

1

1 IN THE COURT OF COMMON PLEAS

2 LORAIN COUNTY, OHIO

3 PAMELA R. MORGAN,

4 Plaintiff,

5 -vs- JUDGE JANAS
CASE NO. 97CV1183516 USS/KOBE STEEL COMPANY,
7 et al.,

8 Defendants.

9 - - -

10 Deposition of CHRISTOPHER LAYNE, Ph.D., taken
 11 as if upon cross-examination before Kenneth F.
 12 Barberic, a Registered Professional Reporter and
 13 Notary Public within and for the State of Ohio,
 14 at the offices of Layne Psychological Services,
 15 2800 W. Central Avenue, Suite A, Toledo, Ohio, at
 16 2:15 p.m., on Tuesday, July 13, 1999, pursuant to
 17 notice and/or stipulations of counsel, on behalf
 18 of the Plaintiff in this cause.

19 - - -

20 BARBERIC & ASSOCIATES, INC.
 21 COURT REPORTERS
 22 14237 DETROIT AVENUE, SUITE THREE
 23 CLEVELAND, OHIO 44107
 24 (216) 221-1970
 25 FAX (216) 221-9171
 1-888-595-1970

2

1 APPEARANCES:

2 David M. Paris, Esq.
 3 Nurenberg, Plevin, Heller & McCarthy
 4 First Floor
 1370 Ontario Street
 4 Cleveland, Ohio 44113
 (216) 621-2300,

5 On behalf of the Plaintiff;

6 Anthony J. DiVenere, Esq.
 7 McDonald, Hopkins, Burke & Haber, L.P.A.
 8 2100 Bank One Center
 600 Superior Avenue, E.
 9 Cleveland, Ohio 44114
 (216) 348-5400,

10 On behalf of the Defendants.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

3

1 CHRISTOPHER LAYNE, Ph.D., of lawful age,

2 called by the Plaintiff for the purpose of

3 cross-examination, as provided by the Rules of

4 Civil Procedure, being by me first duly sworn, as

5 hereinafter certified, deposed and said as

6 follows:

7 CROSS-EXAMINATION OF CHRISTOPHER LAYNE, Ph.D.

8 BY MR. PARIS:

9 MR. PARIS: Ken, will you mark

10 that?

11 - - -

12 (Thereupon, Plaintiffs Exhibit

13 Layne-1, Dr. Layne's CV, was mark'd for purposes

14 of identification.)

15 - - -

16 MR. PARIS: Mark that.

17 - - -

18 (Thereupon, Plaintiff's Exhibits

19 Layne-2 through Layne-12, various correspondence,

20 were mark'd for purposes of identification.)

21 - - -

22 Q. State your full name and spell your last name,
 23 please?

24 A. Christopher Layne, L-A-Y-N-E.

25 Q. Doctor, my name is David Paris and I, along with

4

1 my partner, Thomas Mester, represent Pam Morgan.

2 I'm going to ask you some questions about this

3 incident and about your background and opinions

4 about this case. If I ask you a question and you

5 do not understand it because it is inartfully

5 phrased or what have you, I trust you will stop

7 me and tell me that, is that true?

8 A. Yes.

9 Q. If you do that I will re-ask the question so it

10 is understandable and we will have a clean

11 record. It is important that keep your answers

12 audible so Ken can take down a clean record. Are

13 you aware of that?

14 A. Yes.

15 Q. Are you going to allow Ken to mark your raw data
 16 scores on the tests and release them?

17 A. Yes. Sure. I will, of course, want to obtain

18 copies, or maybe the originals and you can have

13 the copies.

23 Q. Okay. Is that something that you've always done

21 as a matter of course, allowed raw data scores in

22 your test scores to leave your office and be

23 given to an attorney?

24 A. It depends on what you mean by raw data.

25 Q. You better clarify it. What do you exchange and

USS/KOBE

5

- 1 what don't you exchange?
 2 A. In routine requests for documents I typically
 3 have them copied, including the patient's
 4 responses, profiles and that sort of thing.
 5 There are some psychologists that don't do that,
 6 who will only send them to fellow psychologists.
 7 But I've never been terribly strict about that.
 8 I do not share test questions. I'm under
 9 contract not to do that. So when lawyers request
 10 the questions then I'll say no. But those are
 11 not raw test data.
 12 Q. Okay. And what part of your file comprises test
 13 questions and what part of your file comprises
 14 the other?
 15 A. There are no test questions that I can think of
 16 right off the bat that have test questions in the
 17 file. The file consists of the raw data and
 18 profiles of the raw data.
 19 Q. And then can you show me where in the file the
 20 raw data of your testing is?
 21 A. Yes. It is here. I'm folding through it now.
 22 There are some tests that are, that do have, as I
 23 look at them, some raw data, so I have to be
 24 reluctant to give those out.
 25 Q. Will you or won't you?

6

- 1 A. I won't give out the test questions, but I will
 2 give out the raw data. By the way, most of the
 3 raw data, most of the profiles are in the report
 4 already.
 5 Q. Why don't you identify which documents you're
 6 going to allow to be marked and exchanged and
 7 which documents you won't.
 8 A. Okay. This one called T-O-M-M, which is --
 9 Q. What's this over here? Is that part of --
 10 A. That's --
 11 Q. Is that part of your interview?
 12 A. This is a form that the patient filled out and
 13 therefore is not a test.
 14 Q. But it assisted you in filling out your report?
 15 A. Yes.
 16 Q. Okay. Let's include that. Is that something you
 17 are willing to release?
 18 A. Yes.
 19 All right. The test of malingering or TOMM
 20 has questions on it. I've got the scores in the
 21 report, but I would rather not release this
 22 because it is basically the test, it has the
 23 questions.
 24 Q. So you are not going to release that?
 25 A. No.

7

- 1 Q. But you would release it to another psychologist?
 2 A. That's correct.
 3 Q. All right.
 4 A. The next three or four sheets are my summaries of
 5 the scores, which again are in the report so I'll
 6 be happy to release those. Those are summaries
 7 of test scores rather than the tests themselves.
 8 Here is a Booklet Category Test, which
 9 includes the questions so I can't release that.
 10 It is called The Booklet Category Test. The raw
 11 scores and their computations and scalings are in
 12 the report.
 13 Here are two things called Trail Making
 14 which have the questions in the, sort of embodied
 15 in the scoring so I can't release those two.
 16 The Seashore Rhythm Test is ambiguous but it
 17 doesn't have the questions but it is like an
 18 answer key. So I probably won't.
 19 The Tactual Performance Test and tapping
 20 sheet, I would release those.
 21 The Speech Sound Perception Test is filled
 22 out with the questions and the answers so I
 23 couldn't release that.
 24 The MMPI Profile that I did and the raw
 25 answers I will release.

8

- 1 Q. Now, what do you need in order to release these
 2 to Dr. Fink, Dr. Layton, Dr. Litwin and
 3 Dr. Kelley?
 4 A. Release of information from Ms. Morgan.
 5 Q. You just need an authorization?
 6 A. Yes.
 7 Q. And you will Fed Ex those out?
 8 A. Yeah. I will mail them out at some, using some
 9 kind of mail.
 10 Q. Well --
 11 A. You mentioned Fed Ex.
 12 Q. If I asked them for overnight mail you could
 13 accomplish that and bill me for the charges?
 14 A. Yes. We can do that today.
 15 Q. I didn't bring an authorization. If I fax an
 16 authorization to you would that be sufficient?
 17 A. Yes.
 18 Q. Okay. Handing you what's been marked as
 19 Plaintiffs Exhibit 1, is that a copy of your
 20 CV?
 21 A. Yes.
 22 Q. Is it current?
 23 A. Maybe not. October of '98. Let's see.
 24 I think there have been a few changes in my
 25 vita since October of '98.

9

1 Q. What?

2 A. I can't recall. But I've got it right upstairs
3 if you would like a copy.

4 Q. I would.

5 A. Okay. Let me get that. While I'm up there I
6 wonder if I could go ahead and make copies of
7 these?

8 Q. Sure.

9 - - -

10 (Thereupon, a recess was had.)

11 - - -

12 Q. In the meantime let's pull out of p u r file those
13 documents which you are going to release so we
14 can mark them.

15 A. Okay.

16 Q. And separate those which you won't.

17 A. Now, there is another question. We began this
18 discussion by your asking me what I would
19 release, as I understood it, today. We've moved
20 to what material, what I would release to another
21 psychologist. Those documents that I just
22 finished saying I would not release I would
23 release to another psychologist. So maybe I
24 didn't fully understand your question. If you
25 are now asking me what I would release to another

10

1 psychologist, the answer would be everything.

2 Q. We're on the same page. I have now moved down to
3 separate those documents which you will release
4 to me today.

5 A. Today, okay. Here's one.

6 And again it is my assumption that we will
7 make copies of these and I am releasing copies to
8 you?

9 Q. True.

10 A. Here they are. I have a stack right here to my
11 right.

12 Q. Okay. Let's mark them.

13 A. And those are the documents that I would release
14 today.

15 Q. Let's mark those.

16 - - -

17 (Thereupon, Plaintiff's Exhibits

18 Layne-13 through Layne-28, tests which will be
19 given without an authorization, were mark'd for
20 purposes of identification.)

21 - - -

22 Q. Before you go upstairs to copy, I would like to
23 mark those documents which you will only release
24 to a psychologist so we can identify them.

25 A. Okay. All right.

11

1 All right. Those are, here are all the
2 copies that I would release to a psychologist and
3 now I'm going to have these copied.

4 - - -

5 (Thereupon, Plaintiff's Exhibits
6 Layne-29 through Layne-36, tests that will be
7 released to a psychologist, were mark'd for
8 purposes of identification.)

9 - - -

10 MR. DIVENERE: These are the ones
11 that you are going to release to a
12 psychologist and they are marked 29 to 36.

13 Q. Is this the new one?

14 A. Yes, that's my new vita.

15 MR. PARIS: Why don't you mark that
16 1A, Kenny.

17 - - -

18 (Thereupon, Plaintiff's Exhibit
19 Layne-1A, Dr. Layne's current CV, was mark'd for
20 purposes of identification.)

21 - - -

22 Q. All set?

23 A. Give me just a second.

24 Okay.

25 Q. Your home address?

12

1 A. 3634 Brookside, Toledo, Ohio, 43606.

2 Q. How long have you lived there?

3 A. Since 1984.

4 Q. Who do you live there with?

5 A. My wife Joan and occasionally my college aged
6 daughter.

7 Q. And what is her name and age?

8 A. Carey, 22.

9 Q. How old are you?

10 A. 50.

11 Q. Your date of birth?

12 A. November 26th, 1948.

13 Q. And your Social Security number?

14 A. 225-60-0439.

15 Q. Where did you go to high school?

16 A. Highland Springs High School.

17 Q. And located where?

18 A. In Highland Springs, Virginia.

19 Q. And where did you go to college?

20 A. William & Mary.

21 Q. And from what year to what year?

22 A. 1967 to 1971.

23 Q. And did you graduate with a degree?

24 A. Yes. With honors.

25 Q. And what degree?

13

- 1 A. Bachelor's degree with honors. In philosophy.
 2 Q. Did you go on to have any education **after** that?
 3 A. Yes. I went to the University of Alabama where I
 4 got a master's degree and Ph.D. in clinical
 5 psychology.
 6 Q. From when to when?
 7 A. From 1971 to 1976.
 8 Q. Were you ever in the armed forces?
 9 A. No.
 10 Q. In the military?
 11 A. No.
 12 Q. Were you ever rejected from the military?
 13 A. **No.**
 14 Q. Were you ever deferred from the military?
 15 A. **No.**
 16 Q. Just lucky and got a high number in the lottery?
 17 A. Precisely **so**, yes.
 18 Q. After you got your Ph.D. in psychology, that was
 19 what year, **1975**?
 20 A. 1976 is when I got the Ph.D., yeah.
 21 I have in my hands the copies.
 22 Q. And they are actually turned over **so** we can move
 23 on?
 24 A. Of the tests, yes.
 25 Q. What did you do after you got your Ph.D.?

14

- 1 A. I, backing up just a bit, in the course of
 2 getting my Ph.D. I had to have an internship at
 3 the Birmingham Medical Center, that lasted a
 4 year, and after that but before I officially got
 5 my degree I got my first job and that was
 6 teaching at the University of Southern
 7 Mississippi as an assistant professor and **so** I
 8 did that beginning in September of 1975. It was
 9 during that first year as a teacher that I
 10 officially got my Ph.D. and walked down the aisle
 11 and received the diploma.
 12 Q. Were **you** on staff as an instructor or an
 13 assistant professor?
 14 A. Assistant professor.
 15 Q. Okay. Have you ever been a full professor?
 16 A. No.
 17 Q. Anywhere?
 18 A. That's correct, no.
 19 Q. To this day?
 20 A. Correct.
 21 Q. Okay. Are you still an assistant professor?
 22 A. No. I'm an associate.
 23 Q. An associate professor, that's the next step up
 24 from assistant?
 25 A. Yes.

15

- 1 Q. And one step down from full professor?
 2 A. Right.
 3 Q. So how long did you teach down there at
 4 Birmingham?
 5 A. I taught at the University of Southern
 6 Mississippi and that's in Hattiesburg,
 7 Mississippi for five years.
 8 Q. Until when?
 9 A. 1980.
 10 Q. Then what?
 11 A. After that I began to teach at the University of
 12 Toledo.
 13 Q. You moved to Toledo?
 14 A. Yes.
 15 Q. And did you open up a private practice at that
 16 time?
 17 A. Yes. Well, about a year or two later.
 18 Q. And **is** that the same private practice that you
 19 have now?
 20 A. Yes.
 21 Q. **Is** that about the same time you started involving
 22 yourself in expert testimony and consulting?
 23 A. No. Probably my first involvement with testimony
 24 and work with lawyers was in the late eighties.
 25 Q. Are you sure it wasn't before that?

16

- 1 A. I believe that it was and I'm racking my brain to
 2 remember if, for example, I had a divorce case or
 3 a child custody case. It is possible that I did,
 4 say, in 1981 or **so**.
 5 Q. So if you've testified before that you began
 6 legal consulting back in the early 1980's it
 7 might have been on an infrequent basis on a
 8 divorce case or something, that's what you are
 9 trying to say?
 10 A. Yes.
 11 Q. And when did your consulting practice really
 12 start to blossom, **so** to speak, where you were
 13 involved in personal injury cases, in the late
 14 eighties?
 15 A. In the late eighties is when I began and I don't
 16 recall, I don't know that I would agree that it
 17 blossomed. The work increased.
 18 Q. Well, a full third of your income comes from
 19 expert testimony, doesn't it?
 20 A. It has for the last three or four years, yes.
 21 Q. Let's talk about your specialty. It says
 22 clinical psychology?
 23 A. Yes, it is.
 24 Q. The American Board of Professional Psychology
 25 offers board certifications?

17

- 1 A. Yes.
 2 Q. Do they?
 3 A. Yes.
 4 Q. And they offer one in clinical psychology?
 5 A. Yes.
 6 Q. Do they also offer a board certification in
 7 neuropsychology?
 8 A. Yes.
 9 Q. You don't have that board certification, do you?
 10 A. No.
 11 Q. All right.
 12 A. I do have a board certification in, in forensic
 13 neuropsychology on the other hand.
 14 Q. From which board?
 15 A. It is -- let me see my resume because I often
 16 garble it.
 17 It's in forensic neuropsychology, the
 18 American Board of Psychological Specialties.
 19 Q. You are not a specialist in posttraumatic stress
 20 disorder, is that true?
 21 A. I do consider myself as focusing on anxiety and
 22 posttraumatic stress is a kind of anxiety.
 23 Q. Have you testified many times in the past that
 24 you are not a specialist in posttraumatic stress
 25 disorders, yes or no?

18

- 1 A. I don't know that I have testified to that level
 2 of specialty. I agree that I don't hold myself
 3 out as an expert.
 4 Q. If you said that last year would you stand by it
 5 today?
 6 A. Yes.
 7 Q. All right. Are you familiar with the National
 8 Posttraumatic Stress Disorders in Boston,
 9 Massachusetts?
 10 A. I don't think so.
 11 Q. Okay. Do you recognize Dr. John Wilson as a
 12 specialist in posttraumatic stress disorder?
 13 A. I have not heard of him.
 14 Q. He's involved in this case. Have you seen his
 15 report?
 16 A. Oh, sorry. Wilson? Well, I suppose I have.
 17 Q. Have you seen his CV?
 18 A. I don't think so.
 19 Q. Did you ever ask to see his CV?
 20 A. No.
 21 Q. Was Dr. John Wilson ever involved on the other
 22 side of any other cases that you've testified as
 23 an expert for?
 24 A. I don't know.
 25 Q. Okay. You are not a neurologist?

19

- 1 A. That's true.
 2 Q. Do you know that Dr. Barry Layton is a
 3 neuropsychologist?
 4 A. Yes.
 5 Q. Are you familiar with his credentials?
 6 A. I believe that I have seen his resume before and
 7 so vaguely, yes. I know he is a
 8 neuropsychologist.
 9 Q. And are you aware that Dr. Joseph Fink is a
 10 neuropsychologist?
 11 A. I think so.
 12 Q. You are not a psychiatrist?
 13 A. Correct.
 14 Q. You recognize that Dr. Kathleen Kelley is, has
 15 that specialty?
 16 A. I don't know. I just don't recall.
 17 Q. Do you know who Kathleen Kelley is?
 18 A. No.
 19 Q. You have not seen her report?
 20 A. I may have. I have seen roughly five to six
 21 inches of records, maybe a thousand pages or so,
 22 and some of these names are simply escaping me
 23 Q. In any case, we can agree that you don't hold
 24 yourself out to the public as having a specialty
 25 in psychiatry or neuropsychology, is that true?

20

- 1 A. That's correct.
 2 Q. Do you have any specialized training in the
 3 diagnosis of persons suffering from
 4 neuropsychological injuries following electrical
 5 trauma?
 6 A. No.
 7 Q. Okay. Do you have any specialized training in
 8 providing ongoing medical treatment to persons
 9 suffering from neuropsychological injuries
 10 following electrical injuries?
 11 A. Having little or no training in medical
 12 treatment, the answer would be no.
 13 Q. Okay. Do you have any specialized training in
 14 providing ongoing psychological treatment to
 15 persons suffering from neuropsychological
 16 injuries following electrical trauma?
 17 A. No.
 18 Q. Okay. Have you in your experience ever treated
 19 people on an ongoing basis who had had
 20 neuropsychological injuries following electrical
 21 trauma?
 22 A. Yes.
 23 Q. How many?
 24 A. I can think of one immediately and I think there
 25 were perhaps one or two others but I just can't

21

1 remember the details. But I do remember the
 2 details of one.
 3 Q. Okay. Tell me about the one that you do
 4 remember.
 5 A. It was about six or seven years ago. It was a
 6 fellow at an arena here in Toledo who grabbed
 7 ahold of an electric fence and was shocked
 8 because of the grabbing ahold of the electric
 9 fence probably because his feet were grounded and
 10 it threw him back some distance and afterwards he
 11 suffered some sequelae from the shock.
 12 Q. Here in Toledo?
 13 A. Yes.
 14 Q. What was the voltage of the fence?
 15 A. I don't know.
 16 Q. What was the current going through his body?
 17 A. I don't know.
 18 Q. How long after the accident did you get involved
 19 with his, how long after the incident did you see
 20 this man? Days, weeks or months?
 21 A. Months.
 22 Q. Did he have other treatment -- or strike that.
 23 How long did you see this man, over what
 24 period of time?
 25 A. Probably six months. Maybe four months,

22

1 something like that.
 2 Q. Had he seen other professionals before he saw
 3 you?
 4 A. I don't recall. I know he saw other
 5 professionals but I don't know which was first.
 6 Q. Okay.
 7 A. I mean clearly he saw a physician afterward.
 8 Q. I mean health care professionals.
 9 A. Yes. I think I misinterpreted your question.
 10 Q. He went to the emergency room?
 11 A. Yes.
 12 Q. Do you know that or are you assuming that?
 13 A. I believe that he did.
 14 Q. And why is it that you believe that?
 15 A. It is a memory that he was knocked away from the
 16 fence and on his back and I believe the people
 17 came over and crowded around him and I think they
 18 took him to the hospital in an ambulance. I
 19 think.
 20 Q. Do you know what he had been treated for before
 21 he saw you?
 22 A. I don't recall him having been treated before he
 23 saw me.
 24 Q. I mean --
 25 A. I'm sorry.

23

1 Q. -- he went to the emergency room and then four
 2 months later he saw you?
 3 A. I'm sorry. I misinterpreted your question. I
 4 believe before he saw me he was treated for
 5 physical injuries caused by the shock, which
 6 included him landing on the pavement and hurting
 7 his back. There was some question about whether
 8 he also had hurt his head and I believe that he
 9 also felt after the accident some sense of
 10 confusion.
 11 Q. When?
 12 A. Immediately afterwards.
 13 Q. How do you know that? Is that something that you
 14 have a recollection of now?
 15 A. I have a recollection.
 16 Q. Seven years later, is that true?
 17 A. Yes, it is something that I have a recollection
 18 of.
 19 Q. Okay. Burn marks on his hands?
 20 A. I don't recall.
 21 Q. Okay.
 22 A. It seems to me he had something wrong with a
 23 foot. That he had a, they called it a blowout or
 24 something on his foot.
 25 Q. Did he ever take his shoe off and you examined

24

1 his foot?
 2 A. No. But that would be beyond my expertise
 3 anyway.
 4 Q. As you sit here today do you have firsthand
 5 knowledge of whether or not he had burn marks
 6 from that electrical feat?
 7 A. He may have had something on one of his feet but
 8 I can't recall for sure. I can't say that with
 9 sufficient certainty. I don't recall burn marks
 10 on his hands.
 11 Q. Okay. Why had he come to see you?
 12 A. He afterwards had two problems, and one was his
 13 continuing sense of mental confusion and in
 14 addition he was clashing with someone at work and
 15 I don't recall how, but he was clashing with
 16 someone at work and he wanted to clear that up,
 17 too.
 18 Q. How often did you see the patient?
 19 A. Roughly once every ten days, I say that because
 20 back then that's about how often I was seeing the
 21 typical patient.
 22 Q. Did this happen on the job?
 23 A. Yes.
 24 Q. Okay. And I take it you submitted your bill to
 25 the Bureau of Workers' Compensation for your

25

1 payment?
 2 A. I don't know. The secretaries do that and I just
 3 don't know.
 4 Q. In all probability do you think you did if it was
 5 a work-related injury?
 6 A. I just don't know.
 7 Q. Were you able to help this man?
 8 A. Yeah, I think so. He saw me for the four months
 9 or so roughly once every ten days and as I recall
 10 he went on to get better and in fact got some
 11 other job later and functioned reasonably well.
 12 Q. Well, did you, were you able to clear up this
 13 man's mental confusion?
 14 A. It, it cleared up and I would like to think that
 15 I helped in that regard. You know, one never
 16 knows who or what cures people in a situation
 17 like that.
 18 Q. So you don't know whether your counselling or
 19 therapy helped him or not?
 20 A. That's right.
 21 Q. Okay.
 22 A. And remember I had two different things to work
 23 with, his clashing at work and also the
 24 confusion. But he got over it. One never knows
 25 what the real effective treatment is.

26

1 Q. Did he have a normal CAT scan?
 2 A. I don't recall.
 3 Q. Normal MAI?
 4 A. I don't recall the medical tests.
 5 Q. What accounted for his mental confusion?
 6 A. I don't know. It may have been the shock. It
 7 may have been the fall and the subsequent
 8 physical injuries and the fact that he was taking
 9 some medication for those physical injuries. It
 10 was difficult to say.
 11 Q. Well, how did you try to figure out what, isolate
 12 between the blow to the head, the medication or
 13 the electric shock, what did you do to try to
 14 isolate those three causative factors?
 15 A. I don't know. I may have tested him. I just
 16 don't know.
 17 Q. Did you make that determination, that this man
 18 had any pre-morbid problems, problems before this
 19 incident that contributed to his mental
 20 confusion?
 21 A. I'm sure that I looked for that.
 22 Q. Did he?
 23 A. I don't recall him having trouble before.
 24 Q. Well, how old a fellow was he?
 25 A. Somewhere in his twenties. Probably mid-twenties

27

1 or so.
 2 Q. Did you send for all of his school records?
 3 A. No.
 4 Q. Did you send for his lifetime medical records?
 5 A. No.
 6 Q. Did you send for his lifetime employment
 7 records?
 8 A. No.
 9 Q. And why not?
 10 A. It is almost unheard of, to do that in a
 11 treatment situation. When somebody comes to you
 12 for treatment you don't send for his lifetime
 13 records. That doesn't happen when you go to the
 14 dentist and it doesn't happen when you go to a
 15 physician either. So it is pretty much outside
 16 the bounds of what was new, what one needs to do
 17 in a situation like that.
 18 Q. It doesn't help you in treating, it doesn't help
 19 you in understanding the problems which bring the
 20 patient to you?
 21 A. Such record reviews would help, yes.
 22 Q. But you don't do that customarily with your
 23 patients, do you?
 24 A. Yes, that is correct, I do not do that.
 25 Q. Do you do that with any of the patients that come

28

1 to you for help?
 2 A. If your question is whether or not any of the
 3 patients that come to me for help, whether or not
 4 I tried to get their lifetime records, the answer
 5 is no, I don't do that. I have never done that
 6 once.
 7 Q. Are you licensed to -- strike that.
 8 Do you know whether or not this patient had
 9 any relapses after the four months that you saw
 10 him?
 11 A. Yes, as a matter of fact I do. And the reason is
 12 that I have bumped into him from time to time.
 13 He's still in Toledo and I did recognize him. As
 14 I've said, I've got continued, I had very few and
 15 brief conversations with him and he seemed to be
 16 doing fine. The last time I saw him was probably
 17 three years ago roughly.
 18 Q. You have no recollection of the, of the other
 19 patient that you saw who had an electrical
 20 trauma?
 21 A. Let me think.
 22 I just don't have detailed recollections. I
 23 can recall that there was -- I don't know. I
 24 cannot recall with specificity enough.
 25 Q. I appreciate that. Because I would intend to ask

29

- 1 very specific questions about that patient.
 2 A. Yeah.
 3 Q. You are licensed to practice psychology in Ohio?
 4 A. Yes.
 5 Q. Any other states?
 6 A. **No.**
 7 Q. When did you become licensed in Ohio?
 8 A. **1980.**
 9 Q. Has your license ever been revoked or suspended?
 10 A. No.
 11 Q. Do you have privileges at any hospitals?
 12 A. Yes.
 13 Q. Which hospitals?
 14 A. Most of the ones in Toledo, meaning Toledo
 15 Hospital, St. Vincent's Hospital, St. Charles,
 16 Mercy and they are listed on my vita.
 17 Q. And when you fill out a request for privileges at
 18 a hospital, do they ask you what it is you intend
 19 to do at the hospital?
 20 A. They may. It has been so long I don't recall.
 21 Yeah, I got on these hospital staffs roughly
 22 in the mid eighties.
 23 Q. Have your privileges ever been suspended or
 24 revoked at any institution?
 25 A. **No.**

30

- 1 Q. Are all of your professional associations to
 2 which you belong and societies on your CV?
 3 A. I think so, yes.
 4 Q. All your publications, presentations, abstracts,
 5 seminars are on your CV?
 6 A. All of my publications. My seminars are, I think
 7 all of them are on there. I'm a little less
 8 compulsive with those. My paper presentations
 9 before academic societies are kind of
 10 summarized. They go way back to the early
 11 seventies and I couldn't possibly retrieve them
 12 all.
 13 Q. Can I take you literally when you say compulsive?
 14 A. Well, it depends on what you mean by compulsive.
 15 Q. I've got the definitions right here, I think.
 16 A. Go ahead. I've been obsessed with, an
 17 obsessive-compulsive, that's a hyphen between the
 18 two words, yes, I think.
 19 My academic presentations are summarized on
 20 the vita.
 21 Q. To what extent are you involved in teaching over
 22 the past couple of years?
 23 A. I teach at the University of Toledo. I teach
 24 classes in personality, abnormal psychology and
 25 introduction to psychology.

31

- 7 Q. Are these *all*, are they undergraduate courses?
 2 A. Yes.
 3 Q. None of them are graduate courses?
 4 A. That's correct.
 5 Q. For instance, it's been so long since I've been
 6 in college, introduction to psychology 101, those
 7 type of courses?
 8 A. Three classes, 101, another one is for sophomores
 9 and for juniors. The 200 level, 300 level.
 10 Q. Do you teach any senior level psychology?
 11 A. No. Although many seniors come to these courses.
 12 Q. And how much of your time is devoted to teaching,
 13 say in the past two years?
 14 A. I, I teach three courses one semester and two
 15 courses the other two semesters.
 16 Q. So how does that break down time-wise?
 17 A. Each class is usually three days a week and so
 18 that would be three days on each of three days,
 19 which I teach three classes starting in September
 20 and going until December. Then during the spring
 21 semester I have two classes. So it would be two
 22 classes on each of three days.
 23 Q. And how long are the classes, an hour?
 24 A. About an hour.
 25 Q. So how many hours a week do you teach?

32

- 1 A. In the fall I teach nine hours a week and in the
 2 spring I teach six hours a week.
 3 Q. And how much of your time is devoted to seeing
 4 patients in your private practice?
 5 A. Seeing patients is about ten hours a week or so.
 6 Q. And what do you do with the rest of your time?
 7 A. I do research writings which I occasionally
 8 publish.
 9 Q. How much of your week over the past couple of
 10 years have you spent in research writing?
 11 A. In the past three years a few hours a week.
 12 Q. Okay. And what else do you do, consulting work?
 13 A. Yeah, I see patients like Miss Morgan that are
 14 involved in legal cases. I do evaluations for
 15 the Workers' Comp Board, for Social Security as
 16 well.
 17 Q. Litigation generated work?
 18 A. Well, litigation involves the lawyers. The
 19 Social Security and Workers' Comp do not. As far
 20 as I know. They are applying for Workers' Comp
 21 and the Workers' Comp Board wants to know what I
 22 think about that.
 23 Q. Legal generated work, how is that?
 24 MR. DIVENERE: I don't know.
 25 Administrative.

33

1 MR. PARIS: You don't think Worker'
 2 Comp is legal?
 3 MR. DiVENERE: No.
 4 MR. PARIS: You never tried one?
 5 MR. DiVENERE: Yes, 20 years ago.
 6 20 years ago it used to be legal.
 7 A. The Workers' Comp Board refer those people to
 8 me. They refer them to me.
 9 Q. You have had your deposition taken before in
 10 Workers' Comp cases?
 11 A. When the referral source is attorneys, yes. When
 12 the Workers' Comp case is referred by Workers'
 13 Comp, no.
 14 Q. You understand that a Workers' Comp examination
 15 by you can ripen into a litigation oriented
 16 proceeding?
 17 A. Sure it can. If I have contact with the patient
 18 that can ripen into a legal case, too.
 19 Q. With regard to your publications, have any of
 20 them been on issues that are presented in this
 21 case? And I want to be specific about that.
 22 The diagnosis of neuropsychological injuries
 23 following electric shock?
 24 A. No.
 25 Q. Have any of your publications or papers involved

34

1 providing treatment for neuropsychological
 2 injuries following electric shock?
 3 A. No.
 4 Q. You have published a couple of books on your CV,
 5 I see?
 6 A. Yes.
 7 Q. Number one is called Know Your Psychological
 8 Experts?
 9 A. Right.
 10 Q. Do I understand that that's a treatise on
 11 psychological testimony evidence and testimony in
 12 the courtroom?
 13 A. Yes.
 14 Q. Your intended readership of that book is
 15 attorneys and clinical psychologists?
 16 A. Yes. Mental health professionals in general, I
 17 think.
 18 Q. Your second book is called Psychological Torts
 19 Manual?
 20 A. Right.
 21 Q. Do I understand that that book is about what's
 22 right and what's wrong with the legal system and
 23 how it deals with psychological cases from your
 24 perspective?
 25 A. I don't think so. Though that could, you could

35

1 saythat that thought is in the first chapter of
 2 the book.
 3 Q. Have you ever described that, have you ever used
 4 that description of that book in other
 5 depositions?
 6 A. I may have. As I say -- well, I would hope what
 7 I said was that that is an aspect of the book,
 8 but I believe I would go on to say that it's a
 9 description of cases across the country that deal
 10 with legal matters.
 11 Q. Okay. You were talking about seminars and
 12 lectures. You do give lectures to attorneys,
 13 don't you?
 14 A. I have, yes.
 15 Q. Have you done it about every six months in the
 16 past?
 17 A. If you take the proper time frame over the past
 18 that may be a valid estimate of the frequency.
 19 Q. Were you giving seminars at a law firm in
 20 Cleveland by the name of Gallagher, Sharp, Fulton
 21 & Norman?
 22 A. I don't believe I ever gave a law seminar at
 23 their firm.
 24 Q. Well, that was organized by their firm for maybe
 25 insurance adjusters and their clients?

36

1 A. Yes. Perhaps four years or so ago.
 2 Q. And you've actually worked for members of the
 3 Gallagher, Sharp, Fulton & Norman firm, haven't
 4 you?
 5 A. Yes.
 6 Q. Pat Foy?
 7 A. Yes.
 8 Q. Tom Dover?
 9 A. Yes.
 10 Q. Jim Sweeney?
 11 A. I think so.
 12 Q. Joe Pappalardo?
 13 A. Yes.
 14 Q. Alton Stephens?
 15 A. Yes.
 16 Q. Alan Petrov?
 17 A. Right.
 18 Q. Anybody else come to mind? Sheila McKeon?
 19 A. Yes. I suspect there are more, but I can't pick
 20 their names out of my head.
 21 Q. Okay. Have you done work for a law firm in
 22 Cleveland by the name of Rhoads, Follen & Rawlin?
 23 A. I think so.
 24 Q. A lawyer by the name of Ron Rawlin?
 25 A. Yes.

37

- 1 Q. How about Emmett Moran?
- 2 A. Yes.
- 3 Q. Okay. Have you ever done any work for a defense
- 4 firm by the name of Roetzel & Andress?
- 5 A. Yes.
- 6 Q. Out of Akron, I think?
- 7 A. Yes.
- 8 Q. And how about a defense firm in Elyria named
- 9 Savoy, Bilancini & Flanagan?
- 10 A. Yes.
- 11 Q. How about a defense firm in Toledo by the name of
- 12 Shumaker, Loop & Kendrick?
- 13 A. Yes, I think so.
- 14 Q. And in fact there is a list you maintain of at
- 15 least 27 defense law firms that hire you to work
- 16 on their cases, isn't that right?
- 17 A. Yes. I have a list of law firms and others that
- 18 I have worked for and the list includes defense
- 19 firms.
- 20 Q. There's upwards of 27 or so law firms, is that
- 21 correct?
- 22 A. I haven't counted it, but that sounds about
- 23 right.
- 24 Q. Have you found that to be a way to market
- 25 yourself and pick up some business?

38

- 1 A. No. The list is a list that is primarily
- 2 descriptive, often requested by opposing
- 3 attorneys.
- 4 Q. I wasn't specific. I'm sorry. The lecturing and
- 5 the seminars and the working with defense firms,
- 6 do you find that to be a good way to market
- 7 yourself and pick up some business?
- 8 A. No. There are almost no one, I'm trying to
- 9 think, almost no one calls and said gee, I saw
- 10 you make a speech therefore I want to use you.
- 11 Q. It is usually word of mouth?
- 12 A. I don't know.
- 13 Q. Well, how did Mr. DiVenere get ahold of you?
- 14 Have you worked for him before?
- 15 A. I don't know. I don't know how he found me. I
- 16 mean I publish. I put out books, writings and so
- 17 on and I speak around and any of those could be
- 18 ways
- 19 Q. Well, he comes from a real big firm. Have you
- 20 ever done work for any members of his firm?
- 21 A. Let me look.
- 22 I just don't know.
- 23 Q. The firm is too big to have all the names on
- 24 their letterhead.
- 25 MR. DiVenere: I think he has the

39

- 1 letters over there.
- 2 A. Those are copies.
- 3 Q. The firm is too big to have all the lawyers'
- 4 names on the letterhead. It would be four
- 5 pages.
- 6 MR. DiVenere: Thank you.
- 7 Q. Tony's name is prominently on the top I'll have
- 8 you know.
- 9 A. I don't know if I've ever done any work for
- 10 anyone else in that firm.
- 11 Q. Okay. Besides all of the defense firms that you
- 12 consult with, I take it you also consult for
- 13 upwards of 16 corporations, employers and
- 14 insurance companies that get sued by people
- 15 claiming psychological or neurocognitive
- 16 injuries?
- 17 A. The number I don't know. I haven't counted
- 18 them. There is on my list of people for whom I
- 19 work or companies for whom I have worked a list
- 20 of companies. So the number sounds about right.
- 21 Q. And they hire you in that context, when they are
- 22 getting claims made against them or suits brought
- 23 against them by individuals claiming
- 24 psychological or neurocognitive injuries?
- 25 A. That's generally true.

40

- 1 Q. Now, with regard to your consulting business as
- 2 an expert witness, that is a separate aspect of
- 3 your practice, is it not? It is unrelated to
- 4 your teaching, it is unrelated to seeing your
- 5 private patients, correct?
- 6 A. Well, it's all done here. The use of the same
- 7 concepts. You can describe these cases as
- 8 different.
- 9 Q. But you travel to do your legal consultations,
- 10 like you traveled in this case to USS/Kobe to
- 11 interview Pam Morgan, right?
- 12 A. Yes.
- 13 Q. And you have traveled to other locations to do
- 14 your medical-legal consultations?
- 15 A. Yes, that's true.
- 16 Q. About how many consults per year do you do?
- 17 A. It is very difficult to estimate how many of
- 18 something that I have done over a given period of
- 19 time.
- 20 Q. Well, have you testified last year, for example,
- 21 that you do about 30 legal consults a year?
- 22 A. That's, while I don't know whether I've testified
- 23 to that or not, that number is pretty fair.
- 24 Q. Okay.
- 25 A. I think. Of course it could be widely off the

41

1 mark. I don't count.
 2 Q. Would that be an inappropriate estimate, if
 3 that's an estimate that you gave last year?
 4 A. It **sounds** fine.
 5 Q. How much of that is criminal and how much of it
 6 is Work Comp and how much of it is personal
 7 injury?
 8 A. Again, the same answer, a warning that it is very
 9 difficult to estimate these things. It is like
 10 trying to estimate how many times you have been
 11 to the drugstore.
 12 Q. Let me help you then. Is it fair to say that a
 13 very small percentage of your expert consultation
 14 is criminal?
 15 A. Yes.
 16 Q. And it is it also fair to say that a small
 17 percentage of your consultation is Workers'
 18 Comp?
 19 A. No. I would call it a, you know, in the ballpark
 20 of one-fifth, maybe a fourth.
 21 Q. **20 to 25** percent?
 22 A. Of the so-called consultation area. I mean in
 23 doing evaluations for people.
 24 Q. And then the rest of it is personal injury cases
 25 that go to court?

