

1                   IN THE COURT OF COMMON PLEAS

2                   SUMMIT COUNTY, OHIO

3           KAREN WILSON,

4                   Plaintiff,

5                   -vs-

JUDGE MURPHY

CASE NO. 2002-06-3340

6           YOUN PARK, M.D., et al.,

7                   Defendants.

8                   - - - -

9                   Deposition of YOUN W. PARK, M.D., taken as  
10           if upon cross-examination before Tami A.  
11           Mitchell, a Registered Professional Reporter and  
12           Notary Public within and for the State of Ohio,  
13           at the offices of Buckingham, Doolittle &  
14           Burroughs, 4518 Fulton Drive, N.W., Canton, Ohio,  
15           at 2:40 on Wednesday, February 5, 2003, pursuant  
16           to notice and/or stipulations of counsel, on  
17           behalf of the Plaintiff in this cause.

18                   - - - -

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APPEARANCES:

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On behalf of the Plaintiff;

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On behalf of the Defendant  
Youn Park, M.D.;

Gregory T. Rossi, Esq.  
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On behalf of the Defendant  
Neal Manning, M.D.

W I T N E S S I N D E XPAGE

CROSS-EXAMINATION  
YOUN W. PARK, M.D.  
BY DONNA TAYLOR-KOLIS..... 4

E X H I B I T I N D E XEXHIBITMARKED

Plaintiff's Exhibit 1..... 5

1                    YOUN W. PARK, M.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 YOUN W. PARK, M.D.

8                    BY DONNA TAYLOR-KOLIS:

9                    Q. Doctor, for the record will you state your name  
10                    and professional address, please.

11                    A. My name is Dr. Youn W. Park, M.D. and my office  
12                    address is 105 Fifth Street, S.E., Barberton,  
13                    Ohio 44203.

14                    Q. All right. Doctor, by way of introduction I do  
15                    extend my apologies that I cannot be present  
16                    there. We are going to do the best we can via  
17                    telephone.

18                    My name is Donna Kolis. I have been retained  
19                    to represent the estate of Geraldine Bailes. The  
20                    purpose of my deposition is to go through your  
21                    office notes with you to determine what you knew  
22                    about conditions that she had and find out what  
23                    your medical thinking was in that regard.

24                    If at any time, Doctor, I ask a question you  
25                    do not hear because of this mechanism, or that

1           you don't understand, I would ask that you let me  
2           know that that's what the situation is.    Can I  
3           secure that agreement from you?

4   A.   Okay.   Thank you.   I understand.

5   Q.   Obviously you have to answer all the questions  
6           verbally, especially in this circumstance I won't  
7           be able to see you shake your head yes or no.  
8           Can I secure that agreement from you?

9   A.   Yes.

10   Q.   I sent some written questions to you -- to your  
11           attorney.   I haven't received an answer back from  
12           him.   I am going to ask you quite a few  
13           background questions.   Did you bring with you  
14           your curriculum vitae?

15   A.   Yes.

16                   MR. GRIFFIN:   We already did that.

17                   MS. TAYLOR-KOLIS:   We'll mark that  
18                   Plaintiff's 1.

19                   -   -   -   -

20                   (Thereupon, Plaintiff's Exhibit 1  
21                   was marked for purposes of identification.)

22                   -   -   -   -

23   Q.   Beginning with college, first of all, starting  
24           with college go all the way through medical  
25           school, tell me your education that led you to

1 your profession.

2 A. I was graduated from Yonsei University College of  
3 Medicine in Seoul, Korea and I did my internship  
4 in Barberton, rotating internship, and then I did  
5 my general surgery residency in Good Samaritan  
6 Hospital in Cincinnati and I did my residency for  
7 my specialty, that is ears, nose and throat,  
8 otolaryngology, Medical College of Virginia,  
9 Richmond, Virginia.

10 Q. I need you to slow down. I'm not there so I  
11 can't see dates. In what year did you graduate  
12 from medical school in Seoul, Korea?

13 A. 1971.

14 Q. Following that when did you come to this country  
15 for your medical training?

16 A. 1974.

17 Q. Between 1971 and 1974 what did you do?

18 A. I was a surgeon in Korea Navy Medical Corp.

19 Q. Okay. So you came to this country in 1974. Did  
20 you have to take an examination in order to  
21 obtain the credentials so you could participate  
22 in a residency program?

23 A. Of course. That is what we call ECFMG and I  
24 passed that and with that I came over and I did  
25 FLEX examination that is medical license to

1 continue my training and practice medicine. I  
2 get that in 1975 in the state of Michigan.

