5	155:13 156:6	153:13 165:10
62:3,17 94:17	<b>lewy</b> 34:16	268:15	170:16 223:8
94:18 120:13	<b>life</b> 13:23 18:2	<b>limits</b> 172:12	230:4,9 239:24
120:20 123:22	18:5,8,12,13	187:23	259:2
123:23 124:14	81:10 82:4	<b>line</b> 96:12	<b>listed</b> 64:4
<b>legally</b> 94:11	83:5 109:11	277:8	105:23 106:5
<b>lejeune</b> 1:9 5:5	113:5	<b>lingering</b>	153:9 156:14
6:8 49:20	<b>lifestyle</b> 100:8	186:12,13,17	188:22 227:16
51:23 52:7,11	127:10 152:8	<b>linked</b> 163:19	251:24 277:7
53:14 74:5	152:24 153:3	169:1	<b>listing</b> 106:14
90:11 91:3	153:13,21	<b>linking</b> 272:13	171:6
93:10 99:4	154:4,11	<b>list</b> 4:15,16,17	<b>lists</b> 13:17 21:2
	156:10,12,23	5:1,2,3 11:4,5	21:4 29:19
			30:5 52:16



73:2 140:3 <b>literally</b> 246:3 <b>literature</b> 21:16 27:13 85:18 87:5 148:16,17 150:16,17 152:21 161:14 162:10 175:13 175:17,18 176:18,19,24 177:3 226:9 227:22 229:17 238:8,16 264:7 <b>litigation</b> 1:10 6:9 68:23 69:19,23 70:10 70:12 <b>little</b> 7:17 16:6 24:14 43:11 72:12 144:6 185:12,24 198:2 225:18 <b>liver</b> 256:16,20 <b>lives</b> 82:14 <b>living</b> 81:11 247:7 249:14 <b>llamas</b> 5:6 153:17 158:14 158:19 <b>llc</b> 2:19 <b>local</b> 201:9,18 213:19	<b>locations</b> 128:11,12 <b>logically</b> 164:19 <b>long</b> 50:12 82:13 167:22 236:13,20,24 237:1 253:7 256:5 260:1,4 267:5,9 <b>longer</b> 71:6 72:13 259:21 261:7 264:3,19 267:7 <b>longitudinal</b> 32:21 <b>look</b> 10:9 23:24 26:3,8,24 29:21 30:9 50:7 56:8 61:17 63:18 73:9,17 74:11 74:19 87:10,16 92:20,22,23 95:17 96:4 100:1 101:20 102:13 104:12 107:11 123:20 158:10 161:23 163:9 165:1 166:19 167:11 167:13 170:6 176:19 178:7 180:10 192:20	202:5,13 210:23 212:21 222:24 226:4 227:19 230:22 231:18,19 232:21 239:24 241:21,22 242:1,23 248:20,23 251:9 271:15 <b>looked</b> 12:22 27:1 74:16 215:21 238:19 <b>looking</b> 18:23 61:21 78:22 95:4,19 99:12 100:3,3,21 101:15,18 102:4,6,8 104:14 112:20 126:19 134:9 134:11 201:17 211:16,22 220:1 226:5 234:21 239:19 <b>looks</b> 24:21 25:8 <b>loss</b> 127:5 203:17 206:13 206:18 207:11 208:1 217:18 224:18 229:19 <b>lost</b> 217:11	<b>lot</b> 10:2,5,13,16 26:11 27:4 35:16,19 69:18 82:3 83:3 111:9 242:2 <b>loud</b> 140:9 <b>low</b> 220:11 227:24 228:8 <b>lower</b> 162:18 <b>lunch</b> 174:2,8 <b>lynn</b> 153:18
<b>m</b>			
<b>m</b> 2:12 <b>m.d.</b> 6:9,14 <b>ma</b> 1:21 5:9 166:5 169:15 171:9 <b>machine</b> 127:8 <b>mad</b> 7:18 <b>made</b> 41:18 241:10 <b>magistrate</b> 13:10 <b>mail</b> 49:6 <b>maintain</b> 229:24 <b>maintained</b> 247:16 <b>majority</b> 118:3 <b>make</b> 7:10,17 8:7 10:10 11:19 12:2 13:4 75:22			

76:23 77:14 89:3 93:13,17 98:23 116:22 125:16 141:2 145:18 151:11 184:18 205:11 218:7,8 219:13 226:19 252:16 257:22 <b>makes</b> 252:10 252:14 <b>making</b> 111:11 111:14 210:6 265:8 <b>male</b> 127:6 131:17 145:19 145:22 146:1,2 146:4,8,24 147:2,7,12,17 148:11,23 185:10 190:9 220:11 226:22 228:7 268:19 <b>males</b> 148:1 <b>manage</b> 81:4 <b>managed</b> 80:22 <b>management</b> 81:7 <b>managing</b> 33:10 46:19 <b>manner</b> 123:15 136:18 253:7 263:4	<b>march</b> 4:22 22:20,24 23:5 61:24 62:2,6,6 63:9,21 209:7 235:21 278:24 <b>marine</b> 154:2 181:17 214:3 <b>marines</b> 154:9 213:19 <b>mark</b> 9:8,14,20 22:8 24:23 25:15 26:14 62:1,14 71:10 71:20 72:8 121:5 158:11 166:12 169:12 184:24 189:10 189:23 204:8 208:21 211:9 231:6 <b>marked</b> 9:11 9:17,23 22:9 25:2,18 26:16 48:9 59:8 62:4 62:18 71:12,23 72:10 121:9 158:15 166:15 169:17 185:2 189:8,21 200:18 202:18 204:11 208:23 211:12 222:13 231:10 235:16	<b>markedly</b> 188:2 <b>marking</b> 235:14 <b>martha</b> 156:2 <b>martignetti</b> 3:5 6:4 <b>maryland</b> 181:14 <b>masquerade</b> 35:4 <b>massachusetts</b> 1:19 6:8 278:1 278:7 <b>matched</b> 232:4 <b>material</b> 10:5 10:12 20:20 24:13 25:4,14 27:22 30:16 71:21 74:7 75:10,14,17 76:5 183:13,22 184:2 229:3,7 239:15 270:2 273:15 275:23 <b>materials</b> 4:15 4:16,18 5:1,2,3 11:4,5,14 13:17 21:1,4,5 21:20,24 24:14 24:16 25:2,17 26:13,16,19 28:2,13,19 29:7,8,19 30:5	30:21 50:7 52:16,19,21,22 56:20 58:15 65:16,18,19 71:7,11,15,22 72:4,9,14,18,20 72:21 74:6,12 86:4,5,5 140:3 140:7 184:1 <b>matter</b> 69:23 88:23 <b>matters</b> 13:24 16:4 17:12 39:5 52:23 77:4 92:22 129:18 138:13 <b>mcelhiney</b> 4:14 4:17 5:3,10,11 5:12,21 7:2 9:1 9:20,23 25:15 25:17 61:12 71:20,23 72:4 79:11 90:2 91:17 100:2 106:6 115:21 126:15,20 127:19 145:1 145:17 151:13 154:11 156:18 164:24 165:2 170:16 171:14 179:9 184:4,5 184:20 185:1 189:20 190:4
--	--	--	--

196:2,8 197:17 198:4,18 199:23 200:11 200:17 203:2,3 209:19 222:18 223:17 229:2 229:15 230:16 235:5,15 237:8 239:18 245:11 246:9,12,18 249:18 251:2 251:12 253:18 254:8,23 256:8 258:21 261:20 262:12 263:10 263:22 269:19	76:6 77:10,10 77:19,21 78:7 78:12,22 82:2 82:8 83:18 94:21 95:2,6 97:3 98:5,18 99:11,15,19 102:2 106:3,5 106:5 107:20 110:6,16 111:9 117:10 136:11 136:12,14 144:9 148:6,19 150:14 153:23 156:21 164:18 173:19,19 179:1 180:5 183:12 197:20 202:22 203:3 215:3 228:14 228:23 230:13 237:1,24 240:12,23 246:22 250:9 251:13 252:19 254:5,15 255:4 255:12,24 256:1,14 257:18 259:19	<b>means</b> 73:5 75:10 99:21 101:4 149:7 153:21 190:10 202:23 228:17 241:2 243:10 243:16 252:13 252:15 254:19 <b>measure</b> 155:17 <b>mechanics</b> 127:8 156:9 <b>mechanism</b> 147:17 148:11 148:23 149:9 149:21 150:2,3 157:3 272:23 273:5 <b>mechanisms</b> 148:15 157:8 239:11 <b>mechanistic</b> 147:5 <b>mediators</b> 167:22 168:5 <b>medical</b> 4:21 4:23,24 5:12 5:17 21:21 25:22 26:2,7 26:22 27:5 40:14 43:19 44:2,8 59:7 62:3,17 85:18 88:8 90:15	91:15 93:8,22 94:3,10,20,23 95:7 98:20 99:1,2,17,24 100:16 101:8 101:13,19,23 102:9,11 107:17 108:4 108:13 110:23 111:5,7 112:13 112:15,16,18 113:10 116:16 117:5,15 120:1 120:10,18,21 123:19 124:2 124:16,23 125:7 127:13 130:5,19 131:22 132:2,5 132:8 133:20 134:6 135:4,7 135:15 136:5 136:15 137:2,3 137:11,13,19 140:9 143:7 144:10,17 145:6 150:16 150:22,23,24 151:1,2 152:12 152:16,20 153:5,9 154:14 155:1,11 156:2 179:21 181:14 190:9 195:3,6
<b>mcelhiney's</b> 71:20 90:12 104:13 127:3 145:15 151:19 230:3 240:4 261:3 <b>mclean</b> 35:14 44:18 <b>md</b> 234:16 239:2,9 <b>mean</b> 10:11 11:23 12:20 13:12 15:5,6 32:1 37:5 40:23 49:18 51:4,6 56:7 65:1 66:2,3 74:24 75:18	<b>meaning</b> 51:12 199:17 220:7 <b>meaningless</b> 143:24 144:4		

195:12,22 196:4,10,17 197:6 199:1,14 200:18 207:14 208:3,6,10,13 210:14 211:11 213:3 216:2,7 218:2 220:16 220:20 226:8 227:22 229:17 235:13 250:23 253:9 259:2,3 259:5 267:24 268:4,23 270:16 273:21 <b>medication</b> 83:4 <b>medicine</b> 5:6 5:15 46:6,9 137:7 150:1 158:13 204:11 257:19 <b>meet</b> 66:2,7 108:21 122:9 122:21 123:4 192:19 <b>meeting</b> 65:23 <b>meetings</b> 66:21 66:24 <b>member</b> 38:8 92:4 <b>memory</b> 28:15 52:18 183:22	<b>men</b> 147:10 162:8 <b>men's</b> 183:1 <b>mental</b> 210:22 <b>mention</b> 92:3 205:12 <b>mentioned</b> 36:2 44:17 45:16 194:21 <b>mentions</b> 188:17 <b>merely</b> 150:13 <b>merit</b> 278:4,21 <b>met</b> 65:10,14 66:6,12 124:11 223:24 224:12 <b>method</b> 115:4 <b>methodologies</b> 114:22 <b>methodology</b> 55:24 86:21 102:13,21 107:9,11 108:10 109:21 109:24 111:1 111:18 112:1,4 113:4,8,10 114:20 119:23 148:22 <b>miceli</b> 2:20 13:9,10 96:19 96:21,23 97:5 201:15 231:1	<b>michael</b> 1:14 4:3 6:9,14,24 77:2 277:2,17 278:7 <b>micro</b> 271:16 <b>microscopic</b> 271:22 <b>middle</b> 201:6 <b>milberg</b> 2:19 <b>milberg.com</b> 2:23 <b>mild</b> 5:18 176:12,15,24 177:5,10 182:23 192:10 203:16,24 207:1,24 222:12 <b>milieu</b> 129:16 147:24 <b>military</b> 183:1 200:10 201:4 202:6 <b>millions</b> 57:20 <b>mind</b> 179:2 <b>minute</b> 22:5 <b>minutes</b> 12:5 224:18 <b>mirsky</b> 66:19 <b>missed</b> 63:10 196:21 <b>missing</b> 187:14 <b>mistake</b> 201:14	<b>mitochondrial</b> 163:16 <b>model</b> 162:17 162:24 <b>modeling</b> 137:16 <b>models</b> 163:10 <b>moderate</b> 176:15 177:11 <b>modifies</b> 159:10,15 160:16 161:15 <b>moment</b> 80:24 <b>money</b> 68:6 <b>month</b> 34:21 <b>months</b> 43:4 47:20 255:2 <b>morning</b> 6:22 24:15 269:14 <b>motor</b> 108:20 180:16 236:15 238:6 <b>motorized</b> 84:1 <b>mougey</b> 2:3 <b>mouth</b> 141:13 141:16 <b>move</b> 144:20 145:15 187:7 203:1 261:17 268:6 <b>movement</b> 31:16 36:8,10 36:14,19 37:1 37:7,9,14,18
--	--	--	---