42

1 A. They are personal injury cases. They may or may
 2 not go to court for testimony.
 3 Q. And is it also fair to say that you act as an
 4 expert witness primarily for the defendants,
 5 certainly about two-thirds of the time?
 6 A. About two-thirds, yes.
 7 Q. And I think we've already established this before
 8 but just for continuity's sake, about one-third
 9 of your total income is derived from your expert
 10 witness business?
 11 A. No. Once again, I don't do studies on the
 12 percentage of income.
 13 Q. Well, have you recently testified to that fact in
 14 the last year?
 15 A. Well, with one clarification. I believe that
 16 the, the proper question is how much, what
 17 percentage of my income from my private practice
 18 is legally oriented, law oriented, and the answer
 19 is about a third. But remember I have the work
 20 at the University of Toledo and I'm ignoring that
 21 income for the time being.
 22 Q. How much do they pay you?
 23 A. They pay me about **\$45,000** or so a year.
 24 Q. Okay. So if in any given year you have had about
 25 \$200,000 for teaching, 66,000 would come from

43

1 legal consulting?
 2 A. If that rising optimism and most attractive
 3 scenario were accurate, if I made \$200,000, then
 4 that would be, a third of that would be 66,000,
 5 yes.
 6 Q. Have you ever in any of the cases that you have
 7 consulted with over the years, I guess it's now
 8 been over ten years that you have been doing
 9 this?
 10 A. Yes.
 11 Q. Have you ever given testimony or prepared expert
 12 reports in cases where the issue involved the
 13 diagnosis of neuropsychological injuries
 14 following electrical trauma?
 15 A. I, I can recall none. But there have been at a
 16 rate of, say, 30 a year over the last ten years,
 17 that's 300 cases roughly. Well, the rate
 18 wouldn't be the same as we go back in time. At
 19 any rate, it is hundreds so I may be forgetting
 20 one. But I can't recall such a case.
 21 Q. Have you been involved in any cases **from** a, as a
 22 legal consultant where the issues involved the
 23 ongoing treatment of neuropsychological injuries
 24 following electrical trauma?
 25 A. I don't recall any such cases.

44

1 Q. Over the past ten or more years that you have
 2 been involved as a legal expert or psychological
 3 expert in the legal context, do you have an
 4 estimate of the number of times that you have
 5 testified in deposition and/or in court?
 6 A. Again, the same problem, but depositions, roughly
 7 I'll do one of those every two months or so.
 8 Q. Is that down from last year when it was one per
 9 month?
 10 A. No. It is the problem of trying to recall, for
 11 example, how many times you have gone to a gas
 12 station in the last year. It's just very
 13 difficult to estimate and so the best I can do is
 14 make a gross estimate which will be inconsistent
 15 with statements I've made in the past.
 16 Q. When I refer to last year I stand corrected. Two
 17 years ago.
 18 A. All right.
 19 MR. DIVENERE: Do you want to tell
 20 him what case or are you just going to hold
 21 us all in suspense? If you are going to be
 22 referring to other testimony I would like
 23 you to identify what that testimony is and
 24 when it occurred.
 25 Q. Have you ever been sued in malpractice?

45

- 1 A. **No.**
- 2 Q. Doctor, are there texts which you cite in your
- 3 report --strike that.
- 4 Are the texts which you have cited in your
- 5 report considered by you to be authoritative
- 6 sources?
- 7 A. Yes. Where the phrase authoritative source means
- 8 that it contains information that you can rely
- 9 on, that they are generally accepted by the
- 10 community. The trouble is, of course, that I can
- 11 one in the same time define a text as
- 12 authoritative and still quibble with or even
- 13 disagree with parts of it.
- 14 Q. Okay. **So** there are no texts out there that you
- 15 agree with everything in them?
- 16 A. That is correct. There are no texts out there
- 17 that I have read where I agree with every single
- 18 thing that the text says.
- 19 Q. Do you believe there are any authors on the
- 20 subject matter of neurocognitive dysfunction
- 21 following electrical trauma that are reliably
- 22 authoritative?
- 23 A. Yes.
- 24 Q. **Who?**
- 25 A. I recall, I have received some literature in this

46

- 1 case and I can't remember the names of the
- 2 authors, but I can turn to them rather quickly.
- 3 Q. Well, you can either turn to them or turn to the
- 4 correspondence which encloses them.
- 5 A. And I haven't read them in a while. I haven't.
- 6 There was a Mr. Lee.
- 7 Q. That's Dr. Raphael Lee?
- 8 A. Yes.
- 9 Q. And, let's see, Tony DiVenere sent you his two
- 10 articles July 9th, that must be Friday?
- 11 A. Yes.
- 12 Q. Just last Friday, today being Tuesday?
- 13 A. Right.
- 14 Q. Okay. And prior to Friday I take it you never,
- 15 you never read of any Dr. Lee or his electrical
- 16 trauma group's works?
- 17 A. That's correct.
- 18 Q. Okay. And is it your belief that Dr. Raphael Lee
- 19 and his trauma group, electrical trauma group are
- 20 pretty authoritative on this subject?
- 21 A. Yes, I think that's a fair way to say it.
- 22 Q. Let me say how about reliably authoritative?
- 23 A. Pretty authoritative sounds good to me.
- 24 Q. The reason, we were talking are probably
- 25 authoritative with respect to texts that you have

47

- 1 cited in your report and now I want to see
- 2 whether or not these authors rise to the same
- 3 level of reliably authoritative?
- 4 A. They appear to, yes.
- 5 Q. Okay. What are all the documents that you have
- 6 reviewed before you authored your report and
- 7 after you authored your report, are we able to
- 8 make that determination from the records that you
- 9 have before you?
- 10 A. Yes.
- 11 Q. How can we make that determination without naming
- 12 each and every record?
- 13 A. My notebooks are really divided into **two**
- 14 notebooks. You can see them in front of me.
- 15 There is this thick one that I have here and then
- 16 there is a thinner one here.
- 17 The thinner notebook is all the records, or
- 18 it contains all of the records that I reviewed
- 19 for my report except for those records that I
- 20 generated which are in the bigger notebook.
- 21 There's, though, in the bigger notebook a
- 22 section that's about an inch and a half to two
- 23 inches thick and it is labeled not in report. So
- 24 those are the ones that I got subsequent to
- 25 writing my report.

48

- 1 Q. And would those documents be probably identified
- 2 in correspondence that we've already marked as
- 3 exhibits from Mr. DiVenere that came to you after
- 4 November the 19th, 1998?
- 5 A. Yes. I believe that they would be identified in
- 6 his letters.
- 7 Q. I mean, for example, on June 21st, 1999
- 8 Mr. DiVenere sent you seven items?
- 9 A. Right.
- 10 Q. Which are identified in Exhibit 8?
- 11 A. Yes.
- 12 Q. And then on July 9th he sent you Dr. Lee's **two**
- 13 articles?
- 14 A. Yes.
- 15 Q. And on July 8th --
- 16 MR. DIVENERE: What number are
- 17 those, please? What exhibit numbers?
- 18 MR. PARIS: That's depicted in
- 19 Exhibit 10.
- 20 Q. And on Exhibit 11, on July 8, 1999 Mr. DiVenere
- 21 sent you Dr. Layton's deposition transcript?
- 22 A. Yes.
- 23 Q. On July 13th, that would be today, true?
- 24 A. Yes.
- 25 Q. Mr. DiVenere faxed you, as he indicated in

49

1 Exhibit 12, the deposition of Dr. Fink?
 2 MR. DiVenere: Which I just got
 3 today.
 4 Q. It looks like it got faxed to you about 11:40
 5 a.m., true?
 6 A. Yes.
 7 Q. You read it?
 8 A. Yes.
 9 Q. Okay.
 10 A. Skimmed it.
 11 Q. Okay. There is a difference between skimming and
 12 reading?
 13 A. There is, yes.
 14 Q. On January 5th, '99 he sent you Dr. Kelley's
 15 report, is that true?
 16 A. Yes.
 17 Q. And is the very first time that you were
 18 contacted by Mr. DiVenere in this case on October
 19 13th, 1998 or was it before then? Please feel
 20 free to look at the correspondence. I know he
 21 called you shortly before the letter. But that
 22 is the first letter you received, October of
 23 '98?
 24 A. The way to answer that question is to sift
 25 through the rest of the letters and see if there

50

1 are any earlier and I don't see any, so I'll
 2 assume that's the first letter that I got from
 3 him. But I'm still checking.
 4 Right, that's the first letter that I got
 5 from him.
 6 Q. And it was in that initial letter that he sent
 7 you the thirteen items enumerated on the last
 8 page?
 9 A. Yes.
 10 Q. Now, the process, did you review those records
 11 before you met Pam?
 12 A. Yes.
 13 Q. And you color code your records?
 14 A. Yes.
 15 Q. What do the colors means?
 16 A. Pink is physical problems, blue is psychological
 17 problems, orange is drugs, including medications,
 18 and purple is psychological testing. Yellow is
 19 anything that's interesting, including who wrote
 20 the document and when.
 21 Q. Do I understand that your secretaries do the
 22 color coding?
 23 A. They do some of it. I do some of it as well.
 24 But they do a preliminary coding. For example,
 25 the author of a letter, when the letter or the

51

1 document was written and then some of the mental
 2 and physical problems and the testing.
 3 Q. Okay. You rely on your secretaries to do this
 4 work, too, right?
 5 A. Rely on them to do the work that I just
 6 described.
 7 Q. Yeah. Does your wife do any of the work, too?
 8 A. No.
 9 Q. Does she work in the office here?
 10 A. Yes.
 11 Q. In what capacity?
 12 A. Business manager.
 13 Q. Okay.
 14 A. Hoarder of money.
 15 Q. Did you do any independent research before you
 16 saw Pam based on the issues that were presented
 17 in Mr. DiVenere's letter or in the materials that
 18 he sent you?
 19 A. No. Independent research meaning the reading of
 20 other treatises or references?
 21 Q. Yeah.
 22 A. I don't think I did.
 23 Q. What was your assignment? What did Mr. DiVenere
 24 ask you to do?
 25 A. To psychologically evaluate Miss Morgan to

52

1 determine whether or not an electric shock a
 2 couple of years ago damaged her psychologically
 3 and if so how.
 4 Q. You conducted your evaluation of Pam on November
 5 the 19th, 1998?
 6 A. Yes.
 7 Q. And do you know about what time it began? Or do
 8 you have any notes? I don't mean to confine you
 9 to your memory.
 10 A. Right. I don't, I do specifically recall going
 11 into the factory. I think that I began to work
 12 with her roughly at 10:00 a.m. and that we spent
 13 most of the day there.
 14 Q. And was Pam alone?
 15 A. Yes.
 16 Q. And what did you ask Pam to do?
 17 A. I got her to take various tests, including a
 18 personality test and a neuropsychological test
 19 and other cognitive tests, and then I talked with
 20 her at length about her life.
 21 I also got her to fill out a history form to
 22 nail down some of the basic facts of her life.
 23 Q. Are we going in order or are we jumping around?
 24 A. We're jumping around.
 25 Q. Let's go in order. What happened, when you got

53

1 there what happened?

2 A. I really don't recall with her specifically, but

3 routinely--

4 Q. Well, hold on a minute. Because my question was

5 geared toward what you specifically remember

6 about the sequence of events.

7 A. Okay.

8 Q. You don't remember whether you tested her first

9 or conducted the interview with her first?

10 A. That's correct.

11 Q. Okay.

12 A. I do believe --well, if you don't me to, to know

13 the standard practice fine.

14 Q. Eventually we'll get there. Let me do it my

15 way.

16 A. Okay.

17 Q. How long did you spend with Pam?

18 A. Roughly six hours. From roughly 10:00 a.m.

19 until, say, 4:00.

20 Q. You must have taken a break for lunch, right?

21 A. I don't think that we did.

22 Q. And why is that?

23 A. She didn't particularly want to eat and, you

24 know, I wanted to get it done and get on down the

25 road, too.

54

1 Q. Was lunch, was that a suggestion that you offered

2 to her, why don't we break for lunch, or did it

3 not come up, if you remember?

4 A. I don't remember with her specifically. But I

5 can tell you what my general practice is again.

6 Q. And you didn't make notes with regard to that in

7 your report, did you?

8 A. Whether or not I offered to let her go to lunch?

9 Q. Right.

10 A. No, I didn't.

11 Q. Okay. Did you have a tape-recorder there?

12 A. Yes.

13 Q. Did you tape-record your interview with her?

14 A. No.

15 Q. Why not?

16 A. The tape-recorder is there to present one of my

17 tests. That's why I brought it. And it is not

18 part of my routine to tape-record the interview.

19 Q. If we wanted to understand or have a complete

20 record of the questions you asked her and the

21 answers that she provided you, would one way be

22 to tape-record that interview?

23 A. Yes.

24 Q. If one wanted to fully understand the extent to

25 which a patient is, is speaking normally or

55

1 abnormally, or slurring or not slurring, or

2 mumbling or not mumbling, one way would be to

3 have a tape-recording of that event?

4 A. Yes.

5 Q. Okay. Did you have any extra tapes with your

6 tape-recorder?

7 A. No.

8 Q. Okay. Did you bring your laptop with you?

9 A. Yes.

10 Q. And what was the purpose of that, of having your

11 laptop?

12 A. Take notes on it.

13 Q. You don't take notes on paper anymore?

14 A. That's right.

15 Q. How is your laptop formatted as it relates to

16 these defense medical exams?

17 A. Could you be a little more specific in the

18 question?

19 Q. Well, as you're taking notes on your laptop you

20 are typing?

21 A. Yes.

22 Q. Is it just typed onto a blank screen?

23 A. No. There is -- I understand your question now.

24 What I do is I put the information that we glean

25 from the records into a skeleton report, an

56

1 unfinished report that already had some headings,

2 standard headings like history or behavior. That

3 then becomes a course of prompts for me to ask

4 her about things and the repository of her

5 responses and it actually becomes the report.

6 Q. So before **you** got to Pam you already had

7 something in your computer?

8 A. That's right.

9 Q. A skeleton, if you will, of the report?

10 A. That's correct.

11 Q. And as we sit here today looking at your report

12 is there any way for **us** to know that which you

13 filled in before meeting Pam and that which you

14 filled in after meeting Pam?

15 A. No.

16 Q. And there's nothing about your software that you

17 can recreate that, is that true?

18 A. That's correct.

19 Q. Do you have a memory of sitting down at your

20 laptop before meeting Pam and roughing out this

21 skeleton of a report or would it have been a

22 member of your staff?

23 A. It would be me. My routine is to look at the

24 records after the secretaries in a preliminary

25 way and then I more fully have highlighted the

57

- 1 records, I then dictate the skeleton, the
 2 secretaries then type that in. I then use that,
 3 in the way that I have described, when I actually
 4 see the patient.
 5 Q. Can you actually type as fast as somebody
 6 speaks?
 7 A. Close, yeah.
 8 Q. How many words a minute can you type?
 9 A. I never timed it before. But it would be an
 10 interesting exercise. I believe I can type **80** to
 11 a hundred words a minute. I think I'm pretty
 12 fast.
 13 MR. DIVENERE: Can we take a couple
 14 of minute break?
 15 MR. PARIS: Sure.
 16 - - - -
 17 (Thereupon, a recess was had.)
 18 - - - -
 19 Q. Okay. In this meeting with Pam Morgan, let's
 20 list the different things that you do.
 21 A. Okay.
 22 Q. And since you can't remember the order in which
 23 you did any of them, right?
 24 A. Right.
 25 Q. Then just let's list them out. Number one.

58

- 1 A. I gave her a form to fill out that asked her
 2 questions about her history before and after the
 3 shock.
 4 Q. Is that one of the documents that have been
 5 marked as an exhibit?
 6 A. Yes.
 7 Q. And is that one of the documents we can take with
 8 us today?
 9 A. Yes.
 10 Q. And she filled that out in your presence?
 11 A. She may not have. She may have gotten there
 12 before I did and begun to fill it out before I
 13 arrived. That's typical operating procedure.
 14 Q. Okay. Then what?
 15 A. Then I gave her various tests and I talked to her
 16 and I probably interspersed the **two**. That's what
 17 I typically do. I gave her a test, talked with
 18 her for a while, then another test. That gives
 19 her a breather, some kind of rest.
 20 Q. What kind of test?
 21 A. The kind of tests I gave her were the neuro, a
 22 neuropsychological test battery called the
 23 Halstead Reitan, R-E-I-T-A-N. Halstead is
 24 H-A-L-S-T-E-A-D.
 25 Q. Is that kind of old technology?

59

- 1 A. While it was produced as a battery in the **1960's**,
 2 it is still considered the definitive battery for
 3 neuropsychological assessments and we can get off
 4 into why if **you** like.
 5 Q. Are there any other current neuropsychological
 6 tests besides those produced in the **1960's**?
 7 A. There are some, there are neuropsychological
 8 tests that are being produced every year. Most
 9 of them don't rise to the level of being a
 10 standard in the field. The Halstead Reitan **is**
 11 researched fairly consistently and continues to
 12 be researched today, but its main virtue is it **is**
 13 a fixed battery and one can give the test and
 14 compare the results with this battery of other
 15 patients who have taken the same battery and
 16 that's very helpful.
 17 Q. What other tests?
 18 A. There was another one called the test of memory
 19 malingering and I gave her that and I also gave
 20 her the MMPI, the Minnesota Multiphasic.
 21 Q. How many times did she take that test before she
 22 came to see you?
 23 A. This was her fourth or fifth time of taking that
 24 test.
 25 Now, one other thing, my memory seems to be

60

- 1 coming back to me. I think she took some of
 2 these tests and filled out some of these forms
 3 the day before I saw her. I remember that.
 4 Q. Did you write that down somewhere?
 5 A. I think she wrote it down and I'm just
 6 remembering that. On my history form, my history
 7 form asks what she did yesterday and I think she
 8 said took my tests. I seem to be remembering
 9 that now.
 10 Q. Did you write it down anywhere or did she write
 11 it down anywhere?
 12 A. Yes, she did.
 13 Q. Tell me. Show me.
 14 A. Okay. On the last page, Page 7 of the document
 15 that's called your Psychological Evaluation, she
 16 wrote nine, in at nine o'clock, **9:00** a.m.,
 17 tested, and then **10:45** fell asleep while testing,
 18 woke up **10:45**, tested **11:30**, fell asleep again at
 19 **11:30** and woke up at **12:45**, one o'clock tested.
 20 Q. That's answering in response to what she did the
 21 day before you met her?
 22 A. Well, no. It looks like the word yesterday is
 23 crossed out and we have Monday written. **So**
 24 perhaps I asked her to fill out the form this
 25 time in a little bit of a different way, tell me

61

1 what she did on Monday, and again I don't know
 2 what day of the week I saw her. So it looks like
 3 she may have taken the tests before I saw her,
 4 maybe not the day before, but not days before.
 5 Q. Is that something you normally do with patients?
 6 A. No.
 7 Q. Give them some paperwork to take home and let
 8 them fill it out and bring it into you?
 9 A. No. And I'm certain she did not take this
 10 material home. She might have taken it in a
 11 controlled setting. That occasionally will
 12 happen when the patient requests that the testing
 13 be broken up and some patients do ask that
 14 because they say that they're too tired to take
 15 it all at once.
 16 Q. Do you do that with some of your patients?
 17 A. Do I do what with some of my patients?
 18 Q. Break up the testing over a couple of days.
 19 A. Occasionally.
 20 Q. Okay. Any other tests after the MMPI?
 21 A. I think that that is it and by that I mean the
 22 MMPI, the neuropsychological battery and the test
 23 of memory malingering. Now, in order to confirm
 24 that let me just look at my report.
 25 Right. Those are the three groups of tests

62

1 that I gave.
 2 Q. Okay. And you told me that you were also talking
 3 to her?
 4 A. Yes.
 5 Q. During, interspersed?
 6 A. Yes.
 7 Q. Were you also grading the tests while you were
 8 talking to her?
 9 A. Not when I'm talking to her. But if she is
 10 taking a part of the test where she's
 11 preoccupied, she's busy, she's off doing
 12 something, then I'll do some test grading.
 13 Q. Because it would be very important for you to be
 14 listening to her as you are talking to her rather
 15 than you being distracted and grading her test
 16 results as she's talking to you, isn't that true?
 17 A. Yes.
 18 Q. Okay. What else do you do? Or what else did you
 19 do?
 20 A. I think that's it. I got her to fill out the
 21 forms, personality tests and then on the day I
 22 saw her I interviewed her, gave her the two
 23 cognitive tests, meaning the test battery and
 24 then the test of malingering.
 25 Q. All right. So the history form she filled out at

63

1 home, I'm sorry, filled out somewhere?
 2 A. Yes.
 3 Q. The Halstead Reitan she filled out?
 4 A. The Halstead Reitan I administered to her face to
 5 face.
 6 Q. All right. And the test of memory malingering?
 7 A. Yes.
 8 Q. You did that one?
 9 A. Yes.
 10 Q. And the MMPI was done in a controlled setting?
 11 A. Yes.
 12 Q. Not by you face to face?
 13 A. I think that is correct.
 14 Q. Okay. And you scored, did you score all of these
 15 right there?
 16 A. No.
 17 Q. Okay. Did you score some of them there?
 18 A. I at least partly scored some of them there.
 19 Q. Which ones?
 20 A. Oh, I don't know.
 21 Q. I mean what would be the purpose of that?
 22 A. To do something while she is occupied with some
 23 other test rather than just simply sitting there.
 24 Q. Did you have all of the medical records that
 25 Mr. DiVenere had sent you with you?

64

1 A. No. In the sense that he sent me some after I
 2 saw her.
 3 Q. Well, the ones that he had sent you already, did
 4 you bring those with you?
 5 A. Yes. That is typically true. Again, I don't
 6 recall specifically hauling in her notebook, but
 7 I believe I did. I typically do.
 8 Q. Were you referring to those at all either during
 9 the interviewing or testing?
 10 A. I don't recall. I may not have, but I sometimes
 11 do.
 12 Q. What else did you do? Or is that all of it?
 13 A. That's it.
 14 Oh, I took a picture of her.
 15 Q. What was the purpose of that?
 16 A. Just to record her appearance. It is a part of
 17 standard psychological practice to describe the
 18 person physically and I think that photographs
 19 sometimes speak a thousand words so I took a
 20 photo of her.
 21 Q. Based on your interview with Pam and testing and
 22 review of presumably Pam's lifetime records,
 23 medical records, depositions, do you know what
 24 Pam's level of functioning was at ISS for the two
 25 years before this accident?

65

1 MR. DIVENERE: ISS is her employer,
 2 not Social Security?
 3 MR. PARIS: Yes.
 4 MR. DIVENERE: That's a common term
 5 for us.
 6 A. Do I know what her level of functioning was? She
 7 was a security officer and I believe that there
 8 she had showed no particular problems. I'm not
 9 aware of any.
 10 Q. Did you read the depositions of Fred Olshanski,
 11 her immediate supervisor, where he described her
 12 level of functioning and competence?
 13 A. I don't recall that name.
 14 Q. Would it surprise you in any way if you were to
 15 learn that Mr. Olshanski stated that Pam
 16 functioned well, she would be second in command,
 17 him being the team leader, and that he never had
 18 to ask her to do something twice, they seemed to
 19 read each other's minds?
 20 MR. DIVENERE: Objection.
 21 A. That would surprise me a little.
 22 Q. It would?
 23 A. Yes.
 24 Q. Why would it, why would that surprise you?
 25 A. Because her history of achievement in the past

66

1 going back to junior high school was not all that
 2 good and so this would be a bit of a turn around
 3 for her.
 4 Q. How about David Heisser, the man in charge of ISS
 5 out there at USS/Kobe, did you read his
 6 deposition?
 7 A. No.
 8 Q. Where he stated Pam was a competent employee as a
 9 security guard and he had no complaints about
 10 Pam?
 11 MR. DIVENERE: Objection.
 12 A. I don't recall that.
 13 Q. Would that surprise you?
 14 A. Yes.
 15 Q. Why?
 16 A. Yes, a little.
 17 Q. Why?
 18 A. Again, because her history of achievement wasn't
 19 all that good before.
 20 Q. Does that mean you would think Pam would be real
 21 sloppy on the job?
 22 A. No. It means that her, she has a history of
 23 being absent from school, making low grades and
 24 complaining of multiple physical and
 25 psychological problems.

67

1 Q. But as it relates to her job function at ISS for
 2 the two years before this, did you look at her
 3 work records?
 4 A. I don't think so. I just don't recall at this
 5 moment. I can check rather quickly.
 6 Q. Check to see if you have any of Pam Morgan's work
 7 records from ISS or Ames Plastic.
 8 MR. DIVENERE: I can shortcut it,
 9 doctor. I didn't send those to you.
 10 A. All right. Then I don't have those work
 11 records. I have her earlier records from --
 12 Q. School?
 13 A. From, that bear on some of her job functioning
 14 and her school.
 15 Q. Certainly you must have asked Mr. DiVenere for
 16 her work records, ISS work records?
 17 A. No.
 18 Q. This is where she worked at the time of the
 19 accident, right?
 20 A. Yes.
 21 Q. Wouldn't that be some evidence of her pre-morbid
 22 functioning?
 23 A. Sure, it would be some evidence.
 24 Q. Have you ever testified in a court that one of
 25 the most important things that a psychologist

68

1 such as yourself that looks at these cases are
 2 documents, documents, documents?
 3 A. Yes.
 4 Q. Did I say that right?
 5 A. Yes.
 6 Q. And you even published that somewhere, too?
 7 A. That's exactly right.
 8 Q. Because documents are generated at a time when
 9 there's really -- well, you finish the sentence
 10 for me, there's really no reason to fabricate?
 11 A. They don't lie, right. They got perfect
 12 memories. And I had quite a bit of records
 13 before the accident and really didn't need too
 14 anymore.
 15 Q. So you really don't think that those records are
 16 important in your determination?
 17 A. The more the better. I do believe that, that
 18 there is a point of diminishing return with
 19 records.
 20 Q. Well, how do you know until you see the records?
 21 A. You don't,
 22 Q. Well, let's take the employer immediately before
 23 ISS. Did you ask Mr. DiVenere for those work
 24 records?
 25 A. No.

69

- 1 Q. Well, did you ask Mr. DiVenere for any records?
- 2 A. No. He simply sent them and he sent me before I
- 3 examined her roughly **400** pages or **so** of
- 4 documents. That's a pretty nice pile.
- 5 Q. Well, doctor, I've read over a thousand pages of
- 6 testimony of yours and I'm not freaked out by
- 7 it.
- 8 A. Congratulations.
- 9 Q. You have looked at 1,500 pages of documents on
- 10 patients in other cases, right?
- 11 A. True.
- 12 Q. That's all part of the job, true?
- 13 A. Yes. Yes, it is.
- 14 MR. DiVENERE: So what's your
- 15 question?
- 16 Q. Have you, can you tell me why it is that **you**
- 17 didn't ask for any of Pam's records from Ames
- 18 Plastic Company?
- 19 A. I believed at the time I had sufficient numbers
- 20 of documents to satisfy my requirement for
- 21 documents.
- 22 Q. You had already established your conclusions?
- 23 A. Of course not.
- 24 Q. You didn't think that any documents from ISS or
- 25 Ames would in any way affect your conclusions?

70

- 1 A. No. Given the fact that I already had sufficient
- 2 numbers of documents.
- 3 Q. So you had already made up your mind?
- 4 A. About?
- 5 Q. About Pam Morgan and her pre-morbid conditions?
- 6 A. No. But I had the number of documents that I
- 7 needed to proceed.
- 8 Q. And you are saying that the Ames employment
- 9 records and the ISS employment records would not
- 10 be important to you?
- 11 A. That they would not be necessary.
- 12 Q. Okay. And they would not affect your opinions?
- 13 A. It is true that I felt as though that I had
- 14 sufficient numbers of records. My mind doesn't
- 15 work by wondering about what other records out
- 16 there might have an impact. It is rather one of
- 17 asking myself whether I have sufficient numbers
- 18 of records.
- 19 Q. Did you want her prior school records?
- 20 A. Well, I was receptive to getting them. I would
- 21 like to have had them, yes.
- 22 Q. And would you like to have had prior employment
- 23 records?
- 24 A. Yes. I would like to have records generated from
- 25 anywhere. But the point is if someone sent me

71

- 1 5,000 pages of documents and I thought long and
- 2 hard enough I'll bet I could come up with some
- 3 more pages that I don't have that could also be
- 4 helpful. It would be a never ending request for
- 5 documents.
- 6 Q. Sometimes the search for the truth can be a never
- 7 ending quest, true?
- 8 A. Not in this course.
- 9 MR. DiVENERE: There's finality in
- 10 everything hopefully.
- 11 Q. So as you sit here today not having read the
- 12 deposition of Mr. Heisser, Mr. Olshanski or any
- 13 other co-workers, nor looking at any of her
- 14 documents, **you** can't tell **us** how she performed at
- 15 work except to extrapolate how she functioned
- 16 years before that, is that a fair statement?
- 17 MR. DiVENERE: Objection.
- 18 A. I'm not sure. Let me do a little memory
- 19 refreshing.
- 20 Yeah, I don't know, didn't know much about
- 21 her work functioning in the two years before she
- 22 got shocked.
- 23 Q. Okay. But you are willing to express an opinion
- 24 on how you think she was doing based upon how she
- 25 did in school and based upon some complaints she

72

- 1 had in the **1980's** and the **1990's** in growing up?
- 2 A. No. I don't think that fairly characterized what
- 3 I said. What I said is I know something about
- 4 her previous work performance in general. I
- 5 don't know specifically about how she performed
- 6 during the two years before the shock.
- 7 Q. Okay. How about in the four years before the
- 8 shock? Let's go back to 1992.
- 9 A. Yes. I know some things about her functioning in
- 10 the four years before the shock.
- 11 Q. **You** know that she was off work at Ames in **1992**
- 12 because she had carpal tunnel syndrome, right?
- 13 A. Not only off work, but that's why she stopped
- 14 working there, yeah.
- 15 Q. Because she couldn't physically do the lifting
- 16 required at that particular job because of the
- 17 nerve problem in the wrist?
- 18 A. Because of wrist pain complaints.
- 19 Q. She had pain not only in the fingers but in the
- 20 wrist?
- 21 A. Yes.
- 22 Q. You're not a medical doctor?
- 23 A. Right.
- 24 Q. As **you** sit here today are you going to express an
- 25 opinion on the medical necessity for that

73

1 surgery?

2 A. No.

3 Q. You have to rely on the medical records and

4 relying on those medical records do you agree

5 that surgery was indicated?

6 A. I'll have to check. There is reason to doubt

7 that based on the medical records.

8 Q. Well, let me put it to you this way, if

9 Dr. Shapiro and the nerve tests bear out that

10 there was impingement of the nerve and that the

11 release or decompression of that nerve was

12 accomplished by the surgery, would it then be

13 your opinion that the surgery was reasonable and

14 necessary?

15 A. I don't know.

16 Q. I'm asking you to assume that to be true, you

17 still don't know?

18 A. Yes, I still don't know. I have to rely on what

19 the physicians are saying.

20 Q. Look at the 1992 and 1993 records where they did

21 the surgery with her and you will see the

22 indications for surgery and the results of the

23 surgery.

24 A. I am looking at some of those records and for

25 example in September of 1993 the physician warns

74

1 this, quote, I explained that because her

2 examination is not completely consistent the

3 chance of a perfect result is not quite as high.

4 Those sort of things do give you pause. It would

5 be dated September 22nd of 1993.

6 Q. I know you are going to great pains to point out

7 inconsistencies, but will you try to find the

8 record of the surgery?

9 A. Do you want me to shift yet to another record

10 besides that which I just focussed on?

11 Q. Yes. Because your answer was unresponsive to my

12 question.

13 A. What was your question again?

14 Q. Was the surgery, based on the operative record

15 and what was found was the surgery reasonable and

16 necessary?

17 MR. DIVENERE: Objection.

18 A. Not being a physician I can't really second guess

19 them. I can only pay attention to what they

20 write. So I don't really know.

21 Q. If there was median nerve compression which was

22 relieved by the surgery in 1993, would it be your

23 opinion that that surgery was reasonable and

24 necessary?

25 A. And again I don't mean to render a medical

75

1 opinion. I'm trying rather to look at the

2 totality of what the physicians are saying.

3 Q. I'm asking you a rather specific question.

4 A. Okay.

5 Q. And if you can't answer that very specific

6 question just tell me you can't and tell me why

7 you can't.

8 A. Okay. To repeat, I can't answer that question

9 because I'm not a physician.

10 Q. Okay. Dr. David Shapiro did perform the surgery,

11 the median nerve decompression, is that true?

12 A. I, I don't know. But it is interesting to me

13 again --

14 Q. I want you to tell me what you know and what you

15 don't know.

16 A. Okay.

17 Q. And I don't want you to tell me what's

18 interesting, but I want you to, because Kenny is

19 going to run out of paper if you start telling me

20 what you think is interesting and this is my

21 deposition.

22 A. Okay. All right. Go ahead and ask your next

23 question then.

24 Q. Are you able to answer my question? Was there a

25 median nerve compression and was it decompressed

76

1 by Dr. Shapiro in 1993?

2 A. I don't know.

3 Q. And did he diagnose carpal tunnel syndrome?

4 A. I don't know whether Dr. Shapiro did that or

5 not. I don't know.

6 Q. Okay.

7 A. I do see a DBS, a note from DBS, who I think is

8 Dr. Sherman, perhaps that's it, and the

9 impression is median nerve compression right

10 upper extremity. So he does not, in that

11 impression section does not diagnose carpal

12 tunnel. Maybe he does later.

13 MR. DIVENERE: I think you said

14 Sherman, doctor. Did you mean Shapiro?

15 A. Yes. The initials are DBS. I don't know who

16 that is.

17 Q. Assuming that the carpal tunnel -- and do you

18 know what carpal tunnel syndrome is?

19 A. Yes.

20 Q. What is it?

21 A. It is a problem with a compression of the nerve

22 running through the carpal tunnel which is a

23 wrist tunnel basically of bone.

24 Q. Which nerve?

25 A. I don't know. It could be the ulnar.

77

1 Q. It is the median nerve.
 2 A. Thank you.
 3 Q. Is that a psychological or physical condition?
 4 A. The carpal tunnel is a physical condition.
 5 Q. Okay. And if her physicians felt that she could
 6 not work at this job because of that physical
 7 condition that was operated on, you don't have
 8 any disagreement with their opinion in that
 9 regard, do you?
 10 A. I guess I have no reason to agree or disagree.
 11 Q. Do you know whether Pam sought out vocational
 12 rehabilitation after that nerve injury?
 13 A. I don't know.
 14 Q. Do you know the extent to which Pam attempted to
 15 get rehabilitated so that she could return to a
 16 different job?
 17 MR. DiVENERE: Return to a different
 18 job?
 19 MR. PARIS: Yeah. Get back to
 20 work. To become a productive member of the
 21 workforce.
 22 MR. DiVENERE: You are not
 23 suggesting that she had been there before?
 24 MR. PARIS: That's correct.
 25 A. Yeah, I don't see evidence that she sought any

78

1 rehabilitation. She may have, I just don't see
 2 the evidence of it.
 3 Q. Okay. Would that surprise you?
 4 MR. DiVENERE: Objection.
 5 A. No. I mean, I guess I would need more details.
 6 Q. Okay. Do you know whether or not Ames gave a
 7 recommendation to ISS when Pam applied for work
 8 at ISS?
 9 A. I don't know.
 10 Q. Do you know what her prior employer at Ames said
 11 about her when she made a recommendation, when
 12 she made an application at ISS for employment?
 13 A. I don't know.
 14 Q. Would it surprise you to hear that the Ames
 15 employer said that she was a good employee?
 16 MR. DiVENERE: Objection.
 17 A. No.
 18 Q. Okay. Or would you think that they would have
 19 said she's a poor performer based on her
 20 performance in junior high school?
 21 MR. DiVENERE: Objection.
 22 A. They would not say that she's a poor performer
 23 based on her performance in junior high school or
 24 at any other jobs. That recommendation can be
 25 perilous when they are negative because, as you

79

1 probably know, people are prone to sue when you
 2 write negative letters of recommendation about
 3 them.
 4 Q. Yeah. So, in other words, are you suggesting to
 5 this jury that the people at Ames in their
 6 recommendation of Pam at ISS put down that she
 7 was above average in reliability and
 8 dependability, she was above average in ability
 9 to get along with workers, she was above average
 10 in the quality of her work, she was above average
 11 in cooperation with supervisors and she was above
 12 average in integrity, attendance and
 13 functionality, you are saying they wrote all that
 14 stuff down because they didn't want to get sued?
 15 A. I don't know.
 16 Q. Because if we believe that then we can't rely on
 17 your maxim of documents, documents, documents,
 18 you have to believe them because at the time they
 19 are filled out people have no reason to lie, is
 20 that right?
 21 A. Yes, that is usually true.
 22 Q. Do you intend to believe that that is the case
 23 with that recommendation?
 24 A. I don't know.
 25 MR. DiVENERE: And you are equating

80

1 above average with good?
 2 MR. PARIS: Well, I consider you
 3 above average.
 4 MR. DiVENERE: I hope I'm better
 5 than that. I used to tell me son that all
 6 the time. He thought it was sufficient to
 7 be above average. I'm never satisfied with
 8 that.
 9 MR. PARIS: Are you done
 10 testifying?
 11 MR. DiVENERE: I just wanted to
 12 understand your definition, that's all.
 13 MR. PARIS: Take my deposition
 14 sometime.
 15 MR. DiVENERE: I think I am.
 16 Q. In the two and three years before this electric
 17 shock how was Pam relating to her children?
 18 A. Give me just a second.
 19 Q. Actually let me be more specific. In the two to
 20 three years before this accident was Pam helping
 21 her kids with their homework?
 22 A. I don't recall whether she was helping them with
 23 their homework.
 24 Q. Was Pam doing the cooking and the cleaning in the
 25 house?

81

- 1 A. I think so.
 2 Q. Was Pam doing the grocery shopping?
 3 A. Probably most of the time, yeah.
 4 Q. The laundry?
 5 A. I'm not sure.
 6 Q. Was she pretty much functioning as the -- strike
 7 that.
 8 You know that she was going through a rough
 9 time with her husband at that time?
 10 A. Yes.
 11 Q. Okay. She was still working, is that true?
 12 A. Yes.
 13 Q. All right. Do you know how she related to her
 14 neighbors?
 15 A. No.
 16 Q. Do you know how she related to the school at
 17 which her kids went to?
 18 A. I don't know.
 19 Q. After her husband left was she raising her kids,
 20 three kids independently?
 21 A. I believe so.
 22 Q. Did her kids have any complaints about their
 23 mother's ability to keep the house and provide
 24 the love and attention that they needed?
 25 A. I don't know.

82

- 1 Q. Are there any contemporaneous documents that you
 2 reviewed from 1993, '94, '95 and the first part
 3 of '96?
 4 A. Yes.
 5 Q. That suggest that Pam was unable to perform all
 6 of the adult daily activities that a normal
 7 working mother of three would perform except for
 8 perhaps some lifting restrictions with regard to
 9 her carpal tunnel?
 10 A. There were documents suggesting that she would
 11 have trouble in those areas, yes. But the
 12 evidence is indirect. In other words, the
 13 documents don't specify the extent to which she
 14 takes care of her children well or poorly, but
 15 they do suggest difficulties.
 16 Q. And these are documents that are contemporaneous
 17 to the years 1993, 1994, 1995 and 1996, that's
 18 what you are saying?
 19 A. Yes.
 20 Q. All right. Let's start with 1996.
 21 A. Okay. All right. I thought you said '94. You
 22 want to start at '96?
 23 Q. Yeah.
 24 A. Okay. There are none for '96.
 25 Q. What about 1995?

83

- 1 A. Okay. In 1995, ten months before the electric
 2 shock, the physician, I think it is Bartek, on
 3 November 2nd, 1995 forwarded the diagnosis of
 4 chronic fatigue syndrome.
 5 Q. November 2nd, 1995?
 6 A. Right.
 7 Q. And he forwards that to who?
 8 A. To Amherst Hospital, registration record.
 9 Q. Okay. And is that signed by Dr. Bartek?
 10 A. No, I don't think so.
 11 Q. That's filled out by whom?
 12 A. I don't know.
 13 Q. Okay. So tell me about it. What does it say?
 14 A. Chronic fatigue syndrome per Dr. Bartek, 3/7/96.
 15 Q. Why, you know, why would that March of '96 be in
 16 a record that is generated in a record of
 17 November of '95?
 18 A. Maybe it wasn't. Maybe I'm wrong about when the
 19 document was generated.
 20 Q. You don't know when that document was generated,
 21 do you?
 22 MR. DiVENERE: I don't know whether
 23 that's a five or six.
 24 A. That could be a five. I don't know either. In
 25 any case it is before the electric shock.

