Exhibit 612

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Exhibits: 1-27

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

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IN RE: CAMP LEJEUNE WATER)
LITIGATION) Case No.:
---) 7:23-CV-897
This document relates to all cases.

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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

E X H I B I T S

*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.

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

A. Yes.

Q. Okay. And have you been deposed before?

A. No.

Q. No. Okay.

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

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

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

A. (Witness nodding.)

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

A. Got it.

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

A. Got it.

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

A. Yes.

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

A. That is correct.

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

A. Yes.

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

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

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

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

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

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

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

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

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

MS. PLATT: Objection. Foundation. Form.

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

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

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

Q. Okay.

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

Q. Okay. And can you --

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

MR. BARR: Right.

MS. PLATT: -- part of the exhibits.

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

MS. PLATT: Thank you.

MR. BARR: I understand that.

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

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

(Pause)

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

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

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

MS. PLATT: Brian, we've --

MR. BARR: No. We're --

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

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

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

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

MS. PLATT: And I would have given him

more time.

MR. BARR: So --

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

MR. BARR: Just --

(Attorney Miceli enters room)

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

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

(Pause)

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

Q. Okay. I appreciate that.

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

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

these reports but are associated with them.
Q. Okay. But you understand that today is my one chance to ask you about the opinions you intend on offering in these three cases, right?
MS. PLATT: Objection.
A. Yes.
Q. Okay. And if you have opinions outside of these reports, where are those opinions?
MS. PLATT: Objection.
A. My opinions are contained in these reports. Also, to the extent that I shared opinions with Dr. Shahnasarian that are entailed by my opinions in these reports, they may be in Dr. Shahnasarian's reports.
Q. Okay. But are you intending on offering opinions that are not contained in these three reports?
MS. PLATT: Objection.
A. I'm not sure I understand your question.
Q. Well, you understand at some point this case could go to trial, right?
A. Yes.
Q. Okay. And in a trial, you would take the stand and you would get examined by your counsel

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

MS. PLATT: Objection. Form and foundation.

A. Could you clarify what you mean by that?

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

A. I --

MS. PLATT: Objection.

A. The first part of the question.

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

MS. PLATT: Objection.

A. Yes.

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

MS. PLATT: Objection.

A. Yes.

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

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Foundation. Form.

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

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

MS. PLATT: Objection. Foundation. Form.

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

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

MS. PLATT: Of course.

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

(Recess taken)

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

BY MR. BARR:

Q. So I understand you have had

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

A. That is correct.

Q. What are those conversations?

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

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

MS. PLATT: Objection. Form and foundation.

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

Q. And what was that input?

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

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

MS. PLATT: Objection. Form. Foundation.

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

nature of our conversation.

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

MS. PLATT: Objection. Form and foundation.

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

MS. PLATT: Same objection.

A. Yes.

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

MS. PLATT: Objection.

A. No.

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

MS. PLATT: Objection. Form and foundation.

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

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

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

MS. PLATT: Objection. Form. Foundation.

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

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

MS. PLATT: Objection.

Q. -- is that fair?

MS. PLATT: Objection.

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

Q. Okay.

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

MS. PLATT: Objection. Form. Foundation.

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

Q. Um-hmm.

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

Q. Okay.

A. -- that I offer in the reports.

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

A. Yes.

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

MS. PLATT: Objection.

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

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

A. If they're on the materials considered

list, then that's where they would be.

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

(Discussion off the record)

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

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

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

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

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

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

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

MS. PLATT: Okay.

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

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

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

A. This was an old version of my CV.
Q. Okay.
A. This is not my current CV.
Q. And that wasn't my question. My question was, is this your CV as of March 2nd, 2025? You can see a date prepared at the very top of the CV.
A. Um-hmm. Yeah. Since this version, there were several updates, including certain publications and other updates, that I shared in an updated --
Q. Okay.
A. -- version of my CV, but -- in response to the question.
Q. Were any of those updates to your publications, did they deal with publications on Parkinson's disease?
A. Not directly.
Q. Okay.
A. There was one publication around -- dealing with advanced dementia and advanced care plans, which Parkinson's disease might fall under the umbrella of.
Q. Okay. And I'll have to look and see if I

have the current one.

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

MR. BARR: I believe you, it was.

MS. PLATT: Okay.

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

MS. PLATT: Okay.

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

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

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

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

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

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

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

A. Yes.

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

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

Q. Okay.

A. -- not documents.

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

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

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

A. Yes.

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

A. Yes.

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

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

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

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

Q. Okay.

A. There are a lot of records.

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

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

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

A. Yes.

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

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

Q. So you don't remember what you looked at?
A. I --
MS. PLATT: Objection.
A. There are a lot of records. These probably were medical records, but it would be -- I would feel more confident if I actually saw the --
Q. Okay.
A. -- document here.
Q. Well, let me ask, from the time in which you authored your report until today, have you done additional research into the scientific literature to come up with articles to support your opinions?
A. No.
Q. No. Okay. And have you had scientific articles that would support your opinions provided to you by counsel?
A. No, none.
Q. Okay. So all of the scientific articles you reviewed would have been in your original material considered list, true?
A. Unless --
MS. PLATT: Objection.

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

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

MS. PLATT: Objection.

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLAT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. Is that what I said?

Q. Yes.

MS. PLATT: Objection.

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

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

MS. PLATT: Objection.

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

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

MS. PLATT: Objection. Form.

A. No, that's not what I'm saying.
Q. Okay. Well, that's what I asked. So are there -- you would agree with me that to the extent there are scientific articles in these supplemental materials considered lists, that you had not considered those at the time you wrote your opinions, true?
MS. PLATT: Objection. Form.
A. I would have to -- I would have to look at them.
Q. Okay. But you can't consider something you don't have, can you?
MS. PLATT: Objection.
A. Could you rephrase the question?
Q. Yeah. You can't consider a piece of scientific material that you don't have, can you?
MS. PLATT: Same objection.
A. No.
Q. Okay.
MS. PLATT: I would just note for the record, there's another materials considered list --
MR. BARR: I understand.
MS. PLATT: -- I believe we produced on

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

MR. BARR: Okay. I understand.

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

A. Yes.

Q. How many a year?

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

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

MS. PLATT: Objection. Form.

A. I'm comfortable.

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

MS. PLATT: Objection. Form.

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

Q. I mean 10, 50, 100, 1000, any idea?
A. I see several a week, and so it should be in the hundreds.
Q. Okay. And you're the primary doctor that adjusts their Sinemet, their levodopa, and does all that kind of stuff?
MS. PLATT: Objection.
A. It depends on the individual case.
Q. Okay. What's the -- what's the -- kind of the depending factor there?
A. So sometimes patients come to me without a diagnosis initially and they're presenting with new parkinsonian symptoms, symptoms on the spectrum of what might appear to be a parkinsonian disorder, and they don't yet have a diagnosis. Maybe they're coming from a second or third opinion about what the etiology of the symptoms might be. There my role would be aiding and diagnosis.
Sometimes I'm seeing patients in the inpatient setting where I'm not the longitudinal provider but rather consulting inpatient physician, particularly when people are admitted to the hospital and there's a neurology consult

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

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

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

A. I don't have an exact tally.

Q. Can you approximate it?

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

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

A. I don't have the exact numbers.

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

MS. PLATT: Objection.

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

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

A. Um-hmm.

Q. So go ahead.

MS. PLATT: Objection.

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

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

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

Q. Parkinson's disease.

A. -- multiple system atrophy?

Q. I'm saying Parkinson's disease.

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

Q. Okay.

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

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

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

A. I do.

Q. Okay. What are those?

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

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

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

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

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

(Reporter requested clarification)

Q. Movement disorders.

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

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

A. I consider myself to be a neurologist.

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

Do you consider yourself to be a

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

A. What do --

MS. PLATT: Objection. Form.

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

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

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

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

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

MS. PLATT: Objection. Form.

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

Q. I've got that.

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

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

no.

Did you do a fellowship in movement disorders?

MS. PLATT: Objection. Form.

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

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

A. No.

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

A. It should be in my CV.

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

A. Yes.

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

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

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

given previously, not the one I got last week.

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

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

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

MS. PLATT: Objection. Form.

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

Q. If you say --

A. -- specifically.

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

A. Okay.

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

MS. PLATT: Objection. Form.

A. Could you repeat the question?

Q. Sure. Do you know if the publications

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

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

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

A. No.

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

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

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

MS. PLATT: Objection. Form. Foundation.

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

Q. Treated patients, published studies,

anything like that.

MS. PLATT: Same objection.

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

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

A. Okay.

Q. -- if you'd prefer that.

A. Yeah.

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

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

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

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

So that's really a routine part of --

Q. Okay.

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

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

MS. PLATT: Objection. Form. Foundation.

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

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

And that could influence actually the

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

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

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

Do you consider yourself an expert in epidemiology?

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

Q. Okay.

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

Q. Okay. What about in toxicology?

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

Q. Okay.

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

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

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

Q. Okay.

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

Q. Okay.

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

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

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

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

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

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

Q. Do you consider yourself an expert in neuropsychiatry?

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

Q. Okay.

A. I'm not a psychiatrist.

Q. How about an expert in cardiology?

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

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

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

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

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

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

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

Q. How about an expert in environmental exposures?

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

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

MS. PLATT: Objection.

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

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

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

Q. Okay. So you would at least agree with

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

A. Yes.

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

MR. BARR: Where are we at?

(Exhibit 8, Order for Commercial Products and Commercial Services-YOUNG_USA_CONTRACT_0000000001-2, marked for identification.)

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

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

(Pause)

A. Yes.

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

A. Yes.

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

A. Yes.

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

A. Yes.

Q. How was that?

A. By e-mail.

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

MS. PLATT: Objection. Form.

A. The attorneys.

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

A. I believe January.

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

A. What do you mean by work?

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

MS. PLATT: Objection. Form. Foundation.

A. I had conversations with the attorneys.

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

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

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

A. I had conversations with the attorneys.

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

MS. PLATT: Objection. Form.

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

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

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

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

MS. PLATT: Okay.

A. I don't remember the exact questions that

I asked, but is -- could --

Q. Sure.

A. Is that what you're asking?

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

MS. PLATT: Objection. Form.

A. The details of the case.

Q. Meaning?

MS. PLATT: Objection. Form.

A. The nature of the case.

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

MS. PLATT: Objection.

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

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

MS. PLATT: Objection. Form.

A. I don't recall.
Q. Okay. Do you believe you did or did not?
MS. PLATT: Objection. Form.
A. I don't recall.
Q. Sitting here today, have you read the studies regarding the water contamination at Camp Lejeune and its potential health effects?
MS. PLATT: Objection. Form and foundation.
A. Which studies are you referring to?
Q. Any of the Camp Lejeune studies, have you read them?
A. To the extent --
MS. PLATT: Objection. Form.
A. To the extent that they're contained in my materials considered lists, yes.
Q. Okay. So but you don't -- you can't sit here and tell me you have a specific memory of reading any of these materials, can you?
MS. PLATT: Objection. Form.
A. I reviewed all of the materials in the materials considered list, some of which covered the matters you're asking about.
Q. I understand. That was -- that was --

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

MS. PLATT: Objection. Form.

A. Not that I can recall.

Q. Okay.

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

A. Not with these lawyers.

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

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

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

A. Not on this case.

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

this case?

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

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

And that was none of the lawyers involved here?

A. Correct.

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

MS. PLATT: Objection. Form. Foundation.

A. No.

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

MS. PLATT: Objection. Foundation.

A. Which Julie Goodman?

Q. The Julie Goodman you reference in your report.

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

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

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

A. No.

Q. No?

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

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

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

A. No.

Q. Okay. You read her report, right?

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

Q. Dr. Goodman's --

A. -- report?

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

A. Yes.

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

MS. PLATT: Objection. Form.

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

Q. Okay.
A. And I found them to be convincing.
Q. Did you -- did you do anything to investigate her analysis of all these studies she went through?
MS. PLATT: Objection. Form.
A. What do you mean by "investigate"?
Q. Determined if she was right, look at the study yourself and come to your own conclusion. Did you do any of that?
MS. PLATT: Objection. Form.
A. I'm not a general causation expert. I'm a specific cause -- an expert here on neurology and these individual cases. So my role wasn't to independently validate a general causation opinion.
However, there are references in Dr. Goodman's report that I did separately review, particularly those that are in the materials considered list.
Q. Okay. But you would agree with me, you are relying upon her opinions in your report, true?
MS. PLATT: Objection.

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

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

MS. PLATT: Objection. Form.

A. No.

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

MS. PLATT: Objection. Form.

A. I wouldn't agree with that.

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

MS. PLATT: Objection. Form.

A. What's the question?

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

A. No.

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

MS. PLATT: Objection. Form and foundation.

A. No.

Q. Okay. You ever heard of Gradient?
MS. PLATT: Objection.
A. I don't recall.
Q. Okay. Do you know what Gradient does?
A. I don't recall.
Q. And you didn't do anything to try and find that out, you just accepted the report, true?
MS. PLATT: Objection. Form.
A. Try to find what out?
Q. Anything about this person you're relying on.
MS. PLATT: Objection. Form.
A. To the extent that the qualifications of Dr. Goodman were detailed in the materials considered, I did review those and took those into consideration.
Q. Okay. Now, you've worked on this case since -- if I remember right, your first billing was roughly February of 2025. Is that about right?
MS. PLATT: Objection.
Q. Okay. We'll just do it -- we'll do this simpler. Let me just show you your bills. This

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

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

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

(Discussion off the record)

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

A. Yes.

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

A. Yes.

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

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

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

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

MR. BARR: Yeah, that's fine.
MS. PLATT: -- about that.
MR. BARR: That's fine.
Q. I'm just trying to get a reference as to what this is.
A. I don't recall.
Q. You don't recall. Okay. Do you --
A. But this was -- I'm assuming -- this was between February 1st and February 28th, which was after my retention on January 23rd.
Q. Okay. So did you not bill anything for the time you spent either prior to retention or after retention for your kind of investigatory calls as to whether or not this was something you wanted to do?
MS. PLATT: Objection. Form.
A. Before --
Q. Because this is your first bill.
A. Right. Before -- before I was retained on January 23rd, there was no contract, so I wouldn't have been billing --
Q. Okay.
A. -- for time that I wasn't contracted to work on anything.

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

MS. PLATT: Objection. Form.

A. Not that I could recall, no.

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

A. Yes.

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

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

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

A. Yes.

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

MS. PLATT: Objection. Form.

A. I don't recall the exact number.

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

mark this as Exhibit 10. Here you go.

(Exhibit 10, March 2025 Invoice-Medical-Legal Expert Witness Services, marked for identification.)

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

A. Yes.

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

A. Yes.

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

(Exhibit 11, April 2025 Invoice-Medical-Legal Expert Witness Services, marked for identification.)

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

A. Yes.

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

A. Yes.
Q. And would these three bills, would this comprise all of the time that you spent preparing your reports?
A. Yes.
Q. Okay. So you would have spent roughly -- let's see. It was 47 hours in April, 20 hours in February, so that's 68, and roughly 50 hours in March. So -- right?
MS. PLATT: I think you missed the second page from February when you did that last --
MR. BARR: Do what?
MS. PLATT: I think you -- you just did the 20, but you also need to account for the 9.5 -- .75.
MR. BARR: Oh, okay. Fair.
Q. So it's roughly -- I'm sorry. So it's roughly 30 hours in February. Look at that. Right?
A. Yes.
Q. And then 50 hours in March. So that's 80 hours, right?
A. Yup.
Q. And 47 hours in April, right? So

127 hours.

MS. PLATT: Objection. Form.

Q. Is that right?

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

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

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

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

A. I keep track of my time.

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

A. Yes.

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

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

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

A. Yes.

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

MS. PLATT: Objection.

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

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

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

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

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

Q. Okay. Other than that.

A. No, none that I can recall.

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

A. I don't recall the exact amount of time.
Q. I mean, did -- did you meet several times over the past week? I mean, kind of what -- without giving me any of the conversation, just what the process was.
A. We met several times.
Q. Who did you meet with?
A. The attorneys.
Q. Who?
A. The DOJ attorneys.
Q. Do you have names?
A. Names of the attorneys I met with in --
Q. Yeah.
A. -- in preparing?
Q. Yes, sir.
A. Yes.
Q. Okay. And what are those names?
A. I don't remember all of them, but the ones I remember are Elizabeth Platt, Sara Mirsky, Cindy Hurt, and Anna Ellison.
Q. Okay. And do you know how many meetings you had specifically on getting ready for the deposition?
A. There were several meetings. I don't

remember the exact number.

Q. Were they in person or on Zoom?

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

Q. Okay.

A. So not Zoom.

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

A. Okay. Yeah.

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

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

A. No.

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

A. No.

Q. So you did it all yourself?

A. Yes.

Q. You typed the whole thing?

MS. PLATT: Objection. Form.

A. Yes.

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

MS. PLATT: Objection. Form.

A. No.

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

MS. PLATT: Objection. Form.

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

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

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

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

A. No.

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

A. Yes.

Q. Okay. And what is that experience?

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

A. As a consulting expert.

Q. For who?

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

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

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

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

A. No, not to my knowledge.

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

A. No.

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

A. Three or four times previously.

Q. Okay. And in none of those times were you actually disclosed as a testifying expert?
A. Not to my knowledge.
Q. Okay.
A. I've never done a deposition or testified in court --
Q. Have you --
A. -- verbally or --
Q. Have you ever drafted a report like this in a -- in another litigation setting?
A. I've drafted reports in the past.
Q. Okay. In litigation?
A. In cases where I've been a consulting expert. They haven't always gone to trial or been disclosed.
Q. Okay. But if you've drafted a report, do you know if the report was provided to the other side?
A. I actually don't know. I don't know.
Q. Okay.
MR. BARR: All right. Why don't we take a break right here.
THE VIDEOGRAPHER: The time is 10:14 a.m., and we're off the record.

(Recess taken)

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

BY MR. BARR:

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

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

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

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

(Pause)

A. Yes.

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

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

Q. I'll hand that to you.

MR. BARR: Here you all go.

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

(Pause)

A. Yes.

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

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

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

(Pause)

A. Yes.

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

A. Yes.

Q. Okay. And so all of the articles on

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

A. They should be.

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

A. Yes.

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

MS. PLATT: Are you on the second page?

MR. BARR: Second page.

A. I see that.

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

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

Q. Yes, sir.

A. -- on this page.

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

A. Yes.

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

MS. PLATT: Objection. Form and foundation.