38:2,7,8 83:19 <b>mri</b> 215:22 <b>mtbi</b> 224:17 <b>mucosa</b> 272:11 <b>mucosal</b> 5:19 231:8,14 232:1 232:5,13 233:7 234:20,24 235:4,9 240:15 240:17,22 241:5,7,12,16 241:17 242:5,7 242:14,24 243:13 245:10 245:15,18 269:17 272:15 272:18 <b>multi</b> 181:19 213:12 214:6 217:7 <b>multifactorial</b> 132:3 199:18 221:2 <b>multipart</b> 199:17 <b>multiple</b> 34:18 67:3 73:11 94:12 95:14 139:11 170:7,8 171:20 <b>multivariate</b> 245:8 <b>muscu</b> 232:13	<b>musculoskele...</b> 154:8,17 155:4 155:16 156:6 <b>myriad</b> 151:7 <b>n</b> <b>n</b> 4:1 6:1 175:1 175:1,1 <b>name</b> 6:4,23 7:1 <b>names</b> 66:11,12 66:17 <b>nanoplastics</b> 271:17,19,22 <b>narrative</b> 211:24 273:23 <b>narratives</b> 274:5 <b>nasal</b> 188:13 <b>national</b> 5:17 181:13 211:11 213:2 <b>nature</b> 19:1 51:14,16 132:3 176:16 <b>naval</b> 5:17 181:14 211:11 <b>navy</b> 213:3 <b>necessarily</b> 42:11,11 74:24 109:8 150:5 153:8 175:14 198:9 210:4 268:15 274:15	274:19 <b>necessary</b> 150:5 <b>need</b> 11:22 12:17 63:14 68:12,17 83:4 96:14 137:17 146:6,11,11 149:17 151:24 173:10 176:7 177:17 231:2 248:23 <b>needed</b> 89:22 <b>needs</b> 13:6 45:6 45:7 106:10 116:19 137:9 155:21 176:15 176:23 <b>neither</b> 67:3 278:12 <b>nerves</b> 193:21 <b>nested</b> 233:6 242:23 <b>neurodegener...</b> 81:9 <b>neurodegener...</b> 31:10 36:4 37:20 80:23 81:19 83:2 100:14 157:13 168:1 220:13 221:8,17 236:13 237:14 263:9 264:15	268:21 <b>neurologic</b> 80:9 223:6 <b>neurological</b> 5:14 35:13,16 36:15 37:10 41:21 42:5,8 42:20 43:10 44:15 45:18 46:2,4,11,15,16 46:24 47:1,5,9 47:11 84:20 108:17 115:9 129:12 185:19 186:4 188:7 204:10 215:23 <b>neurologist</b> 31:8,14 33:9 36:2,12,13,20 37:8,9,11,17 43:16 44:10,13 45:16,21 46:1 46:14,23 47:4 47:8 114:23 250:22 258:17 <b>neurologists</b> 36:5 46:5 <b>neurology</b> 18:14 32:24 35:6,10,16,18 36:13 42:7 43:17 44:1,20 44:24 47:13 56:13 105:2
--	--	--	---

119:24 139:4 <b>neuropathy</b> 47:3 155:4 <b>neuropsychia...</b> 45:20 <b>neuropsychia...</b> 45:14 <b>neurorecovery</b> 35:10 38:5 <b>neurorehabili...</b> 35:12 <b>neurotoxic</b> 271:12 274:11 <b>neurovascula...</b> 192:22 193:6 193:15 <b>nev</b> 249:21 <b>never</b> 7:8 57:4 70:5 115:20 156:12,13 178:10,17 179:2 185:12 246:5 251:12 <b>new</b> 17:13 26:1 32:13 42:18 65:15,19 <b>night</b> 213:18 <b>nigra</b> 81:15 237:13 <b>nodded</b> 8:4 <b>nodding</b> 7:24 <b>nomenclature</b> 177:7 225:9,23	<b>non</b> 35:2 135:15 137:3 140:9 188:23 189:2,5 193:17 234:13 238:6 242:20 243:5 <b>nondisplaced</b> 193:12 <b>normal</b> 187:22 237:13 <b>norms</b> 225:24 <b>north</b> 1:6 5:5 121:9,14 <b>nose</b> 176:11 184:6,13 185:11,24 186:16 187:19 188:2,9 <b>notary</b> 1:18 277:21 278:6 278:23 <b>note</b> 11:2 30:20 55:6 169:21 188:22 201:23 <b>noted</b> 6:10 <b>notes</b> 5:15 187:8 208:22 <b>noteworthy</b> 233:5 242:17 244:6 272:18 <b>notice</b> 263:18 <b>noticing</b> 262:19 <b>nuanced</b> 161:21	<b>number</b> 4:10 26:24 61:23 64:23 67:1 103:1 155:24 <b>numbers</b> 26:4,9 33:17,21 34:21 189:11 <b>numerous</b> 127:21 <b>nw</b> 2:13 <b>o</b> <b>o</b> 6:1 175:1,1,1 <b>o'clock</b> 174:1 <b>oath</b> 13:6,7 45:7 <b>object</b> 95:22 96:24 178:24 267:20 273:11 <b>objection</b> 10:7 14:5,9,18 15:3 15:9,15,20 16:12,23 17:8 18:10,20 19:5 19:8,13,18 20:4,11,13,23 21:18 27:3,24 28:4,11,17 29:1,4,16,24 30:8,13,17 31:17,22 32:7 33:24 34:8 37:4,16 38:4 39:11,22 40:21	41:2 42:9 47:16 49:10 50:1,13,18 51:10,13,17,24 52:3,8,14,20 53:3,12 54:14 54:18 55:22 56:6,11,24 57:6,10,14,22 58:2,9,13,22 59:23 60:16 61:5,22 64:2 65:6 67:23 68:4,9 74:9,20 75:2,12,20 76:9 77:3,16 78:3,14 79:8 79:12,16,20 80:2 83:8,10 83:16,22 84:8 84:16 85:5,13 85:19 86:10,19 86:22 87:9,15 87:23 88:6,20 89:9,18 90:4 90:13,21 91:9 92:10,18 94:1 94:6,15 95:3,5 95:10,13 96:2 97:20 99:6,16 99:20 100:24 101:12,17 102:7,17 103:3 103:5,12,17,23
--	---	---	--

104:2,9,23	147:20 148:13	198:6,20 199:6	246:4,14,20
105:13 106:2,7	149:10,24	200:4,13 202:8	247:2,5,12,22
106:17 107:1,8	150:20 152:3	203:7,13,22	248:4,13,19
107:10 108:1	153:2 154:5,12	205:3,7,21,24	249:4,7,11,20
108:12 110:1	154:21 155:9	206:5,10,16,23	250:3,12,18
110:10,13,18	155:23 156:11	207:16,21	251:4,17,20
111:4,13	156:19 157:6	208:4,11,15	252:5,11,17,23
112:21 113:9	157:20 158:7	209:23 210:10	253:3,11 254:4
113:18 114:1	160:3,9 163:7	212:4,17	254:12 255:15
114:11 115:7	164:4,15	213:22 214:13	255:22 256:18
115:23 116:14	165:15,19	214:23 215:20	256:23 257:6
117:3,9,12,19	166:9,24	216:5,13,18	257:15 258:4
117:24 118:13	167:15 168:17	217:1,13,22	258:22 259:4
118:21 119:2	168:21 169:7	218:6,23	259:10,12
119:21 120:6	171:4,22 172:3	219:19,21	260:3,9,11,18
120:15 121:2	172:11,14	221:9,16,18	261:5,22 262:7
123:17 124:7	173:1 175:16	222:21 223:20	262:15 263:14
124:12,20	176:9,17 177:2	224:2,11,22	264:1,5,20
125:12,19	178:6,15 179:4	225:6 227:3	265:7,19 266:1
126:5,9 129:8	179:12,19	229:11 230:2,6	266:4,13,19
130:3,17 131:9	180:1,9 181:4	230:11,17	267:12,17
132:17 133:1	182:8,11,15	232:20 233:14	268:11 269:5
133:19 134:12	183:8,16,24	233:20,23	269:21 270:6
134:16,18,22	184:10,21	234:8,12,23	270:11,19
135:18 136:1	185:18,22	235:2,7,10	271:5,7,13,20
136:10,13,21	186:15 187:1	236:11,17,22	271:24 272:9
137:5,23 138:3	187:20,24	237:3,9,17	272:16 273:2,9
138:11,19	190:11,19	238:3,13,23	273:11,19,22
139:3 140:2,15	191:12,23	240:6,10 241:1	274:13,18,23
141:1,21 142:3	192:6,13,17	241:23 242:15	275:5,14 276:5
142:11,21,24	194:7 195:8,14	242:21 243:7	<b>objective</b>
143:12,17,20	195:20 196:6	243:12,19	155:17 217:20
144:3,22 145:3	196:23 197:7	244:1,20 245:1	247:3 257:3
145:11 147:13	197:11,19,22	245:12,19,21	

<b>observation</b> 187:18 192:21	111:22 117:17 117:20 118:15	<b>official</b> 263:12	43:24 44:3,11
<b>observations</b> 187:9,11	119:11 124:23 125:9 129:20	<b>officially</b> 261:20	44:16,22 45:2 45:22 46:21
<b>observed</b> 232:16	135:3 175:19 175:22 199:12	<b>oftentimes</b> 137:9 161:10 196:14	47:14,24 48:4 48:18,22 49:7 49:12,15 50:4 50:16,23 52:2
<b>obstructive</b> 257:5 258:1,6 259:8 260:14 260:17 261:21 265:4,5,17 266:11,14,17 266:24 267:2 267:10,23	216:1 242:3 246:17 250:16 259:6 267:21 267:23 273:7	<b>oh</b> 63:16 126:19 139:20 200:24 222:1 231:5 272:13	52:17 53:5,10 54:10,17 55:13 55:20 56:1,21 57:4 58:1,4,18 58:23 59:14,20 60:7,11,22 61:1,7,10,24 62:9,13 63:6 63:16 64:5,13 64:18 65:1,4 65:20,22 66:17 66:21 67:6,8 67:10,13 68:1 68:19 69:1,18 69:21 70:1,4 70:12,16,20 71:19 72:7,17 72:24 73:9,16 74:2,23 75:7 75:23 79:14,22 80:4 81:15,21 81:24 82:20 85:2,7,15 87:12 88:3,13 88:16 89:16,20 90:6,24 91:11 91:21 92:5,20
<b>obtain</b> 105:21	<b>offered</b> 16:10 19:23 87:19 88:18 175:6 195:2,21 196:9 251:1	<b>okay</b> 7:1,5,7,23 8:8,16,22 9:4 10:22 11:1 13:18 14:2,7 14:15,23 15:17 15:22 16:6,18 19:10 20:18 21:7,15,21 22:2,17,18,23 23:2,12,19,24 24:6,9 25:11 25:13,22 26:1 26:5,10,12 27:8,16,20 28:7,20 30:2 30:11,19 31:3 31:19 32:4,9 33:22 34:20,22 35:5,8 36:7,17 36:21 37:12,24 38:11,14,17 39:7,18 40:9 40:12 41:5,6 42:2 43:11,18	
<b>obtained</b> 228:18	<b>offering</b> 14:4 14:15 15:7,23 17:6 20:22 33:3 67:15 88:4 89:16 91:1 110:7 118:10 129:9 142:12,14 175:20 176:22 198:3 199:20 199:22,23 209:19 218:4 221:6 268:3	<b>office</b> 5:21 235:15 <b>officer</b> 268:9,18 271:1 <b>offices</b> 1:19	
<b>obviously</b> 158:22			
<b>occupational</b> 131:17 220:11 228:7 268:16 270:22,23			
<b>occurred</b> 177:23 191:7 191:10 193:12 203:5 230:15 256:1			
<b>october</b> 212:23			
<b>odds</b> 242:24 245:18			
<b>offer</b> 13:20 15:1,13 21:8 68:14 105:19			