84

- 1 Q. Go ahead.
 2 A. Here is an admission, yeah, there is a more
 3 recent date on the document which is an admission
 4 date of January of '96.
 5 Q. Yes.
 6 A. So that even puts it closer to the shock.
 7 Q. Is that an admission or an ER visit?
 8 A. I don't know. It is a registration record for
 9 Amherst Hospital, so I don't know.
 10 Q. Okay. Let's talk about it. January 9th, 1996
 11 Pam Morgan comes to Amherst Hospital, is that
 12 true?
 13 A. It appears that she did, yeah. Because the have
 14 an admission.
 15 Q. January 9th, 1996 at 7:20?
 16 A. Yes.
 17 Q. Okay. She goes in there and what are her
 18 complaints?
 19 A. I don't see a list of her complaints. Nor do
 20 see a space to list complaints.
 21 Q. What's the basis of the diagnosis?
 22 A. Doctor --well, what it says is chronic fatigue
 23 syndrome.
 24 Q. What's the factual basis on that document for
 25 that diagnosis, doctor?

85

1 A. It is what I just read.
 2 Q. There is no factual basis? In other words,
 3 there's no identification of symptoms which
 4 comprise the diagnosis? Is that true?
 5 A. You are right. So, sure, in other words, they
 6 simply list the diagnosis and the diagnostic
 7 code, which is 780.7. They, they say she simply
 8 has chronic fatigue syndrome. But they don't
 9 describe the syndrome in detail.
 10 Q. And as a professional you would expect before
 11 somebody, so that you could test whether or not a
 12 diagnosis is in fact accurate you would want to
 13 know the symptoms, wouldn't you?
 14 A. No. I mean it would be nice. But it is a
 15 diagnosis with a diagnostic code.
 16 Q. Have you ever disagreed with another physician's
 17 diagnosis because the symptoms are not there?
 18 MR. DIVENERE: Where?
 19 Q. Have you ever disagreed with a physician's
 20 diagnosis of a personality disorder because in
 21 your opinion the symptoms didn't meet the
 22 criteria for that diagnosis?
 23 A. Sure. I have, if I understand your question, I
 24 have diagnosed, I have disagreed with people,
 25 with other professionals before who either coin

86

1 new mental health, mental illnesses and ignore
 2 that book or who use mental problems listed in
 3 that book but don't bother to adhere to the
 4 criteria.
 5 Q. My point is this, though, to determine whether or
 6 not a diagnosis is accurate you would want to
 7 know what the underlying symptoms were to
 8 ascertain for yourself whether the criteria meets
 9 the diagnosis?
 10 A. Well, that would be true with respect to
 11 psychological diagnoses. This is a physical
 12 diagnosis of chronic fatigue syndrome. So it is
 13 not in the diagnostic manual and I don't expect
 14 it to be in the psychological manual.
 15 Q. You are confusing the point. If I go in with the
 16 complaint of a ear problem but the doctor says
 17 you have carpal tunnel syndrome even you would
 18 find that diagnosis to be inaccurate, wouldn't
 19 you?
 20 A. I certainly would find it to be odd.
 21 Q. You would want to know the symptoms to see
 22 whether or not the symptoms meet the definition
 23 of the diagnosis?
 24 A. It's -- no. You are talking about a physician's
 25 diagnosis of physical problems. This is, I can

87

1 repeat, this is a physical diagnosis and I think
 2 we're left with a physician making a physical
 3 diagnosis called chronic fatigue syndrome. It is
 4 relevant to this case. But beyond that I don't
 5 second guess at that level when it comes to
 6 physical diagnoses.
 7 Q. So you don't know what her symptoms were that
 8 day?
 9 A. Well, that day I don't. But it is certainly
 10 consistent with psychiatric diagnoses made weeks
 11 before.
 12 Q. Okay. We're not there yet. In January of '96
 13 you've got a diagnosis but you don't know what
 14 the symptoms are. Now, let's go back before
 15 that.
 16 A. Okay.
 17 Q. What do you have before that?
 18 A. The next is August 21st of 1995, which would be
 19 five months before the chronic fatigue syndrome
 20 diagnosis.
 21 Q. And over a year before her electric shock?
 22 A. Yes. Thirteen months before the electric shock.
 23 Q. And what do you have there?
 24 A. I have a signed document by Physician Winters
 25 noting menopausal symptoms and that's in this 30,

88

1 33 year old woman, menopausal symptoms. I'm just
 2 quoting now, anxiety, moodiness, experiencing a
 3 lot of withdrawal type symptoms, this being from
 4 drugs, her boyfriend moved out. Again I'm sort
 5 of picking and choosing.
 6 Q. You are not talking elicit drugs, are you?
 7 A. No.
 8 Q. Because there is no evidence of that?
 9 A. No.
 10 Q. These are prescription medications given by
 11 qualified physicians?
 12 A. Yes. In the year before, thirteen months before
 13 the shock. He goes on to say her boyfriend has
 14 moved out, they're in the process of a divorce,
 15 he then makes a diagnosis of menopausal symptoms,
 16 mood swings, general irritability, consider
 17 depression. He goes on to say we discussed
 18 somewhat the stresses associated with the
 19 breaking up of a home, the living situation and
 20 the reactions of her children to this new
 21 situation. Discussed the possibility of her mood
 22 swinging being partly hormonal and partly related
 23 to depression. I am giving her a patient
 24 education brochure about depression.
 25 So this was about five or six months before

89

1 the chronic fatigue syndrome and about thirteen
2 months before the shock.
3 Q. Okay. How did she do in September of '95?
4 A. I don't know how she did roughly a month after
5 this document.
6 Q. How did she do in October of '95?
7 A. I don't know.
8 Q. November or December of '95?
9 A. Again, I don't know. But we can make some
10 extrapolations because these two problems of
11 multiple emotional problems thirteen months
12 before and then chronic fatigue syndrome roughly
13 eight months before, it's hard to imagine that
14 the day after the thirteen months before she
15 suddenly got perfectly well and then chronic
16 fatigue.
17 Q. I didn't say perfectly well. I just want to know
18 how you think she was doing.
19 A. It's fairly safe to say that her lethargy, her
20 depression, her fatigue spanned a good bit of
21 that time.
22 Q. And yet she was able to report to work?
23 A. Right.
24 Q. Everyday?
25 A. I don't know.

90

1 MR. DiVENERE: Objection.
2 A. I don't know whether she reported to work every
3 day.
4 MR. PARIS: Well, unless you want to
5 make some representations on the record,
6 Tony, that she was out between August of '95
7 and September of '96 except for one or two
8 days, are you ready to make that
9 representation?
10 MR. DiVENERE: No. You're asking
11 him to assume something.
12 MR. PARIS: I thought you were
13 objecting for a reason.
14 MR. DiVENERE: That isn't a fact.
15 To something that isn't a fact.
16 MR. PARIS: I'll be happy to state
17 what is a fact in a minute.
18 Q. Between August of '95 and the date of this
19 accident she was able to go to work, is that
20 true?
21 A. I really don't know. I suspect so.
22 Q. And would you be surprised if I told you that in
23 that thirteen months she was off work six days?
24 A. Six days in that thirteen months? That's a bit
25 of a surprise.

91

1 Q. Why is that a surprise?
2 A. Because she had some history of absences from
3 school so it is sounding like she sort of cleaned
4 up her absentee problem from school.
5 Q. It sure does. And would you be surprised to know
6 that a week before this accident ISS just gave
7 her a raise?
8 A. I don't know whether that's -- I don't know. Are
9 you asking me would I be surprised?
10 Q. Yeah.
11 A. No, I wouldn't be surprised.
12 Q. Do you normally give raises to employees that
13 aren't performing well?
14 MR. DiVENERE: Objection.
15 A. Actually I don't know what the system is like
16 there.
17 Q. What do you do in your system? Do you reward
18 employees who don't perform well in your
19 business?
20 A. No. But at the university we have what we call
21 across the board raises, so it will happen if you
22 are breathing and alive.
23 Q. You can trust that ISS is not a university
24 setting nor is USS/Kobe Steel. In a typical
25 workplace do you normally award employees with

92

1 raises who are not performing well?
2 MR. DiVENERE: Objection.
3 A. I don't know.
4 Q. Do you?
5 A. No.
6 Q. Let's continue. Before August of '95.
7 A. Okay. Moving back on the same day there's a
8 handwritten note indicating that she is
9 menopausal and has mood swings and depression.
10 That's what the handwritten note says. It
11 appears to be on the same day.
12 Q. On August 21, 1995
13 A. Right.
14 Q. Well, not being a medical doctor do you know
15 whether or not menopausal symptoms, irregular
16 menses and hormonal imbalance can contribute to
17 mood swings and general irritability and
18 depression?
19 A. I believe that they can, but less than people
23 think.
21 Q. In the literature, somehow you are relying on
22 some literature or personal experience?
23 A. Not so much personal experience as the literature
24 that indicates that the assumption in general is
25 that people who go through menopause and

93

1 inevitably get depressed is too strong an
 2 assumption.
 3 Q. And in what context do menopausal women with
 4 hormonal imbalances because depressed and moody?
 5 A. It is most likely when they have a hysterectomy,
 6 and a full hysterectomy, and then they don't take
 7 hormone replacements.
 8 Q. So did Dr. Winters prescribe some hormonal
 9 medication for her?
 10 A. I believe he did.
 11 Q. For that?
 12 A. I believe he did.
 13 Q. And did she follow up with Dr. Winters after
 14 that?
 15 A. I'm not sure. Probably so.
 16 Q. Did she follow up with any doctors after August
 17 21st, '95 where she continued to complain of
 18 irritability, depression, moodiness, mood
 19 swings? I mean, she must have seen other doctors
 20 after August the 21st of '95 where she continued
 21 to whine and complain about being depressed,
 22 didn't she?
 23 MR. DIVENERE: Objection. Go
 24 ahead.
 25 A. I don't know. The records that we have are

94

1 thirteen months before and then roughly seven
 2 months before.
 3 Q. Would you be surprised if there are intervening
 4 visits to a doctor after August 21st, 1995?
 5 A. No, I would not be surprised if there were
 6 intervening visits. Nor would I be surprised at
 7 them continuing to note depression.
 8 Q. Would you be surprised if none of them continued
 9 to note depression?
 10 A. Yes, I would.
 11 Q. Why?
 12 A. Because we have a Physician Winters noting
 13 depression, irritability, mood swings, stresses,
 14 recommendation that she read an educational
 15 brochure on depression, et cetera, and also
 16 anxiety, we have him mentioning that, and then
 17 roughly six months later we have Physician Bartek
 18 noting chronic fatigue syndrome which is very
 19 close to symptoms of depression.
 20 Q. So surely if she was seeing other doctors in the
 21 interim those records would reflect ongoing
 22 complaints of depression?
 23 MR. DIVENERE: Objection.
 24 A. Not necessarily. It depends on what the reasons
 25 were she saw the doctors.

95

1 Q. But you would expect that, wouldn't you?
 2 MR. DIVENERE: Objection.
 3 A. It depends on why she went. If she went to get a
 4 wart removed from her foot then she wouldn't tell
 5 the doctor about that.
 6 Q. You would think that doctors who know this would
 7 imagine, who have treated her for years,
 8 Dr. Winters in 1995, would be able to discern a
 9 depressed patient?
 10 A. Yes.
 11 Q. Somebody who is moody and irritable?
 12 MR. DIVENERE: Objection.
 13 Q. Wouldn't you believe that?
 14 A. I would think he would be able to discern it.
 15 Q. And a careful and skilled examiner like Pam's
 16 doctors would probably note that in their
 17 records, wouldn't they?
 18 MR. DIVENERE: Objection.
 19 A. That I don't know. It would depend on the
 20 reasons she would go to see them.
 21 Q. Let's go before August of '95. What do you have
 22 for us?
 23 A. I believe you had asked me about the time frame
 24 of 1993 or 1994 forward to 1996 and given that
 25 time frame there's no other records about

96

1 emotional difficulties.
 2 Q. After September 30th, 1996 I take it you've read
 3 the records and reports of Dr. Litwin, Dr. Layton
 4 and Dr. Soderstrum, aren't you?
 5 A. Yes.
 6 Q. And you read Dr. Layton's and Dr. Litwin's
 7 depositions, too?
 8 A. Yes.
 9 Q. You are aware that after her electric shock and
 10 according to her treating physicians,
 11 Dr. Soderstrum, Dr. Litwin and Dr. Layton --
 12 MR. DIVENERE: Physicians?
 13 Q. Litwin is a psychologist.
 14 MR. DIVENERE: You said physicians.
 15 They are not physicians.
 16 Q. I meant to call them doctors. I'll be specific.
 17 She is not capable of returning to work,
 18 isn't that correct?
 19 A. I'm sorry. Your question is?
 20 Q. After her electric shock afterward, according to
 21 her treating doctors, Pam Morgan and those
 22 doctors that I just identified, Pam was not
 23 capable of returning to work?
 24 A. I believe they had said that.
 25 Q. Okay. And she was certainly capable of working

97

1 before the electrical trauma, true?
 2 A. Capable.
 3 Q. And she was working before the electrical trauma?
 4 A. Yes. Most of the time.
 5 Q. Based on all of the materials that you have
 6 reviewed is it, isn't it probable that Pam
 7 stepped on a 480 volt electric line in April of
 8 1996?
 9 A. Yes.
 10 Q. And if Pam's shoes and socks were wet how, if you
 11 know, would the electricity be conducted to her
 12 body?
 13 A. I believe that would increase the conductivity,
 14 but I'm not sure about that.
 15 Q. Would it matter if, if there was direct contact
 16 or the arc from the electrical flash engulfed
 17 her, if you know?
 18 A. It would -- I don't know.
 19 Q. Do you know what the current was that entered her
 20 body?
 21 A. Well, I believe it was what, a 480 volt line.
 22 Q. But do you know the difference between that and
 23 voltage?
 24 A. Yes. Amperes and voltage.
 25 Q. Do you know how many milliamps of current a

98

1 person has to be exposed to before they obtain
 2 neurocognitive injury?
 3 A. No. Because of course it depends on the way that
 4 the current is applied to the person. I don't
 5 think there is any figure.
 6 Q. There is no data on that, is there?
 7 A. No. If the current passes through the person's
 8 finger there is no neurocognitive damage.
 9 Q. It depends on the way it is passed through the
 10 body and the how it is conducted through the
 11 body?
 12 A. Correct.
 13 Q. Do you know about the duration of contact?
 14 A. Vaguely. Based on her written description of her
 15 experience minutes after the shock it was a
 16 burst. In other words, it was relatively brief.
 17 Q. And she was thrown?
 18 A. Yes.
 19 Q. Did Pam lose consciousness?
 20 A. Well, she said she lost some awareness for, for a
 21 split second she doesn't quite know how she got
 22 where she got. It appears that she was either
 23 thrown down or immediately got up or never lost
 24 her position. Because she was standing up on the
 25 pole.

99

1 Q. With some dirty hands, do you recall that?
 2 A. Yes.
 3 Q. Was she amnesic for part of the event?
 4 A. Basically, no. Meaning she was, she had amnesia
 5 for the seconds surrounding the burst but you and
 6 I might have what we would call amnesia for
 7 seconds after a car wreck. Things were moving
 8 very rapidly, a lot of chaotic things happening
 9 for a moment. So it's hard to call it amnesic.
 10 It was a big flash, it was a dramatic event, you
 11 are stunned, you don't recall what happened.
 12 Q. She recalls being in one spot, the next thing she
 13 recalls is being in another spot about ten or
 14 fifteen feet away?
 15 A. Yes, that was her estimate.
 16 Q. And there was apparently some uncertainty as to
 17 whether she was knocked to the ground and got up
 18 or wasn't knocked to the ground?
 19 A. She described it, I mean anything is possible.
 20 Her description does not suggest, as I recall,
 21 that she was thrown to the ground. As I recall,
 22 her description is that she just found herself
 23 standing near a car.
 24 Q. I thought I read Dr. Preston's report, you know
 25 that's the other defense expert, who has

100

1 indicated she had been thrown and I thought you
 2 had alluded to that as well, that she had been
 3 thrown, and if you don't I'm prepared to be wrong
 4 on that subject.
 5 A. Right. I relied on her written statement minutes
 6 after this event.
 7 Q. We're going to get to that.
 8 A. Okay. Large blue flash she said. I ended up
 9 hanging onto a concrete pillar and a parked car,
 10 she said. Then there was a man there, he started
 11 yelling at her and so on and she remembers all of
 12 that well.
 13 Q. Well, as I said, I'm prepared to stand
 14 corrected.
 15 A. Her statement would be as I walked west to north
 16 near parked vehicle --
 17 Q. I know what her statement says. I want to know
 18 what's in your report. I have gone through it
 19 and I'm ready to move on to the next question.
 20 A. All right.
 21 Q. Would some health care professionals interpret
 22 her inability to account from being in one spot
 23 to another spot as a form of retrograde amnesia
 24 or an amnesic event?
 25 MR. DiVENERE: Objection.

101

- 1 A. I don't think **so**. I believe that if they -- I
 2 mean I wouldn't be able to validly say **so**.
 3 Professionals can say anything. But if there
 4 were a blast and then after that she were thrown
 5 and then can't remember being thrown, if that
 6 happened, then that would be anterograde amnesia
 7 rather than retrograde. That is before the
 8 trauma and anterograde would be after the
 9 trauma. **So** somebody might argue that. I would
 10 argue that almost neither are relevant.
 11 Q. Do you know how long it was after the electric
 12 shock that she became aware of her presence in
 13 her new spot?
 14 A. **I** sounds like it was instantaneous because her
 15 suggestion was she was not on the ground but
 16 rather was standing up and someone was walking
 17 over, by her description, basically saying are
 18 you okay. So it's hard to imagine, for example,
 19 she laid there a half hour with a guy. I don't
 20 know.
 21 Q. I'm not suggesting a half hour.
 22 A. Right.
 23 Q. But you seem to think it was instantaneous and my
 24 question is could it be longer than
 25 instantaneous?

102

- 1 A. Not much. In other words, it's hard to imagine
 2 that it would be a 60 second delay.
 3 Q. A couple **of** seconds?
 4 A. Now we're getting closer, yeah. At the longest.
 5 Q. Sure.
 6 A. Yeah.
 7 Q. Are you aware that ISS, that's Pam's employer,
 8 had her examined by Dr. John Wilson who agreed
 9 that the electrical trauma caused her PTSD and
 10 neurocognitive injuries?
 11 A. I recall that Wilson did the same and that he
 12 said she suffered posttraumatic stress and a
 13 brain injury. I didn't pay attention **to** who
 14 referred him.
 15 Q. I take it you disagree with Dr. Wilson?
 16 A. Yes.
 17 Q. Are you aware that Dr. Layton and Dr. Litwin --
 18 MR. DiVenere: Excuse me. Was it
 19 Dr. Wilson who said she suffered a brain
 20 injury?
 21 MR. PARIS: You are wrong.
 22 Neurocognitive disorder and PTSD.
 23 MR. DiVenere: He didn't say a brain
 24 injury.
 25 MR. PARIS: If you stop

103

- 1 interrupting. It was PTSD and
 2 neurocognitive disorder.
 3 MR. DiVenere: Okay.
 4 Q. Are you also aware that Dr. Layton and Litwin,
 5 Dr. Lee, Dr. Fink and Dr. Kelley and Dr. Mann all
 6 agree that this electrical trauma caused her **to**
 7 suffer a neurocognitive injury?
 8 A. Yeah. I don't recall Lee, but I do recall --
 9 Q. The rest?
 10 A. Well, let me look.
 11 Yeah, Litwin called it organic brain
 12 damage. Layton seemed ambivalent about
 13 diagnosing brain injury.
 14 Q. You read his deposition, didn't you?
 15 A. Yes.
 16 Q. And he opined **to** a reasonable degree of
 17 psychological probability that she has a
 18 neurocognitive injury, true?
 19 A. Right.
 20 Q. Okay. The same with Dr. Fink?
 21 A. I think **so**. Fink is again somebody --
 22 Q. A neuropsychologist from Chicago.
 23 A. Yes.
 24 Q. You just got his deposition today?
 25 A. Right. That's why I'm not doing well recalling

104

- 1 what he said.
 2 Q. But you read his report from last month when
 3 Mr. DiVenere sent it to you?
 4 A. Yes.
 5 Q. Okay. And Dr. Donald Mann, the neurologist, you
 6 read his report?
 7 A. Again, I don't recall that name either. Because
 8 I've gotten some of these records **so** recently.
 9 Q. Basically he agrees that her findings are
 10 consistent with Layton's, **so** Dr. Mann apparently
 11 agrees with that as well?
 12 A. Yes.
 13 MR. DiVenere: Objection.
 14 Q. Do you agree that a **480** volt shock can be
 15 responsible for severe injury and death?
 16 A. Depending on the circumstances it is possible.
 17 Q. And based on your review of the literature, do
 18 most authorities agree that neurocognitive
 19 effects **of** neurological injury can include memory
 20 dysfunction?
 21 A. Yes.
 22 Q. Concentration difficulties?
 23 A. Yes.
 24 Q. Rapid mental fatigue with concentration?
 25 A. Yes.

105

- 1 Q. Blurred vision?
 2 A. Yes.
 3 Q. Difficulty sleeping?
 4 A. Probably.
 5 Q. Difficulty with selecting and divided attention?
 6 A. Yes.
 7 Q. Sensory disturbances?
 8 A. Yes.
 9 Q. Difficulties with speech?
 10 A. Perhaps.
 11 Q. Emotional lability?
 12 A. Probably, yes.
 13 Q. And you have **so** testified in the past emotional
 14 lability as being one of those symptoms that are
 15 associated with neurocognitive or organic brain
 16 damage?
 17 A. Yes.
 18 Q. And what is emotional lability?
 19 A. High levels of emotions that change rapidly.
 20 Q. **You** agree that these symptoms can be associated
 21 with neurocognitive disorders?
 22 A. Yes.
 23 Q. And you agree that people with brain damage need
 24 not have every single symptom at the same time?
 25 A. Yes.

106

- 1 Q. Do you agree that these symptoms can also be
 2 associated with PTSD?
 3 MR. DiVENERE: All of those?
 4 Q. Some or all?
 5 A. Some.
 6 Q. But not all?
 7 A. Correct.
 8 Q. Which ones would not be associated with PTSD?
 9 And let me go through them again.
 10 Memory dysfunction?
 11 A. Of a certain type, yes. Not general memory
 12 dysfunction, but rather difficulty remembering
 13 the trauma itself.
 14 Q. And as it relates to Pam, did you get a sense or
 15 did you read from anybody else's records that
 16 much of her -- or strike that. I'll withdraw
 17 that.
 18 Are concentration difficulties associated
 19 with PTSD?
 20 A. Yes.
 21 Q. Rapid mental fatigue with concentration?
 22 A. That is not exactly the way it would be stated in
 23 the posttraumatic stress criteria.
 24 Q. Blurred vision?
 25 A. **No.**

107

- 1 Q. Difficulty sleeping?
 2 A. Yes.
 3 Q. Difficulty with selecting and divided attention?
 4 A. **No.** The criteria for posttraumatic stress would
 5 be difficulty concentrating, which is a little
 6 different.
 7 Q. Sensory disturbances?
 8 A. No.
 9 Q. Difficulties with speech?
 10 A. No.
 11 Q. Emotional lability?
 12 A. Sometimes.
 13 Q. Okay. Are there any other symptoms that can be
 14 associated with neurocognitive disorders that I
 15 haven't mentioned?
 16 A. Sure. I mean it's, the symptoms caused by brain
 17 injury are broad. **It's** your brain. So memory
 18 problem is a very big one.
 19 Q. We covered that.
 20 A. Yeah, Particularly either retrograde or
 21 anterograde amnesia surrounding the event.
 22 Absent that, the probability of brain injury
 23 drops significantly. Difficulties with what are
 24 called executive functions are, are another thing
 25 that brain injury can cause.

108

- 1 Q. Examples?
 2 A. One is general judgment and it is a vague
 3 concept. One has been criticized for being
 4 vague. **It** is a matter of judgment. A silly
 5 example would be somebody that tells cute jokes
 6 in the middle of a funeral. Sort of the wrong
 7 place, wrong time kind of behavior. Somebody
 8 that sets off to walk to a dentist appointment
 9 but the dentist is ten miles away. That's
 10 another random example.
 11 So there are plenty of other psychological
 12 symptoms of brain injury, but again I would argue
 13 that the major one is poor memory. That's the,
 14 the central symptom in most criteria for brain
 15 injury.
 16 Q. Do you agree with the statement that most brain
 17 injuries clear up and if they don't clear up then
 18 the person tends to report difficulty
 19 concentrating and difficulty with memory?
 20 A. Yes. Most brain injuries clear up and if they
 21 don't clear up they continue, By that I mean
 22 they show symptoms and the major symptom is poor
 23 memory.
 24 Q. And concentration?
 25 A. Yes.

109

1 Q. And you disagree with these experts about Pam
 2 having PTSD as a result of this electrical
 3 trauma, is that true?
 4 A. Yes.
 5 Q. Even though you don't specialize in PTSD?
 6 A. That's correct.
 7 Q. And you disagree with the two neuropsychologists
 8 in this case, Dr. Fink and Dr. Layton, even
 9 though you are not a neuropsychologist?
 10 A. Yes.
 11 Q. And do you disagree with the opinions of
 12 Dr. Kelley in this case?
 13 A. I don't recall what Kelley's opinions are.
 14 Q. Okay. She states at Page 3 subsequent to this
 15 injury she has developed the following
 16 neuropsychiatric sequelae, persistent cognitive
 17 dysfunction that is documented in past and
 18 present psychological testing.
 19 Do you agree or disagree with that?
 20 A. I disagree with that.
 21 Q. Okay.
 22 A. I mean, I agree that she is quoting other
 23 psychologists and she seems to be saying that
 24 it's been documented in other reports. So I
 25 agree that the other reports say that. But again

110

1 we're back to me disagreeing.
 2 Q. I think she goes beyond that. I think she is
 3 embracing that as her own now.
 4 „- MR. DIVENERE: Objection.
 5 Q. Let's assume she is embracing that as her own
 6 now. Assuming that to be true, do you agree or
 7 disagree with her?
 8 A. Disagree.
 9 Q. And you do that even though you are not a
 10 psychiatrist, is that correct?
 11 A. Right.
 12 Q. Doctor, don't you think that a trained
 13 psychologist who has the opportunity to follow,
 14 see and treat a patient on a regular weekly or
 15 monthly basis for two or three years is in a
 16 better position than you to express an opinion
 17 about the patient's health?
 18 A. Not necessarily. Because my advantage is that I
 19 reviewed the records before I saw her and so my
 20 question would be whether or not the treatment
 21 person reviewed the records and that's point
 22 number one.
 23 Q. Let me stop you a second because in the spirit of
 24 accuracy we know which records you reviewed
 25 before you saw her and which ones you saw after

111

1 you saw her.
 2 A. Yes.
 3 Q. And correct me if I am wrong, but before you saw
 4 her did you have the benefit of all of her prior
 5 medical records?
 6 A. No.
 7 Q. Okay. Go ahead.
 8 A. So having roughly several hundred pages of her
 9 records before I saw her gives me, I think, an
 10 advantage over the treating professional.
 11 The second important point is that the, when
 12 you treat someone you routinely do not pay
 13 attention to records and the goal is to basically
 14 accept what the patient says and get about
 15 treating them. So treatment people are likely to
 16 write down patient says she stepped on an
 17 electric line and now she can't think and so on.
 18 Patient says that she didn't have this trouble
 19 beforehand, so now let's get about treating this
 20 damage. So, in other words, they have been the
 21 treating people, they accept what the patient
 22 says, they have an ethical duty to treat her more
 23 or less on what she tells them, they are in a
 24 bind when they testify in court because they
 25 promised to help her, they can't turn around and

112

1 mess her up, and that's why our ethics say that
 2 when it comes to court testimony you have to be
 3 careful to explain to the patient up front **look,**
 4 I'm testing you for a court case and that may
 5 help or hurt you. On the other hand, if you are
 6 the treating agent you have to be careful when
 7 you get in court to make sure that the jury knows
 8 that you promised to help this gal, that I can
 9 only help her, you can't turn around and hurt her
 10 in some way.
 11 Q. Well, that may be the most cynical view of the
 12 health care profession that I've ever heard, be
 13 that as it is.
 14 A. It is our ethics.
 15 Q. Let me see if I understand what you're saying.
 16 You are suggesting, apparently it sounds like it
 17 is an across the board without exception
 18 statement on your part, without exception,
 19 doctors who treat patients who come to them like
 20 Pam and now let's talk about Litwin, let's be
 21 specific now, he is not really interested in the
 22 forensics of her injury, he is more interested in
 23 treating the problem than ascertaining what the
 24 source of her problem is?
 25 A. If he is a treating doctor then absolutely so,

113

- 1 yes.
- 2 Q. And you are saying that he would not be motivated
- 3 to go back through her life long records or her
- 4 history to determine whether her problems stem
- 5 from a personality disorder as distinguished from
- 6 an organic brain injury, an electrical trauma, is
- 7 that what you are saying?
- 8 A. Close. I'm saying that it would be rare for a
- 9 treating doctor to explore and solicit the
- 10 records at this level and that even if they did,
- 11 and they rarely do, but even if they did their
- 12 goal would be to look for her symptoms through
- 13 the years to get a better understanding on how to
- 14 treat them.
- 15 Q. Well, if they don't understand the source of the
- 16 problem, if they are treating somebody as -- I
- 17 will withdraw that.
- 18 Your suggestion then is that the treatment
- 19 may not really be a treatment of the disorder,
- 20 it's just a treatment of the symptoms?
- 21 A. No. It's a treatment of the disorder as
- 22 diagnosed, but there's no attention paid to the
- 23 records, to the past history other than what the
- 24 patient chooses to tell the treating
- 25 practitioner.

114

- 1 In fact I'll even go farther, it is my
- 2 recollection in this case that those that treated
- 3 her reviewed ahead of time virtually no records.
- 4 Q. Okay. Are you generally critical of the role of
- 5 psychologists and psychiatrists, the role they
- 6 may play in forensic problems in their diagnosis
- 7 whether a patient is psychologically hurt by an
- 8 event? I take it by your last answer you are
- 9 cynical about that?
- 10 A. No, not at all. I do the same in my practice.
- 11 When a patient comes in I agree to help the
- 12 patient and that's what I try to do. But I would
- 13 make clear if I am called to testify that, look,
- 14 I'm here to help the patient, I didn't do a
- 15 record review. That's typical. I can tell you
- 16 what the patient told me. But, but I try to make
- 17 it very clear.
- 18 Q. Well, are you critical of psychiatrists at all in
- 19 their role in, the role they play in the forensic
- 20 process?
- 21 A. Sure. I have points of both criticism and praise
- 22 for psychiatrists and psychologists, including
- 23 myself.
- 24 Q. Have you ever written anything critical of
- 25 psychiatrists in that regard?

115

- 1 A. I'm sure I have.
- 2 Q. Does this ring a bell, and he will accept what
- 3 the patient tells him, is that something that
- 4 you've drafted and authored?
- 5 A. Yes.
- 6 Q. That's your opinion of the relationship that a
- 7 psychiatrist has with a patient, is that true?
- 8 A. No. It is my description of a technique that a
- 9 psychiatrist or a psychologist might use when
- 10 they bring a patient in, let the patient tell
- 11 them what they, the patient thinks is wrong with
- 12 them and they just basically parrot it back,
- 13 patient says depressed, patient says due to car
- 14 accident and they basically diagnose depression
- 15 due to a car accident and they don't test and
- 16 look at records and I go on to explain that in
- 17 some detail.
- 18 Q. And the detail in which you explain it, this
- 19 makes everyone happy, the doctor gets to move on
- 20 to the next patient. And remember the insurance
- 21 wouldn't pay if there's nothing wrong with the
- 22 patient, right?
- 23 A. All of those are correct.
- 24 Q. The only thing that is measured objectively is
- 25 the psychiatrist's fee?

116

- 1 A. Yes.
- 2 Q. That's something you said before?
- 3 A. Yes.
- 4 Q. Do you have any hostility toward psychiatrists?
- 5 A. No.
- 6 Q. Have you ever received counselling as is relates
- 7 to your relationship with psychiatrists?
- 8 MR. DIVENERE: What?
- 9 A. I've never received any counselling much less any
- 10 counselling for my relationship with a
- 11 psychiatrist.
- 12 Q. Have you seen a psychologist?
- 13 A. No.
- 14 Q. Have you been seen by a psychiatrist?
- 15 A. No.
- 16 Q. Has anybody ever recommended that you seek
- 17 counselling?
- 18 A. No.
- 19 Q. Okay. What was your fee in this case, doctor, so
- 20 far?
- 21 A. I don't know.
- 22 Q. Well, how much do you charge to review
- 23 documents?
- 24 A. \$150 an hour.
- 25 Q. And how many hours did you spend reviewing these

USS/KOBE

117

1 documents?
 2 A. The, I can only guess.
 3 MR. DiVENERE: I don't want **you** to
 4 guess.
 5 A. I don't know.
 6 Q. Let's stop right there. You have a file, right?
 7 A. Yes.
 8 Q. And you have a bookkeeping department upstairs?
 9 A. Yes.
 10 Q. You keep track of your time very carefully on
 11 each patient and each consultation?
 12 A. In the sense that I turn it into the secretary to
 13 put in our accounting.
 14 Q. Can **you** get me the information? We'll take a two
 15 minute break.
 16 A. I'll try.
 17 Q. Let's find out how many hours you have put into
 18 this thus far and how much you have billed to
 19 Mr. DiVenere.
 20 MR. DiVENERE: Not counting this
 21 deposition.
 22 - - - -
 23 (Thereupon, a recess was had.)
 24 - - - -
 25 Q. Is that a copy for me?

118

1 A. Yes.
 2 MR. PARIS: Let's mark it.
 3 - - - -
 4 (Thereupon, Plaintiff's Exhibit
 5 Layton-37, Dr. Layne's billing record for Pamela
 6 Morgan, was mark'd for purposes of
 7 identification.)
 8 - - - -
 9 Q. Exhibit 37 is your bill **to** date, is that true?
 10 A. No. I haven't billed for this activity, for
 11 example.
 12 Q. Well, for the deposition you charge how much?
 13 A. **\$200** an hour.
 14 Q. Okay. And we started this at about **2:30** today?
 15 A. Yes.
 16 Q. **You** are not going to bill me for any time before
 17 **2:30**, are you?
 18 A. No.
 19 Q. Did you spend any time before **2:30** getting ready
 20 for the deposition?
 21 A. Yes. I reviewed more records that I had received
 22 via fax and a few before that.
 23 Q. **So** how much time did you put in today before the
 24 deposition?
 25 A. About three hours.

119

1 Q. At what rate?
 2 A. 150 an hour.
 3 Q. So we can add another **\$450** onto the, the, which
 4 bill, **4,820** or **4,7457**
 5 A. **4,820** appears to be the right amount.
 6 Q. So your bill today is **\$5,270**?
 7 A. That is the, the amount of money that I have
 8 charged or will be charging, yes.
 9 Q. And of course you are going to be charging for
 0 preparation for trial?
 1 A. Yes.
 2 Q. And your time to Elyria to testify?
 3 A. **Yes**.
 4 Q. At what rate?
 5 A. Testimony is \$200 an hour.
 6 Q. And travel from Toledo to Elyria?
 7 A. That's at 150 an hour. That's about two hours.
 8 Q. Do you typically block out the day when you go to
 9 court to testify?
 10 A. Perhaps half a day. It depends. Half a day is a
 11 little more like it. Yeah, it takes a couple of
 12 hours to get there and I'll probably wait an
 13 average of **45** minutes or **so**.
 14 Q. But it is actually an hourly charge?
 15 A. Yes.

120

1 Q. And you round it off to the nearest fifteen
 2 minutes?
 3 A. The nearest twenty.
 4 Q. The nearest twenty minutes. Let's look at your
 5 bill for a second.
 6 October **19th**, that would probably be the day
 7 **you** got the first --
 8 A. Well, **let's**see. The letter was dated October
 9 13th with some enclosures.
 10 Q. So you probably started evaluating the case on
 11 the 19th?
 12 A. Right.
 13 Q. And you continued to evaluate those records over
 14 the course of five more sit downs, I take it?
 15 A. It could be.
 16 Q. And then on the 19th of November you had your
 17 exam with Pam?
 18 A. Yes.
 19 Q. It took you two hours to prepare the report?
 20 That's what you charged for it, right?
 21 A. It looks like, yeah, on the 19th I charged two
 22 hours and then looking down on November 25th more
 23 report time, two more hours, probably because I
 24 received more records after I saw her but before
 25 I issued the report.

121

- 1 Q. Then you had a one hour phone consultation on
 2 June 1st of '99?
 3 A. Yes.
 4 Q. What was that all about?
 5 A. I don't know. Let me think about this.
 6 I don't recall. It was around the time that
 7 I started getting more records so it may have
 8 been a discussion of those records.
 9 Q. Did you make any notes in that one hour
 10 conversation?
 11 A. Let's see. I don't think so, no.
 12 Q. Would that have been a phone consultation with
 13 Mr. DiVenere?
 14 A. I think so, yes.
 15 Q. Okay. Now, let's start with posttraumatic stress
 16 disorders if we can for a minute.
 17 Is it your belief that Pam meets the
 18 diagnostic criteria as reflected in the DSM for
 19 PTSD?
 20 A. No.
 21 Q. Do you believe that she was confronted with an
 22 event that involved actual or threatened death or
 23 serious injury?
 24 A. That may be true.
 25 Q. Okay. So you would agree that she meets that

122

- 1 criteria?
 2 A. Well, she may have in fact been confronted with
 3 an event that was life threatening.
 4 Q. Okay. So you believe that she meets that
 5 criteria?
 6 A. She may.
 7 Q. Okay.
 8 A. The point I'm trying to make is that the, I don't
 9 remember the exact wording of the criterion, but,
 10 yeah, the event may have been life threatening.
 11 It obviously didn't kill her.
 12 Q. It is the person was confronted with an event
 13 that involved actual or threatened death or
 14 serious injury, or a threat to the physical
 15 integrity of self or others. So does she meet
 16 that criteria?
 17 A. Yes, she may indeed.
 18 Q. Okay. Number two, the traumatic event was
 19 persistently reexperienced and recurrent and is
 20 intrusive distressing?
 21 A. You skipped criteria, subcriterion B. You have
 22 to be confronted with the event.
 23 Q. Yeah. That's what I just read.
 24 A. I understand that. This criterion goes on to
 25 say that the person has to show horror of some

123

- 1 such thing.
 2 Q. No. B says the traumatic event is persistently
 3 reexperienced.
 4 MR. DiVenere: This would be A.
 5 It's under A.
 6 Q. Doctor, do you want to stand corrected?
 7 A. B, the traumatic event is persistently
 8 reexperienced in one or more of the following
 9 ways.
 10 Q. No, I don't want to stand corrected.
 11 A. Read A, number two.
 12 Q. The person's response involved intense fear,
 13 helplessness, or horror.
 14 A. Right. My only point is you didn't read that.
 15 Q. Well, did her response involve helplessness?
 16 A. I don't think so.
 17 Q. Did her response involve intense fear?
 18 A. Yes.
 19 Q. Okay. Does she meet that criteria?
 20 A. Yes.
 21 Q. Okay. Let's go to B.
 22 A. Okay.
 23 Q. How about the traumatic event is persistently
 24 reexperienced and recurrent and intrusive
 25 distressing recollections of the event?