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

Q. Um-hmm.

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

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

MS. PLATT: Objection. Form.

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

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

them and read them yourself, right?

MS. PLATT: Objection. Form.

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

Q. Okay.

A. -- in my opinions.

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

MS. PLATT: Objection. Form.

A. I don't recall.

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

MS. PLATT: Objection. Form.

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

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

A. Um-hmm.
Q. I can't represent that to you here today.
A. Right.
Q. But I'm saying, if they are not in that Bates ranges of those supplemental material considered list, that would mean you have not specifically pulled those, reviewed them, and relied upon them, right?
MS. PLATT: Objection. Form.
A. I may have reviewed the aspects that were covered by Dr. Goodman and Dr. Goodman's report.
Q. I --
A. So the Gold -- the Goldman studies are thoroughly reviewed in Dr. Goodman's report.
Q. I understand that.
A. And some of the expert -- other expert reports that I read.
Q. Right. And all I'm trying to find out is I -- I get that you read about the Goldman studies in Goodman's report and you saw her critique and her evaluation of those studies. I understand that.
I'm just trying to make sure it's clear, at least to me, that you haven't printed those

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

MS. PLATT: Objection. Form.

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

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

A. A differential diagnosis.

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

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

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

doing a differential etiology in your report, right?

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. To me, those are separate questions.

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

A. Where?

Q. Right now as we're talking.

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

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

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

MS. PLATT: Objection. Form.

A. Not exactly, no.

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

MS. PLATT: Objection. Form.

A. Yes.

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

MS. PLATT: Objection. Form.

A. Yes.

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

MS. PLATT: Objection. Form.

A. Yes.

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

our side agree with that, right?

MS. PLATT: Objection. Form.

A. Yes.

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

A. Yes.

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

A. Yes. It is a progressive neurologic disorder.

Q. You agree it's incurable, right?

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

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

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

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

Q. Right.
A. -- for that aspect of it.
Q. The treatment for Parkinson's disease is to control the symptoms and manage the symptoms, right?
A. Most of the treatments available are focused on symptom management. There are some interventions that could slow the course of neurodegeneration, and there are other interventions that can improve quality of life for people living with the disorder.
Q. But they're not going to cure the disorder, right?
A. Not currently.
Q. Okay. The cells in the substantia nigra, they're going to continue to experience degeneration and die as the person gets older, right?
A. Typically the neurodegenerative process is a progressive one.
Q. Okay. Things like DBS, that -- DBS, you know what DBS is, right?
A. Yes.
Q. Okay. DBS, that doesn't cure Parkinson's

disease, does it?

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

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

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

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

A. Okay.

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

A. Yes.

Q. It did not cure him, did it?

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

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

MS. PLATT: Objection.

Q. -- right?

MS. PLATT: Objection. Form. Foundation.

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

Q. He's confined to a wheelchair.

A. He --

MS. PLATT: Objection. Form. Foundation.

A. What do you mean by "confined"?

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

MS. PLATT: Objection. Form. Foundation.

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

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

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

MS. PLATT: Objection. Form. Foundation.

A. Yes.

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

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

Q. Through his wife.

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

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

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

device.

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

MS. PLATT: Objection. Form.

A. Yes.

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

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

MS. PLATT: Objection. Form.

A. Yes.

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

MS. PLATT: Objection. Form.

A. "These opinions" being the ones --

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

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

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection.

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

MS. PLATT: Objection. Form.

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

generally?

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form.

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

Q. Okay.

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

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. Not in -- not in these reports.

Q. Okay.

A. Yeah.

Q. That's all I needed.

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

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. Which -- which piece of the report?

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

But -- okay. You understand that

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

A. I read that in their reports.

Q. So you understand that, yes?

MS. PLATT: Objection. Form.

A. That is their opinion.

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

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

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

(Pause)

A. There is no known family history.

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

(Pause)

A. There is no known family history.

Q. And same as to Mr. Sparks, right?
A. No known family history for Mr. Sparks, although he did mention that he has a family member with dementia --
Q. Okay. So we --
A. -- of unclarified etiology.
Q. So we can rule out -- because there's no known family history, we can rule that out as a risk factor for their Parkinson's disease, right?
MS. PLATT: Objection. Form.
A. To my knowledge, they haven't been genetically tested. That said, we -- there's -- there's no evidence in either of these -- in any of these cases that family history was a risk factor.
Q. Right. And without evidence, you can't include that as a risk factor, true?
MS. PLATT: Objection. Form.
A. Right.
Q. Okay. I want to look at -- you say the same thing in all three reports, so I'm not sure it matters which one you look at. But we can look at Exhibit No. 1, which is the Sparks report. And I'm on page 1.

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

A. Um-hmm.

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

Did I read that right?

A. Yes.

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

Dr. Young --

A. Yes.

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

A. Yes.

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

MS. PLATT: Objection. Form.
A. The standard that I applied is a reasonable degree of medical certainty.
Q. But there's more to it. It's that "is definitively caused," right?
MS. PLATT: Objection. Form.
A. So this was one sentence in the report.
Q. And you say it more than once.
A. The standard that I used is within a reasonable degree of medical certainty.
Q. Okay. But you understand, legally, there's multiple different types of standards. There is: at least as likely as, more likely than not. You understand that, right?
MS. PLATT: Objection. Form. Foundation.
A. I'm not a legal expert, so I can't opine on legal standards of causation. The standard that I used in these reports was a reasonable degree of medical certainty.
Q. Okay. Then what did you mean by "definitively caused"?
A. Within a reasonable degree of medical certainty.

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

MS. PLATT: Objection. Form.

Q. Are you looking for a definite cause?

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

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

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

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

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

A. Can you repeat the question?

Q. You decided to use the words

"definitively caused," right?

MS. PLATT: Objection. Form.

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

Q. Sir --

A. -- risk factors.

Q. Sir, I --

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

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

MR. BARR: That was precisely my question.

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

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

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

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

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

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

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

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

MR. BARR: No, he's not.

MS. PLATT: He is.

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

(Record read)

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: He --
A. As I did before.
Q. So we're going to the next question.
A. I -- if I can --
Q. What did you mean by definitively caused?
MS. PLATT: Counsel, you have to allow Dr. Young to finish his answer.
MR. BARR: He is allowed to answer my question. He is not allowed to answer some other question that I didn't ask.
MS. PLATT: He is answering your question.
MR. BARR: No, he's not.
MS. PLATT: He is staying on the scope of your question, and he's answering it to the best of his ability.
Q. You can answer my question. Now I've asked another question. What do you mean by definitively caused?
A. Within a reasonable degree of medical certainty.
Q. Okay. So I can read this sentence, I just want to make sure I have this right, that there is insufficient evidence to conclude to a

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. Within a reasonable degree of medical certainty.

Q. What does that mean?

MS. PLATT: Objection. Form.

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

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

A. Yes.

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

A. Yes.

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

Did I read that right?

A. Yes.

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

MS. PLATT: Objection. Form.

A. No.

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

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

Q. The definitive cause, right?

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

choices. They're not -- they're word choices.
Q. Was caused in what way? I mean, you understand -- is it -- is it more likely than not? You're looking for 51 percent? Is it as least as likely as, which is 50/50? What are you looking at there?
MS. PLATT: Objection. Form.
A. I'm looking at a reasonable degree of medical certainty, the same careful, well-considered approach that I would use in medical practice to arrive at the conclusions.
Q. What would you -- what would you call the methodology you're using to look at all these risk factors, weigh them, and decide if just one of them can be determined to be the single definitive cause?
MS. PLATT: Objection. Form.
A. I'm not sure I could answer the question you -- the way you've asked it.
Q. Well, I'm asking it the way you wrote it. So what methodology would this be, what would you call it, where you've got a -- you lay out a host of different potential risk factors, right?
A. Yes.

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

MS. PLATT: Objection. Form.

Q. -- right?

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. No.

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. I considered that possibility.

Q. You didn't talk about it at all.
MS. PLATT: Objection. Form. Do you have a question there?
A. I do discuss it in the rebuttals to the other experts.
Q. Where in your report do you point to what the risk factors are for exposure to TCE at Camp Lejeune? Where is that in your report?
MS. PLATT: Objection. Form.
A. Which one? Which report?
Q. Any of them.
A. For example, if we look at Mr. McElhiney's report.
Q. Tell me where you're looking.
A. Page 31.
Q. Okay.
A. Paragraph 3.
Q. Okay.
A. There I discuss the attribution of causation to TCE exposure.
Q. Okay. But where did you weigh the TCE exposure? Where is that in your analysis?
MS. PLATT: Objection. Form.
A. With respect to general causation, I

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

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

MS. PLATT: Objection. Form.

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

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

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

these gentlemen, right?

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

Q. Okay.

A. -- those are in my report.

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

MS. PLATT: Objection. Form.

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

Q. Okay.

A. And --

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

MS. PLATT: Objection. Form.

A. Yes.

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

MS. PLATT: Objection. Form.

Q. That's the methodology.

MS. PLATT: Objection. Form.

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

Q. Exactly.

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

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

MS. PLATT: Objection. Form.

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

Q. Okay.

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

MS. PLATT: Objection. Form.

A. This is standard medical analysis.

Q. Okay. So describe it for me.

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

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

Q. Um-hmm.

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

Q. Um-hmm.

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

Q. Okay. But --

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. I don't know what what is?

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. Making which determination, to be clear?

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

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

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

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

MS. PLATT: Counsel, Dr. Young is trying

to describe his methodology.

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

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

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

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

Q. So were you looking for a single cause?

MS. PLATT: Objection. Form.

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

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

Q. Okay.

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

MS. PLATT: Objection. Form.

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

Q. Okay.

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

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

Q. Any of the three cases.

A. Yes.

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

MS. PLATT: Objection. Form.

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

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

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

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

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

describe the etiologies that can be excluded.

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

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

A. My assign- --

MS. PLATT: Objection. Form.

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

Q. Okay.

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

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

MS. PLATT: Objection. Form.

A. I wouldn't agree with that

characterization.

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

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

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

MS. PLATT: Objection. Form.

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

Q. So --

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

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

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

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

MS. PLATT: Objection. Form.

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

Q. In any form?

MS. PLATT: Objection. Form.

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

Q. Contribute at all.

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form.

A. I do offer opinions that touch on that.

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form.

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

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

MS. PLATT: Objection. Form. Foundation.

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

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

had an opinion.

MS. PLATT: Objection. Form.

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

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

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

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

MS. PLATT: Objection. Form.

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

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

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

MS. PLATT: Objection. Form. Foundation.

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

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

MS. PLATT: Objection. Form. Foundation.

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

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

standard actually is?

MS. PLATT: Objection. Form. Foundation.

A. Not that I can recall.

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

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

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

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

A. I see the title.

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

A. What page are you on?

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

(Discussion off the record)

A. 1803, 2(b)?
Q. No. Yeah. I'm sorry. Yeah. And Elizabeth is right. (c)(2), Standards.
A. Okay.
Q. Okay. You see (c) is Burden -- Burdens and Standard of Proof, right?
MS. PLATT: Do you see Standard --
A. Yes.
Q. Okay. And it says, "STANDARDS - To meet the burden of proof described in paragraph (1), a party shall produce evidence showing that the relationship between exposure to the water at Camp Lejeune and the harm is -
"(A) sufficient to conclude that a causal relationship exists; or
"(B) sufficient to conclude that a causal relationship is at least as likely as not."
Did I read that right?
(Pause)
Q. I just asked if I read it right.
A. It's to meet the burden of proof described in paragraph (1), which is, "IN GENERAL - The burden of proof shall be on the party filing the action to show one or more

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

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

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

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

Q. So I read it right?

A. Sounds like it.

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

MS. PLATT: Objection. Form.

A. The standard that I used with -- is within a reasonable degree of medical certainty. As I -- this is -- as I look at this here, it says, "The burden of proof shall be on the" -- I'm not a legal expert, so I'm not going to speculate about what the legal standards are or are not in this case.

The standards that I apply in my reports are within a reasonable degree of medical certainty.

Q. Understand. So you would -- is this the first time you've seen the actual standard that's to be applied to Camp Lejeune Justice Act cases?

MS. PLATT: Objection. Form.

A. I've seen this wording used in the past.

Q. Okay. And you understand that this wording is the statute that sets the standards that must be met in these cases, right?

MS. PLATT: Objection. Form. Foundation.

A. I'm not a legal expert. The standard that I apply in my reports are within a reasonable degree of medical certainty.

Q. And that -- and is that any report you ever write, including cases outside of the Camp Lejeune Justice Act?

MS. PLATT: Objection. Form. Foundation.

A. Yes. The professional opinions that I offer are within a reasonable degree of medical certainty.

Q. Okay. You would at least agree with me that nowhere in your report do you say the words "at least as likely as not"?

A. That's not the standard that I use.

Q. Okay.

A. The standard that I use is within a reasonable degree of medical certainty.

Q. You would agree with me that nowhere in your report do you say -- do you offer an opinion that either TCE can or TCE can't cause Parkinson's disease, do you?

MS. PLATT: Objection. Form.

A. My opinions are not about general causation. My opinion's about specific causation in each of these individual's cases.

Q. How do you make an assessment of specific causation without having an understanding of general causation?

MS. PLATT: Objection. Form.

A. I do have an understanding. And for that understanding, I rely upon Dr. Goodman coupled with the exposure and risk assessments of Drs. Bailey and LaKind.

Q. But nowhere in your report do you -- do

you talk at all about whether or not TCE can cause Parkinson's disease, do you? Either way, on either side of it.

A. I do talk about it.

MS. PLATT: Objection. Form.

Q. Where do you talk about it? Where do you say in your report that either TCE is or TCE is not a risk factor for Parkinson's disease?

MS. PLATT: Objection. Form.

A. For example --

Q. Just tell me where you're at so I can find you.

A. Page -- page 31.

Q. Which report?

A. Of McElhiney report. In Exhibit 3, I discuss --

Q. Page 31?

A. Page 31.

Q. Oh, okay. Hold on. I'm looking at Sparks. Let me get McElhiney.

Okay. I'm with you.

A. "Based on the detailed analysis above, I diverge from Dr. Barbano's conclusion in that his attribution of causation to TCE exposure appears

to omit a comprehensive evaluation of the broader range of potential risk factors present in Mr. McElhiney's case, including repeated head injuries, PTSD, GERD, seborrheic dermatitis, herpes zoster, rosacea, hearing loss, anxiety, depression, prediabetes, B12 deficiency, male sex, advancing age, potential exposure to solvents over years of machine/engine mechanics work, sleep apnea, eczema [sic], having grown up on a farm ... and sedentary lifestyle, each of which can [sic] individually or in combination serve -- may serve as a contributor to PD risk. Given the current state of medical knowledge and" --

Q. I got it. I got it. I can read the paragraph.

A. And then further down, "I likewise cannot conclude within a reasonable degree that Mr. McElhiney would not have developed PD if he were not exposed to TCE, especially in light of his numerous risk factors."

Q. Okay.

A. "It is essential to consider the full spectrum of" --

Q. Sir, respectfully, I can read the report.
MS. PLATT: You --
A. You asked me where I put that in the report.
MR. BARR: I asked where he said TCE is or is not a cause of Parkinson's disease. None of that says that.
MS. PLATT: Allow Dr. Young to point you --
MR. BARR: I can read the words.
MS. PLATT: You asked for locations. He's giving you locations.
MR. BARR: This -- we're going to have to redo this whole depo.
MS. HURT: Can we take a break?
MR. BARR: Yeah.
MS. HURT: I'd like to take a break. Thank you.
THE VIDEOGRAPHER: The time is 11:47 a.m., and we're off the record.
(Recess taken)
THE VIDEOGRAPHER: The time is 11:58 a.m. and we're on the record.

BY MR. BARR:

Q. All right. Dr. Young, I'm still trying to understand your opinions on TCE. Do I have it right in that for the purpose of determining whether or not TCE can cause Parkinson's disease, you are completely relying upon Dr. Goodman, Dr. LaKind, and Dr. Bailey?

MS. PLATT: Objection. Form.

A. I'm not offering opinions about whether TCE generally can cause Parkinson's disease. My opinions here are about whether these individuals' neurological conditions can be attributed causally to Parkinson -- to the alleged exposure.

To the extent that there are general causation opinions in the milieu, I rely on Dr. Goodman and also rely on the reports of Drs. Bailey and LaKind in matters of risk assessment and exposure.

The opinions that I offer here are really about specific causation to understand these individuals' Parkinson's disease. And as I point out, there are a range of risk factors at play.

Q. But would you agree with me that when you

list your range of risk factors for all three of these gentlemen, at no point did you list TCE?

MS. PLATT: Objection. Form.

A. I cannot attribute TCE as a -- as a risk factor within a reasonable degree of medical certainty for these individuals.

Q. So in your opinion it was not a risk factor at all; is that what you're saying?

A. Where? Generally or --

Q. For these three -- no. We are limit -- we are confining your testimony and your opinions to these three gentlemen today.

So it's your opinion that for these three gentlemen, exposure to TCE in the water at Camp Lejeune was not a risk factor for them in Parkinson's disease?

MS. PLATT: Objection. Form.

A. I could not come to that conclusion within a reasonable degree of medical certainty --

Q. Okay.

A. -- based on the available evidence.

Q. Point to me in your report where you conducted that analysis.

A. What analysis?

Q. The analysis where you excluded TCE as a risk factor for them.

A. In which report?

Q. In any of them. I -- but I don't want to see a sentence where you say it's not. I want to see an analysis, where you actually do an analysis where you rule out TCE.

MS. PLATT: Objection. Form.

A. In my -- the report of Mr. Sparks, for example, on page 26, "Based on the detailed analysis above, I diverge from Dr. Schwarz's conclusion in that the attribution of causation to TCE exposure does not sufficiently account for the broader range of potential risk factors present in Mr. Sparks' case, including but not ... limited to occupational exposures, male sex, and head injury, each of which individually or in combination may serve as a contributor" --

Q. Okay.

A. -- "to PD risk. Given the current state of medical knowledge" --

Q. Okay. I got all that.

MS. PLATT: No.

A. And there's more here about TCE, which is that within "the current state of medical knowledge and the multifactorial nature of PD, I thus find that there is insufficient evidence to conclude within a reasonable degree of medical certainty that TCE exposure definitively caused Mr. Sparks' PD. I likewise cannot conclude within a reasonable degree of medical certainty that he [sic] would not have developed PD if he were not exposed to TCE."