93:13,20 94:11	154:1 155:6,14	210:18 211:6	269:1 270:3,8
94:21 95:8	156:8,16 157:1	211:13 212:2,5	270:15 274:10
98:22 100:7,12	158:2,22 159:1	212:21 213:16	274:20 275:3
100:20 101:2	159:7,14,20	215:2,14 216:9	276:3
103:1 104:16	162:1,16 163:1	218:17 219:15	<b>old</b> 23:1 180:17
104:18,21	165:6,10,13,17	220:4,17,23	185:10 190:7
105:8,23	165:23,24	221:21 222:24	<b>older</b> 81:17
106:12,20	166:7,11	223:4,14,17	<b>omit</b> 127:1
107:3,19 108:7	168:14 169:2,5	224:16 225:11	<b>once</b> 94:8 109:6
108:14 109:14	170:4,14	226:1,3,5,19	113:15
111:8,17 113:3	171:12 172:18	227:13,15,19	<b>one's</b> 72:12
113:14 114:6	173:12,21,24	229:6,14 230:8	101:6 157:9
115:14,18	175:12 177:5	230:22 231:6	263:3
116:11 118:19	177:16 179:7	231:18,23	<b>ones</b> 44:7 66:19
121:18 122:4,5	181:12 182:5	234:10 235:5	85:20
122:9 123:14	182:24 184:3	235:23 236:4	<b>ongoing</b> 263:11
124:9 125:1,5	184:23 185:9	236:20 237:6	264:16
126:19,21	185:15 186:19	237:12,23	<b>onset</b> 117:1
127:22 130:21	187:4,17,22	238:19 239:17	177:19 227:11
131:20,23	188:4,9,16	240:8,16,23	228:19 229:9
132:11,22	189:7,9,17	242:3 243:22	230:15,20
134:9 136:18	190:7 191:9,16	245:23 248:10	235:24 244:18
137:12 138:6	191:18 193:19	249:5,17,24	254:18 256:1
138:22 139:19	194:5,13,20	250:7 252:2,20	256:12 257:12
140:6,20	195:1,11 197:5	253:5,17,22	257:12,16
143:24 145:7	198:15 200:6	254:11,15	259:19 260:8
145:15,22	200:24 201:21	255:7,13,24	263:11,16,17
146:15,15	202:2,5,13,20	256:11,21	264:16 267:3
148:6,10 149:2	203:1,10 204:1	257:3,11,18	<b>operated</b> 143:8
149:5,19	204:20 205:14	258:11,20	144:11
150:17 151:6	205:14,18	259:1 261:9,16	<b>operates</b>
151:13 152:5,7	206:14,20	261:24 262:4,9	150:12
152:10,18	208:12,20	263:21 264:3	<b>opine</b> 87:24
153:7,12,20	209:6,9,18	264:23 268:6	94:17 120:19

221:14 268:7 <b>opinion</b> 15:7 32:17 56:16 86:17 87:21 88:4 89:6,16 90:9,14 91:3,6 91:10,12 93:2 93:6 99:23 109:21 110:6,7 110:16 111:3 111:23 112:4 116:21,23 118:10,19 119:1,4,5,6,18 119:19 125:9 130:7,13 135:16 143:4 175:6 177:13 183:14 196:9 198:3,12,14,16 198:17 199:21 199:23 203:3,4 204:17 205:6 209:19 210:3 212:15 216:1 218:5 219:3 220:19 221:6 228:21 242:4 251:2 253:22 255:21 257:8 265:20,20 273:7 275:16 <b>opinion's</b> 125:14	<b>opinions</b> 13:20 13:22 14:3,7,8 14:10,12,13,16 15:1,13,17,23 16:3,8,10,13,14 16:16,20 17:2 17:3,4 19:16 20:1,1,9,21 21:6 27:14,17 29:15,23 30:7 33:3 56:22 57:1 67:14 68:14,16 72:19 73:1 75:8 85:16,20,21 87:7,19 89:10 91:1 96:6 105:15,19 106:18 110:3,5 111:17,19 117:17,20 118:15 119:11 124:22 125:13 129:3,9,11,16 129:20 130:11 133:16 134:24 135:3 137:2,3 137:6,19 142:12,14 144:8,21,23 175:19 176:22 195:2,17,19,22 199:13,22 222:9 241:19	246:9 250:16 266:20 267:21 267:24 268:3 <b>opportunity</b> 12:17 95:15,21 119:8 241:21 248:7 249:1 <b>orbits</b> 188:2 <b>order</b> 4:18 48:6 177:22 224:24 258:19 <b>original</b> 5:23 27:21 34:13 <b>osa</b> 255:5,12 256:10 257:2 259:18,19,22 260:2,5 261:3 261:7 264:7,12 264:14,16 265:9 267:4,7 <b>outcome</b> 278:15 <b>outcomes</b> 199:16 <b>outline</b> 180:15 <b>outpatient</b> 33:7 223:7 <b>outside</b> 14:7 21:22 83:20 88:1 124:18 241:8 <b>overt</b> 263:5 <b>owing</b> 155:3	<b>own</b> 42:17 56:9 68:16 190:23 192:8 273:20 273:24 275:12 275:12 <b>oïğ</b> 2:2
			<p style="text-align: center;"><b>p</b></p> <b>p</b> 6:1 170:13 187:12 244:11 <b>p.a</b> 2:3 <b>p.m.</b> 146:19,22 174:7 175:2 222:2,5 261:10 261:13 276:15 276:18 <b>p.o.</b> 2:21 <b>page</b> 4:10 12:14,14 21:10 21:12 63:11 73:13,14,21 92:24 93:1,2 96:6 97:9 100:1,3,5 104:15 121:21 121:22 126:13 126:13,17,18 131:11 132:18 151:13 152:10 152:19,19 153:12 159:11 159:12 162:2,2 162:22 165:2 180:15 184:12

192:21,24	<b>parkinson</b> 5:8	118:6,7,11,20	230:20 231:15
201:5,5,7,18,21	5:18,20 39:5	119:20 125:11	235:1 236:1,6
202:13 211:23	129:13 166:14	126:2,8 128:6	236:10,16
212:1,10	219:23,24	129:5,10,22	237:15 238:1,1
219:24 223:2	222:13 231:9	130:16 133:21	238:7,10,18,21
226:6,20 227:5	<b>parkinson's</b>	135:9,12,22	242:13 245:16
227:15,20	5:10 10:17,24	136:16 138:10	250:11,17
228:5,5 229:15	23:17,22 31:4	139:1 140:14	253:19 254:18
230:1,8 231:19	31:8,15,20	140:23 143:10	254:20 256:13
231:20 233:1	33:4,12 34:11	144:13 145:20	257:12 260:15
239:23 253:23	34:14,17,19,24	145:23 146:1,3	260:16,21
268:7 277:8	35:2,4 36:3	146:4,8 147:1	261:1,4,8
<b>pages</b> 1:2 25:8	37:19 38:12,15	147:2,10,12,18	262:1,6,13,17
212:2 228:4	39:3,5,6,9 40:1	148:12,24	263:10,12,15
<b>paid</b> 57:12,16	40:3,5,7,10,13	149:22 154:20	263:22 264:10
57:20	40:15,19 41:11	156:10,13,17	264:17 270:9
<b>pain</b> 154:17	41:12,15,19	156:23 157:2,5	270:18 271:17
156:3 190:14	42:4,20 43:2	157:10,22	274:11,16,21
190:21	46:18 74:3,4	158:1,4,6	275:13 276:4
<b>painful</b> 156:5	77:7,9 78:11	159:2 162:5,13	<b>parkinsonian</b>
<b>papantonio</b> 2:2	78:13 79:6,11	163:5,11 164:3	32:13,15 33:2
<b>paper</b> 226:17	79:15,19,23	164:11,14	33:5 34:15
<b>paragraph</b>	80:4,19,21	166:23 167:9	35:21 42:21
100:4 104:17	81:3,24 88:10	168:10,20	43:5 168:3
122:10,22	89:11 90:2,12	169:17 171:2	<b>parkinsonism</b>
127:16 151:14	90:17 91:5,17	175:9 177:4,14	35:3 43:6
151:16 165:7	92:9 101:6,9	177:19 198:5	159:3,16
231:24 239:13	101:23 103:20	198:19,23	160:16 161:16
268:12	105:3,5,21	200:3 209:22	163:11,20
<b>parallel</b> 109:8	108:21,22	210:8,13,15,17	<b>part</b> 11:8 15:10
<b>parcel</b> 109:15	112:22 113:7	219:7,13,16	41:20 42:1
155:15	114:10 115:10	220:6,21,24	47:21 75:16
<b>parkin</b> 108:22	116:17 117:1,6	227:12 228:19	86:3 109:15
	117:23 118:1,5	229:9 230:15	113:4,7 149:16

153:3,8 155:3 155:15 188:5 196:20 211:7 237:21 238:6 <b>particular</b> 40:2 42:8 256:7 266:23 <b>particularly</b> 32:23 46:10 47:2 56:19 <b>parties</b> 69:8 278:13 <b>party</b> 122:11 122:24 123:5 <b>passive</b> 212:24 <b>past</b> 17:14 54:3 66:3 70:11 124:8 153:4,8 <b>pathological</b> 239:4 <b>pathology</b> 232:16 239:9 <b>patient</b> 42:18 86:17 107:23 181:22 212:6 213:13 214:2,4 214:17 216:22 217:3,8 225:4 231:21 262:23 267:9,14,14 274:20 <b>patient's</b> 273:23	<b>patients</b> 31:15 31:21 32:11,20 33:8 34:23 35:19 40:24 41:9 44:4,5,14 44:18 45:17,19 45:20 46:2,15 46:19,24 47:5 47:9 74:5,6 88:5 167:20,24 168:3,12 199:20 231:24 232:4 233:4,7 233:9 234:13 234:14 239:7 242:24 244:5 244:22 245:3 245:10 258:18 260:16 265:1,3 265:9,10 273:16 274:4 <b>pause</b> 7:17 11:20 13:15 48:16 71:17 72:5,15 91:19 91:23 122:19 154:13,23 167:2 168:22 170:11 175:10 181:5 184:11 188:11 191:13 194:8 205:4,16 211:4 229:12 231:4 240:11	242:22 246:15 247:23 254:13 257:7 259:13 <b>pd</b> 127:12,19 131:21 132:3,7 132:9 152:21 159:10,15 160:16 161:16 162:19 165:4,8 168:1 170:10 171:6 175:14 226:9 227:23 229:17 233:4,6 233:9,9,12,17 233:18,18 234:3,3,6,7,13 234:13,18 242:18,19,20 244:5,7,10,18 244:23,23 245:3,7 256:1 260:7 <b>pellets</b> 269:13 270:13 271:11 271:12,18 <b>pendleton</b> 74:5 <b>pensacola</b> 2:6 <b>people</b> 32:23 35:12 37:23 38:7 77:18 79:23 81:11 82:3 83:3 84:20 148:4 157:23 163:23	164:6,7 182:19 224:19,20 225:1 232:18 233:17,17 234:2,3,19 238:20 240:21 242:19,20 243:2,13 246:1 256:7 260:21 260:22 262:19 263:18 265:16 265:21,22 266:5,6,16,20 267:22 <b>peptic</b> 232:15 <b>percent</b> 26:6 99:13,13,14 102:4 236:14 <b>perfect</b> 8:3 <b>perform</b> 140:5 <b>performed</b> 82:22 224:14 <b>period</b> 50:4 59:14 82:8 256:5 263:24 266:8 <b>periods</b> 167:22 <b>peripheral</b> 47:2 <b>pernicious</b> 168:12 172:15 <b>person</b> 43:9 58:11 67:2 81:17 82:14 101:10 106:22
---	---	--	--

137:8 178:2,5 256:3 <b>person's</b> 109:10 178:23 <b>personal</b> 273:20,24 <b>personality</b> 212:24 <b>personally</b> 54:22 68:7 <b>perspective</b> 18:14 <b>pertains</b> 138:9 138:24 <b>pesticide</b> 250:5 250:15,20 251:3,7 252:1 252:2,4,16,21 252:21 253:16 <b>pesticides</b> 246:13,19 247:1,4,10,20 247:21 248:6 248:12 249:10 249:15,19,22 250:2,10,17 251:8,15 252:7 253:13 <b>peterson</b> 4:13 4:18 5:2,13,15 7:3 9:2,14,17 26:14,16,20 71:9,12,16 79:15 82:21	90:3 91:21 115:22 145:1 145:17 179:9 203:1,4 204:9 204:16,18 206:21 207:15 208:22 209:4 222:18 223:17 226:5,20 227:17 229:2 251:10 254:7 254:17 <b>peterson's</b> 208:3 226:21 <b>phase</b> 236:6,19 236:24 237:5,8 237:19,20,22 262:6,18 263:6 264:4 <b>phd</b> 1:15 4:3 277:2,17 278:8 <b>phillips</b> 2:19 <b>phone</b> 146:17 160:23,24 <b>physical</b> 154:7 157:9,10,18,21 159:2,9,14 160:15 161:15 162:4,13,18 163:5,15 164:13 <b>physically</b> 153:24 157:24	<b>physician</b> 32:23 33:3 109:9 <b>physician's</b> 88:15 89:14 <b>physicians</b> 182:18 <b>pick</b> 21:11,11 <b>piece</b> 30:15 86:11 90:22 144:14 <b>pieces</b> 136:22 <b>pig</b> 247:9,11,14 249:6,10,13,13 <b>pinpointed</b> 100:15 198:24 220:15 268:22 <b>place</b> 183:18 263:8 <b>places</b> 143:22 <b>plaintiff</b> 2:8,24 177:17 178:2 <b>plaintiffs</b> 1:16 6:17 10:15 15:1 87:2,3 91:2 133:7,15 133:17 145:18 175:6,7 219:16 <b>plan</b> 18:2,6,8 187:12 <b>planning</b> 13:24 67:14 <b>plans</b> 18:12,13 23:22	<b>planted</b> 247:18 <b>plastic</b> 269:13 270:12 271:10 271:12,18 <b>plastics</b> 271:22 <b>plat</b> 28:17 <b>platt</b> 2:11 10:7 11:2,8,11 12:7 12:9,15,24 13:3 14:5,9,18 15:3,9,15,20 16:12,23 17:8 17:17 18:10,20 19:5,8,13,18 20:4,11,13,23 21:18 22:14,18 24:2,6,9 27:3 27:24 28:4,11 29:1,4,16,24 30:8,13,17,20 30:24 31:17,22 32:7 33:24 34:8 37:4,16 38:4 39:11,22 40:21 41:2 42:9 45:5,9 47:16 49:10 50:1,13,18,23 51:10,13,17,24 52:3,8,14,20 53:3,12 54:14 54:18 55:6,22 56:6,11,24 57:6,10,14,22
---	---	---	---