124

- 1 A. I don't think so.
 2 Q. Didn't she tell people that she was having
 3 nightmares of this event daily for a couple of
 4 months?
 5 A. Yes. I don't know about the word daily. But she
 6 did say that she had some nightmares. Some of
 7 the professionals that she talked about, as I
 8 recall, said that she was having nightmares, but
 9 not of the event, and that is very important.
 10 Q. If there is a history that she was having daily
 11 nightmares of the event for a couple of months
 12 would she meet that criteria?
 13 A. That, I don't think that daily nightmares is
 14 sufficient to meet that criterion B.
 15 Q. You don't think that daily is persistent enough?
 16 A. It is not a matter of that. It is a matter that
 17 you have to have a number of examples of
 18 persistent reexperiencing. You can't just have
 19 one, as I recall.
 20 Q. Okay. Well, that's fine. Let's say nightmares
 21 in addition to a fear of lightning storms?
 22 A. I don't think that would qualify.
 23 Q. Or for electrical appliances and electrical
 24 plugs?
 25 A. I don't think that would qualify for -- the

125

- 1 criteria are there. You're reading them and I
 2 believe that criterion **B** says, I guess you could
 3 help me out on that, does it say that you have to
 4 have one or more **of** the following?
 5 Q. That's right.
 6 A. Or is it two or more?
 7 Q. One.
 8 A. Okay. I'm wrong then. Repeated nightmares would
 9 qualify.
 10 Q. That's right.
 11 Let's go to criteria C. Persistent
 12 avoidance **of** stimuli associated with the trauma
 13 and numbing of general responsiveness as
 14 indicated by three or more of the following.
 15 Now, did you find that she had a certain
 16 inability, to a certain extent, an inability to
 17 recall an important aspect of the trauma?
 18 A. **No**.
 19 Q. You didn't find her, her inability to explain how
 20 she got from Point **A** to Point **B** to be
 21 significant?
 22 A. **No**. I believe that it was very short and it is
 23 understandable that someone wouldn't remember it,
 24 not because of some psychological trauma but
 25 because of the suddenness of the event.

126

- 1 Q. Wouldn't it be significant from the standpoint if
 2 she was thrown 15 feet as distinguished from
 3 walking very calmly **15** feet?
 4 A. If she was thrown 15 feet then she wouldn't have
 5 amnesia or psychological or emotional blocking
 6 but because of a tumultuous event and it is hard
 7 to code it, to be aware **of** all that is
 8 happening.
 9 Q. **So** you don't think that qualifies **as** an inability
 10 to recall an important aspect of the trauma?
 11 A. **No**. And I think the phrase is as far **as** being
 12 thrown up there the inability and not being able
 13 to describe it, if she was thrown in the air, not
 14 being able **to** describe how she was thrown through
 15 the air.
 16 Q. Who does it have to be important to, to you or to
 17 others?
 18 A. It has to be, I think, objectively an important
 19 part of the event.
 20 Q. Important in what regard?
 21 A. The criteria don't say. But I think we're left
 22 with, with me saying that the fact that she
 23 doesn't remember several seconds of a tumultuous
 24 explosion just doesn't qualify. I would consider
 25 that to be an important part of the event.

127

- 1 Q. What would be an important aspect of the trauma,
 2 that her inability to recall might be important?
 3 A. A great example would be a Vietnam veteran who
 4 watched as three **of** his friends were blown up in
 5 a mine and then just coming back and doesn't
 6 remember or goes back to his barracks and doesn't
 7 remember anything about it at all.
 8 If she didn't remember being in the parking
 9 lot at all **or** doesn't remember talking to the
 10 guy, then that would be a failure **to** remember an
 11 important part of the trauma.
 12 Q. **You** mean if she didn't remember being in the
 13 parking lot that would be an inability to recall
 14 any aspect **of** the trauma, not just an important
 15 aspect of the trauma?
 16 A. That's true.
 17 Q. **So** let's be more specific.
 18 A. I think I'm being specific. But you're right, it
 19 is an extreme example.
 20 Q. Give me a less extreme example, what qualifies as
 21 an important aspect of the trauma?
 22 A. She recalls walking around the parking lot but
 23 doesn't recall being shocked at all. She comes
 24 back there and reports yeah, everything looks
 25 fine out there.

128

- 1 Q. Did she have a markedly diminished interest or
 2 participation in any significant activities after
 3 the trauma?
 4 A. I don't think **so**. She, she remembered --the
 5 criterion also says not present before the
 6 trauma. So this means that she, before the
 7 trauma remember she had periods of depression and
 8 fatigue, **so** we have to keep that in mind, and
 9 afterwards she continued to do some things that
 10 she was interested in. For example, playing in
 11 different games, seeing friends, that sort of
 12 thing.
 13 Q. After the electrical trauma?
 14 A. Yes.
 15 Q. Tell me the games she played immediately after
 16 the electrical trauma?
 17 A. I didn't say immediately.
 18 Q. Well, don't most of, aren't we talking about
 19 within a month or two or three of the trauma when
 20 we're looking for symptoms?
 21 A. Well, one could ask that. You could ask the
 22 question did she have posttraumatic stress in the
 23 month or two after the trauma. I examined her
 24 several years after the trauma.
 25 Q. I think everybody agrees that her symptoms have

129

- 1 diminished significantly since.
 2 A. There you go.
 3 Q. Over the past couple of years.
 4 A. All right.
 5 Q. My question is, did she have PTSD for some period
 6 of time after this event and you are telling me
 7 emphatically no?
 8 A. Yes. I believe it is probably true that she had
 9 symptoms of posttraumatic stress. That's fairly
 10 normal. The question is whether those symptoms
 11 rose to the level of a mental illness and I don't
 12 believe that they ever did.
 13 Q. Did she have feelings of detachment or
 14 estrangement from others after the shock?
 15 A. No. She continued to see friends and to take
 16 care of her children.
 17 Q. Did she have any restricted range of affect?
 18 A. I don't think so. No. She was more likely to be
 19 described as emotionally labile, which is the
 20 opposite.
 21 Q. Do you think she had, let's go to D, because if
 22 you don't think she qualifies under C, did she
 23 have persistent symptoms of increased arousal as
 24 indicated by two or more of the following,
 25 difficulty falling or staying asleep?

130

- 1 A. Yes. She reported having difficulty sleeping.
 2 Q. Irritability or outbursts of anger?
 3 A. I don't think so.
 4 Q. Difficulty concentrating? She complained of that
 5 after the incident?
 6 A. Yes, she complained of difficulty.
 7 Q. Did she have hypervigilance? Did you notice that
 8 in Dr. Litwin's records?
 9 A. He may have, but I don't recall.
 10 Q. You don't believe she qualifies under D?
 11 A. It is possible that she qualifies under D at some
 12 point.
 13 Q. How about under E, duration of the disturbance is
 14 more than one month?
 15 A. Since I believe that she didn't qualify for the
 16 disturbance then I wouldn't think she had it for
 17 more than a month.
 18 Q. You don't think she qualified under the letter C
 19 criteria?
 20 A. Yes.
 21 Q. But leaving that aside for the second, all other
 22 things considered, does she qualify under the E
 23 criteria, duration of the disturbance is more
 24 than one month?
 25 A. No. From the point that I don't think she had

131

- 1 the disturbance. Not having the disturbance I
 2 can't say she had it for more than a month.
 3 Q. Assuming that she did qualify under C, and I
 4 understand that you don't agree with me on that,
 5 did the duration of these symptoms last for more
 6 than one month?
 7 A. Yes.
 8 Q. Okay. And once again assuming that she qualifies
 9 under C, which I know you don't believe she does,
 10 let's look at F, did the disturbance cause
 11 clinically significant distress or impairment in
 12 social, occupational, or other important areas of
 13 functioning?
 14 A. No, I don't think that it did.
 15 Q. Okay. It didn't cause her to be off of work?
 16 A. The posttraumatic stress I don't believe did.
 17 Q. Okay. But nonetheless she was off from work and
 18 has continued to be off from work except for a
 19 couple of days after this accident?
 20 A. Yes. Well, a couple of days after.
 21 Q. We're going to get into the specifics of that.
 22 She went back for a couple of days and then she
 23 tried for a couple of days in March of '97 two
 24 hours a day. Aside from that limited time back
 25 on the job she hasn't been back to work, has she?

132

- 1 A. I believe not.
 2 Q. Okay. Have we gone through the symptoms --
 3 strike that a minute.
 4 We've identified a number of symptoms, ten
 5 symptoms, I think, that can be associated with
 6 neurocognitive effects of electrical injury, do
 7 you recall that? We went through them, you added
 8 one?
 9 A. Yes, concentration. Yes.
 10 Q. Did you find that Pam had any of these symptoms
 11 on a persistent basis between 1993 and 1996?
 12 A. Between '93 and '96 you're asking me if she had
 13 certain neurocognitive symptoms? Hang on.
 14 Some of the moodiness, for example, is about
 15 the same thing as emotional lability. They're
 16 about the same idea. Moodiness means your moods
 17 go up and down. Lability means your emotions go
 18 up and down. Irritability is noted, I'm now
 19 talking about Physician Winters' report of August
 20 21st, 1995.
 21 Q. What was the second one, you said moodiness is
 22 like emotional lability. What else did you say?
 23 A. Irritability. Which again is a, also consistent
 24 with lability, you are irritable and then you are
 25 not.

133

- 1 Q. So it is merely the same thing?
- 2 A. Right. And so that's a symptom that we talked
- 3 about before.
- 4 The physician also noted depression several
- 5 times and the point here is that if you then look
- 6 at the criteria for depression you'll find that
- 7 those criteria involve poor concentration, for
- 8 example, and so by inference that may be another
- 9 one though it isn't directly mentioned. I don't
- 10 know whether we, in that list of ten things I
- 11 don't know whether you had mentioned fatigue. I
- 12 just can't remember.
- 13 Q. I said rapid mental fatigue with concentration.
- 14 A. Chronic fatigue syndrome would be consistent with
- 15 that. So would depression.
- 16 Q. Well, isn't chronic fatigue syndrome different
- 17 than rapid mental fatigue with concentration?
- 18 A. Rapid mental fatigue with concentration would be
- 19 a type of fatigue that would be consistent.
- 20 Q. Are you aware of the medical condition of chronic
- 21 fatigue syndrome?
- 22 A. Yes. I believe it is an exclusionary, which is
- 23 where the patient complains of the fatigue all
- 24 the time and the patient isn't sure.
- 25 Q. It is there are no boundaries to this diagnosis?

134

- 1 A. Right. It's, again, it is what they call
- 2 exclusionary, meaning that it's you don't know
- 3 why the person keeps complaining of fatigue, that
- 4 you just diagnose that, there is almost no
- 5 diagnosis at all.
- 6 Q. Or putting it another way, it could be a
- 7 wastebasket term?
- 8 A. It sure could. But the non-wastebasket
- 9 standpoint is that it tells everyone two things,
- 10 one, Miss Morgan complained of fatigue a lot, a
- 11 whole lot, enough to make it diagnosable.
- 12 And then, number two, we don't know why, why
- 13 she would complain of that.
- 14 It reminds me of sudden infant death
- 15 syndrome, for example. The child died, we don't
- 16 know why.
- 17 Q. Anything else?
- 18 A. I think that is, that is, those are the examples
- 19 of neurocognitive symptoms that you gave me in
- 20 the list that she suffered before this accident.
- 21 Q. And we're referencing now August of '95?
- 22 A. Yes.
- 23 Q. Okay.
- 24 A. And, sorry, January of '96. That's where the
- 25 chronic fatigue syndrome came from.

135

- 1 Q. And again you are limiting it back to 1996?
- 2 A. Yeah.
- 3 Q. I don't want to go back to her childhood. You
- 4 can do that before the jury and parade back to
- 5 anything that happened in 1972 and '75 and we'll
- 6 let them be the judge of whether that is
- 7 persuasive or relevant. My focus is on that time
- 8 period.
- 9 Which of those symptoms, irritability and
- 10 moodiness, existed before this accident on a
- 11 specifically daily basis?
- 12 A. Well, the, I think that they all existed on a
- 13 daily basis and I say that based on, for example,
- 14 Physician Winters' report where he says she's
- 15 here today for follow-up. In other words, she
- 16 had been there before. He states since her last
- 17 visit she's been given samples of Ortho-Est to be
- 18 taken on a daily basis for two months. She took,
- 19 was taking those and stated that all her
- 20 menopausal symptoms disappeared. Again, I'm
- 21 reading kind of loosely here.
- 22 And then it goes down to talking about a
- 23 long lasting problem, her boyfriend of 15 years
- 24 and the father of her children has moved out. So
- 25 what I'm trying to say is I think that there is

136

- 1 ample evidence that she, for example, did not
- 2 have these problems for merely a day or a week.
- 3 Q. The records don't say that, you're inferring this
- 4 from the records, of course?
- 5 A. Yes.
- 6 Q. Okay. Well, let's be clear about that. You are
- 7 making certain assumptions from the records, but
- 8 the records do not say that these persisted on a
- 9 daily basis?
- 10 A. That's correct. Right.
- 11 Q. Okay. I think you already told me a couple of
- 12 hours ago that you don't know how she responded
- 13 to the treatment and you don't know how the
- 14 symptoms affected her ability to work or to take
- 15 care of her kids or to function in the community,
- 16 is that fair?
- 17 A. Right.
- 18 Q. Okay. Do neuropsychological tests measure brain
- 19 damage?
- 20 A. They measure the effects of brain injury or brain
- 21 damage, yes.
- 22 Q. And you administer these tests even though you
- 23 are not a neuropsychologist?
- 24 A. Yes.
- 25 Q. You did administer the same tests as

137

- 1 Dr. John Wilson?
 2 A. No.
 3 Q. Dr. Layton?
 4 A. No. I mean I administered some of the same
 5 tests, but not all of them, and they did not
 6 administer all of the ones that I had
 7 administered.
 8 Q. You administered a total of how many tests, five?
 9 A. The one battery with about eleven different
 10 subtests.
 11 Q. The Halstead Reitan?
 12 A. Yes.
 13 Q. That is one battery of tests?
 14 A. Yes.
 15 Q. You did the, what was the other test, MMPI?
 16 A. Yes.
 17 Q. What else?
 18 A. The test of memory malingering was the other one.
 19 Q. Anything else?
 20 A. No.
 21 Q. Some trailing test, or connecting the dots test?
 22 A. The trails test is part of the Halstead Reitan
 23 battery.
 24 Q. So essentially three main tests that you
 25 administered?

138

- 1 A. Yes.
 2 Q. Okay.
 3 A. And there are thirteen tests that I am seeing
 4 here. Sorry about that. It is not eleven,
 5 thirteen subtests on the Halstead Reitan.
 6 Q. Did you say eleven or thirteen?
 7 A. Thirteen.
 8 Q. Okay. So technically there are fifteen tests
 9 that you administered, thirteen of which are part
 10 of the one test?
 11 A. Yes. Thirteen subtests on that battery and then
 12 the personality and then one other test.
 13 Q. Do you know how many Dr. Wilson performed?
 14 A. I don't recall.
 15 Q. Dr. Layton?
 16 A. I don't recall the numbers.
 17 Q. How about Dr. Fink?
 18 A. I don't recall that either.
 19 Q. Look at his report on Page 5. How many tests did
 20 he perform?
 21 A. Let's see.
 22 It looks like nineteen cognitive tests, some
 23 of which are just symptom checklists and so on,
 24 self ratings, that sort of thing. There is a
 25 neuropsychological history questionnaire which is

139

- 1 really not a test. So sixteen to nineteen
 2 depending on how you define cognitive tests and
 3 then it looks like he administered about five
 4 personality tests.
 5 Q. And did any of those personality tests have
 6 subparts?
 7 A. Yes. Some of the personality tests have
 8 subparts, yes.
 9 Q. Multiple subparts?
 10 A. Yes.
 11 Q. Do you know from your own experience how many
 12 subparts any of all of those personality tests
 13 have?
 14 A. Yes. The MMPI is the same test I gave and there
 15 are dozens of scales, there are ten major scales
 16 but really dozens of supplemental scales on that
 17 test.
 18 And the Milan Clinical, Multi-Axial Clinical
 19 Inventory has about 18 major scales as I recall.
 20 The Somatosensory Amplification Scale is a
 21 single scale, an interesting choice.
 22 And the impact of the event scale is, I
 23 believe -- no, I think that's got four or five
 24 subscales associated with it.
 25 Q. Did Layton and Fink administer any of the same

140

- 1 tests?
 2 A. Yes.
 3 Q. If you administered the same tests did you arrive
 4 at the same conclusion as to a cause and effect
 5 relationship between the diagnosis and what
 6 caused her diagnosis?
 7 A. Let me make sure we're clear. Some of the tests
 8 that we administered were the same tests, not all
 9 of them were the same, and we did come to
 10 radically divergent opinions on this case.
 11 Q. Did you score the tests you administered or did
 12 your secretary?
 13 A. I did.
 14 Q. You scored them all?
 15 A. All of the cognitive tests. I didn't score the
 16 MMPI.
 17 Q. Your secretary did?
 18 A. Yes.
 19 Q. Your secretary has scored tests in other legal
 20 proceedings, too, hasn't she?
 21 A. Sure.
 22 Q. Did you review Pam's answers sheets?
 23 A. Yes.
 24 Q. Thegraph?
 25 A. Yes. The MMPI profiles.

141

- 1 Q. You did that to ensure that that was correct?
- 2 A. Yes.
- 3 Q. Okay. In the past you used to spot-check those,
- 4 didn't you, rather than go through each and every
- 5 answer sheet, graph and MMPI profile?
- 6 A. I don't know that I in this case did as you just
- 7 described.
- 8 Q. In past cases have you only spot-checked those,
- 9 in other words, you had your secretary do the
- 10 grading and you spot-checked your secretary's
- 11 work?
- 12 A. Yes. And that's what I did this time, too. We
- 13 may have a little misunderstanding here. I
- 14 spot-checked them in this case here as well.
- 15 Q. That's what I was getting at, your secretary
- 16 scores the tests that you administer?
- 17 A. The secretary uses a template to score the number
- 18 of responses that the person generates and puts
- 19 those numbers on a certain graph and then graphs
- 20 them. I in turn spot-check some of the counting
- 21 of the responses and then I very carefully check
- 22 the way that it is graphed and in this case I
- 23 also looked at her answer sheets because she
- 24 omitted a bunch of items and I wanted to count
- 25 those.

142

- 1 Q. But you didn't look over every single facet of
- 2 the test?
- 3 A. That's correct. There are things that the
- 4 secretary did that I did not check.
- 5 Q. Nor did you review every single page of the
- 6 medical records?
- 7 A. I reviewed every single page of the medical
- 8 records.
- 9 Q. You did?
- 10 A. Yes.
- 11 Q. If you know, doctor, can one have a normal
- 12 appearing MRI film and still have diffuse brain
- 13 dysfunction?
- 14 A. Yes, they can.
- 15 Q. Let's talk a little bit about your report now.
- 16 You conclude that Pam, let me pull it out, let's
- 17 start at the beginning, Page 3, you conclude that
- 18 Pam did sustain a brain injury, is that true?
- 19 A. The, I think that it's an ambiguous statement
- 20 suggesting that it is possible that at the time
- 21 of the accident she had a little brain stun of
- 22 some kind.
- 23 Q. And I'll quote you, "My examination shows that
- 24 Miss Morgan exaggerates her brain injury and that
- 25 the shock played a little role in her current

143

- 1 mental ills."
- 2 So your statement is an acknowledgment, I
- 3 believe, that at the time of this accident Pam
- 4 did sustain a brain injury?
- 5 MR. DiVENERE: Is that a question or
- 6 is that a statement?
- 7 MR. PARIS: That's a statement that
- 8 I want the doctor to agree with.
- 9 A. No. I think that is going a bit far. She is
- 10 exaggerating a brain injury meaning that it's, I
- 11 didn't mean to suggest that she has one and she's
- 12 trying to make it look worse. I meant to suggest
- 13 that she didn't have one to begin with or if she
- 14 had one somehow by being, I don't know, knocked
- 15 down or whatever it lasted very little time.
- 16 Q. Why didn't you just say that? I mean you have
- 17 been writing these reports for over ten years.
- 18 A. I think that I did. I believe that she could
- 19 exaggerate a brain injury and not have one.
- 20 Maybe we're just quibbling over semantics now.
- 21 Q. I don't know. These are the words that were your
- 22 choice, her brain injury. I just want to make
- 23 sure these aren't words that I put in your mouth
- 24 or your report, that's true?
- 25 A. You are reading my report correctly. But I

144

- 1 didn't diagnose a brain injury.
- 2 Q. Well, are you now telling me today that she
- 3 doesn't have a brain injury because USS\Kobe
- 4 asked you to back off from that statement?
- 5 A. I am, that is a mischaracterization of anything
- 6 I've said.
- 7 Q. Let me rephrase it.
- 8 Are you backing off of this statement that
- 9 Miss Morgan exaggerates her brain injury because
- 10 that will hurt Mr. DiVenere's case?
- 11 MR. DiVENERE: Objection.
- 12 A. No.
- 13 Q. Do you want this jury to believe that Pam Morgan
- 14 suffered no injury at all from this electrical
- 15 shock?
- 16 A. No.
- 17 Q. Well, what injury did she sustain?
- 18 A. I believe there were some physical injuries, some
- 19 problems with her hands and some numbness that
- 20 she reported at least in her, in her legs.
- 21 Q. You will concede, will you not, that this shock
- 22 probably contributed to Pam's psychological
- 23 difficulties?
- 24 A. It may have.
- 25 Q. And you will concede that it is probable that the

145

1 electric shock precipitated these mental
 2 problems, is that correct?
 3 A. If precipitated means that afterwards she stepped
 4 up her complaints of mental problems then yes.
 5 Q. Precipitated is your word, doctor. That's a word
 6 that you use, true?
 7 A. I don't recall using that word.
 8 Q. Okay. And certainly you don't want the jury in
 9 this case to believe that Pam is intentionally
 10 exaggerating her brain injury, are you?
 11 A. Right. I did not say that her exaggerations were
 12 intentional.
 13 Q. Okay. And, doctor, do you believe that an
 14 accurate history is important to you in
 15 developing opinions about a patient's diagnosis
 16 and the cause and effect relationship between a
 17 trauma and a claimed injury?
 18 A. Yes, it's critical.
 19 Q. And certainly if the history you take down from
 20 the patient or from the records is not accurate
 21 that can have an effect or even change your
 22 ultimate opinions, isn't that true?
 23 A. Yes.
 24 Q. As we have been through before, it is your belief
 25 that documents are the single greatest source of

146

1 information that you can glean about a patient
 2 because they're generated at a time when no one
 3 is motivated to say anything but the truth?
 4 A. Documents are the single most important part
 5 about the history, not about the patient, but
 6 about the history, yes.
 7 Q. Now, at Page 6 of your report to support the
 8 view, I take it that, Page 6 of your report, to
 9 take the view I suppose that Pam were not hurt or
 10 her injuries are inconsequential I state, minutes
 11 later, meaning after the shock, she was able to
 12 write and then you go on to, to copy down
 13 something off of a written statement of Pam about
 14 the event, is that right?
 15 A. Yes.
 16 Q. Well, isn't it true, Dr. Layne, that Pam never
 17 wrote that statement minutes after her electric
 18 shock?
 19 A. It appeared that she did.
 20 Q. You know that's not a fact, isn't that true?
 21 A. I'm not sure how to answer that question. But
 22 I'll repeat what I just said. I believe that she
 23 wrote a statement minutes after her electric
 24 shock.
 25 Q. Isn't it true that Pam was taken by ambulance to

147

1 the hospital, treated, taken home and then when
 2 she was called by her boss to come in the next
 3 day she wrote that statement out?
 4 A. That does not appear to be true based on the
 5 document. So I guess we need to look at that.
 6 Q. We're going to get to the document in a minute.
 7 But did you read the deposition of David Heisser,
 8 Pam's boss at ISS?
 9 A. Yes.
 10 Q. You did?
 11 A. I'm listening your question. You're asking did I
 12 read that document?
 13 Q. Yes.
 14 A. I don't believe so.
 15 Q. Did you read the deposition of Fred Olshanski,
 16 Pam's immediate supervisor?
 17 A. I don't think so.
 18 Q. Did you read Pam's deposition?
 19 A. I think so. But I don't recall.
 20 Q. If you would have read those depositions I think
 21 you would have discovered that Pam was called
 22 into work the next day at which time she wrote
 23 out that statement. Even though it is dated
 24 September 30th, 1996.
 25 A. Yeah, I went by the date on the document and it

148

1 sounds like it's your testimony that that date is
 2 simply wrong.
 3 Q. Well, did you ask Mr. DiVenere about the date of
 4 that statement?
 5 A. Of course not. Of course I didn't quiz him about
 6 the dates on this stack of hundreds of pages of
 7 documents.
 8 Q. Well, where are your footnotes to support the
 9 statement that Pam wrote this statement out
 10 within minutes of the accident? I mean, is there
 11 any factual data to support that?
 12 MR. DiVENERE: He just said it.
 13 A. I just said the documents indicate September
 14 30th, 1996. The injury was at about twenty
 15 minutes to 10:00 she had roughly two hours and
 16 twenty minutes before the end of September 30th.
 17 Q. What time did the paramedics take her to the
 18 hospital?
 19 A. I don't know.
 20 Q. Well, you have the paramedic report.
 21 A. Okay. I have the paramedic report.
 22 Q. What time did they take her?
 23 A. Give me a second.
 24 They have, the county EMS run has her
 25 leaving the scene at 20 to 22:00, at the hospital

149

1 22:19. That would be 19 minutes after 10:00.
 2 Q. What time did she leave ISS Kobe, 10:05?
 3 A. They arrived at the scene at 10:05, left the
 4 scene at 10:12 for a two minute ride.
 5 Q. And is it your impression that Pam after being
 6 carried to the truck and then driven back to the
 7 station wrote out that statement at that time?
 8 A. I don't know. It really depends on whether she
 9 immediately got out of the hospital and went back
 10 or what.
 11 Q. Well, you looked at the hospital records, you
 12 know what time she was discharged.
 13 A. I don't recall when she was discharged.
 14 Q. Look at the hospital records.
 15 A. Hold on just a second.
 16 Yeah, I don't know. I mean, I have here an
 17 occupational health record.
 18 Q. Well, you know she was discharged sometime after
 19 1:25 a.m., don't you?
 20 A. No, I don't.
 21 Q. You don't have the emergency room records, do
 22 you?
 23 MR. DIVENERE: Didn't you have it
 24 here before?
 25 A. All right. Yeah, my trouble is that this record,

150

1 this doesn't seem to say emergency room.
 2 Q. Well, we know it is.
 3 MR. DIVENERE: Is there a time on
 4 there?
 5 MR. PARIS: Sure there is.
 6 A. Triage time.
 7 Q. We know at 1:25 she's still there, a.m., right?
 8 A. Where is 1:25?
 9 Q. There is a whole list of times that things are
 10 being done to her. We know at 1:25 a.m. she's
 11 still in the hospital, correct?
 12 A. Yes.
 13 Q. Was it your impression that somehow after the
 14 shock while she was still out in the parking lot
 15 she wrote out this statement?
 16 A. I don't know when she wrote out that statement.
 17 All I can go by is the date on the statement.
 18 Q. But the date on the statement doesn't coincide
 19 with the facts as you know it?
 20 MR. DIVENERE: Objection. Come on,
 21 you are pushing this into the ground. The
 22 statement says it was 9-30 so he assumed it
 23 was 9-30. Are we going to be here all
 24 night? He testified three times that that
 25 date is on the statement and that is when

151

1 she wrote it. If that's not the case that's
 2 not the case.
 3 A. The date is repeatedly put on the document. It
 4 is put on every page.
 5 Q. You can understand why I want to know the basis
 6 of your assumptions, doctor?
 7 A. And the basis of my assumption is I generally
 8 read documents, look at their dates and take them
 9 at face value and one of the things I don't do is
 10 call attorneys and go through every document
 11 asking if that date is actually true.
 12 Q. And did you try to see whether or not that was
 13 consistent with the other records, that being the
 14 emergency room record and the paramedic report
 15 and try to jive the times of those three
 16 documents?
 17 A. No. Instead I read her three page document which
 18 is dated on every page as 9-30-96 and I took that
 19 at face value.
 20 Q. Which is probably further evidence that Pam was
 21 confused when she wrote that statement?
 22 MR. DIVENERE: Objection.
 23 Q. Right? At least as to the date? Would you agree
 24 with me?
 25 MR. DIVENERE: And so was Fred.

152

1 Maybe he stepped on the wire, too.
 2 MR. PARIS: Do you want me to
 3 finish? I can go all night.
 4 A. Speaking of all night, your three hours was over
 5 about 5:30.
 6 Q. And so you're entertaining us.
 7 A. You're going to pay for this entertainment, I
 8 assume?
 9 Q. Of course.
 10 So Pam got the date wrong?
 11 A. I don't know. Pam wrote the date and it appears
 12 to be written repeatedly and we're left with a
 13 mystery of when this was written. It could have
 14 been written in the emergency room.
 15 Q. We know, Tony and I know because we took the
 16 depositions and we read the depositions, so we
 17 know it was written the next day and that's why
 18 Tony is jumping up and yelling at me for
 19 misrepresenting the facts.
 20 MR. DIVENERE: I'm yelling because
 21 you are pushing things into the ground.
 22 Q. If it was written October 1st apparently Pam was
 23 confused about the date when she filled out that
 24 statement, that's a fair assumption?
 25 MR. DIVENERE: Objection.

153

1 A. It is quite possible that she put the wrong date
 2 on the form. I mean, if she did she did. We're
 3 left with her writing at the time and I guess my
 4 problem is she writes in good English sentences
 5 without distortion, it is neat handwriting and
 6 there's no evidence in these writings of brain
 7 injury on the day after the shock.
 8 Q. Fine. Also on Page 6 and 7 you state that Pam's
 9 physical complaints after the shock and you make
 10 the statement that despite these complaints she
 11 now gets no treatments for these ills but says
 12 they --
 13 A. Where is that?
 14 Q. The top of Page 7.
 15 A. There are some lines marked on the left-hand side
 16 that will even help more. See the line numbers
 17 to the left?
 18 Q. So it is almost like a deposition.
 19 A. So what line on Page 7?
 20 Q. The top. Miss Morgan complains of leg, back and
 21 neck, clumsiness, vision problems, however she
 22 now gets no treatment for these ills but she says
 23 that they prevent her from working.
 24 I take it the context in which you are
 25 making that statement is back in the fall of

154

1 1996? Or is that current as of '98?
 2 A. I believe that is current. I said however, she
 3 gets no treatment. So I think I mean now.
 4 Meaning the day of my exam.
 5 Q. It means she is not currently under the active
 6 medical care of a doctor or physical therapist?
 7 A. Or any other treatment agent, yeah.
 8 Q. Okay. On Page 10 of your report -- let's see.
 9 I'm sorry, on Page 7 of your report, Line 15, I
 10 think what you're doing is quoting a note,
 11 Dr. Billowitz says that her nightmares had
 12 stopped, handwritten notes that her last
 13 nightmare was three months after her shock?
 14 A. Right.
 15 Q. But Dr. Layton's records, and correct me if I am
 16 wrong, don't they indicate that, and even
 17 Dr. Wilson in March of '97, that she continued to
 18 complain of nightmares? In January of '97 to
 19 Layton and March of '97 to Wilson?
 20 A. I don't recall. I don't know.
 21 Q. And didn't Dr. Layton put in his records from
 22 January of '97 that her nightmares were daily for
 23 the first two months but continued thereafter on
 24 a more intermittent basis?
 25 A. I don't know. I don't recall that.

155

1 Q. If that is factual, what I said, then your
 2 statement in your report would be inaccurate?
 3 A. I don't think so.
 4 Q. Well, it certainly wouldn't jive with what the
 5 other doctors have in their history, is that
 6 true?
 7 A. The, I'm not sure. I mean, it all depends on
 8 whether Layton after saying that she had
 9 nightmares in the two months after the injury,
 10 whether he went on to say that she continues to
 11 have nightmares up until the time that he saw
 12 her. That would be the important thing.
 13 Q. Okay. Very good. The same with Wilson, right?
 14 A. Yes. Wilson would have to be saying --
 15 Q. The same thing?
 16 A. That she was having nightmares and actively
 18 having them at the time he saw her.
 19 Q. And you had Layton's records and Wilson's records
 20 at the time that you authored this report?
 21 A. Yes.
 22 MR. DiVENERE: When you say records,
 23 the reports?
 24 MR. PARIS: Yes. Well, Wilson has
 25 also got records, I think.
 MR. DiVENERE: I don't think that I

156

1 have Wilson's records. I think I just have
 2 his report and we didn't get Layton's
 3 records until, until his deposition, and I
 4 still don't have Fink's records. So I think
 5 he had the reports. I don't think he had
 6 the records until after their depositions,
 7 just to be clear.
 8 MR. PARIS: Just to be clear, since
 9 you want to make speeches, I think Dr. Fink
 10 says you can have his records under the same
 11 circumstances that Dr. Layne said I can have
 12 his records.
 13 MR. DiVENERE: I'm just addressing
 14 the record, just so the record is clear, I
 15 believe those records that Dr. Layne had
 16 gotten from me I believe were the reports.
 17 MR. PARIS: Okay.
 18 Q. You go on to stay in that same paragraph that
 19 Dr. Soderstrum on 11-27-96 says that she could
 20 perform sedentary or clerical work, is that true?
 21 A. Yes.
 22 Q. Isn't it actually the truth she can do this from
 23 a physical standpoint but she had to get
 24 clearance from her psychologist to return to work
 25 at all, isn't that what his records actually say?

157

- 1 A. I don't recall. But it wouldn't be inconsistent
 2 with what I said.
 3 Q. Well, why did you leave that part out?
 4 A. Well, let's say I wanted to make sure that I left
 5 it out first.
 6 Q. You're in the wrong place. Let's make this
 7 easier for you. Number four. Didn't Dr. Layton,
 8 I'm sorry, doesn't Dr. Soderstrum say she could
 9 return to work pending clearance from her
 10 psychologist?
 11 A. Yes.
 12 Q. And you left that out of your report, didn't
 13 you?
 14 A. May return to work depending on okay from
 15 psychologist, psychiatrist.
 16 Q. I just want to know whether you left it out of
 17 your report?
 18 A. Well --
 19 Q. I didn't ask you why. I just asked you whether
 20 you left it out of your report?
 21 A. I understand you. I'm not sure I have that
 22 document and therefore I think I'm --
 23 Q. Well, you reference it right there in your report
 24 on Page 7, Line 17.
 25 A. Right. The trouble is I don't have the document,

158

- 1 so it may be that I'm quoting this document
 2 through some other document.
 3 Q. Would it be true that maybe they're in
 4 Mr. DiVenere's letters?
 5 A. I wouldn't think so.
 6 Yeah, I don't know where I got it. But I
 7 don't have that document.
 8 Q. It's not footnoted either?
 9 A. Right.
 10 Q. Dr. Soderstrum actually revealed, and to keep
 11 this straight, her as having organic brain
 12 dysfunction, isn't that true?
 13 A. Yes.
 14 Q. Dr. Soderstrum ultimately revised his
 15 restrictions and concurred in the plan to keep
 16 Pam off work as a result of her organic brain
 17 dysfunction, isn't that true?
 18 A. I don't recall that.
 19 Q. Did you read his report?
 20 A. I also don't recall that.
 21 Q. You have his report from June of 1997, don't you,
 22 doctor?
 23 A. June of '97? Let's see.
 24 No, I don't believe that I have that
 25 document. I just don't see it.

159

- 1 Q. So if Dr. Soderstrum stated that in March, 1997
 2 after trying to return to work for a short period
 3 of time she suffered a severe regression of her
 4 symptoms and it was felt that her reactions were
 5 due to sensory overload and mental fatigue and so
 6 she was placed off of work and her therapy
 7 schedule was loosened as to have less stress and
 8 less mental fatigue, would that be consistent
 9 with your review of the facts of what occurred in
 10 March of 1997?
 11 MR. DiVENERE: Objection. What
 12 facts?
 13 Q. His gleaned facts from various medical records
 14 about her time off from work and I want to know
 15 whether or not you believe Pam Morgan as disabled
 16 from working because Dr. Soderstrum and Litwin
 17 disabled her from working?
 18 MR. DiVENERE: Objection.
 19 A. I don't know.
 20 Q. Well, why do you think she wasn't working?
 21 Because she took herself off work?
 22 A. Well, I believe that she went to work and, or
 23 returned to work and worked for a while and began
 24 to complain of various difficulties.
 25 Q. When?

160

- 1 A. Roughly six months after the shock.
 2 Q. Did she go back to work full time?
 3 A. No. I think she went back two hours a day.
 4 Q. How many days?
 5 A. I don't know.
 6 Q. What was she doing?
 7 A. Working at the visitors center, which was
 8 monitored by some of her co-workers. She was
 9 described as remembering where things were and
 10 how to find things and to write and record and
 11 store things adequately and the observations go
 12 on to say that she seemed to be functioning
 13 normally and just as well as she was before.
 14 Q. She was trying?
 15 A. That didn't seem to be the emphasis of the
 16 evaluation. It was more that she was just doing
 17 fine. There wasn't any sense that she was trying
 18 or not trying, she was doing the job.
 19 Q. And do you know how she did the minute she left
 20 work after two hours?
 21 A. There being no people that followed her out of
 22 work and recorded her behavior after work so I
 23 don't know. I don't know what she did.
 24 Q. Do you know if she saw Dr. Litwin or
 25 Dr. Soderstrum during that time period?

161

- 1 A. I don't recall whether the dates match with her
2 contacts with them. I just couldn't recall that.
3 Q. Why did they take her off from work in March of
4 '97?
5 A. I believe that the major reasons were her reports
6 of difficulty working.
7 Q. And do you think that Dr. Soderstrum and
8 Dr. Litwin were wrong with keeping her off from
9 work?
10 A. They may have been.
11 Q. Well, were they, were they, when you state -- let
12 me state it more strongly then.
13 Do you think that their taking her off from
14 work was a breach of the accepted standard of
15 medical and psychological care?
16 A. No. People, practitioners can have honest
17 disagreements.
18 Q. Okay. They were seeing Pam at that time, you
19 were not, is that true?
20 A. Right. Right.
21 Q. They had some firsthand observations about what
22 her reactions were, true?
23 A. Yes.
24 Q. Would you at least agree that they would be in a
25 pretty good position to make that call?

162

- 1 A. Yes.
2 Q. On Page 8 of your report you spend some time
3 talking about Dr. Wilson's report, starting at
4 Line 10. And you say that Dr. Wilson says she
5 suffered symptoms of posttraumatic distress. In
6 fact, Dr. Wilson actually diagnosed her as having
7 posttraumatic distress disorder, isn't that true,
8 what I'm saying?
9 A. Yes. Because my report says, quote, he said she
10 suffered symptoms of posttraumatic stress
11 disorder and he re-diagnosed it.
12 Q. Well, he diagnosed her as having two conditions,
13 did he not, one is posttraumatic stress disorder?
14 A. Yes.
15 Q. And the second condition was neurocognitive
16 disorder?
17 A. Yes.
18 Q. Is that a real disorder?
19 A. It is not in the diagnosis manual and it is not
20 in DSM-IV and that has eight to ten, twelve
21 different brain injuries that he did not use. So
22 I don't know what a neurocognitive disorder is.
23 Q. And he did not diagnose her as having a history
24 chronic fatigue syndrome, didn't he say rule it
25 out?