Q. Okay. These are your comments on Dr. Schwarz's report, right?

A. These are.

Q. Right. But that's what -- this is contained in your section, "Comments on the Expert Report of Dr. Schwarz," right?

MS. PLATT: Objection. Form.

A. This is page 25 to 26.

Q. Right. And what's the title heading for this section of your report?

A. "Comments on the Expert Report ...."

Q. Okay. So in your actual affirmative report, where is your analysis of TCE?

A. I don't --

MS. PLATT: Objection. Form.
A. I'm not doing an independent analysis of general causation, exposure, or risk assessment. What I'm doing is a --
Q. I'm talking as to these --
MS. PLATT: No. Allow --
Q. -- three plaintiffs.
MS. PLATT: -- Dr. Young to finish question -- his answer.
MR. BARR: No. He keeps dodging my question.
MS. PLATT: He's not dodging your question.
Q. My question is as to these three plaintiffs, in your case-specific causation opinions, where is the analysis as to the exposure of TCE as to these three plaintiffs? Where is it?
MS. PLATT: Objection. Form.
A. My role here was, as a medical expert, to evaluate each of these individuals' Parkinson's disease. Not as a general causation expert. Not as a toxicology expert or exposure analyst. I -- for those discrete analyses, I relied upon the

reports of Dr. Goodman, Dr. Bailey, and Dr. LaKind.

Q. Yup.

A. When it comes to individual specific causation, the approach that I took within a reasonable degree of medical certainty did not find that to be a causal factor at play in these cases.

Q. Okay. And I'm looking for your analysis where you didn't find it to be a causal factor. That's what I'm looking for.

MS. PLATT: Objection. Form.

Q. Are you just saying, ipse dixit, it is because I say it is?

A. No.

MS. PLATT: Objection. Form.

Q. Where is your analysis?

MS. PLATT: Objection. Form.

A. Which analysis?

Q. Of TCE as to these three gentlemen. Where is it?

MS. PLATT: Objection. Form.

A. Again, with respect to general causation, I relied upon the opinions of Dr. Goodman. Also

relied on Dr. Bailey and LaKind with respect to exposure and risk assessment analyses.

The opinions that I offer here are within a reasonable degree of medical certainty, and the approach that I take is to arrive at my conclusions based on the same careful standard medical approach that I would use at the bedside to determine, in the first instance, whether these individuals have Parkinson's disease; secondly, what the risk factors could be; third, what the potential relationship could be between the alleged exposure and their Parkinson's disease.

Q. So your bedside approach would be to go read a report of a non-medical doctor to come up with an opinion to exclude a potential risk factor, that's your bed side approach?

MS. PLATT: Objection. Form.

A. I'm not sure what you're asking.

Q. Got that. I figured.

Did you even consider TCE as a risk factor of these gentlemen's Parkinson's, or did you exclude it in total because of what you had read in Dr. Goodman's report?

MS. PLATT: Objection. Form.

A. I considered it based on my review and understanding of Dr. Goodman, Dr. Bailey, and Dr. LaKind's reports. I did not find within a reasonable degree of medical certainty that this is a clear causal factor at play in these individual cases.

Q. So a clear causal factor, that's the word we're going to use now?

MS. PLATT: Objection. Form.

A. What do you mean?

Q. Well, it's your word. What do you mean?

MS. PLATT: Objection. Form.

A. I mean that, within a reasonable degree of medical certainty, I cannot causally attribute their Parkinson's disease to the alleged exposure.

Q. Okay. And your manner in doing that was to rely upon the reports provided by Goodman, LaKind, and Bailey, right?

MS. PLATT: Objection. Form.

A. Those were pieces of a larger body of facts that were taken into consideration in arriving at my conclusions with respect to

specific causation.

Q. So in coming to your medical opinions, you relied upon the opinions of three non-medical doctors?

MS. PLATT: Objection. Form.

A. I did not solely rely on their opinions. Of course in medicine and science generally, no single person has all of the expertise, and one needs to rely to some extent on -- oftentimes on others who don't have the domain expertise that one might not have as a medical doctor.

Q. Okay. But you are --

A. Not every medical doctor --

Q. I'm sorry.

A. -- is a toxicologist or an epidemiologist or an exposure analyst or a water modeling specialist. Of course, one would need to rely on the carefully considered assessments of others in -- in building medical opinions.

Q. You didn't do anything to assess general causation, that's been your clear testimony today, right?

MS. PLATT: Objection. Form.

A. My task here was not to assess general --

questions of general causation.

Q. And you didn't do it, right?

MS. PLATT: Objection. Form.

A. My task was not to assess questions of general causation.

Q. Okay. I didn't ask what your assignment was. I asked if you did it.

You did not assess general causation as it pertains to the water at Camp Lejeune and Parkinson's disease, did you?

MS. PLATT: Objection. Form.

A. I relied on Dr. Goodman with respect to matters of general causation.

Q. So you didn't do an analysis?

A. I did an analysis, but not one about general causation.

Q. You -- on the issue of general causation, you did not do an independent analysis, fair?

MS. PLATT: Objection. Form.

A. My analysis was around specific causation.

Q. Okay. The answer to my question is yes or no. Did you do an independent analysis or assessment of general causation as it pertains to

the water at Camp Lejeune and Parkinson's disease?

MS. PLATT: Objection. Form.

A. My role in this case was as a neurology expert.

Q. I didn't ask what your role was. I asked if you did an assessment.

A. I did an assessment, but not a general causation assessment.

MS. PLATT: Counsel, he's answered your question multiple times.

MR. BARR: No, he's -- he's -- he's -- no, he hasn't. He's actually not said, "No, I haven't done a general causation assessment." He has not said that.

MS. PLATT: He doesn't have to use the word "yes" or "no" simply because you wish that he does.

MR. BARR: Well, okay. Please come to trial and behave this way. Oh, I can't wait.

Q. You would also agree that it -- nowhere in your report do you do an assessment of their -- of these gentlemen's exposure to TCE and what the risk to them was from that exposure.

That's nowhere in your report, right?

MS. PLATT: Objection. Form.

A. It's in the materials considered lists, the -- those analyses that I rely upon, which do perform those --

Q. Okay. But I asked if you did that. So I understand it's in your materials considered list. I understand you're relying on three non-medical doctors. I get that. That's loud and clear.

I'm just asking if, in your report, there was any analysis that you did of their exposure to the water at Camp Lejeune and what their risk factor for Parkinson's would be from that.

MS. PLATT: Objection. Form.

A. As I stated earlier, I relied on the general causation analysis of Dr. Goodman and the exposure and risk assessments of Drs. Bailey and LaKind. I did not do that independently.

Q. Okay.

Do you believe that it was appropriate to consider their exposure to the water at Camp Lejeune as a potential cause of Parkinson's disease?

MS. PLATT: Objection. Form.

A. I want to make sure I -- I'm understanding your question, and there are two ways that I could imagine it being interpreted. So if I could ask you to rephrase it.

MR. BARR: Can I have it --

A. I'd appreciate it.

MR. BARR: -- read back, please?

(Record read)

A. Is the question whether it was appropriate to -- well, I --

Q. I just want --

A. I don't want to put words in your mouth, so maybe if I could ask you to rephrase.

Q. I might actually be fine with you putting words in my mouth.

Would you -- do you think it was appropriate to even consider TCE as a risk factor for these gentlemen? I'm not saying say it was, but just consider it as a risk factor.

MS. PLATT: Objection. Form.

A. Clearly it is something that's being considered, that the question exists. That's why this case exists.

Q. So it was appropriate to consider it as a potential risk factor?

MS. PLATT: Objection. Form.

A. Are you asking whether it's appropriate to label it as a risk factor or --

Q. Yes.

A. -- whether it's appropriate to put into question whether it could be a risk factor?

Q. I'm asking you if it's appropriate to label it a risk factor.

MS. PLATT: Objection. Form.

A. I could -- I'm not offering opinions about general causation. I'm only analyzing these individual cases and offering opinions about specific causation.

Q. Well, I -- here's where I'm -- how do you say on the one hand, "I don't know whether it's appropriate to label it as a risk factor," and on the other hand say that it wasn't a risk factor for these gentlemen?

MS. PLATT: Objection. Form.

Q. How are -- how are you doing that analysis?

MS. PLATT: Objection. Form.

A. So I wouldn't agree with the -- with the first clause in that question. And the second clause, I -- my response to that is that I rely on the general causation opinion of Dr. Goodman and the exposure and risk assessment of Dr. LaKind in coming to my conclusion within a reasonable degree of medical certainty about whether the alleged exposure operated causally in these individuals to bring about their Parkinson's disease.

Q. As the sole definitive cause, right?

MS. PLATT: Objection. Form.

A. As the cause.

Q. No. The words you wrote were "sole definitive cause." Those -- you had no help writing your report, right?

MS. PLATT: Objection. Form.

A. That's right.

Q. Those were the words you chose, right?

MS. PLATT: Objection. Form.

A. Those were some of the words I chose. In other places, I don't use those words. It's really a word choice.

Q. Okay. So it's a meaningless word choice,

I can just strike all those words from your report?

MS. PLATT: Objection. Form.

A. I wouldn't say it's meaningless, but, you know, if we -- if you want to drill down into that a little bit more, we could go through portions of my report where I articulate my opinions without using those words.

What I mean is, I cannot within a reasonable degree of medical certainty arrive at the conclusion that the alleged exposure operated to bring about each of these individual's Parkinson's disease.

Q. Right. And the only piece of that you haven't answered is the standard you applied to that. Was it --

A. Within a reasonable degree of medical certainty.

Q. I understand, but -- I'm not going to reargue this with you again. We'll just move to strike your opinions.

MS. PLATT: Objection.

Q. So given the opinions of Dr. Goodman, Dr. Bailey, and LaKind, did you not consider TCE

as a risk factor for Mr. McElhiney, Mr. Peterson, or Mr. Sparks?

MS. PLATT: Objection. Form.

A. I considered whether it could be, and I did not find within a reasonable degree of medical certainty that it is.

Q. Okay. And when you considered --

A. In these situations.

Q. And you considered if it could be. Where did you write about that?

MS. PLATT: Objection. Form.

A. I relied on the analyses of Dr. Goodman, Dr. Bailey, and Dr. LaKind, and I do specify that in my report.

Q. Okay. I want to move to Mr. McElhiney's report, and that's Exhibit 3, I believe. That's Peterson. That's McElhiney.

For all three plaintiffs, you make the statement that being male is a risk factor for Parkinson's disease. You agree with that, right?

A. Yes.

Q. Okay. But you also agree that being male does not cause Parkinson's disease, right?

A. As I specify in my report, "While being

male is a risk factor for Parkinson's disease insofar as male sex is associated with increased risk of developing Parkinson's disease, being male does not cause Parkinson's disease risk factors alone."

Q. Sir, I don't need you to read the whole -- I just asked if you agreed that being male does not cause Parkinson's disease.

MS. PLATT: Dr. Young is answering your question.

MR. BARR: I don't need -- I don't need him to read his report to me.

MS. PLATT: Counsel, if you continue to --

MR. BARR: Okay. Okay. We're -- we're going on a break. We're going to get the Court on the phone. I'm not going to keep doing this.

THE VIDEOGRAPHER: The time is 12:17 p.m., and we're off the record.

(Recess taken)

THE VIDEOGRAPHER: The time is 12:24 p.m., and we're on the record.

BY MR. BARR:

Q. So you agree that being male does not

cause Parkinson's disease?

A. Being male does not cause Parkinson's disease. Risk factors alone derived from population level associations don't provide mechanistic explanations or establish individual level causation.

So although being male is a well-described risk factor, it's not a -- it's something that's known about -- known to bring about Parkinson's disease in men only.

Q. Right. There's a statistical association between male and Parkinson's disease, right?

MS. PLATT: Objection. Form. Foundation.

A. Yes.

Q. But there's no underlying understood biological mechanism of how being male would cause Parkinson's disease, right?

A. It's an active --

MS. PLATT: Objection.

A. It is an active area of research. There are some researchers that have speculated and done some work around whether it has to do with the hormonal milieu that's different between

males and females that increases risk and what the potential -- how that potential association could be explained. So it's not yet fully worked out in the science, but there are people working on it.

Q. Okay. But as we sit -- I mean, we understand we're taking this deposition as of July 24, 2025, right?

A. Yes.

Q. Okay. And as of July 24, 2025, there's no understood mechanism through which being male could cause Parkinson's disease?

MS. PLATT: Objection. Form. Foundation.

A. There have been mechanisms that have been hypothesized in the literature, including the literature that I cite here --

Q. I used the word "understood."

A. Understood to mean --

Q. That there's an accepted --

A. -- a well-accepted --

Q. There's accepted methodology -- there's an accepted mechanism through which being male can cause Parkinson's disease.

A. It's not a cause. It's a risk factor.
Q. Okay. And there's a difference between risk factors and causes, right?
A. Yes.
Q. Okay.
Something could be a risk factor, which it means it's -- it's a statistical association, but without an understood and accepted biological mechanism, it can't be a causation factor, right?
MS. PLATT: Objection. Form.
A. There may be risk factors -- well, I -- not every risk factor is a cause, if that's what you're asking.
Q. Yes.
A. As to how to define what a cause is, which was sort of embedded in the second part of your question, we may need to explore that in more detail.
Q. Okay. But one of the ways in which a risk factor becomes elevated to a cause is when we discover a biological mechanism through which that risk factor could cause Parkinson's disease, right?
MS. PLATT: Objection. Form.

A. Sometimes in science and medicine, causes are identified even before the mechanism is understood. A mechanism may be one possible factor that elevates a risk factor to a cause. Not necessarily -- a necessary or sufficient condition for being a cause, but it could be something that comes into play.

Q. What other things could -- what other types of things could cause a risk factor to become a cause?

A. Well-accepted evidence that the risk factor operates to bring about the condition of interest rather than merely associated with it.

Q. What do you mean by "well-accepted"?

A. Established and accepted within the medical literature.

Q. Okay. So if literature describes like a risk factor as controversial as a cause, that would indicate it's probably not accepted, true?

MS. PLATT: Objection. Form.

A. Not accepted by --

Q. The medical community?

A. The medical comm- -- it may be accepted by some in the medical community. I can't speak

for the medical community at large. I'm not here as a representative for the medical community.

Generally speaking, a -- risk factors do not equate at a one-to-one level to causal factors.

Q. Okay.

A. There may be myriad risk factors that are known for any given condition, as was the case in each three of these individuals, without these risk factors clearly being causes.

Q. Understand. Let me make sure I have the right report here.

Okay. On page 27 of your McElhiney report, which is Exhibit 3, I'm in the paragraph that's headed "Etiology and Risk Factors." Do you see that paragraph?

A. Yes.

Q. And you write a sentence where you say, "In Mr. McElhiney's case, potential risk factors include," and then you have a whole list of items, correct?

A. Yes. The risk factors include head injury --

Q. I don't need you to read them all. I

just asked if you included a whole list of factors.

MS. PLATT: Objection. Form.

A. This is -- yes.

Q. Okay.

A. That's what's written there.

Q. Okay. And so the last one you include is sedentary lifestyle. Do you see that?

A. Yes.

Q. Okay. Now, on page 26, you have a similar list. You go through Mr. -- well, starting on 25, you have his prior medical and surgical history. Do you see that on 25?

A. Yes.

Q. And you have a big list of things from his prior medical and surgical history, right?

A. Yes.

Q. Okay. And then you say, on the next page, on page 26, "Of these conditions, the following have been described in the medical literature as PD risk factors," and you have a set of factors, right?

A. Yes.

Q. You did not include sedentary lifestyle

there?

MS. PLATT: Objection. Form.

A. Sedentary lifestyle is not part of the typical thing that one would write in the past medical history. It's not a condition per se. It's an aspect of the -- of the history.

Q. Okay. So that's -- and the explanation is is that's not necessarily part of his past medical history, so that's why it's not listed there. That's all I was trying to get to.

A. And similar -- yeah.

Q. Okay. And so going back to page 27, you list sedentary lifestyle, and you cite two articles. You reference 89 and 90. Do you see that?

A. Yes.

Q. And that is the Llamas-Velasco article and the Lynn article, correct?

A. Yes.

Q. Okay. Now, can you define what sedentary lifestyle means?

A. Yes.

Q. What's it mean?

A. Generally, physically inactive.

Q. Okay. And are you really testifying that a Marine veteran who is retired, ran a construction business, and drove a truck led a sedentary lifestyle?

MS. PLATT: Objection. Form.

A. It could be a risk factor given the physical inactivity that he experienced as a result of his musculoskeletal issues, especially after his involvement in the Marines.

Q. What is your basis for stating that Mr. McElhiney led a sedentary lifestyle?

MS. PLATT: Objection. Form.

(Pause)

A. It's described in the -- in his medical records as well as in my discussion with him during the exam that he experienced a range of musculoskeletal complaints and pain that limited his activity.

Q. How much did he exercise prior to his Parkinson's disease diagnosis?

MS. PLATT: Objection. Form. Foundation.

(Pause)

A. While I don't have his exact exercise

schedule, it's clear from his medical records that he had experienced a constellation of disabling conditions, in part owing to his musculoskeletal issues and neuropathy that limited his ability to be active.

Q. Okay. But admittedly, you're speculating on how much he actually exercised because you don't know, do you?

MS. PLATT: Objection. Form.

A. I can say within a reasonable degree of medical certainty, based on the constellation of disabling conditions that he had, that he was limited in his activity.

Q. Okay.

A. It's part and parcel of those musculoskeletal conditions.

Q. So what would be the objective measure of defining him as sedentary other than just saying generally he had these -- you know, these problems, and I believe he would have been less active, what was the activity level he needs to not have to be sedentary?

MS. PLATT: Objection. Form.

A. I don't know if there's a specific number

I could give you. That said, it's clear in his medical records, including those with Dr. Martha Jane Smith at the interventional pain clinic, Dr. Smith and Dr. Walker and others, that he suffered from a host of very painful musculoskeletal conditions that limited his activity.

Q. Okay. You would agree that there's no understood mechanics through which a sedentary lifestyle could cause Parkinson's disease, right?

MS. PLATT: Objection. Form.

A. I never -- a sedentary lifestyle was never described as a -- as a cause of Parkinson's disease in my report. It's listed as a risk factor.

Q. Okay. So we can rule that out as a potential cause of Parkinson's disease in Mr. McElhiney?

MS. PLATT: Objection. Form.