58:2,9,13,22	107:10 108:1	147:20 148:13	191:23 192:6
59:23 60:2,16	108:12 110:1	149:10,24	192:13,17,23
61:5,22 63:10	110:10,13,18	150:20 152:3	194:7 195:8,14
63:13 64:2	111:4,13,24	153:2 154:5,12	195:20 196:6
65:6 66:19	112:5,21 113:9	154:21 155:9	196:23 197:7
67:23 68:4,9	113:18 114:1	155:23 156:11	197:11,19,22
69:2,7,11	114:11,19	156:19 157:6	198:6,20 199:6
73:13 74:9,20	115:7,23	157:20 158:7	200:4,13,23
75:2,12,20	116:14 117:3,9	158:18 160:3,9	202:8 203:7,13
76:9 77:3 78:3	117:12,19,24	160:18,22	203:22 205:3,7
78:14 79:8,12	118:13,21	162:21,23	205:21,24
79:16,20 80:2	119:2,7,21	163:1,7 164:4	206:5,10,16,23
83:8,10,16,22	120:6,15 121:2	164:15 165:15	207:16,21
84:8,16 85:5	122:7 123:17	165:19 166:9	208:4,11,15
85:13,19,23	124:7,12,20	166:18,24	209:23 210:10
86:10,19,22	125:12,19	167:15 168:17	212:4,17
87:9,15,23	126:5,9 128:2	168:21 169:7	213:22 214:13
88:6,20 89:9	128:8,11 129:8	169:14,21	214:23 215:20
89:18 90:4,13	130:3,17 131:9	170:2 171:4,22	216:5,13,18
90:21 91:9	131:24 132:17	172:3,11,14	217:1,13,22
92:10,18 94:1	133:1,6,8,12,19	173:1,5 174:1	218:6,23
94:6,15 95:3,5	134:12,16,18	175:16 176:9	219:19,21
95:10,13,19	134:22 135:18	176:17 177:2	221:9,16,18
96:2,15,21	136:1,10,13,21	178:6,15,24	222:21 223:20
97:11,14,20	137:5,23 138:3	179:4,6,12,19	224:2,11,22
98:1,6,11,14	138:11,19	180:1,9 181:4	225:6 227:3
99:6,16,20	139:3,10,16	182:8,11,15	229:11 230:2,6
100:24 101:12	140:2,15 141:1	183:8,16,24	230:11,17
101:17 102:7	141:21 142:3	184:10,21	232:20 233:14
102:17 103:3,5	142:11,21,24	185:18,22	233:20,23
103:12,17,23	143:12,17,20	186:15 187:1	234:8,12,23
104:2,9,23	144:3,22 145:3	187:20,24	235:2,7,10
105:13 106:2,7	145:11 146:9	189:15 190:11	236:11,17,22
106:17 107:1,8	146:13 147:13	190:19 191:12	237:3,9,17

238:3,13,23	273:11,19,22	227:2 235:12	196:13 209:16
240:6,10 241:1	274:13,18,23	235:13 240:8	217:16 218:3
241:23 242:15	275:5,14 276:5	246:7 247:24	243:20 256:9
242:21 243:7	276:11	248:14 257:4	265:10 267:6
243:12,19	<b>plausibility</b>	258:12 263:18	<b>possible</b> 29:20
244:1,20 245:1	109:2	267:3	79:2 105:5,23
245:12,19,21	<b>play</b> 103:7	<b>pointed</b> 161:15	107:13 150:3
246:4,14,20	109:3,12,13	208:19 275:17	168:24 170:18
247:2,5,12,22	116:20 129:23	<b>pointing</b>	200:1 219:9
248:4,13,19	134:7 136:6	161:13 219:4	237:20 251:7
249:4,7,11,20	150:7 156:21	274:8	253:10,15
250:3,12,18	225:24 239:5	<b>points</b> 44:9	257:13 268:1
251:4,17,20	<b>player</b> 184:7,15	<b>poison</b> 252:10	<b>postmortem</b>
252:5,11,17,23	190:15 191:2	252:15	168:3
253:3,11 254:4	<b>playing</b> 190:15	<b>poisoning</b>	<b>potential</b> 52:7
254:12 255:15	206:12 207:8	49:21	77:8 88:11
255:22 256:18	209:20	<b>population</b>	89:12 102:23
256:23 257:6	<b>plea</b> 239:6	37:6 147:4	103:1 105:6
257:15 258:4	<b>please</b> 8:3	159:4 164:18	106:10,14,16
258:22,24	84:16 85:23	225:4 266:21	107:6,24 113:6
259:4,10,12	112:6 139:19	267:22	113:12,16,21
260:3,9,11,18	141:8 173:2,5	<b>populations</b>	115:11,12
261:5,22 262:7	<b>plenty</b> 249:1	233:17 234:2	116:9 127:2,7
262:15 263:14	<b>point</b> 14:20	<b>portions</b> 96:5	131:15 135:11
264:1,5,20	28:21 82:11	144:7	135:16 140:23
265:7,19 266:1	93:5 103:8	<b>positive</b> 231:24	142:2 148:2,2
266:4,13,19	104:6 114:8	233:5 242:18	151:19 156:17
267:12,17	117:22 128:8	243:1 244:6	171:1 184:19
268:11 269:5	129:22 130:2	<b>possibilities</b>	195:24 196:8
269:21 270:6	130:23 163:14	239:2	196:11 197:24
270:11,19	163:21 170:15	<b>possibility</b>	198:21 204:16
271:5,7,13,20	172:5 183:10	103:24 186:10	210:3,16 216:8
271:24 272:9	183:17 192:23	188:20 192:7	218:15,19
272:16 273:2,9	200:14 218:24	192:10 194:18	219:12 220:10

220:10 221:11 221:13 226:9 226:21 227:23 228:6 230:4,10 242:10 245:16 247:7 251:15 251:23 252:1 253:14 257:9 260:6 268:5,9 268:14 270:22 272:4,10 276:6 276:7 <b>potentially</b> 17:11 99:9 171:10 221:2 <b>practice</b> 31:5 36:6 41:17 42:3,17 99:22 102:11 111:7 113:13 217:20 <b>practices</b> 84:2 <b>preceded</b> 239:10 <b>precedent</b> 162:9 <b>preceding</b> 244:8,9 <b>precipitate</b> 239:3 <b>precise</b> 67:12 97:8 251:5 <b>precisely</b> 96:17 <b>prediabetes</b> 127:6 226:11	227:24 228:12 229:8,20 <b>preexisted</b> 229:8 <b>preface</b> 199:10 <b>prefer</b> 41:7 <b>preliminary</b> 61:3 <b>preparation</b> 61:11,15 <b>prepared</b> 23:6 <b>preparing</b> 63:3 66:14 67:17 <b>prescribed</b> 255:2,6 <b>presence</b> 232:14 <b>present</b> 127:2 131:16 213:9 <b>presentation</b> 43:10 77:7 78:22 107:12 <b>presentations</b> 40:10 119:13 <b>presenting</b> 32:12 35:21 275:8 <b>presently</b> 80:18 80:19 83:6 <b>presumably</b> 193:12 <b>pretty</b> 45:12 <b>prevalence</b> 74:4 233:3,8	244:4 <b>preventative</b> 5:6 158:13 <b>prevention</b> 163:23 <b>previously</b> 39:1 69:24 <b>primarily</b> 36:1 269:13 <b>primary</b> 31:14 32:4 33:9 35:2 269:16 275:19 <b>principle</b> 80:13 <b>principles</b> 43:20 44:6 46:8 <b>print</b> 75:11 <b>printed</b> 74:24 76:24 <b>printout</b> 169:22 <b>prior</b> 49:1,7 50:19,21,21 51:7 53:1,19 53:24 54:10 59:21 60:12 152:12,16 154:19 177:18 181:15 214:2 228:19 230:20 233:3 244:3 255:2 256:12 256:22 257:5 258:2 263:3	<b>privileged</b> 53:13 54:4 69:4,13 <b>probably</b> 11:22 27:5 107:20 150:19 180:20 182:3 193:20 193:22 264:3 267:14 <b>problem</b> 189:18 239:24 <b>problems</b> 155:20 <b>procedure</b> 1:17 232:10 <b>process</b> 66:5 80:23 81:19 83:2 108:2,18 109:2 236:13 237:14 263:9 264:15 <b>proctor</b> 2:2 <b>prodromal</b> 237:18 <b>prodromal</b> 236:6,19,24 237:5,8,18,20 237:22 262:6 262:18 263:4,6 264:4,7,14 <b>produce</b> 122:11 123:5 167:21 <b>produced</b> 22:11,14 24:3 24:12,16 30:24
---	--	--	--



64:8 <b>products</b> 4:19 48:7 <b>professional</b> 124:22 <b>professionals</b> 273:21 <b>programs</b> 163:24 <b>progress</b> 5:15 80:7 82:9,10 85:3 208:22 <b>progression</b> 162:24 <b>progressive</b> 80:5,9 81:20 263:17 <b>proinflammat...</b> 168:4 <b>promote</b> 238:9 <b>promoted</b> 163:23 <b>proof</b> 122:6,10 122:21,23 123:4,21 <b>proportional</b> 245:9 <b>prospective</b> 159:3 162:11 <b>protective</b> 41:24 157:12 162:3 <b>protocol</b> 96:22 96:24	<b>proven</b> 157:19 <b>provide</b> 20:20 25:13 28:9,23 147:4 163:10 213:23 218:19 <b>provided</b> 18:13 19:17 20:1,9 27:18 28:16 29:13 38:20 50:7 70:17 75:4 89:6 136:19 171:16 215:7 229:3 <b>provider</b> 32:22 <b>psychiatric</b> 45:18 216:16 <b>psychiatrist</b> 45:23 <b>psychiatry</b> 35:17 44:12,20 44:24 <b>psychological</b> 213:7 <b>ptsd</b> 127:4 229:18 <b>public</b> 1:18 277:21 278:6 278:23 <b>publication</b> 23:20 38:19 40:3,4,6 <b>publications</b> 23:10,16,16 38:11,17,21	39:4,8,24 40:8 <b>published</b> 38:14 39:3 40:24 <b>pull</b> 24:20 100:1 <b>pulled</b> 76:7 <b>punch</b> 184:6,13 <b>punched</b> 185:11,23 <b>puncture</b> 271:9 <b>punctured</b> 269:8 <b>purpose</b> 129:4 <b>purposes</b> 108:9 111:15 <b>pursuant</b> 1:16 <b>put</b> 22:4 128:3 141:13 142:7 172:8 238:24 259:7,8 262:4 269:24 273:13 <b>putting</b> 141:15 172:13 241:14	<b>quantity</b> 270:18 271:4 <b>question</b> 7:14 8:19 10:11 12:21 14:19 15:10 20:7,15 23:4,4,14 29:10 30:14 33:1 34:9,10 36:17,23,23 39:23 45:2,4,6 45:10 57:15 82:16 86:2 90:5 95:20,23 96:15,18,19 97:8,10,15,18 97:24 98:3,9 98:10,12,15,17 98:18 99:9,11 102:18 103:18 104:3 108:15 108:18 112:6 114:20 119:8 119:15,17 133:9,11,13,14 138:22 139:11 141:3,10,23 142:8 143:2 146:10 149:17 160:21 161:2 167:17 168:7 172:19 173:4,6 173:8,9 192:14 194:20 198:13
		<b>q</b>	
		<b>qaul</b> 223:21 <b>qualifications</b> 58:14 <b>qualified</b> 223:18 <b>quality</b> 81:10 82:4 83:4 87:24 88:14	