163

- 1 A. Yes, he said rule out and that's why I said he
2 wondered if she suffered anything.
3 Q. Wonder is kind of an editorial word on your part?
4 A. It means rule out. Rule out is synonymous, I
5 wonder if she's got it. I'm not willing to
6 diagnose it, but we need to check into this.
7 Q. And Dr. Wilson also says that these two
8 conditions that he diagnosed were caused by the
9 electric shock, is that true?
10 A. Yes.
11 Q. And he further opines that Pam needs two to three
12 more years to treat those conditions, is that
13 true?
14 A. I don't recall that. But that could very well be
15 true.
16 Q. On Page 18 of your report, Line 8, you make a
17 statement that she has returned to work. Are you
18 sure about that?
19 A. No.
20 Q. Were you wrong when you said that?
21 A. What I meant, and I expressed this very poorly
22 looking back on it, but I think what I meant by
23 that was from the time of the accident until now
24 she returned to work. She has returned to work.
25 But I should have said she returned to work for

164

- 1 some period of time and then left and made that
2 clearer. So it makes it look like that on the
3 day I saw her it looks like she was working and I
4 don't think that it's true.
5 Q. What you meant to say is factually a couple of
6 days after the accident she was at work?
7 A. Yes.
8 Q. And then in March of 1997 she was at work maybe
9 six hours, a total of six hours in one week? Two
10 hours a day for what, three days?
11 A. That I don't know. I don't know for how long she
12 went back when she went to the visitors center.
13 Q. You do diagnose Pam as having a somatoform
14 disorder?
15 A. Yes.
16 Q. Mild, moderate or severe?
17 A. I said that her difficulty was very mild.
18 Q. Her somatoform disorder?
19 A. Yes.
20 Q. And this naturally assumes that she had this
21 disorder before the shock, is that right?
22 A. I'm sorry. She had the precursors, the typical
23 history of a person with somatoform disorder
24 prior to the shock, yes.
25 Q. Very mild?

165

1 A. I don't understand your question when you say
 2 very mild.
 3 Q. You characterize her somatoform disorder as very
 4 mild?
 5 A. Yes.
 6 Q. Presently?
 7 A. Yes.
 8 Q. At the time of your examination?
 9 A. Yes.
 10 Q. And was it very mild before her shock?
 11 A. It waxed and waned and was at times, I think it's
 12 fair to say, somewhere between mild and very
 13 mild.
 14 Q. And very mild. How did it wax and wane for a
 15 couple of years before this incident?
 16 A. Well, it would be no worse than very mild. But
 17 it's difficult to say. It's hard to be that
 18 precise.
 19 Q. And somatoform form disorder means that she's
 20 very wrapped up in her injury, they hurt her more
 21 than they should?
 22 A. Well, it means that she is very wrapped up in the
 23 idea that she's physically sick or injured, yeah.
 24 Q. This means that such patients take a real injury
 25 and blow it up bigger than it is?

166

1 A. Some take a real injury and blow it much bigger
 2 than it is and some people have no injuries to
 3 begin with so they manufacture them from
 4 loincloth.
 5 Q. You are not saying that Pam wasn't injured?
 6 A. I believe at the time it is clear that she
 7 suffered injury. Her hands, for example.
 8 Q. According to you, and I think you will say that
 9 you, that people with somatoform disorders as you
 10 diagnosed with Pam seem to -- or strike that.
 11 You've said if it weren't for my injury I'd
 12 be back to work and that's an untrue statement on
 13 their part because they have every motivation to
 14 find an injury to keep them off from work, have
 15 you made that statement about somatoform
 16 personalities?
 17 A. I don't recall making that statement, but I
 18 believe it is essentially true. I don't know
 19 what the context was.
 20 Q. Do you believe that about Pam Morgan?
 21 A. That she has motivation to believe herself to be
 22 physically injured and for that injury to
 23 continue, yes. And I'm not the only one.
 24 Q. She has every motivation to find an injury to
 25 keep her off from work?

167

1 A. With Pam Morgan I would say that she has
 2 motivation to exaggerate injuries to stay off
 3 work.
 4 Q. Okay. Yet when Pam was hurt on the job in 1987
 5 she did return to work, did she not?
 6 A. Eventually I believe she did.
 7 Q. She did not go out and try to seek a permanent
 8 and total disability, is that correct?
 9 A. I think it was a permanent partial.
 10 Q. But not total disability, is that right?
 11 A. I believe that to be true.
 12 Q. Okay. She had a car accident in 1987. She
 13 returned to work, didn't she?
 14 A. Yes.
 15 Q. She did not go to court and have a trial claiming
 16 that she had a permanent and total disability,
 17 did she?
 18 A. No. I believe it was again only permanent and
 19 partial.
 20 Q. Right. When she hurt her nerves in her right arm
 21 in 1992 on the job, of course you don't know this
 22 because you haven't looked at those records, so
 23 you don't know if she fought to return to work?
 24 A. Fought?
 25 MR. DIVENERE: What do you mean

168

1 fought? Fought with whom?
 2 MR. PARIS: Rehab.
 3 MR. DIVENERE: Oh, tried?
 4 MR. PARIS: Yes.
 5 MR. DIVENERE: I didn't understand
 6 what you meant by fought.
 7 Q. Tried like the devil to get back to work?
 8 A. I don't know.
 9 Q. She didn't try to get permanent and total
 10 disability at Ames, did she?
 11 A. No. It was partial, not permanent, but I don't
 12 recall.
 13 Q. So even though in your opinion Pam had this
 14 somatoform personality before this electric shock
 15 and she was like this for years before this
 16 accident, she always found a way to return to
 17 work and work through her injuries, didn't she?
 18 MR. DIVENERE: Objection.
 19 A. Well, she in fact returned to work. I can agree
 20 with that. And we don't know what she's going to
 21 do in the future. This may go around.
 22 Q. Well, is it your opinion that it is just a
 23 coincidence that this electric trauma comes along
 24 in September of 1996, shocks her and then Pam
 25 deteriorates into a person that no one close to

169

1 her seems to recognize anymore, is that what you
2 aresaying?

3 MR. DiVENERE: Objection.

4 A. No. I haven't made that statement.

5 Q. Why did it take this episode to change her into a
6 person that those close to her do not recognize?

7 MR. DiVENERE: Objection.

8 A. I don't have any information about the people
9 close to her not recognizing her.

10 Q. Why didn't she undergo this change in 1987, 1988
11 or 1992?

12 MR. DiVENERE: What change?

13 MR. PARIS: The change.

14 MR. DiVENERE: Are **you** trying the
15 case **or** are you asking him **to** assume?

16 MR. PARIS: Yeah.

17 MR. DiVENERE: How does he know what
18 change you are talking about?

19 Q. I assume you have read all the records.

20 MR. DiVENERE: He hasn't talked to
21 the children or the kids.

22 Q. I assume you read the medical records that state
23 that the people close to her believed that she
24 was not the same person who existed prior to
25 September of 1996? If you haven't read those

170

1 records then just say **so**.

2 A. I don't recall.

3 Q. You are not aware **of** anybody saying that, are
4 you?

5 A. That's correct.

6 Q. Not a doctor, not a relative, it doesn't appear
7 in anybody's records based on a conversation with
8 Pam or a relative?

9 A. Again, it is her family describing her as not
10 being the same person?

11 Q. And others.

12 A. Her family and others?

13 Q. Yes.

14 A. I'm trying to get a handle on the question.

15 Q. Yeah, that's the question. You don't recall
16 seeing that anywhere, in any medical record?

17 A. I don't recall seeing in any record, medical or
18 otherwise, a statement like family members don't
19 recognize her anymore.

20 Q. From a personality standpoint? You don't know?

21 A. They don't recognize her personality? I don't
22 recall any statements about them no longer
23 recognizing her personality.

24 Q. Or being any different from before the shock?

25 A. I don't recall any statements of any family

171

1 members that they don't recognize personality
2 aspects.

3 Q. If people were to parade into the courtroom next
4 month and say that, and I ask **you** to assume that
5 to be true, I ask you again, do you have an
6 explanation why it took this episode, the shock,
7 to make that change rather than undergoing any
8 changes in 1987, 1988 or 1992?

9 MR. DiVENERE: Objection.

10 A. Yeah. The, she had this problem in school with
11 absenteeism, she had problems at work, she's also
12 had physicians label her as depressed and
13 suffering from chronic fatigue syndrome, the
14 physicians, and earlier the school officials were
15 noticing these absences and these quirks in her
16 behavior, **so** I don't know whether her family
17 would say during those times her personality
18 changed. But each **of** these things, depression,
19 absences from school, home schooling and these
20 thing are pretty significant. So I don't know
21 whether people in the past have noted these
22 changes. The physicians have.

23 Q. In your opinion, did the somatoform disorder,
24 would the somatoform disorder in Pam have been
25 caused by her being shocked by the **480** volts of

172

1 electricity?

2 A. No, I don't believe **so**. Events like this are
3 opportunities that people can use often, but not
4 always, people with somatoform disorders will
5 drift along until there's a trauma of some kind
6 they can point to and say this is what has
7 disabled me and focus on it like the lighting rod
8 phenomenon.

9 Q. Do you recall testifying two years ago in a case
10 involving a Mr. Freeman who fell into a vat of
11 chemicals? **You** were hired by Gallagher, Sharp, a
12 defense firm, Mr. Sweeney.

13 A. I don't remember those details except something
14 about a vat.

15 Q. A vat of chemicals where he fell in and got
16 chemical burns?

17 A. It is very vague.

18 Q. John Wilson was treating Mr. Freeman, do you
19 recall? Do you remember that?

20 A. No. Two years ago?

21 Q. Sure. That's when you testified.

22 A. Okay. No, I don't remember.

23 Q. So I take it then you also don't recall saying in
24 that testimony that this man's somatoform
25 disorder would have been caused by him falling

173

1 into a vat of chemicals and being burned?
 2 A. I don't recall saying that and that is not
 3 consistent with what I believe. I don't believe
 4 that falling into a vat of chemicals makes a
 5 person have a somatoform disorder.
 6 Q. That's fine. Would you believe that being
 7 shocked by 480 volts would enhance Pam's problems
 8 of developing a mental illness?
 9 A. Yes.
 10 Q. You believe if Pam had not been shocked by that
 11 480 volt line there would not be a condition for
 12 her to aggravate?
 13 A. That point, sure.
 14 Q. Doctor, even people with somatoform disorders, as
 15 you described Pam to have, they are entitled to
 16 get hurt?
 17 MR. DiVENERE: Objection to the
 18 phraseology.
 19 Q. Sometimes I get the impression that you penalize
 20 people for getting sick, doctor, and it's going
 21 to show up one day in a medical record and you
 22 are going claim that they have a, they have a
 23 personality disorder. Do you think that people
 24 that have somatoform disorders are entitled to
 25 get sick?

174

1 MR. DiVENERE: I'm going to stand by
 2 my objection.
 3 A. The word entitlement is --
 4 ~~is~~ problematic for you?
 5 A. Is difficult. It is like trying to ask the
 6 question like people earn the right to die. I
 7 just can't relate the verb.
 8 Q. Do people with somatoform disorders get sick?
 9 A. Sure.
 10 Q. And are their illnesses real?
 11 A. People with somatoform disorders can contract
 12 real illnesses, yes.
 13 Q. And real injuries?
 14 A. Yes.
 15 Q. Okay. So you wouldn't deny them that?
 16 A. Right.
 17 Q. If you have two patients, doctor, with carpal
 18 tunnel syndrome, one patients has a somatoform
 19 disorder and the other does not, what you are
 20 saying is that the injury may be identical in
 21 both patients from a physical standpoint but the
 22 effects on the patients and their ability to cope
 23 with the problem is going to be entirely
 24 different, is that fair?
 25 A. Not exactly. People with a somatoform and a

175

1 non-somatoform disorder can have real carpal
 2 tunnel. Many with somatoform disorders will
 3 exaggerate it. The question is whether or not
 4 you blame the carpal tunnel as the cause of the
 5 exaggeration or whether on the other hand you in
 6 a sense attribute this to the personality of the
 7 person as someone who exploits illnesses at their
 8 own gain. It is the different way of looking at
 9 it that puts the causal thing on the person
 10 rather than the injury.
 11 Q. I can appreciate that that's the way you want to
 12 answer that question today, but when you answered
 13 that question for Mr. Leeceberg a few years ago
 14 in the Clark case you answered it the way I read
 15 it to you. Is there any reason that you are
 16 changing your answer?
 17 MR. DiVENERE: Objection.
 18 Q. You'll have an opportunity to see the deposition
 19 at trial.
 20 As you sit here today can you think of why
 21 you would want to change your answer?
 22 MR. DiVENERE: Objection.
 23 A. No.
 24 Q. Okay. Doctor, would you agree with the following
 25 analogy, a movie star takes a gun that shoots

176

1 blanks and jokingly puts it to his head, it's a
 2 blank gun, and after he pulls the trigger his
 3 brain waves are altered, he become unconscious
 4 and never returns to his own personality, you
 5 believe that is a serious injury even if it were
 6 blanks rather than real bullets?
 7 A. Yes. Assuming that the blank bullet extrudes
 8 something from the gun.
 9 Q. Blanks don't.
 10 A. What's that?
 11 Q. Blanks don't.
 12 A. Okay. Read it, or would you mind saying the
 13 question again?
 14 Q. A movie star puts a blank gun up to his head and
 15 pulls the trigger, jokingly pulls the trigger and
 16 it goes off.
 17 A. Yes.
 18 Q. And there are blanks in the gun, not real
 19 bullets, and after he pulls the trigger his brain
 20 waves are altered and he becomes unconscious and
 21 never returns to his normal personality. Has
 22 this movie star suffered a real injury?
 23 MR. DiVENERE: Objection.
 24 Q. And a serious injury?
 25 MR. DiVENERE: Objection.

177

1 A. I don't think so. I got a feeling that this, if
 2 we **look** at the context of this, this is probably
 3 the case of an actor about seven or eight years
 4 ago who did just what **you** described but the gun
 5 sort of extruded this powder and it literally
 6 went through part of his brain and brain damaged
 7 him. **So**, again, if it is a blank gun and the
 8 person, nothing coming out of the gun, then I
 9 don't know how he would be injured.

10 Q. Okay.

11 A. I **just** don't know.

12 Q. **So** you would not agree at all with the analogy
 13 that I gave you as I just read, as stated?

14 A. Well --

15 Q. If you don't agree just say you don't agree. You
 16 don't have to explain it.

17 A. Without knowing the surrounding verbiage it is
 18 difficult to say. But in terms of that little
 19 bit, assuming that verbiage means that there was
 20 no physical event, the gun simply goes off,
 21 nothing comes out of the gun, then I don't
 22 believe there would be any physical injury.

23 Q. **Well**, that's fine. These are your words, your
 24 stories that I'm pulling out of the depositions.
 25 Dr. Layne, you certainly are not always

178

1 correct in your diagnosis or when you express an
 2 opinion, isn't that true?

3 A. That's true.

4 MR. PARIS: Okay. I got to go.

5 MR. DIVENERE: Are you done?

6 MR. PARIS: We're done. Is he going
 7 to read it?

8 THE WITNESS: I think I can waive it
 9 this?

10 MR. DIVENERE: I think so too.

11 MR. PARIS: You're going to waive
 12 it?

13 THE WITNESS: Yes.

14 (Signature waived.)

15
16
17
18
19
20
21
22
23
24
25

179

CERTIFICATE

The State of Ohio,) SS:
 County of Cuyahoga.)

I, Kenneth F. Barberic, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named CHRISTOPHER LAYNE, Ph.D. was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and the reading and signing of the deposition was expressly waived by the witness and by stipulation of counsel; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation of counsel; and that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney, or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this
 19 day of _____ A.D.

Kenneth Barberic, Notary Public, State of Ohio
 14237 Detroit Avenue, Cleveland, Ohio 44106
 My Commission Expires October 18, 2003

180

EXHIBIT INDEX

	PAGE
Plaintiff's Exhibit Layne-1, Dr. Layne's CV	3
Plaintiffs Exhibits Layne-2 through Layne-12, various correspondence	3
Plaintiffs Exhibits Layne-13 through Layne-28, tests which will be given without an authorization	10
Plaintiffs Exhibits Layne-29 through Layne-36 tests that will be released to a psychologist	11
Plaintiff's Exhibit Layne-1A, Dr. Layne's current CV	11
Plaintiff's Exhibit Layton-37, Dr. Layne's billing record for Pamela Morgan	118

15
16
17
18
19
20
21
22
23
24
25

<p>\$</p> <p>\$150 116:24 \$200 118:13; 119:15 \$200,000 42:25; 43:3 \$45,000 42:23 \$450 119:3 \$5,270 119:6</p> <p>1</p>	<p>135:1; 147:24; 148:14; 154:1 168:24; 169:25 1997 158:21; 159:1,10; 164:8 1998 48:4; 49:19; 52:5 1999 1:16; 48:7,20 19th 48:4; 52:5; 120:8,11,16,21 1:25 149:19; 150:7,8,10 1A 11:16 1st 121:2; 152:22</p>	<p>600 2:8 621-2300 2:0 66,000 42:25; 43:4</p> <p>7</p> <p>7 60:14; 153:8,14,19; 154:9; 157:24 780.7 85:7 7:20 84:15</p>	<p>57:3,5; 80:19; 91:15; 119:24; 151:11; 156:22,25; 158:10; 162:6 add 119:3 added 132:7 addition 24:14; 124:21 address 11:25 addressing 156:13 adequately 160:11 adhere 86:3 adjusters 35:25 administer 136:22,25; 137:6; 139:25; 141:16; 179:8 administered 63:4; 137:4,7,8,25; 138:9; 139:3; 140:3,8,11 Administrative 32:25 admission 84:2,3,7,14 adult 82:6 advantage 110:18; 111:10 affect 69:25; 70:12; 129:17 affected 136:14 aforementioned 179:0 afterward 22:7; 96:20 afterwards 21:10; 23:12; 24:12; 128:9; 145:3 again 7:5; 10:6; 41:8; 42:11; 44:6; 54:5; 60:18; 61:1; 64:5; 66:18; 74:13,25; 75:13; 88:4; 89:9; 103:21; 104:7; 106:9; 108:12; 109:25; 131:8; 132:23; 134:1; 135:1,20; 167:18; 170:9; 171:5; 176:13; 177:7 against 39:22,23 age 3:1; 12:7 aged 12:5 agent 112:6; 154:7 aggravate 173:12 agree 16:16; 18:2; 19:23; 45:15,17; 73:4; 77:10; 103:6; 104:14,18; 105:20,23; 106:1; 108:16; 109:19,22,25; 110:6; 114:11; 121:25; 131:4; 143:8; 151:23; 161:24; 168:19; 175:24; 177:12,15,15 agreed 102:8 agrees 104:9,11; 128:25 ahead 9:6; 30:16; 75:22; 34:1; 93:24; 111:7; 114:3 ahold 21:7,8; 38:13 air 126:13,15 aisle 14:10 Akron 37:6 al 1:0 Alabama 13:3 Alan 36:16 alive 91:22 allow 4:15; 6:6 allowed 4:21 illuded 100:2 almost 27:10; 38:8,9; 01:10; 134:4; 153:18 alone 52:14 along 3:25; 79:9; 168:23; 72:5 already 6:4; 42:7; 48:2; 6:1,6; 64:3; 69:22; 70:1,3; 36:11 altered 176:3,20 although 31:11 Alton 36:14 always 4:20; 168:16; 172:4; 77:25 ambiguous 7:16; 142:19 ambivalent 103:12 imbalance 22:18; 146:25 american 16:24; 17:18 ames 67:7; 69:17,25; 70:8;</p>
<p>'75 135:5 '93 132:12 '94 82:2,21 '95 82:2; 83:17; 89:3,6,8; 90:6,18; 92:6; 93:17,20; 95:21; 134:21 '96 82:3,22,24; 83:15; 84:4; 87:12; 90:7; 132:12; 134:24 '97 131:23; 154:17,18,19,22; 158:23; 161:4 '98 8:23,25; 49:23; 154:1 '99 49:14; 121:2</p>	<p>2</p> <p>20 33:5,6; 41:21; 148:25 200 31:9 2003 179:0 21 92:12 2100 2:0 216 1:1; 2:2 21st 48:7; 87:18; 93:17,20; 94:4; 132:20 22 12:8 221-1970 1:0 221-9171 1:23 225-60-0439 12:14 22:00 148:25 22:19 149:1 22nd 74:5 25 41:21 25th 120:22 26th 12:12 27 37:15,20 2800 1:15 29 11:12 2:15 1:16 2:30 118:14,17,19 2nd 83:3,5</p>	<p>8</p> <p>8 48:10,20; 162:2; 163:16 80 57:10 8th 48:15</p> <p>9</p> <p>9-30 150:22,23 9-30-96 151:18 97CV118351 1:5 9:00 60:16 9th 46:10; 48:12; 84:10,15</p>	<p>A</p> <p>A.D 179:19 am 52:12; 53:18; 150:10 a.m. 49:5; 60:16; 149:19; 150:7 ability 79:8; 81:23; 136:14; 174:22 able 25:7,12; 47:7; 75:24; 39:22; 90:19; 95:8,14; 101:2; 126:12,14; 146:11 abnormal 30:24 abnormally 55:1 above 79:7,8,9,10,11; 30:1,3,7 above-named 179:9 above-set 179:11 absences 91:2; 171:15,19 absent 66:23; 107:22 absentee 91:4 absenteeism 171:11 absolutely 112:25 abstracts 30:4 academic 30:9,19 accept 11:14,21; 115:2 accepted 45:9; 161:14 accident 21:18; 23:9; 64:25; 57:19; 68:13; 80:20; 90:19; 91:6; 115:14,15; 131:19; 34:20; 135:10; 142:21; 43:3; 148:10; 163:23; 64:6; 167:12; 168:16 accomplish 8:13 accomplished 73:12 according 96:10,20; 166:8 account 100:22 accounted 26:5 accounting 117:13 accuracy 110:24 accurate 43:3; 85:12; 86:6; 45:14,20 achievement 65:25; 66:18 acknowledgment 143:2 across 35:9; 91:21; 112:17 act 42:3 action 179:17 active 154:5 actively 155:16 activities 82:6; 128:2 activity 118:10 actor 177:3 actual 121:22; 122:13 actually 13:22; 36:2; 56:5;</p>
<p>1</p> <p>1 8:19 1,500 69:9 1-888-595-1970 1:0 10 48:19; 154:8; 162:4; 180:7 101 31:6,8 10:00 52:12; 53:18; 148:15; 149:1 10:05 149:2,3 10:12 149:4 10:45 60:17,18 11 48:20; 180:9,0 11-27-96 156:19 118 180:0 11:30 60:18,19 11:40 49:4 12 49:1 12:45 60:19 13 1:16 1370 2:0 13th 48:23; 49:19; 120:9 14237 1:179 15 126:2,3,4; 135:23; 154:9 150 119:2,17 16 39:13 17 157:24 18 139:19; 163:16; 179:0 19 149:1; 179:0 1948 12:12 1960's 59:1,6 1967 12:22 1971 12:22; 13:7 1972 135:5 1975 13:19; 14:8 1976 13:7,20 1980 15:9; 29:8 1980's 16:6; 72:1 1981 16:4 1984 12:3 1987 167:4,12; 169:10; 171:8 1988 169:10; 171:8 1990's 72:1 1992 72:8,11; 73:20; 167:21; 169:11; 171:8 1993 73:20,25; 74:5,22; 76:1; 82:2,17; 95:24; 132:11 1994 82:17; 95:24 1995 82:17,25; 83:1,3,5; 87:18; 92:12; 94:4; 95:8; 132:20 1996 82:17,20; 84:10,15; 95:24; 96:2; 97:8; 132:11;</p>	<p>3</p> <p>3 109:14; 142:17; 180:180 3/7/96 83:14 30 40:21; 43:16; 87:25 300 31:9; 43:17 30th 96:2; 147:24; 148:14,16 33 88:1 348-5400 2:9 36 11:12 3634 12:1 37 118:9</p>	<p>4</p> <p>4,745 119:4 4,820 119:4,5 400 69:3 \$3606 12:1 \$41071 22; 179:23 \$4113 2:4 44114 2:0 45 119:23 480 97:7,21; 104:14; 171:25; 173:7,11 4:00 53:19</p>	<p>5</p> <p>5 138:19 5,000 71:1 50 12:10 5:30 152:5 5th 49:14</p>
<p>5</p> <p>5 146:7,8; 153:8 io 102:2</p>	<p>5</p> <p>5 138:19 5,000 71:1 50 12:10 5:30 152:5 5th 49:14</p>	<p>5</p> <p>5 138:19 5,000 71:1 50 12:10 5:30 152:5 5th 49:14</p>	<p>5</p> <p>5 138:19 5,000 71:1 50 12:10 5:30 152:5 5th 49:14</p>

<p>72:11; 78:6,10,14; 79:5; 168:10</p> <p>Amherst 83:8; 84:9,11</p> <p>amnesia 99:4,6; 100:23; 101:6; 107:21; 126:5</p> <p>amnesic 99:3,9; 100:24</p> <p>amount 119:5,7</p> <p>Amperes 97:24</p> <p>ample 136:1</p> <p>Amplification 139:20</p> <p>analogy 175:25; 177:12</p> <p>and/or 1:17; 44:5</p> <p>Andress 37:4</p> <p>anger 130:2</p> <p>answer 7:18; 10:1; 20:12; 28:4; 41:8; 42:18; 49:24; 74:11; 75:5,8,24; 114:8; 141:5,23; 146:21; 175:12,16,21</p> <p>answered 175:12,14</p> <p>answering 60:20</p> <p>answers 4:11; 7:22,25; 54:21; 140:22</p> <p>antegrade 101:6,8; 107:21</p> <p>Anthony 2:0</p> <p>anxiety 17:21,22; 88:2; 94:16</p> <p>Anybody 36:18; 106:15; 116:18; 170:3</p> <p>anybody's 170:7</p> <p>anymore 55:13; 169:1; 170:19</p> <p>anyone 39:10</p> <p>anything 50:19; 99:19; 101:3; 114:24; 127:7; 134:17; 135:5; 137:19; 144:5; 146:3; 163:2</p> <p>anyway 24:3</p> <p>Anywhere 14:17; 60:10,11; 70:25; 170:16</p> <p>apparently 99:16; 104:10; 112:16; 152:22</p> <p>appear 47:4; 147:4; 170:6</p> <p>appearance 64:16</p> <p>APPEARANCES 2:1</p> <p>appeared 146:19</p> <p>appearing 142:12</p> <p>appears 84:13; 92:11; 98:22; 119:5; 152:11</p> <p>appliances 124:23</p> <p>application 78:12</p> <p>applied 78:7; 98:4</p> <p>applying 32:20</p> <p>appointment 108:8</p> <p>appreciate 28:25; 175:11</p> <p>April 97:7</p> <p>arc 97:16</p> <p>area 41:22</p> <p>areas 82:11; 131:12</p> <p>aren't 91:13; 96:4; 128:18; 143:23</p> <p>arena 21:6</p> <p>argue 101:9,10; 108:12</p> <p>arm 167:20</p> <p>armed 13:8</p> <p>around 22:17; 38:17; 52:23,24; 66:2; 111:25; 112:9; 121:6; 127:22; 168:21</p> <p>arousal 129:23</p> <p>arrive 140:3</p> <p>arrived 58:13; 149:3</p> <p>articles 46:10; 48:13</p> <p>ascertain 86:8</p> <p>ascertaining 112:23</p> <p>aside 130:21; 131:24</p> <p>ask 4:2,4; 18:19; 28:25; 29:18; 51:24; 52:16; 56:3; 61:13; 65:18; 68:23; 69:1,17; 75:22; 128:21,21; 148:3;</p>	<p>157:19; 171:4,5; 174:5</p> <p>asked 8:12; 54:20; 58:1; 60:24; 67:15; 95:23; 144:4; 157:19</p> <p>asking 9:18,25; 70:17; 73:16; 75:3; 90:10; 91:9; 132:12; 147:11; 151:11; 169:15</p> <p>asks 60:7</p> <p>asleep 60:17,18; 129:25</p> <p>aspect 35:7; 40:2; 125:17; 126:10; 127:1,14,15,21</p> <p>aspects 171:2</p> <p>assessments 59:3</p> <p>assignment 51:23</p> <p>assistant 14:7,13,14,21,24</p> <p>assisted 6:14</p> <p>associate 14:22,23</p> <p>associated 88:18; 105:15,20; 106:2,8,18; 107:14; 125:12; 132:5; 139:24</p> <p>ASSOCIATES 1:0</p> <p>associations 30:1</p> <p>assume 50:2; 73:16; 90:11; 110:5; 152:8; 169:15,19,22; 171:4</p> <p>assumed 150:22</p> <p>assumes 164:20</p> <p>assuming 22:12; 76:17; 110:6; 131:3,8; 176:7; 177:19</p> <p>assumption 10:6; 92:24; 93:2; 151:7; 152:24</p> <p>assumptions 136:7; 151:6</p> <p>attempted 77:14</p> <p>attendance 79:12</p> <p>attention 74:19; 81:24; 102:13; 105:5; 107:3; 111:13; 113:22</p> <p>attorney 4:23; 179:16,0</p> <p>attorneys 33:11; 34:15; 35:12; 38:3; 151:10</p> <p>attractive 43:2</p> <p>attribute 175:6</p> <p>audible 4:12</p> <p>August 87:18; 90:6,18; 92:6,12; 93:16,20; 94:4; 95:21; 132:19; 134:21</p> <p>author 50:25</p> <p>authored 47:6,7; 115:4; 155:19</p> <p>authoritative 45:5,7,12,22; 46:20,22,23,25; 47:3</p> <p>authorities 104:18</p> <p>authorization 8:5,15,16; 10:19; 180:7</p> <p>authorized 179:0</p> <p>authors 45:19; 46:2; 47:2</p> <p>Avenue 1:15,2; 179:23</p> <p>average 79:7,8,9,10,12; 80:1,3,7; 119:23</p> <p>avoidance 125:12</p> <p>award 91:25</p> <p>aware 4:13; 19:9; 65:9; 96:9; 101:12; 102:7,17; 103:4; 126:7; 133:20; 170:3</p> <p>awareness 98:20</p> <p>away 22:15; 99:14; 108:9</p>	<p>144:4; 149:6,9; 153:20,25; 160:2,3; 163:22; 164:12; 166:12; 168:7</p> <p>background 4:3</p> <p>backing 14:1; 144:8</p> <p>ballpark 41:19</p> <p>Bank 2:0</p> <p>Barberic 1:12,179; 179:0</p> <p>barracks 127:6</p> <p>Barry 19:2</p> <p>Bartek 83:2,9,14; 94:17</p> <p>based 51:16; 64:21; 71:24,25; 73:7; 74:14; 78:19,23; 97:5; 98:14; 104:17; 135:13; 147:4; 170:7</p> <p>basic 52:22</p> <p>basically 6:22; 76:23; 99:4; 101:17; 104:9; 111:13; 115:12,14</p> <p>basis 16:7; 20:19; 84:21,24; 85:2; 110:15; 132:11; 135:11,13,18; 136:9; 151:5,7; 154:24</p> <p>bat 5:16</p> <p>battery 58:22; 59:1,2,13,14,15; 61:22; 62:23; 137:9,13,23; 138:11</p> <p>bear 67:13; 73:9</p> <p>became 101:12</p> <p>become 29:7; 77:20; 176:3</p> <p>becomes 56:3,5; 176:20</p> <p>beforehand 111:19</p> <p>began 9:17; 15:11; 16:5,15; 52:7,11; 159:23</p> <p>begin 143:13; 166:3</p> <p>beginning 14:8; 142:17</p> <p>begun 58:12</p> <p>behalf 1:17; 2:2</p> <p>behavior 56:2; 108:7; 160:22; 171:16</p> <p>belief 46:18; 121:17; 145:24</p> <p>believe 16:1; 19:6; 22:13,14,16; 23:4,8; 35:8,22; 42:15; 45:19; 48:5; 53:12; 57:10; 64:7; 65:7; 68:17; 79:16,18,22; 81:21; 92:19; 93:10,12; 95:13,23; 96:24; 97:13,21; 101:1; 121:21; 122:4; 125:2,22; 129:8,12; 130:10,15; 131:9,16; 132:1; 133:22; 139:23; 143:3,18; 144:13,18; 145:9,13; 146:22; 147:14; 154:2; 156:15,16; 158:24; 159:15,22; 161:5; 166:8,18,20,21; 167:6,11,18; 172:2; 173:3,6,10; 176:5; 177:22</p> <p>believed 69:19; 169:23</p> <p>bell 115:2</p> <p>belong 30:2</p> <p>benefit 111:4</p> <p>Besides 39:11; 59:6; 74:10</p> <p>best 44:13</p> <p>bet 71:2</p> <p>better 4:25; 25:10; 68:17; 80:4; 110:16; 113:13</p> <p>beyond 24:2; 87:4; 110:2</p> <p>big 38:19,23; 39:3; 99:10; 107:18</p> <p>bigger 47:20,21; 165:25; 166:1</p> <p>Bilancini 37:9</p> <p>bill 8:13; 24:24; 118:9,16; 119:4,6; 120:5</p> <p>billed 117:18; 118:10</p> <p>billing 118:5; 180:12</p> <p>Billowitz 154:11</p> <p>bind 111:24</p> <p>Birmingham 14:3; 15:4</p>	<p>birth 12:11</p> <p>bit 14:1; 60:25; 66:2; 68:12; 89:20; 90:24; 142:15; 143:9; 177:19</p> <p>blame 175:4</p> <p>blank 55:22; 176:2,7,14; 177:7</p> <p>blanks 176:1,6,9,11,18</p> <p>blast 101:4</p> <p>block 119:18</p> <p>blocking 126:5</p> <p>blossom 16:12</p> <p>blossomed 16:17</p> <p>blow 26:12; 165:25; 166:1</p> <p>blown 127:4</p> <p>blowout 23:23</p> <p>blue 50:16; 100:8</p> <p>Blurred 105:1; 106:24</p> <p>Board 16:24,25; 17:6,9,12,14,18; 32:15,21; 33:7; 91:21; 112:17</p> <p>body 21:16; 97:12,20; 98:10,11</p> <p>bone 76:23</p> <p>book 34:14,18,21; 35:2,4,7; 86:2,3</p> <p>bookkeeping 117:8</p> <p>Booklet 7:8,10</p> <p>books 34:4; 38:16</p> <p>boss 147:2,8</p> <p>Boston 18:8</p> <p>bother 86:3</p> <p>boundaries 133:25</p> <p>bounds 27:16</p> <p>boyfriend 88:4,13; 135:23</p> <p>brain 16:1; 102:13,19,23; 103:11,13; 105:15,23; 107:16,17,22,25; 108:12,14,16,20; 113:6; 136:18,20,20; 142:12,18,21,24; 143:4,10,19,22; 144:1,3,9; 145:10; 153:6; 158:11,16; 162:21; 176:3,19; 177:6,6</p> <p>breach 161:14</p> <p>break 31:16; 53:20; 54:2; 57:14; 61:18; 117:15</p> <p>breaking 88:19</p> <p>breather 58:19</p> <p>breathing 91:22</p> <p>brief 28:15; 98:16</p> <p>bring 8:15; 27:19; 55:8; 61:8; 64:4; 115:10</p> <p>broad 107:17</p> <p>brochure 88:24; 94:15</p> <p>broken 61:13</p> <p>Brookside 12:1</p> <p>brought 39:22; 54:17</p> <p>bullet 176:7</p> <p>bullets 176:6,19</p> <p>bumped 28:12</p> <p>bunch 141:24</p> <p>Bureau 24:25</p> <p>Burke 2:7</p> <p>Burn 23:19; 24:5,9</p> <p>burned 173:1</p> <p>burns 172:16</p> <p>burst 98:16; 99:5</p> <p>business 37:25; 38:7; 40:1; 42:10; 51:12; 91:19</p> <p>busy 62:11</p>
<p>BARBERIC & ASSOCIATES</p>			<p>C</p> <p>call 41:19; 91:20; 96:16; 99:6,9; 134:1; 151:10; 161:25</p> <p>called 3:2; 6:8; 7:10,13; 23:23; 34:7,18; 49:21; 58:22;</p>