A. It is among other factor -- risk factors at play. I mean, there it's not something that is a singular cause in his case. I would not say the sedentary lifestyle caused his Parkinson's disease.

Q. Okay. It's a statistical association with Parkinson's disease, right? There's no -- there's no mechanism through which being sedentary that you know of that can cause Parkinson's disease, right?

MS. PLATT: Objection. Form. Foundation.

A. So there could be mechanisms by which physical inactivity may increase one's risk of Parkinson's disease. It's -- in fact physical activity is known to be one of the most protective factors against a host of neurodegenerative disorders. Again, something that's being studied actively as to why that might be the case.

Some have speculated that it might have to do with the antiinflammatory effects of physical activity, cardiovascular effects that --

Q. But none of that's been proven?

MS. PLATT: Objection. Form.

A. It's -- physical activity, as I've stated before, is not a singular cause of Parkinson's disease. There are many people that are physically inactive that don't develop

Parkinson's disease.

Q. Okay. And you would agree with me that the studies on sedentary lifestyle and Parkinson's disease attack it more from the approach of: Does an active lifestyle reduce the risk of Parkinson's disease, right?

MS. PLATT: Objection. Form and foundation.

A. Not exactly.

Q. Well, let's look at one of the studies you're relying on. We'll mark this as Exhibit 16.

(Exhibit 16, Preventative Medicine Reports- Llamas-Velasco article, marked for identification.)

Q. Here you go.

MR. BARR: There you go.

MS. PLATT: Thank you.

Q. So this is the Llamas-Velasco article. Do you see that? This is your reference 89.

A. Yes.

Q. Okay. So you've obviously read this before, right?

A. Yes.

Q. Okay. And in the title of this is "Physical activity and risk of Parkinson's disease and parkinsonism in a prospective population-based study," right?

Did I -- did I read the title right?

A. Yes.

Q. Okay. And so if you go to the introduction, you see the sentence in the second column that starts, "Whether physical activity modifies the incidence of PD"?

A. Which page are you on?

Q. Page 1, right here (indicating).

A. Yup.

Q. Okay. It says, "Whether physical activity modifies the incidence of PD and parkinsonism is not clear."

I read that right?

A. This is an introductory statement. Yes --

Q. Okay. But do you --

A. -- you read that right.

Q. Do you agree that, that it's not clear?

A. If you go to the discussion because there -- typically in scientific --

Q. I just asked -- all I asked is if you agree with that, that it's not clear.

MS. PLATT: Objection. Form.

Q. If there are other things you want to say about this article, your counsel's going to get the chance to ask you questions and you can -- you can answer them then, but right now let's answer my questions.

MS. PLATT: Objection. Form. Dr. Young is answering your questions.

MR. BARR: No, he didn't.

A. If you could allow me to finish my sentence. I --

Q. No. All I asked was if you agree with this statement that whether physical activity modifies the incidence of PD and parkinsonism is not clear. I just asked if you agreed with that.

MS. PLATT: Counsel, again, let him finish his answers.

MR. BARR: He's going to have to try and answer my question because --

MS. PLATT: If you would like to get Judge Jones on the phone, you are welcome to get Judge Jones on the phone.

MR. BARR: He's going to have to try and answer my question.

Q. So do you agree with that statement?

A. The way scientific articles are structured generally is that they start with the background of the field and highlight the gaps. They then describe what they did and their analysis.

Q. Um-hmm.

A. And then in their conclusions oftentimes try to remedy that gap.

Q. I understand.

A. So I'm pointing out here a gap in the literature, that the incidence -- or as you pointed out, "Whether physical activity modifies the incidence of PD and parkinsonism is not clear," that is something they write.

And then if you turn to the discussion --

Q. All I asked is if you agreed with the statement.

A. Well, I think it's more nuanced than that in light of their discussion -- well, in light of their findings. Because if you look at their findings --

Q. Okay.

A. -- for example, on page 4 -- on page 3 in the discussion, "Our findings show a protective effect of physical activity on the incidence of Parkinson's disease ..."

Q. Right.

A. "Gender-specific ... between active ... vs. sedentary men ...."

They also describe the precedent literature of Sasco, et al. "Since then, several prospective cohort studies" identifying an "inverse association between ... level of physical activity and development of Parkinson's disease with different results regarding sex, level of ... activity" and "age of the subjects."

Q. Okay. And what -- and if you go down, it says "The Cox regression model showed that the active physical activity group had a lower risk of PD incidence at 3 years compared with the sedentary lifestyle group," right?

MS. PLATT: Sorry. Where are you at?

Q. Page 3.

MS. PLATT: And which column?

MR. BARR: The Cox progression model.

MS. PLATT: Okay.

Q. Do you see that?

A. Yes.

Q. This study is about the reduction of risk of Parkinson's from physical activity, not the increase of risk from sedentary lifestyle, right?

MS. PLATT: Objection. Form. Foundation.

A. If you look at table 3, where they report out on their models, they provide risk of Parkinson's disease and parkinsonism, comparing the sedentary group as reference.

Q. Um-hmm.

A. They also point out in their discussion that "Physical activity has been shown to improve mitochondrial function ... astrocytes could contribute by increasing the expression of ... GFAP in the dorsal striatum." "Influences cardiovascular risk factors linked to vascular parkinsonism such as hypertension, diabetes, and cholesterol." And also point out in their conclusions that "an active lifestyle in aged people should be promoted in health prevention programs."

Q. I understand all of that. But where is the study of how a sedentary lifestyle increases the risk of Parkinson's disease?

MS. PLATT: Objection. Form and foundation.

A. Well, when you compare people who have sedentary lifestyle to people without sedentary lifestyle, it's clear from this study that having a sedentary lifestyle -- those who have a sedentary lifestyle will be at higher risk of Parkinson's disease --

Q. But that's not what this was studying, was it? This was studying how physical activity reduces the risk of Parkinson's disease.

MS. PLATT: Objection. Form.

A. I see it as two sides of the same coin. If something's reducing risk in one half of the population, that will mean -- that would logically entail the finding that the other group has a higher risk as compared to the former group.

Q. Now, you say in your report, and I -- I don't know if you say this in all of them, but you definitely say it in the McElhiney report, so

we can look there.

In -- on page 5 of McElhiney, which is Exhibit 3, if you go down to -- do you see the heading is "Why Might Someone Develop PD"?

A. Yes.

Q. Okay. And then it's the third -- the second paragraph down that starts "General examples of PD risk factors." Do you see that?

A. Yes.

Q. Okay. And one of the examples you list is autoimmune conditions. Did I read that right?

A. Yes.

Q. Okay. Now, is autoimmune, is it a risk factor or a causal factor?

MS. PLATT: Objection. Form.

A. We know that it's a risk factor.

Q. Okay. We don't know that it's a causal factor?

MS. PLATT: Objection. Form.

A. No. It might -- it might be. It might turn out to be, but we don't know that to be the case.

Q. Okay. So you don't know that today. Okay.

Now, you reference Articles 46 and 47. Do you see that?

A. Yes.

Q. And that's the Rugbjerg and the -- the I'll just say Ma articles; is that right?

A. Yes.

Q. Okay. So did you actually read these articles?

MS. PLATT: Objection. Form.

A. Yes.

Q. Okay. Let me start with the Rugbjerg article. We'll mark this as Exhibit 17.

(Exhibit 17, Article-Autoimmune disease and Risk for Parkinson disease, marked for identification.)

Q. There you go.

MR. BARR: Here y'all go.

MS. PLATT: Thank you.

Q. Now, we can just look at the abstract in the conclusion. Does this not state, "Our results does not support the hypothesis that autoimmune diseases increase the risk of Parkinson's [sic] disease"?

MS. PLATT: Objection. Form.

Q. Did I read that right?

(Pause)

Q. Sir, all I asked is if I read that sentence right.

A. Yes.

Q. All right. So according to the authors of this study that you've cited for support that autoimmune disease is a risk factor of Parkinson's disease, this article actually says this study doesn't support that, right?

A. Well, if you look at their actual discussion --

Q. If you look at their actual conclusion, they say it doesn't support it, right?

MS. PLATT: Objection. Form. Again, I ask you to allow Dr. Young to finish his answer to the question. If you would like to call Judge Jones, you are free to do so.

A. So they write in their introduction, "Patients with autoimmune diseases, such as RA or SLE, produce chronically high concentrations of inflammatory mediators over long periods of time ... it's [sic] been hypothesized that these patients may be at increased risk for

neurodegenerative diseases such as PD. This hypothesis is supported by studies on brains taken postmortem from parkinsonian patients that demonstrated increased levels of proinflammatory mediators ...."

They then -- they then went on to study this question --

Q. Um-hmm.

A. -- and in some subgroups did find an increased risk of Parkinson's disease, including women with Graves' disease, insulin-dependent diabetes, pernicious anemia, and among patients of both sexes with sarcoidosis.

Q. Okay.

A. So --

Q. What is their conclusion?

MS. PLATT: Objection. Form.

Q. Is the conclusion, "Our results do not support the hypothesis that autoimmune diseases increase the risk for Parkinson's [sic] disease"?

MS. PLATT: Objection. Form.

(Pause)

A. In their more expository conclusions, they do discuss the possible autoimmune diseases

that may be linked.
Q. Okay. But --
A. And then the abstract talks about autoimmune diseases as a category.
Q. Okay. And you talked about autoimmune conditions as a category, right?
MS. PLATT: Objection.
A. Do you have the other citation?
Q. Sure. I do.
(Discussion off the record)
Q. Unfortunately, all I have is the abstract on this one. But let me mark this as Exhibit --
MR. BARR: Are we on 18?
MS. PLATT: Yes.
(Exhibit 18, Ma article- Association of Autoimmune Diseases with the Risk of Parkinson's Disease, marked for identification.)
Q. Here you go.
MR. BARR: There you all go.
MS. PLATT: And I would just note on the record that this is a website printout of the abstract. This is not the complete article --
MR. BARR: I already said it's an

abstract.

MS. PLATT: -- that Dr. Young cited in his report.

MR. BARR: Okay. That's fine. I already said it was an abstract.

Q. If you look at the results section of this, does it not say, "After multiple comparison correction, only multiple sclerosis ... reached statistical significance and showed an increased risk for incident PD"? Did I read that right?

(Pause)

A. Yes. The hazard ratio there was 1.55 to 4.02, with an adjusted P value of .004.

Q. Okay. So it -- but they --

A. Can I also point out that if we're talking about McElhiney still, although I list that in the general causation -- sorry, in the general statement about possible risk factors, I don't believe I write -- I did not specify autoimmune conditions --

Q. You didn't.

A. -- as a risk factor in the individual case.

Q. I'll give you that, you didn't. But you

did state it as a potential risk factor across Parkinson's disease, right? And you cited two articles in support of that.

MS. PLATT: Objection. Form.

Q. Right?

A. Here I was listing general examples of PD risk factors.

Q. Um-hmm.

A. As we see from Ma, et al., autoimmune conditions, such as MS, can potentially be a risk factor.

Q. Okay. But --

A. Now, that is not a risk factor that I identified in the McElhiney case --

Q. I understand.

A. -- but it is something that I provided as background.

Q. But you cited two articles, one of which says it doesn't support the hypothesis, and the other one says it only supports it for multiple sclerosis.

MS. PLATT: Objection. Form.

A. Well --

Q. Right?

A. The first --
Q. That's what the articles say.
MS. PLATT: Objection. Form.
A. In the discussion of the first article, they do point to several conditions that are found to be associations, including women with Graves' disease.
Q. Where did you put those limitations in your report? You just said autoimmune conditions.
MS. PLATT: Objection.
Q. Where are all these limits where you're now putting upon that word?
MS. PLATT: Objection. Form.
A. Insulin-dependent diabetes, pernicious anemia --
(Reporter requested clarification)
A. Okay. Where are the limitations, was that your question?
Q. Yeah. In your report, you just say autoimmune conditions, and you cite two reports.
A. I don't say all --
Q. Those two reports don't support that statement, do they?

MS. PLATT: Objection. Form. Again, please allow Dr. Young to finish.

MR. BARR: I wasn't done with my question.

MS. PLATT: Please allow him to answer your question.

MR. BARR: I'm allowing him to answer, but I have to state the question first.

A. Did you finish the question?

Q. Yes. Do we need to read it back?

A. No.

Q. Okay.

A. I don't state here all autoimmune conditions. I state autoimmune conditions, not all autoimmune conditions.

Similarly, I write certain infection -- also certain infectious diseases and autoimmune conditions actually. So certain -- I take that to mean specific, not all. I don't mean that to cover the entire category --

Q. Okay.

A. -- of infections that are at large, autoimmune diseases that are at large.

Q. Okay.

MS. PLATT: It's 1 o'clock. Do you want to break for lunch, or do you have a couple more questions?

MR. BARR: No. That's fine. We can break.

THE VIDEOGRAPHER: The time is 12:56 p.m., and we're off the record.

(Lunch recess taken)

A F T E R N O O N S E S S I O N

THE VIDEOGRAPHER: The time is 1:50 p.m., and we're on the record.

BY MR. BARR:

Q. All right, Dr. Young. For each of the three plaintiffs, you've offered an opinion that the plaintiffs suffered head injuries and that those head injuries are a risk factor for Parkinson's disease. Do you agree with that?

(Pause)

A. Yes.

Q. Okay. And would you agree with me that the literature supports an association between brain injury and PD, but not necessarily head injury?

MS. PLATT: Objection. Form.

A. Which literature exactly are you --

Q. The scientific literature, the stuff you reviewed to come in and offer the opinions you're offering today.

A. Do you -- are you referring to spec- -- the citations I offer in the report or --

Q. I'm asking if in your report if the -- if the articles are about brain injury rather than

head injury.

A. The references in my report are to brain injury. Now, to the extent that many head injuries involve brain injuries, because the brain is within the head, an injury to the head may well be a risk factor.

Q. But it would need to be an injury to the head that's a brain injury, correct?

MS. PLATT: Objection. Form.

A. It would have to be an injury to the head that affects the brain, not just like the nose or the ear, a mild scab. It would have to be --

Q. Right.

A. -- an injury that affects the brain.

Q. It needs to be a mild TBI, a moderate TBI, something along that nature, right?

MS. PLATT: Objection. Form.

Q. That's what the literature supports?

A. We -- let's look at the literature you're talking about because there are --

Q. Well, you're the expert here, so I'm asking you, in your opinions that you're offering in this case, if it needs to be -- if the literature supports it being a mild TBI, or can

it be less than that?

MS. PLATT: Objection. Form.

A. The literature suggests an association between brain injury and Parkinson's disease.

Q. Okay. And is a mild TBI considered to be a concussion?

A. The nomenclature is actually evolving in this area. There's recently a task force that came together and is revisiting some of this terminology around what constitutes mild TBI, what constitutes moderate TBI, what counts as concussion versus not concussion.

Generally, my opinion is that a brain injury can increase the risk of Parkinson's disease.

Q. Okay. But you would agree with me that, for this to apply, the plaintiff would have need to have suffered a brain injury prior to the onset of Parkinson's disease?

A. For what to apply?

Q. For this -- for it to be a risk factor.

A. In order for it to be a risk factor, the factor has had -- has to have occurred before the entity for which the risk factor is a risk.

Q. Right. And then would you also agree that if the plaintiff or the person did not actually suffer a brain injury, that that would also -- brain injury would not be a risk factor for that person?

MS. PLATT: Objection. Form.

A. We'd have to look at the specifics of what we're -- are you talking in abstract, if somebody --

Q. In abstract, if somebody has never suffered a brain injury --

A. Um-hmm.

Q. -- then, by definition, that could not be a risk factor for them, true?

MS. PLATT: Objection. Form.

A. It's tautologically true that if somebody has never experienced a brain injury, then a brain injury cannot be a risk factor for their condition.

Q. Right. That's the difference between general causation and specific causation, right? Generally, they're associated, but it might not be in that specific person's case?

MS. PLATT: Object. Form.

A. What do you mean by that?
Q. Never mind. We'll just --
MR. BARR: Just strike it.
MS. PLATT: Objection.
MR. BARR: To me striking?
MS. PLATT: Yeah.
MR. BARR: Okay.
Q. You understand that not one of these gentlemen, not Mr. McElhiney, not Mr. Peterson, not Mr. Sparks, has ever been diagnosed with a concussion or a TBI, right?
MS. PLATT: Objection. Form.
A. Based on my review of each of their records, it appears that each of -- each of these individuals had experiences which may have constituted a brain injury even if they weren't diagnosed at the time.
Q. So it may have. You're speculating?
MS. PLATT: Objection. Form.
A. No. I think within a reasonable degree of medical certainty, the circumstances that are described suggest there was a brain injury.
Q. Even though they were not diagnosed with a brain injury at the time, right?

MS. PLATT: Objection. Form.

A. Well, which one are you -- are you asking about?

Q. Well, the -- just I'm asking if you agreed with me. I mean, is there a record for any of these three gentlemen where they were ever diagnosed with a brain injury contemporaneous to an injury?

MS. PLATT: Objection. Form.

A. Well, if you look at each of the individual cases, we could go through the situations that each of them were in which suggests there was an injury to the brain.

For example, in Mr. Sparks's case, as I outline on page 6, "Mr. Sparks described a motor-vehicle collision resulting in head injury when in Brazil while riding in 'an old ... Suburban' on 'wet cobblestones,' the vehicle 'sideswiped several cars,' and his head struck the back -- the dashboard. He was 'probably not wearing a seat belt,' recalled spending ... an hour in the emergency department ... required sutures to the right eyebrow and chin."

You know, that degree of injury to the

head would suggest there was a brain injury.
Q. Was he diagnosed with a brain injury at the time?
MS. PLATT: Objection. Form.
(Pause)
A. In addition, the --
Q. I didn't ask in addition. I asked if he was diagnosed with a brain injury at the time.
A. He was described to have gone through a series of events, which implies that he had a brain injury.
Q. Okay. But you --
A. Elsewhere it's described at the National Naval Medical Center in Bethesda, Maryland, that "Two weeks prior to admission, he [sic] was riding in a -- with his girlfriend and another marine in a government vehicle," dot, dot, dot --
Q. How many years --
A. -- "was involved in a multi-car" --
Q. -- after the fact was that description?
A. -- "accident, hitting two cars and a tree. After each of these episodes, the patient related that he had 'gone blank' and had no conscious reason for his behavior at those

times."