206:1 208:8 209:10 233:22 234:1 243:15 243:16 246:6 258:7 264:11 264:12,12 270:3 <b>questions</b> 7:13 7:16 8:2,11,12 8:13 13:5 16:1 17:11,13 41:4 44:6 50:16,24 51:15,18 78:15 78:16 83:12 95:14,16 97:12 110:2 116:7 118:17 119:10 138:1,4 160:6 160:8,10 174:3 276:10,11 <b>quick</b> 187:7 <b>quite</b> 44:21 82:5 <b>quotation</b> 212:12 <b>quote</b> 182:17 <b>quoted</b> 5:24 74:23 123:3	<b>radial</b> 193:17 <b>radius</b> 193:6,11 <b>rai</b> 244:13 <b>raised</b> 192:8,10 192:16 <b>ran</b> 154:2 <b>range</b> 105:20 116:19 127:2 129:23 130:1 131:15 154:16 219:12 <b>ranges</b> 76:5 <b>rarely</b> 112:22 <b>rate</b> 245:8 <b>rather</b> 32:22 34:2 117:14 150:13 175:24 218:15 221:3 250:21 253:14 260:5 265:9 266:21 267:4 267:23 269:12 <b>ratio</b> 170:12 232:5 243:2 245:8,18 <b>rations</b> 242:24 <b>ratios</b> 245:9 <b>ray</b> 193:17 <b>reach</b> 49:12 <b>reached</b> 49:8 170:8 <b>read</b> 5:24 11:23 12:13 51:21 52:5,12 53:1	55:13 75:1,11 76:17,19 87:18 91:7 93:11 96:19 97:1,15 97:17 98:22 99:5 100:18,22 101:3 114:22 114:22,23 116:5 122:18 122:20 123:12 127:15 128:1 128:10 135:15 135:24 141:8,9 146:6,12 151:24 158:22 159:5,17,21 165:11 166:7 167:1,3 170:10 173:10 216:20 218:9 228:9 229:22 270:4 277:3 <b>reading</b> 28:15 52:19 193:1 202:11 217:11 227:8 231:23 248:10 <b>ready</b> 65:2,4,23 66:22 <b>real</b> 187:6 <b>realize</b> 47:19 <b>really</b> 11:21 17:10 42:1,12 43:8 77:6 88:7	89:10 101:18 109:15,17 129:20 143:23 154:1 219:13 <b>reargue</b> 144:20 <b>reason</b> 38:19 181:24 212:8 213:15 216:23 217:9 227:4 <b>reasonable</b> 90:14 91:14 93:8,22 94:3 94:10,19,23 95:7 98:20 99:1,2,17,23 101:8,13,19,22 102:8 107:16 112:17 116:15 117:5,15 120:10,18,21 123:19 124:2 124:16,23 125:7 127:18 130:5,19 132:5 132:8 134:6 135:4 136:5,14 143:7 144:10 144:17 145:5 155:10 179:20 195:2,6,12,22 196:4,10,16 210:14 216:1,6 218:2 220:19 253:9 268:4
<b>r</b>			
<b>r</b> 6:1 175:1 277:1 <b>ra</b> 167:20			

270:16 <b>reasonably</b> 221:1 <b>reasons</b> 210:7 <b>rebuttals</b> 104:4 <b>recall</b> 18:22 25:10 50:15 51:18,19 52:1 52:4 53:4 58:3 58:5 60:6,7 61:6,23 65:21 66:1 75:13 121:4 210:22 240:7 248:6,18 253:20 <b>recalled</b> 180:21 215:10 269:7 <b>recalls</b> 269:11 <b>receive</b> 182:20 266:9 <b>received</b> 227:9 <b>recently</b> 177:8 <b>recess</b> 17:20 71:1 128:21 146:20 174:8 222:4 261:12 <b>recollection</b> 248:5 <b>reconvene</b> 13:13 <b>record</b> 5:17,24 6:4,11,23 8:5 11:3 12:3,11 17:16,19,22	22:3 30:21 59:10 70:24 71:3,8 72:17 97:17 121:24 128:20,23 141:9 146:19 146:22 169:10 169:22 174:7 175:3 180:5 185:6,15,20 186:22 187:5 187:15,16 190:2 191:10 191:14 193:24 194:1,5,9,22 197:6 201:3,3 201:6,8 203:19 205:19 206:3 206:20 207:13 207:14,17 208:6,14 211:8 211:11 212:13 212:23 213:2 213:17 215:6 216:11 217:3,5 222:3,6 228:18 229:1 235:20 239:19 240:3,4 241:4 258:11 261:11,14,23 276:16 277:5 278:10 <b>record's</b> 194:13	<b>records</b> 5:12 25:23 26:2,7 26:11,23 27:4 27:5 31:24 61:12,15 62:9 65:13 85:17 87:5 88:9 112:16 113:11 154:15 155:1 156:2 179:14 183:1,3 186:13 196:3,13 197:12 200:18 201:4 202:6,19 205:12 207:18 208:3,9,10,16 209:14 218:12 227:8 228:20 235:13 241:20 241:24 242:1,2 252:24 253:4,5 259:2,2,5 <b>recross</b> 4:2 <b>redirect</b> 4:2 <b>redo</b> 128:14 <b>reduce</b> 82:6 83:3 158:5 <b>reduces</b> 164:14 <b>reducing</b> 164:17 <b>reduction</b> 163:4 239:8 <b>refer</b> 31:15 226:3	<b>reference</b> 21:13 54:20 60:4 65:17 72:22 74:8 75:15 153:14 158:20 163:12 166:1 226:14 <b>referenced</b> 74:13 <b>references</b> 21:9 21:19,22 56:17 176:2 271:15 271:16 <b>referring</b> 24:19 52:10 114:2 175:21 184:6 192:24 193:5 204:7 248:1 <b>reflect</b> 186:22 192:2 <b>reflected</b> 59:18 <b>reflecting</b> 19:16 20:8 <b>reflects</b> 198:12 <b>regard</b> 16:5 <b>regarded</b> 221:1 <b>regarding</b> 52:6 162:14 <b>registered</b> 278:4,21 <b>regression</b> 162:17 <b>regularly</b> 217:19
--	---	---	---

<b>rehabil</b> 35:11	112:9 114:14	<b>rendered</b>	105:10,20
<b>related</b> 33:4	115:16 116:5	108:23 265:12	106:13 110:8
34:15 35:1,3	119:3,9,22	<b>rentention</b>	124:17 125:2,9
39:5 40:6	133:24 134:24	50:22	125:24 126:7
42:21 53:14	135:1 137:3	<b>repeat</b> 34:9	126:14,15
181:23 212:7	138:12 140:16	39:23 95:23	128:1,4 130:23
213:13 214:17	145:12 247:17	206:1 234:1	131:4,10
216:22 217:8	<b>rely</b> 75:18	246:6	132:12,16,20
278:12	83:24 84:5	<b>repeated</b> 127:3	132:21,23
<b>relates</b> 1:12	118:16,23	<b>rephrase</b> 30:14	135:15,24
40:3,4	125:21 129:16	90:6 141:5,14	139:22 140:1
<b>relating</b> 5:5	129:17 136:19	<b>report</b> 4:11,12	140:11 143:16
121:8,13	137:6,9,17	4:13 5:11,13	144:2,7 145:14
<b>relationship</b>	140:4 143:3	5:21 9:1,7,10	145:16,24
88:11 89:12	208:2 243:22	9:13,16,19,22	146:12 151:12
115:12 122:12	<b>relying</b> 56:22	10:10,14 12:22	151:14 156:14
122:15,17	58:11 82:7	16:17,21 18:17	163:9 164:22
123:6,9,11	84:22 129:6	21:11,17 27:11	164:24 170:3
135:11 219:9	140:8 158:11	29:14 54:21,23	172:9,20
234:9 260:20	<b>remain</b> 69:13	55:13,17,18,21	175:22,23
<b>relationships</b>	<b>remedy</b> 161:11	55:23 56:18,22	176:2 185:2
40:19 123:1	<b>remember</b> 27:1	58:7 61:10,14	189:21 191:21
<b>relative</b> 245:7	39:16 48:1	64:5 65:17	195:16 203:14
<b>released</b> 269:12	50:24 58:19	67:17,18 70:9	203:23 204:2
271:9	66:18,19 67:1	70:16,17 72:22	204:23 206:24
<b>releasing</b> 269:9	194:2 204:3	74:14,22 76:11	207:23 208:2
<b>relevant</b> 47:11	222:11	76:14,20 78:1	210:2,20,23
88:22	<b>remembered</b>	79:5 83:24	211:7,15,17
<b>reliable</b> 86:8	255:19	84:23 87:20	212:5,11 219:1
<b>relied</b> 20:21	<b>reminder</b> 211:1	88:23 90:22	219:23 220:1
57:2 76:8 77:5	<b>remove</b> 254:8	92:24 94:7	226:5 227:2,20
105:1,14	<b>removed</b>	96:4,5 97:21	235:12,16
106:18 110:3	251:10	100:2 103:8,14	241:9,11,19
111:7,21 112:9		104:6,8,10,13	249:2 251:11

253:18 254:3 257:8 260:5 268:8 270:14 <b>reported</b> 191:15,24 <b>reporter</b> 6:12 36:9 96:20 172:17 189:16 278:5,5,21 <b>reporting</b> 276:1 <b>reports</b> 5:6 8:22 10:2,4,6,9 11:3,10,16,23 11:24 12:6,13 12:16,23 13:4 13:16,19 14:1 14:8,11,13,14 14:17 15:18,24 16:3,5,11,13,22 17:2,5 18:24 19:3,3,11,11,16 19:21,24 20:3 20:6,8,16,19,19 21:2,8 29:22 57:3,21 63:4 65:14 70:11 74:13 76:17 77:5 85:22 87:16,18 89:13 89:19 91:7 92:21 93:14,18 94:19 105:15 110:19 119:12	119:22 124:1 124:15 129:17 134:1 136:4,19 158:14 172:21 172:23 218:18 219:4 232:16 240:14,18,19 241:22 <b>represent</b> 37:6 76:2 <b>representative</b> 68:15 151:2 <b>reproduce</b> 24:3 <b>requested</b> 36:9 172:17 <b>require</b> 17:13 <b>required</b> 180:22 269:18 269:22 <b>requiring</b> 84:24 215:11 <b>rereviewed</b> 65:14 <b>research</b> 27:12 28:8,22 147:21 239:12 <b>researchers</b> 147:22 <b>residency</b> 35:10 43:20 <b>residents</b> 40:14 <b>resigned</b> 269:23	<b>respect</b> 17:1 77:4 104:24 105:16 110:2 111:8,20 112:8 112:12 114:13 115:15 134:23 135:1 136:24 138:12 <b>respectfully</b> 128:1 <b>response</b> 23:13 143:3 230:9 <b>responses</b> 114:24 <b>rest</b> 190:13 241:11 <b>restate</b> 8:16 55:8 80:16,16 236:12 <b>result</b> 154:8 186:2 <b>resulting</b> 180:16 <b>results</b> 162:14 166:21 168:18 170:6 206:18 236:14 243:23 <b>retained</b> 5:23 47:14 48:1,23 49:1,8 50:8 51:8 53:8,20 53:24 54:11 60:19 69:22	<b>retainment</b> 50:20 <b>retention</b> 50:21 53:1 59:21,24 60:10,12,13 <b>retired</b> 154:2 <b>retrospective</b> 245:2 <b>reveals</b> 233:5 242:17 244:5 <b>review</b> 12:10 56:19 58:16 61:12,16 62:9 65:15 74:17 75:18 85:17 87:4,5 88:8,17 113:1,4,10 136:2 179:13 229:6 230:18 248:7,17 249:2 <b>reviewed</b> 18:12 27:21 52:21 54:23 55:23,23 65:13,13 72:19 73:6 76:7,10 76:14 119:23 175:19 183:13 184:1 202:19 208:16 209:14 228:22,24 229:3 242:2 <b>reviewing</b> 112:15 123:16 183:22
--	---	---	---