<p>59:18; 60:15; 87:3; 103:11; 107:24; 114:13; 147:2,21</p> <p>calls 38:9</p> <p>calmly 126:3</p> <p>can't 7:9,15; 9:2; 20:25; 24:8,8; 36:19; 43:20; 46:1; 57:22; 71:14; 74:18; 75:5,6,7,8; 79:16; 101:5; 111:17,25; 112:9; 124:18; 131:2; 133:12; 174:7</p> <p>capable 96:17,23,25; 97:2</p> <p>capacity 51:11</p> <p>car 99:7,23; 100:9; 115:13,15; 167:12</p> <p>care 22:8; 82:14; 100:21; 112:12; 129:16; 136:15; 154:6; 161:15</p> <p>careful 95:15; 112:3,6</p> <p>carefully 117:10; 141:21</p> <p>Carey 12:8</p> <p>carpal 72:12;</p> <p>76:3,11,17,18,22; 77:4; 82:9; 86:17; 174:17; 175:1,4</p> <p>carried 149:6</p> <p>CASE 1:5; 4:4; 16:2,3,8; 18:14; 19:23; 33:12,18,21; 40:10; 43:20; 44:20; 46:1; 49:18; 79:22; 83:25; 87:4; 109:8,12; 112:4; 114:2; 116:19; 120:10; 140:10; 141:6,14,22; 144:10; 145:9; 151:1,2; 169:15; 172:9; 175:14; 177:3</p> <p>cases 16:13; 18:22; 32:14; 33:10; 34:23; 35:9; 37:16; 40:7; 41:24; 42:1; 43:6,12,17,21,25; 68:1; 69:10; 141:8</p> <p>CAT 26:1</p> <p>Category 7:8,10</p> <p>causal 175:9</p> <p>causative 26:14</p> <p>cause 1:18; 107:25; 131:10,15; 140:4; 145:16; 175:4</p> <p>caused 23:5; 102:9; 103:6; 107:16; 140:6; 163:8; 171:25; 172:25</p> <p>Center 2:14; 160:7; 164:12</p> <p>Central 1:15; 108:14</p> <p>certain 61:9; 106:11; 125:15,16; 132:13; 136:7; 141:19</p> <p>certainly 42:5; 67:15; 86:20; 87:9; 96:25; 145:8,19; 155:4; 177:25</p> <p>certainty 24:9</p> <p>certification 17:6,9,12</p> <p>certifications 16:25</p> <p>certified 3:5</p> <p>certify 179:8,0</p> <p>cetera 94:15</p> <p>chance 74:3</p> <p>change 105:19; 145:21; 169:5,10,12,13,18; 171:7; 175:21</p> <p>changed 171:18</p> <p>changes 8:24; 171:8,22</p> <p>changing 175:16</p> <p>chaotic 99:8</p> <p>chapter 35:1</p> <p>characterize 165:3</p> <p>characterized 72:2</p> <p>charge 66:4; 116:22; 118:12; 119:24</p> <p>charged 119:8; 120:20,21</p> <p>charges 8:13</p> <p>charging 119:8,9</p> <p>Charles 29:15</p>	<p>check 67:5,6; 73:6; 141:21; 142:4; 163:6</p> <p>checking 50:3</p> <p>checklists 138:23</p> <p>chemical 172:16</p> <p>chemicals 172:11,15; 173:1,4</p> <p>Chicago 103:22</p> <p>child 16:3; 134:15</p> <p>childhood 135:3</p> <p>children 80:17; 82:14; 88:20; 129:16; 135:24; 169:21</p> <p>choice 139:21; 143:22</p> <p>chooses 113:24</p> <p>choosing 88:5</p> <p>CHRISTOPHER 1:10; 3:1,7,24; 179:9</p> <p>chronic 83:4,14; 84:22; 85:8; 86:12; 87:3,19; 89:1,12,15; 94:18; 133:14,16,20; 134:25; 162:24; 171:13</p> <p>circumstances 104:16; 156:11</p> <p>cite 45:2</p> <p>cited 45:4; 47:1</p> <p>Civil 3:4</p> <p>claim 173:22</p> <p>claimed 145:17</p> <p>claiming 39:15,23; 167:15</p> <p>claims 39:22</p> <p>clarification 42:15</p> <p>clarify 4:25</p> <p>Clark 175:14</p> <p>clashing 24:14,15; 25:23</p> <p>class 31:17</p> <p>classes 30:24; 31:8,19,21,22,23</p> <p>clean 4:10,12</p> <p>cleaned 91:3</p> <p>cleaning 80:24</p> <p>clear 24:16; 25:12; 108:17,17,20,21; 114:13,17; 136:6; 140:7; 156:7,8,14; 166:6</p> <p>clearance 156:24; 157:9</p> <p>cleared 25:14</p> <p>clearer 164:2</p> <p>clearly 22:7</p> <p>clerk 156:20</p> <p>CLEVELAND 1:22; 2:4,35; 36:22; 179:179</p> <p>clients 35:25</p> <p>clinical 13:4; 16:22; 17:4; 34:15; 139:18,18</p> <p>clinically 131:11</p> <p>Close 57:7; 94:19; 113:8; 168:25; 169:6,9,23</p> <p>closer 84:6; 102:4</p> <p>clumsiness 153:21</p> <p>co-workers 71:13; 160:8</p> <p>code 50:13; 85:7,15; 126:7</p> <p>coding 50:22,24</p> <p>cognitive 52:19; 62:23; 109:16; 138:22; 139:2; 140:15</p> <p>coin 85:25</p> <p>coincide 150:18</p> <p>coincidence 168:23</p> <p>college 12:5,19; 31:6</p> <p>color 50:13,22</p> <p>colors 50:15</p> <p>comes 16:18; 27:11; 38:19; 34:11; 87:5; 112:2; 114:11; 127:23; 168:23; 177:21</p> <p>coming 60:1; 127:5; 177:8</p> <p>command 65:16</p> <p>commission 179:0</p>	<p>COMMON 1:1; 65:4</p> <p>community 45:10; 136:15</p> <p>Comp 32:15,19,20,21; 33:2,7,10,12,13,14; 41:6,18</p> <p>companies 39:14,19,20</p> <p>COMPANY 1:6; 69:18</p> <p>compare 59:14</p> <p>Compensation 24:25</p> <p>competence 65:12</p> <p>competent 66:8</p> <p>complain 93:17,21; 134:13; 154:18; 159:24</p> <p>complained 130:4,6; 134:10</p> <p>complaining 66:24; 134:3</p> <p>complains 133:23; 153:20</p> <p>complaint 86:16</p> <p>complaints 66:9; 71:25; 72:18; 81:22; 84:18,19,20; 94:22; 145:4; 153:9,10</p> <p>complete 54:19</p> <p>completely 74:2</p> <p>compression 74:21; 75:25; 76:9,21</p> <p>comprise 85:4</p> <p>comprises 5:12,13</p> <p>compulsive 30:8,13,14</p> <p>computations 7:11</p> <p>computer 56:7</p> <p>concede 144:21,25</p> <p>concentrating 107:5; 108:19; 130:4</p> <p>Concentration 104:22,24; 106:18,21; 108:24; 132:9; 133:7,13,17,18</p> <p>concept 108:3</p> <p>concepts 40:7</p> <p>conclude 142:16,17</p> <p>conclusion 140:4</p> <p>conclusions 69:22,25</p> <p>concrete 100:9</p> <p>concurrent 158:15</p> <p>condition 77:3,4,7; 133:20; 162:15; 173:11</p> <p>conditions 70:5; 162:12; 163:8,12</p> <p>conducted 52:4; 53:9; 97:11; 98:10</p> <p>conductivity 97:13</p> <p>confine 52:8</p> <p>confirm 61:23</p> <p>confronted 121:21; 122:2,12,22</p> <p>confused 151:21; 152:23</p> <p>confusing 86:15</p> <p>confusion 23:10; 24:13; 25:13,24; 26:5,20</p> <p>Congratulations 69:8</p> <p>connecting 137:21</p> <p>consciousness 98:19</p> <p>consider 17:21; 80:2; 88:16; 126:24</p> <p>considered 45:5; 59:2; 130:22</p> <p>consistent 74:2; 87:10; 104:10; 132:23; 133:14,19; 151:13; 159:8; 173:3</p> <p>consistently 59:11</p> <p>consists 5:17</p> <p>consult 39:12,12</p> <p>consultant 43:22</p> <p>consultation 41:13,17,22; 117:11; 121:1,12</p> <p>consultations 40:9,14</p> <p>consulted 43:7</p> <p>consulting 15:22; 16:6,11; 32:12; 40:1; 43:1</p> <p>consults 40:16,21</p> <p>contact 33:17; 97:15; 98:13</p> <p>contacted 49:18</p>	<p>contacts 161:2</p> <p>contains 45:8; 47:18</p> <p>contemporaneous 82:1,16</p> <p>context 39:21; 44:3; 93:3; 153:24; 166:19; 177:2</p> <p>continue 92:6; 108:21; 166:23</p> <p>continued 28:14; 93:17,20; 94:8; 120:13; 128:9; 129:15; 131:18; 154:17,23</p> <p>continues 59:11; 155:10</p> <p>continuing 24:13; 94:7</p> <p>continuity 5:42,8</p> <p>contract 5:9; 174:11</p> <p>contribute 92:16</p> <p>contributed 26:19; 144:22</p> <p>controlled 61:11; 63:10</p> <p>conversation 121:10; 170:7</p> <p>conversations 28:15</p> <p>cooking 80:24</p> <p>cooperation 79:11</p> <p>cope 174:22</p> <p>copied 5:3; 11:3</p> <p>copies 4:18,19; 9:6; 10:7,7; 11:2; 13:21; 39:2</p> <p>copy 8:19; 9:3; 10:22; 117:25; 146:12</p> <p>corporations 39:13</p> <p>correct 7:2; 14:18,20; 19:13; 20:1; 27:24; 31:4; 37:21; 40:5; 45:16; 46:17; 53:10; 56:10,18; 63:13; 77:24; 96:18; 98:12; 106:7; 109:6; 110:10; 111:3; 115:23; 136:10; 141:1; 142:3; 145:2; 150:11; 154:15; 167:8; 170:5; 178:1</p> <p>corrected 44:16; 100:14; 123:6,10</p> <p>correctly 143:25</p> <p>correspondence 3:19; 46:4; 48:2; 49:20; 180:5</p> <p>couldn't 7:23; 30:11; 72:15; 161:2</p> <p>counsel 1:17; 179:14,0</p> <p>counseling 25:18; 116:6,9,10,17</p> <p>count 41:1; 141:24</p> <p>counted 37:22; 39:17</p> <p>counting 117:20; 141:20</p> <p>country 35:9</p> <p>COUNTY 1:2; 148:24; 179:6</p> <p>couple 30:22; 32:9; 34:4; 52:2; 57:13; 61:18; 102:3; 119:21; 124:3,11; 129:3; 131:19,20,22,23; 136:11; 164:5; 165:15</p> <p>course 4:17,21; 14:1; 40:25; 45:10; 56:3; 69:23; 71:8; 98:3; 119:9; 120:14; 136:4; 148:5,5; 152:9; 167:21</p> <p>courses 31:1,3,7,11,14,15</p> <p>COURT 1:1,21; 41:25; 42:2; 44:5; 67:24; 111:24; 112:2,4,7; 119:19; 167:15</p> <p>courtroom 34:12; 171:3</p> <p>covered 107:19</p> <p>credentials 19:5</p> <p>criminal 41:5,14</p> <p>criteria 85:22; 86:4,8; 106:23; 107:4; 108:14; 121:18; 122:1,5,16,21; 123:19; 124:12; 125:1,11; 126:21; 130:19,23; 133:6,7</p> <p>criterion 122:9,24; 124:14; 125:2; 128:5</p> <p>critical 114:4,18,24; 145:18</p> <p>criticism 114:21</p> <p>criticized 108:3</p>
---	---	--	--

<p>cross-examination 1:11; 3:3,7 crossed 60:23 crowded 22:17 cures 25:16 current 8:22; 11:19; 21:16; 59:5; 97:19,25; 98:4,7; 142:25; 154:1,2; 180:0 currently 154:5 custody 16:3 customarily 27:22 cute 108:5 Cuyahoga 179:6 CV 3:13; 8:20; 11:19; 18:17,19; 30:2,5; 34:4; 180:180 cynical 112:11; 114:9</p> <p>D</p> <p>daily 82:6; 124:3,5,10,13,15; 135:11,13,18; 136:9; 154:22 damage 98:8; 103:12; 105:16,23; 111:20; 136:19,21 damaged 52:2; 177:6 data 4:15,21,24; 5:11,17,18,20,23; 6:2,3; 98:6; 148:11 date 12:11; 84:3,4; 90:18; 118:9; 147:25; 148:1,3; 150:17,18,25; 151:3,11,23; 152:10,11,23; 153:1; 179:15 dated 74:5; 120:8; 147:23; 151:18 dates 148:6; 151:8; 161:1 daughter 12:6 David 2:2; 3:25; 66:4; 75:10; 147:7 day 14:19; 52:13; 60:3,21; 61:2,4; 62:21; 87:8,9; 89:14,24; 90:3; 92:7,11; 119:18,20,20; 120:6; 131:24; 136:2; 147:3,22; 152:17; 153:7; 154:4; 160:3; 164:3,10; 173:21; 179:19 Days 21:20; 24:19; 25:9; 31:17,18,18,22; 61:4,18; 90:8,23,24; 131:19,20,22,23; 160:4; 164:6,10 DBS 76:7,15 deal 35:9 deals 34:23 death 104:15; 121:22; 122:13; 134:14 December 31:20; 89:8 decompressed 75:25 decompression 73:11; 75:11 Defendants 1:2; 42:4 defense 37:3,8,11,15,18; 38:5; 39:11; 55:16; 99:25; 172:12 deferred 13:14 define 45:11; 139:2 definition 80:12; 86:22 definitions 30:15 definitive 59:2 degree 12:23,25; 13:1,4; 14:5; 103:16 delay 102:2 dentist 27:14; 108:8,9 deny 174:15 department 117:8 depend 95:19 dependability 79:8 Depending 104:16; 139:2; 157:14 depends 4:24; 30:14; 94:24; 95:3; 98:3,9; 119:20; 149:8;</p>	<p>155:7 depicted 48:18 deposed 3:5 Deposition 1:10; 33:9; 44:5; 48:21; 49:1; 66:6; 71:12; 75:21; 80:13; 103:14,24; 117:21; 118:12,20,24; 147:7,15,18; 153:18; 156:3; 175:18; 179:179,179 depositions 35:5; 44:8; 64:23; 65:10; 96:7; 147:20; 152:16,16; 156:6; 177:24; 179:0 depressed 93:1,4,21; 95:9; 115:13; 171:12 depression 88:17,23,24; 89:20; 92:9,18; 93:18; 94:7,9,13,15,19,22; 115:14; 128:7; 133:4,6,15; 171:18 derived 42:9 describe 40:7; 64:17; 85:9; 126:13,14 described 35:3; 51:6; 57:3; 65:11; 99:19; 129:19; 141:7; 160:9; 173:15; 177:4 describing 170:9 description 35:4,9; 98:14; 99:20,22; 101:17; 115:8 descriptive 38:2 despite 153:10 detachment 129:13 detail 85:9; 115:17,18 detailed 28:22 details 21:1,2; 78:5; 172:13 deteriorates 168:25 determination 26:17; 47:8,11; 68:16 determine 52:1; 86:5; 113:4 DETROIT 1:179 developed 109:15 developing 145:15; 173:8 devil 168:7 devoted 31:12; 32:3 diagnosable 134:11 diagnose 76:3,11; 115:14; 134:4; 144:1; 162:23; 163:6; 164:13 diagnosed 85:24; 113:22; 162:6,12; 163:8; 166:10 diagnoses 86:11; 87:6,10 diagnosing 103:13 diagnosis 20:3; 33:22; 13:13; 83:3; 84:21,25; 35:4,6,12,15,17,20,22; 36:6,9,12,18,23,25; 37:1,3,13,20; 88:15; 114:6; 133:25; 134:5; 140:5,6; 145:15; 162:19; 178:1 diagnostic 85:6,15; 86:13; 121:18 dictate 57:1 didn't 8:15; 9:24; 53:23; 14:6,10; 67:9; 68:13; 39:17,24; 71:20; 79:14; 35:21; 89:17; 93:22; 02:13,23; 103:14; 111:18; 14:14; 122:11; 123:14; 24:2; 125:19; 127:8,12; 28:17; 130:15; 131:15; 40:15; 141:4; 142:1; 43:11,13,16; 144:1; 148:5; 49:23; 154:21; 156:2; 57:7,12,19; 160:15; 162:24; 67:13; 168:5,9,17; 169:10 lie 174:6 lied 134:15 lifference 49:11; 97:22 lifferent 25:22; 40:8; 57:20; 0:25; 77:16,17; 107:6;</p>	<p>128:11; 133:16; 137:9; 162:21; 170:24; 174:24; 175:8 difficult 26:10; 40:17; 41:9; 44:13; 165:17; 174:5; 177:18 difficulties 82:15; 96:1; 104:22; 105:9; 106:18; 107:9,23; 144:23; 159:24 Difficulty 105:3,5; 106:12; 107:1,3,5; 108:18,19; 129:25; 130:1,4,6; 161:6; 164:17 diffuse 142:12 diminished 128:1; 129:1 diminishing 68:18 diploma 14:11 direct 97:15 direction 179:12 directly 133:9 dirty 99:1 disability 167:8,10,16; 168:10 disabled 159:15,17; 172:7 disagree 45:13; 77:10; 102:15; 109:1,7,11,19,20; 110:7,8 disagreed 85:16,19,24 disagreeing 110:1 disagreement 77:8 disagreements 161:17 disappeared 135:20 discern 95:8,14 discharged 149:12,13,18 discovered 147:21 discussed 88:17,21 discussion 9:18; 121:8 disorder 17:20; 18:12; 85:20; 102:22; 103:2; 113:5,19,21; 162:11,13,16,18,22; 164:14,18,21,23; 165:3,19; 171:23,24; 172:25; 173:5,23; 174:19; 175:1 disorders 17:25; 18:8; 105:21; 107:14; 121:16; 166:9; 172:4; 173:14,24; 174:8,11; 175:2 distance 21:10 distinguished 113:5; 126:2 distortion 153:5 distracted 62:15 distress 131:11; 162:5,7 distressing 122:20; 123:25 disturbance 130:13,16,23; 131:1,1,10 disturbances 105:7; 107:7 DiVenere 2:11; 32:24; 33:3,5; 38:13,25; 39:6; 44:19; 46:9; 48:3,8,16,20,25; 49:2,18; 51:23; 57:13; 63:25; 35:1,4,20; 66:11; 67:8,15; 38:23; 69:1,14; 71:9,17; 74:17; 76:13; 77:17,22; 78:4,16,21; 79:25; 30:4,11,15; 83:22; 85:18; 30:1,10,14; 91:14; 92:2; 33:23; 94:23; 95:2,12,18; 36:12,14; 100:25; 102:18,23; 103:3; 104:3,13; 106:3; 110:4; 116:8; 117:3,19,20; 121:13; 123:4; 143:5; 144:11; 148:3,12; 149:23; 150:3,20; 151:22,25; 152:20,25; 155:21,25; 156:13; 159:1,18; 167:25; 168:3,5,18; 169:3,7,12,14,17,20; 171:9; 173:17; 174:1; 175:17,22; 76:23,25; 178:5,10 DiVenere's 51:17; 144:10;</p>	<p>158:4 divergent 140:10 divided 47:13; 105:5; 107:3 divorce 16:2,8; 88:14 Doctor 3:25; 45:2; 67:9; 69:5; 72:22; 76:14; 84:22,25; 86:16; 92:14; 94:4; 95:5; 110:12; 112:25; 113:9; 115:19; 116:19; 123:6; 142:11; 143:8; 145:5,13; 151:6; 154:6; 158:22; 170:6; 173:14,20; 174:17; 175:24 doctors 93:16,19; 94:20,25; 95:6,16; 96:16,21,22; 112:19; 155:5 document 50:20; 51:1; 60:14; 83:19,20; 84:3,24; 87:24; 89:5; 147:5,6,12,25; 151:3,10,17; 157:22,25; 158:1,2,7,25 documented 109:17,24 documents 5:2; 6:5,7; 9:13,21; 10:3,13,23; 47:5; 48:1; 58:4,7; 68:2,2,8; 69:4,9,20,21,24; 70:2,6; 71:1,5,14; 79:17,17,17; 82:1,10,13,16; 116:23; 117:1; 145:25; 146:4; 148:7,13; 151:8,16 does 31:16; 51:7,9; 66:20; 76:10,11,12; 83:13; 91:5; 99:20; 115:2; 122:15; 123:19; 125:3; 126:16; 130:22; 131:9; 147:4; 169:17; 174:19 doesn't 7:17; 16:19; 27:13,14,18,18; 70:14; 98:21; 126:23,24; 127:5,6,9,23; 144:3; 150:1,18; 157:8; 170:6 doing 28:16; 41:23; 43:8; 62:11; 71:24; 80:24; 81:2; 89:18; 103:25; 154:10; 160:6,16,18 Donald 104:5 done 4:20; 28:5; 35:15; 36:21; 37:3; 38:20; 39:9; 40:6,18; 53:24; 63:10; 80:9; 150:10; 178:5,6 dots 137:21 doubt 73:6 Dover 36:8 down 4:12; 10:2; 14:10; 15:1,3; 31:16; 44:8; 52:22; 53:24; 56:19; 60:4,5,10,11; 79:6,14; 98:23; 111:16; 120:22; 132:17,18; 135:22; 143:15; 145:19; 146:12 downs 120:14 dozens 139:15,16 Dr 3:13; 8:2,2,2,3; 11:19; 18:11,21; 19:2,9,14; 46:7,15,18; 48:12,21; 49:1,14; 73:9; 75:10; 76:1,4,8; 83:9,14; 93:8,13; 95:8; 96:3,3,4,6,6,11,11,11; 99:24; 102:8,15,17,17,19; 103:4,5,5,5,20; 104:5,10; 109:8,8,12; 118:5; 130:8; 137:1,3; 138:13,15,17; 146:16; 154:11,15,17,21; 156:9,11,15,19; 157:7,8; 158:10,14; 159:1,16; 160:24,25; 161:7,8; 162:3,4,6; 163:7; 177:25; 180:180,12 drafted 115:4 dramatic 99:10 drift 172:5</p>
--	---	---	--

<p>driven 149:6 drops 107:23 drugs 50:17; 88:4,6 drugstore 41:11 DSM 121:18 DSM-IV 162:20 due 115:13,15; 159:5 duly 3:4; 179:0 duration 98:13; 130:13,23; 131:5 during 14:9; 31:20; 62:5; 64:8; 72:6; 160:25; 171:17 duty 111:22 dysfunction 45:20; 104:20; 106:10,12; 109:17; 142:13; 158:12,17</p> <p>E</p> <p>ear 86:16 earlier 50:1; 67:11; 171:14 early 16:6; 30:10 earn 174:6 easier 157:7 eat 53:23 editorial 163:3 education 13:2; 88:24 educational 94:14 effect 140:4; 145:16,21 effective 25:25 effects 104:19; 132:6; 136:20; 174:22 eight 89:13; 162:20; 177:3 eighties 15:24; 16:14,15; 29:22 either 27:15; 46:3; 64:8; 83:24; 85:25; 98:22; 104:7; 107:20; 138:18; 158:8 electric 21:7,8; 26:13; 33:23; 34:2; 52:1; 80:16; 83:1,25; 87:21,22; 96:9,20; 97:7; 101:11; 111:17; 145:1; 146:17,23; 163:9; 168:14,23 electrical 20:4,10,16,20; 24:6; 28:19; 43:14,24; 45:21; 46:15,19; 97:1,3,16; 102:9; 103:6; 109:2; 113:6; 124:23,23; 128:13,16; 132:6; 144:14 electricity 97:11; 172:1 eleven 137:9; 138:4,6 elicit 88:6 else 32:12; 36:18; 39:10; 62:18,18; 64:12; 132:22; 134:17; 137:17,19 else's 106:15 Elyria 37:8; 119:12,16 embodied 7:14 embracing 110:3,5 emergency 22:10; 23:1; 149:21; 150:1; 151:14; 152:14 Emmett 37:1 emotional 89:11; 96:1; 105:11,13,18; 107:11; 126:5; 132:15,22 emotionally 129:19 emotions 105:19; 132:17 emphasis 160:15 emphatically 129:7 employee 66:8; 78:15; 179:16,0 employees 91:12,18,25 employer 65:1; 68:22; 78:10,15; 102:7 employers 39:13 employment 27:6; 70:8,9,22; 78:12 EMS 148:24</p>	<p>encloses 46:4 enclosures 120:9 end 148:16 ended 100:8 ending 71:4,7 English 153:4 engulfed 97:16 enhance 173:7 enough 28:24; 71:2; 124:15; 134:11 ensure 141:1 entered 97:19 entertaining 152:6 entertainment 152:7 entirely 174:23 entitled 173:15,24 entitlement 174:3 enumerated 50:7 episode 169:5; 171:6 equating 79:25 ER 84:7 escaping 19:22 Esq 2:2,0 essentially 137:24; 166:18 established 42:7; 69:22 estimate 35:18; 40:17; 41:2,3,9,10; 44:4,13,14; 99:15 estrangement 129:14 ethical 111:22 ethics 112:1,14 evaluate 51:25; 120:13 evaluating 120:10 evaluation 52:4; 60:15; 160:16 evaluations 32:14; 41:23 event 55:3; 99:3,10; 100:6,24; 107:21; 114:8; 121:22; 122:3,10,12,18,22; 123:2,7,23,25; 124:3,9,11; 125:25; 126:6,19,25; 129:6; 139:22; 146:14; 177:20 events 53:8; 172:2 Eventually 53:14; 167:6 everybody 128:25 everyone 115:19; 134:9 everything 10:1; 45:15; 71:10; 127:24 evidence 34:11; 67:21,23; 77:25; 78:2; 82:12; 88:8; 136:1; 151:20; 153:6 Ex 8:7,11 exact 122:9 exactly 68:7; 106:22; 174:25 sx generate 143:19; 167:2; 175% sxaggerates 142:24; 144:9 xxaggerating 143:10; 145:10 axaggeration 175:5 xxaggerations 145:11 xxam 120:17; 154:4 axamination 33:14; 74:2; 142:23; 165:8 sxamined 23:25; 69:3; 102:8; 128:23 xxaminer 95:15 xxample 16:2; 40:20; 44:11; 18:7; 50:24; 73:25; 101:18; 108:5,10; 118:11; 127:3,19,20; 128:10; 132:14; 133:8; 134:15; 135:13; 136:1; 166:7 Exampies 108:1; 124:17; 134:18 xxams 55:16 xxcept 47:19; 71:15; 82:7; 10:7; 131:18; 172:13 xxception 112:17,18</p>	<p>exchange 4:25; 5:1 exchanged 6:6 exclusionary 133:22; 134:2 Excuse 102:18 executive 107:24 exercise 57:10 Exhibit 3:12; 8:19; 11:18; 48:10,17,19,20; 49:1; 58:5; 118:4,9; 180:3,10,0 Exhibits 3:18; 10:17; 11:5; 48:3; 180:180,8 existed 135:10,12; 169:24 expect 85:10; 86:13; 95:1 experience 20:18; 92:22,23; 98:15; 139:11 experiencing 88:2 expert 15:22; 16:19; 18:3,23; 40:2; 41:13; 42:4,9; 43:11; 44:2,3; 99:25 expertise 24:2 Experts 34:8; 109:1 expires 179:0 explain 112:3; 115:16,18; 125:19; 177:16 explained 74:1 explanation 171:6 exploits 175:7 explore 113:9 explosion 126:24 exposed 98:1 express 71:23; 72:24; 110:16; 178:1 expressed 163:21 expressly 179:0 extent 30:21; 54:24; 77:14; 82:13; 125:16 extra 55:5 extrapolate 71:15 extrapolations 89:10 extreme 127:19,20 extremity 76:10 extruded 177:5 extrudes 176:7</p> <p>F</p> <p>Fabricate 68:10 face 63:4,5,12,12; 151:9,19 Facet 142:1 fact 25:10; 26:8; 28:11; 37:14; 42:13; 70:1; 85:12; 90:14,15,17; 114:1; 122:2; 126:22; 146:20; 162:6; 168:19 factors 26:14 factory 52:11 facts 52:22; 150:19; 152:19; 159:9,12,13 factual 84:24; 85:2; 148:11; 155:1 factually 164:5 failure 127:10 fair 40:23; 41:12,16; 42:3; 46:21; 71:16; 136:16; 152:24; 165:12; 174:24 fairly 59:11; 72:2; 89:19; 129:9 fall 26:7; 32:1; 153:25 alling 129:25; 172:25; 173:4 amiliar 18:7; 19:5 amily 170:9,12,18,25; 171:16 ar 32:19; 116:20; 117:18; 126:11; 143:9 arther 114:1 ast 57:5,12 ather 135:24 atigue 83:4,14; 84:22; 85:8; 86:12; 87:3,19;</p>	<p>89:1,12,16,20; 94:18; 104:24; 106:21; 128:8; 133:11,13,14,16,17,18,19,21; 134:3,10,25; 159:5,8; 162:24; 171:13 FAX 1:23; 8:15; 118:22 faxed 48:25; 49:4 fear 123:12,17; 124:21 feat 24:6 Fed 8:7,11 fee 115:25; 116:19 feel 49:19 feeling 177:1 feelings 129:13 feet 21:9; 24:7; 99:14; 126:2,3,4 fell 60:17,18; 172:10,15 fellow 5:6; 21:6; 26:24 felt 23:9; 70:13; 77:5; 159:4 fence 21:7,9,14; 22:16 few 8:24; 28:14; 32:11; 118:22; 175:13 field 59:10 fifteen 99:14; 120:1; 138:8 fifth 59:23 figure 26:11; 98:5 file 5:12,13,17,17,19; 9:12; 117:6 fill 29:17; 52:21; 58:1,12; 60:24; 61:8; 62:20 filled 6:12; 7:21; 56:13,14; 58:10; 60:2; 62:25; 63:1,3; 79:19; 83:11; 152:23 filling 6:14 film 142:12 finality 71:9 financially 179:17 find 38:6; 74:7; 86:18,20; 117:17; 125:15,19; 132:10; 133:6; 160:10; 166:14,24 findings 104:9 fine 28:16; 41:4; 53:13; 124:20; 127:25; 153:8; 160:17; 173:6; 177:23 finger 98:8 fingers 72:19 finish 68:9; 152:3 finished 9:22 Fink 8:2; 19:9; 49:1; 103:5,20,21; 109:8; 138:17; 139:25; 156:9 Fink's 156:4 firm 35:19,23,24; 36:3,21; 37:4,8,11; 38:19,20,23; 39:3,10; 172:12 firms 37:15,17,19,20; 38:5; 39:11 First 2:3; 3:4; 14:5,9; 15:23; 22:5; 35:1; 49:17,22; 50:2,4; 53:8,9; 82:2; 120:7; 154:23; 157:5; 179:0 firsthand 24:4; 161:21 Five 15:7; 19:20; 83:23,24; 87:19; 88:25; 120:14; 137:8; 139:3,23 fixed 59:13 Flanagan 37:9 flash 97:16; 99:10; 100:8 Floor 2:3 focus 135:7; 172:7 focusing 17:21 focussed 74:10 folding 5:21 Follen 36:22 follow 93:13,16; 110:13 follow-up 135:15 followed 160:21 following 20:4,10,16,20; 33:23; 34:2; 43:14,24; 45:21;</p>
--	--	---	--

<p>109:15; 123:8; 125:4,14; 129:24; 175:24 follows 3:6 foot 23:23,24; 24:1; 95:4 footnoted 158:8 footnotes 148:8 forces 13:8 forensic 17:12,17; 114:6,19 forensics 112:22 forgetting 43:19 form 6:12; 52:21; 58:1; 60:6,7,24; 62:25; 100:23; 153:2; 165:19 formatted 55:15 forms 60:2; 62:21 forth 179:11 forward 95:24 forwarded 83:3 forwards 83:7 fought 167:23,24; 168:1,1,6 found 37:24; 38:15; 74:15; 99:22; 168:16 four 7:4; 16:20; 21:25; 23:1; 25:8; 28:9; 36:1; 39:4; 72:7,10; 139:23; 157:7 fourth 41:20; 59:23 Foy 36:6 frame 35:17; 95:23,25 freaked 69:6 Fred 65:10; 147:15; 151:25 free 49:20 Freeman 172:10,18 frequency 35:18 Fridav 46:10,12,14 friends 127:4; 128:11; 129:15 front 47:14; 112:3 full 3:22; 14:15; 15:1; 16:18; 93:6; 160:2 fully 9:24; 54:24; 56:25 Fulton 35:20; 36:3 function 67:1; 136:15 functionality 79:13 functioned 25:11; 65:16; 71:15 functioning 64:24; 65:6,12; 67:13,22; 71:21; 72:9; 81:6; 131:13; 160:12 functions 107:24 funeral 108:6 further 151:20; 163:11 future 168:21</p> <p>G</p> <p>gain 175:8 gal 112:8 Gallagher 35:20; 36:3; 172:11 games 128:11,15 garble 17:16 gas 44:11 gave 35:22; 41:3; 58:1,15,17,21; 59:19,19; 62:1,22; 78:6; 91:6; 134:19; 139:14; 177:13 geared 53:5 gee 38:9 general 34:16; 54:5; 72:4; 88:16; 92:17,24; 106:11; 108:2; 125:13 generally 39:25; 45:9; 114:4; 151:7 generated 32:17,23; 47:20; 68:8; 70:24; 83:16,19,20; 146:2 generates 141:18 gets 115:19; 153:11,22; 154:3</p>	<p>getting 14:2; 39:22; 70:20; 102:4; 118:19; 121:7; 141:15; 173:20 gives 58:18; 111:9 giving 35:19; 88:23; 179:0 clean 55:24; 146:1 gleaning 159:13 goal 111:13; 113:12 going 4:2,15; 6:6,24; 9:13; 11:3,11; 21:16; 31:20; 44:20,21; 52:10,23; 66:1; 72:24; 74:6; 75:19; 81:8; 100:7; 118:16; 119:9; 131:21; 143:9; 147:6; 150:23; 152:7; 168:20; 173:20,22; 174:1,23; 178:6,11 gone 44:11; 100:18; 132:2 Good 38:6; 46:23; 66:2,19; 78:15; 80:1; 89:20; 153:4; 155:13; 161:25 gotten 58:11; 104:8; 156:16 grabbed 21:6 grabbing 21:8 grades 66:23 grading 62:7,12,15; 141:10 graduate 12:23; 31:3 graph 140:24; 141:5,19 graphed 141:22 graphs 141:19 great 74:6; 127:3 greatest 145:25 grocery 81:2 gross 44:14 ground 99:17,18,21; 101:15; 150:21; 152:21 grounded 21:9 group 46:19,19 group's 46:16 groups 61:25 growing 72:1 guard 66:9 guess 43:7; 74:18; 77:10; 78:5; 87:5; 117:2,4; 125:2; 147:5; 153:3 gun 175:25; 176:2,8,14,18; 177:4,7,8,20,21 guy 101:19; 127:10</p> <p>H</p> <p>H-A-L-S-T-E-A-D 58:24 Haber 2:7 half 47:22; 101:19,21; 119:20,20 Halstead 58:23,23; 59:10; 63:3,4; 137:11,22; 138:5 hand 17:13; 112:5; 175:5; 179:0 Handling 8:18 handle 170:14 hands 13:21; 23:19; 24:10; 99:1; 144:19; 166:7 handwriting 153:5 handwritten 92:8,10; 154:12 Hang 132:13 hanging 100:9 happen 24:22; 27:13,14; 61:12; 91:21 happened 52:25; 53:1; 99:11; 101:6; 135:5 happening 99:8; 126:8 happy 7:6; 90:16; 115:19 hard 71:2; 89:13; 99:9; 101:18; 102:1; 126:6; 165:17 hasn't 131:25; 140:20; 169:20 Hattiesburg 15:6 hauling 64:6</p>	<p>haven't 36:3; 37:22; 39:17; 46:5,8; 107:15; 118:10; 167:22; 169:4,25 head 23:8; 26:12; 36:20; 176:1,14 headings 56:1,2 health 22:8; 34:16; 86:1; 100:21; 110:17; 112:12; 149:17 hear 78:14 heard 18:13; 112:12 Heisser 66:4; 71:12; 147:7 Heller 2:0 help 25:7; 27:18,1,8,21; 28:1,3; 41:12; 111:25; 112:5,8,9; 114:11,14; 125:3; 153:16 helped 25:15,19 helpful 59:16; 71:4 helping 80:20,22 helplessness 123:13,15 Here's 10:5 hereby 179:0 hereinafter 3:5 hereunto 179:18 herself 99:22; 159:21; 166:21 high 12:15,16; 13:16; 66:1; 74:3; 78:20,23; 105:19 Highland 12:16,18 highlighted 56:25 hire 37:15; 39:21 hired 172:11 history 52:21; 56:2; 58:2; 60:6,6; 62:25; 65:25; 66:18,22; 91:2; 113:4,23; 124:10; 138:25; 145:14,19; 146:5,6; 155:5; 162:23; 164:23 Hoarder 51:14 hold 18:2; 19:23; 44:20; 53:4; 149:15 home 11:25; 61:7,10; 63:1; 88:19; 147:1; 171:19 homework 80:21,23 honest 161:16 honors 12:24; 13:1 hope 35:6; 80:4 hopefully 71:10 Hopkins 2:7 hormonal 88:22; 92:16; 93:4,8 hormone 93:7 horror 122:25; 123:13 hospital 22:18; 29:15,15,18,19,21; 83:8; 84:9,11; 147:1; 148:18,25; 149:9,11,14; 150:11 hospitals 29:11,13 hostility 116:4 hour 31:23,24; 101:19,21; 116:24; 118:13; 119:2,15,17; 121:1,9 hourly 119:24 hours 31:25; 32:1,2,5,11; 53:18; 116:25; 117:17; 118:25; 119:17,22; 120:19,22,23; 131:24; 136:12; 148:15; 152:4; 160:3,20; 164:9,9,10 house 80:25; 81:23 however 153:21; 154:2 hundred 57:11; 111:8 hundreds 43:19; 148:6 hurt 23:8; 112:5,9; 114:7; 144:10; 146:9; 165:20; 167:4,20; 173:16 hurting 23:6 husband 81:9,19</p>	<p>hypervigilance 130:7 hyphen 30:17 hysterectomy 93:5,6</p> <p>I</p> <p>I'll 5:10; 7:5; 39:7; 44:7; 50:1; 62:12; 71:2; 73:6; 90:16; 96:16; 106:16; 114:1; 117:16; 119:22; 142:23; 146:22 I've 5:7; 6:20; 9:2; 28:14,14; 30:15,16; 31:5; 39:9; 40:22; 44:15; 69:5; 104:8; 112:12; 116:9; 144:6 idea 132:16; 165:23 identical 174:20 identification 3:14,20; 10:20; 11:8,20; 85:3; 118:7 identified 48:1,5,10; 96:22; 132:4 identify 6:5; 10:24; 44:23 ignore 86:1 ignoring 42:20 illness 129:11; 173:8 illnesses 86:1; 174:10,12; 175:7 ills 143:1; 153:11,22 imagine 89:13; 95:7; 101:18; 102:7 imbalance 92:16 imbalances 93:4 immediate 65:11; 147:16 immediately 20:24; 23:12; 68:22; 98:23; 128:15,17; 149:9 impact 70:16; 139:22 impairment 131:11 impingement 73:10 important 4:11; 62:13; 67:25; 68:16; 70:10; 111:11; 124:9; 125:17; 126:10,16,18,20,25; 127:1,2,11,14,21; 131:12; 145:14; 146:4; 155:12 impression 76:9,11; 149:5; 150:13; 173:19 inability 100:22; 125:16,16,19; 126:9,12; 127:2,13 inaccurate 86:18; 155:2 inappropriate 41:2 inartfully 4:5 INC 1:0 inch 47:22 inches 19:21; 47:23 incident 4:3; 21:19; 26:19; 130:5; 165:15 include 6:16; 104:19 included 23:6 includes 7:9; 37:18 including 5:3; 50:17,19; 52:17; 114:22 income 16:18; 42:9,12,17,21 inconsequential 146:10 inconsistencies 74:7 inconsistent 44:14; 157:1 increase 97:13 increased 16:17; 129:23 indeed 122:17 independent 51:15,19 independently 81:20 indicate 148:13; 154:16 indicated 48:25; 73:5; 100:1; 125:14; 129:24 indicates 92:24 indicating 92:8 indications 73:22 indirect 82:12</p>
---	---	--	--