Q. Um-hmm.

A. To me that suggests there probably was a brain injury.

Q. Okay. But I understand you think you know better than the doctors that treated him at the time.

MS. PLATT: Objection. Form.

Q. And I understand that you think something suggests something.

MS. PLATT: Objection. Form.

Q. All I asked was, was he diagnosed with a brain injury at the time by the doctors that were treating him?

MS. PLATT: Objection. Form.

A. In the first case, I -- I'm not saying that I, quote/unquote, know better than his treating physicians at the time. What I can tell you is that many people with brain injuries don't receive those formal words, "You have had a brain injury," during their initial hospitalization, especially decades ago when there was generally underrecognition of more mild brain injuries.

Q. Okay. You've seen his -- you've seen all

three of these men's military records, have you not?

A. I've seen all of the records that were shared with me.

Q. And you know that when they were examined in the VA, the VA concluded there was no history of a TBI with any of these gentlemen, right?

MS. PLATT: Objection. Form. Foundation.

A. Could you point me to where that's stated?

Q. You're the expert. I mean, you have allegedly reviewed all this material to come to your opinion. So I'm asking you if you have -- if you know this.

MS. PLATT: Objection. Form.

A. You're going to have to point me to the space -- the place in the documents you're asking me about. I have to see the things you're asking me about.

Q. So you don't -- you don't -- you don't have any memory of reviewing this material; is that what you're saying?

MS. PLATT: Objection. Form.

A. I've reviewed the materials, but I'm not sure which material you're asking me about.

Q. Okay. Well, let's start with Mr. McElhiney. Why don't we do that. Let's get -- with Mr. McElhiney, the head injuries you're referring to are a punch in the nose in 1988 and running into a softball player in 1991, where he suffered a broken wrist. Does that ring a bell?

MS. PLATT: Objection. Form.

(Pause)

A. In 1987, as I detail on page 23, he took a punch to the face, broke his nose. "In 1989, while stationed in Japan, he collided with a softball player, broke his wrist, felt 'dizzy' ...." Those are the two episodes.

Q. Those are the two episodes. And you're not aware -- I just want to make sure you're not aware of any other instances of potential brain injury for Mr. McElhiney. Those are the two?

MS. PLATT: Objection. Form.

A. Yes.

Q. Okay. So let me show you what I'm going to mark as Exhibit 21.

(Exhibit 21, McElhiney- Acute Care Clinic 12/25/85 report, marked for identification.)

Q. Here you go.

MR. BARR: Here y'all go.

Q. And you see this is a record of the December 25th, 1985, incident. You see that?

A. Yes.

Q. Okay. And it says, "Symptom: 31-year-old white male in ACC states, 'I think I was punched in the nose. I was dizzy for a little while, but I never fell.'"

Do you see that?

A. Yes.

Q. Okay. And show me on this record where he was diagnosed with a concussion or a brain injury.

MS. PLATT: Objection. Form.

A. This wasn't a neurological evaluation.

Q. So he was not diagnosed with this record, correct?

MS. PLATT: Objection. Form.

A. He stated, "I think I was punched in the nose. I was dizzy for a little while." The

circumstances suggests that he had a substantial enough brain injury -- head injury to result in dizziness.

Q. Was he even sent for a neurological evaluation?

A. Not to my knowledge.

Q. Did he miss any work?

A. Not to my knowledge. That --

Q. Any -- any --

A. That wouldn't rule out the possibility that he had a brain injury.

Q. Any lingering effects described in the records? Any lingering confusion, dizziness, anything?

MS. PLATT: Objection. Form.

A. He had the broken nose, which was lingering. That said, beyond that I'm -- I don't know.

Q. Okay. So you don't have any basis to -- well, strike that.

At the very least, you can agree that the record of this incident does not reflect a diagnosis of a brain injury from the doctors that treated him?

MS. PLATT: Objection. Form.

A. It doesn't exclude there being a brain injury.

Q. Okay. Now, the next with him is --

(Discussion off the record)

Q. I do -- let's go back to Exhibit 21 real quick before we move on. You can see that they're -- they have the typical SOAP notes, you know, you see symptoms, observations. You see that on there?

A. I see symptoms and observations. I don't see the A and the P, the assessment and the plan.

Q. Right.

A. Am I missing that somewhere?

Q. This is the record I have. It's the record you have.

A. Okay.

Q. You see under the observation, it's head, eye, ears, nose, throat?

MS. PLATT: Objection. Form.

A. Yes.

Q. Okay. And head, it says "within normal limits," right?

MS. PLATT: Objection. Form.

A. Yes. Although, it does say below, "Orbits intact, nose is deviated markedly to the left" --

Q. Okay.

A. -- which is part of the head as well.

Q. But that's not his brain?

A. They didn't seem to do a neurological evaluation.

Q. Okay. He broke his nose, and they diagnosed that, right?

(Pause)

Q. You can see the assessment right here, sir. It says, "Fracture nasal ... with displacement," (indicating).

A. Yes.

Q. Okay. And in the assessment diagnosis, it mentions nothing of a concussion or a brain injury, right?

A. Yes. Though that doesn't exclude the possibility that he had a brain injury.

Q. I understand.

You also note that he's -- this is listed as non-urgent, right?

A. It says "Emergency Care and Treatment,"

"Acute Care Clinic."

Q. It's checked "non-urgent" under the category, right? See it on the left-hand side?

A. Category. Yes. Um-hmm.

Q. Non-emergent?

A. Yes.

Q. Okay.

A. It's marked as that.

Q. Okay. So let's go to the next one. And we'll mark this as Exhibit --

MR. BARR: I've gotten -- the numbers are going to be off, or do we want to just keep going forward? I skipped 19 and 20. Do you want to go back, or do y'all just want to go with 22?

MS. PLATT: What's easiest for you?

THE COURT REPORTER: Just go back.

MR. BARR: Just go back? Okay. My fault. That's the problem with me having a sticker.

(Exhibit 19, McElhiney 8/28/91 Acute Care Clinic report, marked for identification.)

Q. Let me show you what I'm going to mark as Exhibit 19. Here you go.

MR. BARR: Here you go.

Q. All right. You see that this is a record of an emergency care and treatment of Mr. McElhiney on August 28, 1991. Do you see that?

A. Yes.

Q. Okay. And the symptom is "36-year-old Caucasian" -- what is it? Do you have any idea of the medical terminology, what that "AD male" means?

MS. PLATT: Objection. Form.

Q. If you don't, that's fine.

A. The rest of that is just something complaining of wrist pain. "States he collided with another player while playing softball. Doesn't know exactly what happened to wrist."

Q. Right. Is there even a complaint of head injury in this?

MS. PLATT: Objection. Form.

A. His chief complaint at this time was wrist pain.

Q. Um-hmm.

A. I would add that in his own description of the event to me, he stated that in addition to

breaking his wrist, he felt dizzy after colliding with the softball player.

Q. And the description to you was in 2025; is that right?

A. Yes.

Q. So more than 30 years after this event occurred?

A. Yes.

Q. Okay. And at the time the event occurred, there's nothing in this record complaining of dizziness, is there?

MS. PLATT: Objection. Form.

(Pause)

A. Not in this record. That was something he reported to me --

Q. Okay.

A. -- during the interview.

Q. Okay. So whatever he experienced, it was not -- if he had something going on with his head, it wasn't significant enough at the time for him to at least report it to these doctors, true?

MS. PLATT: Objection. Form.

A. I don't know exactly what he reported at

that time, but the documents don't -- don't reflect what he later endorsed.

Q. Right. And you would agree, there's no diagnosis of concussion or brain injury in this document, is there?

MS. PLATT: Objection. Form.

A. No. The possibility of brain injury is raised by his discript- -- his own description of what had happened and constellation of events that raised the possibility that there was a mild brain injury at the time.

Q. 30 years after the fact, right?

MS. PLATT: Objection. Form.

A. What's the question?

Q. 30 years after the fact is when you're saying he raised this with you, right?

MS. PLATT: Objection. Form.

A. My interview with him was in 2025. I didn't meet him in 1980.

Q. You would also agree that if you look on page 3 of this, under the observation section, it says "Neurovascularly intact," does it not?

MS. PLATT: It might be helpful to point where on the page you're referring to.

Q. Do you see it, sir, where I'm reading? Right here (indicating). Dr. Young?

A. Yes.

Q. Right there (indicating).

A. Yes. I believe that's referring to the distal radius, that the hand is neurovascularly intact. It's not a comment on the --

Q. Just --

A. -- cerebral cranial vasculature. That's contained under this statement about him having been splinted a day before for a distal radius nondisplaced fracture that presumably occurred following the collision.

And within that context is a sub-bullet. It stated, "Neurovascularly intact" --

Q. Got you.

A. -- amidst the x-ray non-displaced radial fracture.

Q. Okay.

A. They're probably talking about the sensory nerves and the --

Q. You're probably right.

A. -- vascular supply.

Q. Anything in this record that -- because

with the other record, you said there were things in it that suggested a head injury, you remember that, with the 1985 incident?

A. Yup.

Q. Okay. Is there anything in this record from 1991 that suggests a head -- a brain injury?

MS. PLATT: Objection. Form.

(Pause)

Q. I'm just asking about the record.

A. Nothing other than the fact that he had collided with somebody and later described that he was feeling dizzy after that collision.

Q. Okay. And just so the record's clear, the description you are talking about of dizziness is the description during your IME 30 years later?

A. Yes. This was one of two episodes in which there is a possibility that he had a brain injury.

Q. Okay. But all my question was, you mentioned this suggestion of dizziness, that was not from the record, that was from your interview of him 30 years later, right?

A. So far as I can tell.

Q. Okay. So you stated earlier that you've offered all your opinions to a reasonable degree of medical certainty, fair?

A. Yes.

Q. Is a suggestion of a TBI, does that rise to the level of reasonable medical certainty to include that in a risk factor?

MS. PLATT: Objection. Form.

A. The episodes that he had I would say cannot be excluded as risk factors.

Q. Okay. And you can say that to a reasonable degree of medical certainty without an actual diagnosis?

MS. PLATT: Objection. Form.

A. Are you asking about a specific aspect in my report here?

Q. I'm asking about your opinions. That's the only thing I've been asking about all day, is your opinions.

MS. PLATT: Objection.

Q. You've said that you've offered your opinions to a reasonable degree of medical certainty, and you have set out that brain injury or head injury is a potential risk factor for

these gentlemen.

And on Mr. McElhiney specifically, I'm asking if two records that don't diagnose a brain injury rise to the level of reasonable medical certainty.

MS. PLATT: Objection. Form.

A. As I state on -- for example, for Mr. McElhiney, head injuries are a potential risk factor. That opinion is offered within a reasonable degree of medical certainty, that it's a potential risk factor.

The circumstances that were described in the records don't exclude that possibility. Oftentimes head injuries go undiagnosed, especially in the '80s and '90s. So I can't exclude that within a reasonable degree of medical certainty as a risk factor in these cases.

Q. So but you would agree with me that it is speculative on your part as to whether or not these doctors missed a brain injury in these two incidences, right?

MS. PLATT: Objection. Form. Foundation.

A. I wouldn't agree with that characterization.
Q. Well, you weren't there, were you?
A. No.
Q. Okay. The only thing you have is the medical record, right?
MS. PLATT: Objection. Form.
A. No.
Q. You don't have a video of the examination at the time, do you?
MS. PLATT: Objection. Form.
A. I have the records from the time and my interviews and examination of each of the individuals.
Q. Would you agree that it would be easier to include TBI as a risk factor if in fact Mr. McElhiney had been diagnosed with a brain injury in either one of these incidents?
MS. PLATT: Objection. Form.
A. What do you mean by easier?
Q. Easier to say yes, it's a risk factor.
MS. PLATT: Objection. Form.
A. I describe it as -- it's described here in my conclusions as a potential risk factor,

which it is.

Q. Let me ask it a little differently.

Are you offering the opinion that these two incidences with Mr. McElhiney contributed or caused his Parkinson's disease?

MS. PLATT: Objection. Form. Foundation.

A. What I delineate here are risk factors. They're not necessarily causes. Risk factors must be differentiated from causal factors. So to the extent that these factors are risk factors, then yes, that reflects my opinion.

If the question is whether these are causal factors, that is not my opinion.

Q. Okay. So you -- are -- do you not have an opinion that these are causal factors?

What is your opinion as to whether or not these two incidences with Mr. McElhiney are causal factors of his Parkinson's disease?

MS. PLATT: Objection. Form.

A. These are potential risk factors. While each of these risk factors could in theory contribute to the risk of Parkinson's disease, no single factor can be pinpointed as causative

under the current state of medical knowledge.

Q. And it -- is your understanding of causal factor, because you've said this a couple times today, is that to be a causal factor, it has to be the single causing factor?

MS. PLATT: Objection. Form.

A. Generally speaking or in these specific situations?

Q. Generally speaking.

A. Well, I should preface my answer by saying that I'm not an expert on general causation, and I don't intend to offer any opinions about general causation.

But at the surface, in my medical experience, there may be situations in which there are causal explanations for outcomes that are multipart type, meaning it's not one cause, but multifactorial.

Q. Right. And so in your analysis of these three patients, do you -- are you offering an opinion that -- I'm sorry. Let me strike that.

In your opinions that you're offering on Mr. McElhiney, are you offering the opinion that either one of or both of these incidences, which

you think are possible brain injuries, that they are one of the factors that caused his Parkinson's disease?

MS. PLATT: Objection. Form.

A. No.

Q. Okay.

A. I'm stating that these are risk factors, not causes.

Q. Understand.

You understand that the military has actually determined that Mr. McElhiney does not have a history of TBI, correct?

MS. PLATT: Objection. Form.

A. Could you point me to where that determination is?

Q. Sure.

(Exhibit 20, McElhiney TN Valley Medical VA records, marked for identification.)

Q. So this will be Exhibit No. 20. I'll hand you that.

MR. BARR: I've only got one. I'm sorry.

MS. PLATT: There's two there.

MR. BARR: Oh, there's two there. Okay.

I can't even count.

Q. All right. Dr. Young, you see that this is a record. And the record I'm focusing on, with all of these military records, they just kind of flow page to page, and sometimes a start of a record starts in the middle or at the end of the page.

So the record I'm starting with here is, you can see at the bottom it says "Local Title: C&P Examination." Do you see that?

A. I think you handed me two documents here. One is not stamped. It may be duplicates.

Q. Let me see here.

Yeah. I handed you two by mistake there.

MR. MICELI: This is 20?

MR. BARR: Yeah, this is 20.

Q. You see, I'm looking at the bottom of the page where it starts, "Local Title: C&P Examination"?

A. Yes.

Q. Okay. So if you go to the next page, you see that the date of this is June 10th, 2016. You see that date of note, June 10, 2016, at 1300?

A. Yes.
Q. Okay. And so this would be after both of the 1985 and 1988 incidences, correct?
A. Yes.
Q. Okay. And if you look on both of those records, they're both military hospitals, correct, the '85 and the '88 incidences?
MS. PLATT: Objection. Form and foundation.
Q. Are you with me, Dr. Young? You appear to be reading --
A. Yes. I'm just checking. Yes.
Q. Okay. And so if you look down on page 2, you see there's Section 2(c), and it asked, "Does the Veteran have a diagnosed traumatic brain injury?" Do you see that?
A. Yes.
Q. And what is marked?
A. "No ... Not shown in records reviewed."
Q. Okay.
A. Now, I would -- I would clarify, that doesn't mean he doesn't have a brain injury. It only means he hasn't been diagnosed with a brain injury.

Q. Okay. Let's move to Mr. Peterson. I'll get all my McElhiney stuff out of the way.

Your opinion on Mr. McElhiney -- I mean, I'm sorry, your opinion on Mr. Peterson comes from his description of an incident that occurred in 1974; is that fair?

MS. PLATT: Objection. Form. Foundation.

A. No.

Q. Okay. So you have your interview and you also have a letter from a doctor at Baylor in 2014 [sic], right?

MS. PLATT: Objection. Form.

A. There's also Dr. Barbano's expert report, which clarifies that this event would be consistent with a mild concussion with 15- to 20-second loss of consciousness.

Q. As described. But you -- you have not seen a record that diagnoses him with a concussion or a brain injury of any kind, have you?

MS. PLATT: Objection. Form.

A. Dr. Barbano's expert report states the event would be consistent with a mild concussion.

Q. Okay. So you've seen Dr. Barbano's report, which was drafted in 2020 -- I can't remember if it's '4 or '5, but in the 2020s, right? And you've seen a letter from Baylor, right, a doctor at Baylor, right?

A. Could you show me the letter you're referring to?

Q. Sure. We'll mark this as Exhibit 22.

(Exhibit 22, Peterson 5/14/04 initial neurological evaluation-Baylor College of Medicine, marked for identification.)

Q. There you go.

MR. BARR: Here you go.

Q. So you've got for your conclusion that Mr. Peterson has as a risk factor potential brain injury. Your bases for that opinion are your interview of Mr. Peterson, right?

A. That is one of the --

Q. Okay. I'm going to go through all of them.

A. Yup.

Q. Dr. Barbano's report, right?

A. Yes.

Q. And this letter from 2014 from the doctor at Baylor, right?

MS. PLATT: Objection. Form.

(Pause)

Q. Or do you not know what you based your opinion on?

MS. PLATT: Objection. Form.

A. I do. I see the letter here by Dr. Lai --

Q. Um-hmm.

A. -- and I'm double-checking to make sure there's no other records that mention this episode.

Q. Okay. But you're not -- okay. I'll give you a chance to do that.

(Pause)

A. Yes.

Q. Okay. And so the closest you have to a contemporaneous record is a letter to 2014, right?

MS. PLATT: Objection. Form.

Q. Sir, you just confirmed that you only have the three things.

MS. PLATT: Objection. Form.

A. Was your -- repeat your question. Sorry.
Q. The only thing -- the closest thing you have to a contemporaneous record is a letter from 2014, what, 40 years after the fact --
MS. PLATT: Objection. Form.
Q. -- right?
A. This --
Q. I'm sorry. It's 2004. So 30 years after the fact.
MS. PLATT: Same objection.
A. As stated, "He ... has a history of head injury from playing football in 1974 during which he suffered loss of consciousness."
Q. Okay. But there -- he doesn't say he was diagnosed with a concussion, does he?
MS. PLATT: Objection. Form.
A. The circumstances of having a head injury that results in loss of consciousness implies there was a concussion.
Q. Okay. But have you seen a record that actually diagnoses Mr. Peterson with a concussion?
MS. PLATT: Objection. Form.
A. Dr. Barbano's expert report states the

event would be consistent with a mild concussion --

Q. That's -- that's not what I asked you.

A. -- and I concur with Dr. Barbano's assessment --

Q. So --

A. -- of the facts of the case, that there was a history of head injury from playing football in 1974 --

Q. That wasn't what I asked you.

A. -- during which he suffered a loss of consciousness.

Q. I asked you if you had seen a record, a medical record, that diagnoses a concussion in Mr. Peterson.

MS. PLATT: Objection. Form.