<b>revisiting</b> 177:9	90:20 91:6,18	169:6 170:10	238:12,22
<b>reword</b> 95:18	91:22 92:1,9	171:2,5,24	240:24 242:20
<b>richard</b> 4:12	92:16,19 93:11	175:5 176:13	243:6,8,10,11
9:11	93:21,24 94:5	176:16 178:1	244:12,19,23
<b>riding</b> 180:17	94:14 95:9,12	178:20,21	247:11,21
181:16 213:10	96:1 97:19	179:11,24	248:12 251:3
214:2	98:23 100:8,18	180:23 183:7	252:6 254:3,11
<b>right</b> 7:3 8:10	101:11 102:23	187:13,23	254:23 255:3,9
8:23 9:7 10:6	103:4,16 106:1	188:10,12,18	255:14,21
11:7 14:4,21	106:23,24	188:23 189:3	256:3 257:20
15:2,14,19	107:5,7,24	190:2,17 191:4	257:23 259:3,9
17:7 22:4	109:24 110:8,9	192:3,12,16	259:11 260:17
24:12,23 26:2	110:12 115:22	193:2,4,22	261:21 262:2
31:21 47:15,20	120:5 121:22	194:23 196:22	262:21 267:16
48:4,19 55:13	122:3,6,18,20	197:6 199:19	271:4,19,23
56:8 57:5	123:12 124:11	201:2 203:12	276:11
58:19,21 59:12	129:2,4 132:12	204:4,5,5,18,23	<b>ring</b> 184:8
59:15,18 60:19	132:14,16,19	205:2,20 206:6	<b>rise</b> 195:5
61:8,13 62:11	136:20 137:22	207:20 209:2	196:4
62:21,24 63:9	138:2 140:1	210:5,18 212:3	<b>rising</b> 262:18
63:19,22,24	143:11,16,18	212:9 213:21	262:22
64:3,11 67:8	143:19 144:14	214:1,6,10,18	<b>risk</b> 5:8,10,18
70:21,22 71:5	145:20,23	215:12 222:8	5:20 40:5
72:22 73:2	147:11,12,18	222:17 223:19	41:15,23 42:22
75:1,11,19	148:8 149:3,9	224:21 225:19	43:5 47:1 92:9
76:3,8,18 78:2	149:23 151:12	226:15,17	92:14,17 96:9
78:20 79:4,11	152:16,22	228:9,12 229:4	100:4,14 101:5
79:15,19,23	156:10 157:2,5	229:22 230:5	101:6 102:14
80:1,5,7,11,20	158:6,23 159:4	231:16,19	102:23 103:1,7
81:1,5,13,18,22	159:5,12,17,21	232:2,11	103:9,11 104:7
82:8,18,22	160:7 162:6,20	233:10,19	105:6,11,17,21
83:9 84:7	163:6 165:11	234:7,21 235:6	105:23 106:8
85:18 86:14	166:5 167:1,4	235:21 236:3	106:10,14,16
87:8 88:5	167:6,10,14	236:10 237:2	107:5,6,13,24

108:5,9 109:10 109:18,18 110:20 112:9 112:19 113:6 113:12,16,17 113:22 114:14 115:11,17,20 116:8,10,12,20 117:21 118:3 118:11 119:14 125:22 126:8 127:2,12,21 129:18,23 130:1,4,7,15 131:3,15,21 133:3 135:2,10 135:16,21 139:24 140:13 140:18 141:18 141:20 142:2,5 142:8,10,18,19 143:5 145:1,19 146:1,3,4 147:3,8 148:1 149:1,3,6,11,12 149:20,22 150:4,9,11,18 151:3,7,10,15 151:19,22 152:21 154:6 156:14,20 157:9 158:6 159:2 162:18 163:4,6,10,19	164:3,10,14,17 164:20 165:8 165:13,16 166:14,22 167:8,24 168:10,20 169:16 170:10 170:18,22 171:1,7,10,13 175:8 176:6 177:14,21,22 177:24,24 178:4,14,18 195:7,10,24 196:8,11,17 197:16,21,24 198:8,9,11,21 198:22,23 200:7 204:16 209:21,24,24 210:3,12,16 216:2,8 218:3 218:10,15,19 218:24 219:1,1 219:5,7,12,17 220:8,10,11,14 221:2,8,11,20 222:13 226:9 226:21 227:23 228:6 229:17 230:4,10,14 231:9,15 233:12,19 234:17 235:1	238:10,17 239:9 240:22 241:2,15 242:4 242:10,12 243:2,21 245:7 245:14,16,17 246:2 247:6,8 249:15,23 250:10,17 251:2,15,23 253:10,13,14 253:18 254:1,6 255:20,24 256:2 257:2,9 257:14 259:8 260:6,22,23 261:8 263:21 264:2,17 268:5 268:9,14,21 270:8,18,21,22 271:17 272:4,6 272:10 274:11 274:19 276:3,6 276:7 <b>risks</b> 107:17 228:7 <b>rmr</b> 1:17 <b>robert</b> 3:5 6:4 <b>role</b> 32:18 33:2 33:6 35:14 56:14 88:1,7 105:1 119:14 133:20 139:4,6 218:7 239:5,7	250:20 <b>room</b> 13:9 <b>rosacea</b> 127:5 229:19 <b>roughly</b> 25:9 58:20 61:11 62:10 63:6,8 63:17,18 <b>rounds</b> 40:16 <b>routine</b> 36:6 37:23 41:20 42:1 113:13 <b>row</b> 244:9 <b>rugbjerg</b> 166:4 166:11 <b>rule</b> 92:7,8 107:4 113:17 114:6 116:12 131:8 156:16 186:10 251:18 254:19 256:9 256:14 261:2,6 <b>rules</b> 1:16 7:9 <b>run</b> 13:14 <b>running</b> 184:7 <b>s</b> <b>s</b> 4:9 6:1 175:1 175:1,1 <b>sara</b> 66:19 <b>sarcoidosis</b> 168:13 <b>sasco</b> 162:10
---	--	---	--

<b>saw</b> 27:6 74:21 74:23 76:20 121:15	<b>schedule</b> 155:1	214:1 222:10	45:19 47:17
<b>saying</b> 7:19 30:1 34:19 74:18 75:24 76:4 96:24 110:8,11 130:8 134:13 141:19 155:18 182:16 183:23 192:16 199:11 212:15 215:24 233:13 242:3,10 244:21 253:12 260:4 264:14 264:15 265:16 266:2 272:3,14 275:24	<b>school</b> 44:8 <b>schwarz</b> 79:18 87:13 90:1 91:1 132:16 <b>schwarz's</b> 131:12 132:12 <b>science</b> 137:7 148:4 150:1 <b>scientific</b> 21:16 21:22 26:1 27:12,16,20 29:12,21 30:4 30:16 159:24 161:4 175:18 <b>sclerosis</b> 170:8 171:21 <b>scope</b> 98:14 <b>scratch</b> 217:4 <b>se</b> 153:5 242:8 <b>seal</b> 278:17 <b>seat</b> 180:21 <b>seatbelt</b> 215:10 <b>seborrheic</b> 127:4 229:18 <b>sec</b> 5:4 121:7 <b>second</b> 17:16 31:9 32:16 36:3 37:19 59:5 63:10 73:13,14 108:8 143:2 149:16 159:8 165:7 203:17 208:1	227:5 231:23 239:5,23 247:14 <b>secondary</b> 35:2 43:6 <b>secondly</b> 135:10 224:17 <b>section</b> 93:2 96:3 121:19 132:15,20 170:6 192:21 202:14 211:16 231:21 248:14 251:21 <b>sedentary</b> 100:8 127:10 152:8,24 153:3 153:13,20 154:4,11 155:18,22 156:9,12,23 157:4 158:3 162:8,20 163:6 163:12 164:2,7 164:7,9,10 <b>see</b> 21:10,13 22:6 23:6,24 24:18,21 25:5 28:3,5,18,19 29:7,17 31:12 32:2 34:23 35:19 37:23 42:18 44:18	48:19 49:23 50:8 59:3,9,11 61:18 62:5,7 62:19 63:7 73:10,11,12,15 73:17,24 75:21 100:5 120:1 121:11,14,17 121:18,20 122:5,7 131:6 131:7 151:16 152:8,13 153:14 158:20 159:8 163:2 164:16 165:3,8 166:2 171:9 183:19 185:6,7 185:13 187:7,9 187:9,11,12,18 188:12 189:3 190:2,4 193:1 201:2,9,10,13 201:17,22,23 202:14,16 205:8 208:9 209:4,10 210:23 215:23 223:12 226:12 228:2,17 231:18,20 235:20 240:13 240:18 241:9 241:10,21
<b>scab</b> 176:12 <b>scenarios</b> 250:24			



246:8 258:17 264:24 <b>seeing</b> 29:10 32:20 <b>seek</b> 68:17 <b>seem</b> 188:7 230:18 <b>seemed</b> 230:19 272:12 <b>seems</b> 213:6 <b>seen</b> 124:5,8 182:24,24 183:3 203:19 204:1,4 206:20 207:13 219:11 237:2,23 240:3 241:4 <b>selection</b> 231:21 <b>self</b> 275:10 <b>sense</b> 260:16 <b>sensory</b> 193:21 <b>sent</b> 186:4 <b>sentence</b> 94:7 98:22 99:5,7 100:8,23 101:3 131:6 151:18 159:8 160:13 167:4 214:14 227:5 <b>separate</b> 41:3 78:15,16 108:4 <b>separately</b> 41:5 56:18	<b>sequela</b> 263:5 <b>series</b> 181:10 <b>serve</b> 127:12,12 131:19 239:2 <b>service</b> 268:17 270:24 <b>services</b> 4:19 4:22,23 5:1 48:7 54:12 59:8 62:4,18 <b>set</b> 152:22 195:23 234:10 278:9,16 <b>sets</b> 124:10 <b>setting</b> 32:21 33:7 70:10 <b>several</b> 23:9 32:2 39:4 50:14 66:2,6 66:24 162:10 172:5 180:19 222:15 <b>severity</b> 223:1 <b>sex</b> 127:7 131:18 146:2 162:14 220:11 226:22 228:8 232:5 268:19 <b>sexes</b> 168:13 <b>shahnasarian</b> 13:23 14:12 16:15 17:6 18:1,8,24 19:17 20:2,9	<b>shahnasarian's</b> 14:14 16:17,21 17:4 18:16 <b>shared</b> 10:21 13:23 14:11 16:15 22:22 23:10 183:4 212:13,19 <b>shipment</b> 269:8 271:9 <b>shorthand</b> 278:5 <b>show</b> 48:4 58:24 120:23 121:5 122:24 162:3 184:23 185:15 189:23 204:6 208:20 211:8 233:3 235:14 244:4,9 247:15,16 <b>showed</b> 162:17 170:9 238:20 <b>showing</b> 122:11 123:5 <b>shown</b> 163:15 202:19 209:14 <b>sic</b> 121:19 123:7 127:9,11 132:9 166:23 167:23 168:20 181:15 203:12 214:5 220:21 221:1 227:24	231:15 232:15 239:4 244:4 268:17,18 <b>side</b> 70:18 80:1 126:3 135:17 189:3 <b>sides</b> 164:16 <b>sideswiped</b> 180:19 <b>sidetracked</b> 239:18 <b>signaling</b> 239:8 <b>signature</b> 278:18 <b>signed</b> 48:11,14 50:6 <b>significance</b> 170:9 <b>significant</b> 38:6 82:5 191:20 243:5,17,24 244:10 <b>significantly</b> 233:8 <b>similar</b> 152:11 153:11 209:18 <b>similarly</b> 173:16 225:16 <b>simpler</b> 58:24 90:7 <b>simply</b> 139:17 208:16 275:17 276:1
---	--	---	---

<b>sinemet</b> 32:5	199:15 225:21	<b>solely</b> 137:6	115:21 126:20
<b>single</b> 100:14	266:22 267:24	<b>solvents</b> 127:8	131:10,16
100:21 101:7	<b>six</b> 255:2	<b>somebody</b> 33:1	132:7 145:2
102:15 112:20	263:24 264:19	108:16,16	179:10 180:15
112:23,24	<b>skills</b> 111:6	178:9,10,16	210:19 211:10
137:8 198:24	112:14	194:11 263:5	211:15,17
199:5 219:14	<b>skipped</b> 189:13	<b>somebody's</b>	212:24 216:3
219:18 220:14	<b>sle</b> 167:21	43:2 108:3	218:5,11 220:3
221:3 268:21	<b>sleep</b> 127:9	<b>something's</b>	220:4,5,9,18,20
<b>singular</b> 118:9	229:21 253:19	164:17	222:18 223:18
156:22 157:22	254:8,10,18,20	<b>sorry</b> 19:7	227:20 229:2,9
220:7	255:8,13,17	28:21 55:7,7	251:10 254:7
<b>sir</b> 55:18 66:15	256:4,22 257:5	59:1 63:17	254:16 268:7
73:20,22 93:3	258:2,7,10,14	122:2 137:14	268:14 269:6
96:8,10 121:11	258:16,18,19	162:21 170:17	273:12 274:9
121:16 128:1	259:9,15,17	199:21 200:22	274:20 275:21
146:6 167:3	260:14,17,22	203:4 206:1,8	276:1
188:13 193:1	260:22 261:17	217:4 220:2	<b>sparks's</b> 180:14
205:22 208:10	261:21 263:21	232:13 233:2	221:8 228:6
212:11 233:22	263:23 265:4,5	264:13	<b>speak</b> 7:15
<b>sit</b> 12:20 39:20	265:17 266:11	<b>sort</b> 88:1	67:13 96:22
42:15 52:17	266:14,17,24	109:16,20	150:24
89:6 148:6	267:2,8,10,23	149:16	<b>speaking</b> 77:15
228:24 249:17	<b>slow</b> 7:23 81:8	<b>sounds</b> 123:13	151:3 199:7,9
270:15 273:7	<b>smith</b> 156:3,4	<b>south</b> 2:5	266:5
<b>sitting</b> 52:5	<b>soap</b> 187:8	<b>southern</b> 1:7	<b>spec</b> 175:21
64:10 84:3	<b>society</b> 38:9	<b>space</b> 183:18	<b>specialist</b> 36:8
215:24 240:16	<b>soft</b> 269:22	<b>sparks</b> 4:12,15	36:19 37:1,7
<b>situation</b> 78:24	<b>softball</b> 184:7	5:4,16 7:2 9:2	37:13 137:17
79:1 107:13	184:15 190:15	9:8,11 21:11	274:8
275:7	191:2	25:2,5 72:7,10	<b>specialists</b>
<b>situations</b>	<b>sole</b> 90:19	72:14 73:10	31:16 33:11
105:22 145:8	143:11,14	79:19 90:3	<b>specific</b> 10:15
180:12 199:8		92:1,2,23 96:4	16:4,9,14 17:1