<p> individuals 39:23 inevitably 93:1 infant 134:14 inference 133:8 inferring 136:3 information 8:4; 45:8; 55:24; 117:14; 146:1; 169:8 infrequent 16:7 initial 50:6 initials 76:15 injured 165:23; 166:5,22; 177:9 injuries 20:4,9,10,16,20; 23:5; 26:8,9; 33:22; 34:2; 39:16,24; 43:13,23; 102:10; 108:17,20; 144:18; 146:10; 162:21; 166:2; 167:2; 168:17; 174:13 injury 16:13; 25:5; 41:7,24; 42:1; 77:12; 98:2; 102:13,20,24; 103:7,13,18; 104:15,19; 107:17,22,25; 108:12,15; 109:15; 112:22; 113:6; 121:23; 122:14; 132:6; 136:20; 142:18,24; 143:4,10,19,22; 144:1,3,9,14,17; 145:10,17; 148:14; 153:7; 155:9; 165:20,24; 166:1,7,11,14,22,24; 174:20; 175:10; 176:5,22,24; 177:22 instance 31:5 instantaneous 101:14,23,25 Instead 151:17 institution 29:24 instructor 14:12 insurance 35:25; 39:14; 115:20 integrity 79:12; 122:15 intend 28:25; 29:18; 79:22 intended 34:14 intense 123:12,17 intentional 145:12 intentionally 145:9 interest 128:1 interested 112:21,22; 128:10; 179:17 interesting 50:19; 57:10; 75:12,18,20; 139:21 interim 94:21 intermittent 154:24 internship 14:2 interpret 100:21 interrupting 103:1 interspersed 58:16; 62:5 intervening 94:3,6 interview 6:11; 40:11; 53:9; 54:13,18,22; 64:21 interviewed 62:22 interviewing 64:9 introduction 30:25; 31:6 intrusive 122:20; 123:24 Inventory 139:19 involve 123:15,17; 133:7 involved 16:13; 18:14,21; 21:18; 30:21; 32:14; 33:25; 43:12,21,22; 44:2; 121:22; 122:13; 123:12 involvement 15:23 involves 32:18 involving 15:21; 172:10 irregular 92:15 irritability 88:16; 92:17; 93:18; 94:13; 130:2; 132:18,23; 135:9 irritable 95:11; 132:24 isn't 37:16; 82:18; 90:14,15; 96:18; 97:6; 133:9,16,24; 145:22; 146:16,20,25; </p>	<p> 156:22,25; 158:12,17; 162:7; 178:2 isolate 26:11,14 ISS 64:24; 65:1; 66:4; 67:1,7,16; 68:23; 69:24; 70:9; 78:7,8,12; 79:6; 91:6,23; 102:7; 147:8; 149:2 issue 43:12 issued 120:25 issues 33:20; 43:22; 51:16 items 48:8; 50:7; 141:24 its 59:12 itself 106:13 J JANAS 1:0 January 49:14; 84:4,10,15; 87:12; 134:24; 154:18,22 Jim 36:10 jive 151:15; 155:4 Joan 12:5 job 14:5; 24:22; 25:11; 66:21; 67:1,13; 69:12; 72:16; 77:6,16,18; 131:25; 160:18; 167:4,21 jobs 78:24 Joe 36:12 John 18:11,21; 102:8; 137:1; 172:18 jokes 108:5 jokingly 176:1,15 Joseph 19:9 JUDGE 1:135 judgment 108:2,4 July 1:16; 46:10; 48:12,15,20,23 jumping 52:23,24; 152:18 June 48:7; 121:2; 158:21,23 junior 66:1; 78:20,23 juniors 31:9 jury 79:5; 112:7; 135:4; 144:13; 145:8 K Kathleen 19:14,17 keep 4:11; 81:23; 117:10; 128:8; 158:10,15; 166:14,25 keeping 161:8 keeps 134:3 Kelley 8:3; 19:14,17; 103:5; 109:12 Kelley's 49:14; 109:13 Ken 3:9; 4:12,15 Kendrick 37:12 Kenneth 1:11; 179:7,0 Kenny 11:16; 75:18 kev 7:18 kids 80:21; 81:17,19,20,22; 136:15; 169:21 kill 122:11 kind 8:9; 17:22; 30:9; 58:19,20,21,25; 108:7; 135:21; 142:22; 163:3; 172:5 knocked 22:15; 99:17,18; 143:14 knowing 177:17 knowledge 24:5 knows 25:16,24; 112:7 Kobe 149:2 L -A-Y-N-E 3:24 L.P.A 2:7 abel 171:12 labeled 47:23 </p>	<p> labile 129:19 lability 105:11,14,18; 107:11; 132:15,17,22,24 laid 101:19 landing 23:6 laptop 55:8,11,15,19; 56:20 Large 100:8 last 3:22; 16:20; 18:4; 28:16; 40:20; 41:3; 42:14; 43:16; 44:8,12,16; 46:12; 50:7; 60:14; 104:2; 114:8; 131:5; 135:16; 154:12 lasted 14:3; 143:15 lasting 135:23 late 15:24; 16:13,15 later 15:17; 23:2,16; 25:11; 76:12; 94:17; 146:11; 179:0 laundry 81:4 taw 35:19,22; 36:21; 37:15,17,20; 42:18 lawful 3:1 lawyer 36:24 lawyers 5:9; 15:24; 32:18 lawyers' 39:3 LAYNE 1:10,14; 3:1,7,24; 146:16; 156:11,15; 177:25; 179:9 Layne's 3:13; 11:19; 118:5; 180:18,12 Layne-1 3:13; 180:3 Layne-12 3:19; 180:5 Layne-13 10:18; 180:6 Layne-1A 11:19; 180:10 Layne-2 3:19; 180:0 Layne-28 10:18; 180:0 Layne-29 11:6; 180:8 Layne-36 11:6; 180:0 Layton 8:2; 19:2; 96:3,11; 102:17; 103:4,12; 109:8; 137:3; 138:15; 139:25; 154:19,21; 155:8; 157:7 Layton's 48:21; 96:6; 104:10; 154:15; 155:18; 156:2 Layton-37 118:5; 180:0 leader 65:17 learn 65:15 least 37:15; 63:18; 144:20; 151:23; 161:24 leave 4:22; 149:2; 157:3 leaving 130:21; 148:25 lectures 35:12,12 lecturing 38:4 Lee 46:6,7,15,18; 103:5,8 Lee's 48:12 Leeceberg 175:13 left 81:19; 87:2; 126:21; 149:3; 152:12; 153:3,17; 157:4,12,16,20; 160:19; 164:1 left-hand 153:15 leg 153:20 legal 16:6; 32:14,23; 33:2,6,18; 34:22; 35:10; 40:9,21; 43:1,22; 44:2,3; 140:19 legally 42:18 legs 144:20 length 52:20 less 30:7; 92:19; 111:23; 116:9; 127:20; 159:7,8 Let's 6:16; 8:23; 9:12; 10:12,15; 16:21; 46:9; 52:25; 57:19,25; 68:22; 72:8; 82:20; 84:10; 87:14; 92:6; 95:21; 110:5; 111:19; 112:20,20; 117:6,17; 118:2; 120:4,8; 121:11,15; 123:21; 124:20; 125:11; 127:17; 129:21; </p>	<p> 131:10; 136:6; 138:21; 142:15,16; 154:8; 157:4,6; 458:23 lethargy 89:19 letter 49:21,22; 50:2,4,6,25,25; 51:17; 120:8; 130:18 letterhead 38:24; 39:4 letters 39:1; 48:6; 49:25; 79:2; 158:4 level 18:1; 31:9,9,10; 47:3; 59:9; 64:24; 65:6,12; 87:5; 113:10; 129:11 levels 105:19 license 29:9 licensed 28:7; 29:3,7 lie 68:11; 79:19 life 52:20,22; 113:3; 122:3,10 lifetime 27:4,6,12; 28:4; 64:22 lifting 72:15; 82:8 lighting 172:7 lightning 124:21 likely 93:5; 111:15; 129:18 limited 131:24 limiting 135:1 line 97:7,21; 111:17; 153:16,19; 154:9; 157:24; 162:4; 163:16; 173:11 lines 153:15 list 37:14,17,18; 38:1,11; 39:18,19; 57:20,25; 84:19,20; 85:6; 133:10; 134:20; 150:9 listed 29:16; 86:2 listening 62:14; 147:11 literally 30:13; 177:5 literature 45:25; 92:21,22,23; 104:17 Litigation 32:17,18; 33:15 little 20:11; 30:7; 55:17; 60:25; 65:21; 66:16; 71:18; 107:5; 119:21; 141:13; 142:15,21,25; 143:15; 177:18 Litwin 8:2; 96:3,11,13; 102:17; 103:4,11; 112:20; 159:16; 160:24; 161:8 Litwin's 96:6; 130:8 live 12:4 lived 12:2 living 88:19 located 12:17 locations 40:13 loincloth 166:4 long 12:2; 15:3; 21:18,19,23; 29:20; 31:5,23; 53:17; 71:1; 101:11; 113:3; 135:23; 164:11 longer 101:24; 170:22 longest 102:4 look 5:23; 38:21; 49:20; 56:23; 61:24; 67:2; 73:20; 75:1; 103:10; 112:3; 113:12; 114:13; 115:16; 120:4; 131:10; 133:5; 138:19; 142:1; 143:12; 147:5; 149:14; 151:8; 164:2; 177:2 looked 26:21; 69:9; 141:23; 149:11; 167:22 looking 56:11; 71:13; 73:24; 120:22; 128:20; 163:22; 175:8 looks 49:4; 60:22; 61:2; 38:1; 120:21; 127:24; 138:22; 139:3; 164:3 loop 37:12 loosely 135:21 loosed 159:7 LORAIN 1:2 </p>
--	---	---	--

<p>lose 98:19 lost 98:20,23 lot 88:3; 99:8; 127:9,13,22; 134:10,11; 150:14 lottery 13:16 love 81:24 low 66:23 lucky 13:16 lunch 53:20; 54:1,2,8</p> <p>M</p> <p>mail 8:8,9,12 main 59:12; 137:24 maintain 37:14 major 108:13,22; 139:15,19; 161:5 make 9:6; 10:7; 26:17; 38:10; 44:14; 47:8,11; 54:6; 89:9; 90:5,8; 112:7; 114:13,16; 121:9; 122:8; 134:11; 140:7; 143:12,22; 153:9; 156:9; 157:4,6; 161:25; 163:16; 171:7 makes 88:15; 115:19; 164:2; 173:4 Making 7:13; 86:23; 87:2; 136:7; 153:25; 166:17 malingering 6:19; 59:19; 61:23; 62:24; 63:6; 137:18 malpractice 44:25 man 21:20,23; 25:7; 26:17; 66:4; 100:10 man's 25:13; 172:24 manager 51:12 Mann 103:5; 104:5,10 Manual 34:19; 86:13,14; 162:19 manufacture 166:3 March 83:15; 131:23; 154:17,19; 159:1,10; 161:3; 164:8 mark 3:9,16; 4:15; 9:14; 10:12,15,23; 11:15; 41:1; 118:2 mark'd 3:13,20; 10:19; 11:7,19; 118:6 -marked 6:6; 8:18; 11:12; 48:2; 58:5; 153:15 markedly 128:1 market 37:24; 38:6 marks 23:19; 24:5,9 Mary 12:20 Massachusetts 18:9 master's 13:4 match 161:1 material 9:20; 61:10 materials 51:17; 97:5 matter 4:21; 28:11; 45:20; 97:15; 108:4; 124:16,16 matters 35:10 maxim 79:17 may 19:20; 24:7; 26:6,7,15; 29:20; 35:6,18; 42:1,1; 43:19; 58:11,11; 61:3; 64:10; 78:1; 112:4,11; 113:19; 114:6; 121:7,24; 122:2,6,10,17; 130:9; 133:8; 141:13; 144:24; 157:14; 158:1; 161:10; 168:21; 174:20 maybe 4:18; 8:23; 9:23; 19:21; 21:25; 35:24; 41:20; 61:4; 76:12; 83:18,18; 143:20; 152:1; 158:3; 164:8 McCarthy 2:0 McDonald 2:7 McKeon 36:18 mean 4:24; 22:7,8,24; 30:14; 38:16; 41:22; 48:7; 52:8;</p>	<p>61:21; 63:21; 66:20; 74:25; 76:14; 78:5; 85:14; 93:19; 99:19; 101:2; 107:16; 108:21; 109:22; 127:12; 137:4; 143:11,16; 148:10; 149:16; 153:2; 154:3; 155:7; 167:25 meaning 29:14; 51:19; 62:23; 99:4; 134:2; 143:10; 146:11; 154:4 means 45:7; 50:15; 66:22; 128:6; 132:16,17; 145:3; 154:5; 163:4; 165:19,22,24; 177:19; 179:0 meant 96:16; 143:12; 163:21,22; 164:5; 168:6 meantime 9:12 measure 136:18,20 measured 115:24 median 74:21; 75:11,25; 76:9; 77:1 Medical 14:3; 20:8,11; 26:4; 27:4; 55:16; 63:24; 64:23; 72:22,25; 73:3,4,7; 74:25; 92:14; 111:5; 133:20; 142:6,7; 154:6; 159:13; 161:15; 169:22; 170:16,17; 173:21 medical-legal 40:14 medication 26:9,12; 93:9 medications 50:17; 88:10 meet 85:21; 86:22; 122:15; 123:19; 124:12,14 meeting 56:13,14,20; 57:19 meets 86:8; 121:17,25; 122:4 member 56:22; 77:20 members 36:2; 38:20; 170:18; 171:1 memories 68:12 memory 22:15; 52:9; 56:19; 59:18,25; 61:23; 63:6; 71:18; 104:19; 106:10,11; 107:17; 108:13,19,23; 137:18 menopausal 87:25; 88:1,15; 92:9,15; 93:3; 135:20 menopause 92:25 menses 92:16 mental 24:13; 25:13; 26:5,19; 34:16; 51:1; 86:1,1,2; 104:24; 106:21; 129:11; 133:13,17,18; 143:1; 145:1,4; 159:5,8; 173:8 mentioned 8:11; 107:15; 133:9,11 mentioning 94:16 Mercy 29:16 merely 133:1; 136:2 mess 112:1 Mester 4:1 met 50:11; 60:21 mid 29:22 mid-twenties 26:25 middle 108:6 Milan 139:18 Mild 164:16,17,25; 165:2,4,10,12,13,14,16 miles 108:9 military 13:10,12,14 milliamps 97:25 mind 36:18; 70:3,14; 128:8; 176:12 minds 65:19 mine 127:5 Minnesota 59:20 minute 53:4; 57:8,11,14; 90:17; 117:15; 121:16; 132:3; 147:6; 149:4; 160:19 minutes 98:15; 100:5;</p>	<p>119:23; 120:2,4; 146:10,17,23; 148:10,15,16; 149:1 mischaracterization 144:5 misinterpreted 22:9; 23:3 misrepresenting 152:19 Miss 32:13; 51:25; 134:10; 142:24; 144:9; 153:20 Mississippi 14:7; 15:6,7 misunderstanding 141:13 MMPI 7:24; 59:20; 61:20,22; 63:10; 137:15; 139:14; 140:16,25; 141:5 moderate 164:16 moment 67:5; 99:9 Monday 60:23; 61:1 money 51:14; 119:7 monitored 160:8 month 44:9; 89:4; 104:2; 128:19,23; 130:14,17,24; 131:2,6; 171:4 monthly 110:15 months 21:20,21,25,25; 23:2; 25:8; 28:9; 35:15; 44:7; 83:1; 87:19,22; 88:12,25; 89:2,11,13,14; 90:23,24; 94:1,2,17; 124:4,11; 135:18; 154:13,23; 155:9; 160:1 mood 88:16,21; 92:9,17; 93:18; 94:13 moodiness 88:2; 93:18; 132:14,16,21; 135:10 moods 132:16 moody 93:4; 95:11 Moran 37:1 MORGAN 1:3; 4:1; 8:4; 32:13; 40:11; 51:25; 57:19; 70:5; 84:11; 96:21; 118:6; 134:10; 142:24; 144:9,13; 153:20; 159:15; 166:20; 167:1; 180:0 Morgan's 67:6 mother 82:7 mother's 81:23 motivated 113:2; 146:3 motivation 166:13,21,24; 167:2 mouth 38:11; 143:23 move 13:22; 100:19; 115:19 moved 9:19; 10:2; 15:13; 38:4,14; 135:24 movie 175:25; 176:14,22 Moving 92:7; 99:7 MRI 26:3; 142:12 Multi-Axial 139:18 Multiphasic 59:20 multiple 66:24; 89:11; 139:9 mumbling 55:2 mystery 152:13</p> <p>N</p> <p>rail 52:22 name 3:22,22,25; 12:7; 35:20; 36:22,24; 37:4,11; 39:7; 65:13; 104:7 named 37:8 names 19:22; 36:20; 38:23; 39:4; 46:1 naming 47:11 national 18:7 naturally 164:20 near 99:23; 100:16 nearest 120:1,3,4 near 153:5 necessarily 94:24; 110:18 necessary 70:11; 73:14; 74:16,24 necessity 72:25</p>	<p>neck 153:21 need 8:1,5; 68:13; 78:5; 105:23; 147:5; 163:6 needed 70:7; 81:24 needs 27:16; 163:11 negative 78:25; 79:2 neighbors 81:14 neither 101:10 nerve 72:17; 73:9,10,11; 74:21; 75:11,25; 76:9,21,24; 77:1,12 nerves 167:20 neuro 58:21 neurocognitive 39:15,24; 45:20; 98:2,8; 102:10,22; 103:2,7,18; 104:18; 105:15,21; 107:14; 132:6,13; 134:19; 162:15,22 neurological 104:19 neurologist 18:25; 104:5 neuropsychiatric 109:16 neuropsychological 20:4,9,15,20; 33:22; 34:1; 43:13,23; 52:18; 58:22; 59:3,5,7; 61:22; 136:18; 138:25 neuropsychologist 19:3,8,10; 103:22; 109:9; 136:23 neuropsychologists 109:7 neuropsychology 17:7,13,17; 19:25 new 11:13,14; 27:16; 86:1; 88:20; 101:13 next 7:4; 14:23; 75:22; 87:18; 99:12; 100:19; 115:20; 147:2,22; 152:17; 171:3 nice 69:4; 85:14 night 150:24; 152:3,4 nightmare 154:13 nightmares 124:3,6,8,11,13,20; 125:8; 154:11,18,22; 155:9,11,16 nine 32:1; 60:16,16 nineteen 138:22; 139:1 non-somatiform 175:1 non-wastebasket 134:8 None 31:3; 43:15; 82:24; 94:8 nonetheless 131:17 normal 26:1,3; 82:6; 129:10; 142:11; 176:21 normally 54:25; 61:5; 91:12,25; 160:13 Norman 35:21; 36:3 north 100:15 Notary 1:13; 179:7,0 note 76:7; 92:8,10; 94:7,9; 95:16; 154:10 notebook 47:17,20,21; 64:6 notebooks 47:13,14 noted 132:18; 133:4; 171:21 notes 52:8; 54:6; 55:12,13,19; 121:9; 154:12 nothing 56:16; 115:21; 177:8,21; 179:0 notice 1:17; 130:7; 179:15 noticing 171:15 noting 87:25; 94:12,18 November 12:12; 48:4; 52:4; 83:3,5,17; 89:8; 120:16,22 number 12:13; 13:16; 34:7; 39:17,20; 40:23; 44:4; 48:16; 57:25; 70:6; 110:22; 122:18; 123:11; 124:17; 132:4; 134:12; 141:17; 157:7 numbers 48:17; 69:19; 70:2,14,17; 138:16; 141:19;</p>
---	--	--	--

<p>153:16 numbing 125:13 numbness 144:19 Nuremberg 2:0</p> <p>O</p> <p>o'clock 60:16,19 oaths 179:8 objecting 90:13 Objection 65:20; 66:11; 71:17; 74:17; 78:4,16,21; 90:11; 91:14; 92:2; 93:23; 94:23; 95:2,12,18; 100:25; 104:13; 110:4; 144:11; 150:20; 151:22; 152:25; 159:11,18; 168:18; 169:3,7; 171:9; 173:17; 174:2; 175:17,22; 176:23,25 objectively 115:24; 126:18 observations 160:11; 161:21 obsessed 30:16 obsessive-compulsive 30:17 obtain 4:17; 98:1 obviously 122:11 occasionally 12:5; 32:7; 61:11,19 occupational 131:12; 149:17 occupied 63:22 occurred 44:24; 159:9 October 8:23,25; 49:18,22; 89:6; 120:6,8; 152:22; 179:0 odd 86:20 off 5:16; 23:25; 40:25; 59:3; 62:11; 72:11,13; 90:23; 108:8; 120:1; 131:15,17,18; 144:4,8; 146:13; 158:16; 159:6,14,21; 161:3,8,13; 166:14,25; 167:2; 176:16; 177:20 offer 17:4,6 offered 54:1,8 offers 16:25 office 4:22; 51:9; 179:0 officer 65:7 offices 1:14 officially 14:4,10 officials 171:14 often 17:15; 24:18,20; 38:2; 172:3 Oh 18:16; 63:20; 64:14; 168:3 OHIO 1:2,13,15,22; 2:4,12; 29:3,7; 179:179,23 Okay 4:20; 5:12; 6:8,16; 8:18; 9:5,15; 10:5,12,25; 11:24; 14:15,21; 18:11,25; 20:7,13,18; 21:3; 22:6; 23:19,21; 24:11,24; 25:21; 32:12; 35:11; 36:21; 37:3; 39:11; 40:24; 42:24; 45:14; 46:14,18; 47:5; 49:9,11; 51:3,13; 53:7,11,16; 54:11; 55:5,8; 57:19,21; 58:14; 60:14; 61:20; 62:2,18; 63:14,17; 70:12; 71:23; 72:7; 75:4,8,10,16,22; 76:6; 77:5; 78:3,6,18; 81:11; 82:21,24; 83:1,9,13; 84:10,17; 87:12,16; 89:3; 92:7; 96:25; 100:8; 101:18; 103:3,20; 104:5; 107:13; 109:14,21; 111:7; 114:4; 116:19; 118:14; 121:15,25; 122:4,7,18; 123:19,21,22; 124:20; 125:8; 131:8,15,17; 132:2; 134:23; 136:6,11,18; 138:2,8; 141:3;</p>	<p>145:8,13; 148:21; 154:8; 155:13; 156:17; 157:14; 161:18; 167:4,12; 172:22; 174:15; 175:24; 176:12; 177:10; 178:4 old 12:9; 26:24; 58:25; 88:1 Olshanski 65:10,15; 71:12; 147:15 omitted 141:24 once 24:19; 25:9; 28:6; 42:11; 61:15; 131:8 One 2:6; 10:5; 11:13; 15:1; 17:4; 20:24,25; 21:2,3; 24:7,12; 25:15,24; 27:16; 31:8,14; 33:4; 34:7; 38:8,9; 42:15; 43:20; 44:7,8; 45:1,1; 47:15,16; 54:16,21,24; 55:2; 57:25; 58:4,7; 59:13,18,25; 60:19; 63:8; 67:24; 70:16; 90:7; 99:12; 100:22; 105:14; 107:18; 108:2,3,13; 110:22; 121:1,9; 123:8; 124:19; 125:4,7; 128:21; 130:14,24; 131:6; 132:8,21; 133:9; 134:10; 137:9,13,18; 138:10,12; 142:11; 143:11,13,14,19; 146:2; 151:9; 162:13; 164:9; 166:23; 168:25; 173:21; 174:18 one-fifth 41:20 one-third 42:8 ones 11:10; 29:14; 47:24; 63:19; 64:3; 106:8; 110:25; 137:6 ongoing 20:8,14,19; 43:23; 94:21 Ontario 2:0 onto 55:22; 100:9; 119:3 open 15:15 operated 77:7 operating 58:13 operative 74:14 opined 103:16 opines 163:11 Opinion 71:23; 72:25; 73:13; 74:23; 75:1; 77:8; 85:21; 110:16; 115:6; 168:13,22; 171:23; 178:2 opinions 4:3; 70:12; 109:11,13; 140:10; 145:15,22 opportunities 172:3 Opportunity 110:13; 175:18 opposing 38:2 opposite 129:20 optimism 43:2 orange 50:17 order 8:1; 52:23,25; 57:22; 51:23; 162:7 organic 103:11; 105:15; 113:6; 158:11,16 organized 35:24 oriented 33:15; 42:18,18 originals 4:18 Ortho-Est 135:17 other's 65:19 others 20:25; 37:17; 122:15; 126:17; 129:14; 170:11,12 otherwise 170:18 outbursts 130:2 outside 27:15 overload 159:5 overnight 8:12 own 110:3,5; 139:11; 175:8; 176:4</p>	<p>page 10:2; 50:8; 60:14,14; 109:14; 138:19; 142:5,7,17; 146:7,8; 151:4,17,18; 153:8,14,19; 154:8,9; 157:24; 162:2; 163:16; 180:0 pages 19:21; 39:5; 69:3,5,9; 71:1,3; 111:8; 148:6 paid 113:22 pain 72:18,19 pains 74:6 Pam 4:1; 40:11; 50:11; 51:16; 52:4,14,16; 53:17; 56:8,13,14,20; 57:19; 64:21; 65:15; 66:8,10,20; 67:6; 70:5 77:11,14; 78:7; 79:6; 80:17,20,24; 81:2; 82:5; 84:11; 96:21,22; 97:6; 98:19; 106:14; 109:1; 112:20; 120:17; 121:17; 132:10; 142:16,18; 143:3; 144:13; 145:9; 146:9,13,16,25; 147:21; 148:9; 149:5; 151:20; 152:10,11,22; 158:16; 159:15; 161:18; 163:11; 164:13; 166:5,10,20; 167:1,4; 168:13,24; 170:8; 171:24; 173:10,15 Pam's 64:22,24; 69:17; 95:15; 97:10; 102:7; 140:22; 144:22; 147:8,16,18; 153:8; 173:7 PAMELA 1:3; 118:5; 180:0 paper 30:8; 55:13; 75:19 papers 33:25 paperwork 61:7 Pappalardo 36:12 parade 135:4; 171:3 paragraph 156:18 paramedic 148:20,21; 151:14 paramedics 148:17 Paris 2:2; 3:8,9,16,25; 11:15; 33:1,4; 48:18; 57:15; 65:3; 77:19,24; 80:2,9,13; 90:4,12,16; 102:21,25; 118:2; 143:7; 150:5; 152:2; 155:23; 156:8,17; 168:2,4; 169:13,16; 178:4,6,11</p>	<p>115:3,7,10,10,11,13,13,20,22; 117:11; 133:23,24; 145:20; 146:1,5 patient's 5:3; 110:17; 145:15 patients 27:23,25; 28:3; 32:4,5,13; 40:5; 59:15; 61:5,13,16,17; 69:10; 112:19; 165:24; 174:17,18,21,22 pause 74:4 pavement 23:6 pay 42:22,23; 74:19; 102:13; 111:12; 115:21; 152:7 payment 25:1 penalize 173:19 Pending 157:9 people 20:19; 22:16; 25:16; 33:7; 39:14,18; 41:23; 79:1,5,19; 85:24; 92:19,25; 105:23; 111:15,21; 124:2; 160:21; 161:16; 166:2,9; 169:8,23; 171:3,21; 172:3,4; 173:14,20,23; 174:6,8,11,25 Der 40:16; 44:8; 83:14 percent 41:21 percentage 41:13,17; 42:12,17 Perception 7:21 perfect 68:11; 74:3 perfectly 89:15,17 perform 75:10; 82:5,7; 91:18; 138:20; 156:20 Performance 7:19; 72:4; 78:20,23 performed 71:14; 72:5; 138:13 performer 78:19,22 performing 91:13; 92:1 perhaps 20:25; 36:1; 60:24; 76:8; 82:8; 105:10; 119:20 perilous 78:25 period 21:24; 40:18; 129:5; 135:8; 159:2; 160:25; 164:1 periods 128:7 permanent 167:7,9,16,18; 168:9,11 persisted 136:8 persistent 109:16; 124:15,18; 125:11; 129:23; 132:11 persistently 122:19; 123:2,7,23 person 64:18; 98:1,4; 108:18; 110:21; 122:12,25; 134:3; 141:18; 164:23; 168:25; 169:8,24; 170:10; 173:5; 175:7,9; 177:8 person's 98:7; 123:12 personal 16:13; 41:8,24; 42:1; 92:22,23 personalities 166:16 personality 30:24; 52:18; 52:21; 85:20; 113:5; 138:12; 139:4,5,7,12; 168:14; 170:20,21,23; 171:1,17; 173:23; 175:6; 176:4,21 persons 20:3,8,15 perspective 34:24 persuasive 135:7 Petrov 36:16 Ph.D 3:7; 13:4,18; 14:2,10; 179:9 Ph.D. 1:10; 3:1; 13:20,25 phenomenon 172:8 philosophy 13:1 phone 121:1,12 photo 64:20 photographs 64:18 phrase 45:7; 126:11 phrased 4:6</p>
---	---	--	---

Dhraseology 173:18
physical 23:5; 26:8,9; 50:16;
 51:2; 66:24; 77:3,4,6;
 86:11,25; 87:1,2,6; 122:14;
 144:18; 153:9; 154:6; 156:23;
 174:21; 177:20,22
ph sically 64:18; 72:15;
 168:23; 166:22
physician 22:7; 27:15;
 73:25; 74:18; 75:9; 83:2;
 87:2,24; 94:12,17; 132:19;
 133:4; 135:14
physician's 85:16,19; 86:24
physicians 73:19; 75:2;
 77:5; 88:11; 96:10,12,14,15;
 171:12,14,22
pick 36:19; 37:25; 38:7
picking 88:5
picture 64:14
pile 69:4
pillar 100:9
Pink 50:16
place 108:7; 157:6; 179:15
placed 159:6
Plaintiff 1:4,18; 2:3
Plaintiff's 3:12,18; 8:19;
 10:17; 11:5,18; 118:4;
 180:3,180,8,10,0
plan 158:15
Plastic 67:7; 69:18
play 114:6,19
played 128:15; 142:25
playing 128:10
PLEAS 1:1
please 3:23; 48:17; 49:19
plenty 108:11
Plevin 2:0
plugs 124:24
point 68:18; 70:25; 74:6;
 86:5,15; 110:21; 111:11;
 122:8; 123:14; 125:20,20;
 130:12,25; 133:5; 172:6;
 173:13
points 114:21
pole 98:25
poor 78:19,22; 108:13,22;
 133:7
poorly 82:14; 163:21
position 98:24; 110:16;
 161:25
possibility 88:21
possible 16:3; 99:19;
 104:16; 130:11; 142:20;
 153:1
possibly 30:11
posttraumatic 17:19,22,24;
 18:8,12; 102:12; 106:23;
 107:4; 121:15; 128:22; 129:9;
 131:16; 162:5,7,10,13
powder 177:5
practice 15:15,18; 16:11;
 29:3; 32:4; 40:3; 42:17;
 53:13; 54:5; 64:17; 114:10
practitioner 113:25
practitioners 161:16
praise 114:21
pre-morbid 26:18; 67:21;
 70:5
precipitated 145:1,3,5
precise 165:18
Precisely 13:17
precursors 164:22
preliminary 50:24; 56:24
preoccupied 62:11
preparation 119:10
prepare 120:19
prepared 43:11; 100:3,13
prescribe 93:8
prescription 88:10

presence 58:10; 101:12
present 54:16; 109:18;
 128:5
presentations 30:4,8,19
presented 33:20; 51:16
Presently 165:6
Preston's 99:24
presumably 64:22
pretty 27:15; 40:23;
 46:20,23; 57:11; 69:4; 81:6;
 161:25; 171:20
prevent 153:23
previous 72:4
primarily 38:1; 42:4
prior 46:14; 70:19,22; 78:10;
 111:4; 164:24; 169:24
private 15:15,18; 32:4; 40:5;
 42:17
privileges 29:11,17,23
probability 25:4; 103:17;
 107:22
probable 97:6; 144:25
probably 7:18; 15:23;
 21:9,25; 26:25; 28:16; 46:24;
 48:1; 58:16; 79:1; 81:3;
 93:15; 95:16; 105:4,12;
 119:22; 120:6,10,23; 129:8;
 144:22; 151:20; 177:2
problem 44:6,10; 72:17;
 76:21; 86:16; 91:4; 107:18;
 112:23,24; 113:16; 135:23;
 153:4; 171:10; 174:23
problematic 174:4
problems 24:12; 26:18,18;
 27:19; 50:16,17; 51:2; 65:8;
 66:25; 86:2,25; 89:10,11;
 113:4; 114:6; 136:2; 144:19;
 145:2,4; 153:21; 171:11;
 173:7
Procedure 3:4; 58:13
proceed 70:7
proceeding 33:16
proceedings 140:20
process 50:10; 88:14;
 114:20
produced 59:1,6,8
productive 77:20
profession 112:12
Professional 1:12; 16:24;
 30:1; 85:10; 111:10
professionals 22:2,5,8;
 4:16; 85:25; 100:21; 101:3;
 124:7
professor
 14:7,13,14,15,21,23; 15:1
Profile 7:24; 141:5
profiles 5:4,18; 6:3; 140:25
prominently 39:7
promised 111:25; 112:8
prompts 56:3
prone 79:1
proper 35:17; 42:16
provide 81:23
provided 3:3; 54:21
providing 20:8,14; 34:1
psychiatric 87:10
psychiatrist 19:12; 110:10;
 115:7,9; 116:11,14; 157:15
psychiatrist's 115:25
psychiatrists
 114:5,18,22,25; 116:4,7
psychiatry 19:25
Psychological 1:14; 17:18;
 20:14; 34:7,11,18,23;
 39:15,24; 44:2; 50:16,18;
 60:15; 64:17; 66:25; 77:3;
 86:11,14; 103:17; 108:11;
 109:18; 125:24; 126:5;
 144:22; 161:15

psychologically 51:25; 52:2;
 114:7
psychologist 7:1; 9:21,23;
 10:1,24; 11:2,7,12; 67:25;
 96:13; 110:13; 115:9;
 116:12; 156:24; 157:10,15;
 180:9
psychologists 5:5,6; 34:15;
 109:23; 114:5,22
psychology 13:5,18;
 16:22,24; 14:29,3;
 30:24,25; 31:6,10
PTSD 102:9,22; 103:1;
 106:2,8,19; 109:2,5; 121:19;
 129:5
Public 1:13; 19:24; 179:7,0
publications 30:4,6;
 33:19,25
publish 32:8; 38:16
published 34:4; 68:6
pull 9:12; 142:16
pulling 177:24
pulls 176:2,15,15,19
purple 50:18
purpose 3:2; 55:10; 63:21;
 64:15
purposes 3:13,20; 10:20;
 11:8,20; 118:6
pursuant 1:16; 179:15
pushing 150:21; 152:21
put 38:16; 55:24; 73:8; 79:6;
 117:13,17; 118:23; 143:23;
 151:3,4; 153:1; 154:21
puts 84:6; 141:18; 175:9;
 176:1,14
putting 134:6

Q

Q , 18
qualified 88:11; 130:18
qualifies 126:9; 127:20;
 129:22; 130:10,11; 131:8
qualify 124:22,25; 125:9;
 126:24; 130:15,22; 131:3
quality 79:10
quest 71:7
question 4:4,9; 9:17,24;
 22:9; 23:3,7; 28:2; 42:16;
 49:24; 53:4; 55:18,23; 69:15;
 74:12,13; 75:3,6,8,23,24;
 85:23; 96:19; 100:19;
 101:24; 110:20; 128:22;
 129:5,10; 143:5; 146:21;
 147:11; 165:1; 170:14,15;
 174:6; 175:3,12,13; 176:13
questionnaire 138:25
questions 4:2;
 5:8,10,13,15,16; 6:1,20,23;
 7:9,14,17,22; 29:1; 54:20;
 58:2
quibble 45:12
quibbling 143:20
quickly 46:2; 67:5
quirks 171:15
quite 68:12; 74:3; 98:21;
 153:1
quiz 148:5
quote 74:1; 142:23; 162:9
quoting 88:2; 109:22;
 154:10; 158:1

R

R-E-I-T-A-N 58:23
racking 16:1
radically 140:10
raise 91:7
raises 91:12,21; 92:1

raising 81:19
random 108:10
range 129:17
Raphael 46:7,18
Rapid 104:24; 106:21;
 133:13,17,18
rapidly 99:8; 105:19
rare 113:8
rarely 113:11
rate 43:16,17,19; 119:1,14
rather 6:21; 7:7; 46:2; 62:14;
 63:23; 67:5; 70:16; 75:1,3;
 101:7,16; 106:12; 141:4;
 171:7; 175:10; 176:6
ratings 138:24
raw 4:15,21,24;
 5:11,17,18,20,23; 6:2,3;
 7:10,24
Rawlin 36:22,24
re-ask 4:9
re-diagnosed 162:11
reactions 88:20; 159:4;
 161:22
read 45:17; 46:5,15; 49:7;
 65:10,19; 66:5; 69:5; 71:11;
 85:1; 94:14; 96:2,6; 99:24;
 103:14; 104:2,6; 106:15;
 122:23; 123:11,14;
 147:7,12,15,18,20; 151:8,17;
 152:16; 158:19;
 169:19,22,25; 175:14;
 176:12; 177:13; 178:7
readership 34:14
reading 49:12; 51:19; 125:1;
 135:21; 143:25; 179:13
ready 90:8; 100:19; 118:19
real 25:25; 38:19; 66:20;
 162:18; 165:24; 166:1;
 174:10,12,13; 175:1;
 176:6,18,22
really 16:11; 47:13; 53:2;
 68:9,10,13,15; 74:18,20;
 90:21; 112:21; 113:19;
 139:1,16; 149:8
reason 28:11; 46:24; 68:10;
 73:6; 77:10; 79:19; 90:13;
 175:15
reasonable 73:13; 74:15,23;
 103:16
reasonably 25:11
reasons 94:24; 95:20; 161:5
recall 9:2; 16:16; 19:16;
 22:4,22; 23:20; 24:8,9,15;
 25:9; 26:2,4,23; 28:23,24;
 29:20; 43:15,20,25; 44:10;
 45:25; 52:10; 53:2; 64:8,10;
 65:13; 66:12; 67:4; 80:22;
 99:1,11,20,21; 102:11;
 103:8,8; 104:7; 109:13;
 121:6; 124:8,19; 125:17;
 126:10; 127:2,13,23; 130:9;
 132:7; 138:14,16,18; 139:19;
 145:7; 147:19; 149:13;
 154:20,25; 157:1; 158:18,20;
 161:1,2; 163:14; 166:17;
 168:12; 170:2,15,17,22,25;
 172:9,19,23; 173:2
recalling 103:25
recalls 99:12,13; 127:22
received 14:11; 45:25;
 49:22; 116:6,9; 118:21;
 120:24
recent 84:3
recently 42:13; 104:8
receptive 70:20
recess 9:10; 57:17; 117:23
recognize 18:11; 19:14;
 28:13; 169:1,6; 170:19,21;
 171:1