A. Not a contemporaneous record. However, there's subsequent records and descriptions of this event that are consistent with concussion.

Q. But not a diagnosis, right?

MS. PLATT: Objection. Form.

A. Not a contemporaneous diagnosis. However, Dr. Barbano's expert report states the event would be consistent with a mild concussion

with a 15- to 20-second loss of consciousness.

Q. So can I rely upon Dr. Barbano's report as one of Mr. Peterson's actual medical records?

MS. PLATT: Objection. Form. Foundation.

A. It's not a medical record.

Q. Thank you.

A. But your question was, in any of the records did you see --

Q. I said medical records, sir.

MS. PLATT: Objection. Form.

A. Okay.

Q. So you would agree there's not a medical record that diagnoses him with a concussion?

MS. PLATT: Objection. Form.

A. The records that I reviewed simply describe the event and may not use the term "concussion," but could be consistent with concussion, as Dr. Barbano pointed out.

Q. Okay. I'm going to show you what I'm going to mark as Exhibit 23.

(Exhibit 23, Peterson Progress Notes 3/14/14, marked for identification.)

Q. Here you go.

MR. BARR: Here you go.

Q. All right. This is another -- Exhibit 23 is another C&P exam. This one is done for Mr. Peterson. Do you see that?

A. Yes.

Q. Okay. And the date of this C&P exam is March 14, 2014, correct?

A. Yes.

Q. Okay. And let's go down to 2(c) again. And do you see the question, "Does the Veteran have a diagnosed traumatic brain injury"?

A. Yes.

Q. And what was the answer given?

A. "No ... Not shown in records reviewed." That said, I would add that it doesn't exclude the possibility of there being a TBI, just that there wasn't a diagnosed TBI.

Q. Okay. So similar to what we talked about with Mr. McElhiney, are you offering an opinion in this case that this 1974 incident playing football is one of the risk factors that caused his Parkinson's disease?

MS. PLATT: Objection. Form.

A. No. Risk factors that are -- risk

factors are -- aren't automatically causal factors. What I stated in my report and my opinion is that this is a potential risk factor, not necessarily a causal factor.

Q. Right. And what I'm asking now is, I'm just making sure you're not going to come into court and say, "One of the reasons he got Parkinson's disease was because of this 1974 incident."

MS. PLATT: Objection. Form. Foundation.

A. The incident may have increased his risk of developing Parkinson's disease. I wouldn't say within a reasonable degree of medical certainty that it caused his Parkinson's disease, but only that it's a potential risk factor for his Parkinson's disease.

Q. Okay. All right. Let's go to Mr. Sparks.

In your report you describe this incident with a car wreck and, you know, some of the mental status he described. Do you recall that? And you're free to look at your report to see how you described it.

Just a reminder, this was the car crash in Brazil.

A. Um-hmm.

(Pause)

A. Yes.

Q. Okay. And so do you have that -- keep that part of your report available to you because I actually want to show you the record of this. So we will mark this as Exhibit No. 24.

(Exhibit 24, Sparks 10/10/73 Clinical Record-National Naval Medical Center, marked for identification.)

Q. Okay. Here you go.

MR. BARR: Here you go.

Q. Let me get out your Sparks report.

Are you looking at the section where you describe this in your Sparks report?

A. Yeah. So this is described --

Q. Could --

A. -- in two spots.

Q. Yeah. Could you help me out and just tell me where you're looking?

A. So spot 1 is page 6. Spot 2, where some of this narrative summary is cited, is spot 8 --

page 8.

Q. Okay. So 6 and 8 are the two pages where you describe this incident; that's right?

MS. PLATT: Objection. Form.

Q. Okay. And what you say in your report is, "After each of these episodes, the patient related that he had 'gone blank' and had no conscious reason for his behavior at those times," right?

A. Are you on page 8?

Q. Of your report, yes, sir.

A. Yes. This is a direct quotation from the clinical record that you shared with me.

Q. Yeah. But you're -- as I understand your opinion, you're saying the way this event was described is evidence of a brain injury to you.

MS. PLATT: Objection. Form.

A. In addition to this description, there was the description that he shared with me during the interview.

Q. Okay. Well, let's actually look at what's described here. This was a -- Exhibit 24 is an October 10, 1973, record diagnosing Mr. Sparks with passive-aggressive personality,

correct?

A. This was the record from the National Navy Medical Center --

Q. Um-hmm.

A. -- that arrives at that final diagnosis. It seems they were focused for most of that hospitalization on psychological symptoms.

And in the course of their description of his HPI, the history of present illness, they detail the event when he was riding in the car: Became unaware of surroundings, "was involved in multi-car accident, hitting two cars and a tree. After each of these episodes ... patient related that he had 'gone blank' and had no conscious reason for his behavior during those times."

Q. Okay. So let -- let's break this down. So this record describes three different episodes, does it not? The first is, "One night, while he and other marines were in a local bar, a friend became involved in a fight with a Brazilian." That's the first one, right?

MS. PLATT: Objection. Form.

A. It goes on to provide more details about that.

Q. Right. The second one is, "Two weeks prior to admission, the patient was riding with his girlfriend and another marine in a government vehicle. The patient claimed he became unaware of his surroundings [sic], and in that state was involved in a multi-car accident ...," right?

A. And it goes on --

Q. It goes on, but it -- but he became unaware of his surroundings. That's not a symptom of a brain injury right there, is it? That's before the car accident.

A. The next --

MS. PLATT: Objection.

A. The next sentence is, "After each of these episodes" --

Q. Uh-huh.

A. -- "patient related he had 'gone blank.'"

Q. Right.

A. And then --

Q. Going blank, explaining his behavior. He didn't know why he was behaving the way he was. Not that he went blank after the accident.

MS. PLATT: Objection. Form. Foundation.

A. To me, it's ambiguous.
Q. Okay.
A. It could mean -- it could be that he became aware of his -- unaware of his surroundings and then gone blank again. It's unclear the way this record is formulated, which is why I think the description that he provided to me in the -- in the interview is important to be aware of, that in addition to that, he was not wearing a seatbelt and recalled spending time in the emergency department, requiring sutures to the right eyebrow and chin, indicating facial trauma that --
Q. Okay. But facial trauma, we've already established, is not brain injury.
A. Facial trama that can be associated with brain injury.
Q. But you've got no actual documentary evidence of brain injury, do you?
MS. PLATT: Objection. Form.
A. I'm not sure if they even looked -- if they checked a head CT or brain MRI. I didn't see a formal neurological assessment at the time.
Q. But you're not sitting here saying that

you can offer an opinion to a reasonable degree of medical certainty that this was a risk factor for Mr. Sparks when you can't even conclude he had a brain injury, can you?

MS. PLATT: Objection. Form.

A. I can conclude within a reasonable degree of medical certainty that this should be considered as a potential risk factor.

Q. Okay. You would at least agree with me that the way he described -- the way this was described in the 1973 record is not consistent with a brain injury, true?

MS. PLATT: Objection. Form.

A. No, I wouldn't say it's inconsistent. To me, it's consistent.

Q. It's describing a psychiatric condition, is it not?

MS. PLATT: Objection. Form. Foundation.

Q. How else do you read, "After each of these episodes," talking about all three episodes, "the patient related that he had 'gone blank' and had no conscious reason for his behavior at those times"?

MS. PLATT: Objection. Form. Foundation.

A. The record states the patient claimed he became -- sorry. Scratch that.

The record states, was involved -- after that -- in that state "was involved in a multi-car accident, hitting two cars and a tree. After each of these episodes, the patient related he had 'gone blank' and had no conscious reason for his behavior at those times."

Q. Are you reading that as he lost consciousness due to striking his head?

MS. PLATT: Objection. Form.

A. It's unclear. It could be. It's compatible to me. It's not incompatible with the -- with the possibility that he had --

Q. Do you --

A. -- loss of consciousness.

Q. -- regularly diagnose conditions in your practice without objective evidence and decades after the events?

MS. PLATT: Objection. Form. Foundation.

A. Again, I'm not diagnosing anything here.

What I'm doing is stating that, within a reasonable degree of medical certainty, there's a possibility that this is a risk factor.

Q. So you're not actually offering the opinion that Mr. Sparks had a brain injury?

MS. PLATT: Objection.

A. My role here is not to make a diagnosis or not make a diagnosis of brain injury. It's to read the facts that we have in front of us and ascertain whether there could be a risk factor here in the events that Mr. Sparks described to me and were described in the records.

And I -- you know, I don't say he definitely had a brain injury, I don't say he had a TBI, rather that this is a potential risk factor.

Q. Okay. So is what you're telling me is that your effort in this -- in these reports was to just provide us all of the potential risk factors and that you did not actually go through and say this one could have contributed and this one wouldn't have?

MS. PLATT: Objection. Form.

A. The risk factors -- as I point out in the

report, these are risk factors. Not every risk factor is a causal factor. And so that's the extent of my opinion.

The reports go beyond pointing out what risk factors might be. I evaluate whether each individual has -- the condition is consistent with Parkinson's disease, evaluate what the risk factors might have been, and to the extent possible, understand what the relationship might have been to the alleged exposure.

And in each of the cases, as you've seen, there are a range of potential risk factors that make it really hard to attribute the Parkinson's disease to a single alleged exposure.

Q. Okay. And so you aren't attributing any of these three plaintiffs' Parkinson's disease with any of these risk factors as a -- as a single cause --

MS. PLATT: Objection.

Q. -- is that fair?

MS. PLATT: Objection. Form. Foundation.

A. As I describe in my report, Parkinson -- on page 22, Parkinson --

Q. Which report are you looking at? I'm sorry.

A. This is Sparks.

Q. Sparks. Okay.

A. If we're still on Sparks.

"Parkinson's disease is most frequently idiopathic, meaning no singular cause is definitively identified. Commonly cited risk factors," dot, dot, dot. "In Mr. Sparks' case, potential -- potential risk factors include head injury, occupational risk ... male sex, low B12. While each of these factors could, in theory, incrementally contribute to neurodegenerative risk, no single factor can be definitively pinpointed as causative under the current state of medical knowledge."

Q. Okay.

A. "Even if Mr. Sparks had not been exposed to TCE, it is my opinion, within a reasonable degree of medical certainty, that Mr. Sparks could still have [sic] developed Parkinson's disease."

Q. Okay.

A. His "Parkinson's disease could therefore

reasonably be [sic] regarded as idiopathic, potentially arising from multifactorial risk factors rather from a single, clearly defined cause."

Q. I want to -- I want to get beyond theory. So are you offering the opinion that this episode in Brazil incrementally contributed to Mr. Sparks's neurodegenerative risk?

MS. PLATT: Objection. Form. Foundation.

A. It is a -- it is a potential risk factor.

Q. But that's not -- I know you think it's a potential, but I'm asking if you are going to affirmatively opine that it is, it did contribute --

MS. PLATT: Objection.

Q. -- to his neurodegenerative state.

MS. PLATT: Objection. Form. Foundation.

A. I can only say that it's a risk factor.

Q. Okay.

MS. HURT: Can we take a break?

MR. BARR: Sure.

MS. HURT: I just want to get some water.

MR. BARR: Oh, no, you're good.

THE VIDEOGRAPHER: The time is 2:50 p.m., and we're off the record.

(Recess taken)

THE VIDEOGRAPHER: The time is 2:57 p.m., and we're on the record.

BY MR. BARR:

Q. All right. One of those articles you cite in support of your opinions on TBI, I'll hand it to you in one second, is the Gardner article. Tell me if you remember this one.

(Exhibit 25, Gardner article-Mild TBI and risk of Parkinson disease, marked for identification.)

A. Yes. This is one of several articles cited on TBI.

Q. Right. You would agree with me that Mr. Peterson, Mr. McElhiney, and Mr. Sparks would all have been -- would all have been excluded from this study, true?

MS. PLATT: Objection. Form.

A. That's not entirely clear to me, that they would have been excluded.

Q. Okay. Well, let's look at the definition

of TBI exposure and severity, starting on page e1773. Are you there? Are you there?

A. Yes.

Q. Okay. And it says, "TBI exposure was defined either by having a diagnosis of TBI after a comprehensive neurologic assessment ... or by having at least one inpatient or outpatient TBI diagnosis ... from a comprehensive list of ICD-9 codes used by the Defense and Veterans Brain Injury Center ... and the Armed Forces Health Surveillance Branch for TBI surveillance."

Do you see that?

A. Yes.

Q. Okay.

A. This study was done in -- the enrollment was after the year 2000.

Q. Okay. But Mr. Peterson, Mr. McElhiney, and Mr. Sparks would not have qualified because they did not have a diagnosis of TBI, right?

MS. PLATT: Objection. Form.

A. They wouldn't have qaul- -- it -- hypothetically if this study were happening when they had their --

Q. They wouldn't have met the definitions of

this study, would they?

MS. PLATT: Objection. Form.

A. This study happened after their incidents, so I'm not sure what you're asking. They weren't --

Q. They did --

A. -- candidates for the study because the study happened much later on.

Q. They did not have a diagnosis of TBI, did they?

MS. PLATT: Objection. Form.

A. They wouldn't have clearly met the inclusion criteria. That said, this was a study that was performed many years after their head injuries.

Q. Okay.

A. Secondly, the way mTBI is defined is TBI with loss of consciousness of 0 to 30 minutes.

Q. I'm just asking, the only people included in this study were people diagnosed with a TBI, right?

MS. PLATT: Objection. Form. Foundation.

A. Yes. In order to study a condition, the

people that are being studied have to have been evaluated for that condition.

Q. So they would not have been included in the patient population for this study by definition?

MS. PLATT: Objection. Form.

A. I can't say whether they would have been included if they were evaluated specifically for a TBI. Some of this nomenclature didn't even exist at the time they had their head injuries.

Q. Okay.

A. For example, the Department of Defense clinical criteria was only developed in 2010, many years after their head injuries. The 2012 DVBIC and Armed Forces Health Surveillance Branch ICD-9 criteria were similarly developed after their incidents of head injury.

And so it's a little anachronistic. I don't know if that's the right word. It's -- it's -- I'm not sure what you're asking when we talk about their situations in the context of this study, which was designed and deployed many years later with different nomenclature and clinical norms at play.

Q. Okay. You done? You done?
A. Yes.
Q. Okay. I'd like to refer you to -- let's look back at Exhibit No. 2, which is the -- your report on Mr. Peterson. Okay? And I'm looking specifically at page 19.
You write, "Of these conditions, the following have been described in the medical literature as potential PD risk factors: head injury," which we've discussed, "impaired fasting glucose/prediabetes." You write "GERD." Do you see that?
A. Um-hmm.
Q. And you have one reference for GERD, right?
A. Yes.
Q. And that's the Chang paper, right?
A. Yes.
Q. Okay. Now, I just want to make sure. On page 21 of Peterson, you write, "In Mr. Peterson's case, potential risk factors include head injury, male sex, herpes ... and coronary artery disease."
You did not talk about diabetes, GERD,

any of those things. So have you excluded those by the time we get to this point in your report?

MS. PLATT: Objection. Form.

A. The reason why they're not included in that second sentence on page 21 --

Q. Um-hmm.

A. -- is because it wasn't clear to me from reading the records whether those diagnoses, whether he received those -- he was -- those conditions were known or any suspicions for having those conditions existed before the onset of Parkinson's --

Q. Okay.

A. -- disease.

Q. Okay. And so that's why on page 22, you would not have listed GERD, diabetes, those types of things, for Mr. Peterson, true?

A. Yes.

Q. Okay. Let's look at Exhibit No. 1, which is your Sparks report. And on page 20, you write, "Of these conditions, the following have been described in the medical literature as potential PD risk factors: head injury, impaired fasting glucose/prediabetes, GERD, and [sic] low

B12."

Do you see that?

A. Yes.

Q. Ad then if you flip in a couple pages to page 22, at the bottom of the page, you write, "In Mr. Sparks's case, potential risk factors include head injury, occupational risks ... male sex, low B12."

Did I read all that right?

A. Yes.

Q. So you left off in that GERD, impaired fasting glucose/prediabetes, right?

A. Yes.

Q. Does that mean you excluded those because you could not determine whether they were temporally associated?

A. It means that I didn't see anything in the record suggesting those conditions obtained prior to the onset of the Parkinson's disease. If other records come about that suggest that may be the case, then my opinion may change. But based on what I reviewed, that's the case.

Q. Well, and there aren't -- I mean, I know you can't sit here and say you know you reviewed

every record that -- that's ever existed for Mr. McElhiney, Peterson, or Sparks. But you've reviewed all the material that's been provided to you, right?

A. Yes.

Q. Okay. And in that review of that material, you were able -- unable to determine whether or not GERD, prediabetes preexisted the onset of Parkinson's disease with Mr. Sparks, true?

MS. PLATT: Objection. Form.

(Pause)

A. Yes.

Q. Okay. And then lastly we have Mr. McElhiney. If you go to page 26, you write, "Of these conditions, the following have been described in the medical literature as PD risk factors: PTSD, head injuries, GERD, seborrheic dermatitis, herpes zoster, rosacea, hearing loss, anxiety, depression, prediabetes, B12 deficiency, eczema, sleep apnea."

Did I read all that right?

A. Yes.

Q. And you maintain those as you go into

page 27, true?

MS. PLATT: Objection. Form.

Q. You say, "In Mr. McElhiney's case, potential risk factors include," and you list out GERD and all those same things, right?

MS. PLATT: Objection.

A. Among other things.

Q. Okay. And then you -- on page 31, in response to Dr. Barbano, you continue to list out all of those same potential risk factors, true?

MS. PLATT: Objection. Form.

A. Yes.

Q. Does that mean that you came to the conclusion that each one of those risk factors occurred after the onset of Parkinson's disease with Mr. McElhiney?

MS. PLATT: Objection. Form.

A. Based on my review, they seem -- there seemed to be evidence for these factors being identified prior to the onset of Parkinson's disease.