39:9 52:18 56:13 82:16,18 105:9,19 110:23 111:2 112:4,12 115:18 116:2 118:8 119:13 119:14 125:14 125:16 129:21 133:15 134:4 137:1 138:20 142:15 155:24 162:7 173:19 178:21,23 195:15 199:7 266:22 267:24 <b>specifically</b> 18:7 38:12 39:3,15 40:1 66:22 76:7 115:20 196:2 225:8 226:6 235:6 239:14 241:5 269:1 <b>specifics</b> 59:24 69:3 178:7 <b>specified</b> 113:2 <b>specify</b> 110:19 145:13,24 170:19 <b>spectrum</b> 32:14 35:22 127:24 <b>speculate</b> 17:10 34:1,2,4 42:12	117:13 123:23 273:5 <b>speculated</b> 147:22 157:16 <b>speculating</b> 155:6 179:18 259:24 268:2 <b>speculation</b> 34:5 <b>speculative</b> 196:20 <b>speech</b> 84:23 84:24 <b>spend</b> 7:12 12:5 65:1,22 69:18 236:4 <b>spending</b> 64:15 180:21 215:10 <b>spent</b> 38:6 60:12 61:2,20 63:3,6 64:20 <b>spill</b> 268:18 <b>spills</b> 271:1 <b>splinted</b> 193:11 <b>spoken</b> 55:2,10 57:4 <b>spot</b> 211:23,23 211:24 <b>spots</b> 211:20 ss 278:3 <b>stamped</b> 29:11 201:12 <b>stand</b> 14:24 15:11 89:4,7	<b>standard</b> 93:20 93:21 94:2,9 94:18 99:22 100:20 108:13 111:5,7 112:13 120:13,17,20 121:1 122:6,7 123:15,18 124:5,14 125:4 125:6 135:6 144:15 <b>standards</b> 94:12,18 120:20 121:19 121:23 122:3,9 123:3,23 124:1 124:10 <b>standing</b> 84:3 259:22 260:1,4 261:7 267:7 <b>standpoint</b> 120:1 <b>start</b> 21:12 71:9 161:5 166:11 184:3 201:5 255:12 263:18 <b>started</b> 48:2 258:9 267:3 <b>starting</b> 21:10 152:12 201:8 223:1 <b>starts</b> 100:9 159:9 165:7	201:6,18 <b>state</b> 6:23 10:13 100:16 127:13 131:21 132:2 166:20 171:1 173:8,13 173:14 196:7 199:1 214:5 217:6 220:15 221:17 233:21 242:16 268:23 <b>stated</b> 21:1 83:1 107:20 140:16 157:21 183:11 185:23 190:24 193:15 195:1 206:11 210:2 233:24 244:2 247:13 270:12 273:12 <b>statement</b> 93:13,17 145:19 159:18 160:15 161:3 161:20 170:18 172:24 193:10 251:21 265:8 265:14 269:2 275:12 <b>statements</b> 10:14,15,17,18 10:19 251:14 <b>states</b> 1:5 185:10 190:14
---	---	--	--

203:23 206:24 207:23 217:3,5 <b>stating</b> 19:24 154:10 200:7 218:1 <b>station</b> 268:17 270:24 <b>stationed</b> 184:14 <b>statistical</b> 147:11 149:7 157:1 170:9 <b>statistically</b> 243:5,17,24 244:9 <b>status</b> 210:22 <b>statute</b> 120:24 124:10 <b>staying</b> 98:14 <b>stenographic</b> 6:10 <b>step</b> 107:22 108:8 113:15 113:17 275:15 <b>sticker</b> 59:4 189:19 <b>stomach</b> 269:24 273:13 <b>stop</b> 83:2 <b>street</b> 1:20,20 2:5,13 <b>strength</b> 114:9 <b>striatum</b> 163:18	<b>strike</b> 144:1,21 179:3 186:20 199:21 258:12 <b>striking</b> 179:5 217:12 <b>stroke</b> 46:11 <b>struck</b> 180:19 <b>structure</b> 20:14 <b>structured</b> 161:5 <b>struggle</b> 8:6 <b>students</b> 40:15 <b>studied</b> 157:14 225:1 <b>studies</b> 40:24 51:22 52:6,10 52:11 56:4 73:12,23 74:3 74:19 76:13,20 76:21 158:3,10 162:11 168:2 233:3 237:2,23 240:14 243:23 244:4 258:19 267:8 <b>study</b> 56:9 159:4 163:4 164:2,8 167:7 167:10 168:6 222:20 223:15 223:22 224:1,3 224:7,8,13,20 224:24 225:4 225:22 230:23	230:23 231:13 232:18,21 234:16,19 238:19,20 242:14,14,17 244:24 245:2 255:13,17 265:14 <b>studying</b> 164:12,13 <b>stuff</b> 11:15 32:6 53:2 175:18 203:2 <b>sub</b> 193:14 <b>subclinical</b> 239:7 <b>subgroups</b> 168:9 <b>subject</b> 88:23 <b>subjects</b> 162:15 <b>submitted</b> 64:14 <b>subscribed</b> 277:18 <b>subsequent</b> 5:20 22:22 207:18 231:9 231:15 <b>subsequently</b> 259:17 <b>subspecialties</b> 35:6 <b>substance</b> 269:11	<b>substantia</b> 81:15 237:13 <b>substantial</b> 186:1 <b>suburban</b> 180:18 <b>suffer</b> 178:3 265:4 266:16 267:9 <b>suffered</b> 156:5 175:7 177:18 178:11 184:8 206:13 207:11 <b>suffering</b> 262:12 <b>sufficient</b> 122:14,16 123:8,10 150:5 <b>sufficiently</b> 131:14 <b>suffolk</b> 278:3 <b>suggest</b> 179:22 181:1 228:20 238:8 239:1 257:4 <b>suggested</b> 194:2 <b>suggesting</b> 228:18 264:7 265:9 <b>suggestion</b> 194:21 195:5 <b>suggests</b> 177:3 180:13 182:3
--	---	--	--

182:10 186:1 194:6 261:23 <b>summary</b> 211:24 <b>supplement</b> 232:22 233:11 <b>supplemental</b> 4:15,16,17 11:4 19:11,15 19:24 24:16,18 25:1,4,14,16,20 26:13,15,19 28:1,12,19 29:18 30:5 65:18 72:21 74:7,11 75:5,9 75:17 76:5 232:22 239:14 <b>supply</b> 193:23 <b>support</b> 27:13 27:17 166:21 167:7,10,14 168:19 171:3 171:19 172:23 222:9 230:24 242:12 265:13 265:23 266:15 <b>supported</b> 168:2 <b>supports</b> 171:20 175:13 176:18,24 265:14	<b>supposed</b> 15:17 99:4 101:3 <b>sure</b> 7:10,17 8:7 10:10 11:19 12:2 13:4 14:19 16:1 20:14 24:20 39:24 51:2 75:22 76:23 77:14 78:8 88:21 89:2,4 90:5 92:21 98:23 102:18 113:19 116:22 135:19 141:2 151:11 169:9 184:2,18 200:16 204:8 205:11 210:6 215:21 221:23 224:4 225:20 226:19 237:11 246:16,21,22 260:12 <b>surface</b> 199:14 <b>surgical</b> 152:13 152:16 <b>surrounding</b> 49:20 <b>surroundings</b> 213:11 214:5,9 215:5 <b>surveillance</b> 223:11,11	225:15 <b>suspect</b> 258:18 <b>suspicion</b> 34:24 42:19 262:23 <b>suspensions</b> 227:10 <b>sutures</b> 180:23 215:11 <b>swear</b> 6:13 <b>sworn</b> 6:17 277:18 278:9 <b>symptom</b> 81:7 185:9 190:7 214:10 <b>symptoms</b> 32:13,13,18 33:2 42:19 43:5 46:20 78:23 80:21 81:4,4 82:3,5 82:12 83:3 108:17,19,20 109:12 187:9 187:11 213:7 236:15 238:5,6 259:16 262:12 262:16,17,19 262:22 263:2 263:19 265:2,4 265:10,16,21 265:22 266:7,9 266:16 267:2 267:10 272:20	<b>syndrome</b> 42:21 263:17 <b>syndromes</b> 34:15 <b>synthetic</b> 82:6 <b>synuclein</b> 239:4 239:9 <b>synucleinopa...</b> 35:1 <b>system</b> 34:18 46:4,17 238:15 238:17 <b>t</b> <b>t</b> 4:9 175:1 277:1,1 <b>table</b> 163:9 242:23 <b>take</b> 10:9 14:23 15:11 37:24 67:4 70:21 89:4,6 99:7 105:20 128:15 128:17 135:5 173:18 221:22 261:9 263:8 274:5 <b>taken</b> 1:16 17:20 71:1 86:12 110:21 128:21 136:23 146:20 168:3 174:8 222:4 261:12 273:24
--	---	--	--

<b>talk</b> 17:16 43:12 82:18 85:7 104:1 126:1,4,6 225:21 226:24 246:8 268:6 272:17 273:16	209:17 218:15 222:9,12,16 223:1,4,5,7,11 223:19 224:9 224:17,20 225:9	194:24 211:22 222:11 246:1 248:3 273:17 274:4	<b>tevnan</b> 1:17 6:12 278:4,20
<b>talked</b> 55:2 117:21 169:5 209:18 248:2 254:22	<b>tce</b> 103:10 104:7,20,22 105:11 106:15 114:9 115:20 116:3,12,24 118:10,20 119:18,19 120:2 125:10 125:10 126:1,7 126:7,24 127:20 128:5 129:3,5,10 130:2,4,14 131:2,8,14 132:1,6,10,23 133:17 134:20 135:21 139:23 141:18 144:24 220:19 274:21 275:12	<b>telling</b> 97:9 218:17 <b>temporal</b> 244:17 <b>temporally</b> 228:16 <b>ten</b> 61:11 <b>tend</b> 7:21 <b>term</b> 78:10 208:17 <b>terminology</b> 78:4,5 177:10 190:9 <b>terms</b> 89:15 90:7 120:9 <b>tested</b> 92:12 <b>testified</b> 6:18 70:5 247:19 248:11 <b>testifying</b> 53:16 54:3 69:12,12 70:2 154:1 <b>testimonial</b> 85:17 <b>testimony</b> 130:11 137:21 246:17 248:1 277:4,6 278:11 <b>testing</b> 234:5	<b>texas</b> 269:16 <b>text</b> 84:24 <b>thank</b> 11:11 128:18 158:18 166:18 208:7 276:13 <b>theory</b> 100:13 198:22 220:12 221:5 238:12 268:20 <b>thereof</b> 105:7 <b>thing</b> 67:22 71:19 92:21 111:16 153:4 195:18 197:5 206:2,2 238:12 259:1,6 <b>things</b> 12:11 49:22 61:17 68:3 81:21 109:7 150:8,9 152:15 160:4 183:19 194:1 205:23 227:1 227:17 230:5,7 235:3 248:23 251:24 272:14 <b>think</b> 8:2 12:15 16:18 29:20 38:17 63:10,13 69:9 86:23 91:13 106:6