<p>recognizing 169:9; 170:23 recollection 23:14,15,17; 28:18; 114:2 recollections 28:22; 123:25 recommendation 78:7,11,24; 79:2,6,23; 94:14 recommended 116:16 record 4:11,12; 27:21; 47:12; 54:20; 64:16; 74:8,9,14; 83:8,16,16; 84:8; 90:5; 114:15; 118:5; 149:17,25; 151:14; 156:14,14; 160:10; 170:16,17; 173:21; 179:180 recorded 160:22 records 19:21; 27:2,4,7,13; 28:4; 47:8,17,18,19; 50:10,13; 55:25; 56:24; 57:1; 63:24; 64:22,23; 67:3,7,11,11,16,16; 68:12,15,19,20,24; 69:1,17; 70:9,9,14,15,18,19,23,24; 73:3,4,7,20,24; 93:25; 94:21; 95:17,25; 96:3; 104:8; 106:15; 110:19,21,24; 111:5,9,13; 113:3,10,23; 114:3; 115:16; 118:21; 120:13,24; 121:7,8; 130:8; 136:3,4,7,8; 142:6,8; 145:20; 149:11,14,21; 151:13; 154:15,21; 155:18,18,21,24; 156:1,3,4,6,10,12,15,25; 159:13; 167:22; 169:19,22; 170:1,7 recreate 56:17 recurrent 122:19; 123:24 reduced 179:11 reexperienced 122:19; 123:3,8,24 reexperiencing 124:18 refer 33:7,8; 44:16 reference 157:23 references 51:20 referencing 134:21 referral 33:11 referred 33:12; 102:14 referring 44:22; 64:8 reflect 94:21 reflected 121:18 refreshing 71:19 regard 25:15; 33:19; 40:1; 54:6; 77:9; 82:8; 114:25; 126:20 Registered 1:12 registration 83:8; 84:8 regression 159:3 regular 110:14 Rehab 168:2 rehabilitated 77:15 rehabilitation 77:12; 78:1 Reitan 58:23; 59:10; 63:3,4; 137:11,22; 138:5 re'ected 13:12 relapses 28:9 relate 174:7 related 81:13,16; 88:22 relates 55:15; 67:1; 106:14; 116:6 relating 80:17 relationship 115:6; 116:7,10; 140:5; 145:16 relative 170:6,8; 179:179 relatively 98:16 release 4:16; 6:17,21,24; 7:1,6,9,15,20,23,25; 8:1,4; 9:13,19,20,22,23,25; 10:3,13,23; 11:2,11; 73:11 released 11:7; 180:0 releasing 10:7</p>	<p>relevant 87:4; 101:10; 135:7 reliability 79:7 reliably 45:21; 46:22; 47:3 relied 100:5 relieved 74:22 reluctant 5:24 rely 45:8; 51:3,5; 73:3,18; 79:16 relying 73:4; 92:21 remember 16:2; 21:1,1,4; 25:22; 42:19; 46:1; 53:5,8; 54:3,4; 57:22; 60:3; 101:5; 115:20; 122:9; 125:23; 126:23; 127:6,7,8,9,10,12; 128:7; 133:12; 172:13,19,22 remembered 128:4 remembering 60:6,8; 106:12; 160:9 remembers 100:11 reminds 134:14 removed 95:4 render 74:25 repeat 75:8; 87:1; 146:22 Repeated 125:8 repeatedly 151:3; 152:12 rephrase 144:7 replacements 93:7 report 6:3,14,21; 7:5,12; 18:15; 19:19; 45:3,5; 47:1,6,7,19,23,25; 49:15; 54:7; 55:25; 56:1,5,9,11,21; 61:24; 89:22; 99:24; 100:18; 104:2,6; 108:18; 120:19,23,25; 132:19; 135:14; 138:19; 142:15; 143:24,25; 146:7,8; 148:20,21; 151:14; 154:8,9; 155:2,19; 156:2; 157:12,17,20,23; 158:19,21; 162:2,3,9; 163:16 reported 90:2; 130:1; 144:20 Reporter 1:12 REPORTERS 1:21 reports 43:12; 96:3; 109:24,25; 127:24; 143:17; 155:22; 156:5,16; 161:5 repository 56:4 represent 4:1 representation 90:9 representations 90:5 request 5:9; 29:17; 71:4 requested 38:2 requests 5:2; 61:12 required 72:16 requirement 69:20 research 32:7,10; 51:15,19 researched 59:11,12 respect 46:25; 86:10 responded 136:12 response 60:20; 123:12,15,17 responses 5:4; 56:5; 141:18,21 responsible 104:15 responsiveness 125:13 rest 32:6; 41:24; 49:25; 58:19; 103:9 restricted 129:17 restrictions 82:8; 158:15 result 74:3; 109:2; 158:16 results 59:14; 62:16; 73:22 resume 17:15; 19:6 retrieve 30:11 retrograde 100:23; 101:7; 107:20 return 68:18; 77:15,17; 156:24; 157:9,14; 159:2; 167:5,23; 168:16 returned 159:23;</p>	<p>163:17,24,24,25; 167:13; 168:19 returning 96:17,23 returns 176:4,21 revealed 158:10 review 50:10; 64:22; 104:17; 114:15; 116:22; 140:22; 142:5; 159:9 reviewed 47:6,18; 82:2; 97:6; 110:19,21,24; 114:3; 118:21; 142:7 reviewing 116:25 reviews 27:21 revised 158:14 revoked 29:9,24 reward 91:17 Rhoa 36:22 Rhythm 7:16 ride 149:4 right 5:16; 6:19; 7:3; 9:2; 10:10,11,25; 11:1; 15:2; 17:11; 18:7; 25:20; 30:15; 34:9,20,22; 36:17; 37:16,23; 39:20; 40:11; 44:18; 46:13; 48:9; 50:4; 51:4; 52:10; 53:20; 54:9; 55:14; 56:8; 57:23,24; 61:25; 62:25; 63:6,15; 67:10,19; 68:4,7,11; 69:10; 72:12,23; 75:22; 76:9; 79:20; 81:13; 82:20,21; 83:6; 85:5; 89:23; 92:13; 100:5,20; 101:22; 103:19,25; 110:11; 115:22; 117:6,6; 119:5; 120:12,20; 123:14; 125:5,10; 127:18; 129:4; 133:2; 134:1; 136:10,17; 145:11; 146:14; 149:25; 150:7; 151:23; 154:14; 155:13; 157:23,25; 158:9; 161:20,20; 164:21; 167:10,20,20; 174:6,16 ring 115:2 ripen 33:15,18 rise 47:2; 59:9 rising 43:2 road 53:25 rod 172:7 Roetzel 37:4 role 114:4,5,19,19; 142:25 Ron 36:24 room 22:10; 23:1; 149:21; 150:1; 151:14; 152:14 rose 129:11 rough 81:8 roughing 56:20 roughly 19:20; 24:19; 25:9; 28:17; 29:21; 43:17; 44:6; 52:12; 53:18,18; 69:3; 89:4,12; 94:1,17; 111:8; 148:15; 160:1 round 120:1 routine 5:2; 54:18; 56:23 routinely 53:3; 111:12 rule 162:24; 163:1,4,4 Rules 3:3 run 75:19; 148:24 running 76:22</p>	<p>111:1,3,9; 120:24; 155:11,17; 160:24; 164:3 saying 9:22; 70:8; 73:19; 75:2; 79:13; 82:18; 101:17; 109:23; 112:15; 113:2,7,8; 126:22; 155:8,14; 162:8; 166:5; 169:2; 170:3; 172:23; 173:2; 174:20; 176:12 says 16:21; 45:18; 84:22; 86:16; 92:10; 100:17; 111:14,16,18,22; 115:13,13; 123:2; 125:2; 128:5; 135:14; 150:22; 153:11,22; 154:11; 156:10,19; 162:4,9; 163:7 Scale 139:20,21,22 scales 139:15,15,16,19 scalings 7:11 scan 26:1 scenario 43:3 scene 148:25; 149:3,4 schedule 159:7 school 12:15,16; 27:2; 66:1,23; 67:12,14; 70:19; 71:25; 78:20,23; 81:16; 91:3,4; 171:10,14,19 schooling 171:19 score 63:14,17; 140:11,15; 141:17 scored 63:14,18; 140:14,19 scores 4:16,21,22; 6:20; 7:5,7,11; 141:16 scoring 7:15 screen 55:22 seal 179:0 search 71:6 Seashore 7:16 second 11:23; 34:18; 65:16; 74:18; 80:18; 87:5; 98:21; 102:2; 110:23; 111:11; 120:5; 130:21; 132:21; 148:23; 149:15; 162:15 seconds 99:5,7; 102:3; 126:23 secretaries 25:2; 50:21; 51:3; 56:24; 57:2 secretary 117:12; 140:12,17,19; 141:9,15,17; 142:4 secretary's 141:10 section 47:22; 76:11 Security 12:13; 32:15,19; 65:2,7; 66:9 sedentary 156:20 seeing 24:20; 32:3,5; 40:4; 94:20; 128:11; 138:3; 161:18; 170:16,17 seek 116:16; 167:7 seem 60:8; 101:23; 150:1; 160:15; 166:10 seemed 28:15; 65:18; 103:12; 160:12 seems 23:22; 59:25; 109:23; 169:1 seen 18:14,17; 19:6,19,20; 22:2; 93:19; 116:12,14 selecting 105:5; 107:3 self 122:15; 138:24 semantics 143:20 semester 31:14,21 semesters 31:15 seminar 35:22 seminars 30:5,6; 35:11,19; 38:5 send 5:6; 27:2,4,6,12; 67:9 senior 31:10 seniors 31:11 sense 23:9; 24:13; 64:1; 106:14; 117:12; 160:17; 175:6</p>
---	--	---	---

Sensory 105:7; 107:7; 159:5
sent 46:9; 48:8,12,21; 49:14;
 50:6; 51:18; 63:25; 64:1,3;
 69:2,2; 70:25; 104:3
sentence 68:9
sentences 153:4
separate 9:16; 10:3; 40:2
September 14:8; 31:19;
 73:25; 74:5; 89:3; 90:7; 96:2;
 147:24; 148:13,16; 168:24;
 169:25
sequelae 21:11
sequellae 109:16
sequence 53:6
serious 121:23; 122:14;
 176:5,24
Services 1:14
set 11:22; 179:18
sets 108:8
setting 61:11; 63:10; 91:24
seven 21:5; 23:16; 48:8;
 94:1; 177:3
seventies 30:11
several 111:8; 126:23;
 128:24; 133:4
severe 104:15; 159:3;
 164:16
Shapiro 73:9; 75:10;
 76:1,4,14
share 5:8
Sharp 35:20; 36:3; 172:11
she's 62:10,11,11,16;
 78:19,22; 135:14,17; 143:11;
 150:7,10; 163:5; 165:19,23;
 168:20; 171:11
sheet 7:20; 141:5
sheets 7:4; 140:22; 141:23
Sheila 36:18
Sherman 76:8,14
shift 74:9
shock 21:11; 23:5; 26:6,13;
 33:23; 34:2; 52:1; 58:3;
 72:6,8,10; 80:17; 83:2,25;
 84:6; 87:21,22; 88:13; 89:2;
 96:9,20; 98:15; 101:12;
 104:14; 129:14; 142:25;
 144:15,21; 145:1;
 146:11,18,24; 150:14;
 153:7,9; 154:13; 160:1;
 163:9; 164:21,24; 165:10;
 168:14; 170:24; 171:6
shocked 21:7; 71:22;
 127:23; 171:25; 173:7,10
shocks 168:24
shoe 23:25
shoes 97:10
shoots 175:25
shopping 81:2
short 125:22; 159:2
shortcut 67:8
shortly 49:21
show 5:19; 60:13; 108:22;
 122:25; 173:21
showed 65:8
shows 142:23
Shumaker 37:12
sick 165:23; 173:20,25;
 174:8
side 18:22; 153:15
sift 49:24
Signature 178:14
signed 83:9; 87:24
significant 125:21; 126:1;
 128:2; 131:11; 171:20
significantly 107:23; 129:1
signing 179:13
silly 108:4
simply 19:22; 63:23; 69:2;
 85:6,7; 148:2; 177:20

single 45:17; 105:24;
 139:21; 142:1,5,7; 145:25;
 146:4
sit 24:4; 56:11; 71:11; 72:24;
 120:14; 175:20
sitting 56:19; 63:23
situation 25:16; 27:11,17;
 88:19,21
six 19:20; 21:5,25; 32:2;
 35:15; 53:18; 83:23; 88:25;
 90:23,24; 94:17; 160:1;
 164:9,9
sixteen 139:1
skeleton 55:25; 56:9,21;
 57:1
skilled 95:15
Skimmed 49:10
skimming 49:11
skipped 122:21
sleeping 105:3; 107:1; 130:1
sloppy 66:21
slurring 55:1,1
small 41:13,16
so-called 41:22
Social 12:13; 32:15,19; 65:2;
 131:12
societies 30:2,9
socks 97:10
Soderstrum 96:4,11; 156:19;
 157:8; 158:10,14; 159:1,16;
 160:25; 161:7
software 56:16
solicit 113:9
somatoform 164:13,18,23;
 165:3,19; 166:9,15; 168:14;
 171:23,24; 172:4,24;
 173:5,14,24; 174:8,11,18,25;
 175:2
Somatosensory 139:20
somebody 27:11; 57:5;
 85:11; 95:11; 101:9; 103:21;
 108:5,7; 113:16
somehow 92:21; 143:14;
 150:13
someone 24:14,16; 70:25;
 101:16; 111:12; 125:23;
 175:7
something 4:20; 6:16; 16:8;
 22:1; 23:13,17,22,24; 24:7;
 40:18; 56:7; 61:5; 62:12;
 63:22; 65:18; 72:3; 90:11,15;
 115:3; 116:2; 146:13;
 172:13; 176:8
sometime 80:14; 149:18
sometimes 64:10,19; 71:6;
 107:12; 173:19
somewhat 88:18
Somewhere 26:25; 60:4;
 63:1; 68:6; 165:12
son 80:5
sophomores 31:8
sorry 18:16; 22:25; 23:3;
 38:4; 63:1; 96:19; 134:24;
 138:4; 154:9; 157:8; 164:22
sort 5:4; 7:14; 74:4; 88:4;
 91:3; 108:6; 128:11; 138:24;
 177:5
sought 77:11,25
Sound 7:21
sounding 91:3
sounds 37:22; 39:20; 41:4;
 46:23; 101:14; 112:16; 148:1
source 33:11; 45:7; 112:24;
 113:15; 145:25
sources 45:6
Southern 14:6; 15:5
space 84:20
spanned 89:20
speak 16:12; 38:17; 64:19

speaking 54:25; 152:4
speaks 57:6
specialist 17:19,24; 18:12
specialize 109:5
specialized 20:2,7,13
Specialties 17:18
specialty 16:21; 18:2;
 19:15,24
specific 29:1; 33:21; 38:4;
 55:17; 75:3,5; 80:19; 96:16;
 112:21; 127:17,18
specifically 52:10; 53:2,5;
 54:4; 64:6; 72:5; 135:11
specificity 28:24
specifics 131:21
specify 82:13
Speech 7:21; 38:10; 105:9;
 107:9
speeches 156:9
spell 3:22
spend 53:17; 116:25;
 118:19; 162:2
spent 32:10; 52:12
spirit 110:23
split 98:21
spot 99:12,13; 100:22,23;
 101:13
spot-check 141:3,20
spot-checked 141:8,10,14
spring 31:20; 32:2
Springs 12:16,18
SS 179:0
St 29:15,15
stack 10:10; 148:6
staff 14:12; 56:22
staffs 29:21
stand 18:4; 44:16; 100:13;
 123:6,10; 174:1
standard 53:13; 56:2; 59:10;
 64:17; 161:14
standing 98:24; 99:23;
 101:16
standpoint 126:1; 134:9;
 156:23; 170:20; 174:21
star 175:25; 176:14,22
start 16:12; 75:19; 82:20,22;
 121:15; 142:17
started 15:21; 100:10;
 118:14; 120:10; 121:7
starting 31:19; 162:3
State 1:13; 3:22; 90:16;
 146:10; 153:8; 161:11,12;
 169:22; 179:179,0
stated 65:15; 66:8; 106:22;
 135:19; 159:1; 177:13
statement 71:16;
 100:5,15,17; 108:16; 112:18;
 142:19; 143:2,6,7; 144:4,8;
 146:13,17,23; 147:3,23;
 148:4,9,9; 149:7;
 150:15,16,17,18,22,25;
 151:21; 152:24; 153:10,25;
 155:2; 163:17; 166:12,15,17;
 169:4; 170:18
statements 44:15; 170:22,25
states 29:5; 109:14; 135:16
station 44:12; 149:7
stay 156:18; 167:2
staying 129:25
STEEL 1:6; 91:24
stem 113:4
stentotype 179:0
step 14:23; 15:1
Stephens 36:14
stepped 97:7; 111:16; 145:3;
 152:1
stimuli 125:12
stipulation 179:14,15
stipulations 1:17

stop 4:6; 102:25; 110:23;
 117:6
stopped 72:13; 154:12
store 160:11
stories 177:24
storms 124:21
straight 158:11
Street 2:0
stress 17:19,22,24; 18:8,12;
 102:12; 106:23; 107:4;
 121:15; 128:22; 129:9;
 131:16; 159:7; 162:10,13
stresses 88:18; 94:13
strict 5:7
strike 21:22; 28:7; 45:3;
 81:6; 106:16; 132:3; 166:10
strong 93:1
strongly 161:12
studies 42:11
stuff 79:14
stun 142:21
stunned 99:11
subcriterion 122:21
subject 45:20; 46:20; 100:4
submitted 24:24
subparts 139:8,8,9,12
subscales 139:24
subsequent 26:7; 47:24;
 109:14
subtests 137:10; 138:5,11
sudden 134:14
suddenly 89:15
suddenness 125:25
sue 79:1
sued 39:14; 44:25; 79:14
suffer 103:7
suffered 21:11; 102:12,19;
 134:20; 144:14; 159:3;
 162:5,10; 163:2; 166:7;
 176:22
suffering 20:3,9,15; 171:13
sufficient 8:16; 24:9; 69:19;
 70:1,14,17; 80:6; 124:14
suggest 82:5,15; 99:20;
 143:11,12
suggesting 77:23; 79:4;
 82:10; 101:21; 112:16;
 142:20
suggestion 54:1; 101:15;
 113:18
Suite 1:15,0
suits 39:22
summaries 7:4,6
summarized 30:10,19
Superior 2:8
supervisor 65:11; 147:16
supervisors 79:11
supplemental 139:16
support 146:7; 148:8,11
suppose 18:16; 146:9
surely 94:20
surgery
 73:1,5,12,13,21,22,23;
 74:8,14,15,22,23; 75:10
surprise 65:14,21,24; 66:13;
 78:3,14; 90:25; 91:1
surprised 90:22; 91:5,9,11;
 94:3,5,6,8
surrounding 99:5; 107:21;
 177:17
suspect 36:19; 90:21
suspended 29:9,23
suspense 44:21
sustain 142:18; 143:4;
 144:17
Sweeney 36:10; 172:12
swinging 88:22
swings 88:16; 92:9,17;
 93:19; 94:13

sworn 3:4; 179:10
symptom 105:24; 108:14,22;
 133:2; 138:23
symptoms 85:3,13,17,21;
 86:7,21,22; 87:7,14,25;
 88:1,3,15; 92:15; 94:19;
 105:14,20; 106:1; 107:13,16;
 108:12,22; 113:12,20;
 128:20,25; 129:9,10,23;
 131:5; 132:2,4,5,10,13;
 134:19; 135:9,20; 136:14;
 159:4; 162:5,10
syndrome 72:12; 76:3,18;
 83:4,14; 84:23; 85:8,9;
 86:12,17; 87:3,19; 89:1,12;
 94:18; 133:14,16,21;
 134:15,25; 162:24; 171:13;
 174:18
synonymous 163:4
system 34:22; 91:15,17

T

T-O-M-M 6:8
Tactual 7:19
taken 1:10; 33:9; 53:20;
 59:15; 61:3,10; 135:18;
 146:25; 147:1; 179:0
takes 82:14; 119:21; 175:25
taking 26:8; 55:19; 59:23;
 62:10; 135:19; 161:13
talk 16:21; 84:10; 112:20;
 142:15
talked 52:19; 58:15,17;
 124:7; 133:2; 169:20
talking 35:11; 46:24;
 62:2,8,9,14,16; 86:24; 88:6;
 127:9; 128:18; 132:19;
 135:22; 162:3; 169:18
tape-record 54:13,18,22
tape-recorder 54:11,16; 55:6
tape-recording 55:3
tapes 55:5
tapping 7:19
taught 15:5
teach 15:3,11; 30:23,23;
 31:10,14,19,25; 32:1,2
teacher 14:9
teaching 14:6; 30:21; 31:12;
 40:4; 42:25
team 65:17
technically 138:8
technique 115:8
technology 58:25
tell 4:7; 21:3; 44:19; 54:5;
 60:13,25; 69:16; 71:14;
 75:6,14,17; 80:5; 83:13;
 95:4; 113:24; 114:15; 115:10;
 124:2; 128:15
telling 75:19; 129:6; 144:2
tells 108:5; 111:23; 115:3;
 134:9
template 141:17
ten 24:19; 25:9; 32:5;
 43:8,16; 44:1; 83:1; 99:13;
 108:9; 132:4; 133:10; 139:15;
 143:17; 162:20
tends 108:18
term 65:4; 134:7
terms 177:18
terribly 5:7
test 4:22; 5:8,11,12,15,16;
 6:1,13,19,22;
 7:7,8,10,16,19,21; 52:18,18;
 58:17,18,20,22;
 59:13,18,21,24; 61:22;
 62:10,12,15,23,24; 63:6,23;
 85:11; 115:15;
 137:15,18,21,21,22;

138:10,12; 139:1,14,17;
 142:2
tested 26:15; 53:8;
 60:17,18,19
testified 16:5; 17:23;
 18:1,22; 40:20,22; 42:13;
 44:5; 67:24; 105:13; 150:24;
 172:21
testify 111:24; 114:13;
 119:12,19; 179:10
testifying 80:10; 172:9
testimony 15:22,23; 16:19;
 34:11,11; 42:2; 43:11;
 44:22,23; 69:6; 112:2;
 119:15; 148:1; 172:24; 179:0
testing 5:20; 50:18; 51:2;
 60:17; 61:12,18; 64:9,21;
 109:18; 112:4
tests 4:16; 5:22; 7:7; 10:18;
 11:6; 13:24; 26:4; 52:17,19;
 54:17; 58:15,21; 59:6,8,17;
 60:2,8; 61:3,20,25;
 62:7,21,23; 73:9;
 136:18,22,25; 137:5,8,13,24;
 138:3,8,19,22;
 139:2,4,5,7,12;
 140:1,3,7,8,11,15,19; 141:16;
 180:180
text 45:11,18
texts 45:2,4,14,16; 46:25
Thank 39:6; 77:2
That's 6:10; 7:2; 11:14;
 14:18,23; 15:6; 16:8; 19:1;
 20:1; 24:20; 25:20; 30:17;
 31:4; 34:10; 39:25; 40:15,22;
 41:3; 43:17; 46:7,17,21;
 47:22; 48:18; 50:2,4,19;
 53:10; 54:17; 55:14;
 56:8,10,18; 58:13,16; 59:16;
 60:15,20; 62:20; 64:13; 65:4;
 68:7; 69:4,12; 72:13; 76:8;
 77:24; 80:12; 82:17;
 83:11,23; 87:25; 90:24; 91:8;
 92:10; 99:25; 102:7; 103:25;
 108:9,13; 109:6; 110:21;
 112:1; 114:12,15; 115:6;
 116:2; 119:17,17; 120:20;
 122:23; 124:20; 125:5,10;
 127:16; 129:9; 133:2;
 134:24; 136:10; 139:23;
 141:12,15; 142:3; 143:7,24;
 145:5; 146:20; 151:1,1;
 152:17,24; 163:1; 166:12;
 170:5,15; 172:21; 173:6;
 175:11; 177:23; 178:3
themselves 7:7
therapist 154:6
herapy 25:19; 159:6
there's 37:20; 47:21; 56:16;
 58:9,10; 71:9; 85:3; 92:7;
 95:25; 113:22; 115:21;
 153:6; 172:5
hereafter 154:23
herefore 6:13; 38:10;
 57:22
thereupon 3:12,18; 9:10;
 0:17; 11:5,18; 57:17;
 17:23; 118:4
hey're 61:14; 88:14; 132:15;
 46:2; 158:3
hick 47:15,23
hing 5:4; 45:18; 59:25;
 9:12; 107:24; 115:24;
 23:1; 128:12; 132:15;
 33:1; 138:24; 155:12,15;
 71:20; 175:9
hings 7:13; 25:22; 41:9;
 6:4; 57:20; 67:25; 72:9;
 4:4; 99:7,8; 128:9; 130:22;

133:10; 134:9; 142:3; 150:9;
 151:9; 152:21; 160:9,10,11;
 171:18
think 5:15; 8:24; 18:10,18;
 19:11; 20:24,24; 22:9,17,19;
 25:4,8,14; 28:21;
 30:3,6,15,18; 32:22; 33:1;
 34:17,25; 36:11,23; 37:6,13;
 38:9,25; 40:25; 42:7; 46:21;
 51:22; 52:11; 53:21; 57:11;
 60:1,5,7; 61:21; 62:20; 63:13
 64:18; 66:20; 67:4; 68:15;
 69:24; 71:24; 72:2; 75:20;
 76:7,13; 78:18; 80:15; 81:1;
 83:2,10; 87:1; 89:18; 92:20;
 95:6,14; 98:5; 101:1,23;
 103:21; 110:2,2,12; 111:9,17
 121:5,11,14; 123:16;
 124:1,13,15,22,25;
 126:9,11,18,21; 127:18;
 128:4,25; 129:18,21,22;
130:3,16,18,25; 131:14;
 132:5; 134:18; 135:12,25;
 136:11; 139:23; 142:19;
 143:9,18; 147:17,19,20;
154:3,10; 155:3,24,25;
 156:1,4,5,9; 157:22; 158:5;
 159:20; 160:3; 161:7,13;
 163:22; 164:4; 165:1,1;
 166:8; 167:9; 173:23;
 175:20; 177:1; 178:8,10
thinks 115:11
thinner 47:16,17
third 16:18; 42:19; 43:4
thirteen 50:7; 87:22; 88:12;
 89:1,11,14; 90:23,24; 94:1;
 138:3,5,6,7,9,11
Thomas 4:1
thought 35:1; 71:1; 80:6;
 82:21; 90:12; 99:24; 100:1
thousand 19:21; 64:19; 69:5
threat 122:14
threatened 121:22; 122:13
threatening 122:3,10
THREE 1:7; 16:20; 26:14;
 28:17;
 31:8,14,17,18,18,19,22;
 32:11; 61:25; 80:16,20;
 31:20; 82:7; 110:15; 118:25;
 125:14; 127:4; 128:19;
 137:24; 150:24; 151:15,17;
 152:4; 154:13; 163:11;
 164:10
hrew 21:10
hrown 98:17,23; 99:21;
 100:1,3; 101:4,5;
 126:2,4,12,13,14
hus 117:18
ime 15:16,21; 21:24;
 28:12,12,16; 31:12; 32:3,6;
 35:17; 40:19; 42:5,21; 43:18;
 15:11; 49:17; 52:7; 59:23;
 30:25; 67:18; 68:8; 69:19;
 9:18; 80:6; 81:3,9,9; 89:21;
 5:23,25; 97:4; 105:24;
 108:7; 114:3; 117:10;
 18:16,19,23; 119:12;
 20:23; 121:6; 129:6;
 31:24; 133:24; 135:7;
 41:12; 142:20; 143:3,15;
 46:2; 147:22; 148:17,22;
 49:2,7,12; 150:3,6; 153:3;
 55:11,17,19; 159:3,14;
 60:2,25; 161:18; 162:2;
 63:23; 164:1; 165:8; 166:6;
 79:0
ime-wise 31:16
imed 57:9
imes 17:23; 41:10; 44:4,11;

59:21; 133:5; 150:9,24;
 151:15; 165:11; 171:17
tired 61:14
today 8:14; 9:19; 10:4,5,14;
 18:5; 24:4; 46:12; 48:23;
 49:3; 56:11; 58:8; 59:12;
 71:11; 72:24; 103:24;
 118:14,23; 119:6; 135:15;
 144:2; 175:12,20
told 62:2; 90:22; 114:16;
 136:11
Toledo 1:15; 12:1; 15:12,13;
 21:6,12; 28:13; 29:14,14;
30:23; 37:11; 42:20; 119:16
Tom 36:8
TOMM 6:19
Tony 46:9; 90:6; 152:15,18
Tony's 39:7
took 22:18; 60:1,8; 64:14,19;
 120:19; 135:18; 151:18;
 152:15; 159:21; 171:6
top 39:7; 153:14,20
Torts 34:18
total 42:9; 137:8; 164:9;
 167:8,10,16; 168:9
totality 75:2
toward 53:5; 116:4
track 117:10
Trail 7:13
trailing 137:21
trails 137:22
trained 110:12
training 20:2,7,11,13
transcribed 179:0
transcript 48:21
trauma 20:5,16,21; 28:20;
 43:14,24; 45:21; 46:16,19,19;
 97:1,3; 101:8,9; 102:9; 103:6;
 106:13; 109:3; 113:6;
 125:12,17,24; 126:10;
 127:1,11,14,15,21;
128:3,6,7,13,16,19,23,24;
 145:17; 168:23; 172:5
traumatic 122:18; 123:2,7,23
travel 40:9; 119:16
traveled 40:10,13
treat 110:14; 111:12,22;
 112:19; 113:14; 163:12
treated 20:18; 22:20,22;
 23:4; 95:7; 114:2; 147:1
treating 27:18; 96:10,21;
111:10,15,19,21;
 112:6,23,25; 113:9,16,24;
 172:18
reatise 34:10
reatises 51:20
reatment 20:8,12,14; 21:22;
 25:25; 27:11,12; 34:1; 43:23;
 110:20; 111:15;
 113:18,19,20,21; 136:13;
 153:22; 154:3,7
reatments 153:11
riage 150:6
rial 119:10; 167:15; 175:19
ried 28:4; 33:4; 131:23;
 168:3,7
rigger 176:2,15,15,19
rouble 26:23; 45:10; 82:11;
 111:18; 149:25; 157:25
ruck 149:6
rue 4:7; 10:9; 17:20;
 9:1,25; 23:16; 39:25; 40:15;
 48:23; 49:5,15; 56:17; 62:16;
 4:5; 69:11,12; 70:13; 71:7;
 3:16; 75:11; 79:21; 81:1,1;
 4:12; 85:4; 86:10; 90:20;
 7:1; 103:18; 109:3; 110:6;
 15:7; 118:9; 121:24;
 27:16; 129:8; 142:18;

<p>143:24; 145:6,22; 146:16,20,25; 147:4; 151:11; 155:6; 156:20; 158:3,12,17; 161:19,22; 162:7; 163:9,13,15; 164:4; 166:18; 167:11; 171:5; 178:2,3; 179:0 trust 4:6; 91:23 truth 71:6; 146:3; 156:22; 179:10,10,0 try 26:11,13; 74:7; 114:12,16; 117:16; 151:12,15; 167:7; 168:9 trying 16:9; 38:8; 41:10; 44:10; 75:1; 122:8; 135:25; 143:12; 159:2; 160:14,17,18; 169:14; 170:14; 174:5 Tuesday 1:16; 46:12 tumultuous 126:6,23 tunnel 72:12; 76:3,12,17,18,22,23; 77:4; 82:9; 86:17; 174:18; 175:2,4 turn 46:2,3,3; 66:2; 111:25; 112:9; 117:12; 141:20 turned 13:22 twelve 162:20 twenties 26:25 twenty 120:3,4; 148:14,16 twice 65:18 two 7:13,15; 15:17; 20:25; 24:12; 25:22; 30:18; 31:13,14,15,21,21; 44:7,16; 46:9; 47:13,22; 48:12; 58:16; 62:22; 64:24; 67:2; 71:21; 72:6; 80:16,19; 89:10; 90:7; 109:7; 110:15; 117:14; 119:17; 120:19,21,23; 122:18; 123:11; 125:6; 128:19,23; 129:24; 131:23; 134:9,12; 136:18; 148:15; 149:4; 154:23; 155:9; 160:3,20; 162:12; 163:7,11; 164:9; 172:9,20; 174:17 two-thirds 42:5,6 type 31:7; 57:2,5,8,10; 88:3; 106:11; 133:19 typed 55:22 typewriting 179:12 typical 24:21; 58:13; 91:24; 114:15; 164:22 typically 5:2; 58:17; 64:5,7; 119:18 typing 55:20</p> <p>U</p> <p>ulnar 76:25 ultimate 145:22 ultimately 158:14 unable 82:5 uncertainty 99:16 unconscious 176:3,20 undergo 169:10 undergoing 171:7 undergraduate 31:1 underlying 86:7 understand 4:5; 9:24; 33:14; 34:10,21; 50:21; 54:19,24; 55:23; 80:12; 85:23; 112:15; 113:15; 122:24; 131:4; 151:5; 157:21; 165:1; 168:5 understandable 4:10; 125:23 understanding 27:19; 113:13 understood 9:19 unfinished 56:1 unheard 27:10 University 13:3; 14:6; 15:5,11; 30:23; 42:20;</p>	<p>91:20,23 unless 90:4 unrelated 40:3,4 unresponsive 74:11 untrue 166:12 upon 1:11; 71:24,25 upper 76:10 upstairs 9:2; 10:22; 117:8 upwards 37:20; 39:13 use 38:10; 40:6; 57:2; 86:2; 115:9; 145:6; 162:21; 172:3 used 33:6; 35:3; 80:5; 141:3 uses 141:17 using 8:8; 145:7 USS\Kobe 1:6; 40:10; 66:5 USS\Kobe 91:24; 144:3 usually 31:17; 38:11; 79:21</p> <p>V</p> <p>vague 108:2,4; 172:17 vaguely 19:7; 98:14 valid 35:18 validly 101:2 value 151:9,19 various 3:19; 52:17; 58:15; 159:13,24; 180:5 vat 172:10,14,15; 173:1,4 vehicle 100:16 verb 174:7 verbiage 177:17,19 veteran 127:3 via 118:22 Vietnam 127:3 view 112:11; 146:8,9 Vincent's 29:15 Virginia 12:18 virtually 114:3 virtue 59:12 vision 105:1; 106:24; 153:21 visit 84:7; 135:17 visitors 160:7; 164:12 visits 94:4,6 vita 8:25; 11:14; 29:16; 30:20 vocational 77:11 volt 97:7,21; 104:14; 173:11 voltage 21:14; 97:23,24 volts 171:25; 173:7</p> <p>W</p> <p>wait 119:22 waive 178:8,11 waived 178:14; 179:0 walk 108:8 walked 14:10; 100:15 walking 101:16; 126:3; 127:22 wane 165:14 waned 165:11 want 4:17; 33:21; 38:10; 44:19; 47:1; 53:23; 70:19; 74:9; 75:14,17,18; 79:14; 82:22; 85:12; 86:6,21; 89:17; 90:4; 100:17; 117:3; 123:6,10; 135:3; 143:8,22; 144:13; 145:8; 151:5; 152:2; 156:9; 157:16; 159:14; 175:11,21 wanted 24:16; 53:24; 54:19,24; 80:11; 141:24; 157:4 wants 32:21 warning 41:8 warns 73:25 wart 95:4 wasn't 15:25; 38:4; 66:18; 83:18; 99:18; 159:20;</p>	<p>160:17; 166:5 wastebasket 134:7 watched 127:4 waves 176:3,20 wax 165:14 waxed 165:11 wavs 38:18; 123:9 we'll 53:14; 117:14; 135:5 We're 10:2; 52:24; 87:2,12; 100:7; 102:4; 110:1; 126:21; 128:20; 131:21; 134:21; 140:7; 143:20; 147:6; 152:12; 153:2; 178:6 We've 9:19; 42:7; 48:2; 132:4 week 31:17,25; 32:1,2,5,9,11; 61:2; 91:6; 136:2; 164:9 weekly 110:14 weeks 21:20; 87:10 went 13:3; 22:10; 23:1; 25:10; 81:17; 95:3,3; 131:22; 132:7; 147:25; 149:9; 155:10; 159:22; 160:3; 164:12,12; 177:6 weren't 166:11 west 100:15 wet 97:10 whatever 143:15 WHEREOF 179:18 whether 23:7; 24:5; 25:18; 28:2,3,8; 40:22; 47:2; 52:1; 53:8; 54:8; 70:17; 76:4; 77:11; 78:6; 80:22; 83:22; 85:11; 86:5,8,22; 90:2; 91:8; 92:15; 99:17; 110:20; 113:4; 114:7; 129:10; 133:10,11; 135:6; 149:8; 151:12; 155:8,10; 157:16,19; 159:15; 161:1; 171:16,21; 175:3,5 whine 93:21 whole 134:11; 150:9; 179:10 whom 39:18,19; 83:11; 168:1 Why 6:5; 11:15; 22:14; 24:11; 27:9; 53:22; 54:2,15,17; 59:4; 65:24,24; 66:15,17; 69:16; 72:13; 75:6; 83:15,15; 91:1; 94:11; 95:3; 103:25; 112:1; 134:3,12,12,16; 143:16; 151:5; 152:17; 157:3,19; 159:20; 161:3; 163:1; 169:5,10; 171:6; 175:20 widely 40:25 wife 12:5; 51:7 will 3:9; 4:6,9,10,17; 5:6,25; 6:1; 7:25; 8:7,8; 10:3,6,18,23; 11:6; 44:14; 56:9; 61:11; 73:21; 74:7; 91:21; 113:17; 115:2; 119:8; 144:10,21,21,25; 153:16; 166:8; 172:4; 175:2; 180:180 William 12:20 willing 6:17; 71:23; 163:5 Wilson 18:11,16,21; 102:8,11,15,19; 137:1; 138:13; 154:17,19; 155:13,14,23; 162:4,6; 163:7; 172:18 Wilson's 155:18; 156:1; 162:3 Winters 87:24; 93:8,13; 94:12; 95:8 Winters' 132:19; 135:14 wire 152:1 withdraw 106:16; 113:17 withdrawal 88:3 within 1:13; 128:19; 148:10;</p>	<p>179:0 without 10:19; 47:11; 112:17,18; 153:5; 177:17; 180:7 witness 40:2; 42:4,10; 178:8,13; 179:13,179 woke 60:18,19 woman 88:1 women 93:3 won't 5:25; 6:1,7; 7:18; 9:16 wonder 9:6; 163:3,5 wondered 163:2 wondering 70:15 word 38:11; 60:22; 124:5; 145:5,5,7; 163:3; 174:3 wording 122:9 words 30:18; 57:8,11; 64:19; 79:4; 82:12; 85:2,5; 98:16; 102:1; 111:20; 135:15; 141:9; 143:21,23; 177:23 work 15:24; 16:17; 24:14,16; 25:22,23; 32:12,17,23; 36:21; 37:3,15; 38:20; 39:9,19; 41:6; 42:19; 51:4,5,7,9; 52:11; 67:3,6,10,16,16; 68:23; 70:15; 71:15,21; 72:4,11,13; 77:6,20; 78:7; 79:10; 89:22; 90:2,19,23; 96:17,23; 131:15,17,18,25; 136:14; 141:11; 147:22; 156:20,24; 157:9,14; 158:16; 159:2,6,14,21,22,23; 160:2,20,22,22; 161:3,9,14; 163:17,24,24,25; 164:6,8; 166:12,14,25; 167:3,5,13,23; 168:7,17,17,19; 171:11 work-related 25:5 worked 36:2; 37:18; 38:14; 39:19; 67:18; 159:23 Worker' 33:1 workers 79:9 Workers' 24:25; 32:15,19,20,21; 33:7,10,12,12,14; 41:17 workforce 77:21 working 38:5; 72:14; 81:1,1; 82:7; 96:25; 97:3; 153:23; 159:16,17,20; 160:7; 161:6; 164:3 workplace 91:25 works 46:16 worse 143:12; 165:16 wouldn't 43:18; 67:21; 85:13; 86:18; 91:11; 95:1,4,13,17; 101:2; 115:21; 125:23; 126:1,4; 130:16; 155:4; 157:1; 158:5; 174:15 wrapped 165:20,22 wreck 99:7 wrist 72:17,18,20; 76:23 write 60:4,10,10; 74:20; 79:2; 111:16; 146:12; 160:10 writes 153:4 writing 32:10; 47:25; 143:17; 153:3; 179:11 writings 32:7; 38:16; 153:6 written 51:1; 60:23; 98:14; 100:5; 114:24; 146:13; 152:12,13,14,17,22 wrong 23:22; 34:22; 83:18; 100:3; 102:21; 108:6,7; 111:3; 115:11,21; 125:8; 148:2; 152:10; 153:1; 154:16; 157:6; 161:8; 163:20 wrote 50:19; 60:5,16; 79:13; 146:17,23; 147:3,22; 148:9; 149:7; 150:15,16; 151:1,21; 152:11</p>
--	--	--	--

<div>Y</div> <div>Yeah 8:8; 13:20; 25:8; 29:2,21; 32:13; 51:7,21; 57:7 71:20; 72:14; 77:19,25; 79:4; 81:3; 82:23; 84:2,13; 91:10; 102:4,6; 103:8,11; 107:20; 119:21; 120:21; 122:10,23; 127:24; 135:2; 147:25; 149:16,25; 154:7; 158:6; 165:23; 169:16; 170:15; 171:10 year 12:21,21; 13:19; 14:4,9; 5:17; 18:4; 40:16,20,21; 41:3; 42:14,23,24; 43:16; 44:8,12,16; 59:8; 87:21; 88:1,12 years 15:7; 16:20; 21:5; 23:16; 28:17; 30:22; 31:13; 32:10,11; 33:5,6; 36:1; 43:7,8,16; 44:1,17; 52:2; 64:25; 67:2; 71:16,21; 72:6,7,10; 80:16,20; 82:17; 95:7; 110:15; 113:13; 128:24 129:3; 135:23; 143:17; 163:12; 165:15; 168:15; 172:9,20; 175:13; 177:3 yelling 100:11; 152:18,20 Yellow 50:18 yesterday 60:7,22 yet 74:9; 87:12; 89:22; 167:4 you'll 133:6; 175:18 you're 6:5; 55:19; 72:22; 90:10; 112:15; 125:1; 127:18; 132:12; 136:3; 147:11; 152:6,7; 154:10; 157:6; 178:11 you've 4:20; 16:5; 18:22; 36:2; 87:13; 96:2; 115:4; 166:11</div>			
---	--	--	--

1

2

3

4