Q. Okay. And let's -- let's look at the Chang study, which is your -- the study you cite for support. Let me find it in here.

MR. MICELI: This is going to be 26?
MR. BARR: Yeah. But I need my highlighted version.
(Pause)
MR. BARR: Oh, there it is. I found it. Okay. So I will mark this as Exhibit No. 26.
(Exhibit 26, Chung article- Upper Gastrointestinal Mucosal Damage and Subsequent Risk of Parkinson Disease, marked for identification.)
Q. Here you go.
MR. BARR: There you go.
Q. Now, Chang is a study, according to its title, of "Upper Gastrointestinal Mucosal Damage and Subsequent Risk of Parkinson's [sic] Disease," right?
A. That is the title.
Q. Okay. And if we look, you can see -- all right. So if you look on page 2 of this -- actually, the third page. Do you see there's a section "Patient Selection and Follow-Up"?
A. Yes.
Q. Okay. And I'm reading from that second paragraph. It says, "Patients with positive

endoscopic findings for" -- and that's mucosal damage, right?

A. Um-hmm.

Q. -- "were matched with patients without mucosal damage in a 1:3 ratio based on age, sex, and date of EGD."

Do you know what EGD is?

A. The EGD is the --

Q. Endoscopy finding.

A. -- is the procedure.

Q. Right.

A. The date of the EGD.

Q. Muscu- -- I'm sorry. "Mucosal damage was defined as the presence of erosion, esophagitis, ulcer, or peptic ulcer [sic] observed on EGD or pathology reports," correct?

A. Yes.

Q. So this was not a study of people with just GERD, was it?

MS. PLATT: Objection.

A. It was a broader study. If you look at Supplemental -- eTable 1 in Supplement 1 to this article --

Q. Um-hmm.

A. -- as the authors describe on page 6 -- I'm sorry, 7/11, "Additionally, consistent with prior studies that show increased prevalence of GERD in patients with PD, our investigation reveals a noteworthy positive association between GERD and PD. At baseline within our first nested analysis of patients with mucosal dysfunction, prevalence of GERD was significantly higher in patients with PD than those without PD" --

Q. Right.

A. -- "(eTable 1 in Supplement 1)."

Q. PD has a higher risk of causing GERD, that's what that is saying.

MS. PLATT: Objection. Form. Foundation.

Q. If you're comparing -- your control populations are people with PD and people without PD. What you're finding is, is how the PD creates a risk of GERD, right?

MS. PLATT: Objection. Form.

A. The authors state --

Q. Sir, can you answer my question?

MS. PLATT: Objection.

Q. I didn't ask you what the authors stated.

A. The question again, can you repeat it?
Q. If your control populations are people with PD versus people without PD --
A. Um-hmm.
Q. -- what you're testing for is whether or not there's an association between PD leading to GERD, not GERD leading to PD, right?
MS. PLATT: Objection. Form.
A. The relationship could be bidirectional.
Q. Okay. But that's not how this was set up, was it?
MS. PLATT: Objection. Form.
Q. This was PD patients versus non-PD patients.
A. Their conclusion was that, in this cohort study, a history of upper gastrointestinal MD was associated with elevated risk of developing a clinical PD diagnosis.
Q. But again, the study is people that have more than GERD. You have to have had mucosal damage, right? That's what they were looking at here.
MS. PLATT: Objection.
Q. Whether or not gastrointestinal mucosal

damage has a risk of Parkinson's disease.
MS. PLATT: Objection. Form.
A. GERD is one of the common things that comes along with -- or induces mucosal damage.
Q. Okay. But you know that Mr. McElhiney specifically has GERD without esophagitis, right?
MS. PLATT: Objection. Form. Foundation.
Q. He does not have mucosal damage.
MS. PLATT: Objection. Form. Foundation.
A. Could you point me to the EGD report?
Q. I can point you to his medical records. Let me show you what I'm marking as Exhibit 27.
(Exhibit 27, McElhiney 3/7/16 office visit report, marked for identification.)
Q. There you go.
MR. BARR: There you go.
Q. You see that this is a record from Dr. Huffnagle dated March 7, 2016, right?
A. Yes.
Q. Okay. And this would have been before the onset -- the dai- -- at least before the

diagnosis of Parkinson's disease, correct? Which was in 2018.

A. Right.

Q. Okay. Now, we didn't -- we didn't spend any time on this today, but you understand that there is a prodromal phase of Parkinson's disease, correct?

A. Yes.

Q. You don't just wake up one day and have Parkinson's disease, right?

MS. PLATT: Objection. Form.

Q. Let me -- let me restate that. There's a long neurodegenerative process that ultimately results when you have about 80 percent cell death in the motor symptoms that are classically defined as Parkinson's disease, correct?

MS. PLATT: Objection. Form. Foundation.

A. There is a prodromal phase.

Q. Okay. And it can be as long as 20 years, correct?

MS. PLATT: Objection. Form. Foundation.

A. There can be a long prodromal phase.

Q. It can be as long as 20 years? I mean, you've seen studies on that, right?

MS. PLATT: Objection. Form. Foundation.

A. There is a prodromal phase.

Q. Okay. You would agree with me that, more likely than not, in 2016 for a 2018 diagnosis, Mr. McElhiney was in the prodromal phase?

MS. PLATT: Objection. Form. Foundation.

A. I'm not sure I would agree with that.

Q. Okay. So you think you could have gone from a normal-acting substantia nigra to, within two years, enough of a neurodegenerative process to lead to the cardinal features of Parkinson's disease?

MS. PLATT: Objection. Form.

A. The prodro- -- length of the prodromal phase in each individual could vary. So although it's possible that he was in a prodromal phase, I can't affirmatively say that this was part of that prodromal phase.

Q. Okay. But you've certainly seen studies where -- I mean, you're aware in your treatment

of Parkinson's disease that Parkinson's disease often causes gastrointestinal dysfunction?

MS. PLATT: Objection. Form.

A. It -- not uncommonly there are gastrointest- -- gastrointestinal symptoms that can be part of the non-motor symptoms of Parkinson's disease, and vice versa, there is literature to suggest that gastrointestinal disruption may promote gut dysbiosis that increases the risk of Parkinson's disease. So it's -- it could be bidirectional.

Q. It's the gut-brain theory thing, right?

MS. PLATT: Objection. Form.

A. Yeah. There is an interaction between the brain and the gastrointestinal system and emerging literature that disruption in the GI system of certain kinds may increase the risk of Parkinson's disease.

Q. Okay. But we just looked at a study, the Chang study, that showed that people with Parkinson's have a -- have a higher likelihood of GERD, right?

MS. PLATT: Objection. Form.

A. I can't put it better than the authors

did. The "findings likely suggest 1 of 2 possibilities: first, that MD may serve as an inciting event that could precipitate pathological alpha-synuclein folding [sic] in the gut. Second, as dopamine is known to play a role in gastro- -- a plea -- a key gastroprotective role, it may be that patients with subclinical dopaminergic signaling reduction are at a higher risk of MD and that alpha-synuclein pathology preceded this event. Understanding these mechanisms is of great interest in future research endeavors."

They go on in the paragraph after that to go into GERD specifically within the supplemental material, which is not, to my knowledge, in this exhibit.

Q. Okay. But we were talking about Mr. McElhiney, and I got sidetracked. So we're looking at Exhibit 27, which is the record from Dr. Huffnagle. You still have that in front of you?

A. Yup.

Q. And if you go to the second page, I want you to look at the problem list. Does it not

say, "GERD without esophagitis 11/16/2015"?
A. Yes, it says, "GERD without esophagitis."
Q. And you haven't seen a record anywhere in Mr. McElhiney's record where he's diagnosed with esophagitis, have you?
MS. PLATT: Objection. Form.
A. I don't recall.
Q. Okay. You can't point one out to me today, can you?
MS. PLATT: Objection. Form.
(Pause)
A. No. It doesn't mean he doesn't have -- I don't -- I would have to see actually any EGD reports or upper GI studies to confirm whether or not there was mucosal damage.
Q. Okay. But you can't, sitting here today, say, "Yes, I'm aware that he had mucosal damage"?
A. I would have to see any EGD reports, upper GI reports.
Q. But did --
A. What I can say is that people with GERD are at a high risk of mucosal damage.
Q. Okay. But that doesn't mean you have it, right?

MS. PLATT: Objection. Form.

A. No. It means it's a risk factor for having it.

Q. And as of 2016, you've now seen a record that specifically says he does not have mucosal damage because he does not have esophagitis.

A. One could have mucosal damage without having esophagitis outside of the esophagus. So it -- I would first have to see the report on which that diagnosis was made and also see the rest of the EGD report to say whether or not one way or another whether there was mucosal damage.

Q. Well --

A. But putting that aside, there is a diagnosis here of GERD, which is a risk factor for mucosal damage, and commonly does cause mucosal damage.

Q. When you were coming -- when you were drafting your opinions in your report and you had all the records, were you not given the opportunity to look and see if there were EGD reports you could look at?

MS. PLATT: Objection. Form.

A. If they were in the records -- I would

have to look at the records now. There were a lot of records I reviewed.

Q. Okay. You're not saying that you offer the opinion that GERD is a risk factor for him and just don't know if he has mucosal damage, are you?

A. I'm not talking about mucosal damage per se.

Q. But the --

A. I'm saying this is a potential risk factor.

Q. Where is your support that GERD is a risk factor for Parkinson's disease? You cited one study that's a study about mucosal damage.

MS. PLATT: Objection. Form.

A. As the authors state, of that -- in that study, "Our investigation reveals a noteworthy positive association between GERD and PD."

Q. When comparing PD people to non-PD people, right?

MS. PLATT: Objection. Form.

(Pause)

A. Even if you look at the table 2, nested odds rations in patients without mucosal damage

on initial biopsy, there's a positive trend in people with GERD, with a risk ratio of 1.84.

Q. What's the confidence interval?

A. .8 to 4.28.

Q. So it's non-statistically significant, right?

MS. PLATT: Objection. Form.

Q. Right?

A. In that cohort.

Q. Right. That means it could absolutely just be a chance finding, right?

MS. PLATT: Objection. Form.

A. Among the people with mucosal damage on initial biopsy --

Q. Can I get an answer to my question? My question was, that would -- that means, because it's not statistically significant, it could be a chance finding?

MS. PLATT: Objection. Form.

A. That doesn't detract from the possibility that this is a risk factor.

Q. Okay. So you think it's fine to rely upon studies that are -- that have results that are not statistically significant, that's fine?

MS. PLATT: Objection. Form.

A. Again, this is a -- as stated by the -- by the authors here, "consistent with prior studies they [sic] show increased prevalence of GERD in patients with PD" and "reveals a noteworthy positive association between GERD and PD."

The finding in the preceding col- -- preceding row does show a statistically significant association between GERD and PD of a P value of .04 --

Q. Right.

A. -- and a rai- -- confidence interval of 1.04 to 14 --

Q. And you have no idea --

A. -- .76.

Q. -- what that -- the temporal association was. So it could be before and after PD onset, right?

MS. PLATT: Objection. Form.

Q. Just say what you're saying. You would have to find patients with GERD and then track whether they got PD or didn't get PD, right? That's not what that study does, is it?

MS. PLATT: Objection. Form.

A. This was a retrospective cohort study with -- of patients with no PD history undergoing upper endoscopy with biopsy between January 2000 and December 2005, with follow-up assessments in July 31st, 2023. And they characterize "the relative risk of PD ... estimated using the incident rate ratio ... and multivariate Cox proportional hazard ratios ...."

Q. Yes. In patients that have mucosal damage, which is not Mr. McElhiney.

MS. PLATT: Objection. Form.

A. I can't say one way or another. What I can say is that he has GERD, which is a risk factor for mucosal damage, and that being a potential risk factor for Parkinson's disease.

Q. What is the -- what is the risk -- the odds ratio of mucosal damage with GERD?

MS. PLATT: Objection.

Q. What's the hazard index, do you know?

MS. PLATT: Objection. Form.

A. I'm not a gastroenterologist.

Q. Okay.

A. I don't have --

Q. So when you tell us that people with GERD have a high risk of esophagitis, you're -- you literally don't have any basis for that?

MS. PLATT: Objection. Form.

A. I never said -- I -- well, could you repeat the question?

Q. No. I think we've established the point.

Let's see. I want to talk about your opinions about Mr. McElhiney growing up on a farm.

You would agree that you don't know whether Mr. McElhiney was ever exposed to pesticides, do you?

MS. PLATT: Objection. Form.

(Pause)

A. I don't know that for sure.

Q. So you're not able to offer any testimony at all establishing that Mr. McElhiney was exposed to pesticides, are you?

MS. PLATT: Objection. Form.

A. I don't know that for sure.

Q. What do you not know for sure? I mean, are -- is there something you have in your brain that you've learned that he was exposed to

pesticides?
MS. PLATT: Objection. Form.
Q. Some objective evidence that he was exposed to pesticides?
MS. PLATT: Objection. Form.
A. Just the risk of exposure as a child living on two farms, that being the potential risk for being exposed to --
Q. A pig farm --
A. -- pesticides.
Q. -- right? A pig farm?
MS. PLATT: Objection.
A. The first farm was he stated a 125-acre pig farm. Second, a --
Q. A show horse farm.
A. -- show horse farm. They maintained a garden. Grew various foods. Relied on well water. Ate what they planted.
Q. You understand he has testified that he was not exposed to pesticides. They didn't use pesticides on the farm, right?
MS. PLATT: Objection. Form.
(Pause)
A. Can you point me to where in his

testimony you're referring to?

Q. Well, you talked to him. What did he tell you?

MS. PLATT: Objection. Form.

A. He -- from my recollection, he didn't exactly recall whether he used pesticides in --

Q. Did you not get the opportunity to review his deposition?

A. I did.

Q. Okay. And you're aware from reading that that he testified he was not exposed to pesticides, right?

MS. PLATT: Objection. Form.

A. Could you point me to the section of the deposition?

Q. No. I'm just asking -- you had the chance to review it. I'm just asking if you recall that.

MS. PLATT: Objection. Form.

A. I'd like to look at the document you're asking me about.

Q. I don't have it, so...

A. I need to be able to look at the things you're asking me about.

Q. Well, you had plenty of opportunity to review this before you wrote your report.

A. There --

MS. PLATT: Objection. Form.

Q. Okay. How about this, what do you know about pig farming?

MS. PLATT: Objection. Form. Foundation.

Q. Let me ask it differently. What pesticides are used on a pig farm, if you know?

MS. PLATT: Objection. Form. Foundation.

A. I'm not a pig farmer, an expert on pig farming. What I can say is that living on a farm is a risk factor for being exposed to pesticides generally.

Q. Okay. But you can't sit here and say that Mr. McElhiney was in fact exposed to pesticides, can you?

MS. PLATT: Objection. Form.

A. No. I nev- -- nowhere do I assert that he was definitely exposed to pesticides, only that there is a risk --

Q. Okay.

A. -- for him having been exposed.
Q. Are all pesticides created equal?
MS. PLATT: Objection. Form. Foundation.
A. I'm not a pesticide expert. I can't answer that.
Q. Okay. What do --
A. I would imagine not.
Q. I mean -- you would imagine not. You would imagine all pesticides have the same risk of Parkinson's disease associated with them?
MS. PLATT: Objection. Form. Foundation.
A. I'm not an expert on toxicology or pesticide use.
Q. Can you offer any opinions about which pesticides create a risk of Parkinson's disease?
MS. PLATT: Objection. Form. Foundation.
A. My role here is not as a pesticide expert or toxicologist, rather to evaluate each of these individual's cases as a neurologist applying medical knowledge about their individual scenarios.

Q. And that's fair. But you offered the opinion that a risk factor for Mr. McElhiney was pesticide exposure on a farm, right?

MS. PLATT: Objection. Form.

A. To be more precise, in this instance, what I wrote is having grown up on a farm with possible pesticide exposure. I didn't assert that he was exposed to pesticides.

Q. But if you look on all of your -- you know, on Mr. Sparks and Mr. Peterson, you removed some of them as you went through the report. You never did that with Mr. McElhiney, so --

A. What do you mean by that?

Q. Your final statements were that exposure to pesticides on a farm are potential risk factors for him.

MS. PLATT: Objection. Form.

Q. How can you rule something in if you don't even know if he was exposed to it?

MS. PLATT: Objection. Form.

A. What my statement is in this section that you're asking about is that, in his case, potential risk factors include all of these things that are listed out having grown up on a

farm with potential pesticide exposure.
Q. Okay. To the extent there was pesticide exposure, you would agree with me that you have no knowledge of the pesticide --
MS. PLATT: Objection. Form.
Q. -- right?
A. I would not know what pesticides he may or may not have been exposed to.
Q. You understand the comment that dose makes the poison?
MS. PLATT: Objection. Form. Foundation.
A. I don't know what that means.
Q. You don't know what "the dose makes the poison" means? Well, do you think the amount of pesticide exposed to would make a difference?
MS. PLATT: Objection. Form. Foundation.
A. I don't know what you mean by that.
Q. Okay. You have no idea, even if he was exposed to pesticide, what pesticide it was and how much he was exposed, do you?
MS. PLATT: Objection. Form.
A. We don't have records about that.

Q. Do you know if he -- it has inhalation exposure, ingestion, dermal, any idea?

MS. PLATT: Objection. Form.

A. We don't have records about that.

Q. Okay. And despite having no records of whether he was exposed, what he was exposed to, how long he was exposed to it, or the manner in which he was exposed, you believe you can say to a reasonable degree of medical certainty that that is a possible risk factor for him?

MS. PLATT: Objection. Form.

A. Well, I'm not saying here that he was exposed to pesticides and this was a risk factor, rather that potential risk factors include having grown up on a farm, which entails a possible pesticide exposure.

Q. Okay. And now, you also say in your report that Mr. McElhiney, one of his risk factors for Parkinson's disease is sleep apnea. Do you recall that?

A. Yes.

Q. Okay. And you held that opinion on page 26, 27, 29, and 31.

A. Yes.

Q. So that was consistently within the risk factors as you worked your way through the report, right?

MS. PLATT: Objection. Form.

A. What do you mean by consistently within the risk factors?

Q. Well, unlike Mr. Peterson and Mr. Sparks, you didn't remove sleep apnea from Mr. McElhiney. You kept it all in there.

A. Sleep apnea is in there.

Q. Okay. Every time, right?

MS. PLATT: Objection. Form.