109:16 116:2	106:16 111:12	197:12 215:10	199:4 236:5
141:17 161:21	114:4 116:13	215:23 222:2,5	240:9,16 257:9
179:20 182:5,9	130:1,10,12,14	225:10 227:2	276:13
185:10,23	133:7,14,17	236:5 254:11	<b>today's</b> 6:5
200:1 201:11	134:20 137:3	255:5,6,8,10	<b>together</b> 177:9
215:7 221:12	140:8 145:18	256:5 261:10	269:24 273:14
237:12 243:22	151:9 175:6	261:13 262:3	<b>told</b> 255:1
246:7 252:15	180:6 183:1	266:8 276:13	274:9 275:21
276:9	199:20 205:23	276:14	276:1
<b>thinking</b> 95:20	213:17 216:21	<b>timeframe</b>	<b>took</b> 58:16
<b>third</b> 32:17	219:16	59:19 62:6	116:8 134:5
135:10 165:6	<b>throat</b> 187:19	262:5	184:12
231:20	<b>time</b> 6:6 7:12	<b>times</b> 33:6 66:2	<b>top</b> 23:6
<b>thorough</b>	12:20 13:1,14	66:6 69:21,24	<b>topic</b> 45:10
106:10	17:18,21 27:10	70:1 84:4	<b>topics</b> 43:11
<b>thoroughly</b>	29:13 30:6	109:17 118:3	<b>total</b> 61:7
76:14	37:12 38:6	139:11 182:1	135:23
<b>thought</b> 22:16	45:8,9 50:4	199:3 212:9	<b>touch</b> 44:8
28:7,20,22	51:6 60:12,23	213:15 216:24	117:20
88:24	61:2,20 63:3	217:10 263:5	<b>touches</b> 43:20
<b>thoughts</b> 39:20	64:6,12,15,20	<b>timing</b> 255:20	<b>tower</b> 1:21
<b>three</b> 8:22	65:1,22 66:1	<b>title</b> 39:6	<b>toxic</b> 272:5,8
10:23 11:17	68:20,21 69:18	121:15,17	<b>toxicologist</b>
13:21 14:4,16	70:23 71:2	132:19 159:1,5	44:5 137:15
15:1,18,24	82:8 124:5	201:9,18	250:21
16:9,11,22	128:19,22	231:14,17	<b>toxicology</b>
19:2,7 20:19	146:18,21	<b>titled</b> 121:12	43:24 44:6
20:22 59:18,21	167:22 174:6	<b>tn</b> 5:11 200:17	133:23 250:14
59:22 63:2	175:2 179:17	<b>today</b> 14:2	<b>track</b> 64:12
64:16,21 69:24	179:24 181:3,8	18:18 27:11	244:22
73:2,12,23	182:7,13,18	39:21 52:5	<b>trainees</b> 40:17
79:23 85:9,11	190:20 191:9	64:10 76:2	<b>training</b> 31:13
87:2,3 91:2,4	191:20 192:1	130:12 137:22	35:9 43:19,20
92:21 93:14,18	192:11 197:10	165:23 175:20	46:6

<b>trama</b> 215:16	26:23 27:22	<b>turn</b> 161:18	263:16 267:11
<b>transcribed</b> 5:24	29:15 30:7	165:21	<b>u</b>
<b>transcript</b> 277:3,5	48:23 56:23	<b>two</b> 25:8 34:21	<b>u.s.</b> 2:10
<b>transitions</b> 84:3	58:8 74:8 79:7	35:23,23 41:3	<b>uh</b> 214:16
<b>trauma</b> 215:13	82:12 83:7	41:3 44:9	<b>ulcer</b> 232:15,15
215:14	85:12 86:9	73:11,22 77:19	269:17 272:12
<b>traumatic</b> 202:15 209:11	88:19 91:12	83:12 141:3	272:21 273:1,8
<b>treat</b> 31:4 44:4	92:17 93:14,18	153:13 164:16	275:11,17,20
44:5 45:17	99:7 150:19	171:3,18	<b>ultimately</b> 236:13
<b>treated</b> 40:24	178:14,16	172:21,23	<b>um</b> 21:3 23:8
41:9,13 182:6	191:22 216:12	181:15,21	34:6 74:15
186:24	222:20 227:17	184:16,17,20	76:1 93:4
<b>treating</b> 44:14	229:10 230:1	194:17 196:3	108:24 109:5
182:14,18	230:10 263:24	196:22 198:4	110:24 161:9
<b>treatment</b> 39:8	275:24 276:1	198:18 200:23	163:13 168:8
81:3 188:24	277:5 278:10	200:24 201:11	171:8 178:12
190:3 237:24	<b>truly</b> 262:23	201:14 211:20	182:2 189:4
<b>treatments</b> 81:6	<b>truthfully</b> 12:16	212:2 213:12	190:22 205:10
<b>tree</b> 181:22	<b>try</b> 7:15 8:7,15	214:1 217:7	211:3 213:4
213:12 217:7	16:6 37:12	237:14 247:7	226:13 227:6
<b>trend</b> 243:1	38:23 41:22	269:24,24	232:3,24 234:4
<b>trial</b> 14:21,23	43:8 58:6,10	272:13 273:13	256:6
15:11,23 16:2	90:6 113:17	273:13	<b>umbrella</b> 23:23
70:14 89:4	160:20 161:1	<b>type</b> 7:19 8:5	<b>unable</b> 229:7
139:20	161:11 261:16	199:17	<b>unaware</b> 213:11 214:4,9
<b>tried</b> 114:6	<b>trying</b> 7:19	<b>typed</b> 67:22	215:4
<b>truck</b> 154:3	39:19 42:7	<b>types</b> 49:22	<b>unclarified</b> 92:6
<b>true</b> 10:19	53:18,21 60:4	94:12 150:9	<b>unclear</b> 215:6
21:17 25:23	67:12 76:18,23	227:16	217:14
	89:3 95:18	<b>typical</b> 108:20	
	111:9,24 115:3	153:4 187:8	
	129:2 153:10	<b>typically</b> 78:21	
		81:19 108:23	
		159:24 262:8	



<b>uncommon</b> 264:24	144:19 148:7 151:11 161:12	<b>university</b> 68:8 68:11,13,15	123:16,18 124:8 148:18
<b>uncommonly</b> 40:16 238:4	164:1 171:15	<b>unknown</b> 270:10,17,17	223:9 248:6
<b>under</b> 13:6,7	179:8 182:5,9	272:24 273:8	249:10
23:22 31:20,21	188:21 200:9	<b>unquote</b> 182:17	<b>using</b> 77:21
45:6 82:5 93:1	200:10 212:14	<b>untrained</b>	78:10,12,18
93:5 100:16	219:9 236:5	273:21	102:13 108:10
187:18 189:2	247:19 252:9	<b>untreated</b>	144:8 245:7
192:21 193:10	255:13 271:2,2	256:9	<b>usually</b> 266:7
199:1 220:15	<b>understanding</b>	<b>updated</b> 22:15	<b>v</b>
268:23	26:5 125:17,20	22:21 23:11	<b>va</b> 5:12 183:6,6
<b>undergoing</b>	125:21 136:3	38:21	200:18
245:3	141:3 199:2	<b>updates</b> 23:9	<b>validate</b> 56:15
<b>underlying</b>	239:10	23:10,15	<b>valley</b> 5:11
147:16	<b>understood</b>	<b>upper</b> 5:19	200:17
<b>underrecogni...</b>	8:19 90:5	231:7,14	<b>value</b> 170:13
182:23	103:15,18	234:16 240:14	244:11
<b>understand</b> 8:1	147:16 148:11	240:19 245:4	<b>varies</b> 267:14
8:10,13,14	148:18,19	<b>urgent</b> 188:23	<b>variety</b> 36:14
11:12 12:12	149:8 150:3	189:2	103:7
14:2,19,20	156:9	<b>usa</b> 4:20 48:8	<b>various</b> 247:17
15:2,6,13,18	<b>undiagnosed</b>	<b>usdoj.gov</b> 2:16	<b>vary</b> 237:19
17:24 20:14	196:14 256:10	2:17	<b>vascular</b>
30:23 31:3	256:16,20	<b>use</b> 78:17 84:24	163:19 193:23
41:22 52:24	259:22 260:2,5	95:24 97:18	<b>vasculature</b>
64:9 76:15,22	261:7 263:23	99:22 102:10	193:9
77:24 90:24	264:18,21	125:4,6 135:7	<b>vast</b> 118:2
91:5,8 94:11	265:1	136:9 139:16	<b>vehicle</b> 180:16
94:14 99:9	<b>unfortunately</b>	143:22 208:17	180:18 181:17
102:3 107:4	169:11	247:20 250:15	214:4
113:19 116:22	<b>unified</b> 44:24	<b>used</b> 78:5 86:16	<b>velasco</b> 5:6
124:4,9 129:3	<b>unique</b> 78:24	94:9,19 96:12	153:17 158:14
129:21 140:7,8	<b>united</b> 1:5	109:21 112:13	158:19

<b>verbalize</b> 83:7	<b>vitae</b> 4:14 22:9	93:10 99:4	<b>weeks</b> 181:15
<b>verbally</b> 8:3	22:12	103:10 109:22	214:1 275:21
70:8	<b>volume</b> 1:1	116:24 121:8	<b>weigh</b> 102:14
<b>versa</b> 238:7	<b>vs</b> 162:8	121:13 122:12	104:21
<b>version</b> 22:15	<b>w</b>	123:1,6 130:14	<b>welcome</b>
22:21 23:1,8	<b>wait</b> 139:20	137:16 138:9	160:23
23:13 231:3	<b>wake</b> 236:9	139:1 140:13	<b>went</b> 56:5 71:6
<b>versus</b> 177:12	<b>walker</b> 156:4	140:22 221:24	168:6 214:22
234:3,13	<b>want</b> 7:18 10:3	247:18	251:11 269:15
<b>veteran</b> 154:2	36:22 37:15	<b>way</b> 84:14,19	272:19 275:19
202:15 209:10	54:5,24 55:1	84:19 86:8	<b>wet</b> 180:18
<b>veterans</b> 49:22	85:7 92:20	89:7 96:23	<b>wheelchair</b>
223:9	98:23 112:3	100:22 102:2	83:6,14,21
<b>vice</b> 238:7	116:21 131:5,6	102:19,20	84:1,4,5
<b>video</b> 6:7 197:9	141:2,12,13	126:2 139:20	<b>whereof</b> 278:16
<b>videographer</b>	144:5 145:15	161:4 203:2	<b>white</b> 185:10
3:5 6:3,5 17:18	160:4 174:1	212:15 214:21	<b>wife</b> 84:15
17:21 70:23	184:18 189:12	215:6 216:10	<b>willing</b> 275:11
71:2 128:19,22	189:13,14	216:10 224:17	<b>wish</b> 139:17
146:18,21	211:8 221:5,5	241:12 245:13	<b>witness</b> 1:15
174:6 175:2	221:24 226:19	254:2 269:17	4:21,23 5:1
222:2,5 261:10	239:23 246:8	269:20	6:13,16 7:24
261:13 276:14	261:16 262:4	<b>ways</b> 35:21	59:7 62:3,17
<b>videos</b> 25:10	268:6,6	141:4 149:19	97:6 263:1
<b>videotaped</b>	<b>wanted</b> 49:16	<b>we've</b> 8:7 12:7	278:8,11,16
1:14	51:8 60:15	215:14 226:10	<b>women</b> 168:11
<b>view</b> 265:15	61:4	246:7 254:22	172:6
<b>virtual</b> 84:6	<b>washington</b>	<b>wearing</b> 180:21	<b>word</b> 78:17
85:10,16 86:7	2:14	215:10	95:6,11 99:8
86:16 87:6,11	<b>water</b> 1:9 5:5	<b>website</b> 169:22	101:24 102:1
87:13	6:8 49:20	<b>week</b> 22:15	136:8,12
<b>visit</b> 5:21	51:22 52:6	24:4,15 32:2	139:17 143:23
235:16	90:11 91:3	39:1 66:3	143:24 148:18
		269:23	172:13 225:19

<b>wording</b> 124:8 124:10 <b>words</b> 95:9,24 96:3,13 97:19 97:21 125:2 128:10 141:13 141:16 143:14 143:19,21,22 144:1,8 182:20 <b>work</b> 48:14 49:15,16,18,23 49:24 51:9 60:24 61:4 62:10,20 68:7 68:13 69:19 127:9 147:23 186:7 269:15 270:24 272:22 <b>worked</b> 40:18 40:23 53:6,10 53:19,23 58:18 148:3 254:2 <b>working</b> 48:2 50:9,17 64:10 64:21 148:4 268:8 <b>workup</b> 41:20 47:11 <b>wrap</b> 261:16 <b>wreck</b> 210:21 <b>wrist</b> 184:8,15 190:14,16,21 191:1	<b>write</b> 93:1,6 101:21 124:18 145:10 151:18 153:4 161:17 167:19 170:19 173:16 226:7 226:11,20 227:21 228:5 229:15 257:8 268:13 <b>writing</b> 143:16 <b>written</b> 85:21 87:20 152:6 <b>wrote</b> 8:22 9:1 29:13 30:6 102:20 143:14 249:2 251:6 271:3	172:20 179:6 201:14,16 211:18,21 212:14 231:2 238:14 <b>year</b> 31:7 46:6 47:15,22 48:1 185:10 190:7 223:16 <b>years</b> 43:4 127:8 162:19 181:18 191:6 192:12,15 194:16,23 206:4,8 224:14 225:14,23 236:20 237:1 237:14 263:24 264:19 265:5 265:17,21,22 266:17 <b>young</b> 1:14 4:3 4:20 6:9,14,22 6:24 13:3 45:5 48:8 77:2 84:17 85:23 93:15 95:15 96:16 98:7 111:24 114:19 128:8 129:2 133:8 146:9 160:9 167:16 170:2 173:2 175:5 193:2	201:2 202:10 267:18 276:10 277:2,17 278:8 <b>yup</b> 63:23 134:3 159:13 194:4 204:22 239:22
			<b>z</b>
			<b>zoom</b> 3:1 67:2 67:7,9 <b>zoster</b> 127:5 229:19

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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