(Pause)

A. Yes.

Q. Okay. So that would mean, if you're being consistent with how you did this in Sparks and Peterson, that you have concluded that -- his sleep apnea onset before his Parkinson's disease?

A. It means that I couldn't rule out that he had sleep apnea before his Parkinson's disease diagnosis.

Q. Now, you -- we've talked -- you did an IME of Mr. McElhiney, right?

A. Yes.

Q. And in that IME, he told you that he had been prescribed CPAP six months prior to your IME interview, right?

A. Yes. This doesn't mean that that was the first time he had OSA, but that was the first time he had been prescribed CPAP.

Q. Okay. But if that was consistent with the first time he had been diagnosed with sleep apnea, that would have been in 2024, right?

A. This was the first time he was diagnosed -- that he was give a CPAP. It doesn't mean this was the start of his OSA.

Q. Okay. You understand a sleep study was done on him in April of 2024, right?

MS. PLATT: Objection. Form. Foundation.

A. Do you have a copy of the sleep study you're asking me about?

Q. I was just asking if you remembered. Because you do agree the timing of these risk factors is important for your opinion, right?

MS. PLATT: Objection. Form.

A. Yes.

Q. Okay. I mean, you -- if the risk factor

occurred after the onset of PD, I mean, you would agree, that cannot be a risk factor for that person, right?

A. Sleep apnea is commonly existing for a long period of time before it's diagnosed --

Q. Um-hmm.

A. -- and, in particular, people with higher BMIs, as Mr. McElhiney had. And so I couldn't rule out the possibility that he had untreated, undiagnosed OSA --

Q. Okay. But --

A. -- prior to the onset and diagnosis of his Parkinson's disease.

Q. I mean, you also can't rule out --

A. I'm not familiar with --

Q. -- he has undiagnosed liver cancer, can you?

MS. PLATT: Objection. Form.

A. I'm not here to assess whether or not he has undiagnosed liver cancer.

Q. Okay. But there was no diagnosis of sleep apnea prior to 2024, was there?

MS. PLATT: Objection. Form. Foundation.

A. Not to my knowledge. That said, he had risk factors for OSA, including his high BMI.

Q. Okay. But you have no objective evidence that you can point to to even suggest that he had obstructive sleep apnea prior to 2018, can you?

MS. PLATT: Objection. Form.

(Pause)

A. What I write in my report and my opinion today still is that this is a potential risk factor.

Q. Okay. But if it happened -- if it -- if it onset after the onset of Parkinson's disease, you would agree with me, it is not a possible risk factor?

MS. PLATT: Objection. Form.

A. We don't know exactly when it was onset. We only know when it was diagnosed.

Q. Okay. But you don't have -- I mean, you agree with me that medicine is evidence based, right?

A. Yes.

Q. You don't make diagnoses and assessments without evidence, right?

A. That's correct.

Q. And you have no evidence of obstructive sleep apnea prior to his diagnosis in 2024, do you?

MS. PLATT: Objection. Form. Foundation.

A. There is evidence that he has obstructive sleep apnea and a question as to when those -- when that condition came about. We know when it was diagnosed. We don't know when he started to experience sleep apnea.

Q. Okay. But you have nothing in the record that you can point to -- well, let's strike that.

You're not -- you're not an expert in sleep apnea, are you?

A. No.

Q. You don't diagnose sleep apnea, do you?

A. I'm a neurologist. I sometimes see patients who I suspect might have sleep apnea and order sleep studies and help get it diagnosed.

Q. Okay. But haven't -- you certainly didn't do that with Mr. McElhiney?

MS. PLATT: Objection.

A. No.

MS. PLATT: Form.

Q. Okay. The only thing you have are the records, an extensive list of medical records with his medical history, right?

MS. PLATT: Objection. Form.

A. I have his medical records.

Q. And the only thing you can offer me is that he had a BMI, so that would put -- a high BMI, and that put him at risk of obstructive sleep apnea, right?

MS. PLATT: Objection. Form.

Q. Is that right?

MS. PLATT: Same objection.

(Pause)

A. We know that in April 2024, he was evaluated in the sleep evaluation clinic due to symptoms that, among others, were concerning for a sleep disorder, and he was then subsequently diagnosed with OSA.

That doesn't mean that the OSA was onset then. In fact it indicates that there could be -- there could well have been a longer standing OSA that was undiagnosed.

Q. But you have no evidence -- you're completely speculating on that. You have no

actual evidence to say he had long-standing, undiagnosed OSA.

MS. PLATT: Objection. Form.

A. I'm not saying he has long-standing, undiagnosed OSA. Rather, as I say in my report, this is a potential risk factor.

Q. But it's not if it happened after PD onset?

MS. PLATT: Objection.

Q. It's not, is it?

MS. PLATT: Objection. Form.

A. We don't know for sure when it happened. We know when it was diagnosed.

Q. You're aware that obstructive sleep apnea is associated with Parkinson's disease in the sense that many Parkinson's patients have obstructive sleep apnea, right?

MS. PLATT: Objection. Form. Foundation.

A. There is a bidirectional relationship. People with Parkinson's disease are at higher risk of sleep apnea, and people with sleep apnea are at higher risk of developing --

Q. So --

A. -- Parkinson's disease.
Q. So you can't rule out that Mr. McElhiney's OSA in 2024 was in fact caused by his Parkinson's disease, can you?
MS. PLATT: Objection. Form.
A. No. I also can't rule out that he had a longer-standing OSA that was undiagnosed and led to his increased risk of Parkinson's disease.
MR. BARR: Okay. Let's take a break.
THE VIDEOGRAPHER: The time is 3:48 p.m., and we're off the record.
(Recess taken)
THE VIDEOGRAPHER: The time is 3:55 p.m., and we're on the record.
BY MR. BARR:
Q. Okay. I want to try to wrap up this discussion on sleep apnea and then move on to something else.
You would agree with me that Mr. McElhiney was officially diagnosed with obstructive sleep apnea in 2024, right?
MS. PLATT: Objection. Form.
A. That's what the record suggests.
Q. Okay. You would also agree with me that

he was diagnosed with Parkinson's disease in 2018, right?

A. Yes, around that time.

Q. Okay. And while you don't want to put a timeframe on it, you agree with me, there is a prodromal phase of Parkinson's disease, correct?

MS. PLATT: Objection. Form.

A. Typically --

Q. Okay.

A. -- there may be.

Q. So you would agree that, more likely than not, Mr. McElhiney was suffering symptoms of Parkinson's disease before his actual diagnosis, correct?

MS. PLATT: Objection. Form.

A. Which symptoms are you asking about?

Q. Any symptoms of Parkinson's disease.

A. Sometimes a prodromal phase isn't rising to the level of people noticing those symptoms clinically.

Q. It could be depression, right?

A. Sometimes symptoms may be rising to the level of clinical suspicion. Every patient truly is very different. Sometimes there are --

THE WITNESS: Bless you.

A. Sometimes there are symptoms that come about prior to one's diagnosis that are clearly associated as -- in a prodromal manner. Other times, somebody may not experience overt sequela of this prodromal phase. So it's very much an individual analysis and evaluation that has to take place.

Q. The neurodegenerative process that's led to Parkinson's disease in Mr. McElhiney would have been ongoing before the onset of -- before his official diagnosis of Parkinson's disease, correct?

MS. PLATT: Objection. Form.

A. Yes. Parkinson's disease is not a hyperacute onset -- typically not a hyperacute onset syndrome. It's gradually progressive, and then at some point people start to notice symptoms that bring them to a doctor and leads to a diagnosis.

Q. Okay. So for sleep apnea to be a risk factor for Parkinson's disease for Mr. McElhiney, he would have had to have had undiagnosed sleep apnea for a period of at least six years, true?

MS. PLATT: Objection. Form.
A. For it to have been a risk factor, yes.
Q. Okay. And probably even longer, if you consider the prodromal phase, correct?
MS. PLATT: Objection. Form.
A. I'm not familiar with extensive literature suggesting OSA as a prodromal feature of --
Q. That's not --
A. -- Parkinson's disease.
Q. That wasn't my question. That wasn't my question. My question wasn't whether OSA -- and I'm sorry for cutting you off. But I -- I wasn't saying that OSA is a prodromal feature. What I was saying was, if his neurodegenerative process had to have been ongoing before onset for OSA to be a risk factor for his Parkinson's disease, it would have had to have been undiagnosed for longer than six years.
MS. PLATT: Objection. Form.
A. It would have to be undiagnosed for a while.
Q. Okay.
A. And that's not uncommon. I commonly see

patients that have been undiagnosed for decades, and they come for -- with symptoms of --

Q. What's your basis that patients with obstructive sleep apnea suffer symptoms of obstructive sleep apnea for years before it's diagnosed?

MS. PLATT: Objection. Form.

A. I'm not making a categorical statement about all patients with OSA, rather suggesting the possibility that many patients' symptoms are experienced for a while before a diagnosis is rendered.

Q. And I'm asking you for any support for that statement. A study, anything that supports your view, other than the fact that you are saying it, that people have symptoms of obstructive sleep apnea for years before it's diagnosed.

MS. PLATT: Objection. Form.

A. That's not my opinion. My opinion is that people can have symptoms for years, not that people do have symptoms for years.

Q. But what's your -- what's your support for that, that they can?

MS. PLATT: Objection. Form.
Q. Is it just that you're saying it?
A. Well --
MS. PLATT: Objection. Form.
A. People aren't -- generally speaking, people aren't diagnosed with conditions the day that they develop symptoms. There's usually a period of time between when they first develop symptoms and when they receive a diagnosis.
Q. I'm not talking about conditions generally. I'm talking about obstructive sleep apnea.
MS. PLATT: Objection. Form.
Q. So as to obstructive sleep apnea, what is your support that there's this whole bunch of people out there that suffer the symptoms of obstructive sleep apnea for years before diagnosis?
MS. PLATT: Objection. Form.
A. My opinions here aren't about people in general or the general population, rather these specific situations that I was asked to evaluate.
And in this particular case, there is a clear diagnosis of obstructive sleep apnea that

came up in 2024. That doesn't demonstrate that is when the symptoms of obstructive sleep apnea started or that that's the first point of onset of OSA, rather that's when it was diagnosed.

Q. How long --

A. So that doesn't exclude the possibility that there was longer-standing OSA. We don't have earlier sleep studies.

Q. How long does a patient suffer from the symptoms of obstructive sleep apnea before they typically get it diagnosed?

MS. PLATT: Objection. Form. Foundation.

A. It probably varies patient to patient. And I'm not here to --

Q. The answer is you don't know, right?

MS. PLATT: Objection. Form. Allow Dr. Young to finish his answer. Do not cut him off.

MR. BARR: Say "Object to form."

A. Again, I'm not here to offer opinions about the general population of people with obstructive sleep apnea, rather to offer my medical opinions about these specific situations

and what may or may not be possible.

Q. So you're speculating?

A. No. I'm offering opinions within a reasonable degree of medical certainty about what constitutes a potential risk factor.

Q. Okay. I want to move on. I want to talk about Mr. Sparks. You opine on page 23 of your report that an exposure to dust while working as a customs officer was a potential risk factor, correct?

MS. PLATT: Objection. Form.

Q. It's paragraph 3 of your conclusions.

A. What I write here in more detail is that "Potential risk factors in Mr. Sparks' case include but are not necessarily limited to occupational exposures, (for example, in the [sic] gasoline service station, and dust exposure during the [sic] spill as a Customs officer), male sex, and head injury. While each of these factors could, in theory, incrementally contribute to neurodegenerative risk, no single factor can be definitively pinpointed as causative under the current state of medical knowledge."

Q. Okay. I'm asking you specifically about your statement about dust exposure. You would agree with me that you have no idea what the dust even was, do you?

MS. PLATT: Objection. Form.

A. During my interview with Mr. Sparks, he recalled that he inhaled some dust that came through a shipment in 1996. A forklift punctured a container releasing dust. His job was to keep it isolated. He apparently inhaled it. He recalls that it was not an elicit substance, but rather dust that was released from a container that was primarily filled with plastic pellets. The next morning he developed constant abdominal cramps that kept him out of work. He then went to primary care in Laredo, Texas, who diagnosed a gastric ulcer, which, by the way, is mucosal damage. And required --

Q. We were talking about Mr. McElhiney on that, by the way, but...

MS. PLATT: Objection. Form.

A. -- and required a diet of soft foods. He resigned within a week. "When this happened to my stomach," he said, "I put two and two together

and figured it could have been hazardous material."

Q. Okay. So my question to you before you read all that to me was, what dust was he exposed to? What was it?

MS. PLATT: Objection. Form.

A. We don't know.

Q. Okay. So you're attaching as a risk factor for Parkinson's disease exposure to some unknown dust?

MS. PLATT: Objection. Form.

A. He stated it was filled with plastic pellets, but we don't have like a chemical composition report of that dust.

Q. Okay. How can you sit here and with a reasonable degree of medical certainty call exposure to some unknown dust in some unknown quantity a risk factor for Parkinson's disease?

MS. PLATT: Objection. Form. Foundation.

A. What is called a risk factor is occupational exposures. A potential risk factor could be occupational exposures, including gasoline service station work and dust exposure

during the spills as a customs officer.

Q. I understand that. I understand what you wrote. But you don't know what the dust was and you don't know the quantity of it, right?

MS. PLATT: Objection.

Q. You don't know anything about it?

MS. PLATT: Objection. Form.

A. We know that it was some dust that was released by the puncture of this shipment container that was apparently containing plastic pellets.

Q. Are plastic pellets neurotoxic?

MS. PLATT: Objection. Form. Foundation.

A. So if you look at references 40 to 42, there are some references there about micro and nanoplastics and Parkinson's disease risk.

Q. These are plastic pellets, these are not nanoplastics, right?

MS. PLATT: Objection. Form. Foundation.

Q. Nanoplastics are microscopic plastics, right? That's not what this was.

MS. PLATT: Objection. Form.

Foundation.

A. We don't know exactly what the dust was composed of. And what's -- what I'm saying here is that it is a potential risk factor. If it was the case that this was a toxic form of dust, then that could be a risk factor.

Q. But you have no basis to say it was a toxic form of dust, do you?

MS. PLATT: Objection. Form.

A. It could be a potential risk factor. We know it was damaging to his mucosa. He developed a -- seemed to develop an ulcer from inhaling it.

Q. Oh, so now you're linking those two things, and you're saying this dust caused his mucosal damage?

MS. PLATT: Objection. Form.

A. I'm not here to talk about exactly what caused the mucosal damage. It is noteworthy that, when he went to be evaluated after developing a host of symptoms after the inhalation, was found to have this gastric ulcer that kept him out of work.

Q. What's the -- what's the mechanism through this unknown inorganic dust would cause a

gastric ulcer within, what, 12 hours?

MS. PLATT: Objection. Form. Foundation.

A. I'm not a gastrointestinal expert. I can't speculate about the mechanism.

Q. So you would agree with me, you have no basis to sit here and offer the opinion that this unknown dust caused his gastric ulcer?

MS. PLATT: Objection.

Q. You can't say that, can you?

MS. PLATT: Object -- objection. Form.

A. Mr. Sparks himself stated, "When this happened to my stomach, I put two and two together and figured it could have been a hazardous material."

Q. So do you often, when your patients talk to you and they tell you, "This is what I have," do you just accept what they say?

MS. PLATT: Objection.

Q. You accept their own personal diagnosis as untrained medical professionals?

MS. PLATT: Objection. Form.

A. Well, we -- a patient's narrative of their own personal experience has to be taken

into consideration. They're not the final authority on what condition they have or why they have it. But we certainly can't exclude what patients tell us. These are very important narratives to take into consideration.

Q. Would this --

A. But again I'm not a gastrointestinal specialist. I'm just pointing out what Mr. Sparks himself told me.

Q. Okay. Would this dust have to be neurotoxic to be a risk factor for Parkinson's disease?

MS. PLATT: Objection. Form. Foundation.

A. Not necessarily.

Q. How else could it cause Parkinson's disease?

MS. PLATT: Objection. Form.

A. A risk factor isn't necessarily a cause.

Q. Okay. So if a patient like Mr. Sparks came to you and said, "TCE caused my Parkinson's disease," would you endorse that diagnosis?

MS. PLATT: Objection. Form. Foundation.

A. To me, that wouldn't be diagnosis. That would be --

Q. Okay. Would you -- would you endorse that etiology?

MS. PLATT: Objection. Form. Foundation.

A. This is a very hypothetical situation you're presenting me with.

Q. Well, you just accepted his self-diagnosis that dust caused his gastric ulcer, so I'm just asking if you're willing to accept his own -- his own statement that TCE caused his Parkinson's disease.

MS. PLATT: Objection. Form.

A. Taking a step back, I don't have an opinion about whether the dust exposure caused the gastric ulcer. I simply pointed out that the day after he was exposed to this dust and inhaled it, he went to his primary care doctor, who diagnosed him with an ulcer that kept him out for a couple of weeks, and Mr. Sparks himself told me that he figured it could have been a hazardous material.

I'm not saying whether that's true or not

true. I'm simply reporting what Mr. Sparks told me.

Q. Okay. But you're labeling it a risk factor for Parkinson's disease.

MS. PLATT: Objection. Form.

A. It is a potential risk factor. Because we don't know that -- it is a potential risk factor.

MR. BARR: I don't think I have any other questions for Dr. Young, so...

MS. PLATT: All right. No questions from us.

Thank you for your time today.

THE VIDEOGRAPHER: With that, the time is 4:13 p.m. This deposition has concluded, and we're off the record.

(Whereupon the deposition was concluded at 4:13 p.m.)

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

MICHAEL YOUNG, PhD

Sworn to and subscribed before me this day of , 2025.

Notary Public

My commission expires:

COMMONWEALTH OF MASSACHUSETTS)
)
SUFFOLK, SS.)

I, Katherine A. Tevnan, Registered Merit Reporter, Certified Shorthand Reporter No. 129093 and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that MICHAEL YOUNG, PhD, the witness whose deposition is hereinbefore set forth, was duly sworn by me and that such deposition is a true record of the testimony given by the witness.

I further certify that I am neither related to or employed by any of the parties or counsel to this action, nor am I financially interested in the outcome of this action.

In witness whereof, I have hereunto set my hand and seal this 6th day of August, 2025.

_____

Katherine A. Tevnan,
Registered Merit Reporter
CSR # 129093

Notary Public
My commission expires March 10, 2028

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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.

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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.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted

fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.