3 Q. Did you pass both those examinations on your  
4 first sitting?

5 A. Yes.

6 Q. You indicated I thought in 1974 you participated  
7 in an internship program at Barberton Hospital?

8 A. Correct.

9 Q. And that was just a general internship?

10 A. Yes.

11 Q. Okay. Then you did general surgery, and I'm  
12 sorry, I did not hear where you did your general  
13 surgery residency?

14 A. Good Samaritan Hospital, Cincinnati, Ohio, 1975  
15 to 1976.

16 Q. Okay. And then, Doctor, why did you change  
17 programs after the end of one year?

18 A. This is the requirement. Before you go into  
19 otolaryngology, you have to have general surgery  
20 training.

21 Q. I understood that. I was curious, you started  
22 in general surgery and changed your mind or what,  
23 as a requirement?

24 A. That's right, as a requirement.

25 Q. And then the last place where you were would be

1 Medical College of Virginia?

2 A. Yes.

3 Q. And that was from when to when?

4 A. 1976 to 1979.

5 Q. All right. And is there a fellowship available  
6 in otolaryngology?

7 A. Yes.

8 Q. Did you take a fellowship?

9 A. No, I didn't.

10 Q. I wanted to be sure about that. You concluded  
11 your medical education or the in-class part and  
12 residency part in 1979, correct?

13 A. Yes.

14 Q. All right. Following that, Doctor, I'm going to  
15 guess you became board certified in one or more  
16 subspecialties?

17 A. Yes.

18 Q. Fair guess. Can you tell me what board  
19 certifications you hold and what years you  
20 obtained them?

21 A. That was the American Board of Otolaryngology. I  
22 passed it the same year I was graduated from my  
23 residency program in 1979.

24 Q. Okay. Doctor, now concluding your residency  
25 training program and successful completion of



1        your board certification, can you tell me  
2        generally what you have done since then, where  
3        you practiced medicine?

4        A.    Yes.    I have been practicing basically in Akron,  
5        Summit County area, and also I have been teaching  
6        for Northeastern Ohio University College of  
7        Medicine starting with instructor and then now  
8        I'm clinical professor of otolaryngology in  
9        NEOUCOM.

10      Q.    Slow down a little bit.    When you first came to  
11      this general area, did you go into private  
12      practice?

13      A.    Correct.

14      Q.    And what was the name of your practice?

15      A.    Y. W. Park, M.D., Incorporated.

16      Q.    And was that in 1979?

17      A.    Correct.

18      Q.    And have you -- is that how your business has  
19      remained since 1979?

20      A.    Yes.

21      Q.    Doctor, do you have any partners?

22      A.    No.

23      Q.    Are you a solo practitioner, I guess that's what  
24      I would call it?

25      A.    Yes.

1 Q. Beginning with when you first came to this  
2 general area, what hospitals have you had  
3 privileges at and if they're still current let me  
4 know.

5 A. Currently I am attending physician of the section  
6 of otolaryngology at Barberton Citizens Hospital,  
7 also attending physician at Akron City Hospital  
8 and associated with Summa Hospital and also Akron  
9 General Hospital, Children's Hospital Medical  
10 Center of Akron.

11 Q. Doctor, do you treat pediatric otolaryngology  
12 patients?

13 A. Yes.

14 Q. How would you say your practice divides out  
15 between adults and children?

16 A. Probably about 60 to 70 percent adults and 20, 30  
17 percent I would say children.

18 Q. Doctor, going back to what you told me in terms  
19 of your participation in the education of medical  
20 students, I'm interested in that. You told me  
21 you were an instructor at NEOUCOM originally?

22 A. Yes.

23 Q. You're teaching in the medical school, the first  
24 four years of instruction; is that right?

25 A. Yes. I teach medical school students in programs

1           they call PDL, which is physical diagnosis  
2           laboratory, and I teach medical students there  
3           and also I teach residents in Akron -- Barberton  
4           Citizens Hospital family practice and also I  
5           teach general medical staff on the hospitals.

6       Q.   I want to be clear about this.  Going backwards  
7           to NEOUCOM, you're a clinical professor there; is  
8           that what you said?

9       A.   Correct.

10      Q.   In addition which you said you give some  
11           instructor training to residents at Barberton  
12           Citizens Hospital?

13      A.   I teach them.

14      Q.   That's residents for family medicine?

15      A.   That's correct.

16      Q.   It's not a residency in otolaryngology?

17      A.   There is no otolaryngology program in the Akron  
18           area.

19      Q.   All right.  Doctor, once again I don't have your  
20           CV in front of me but since you completed medical  
21           school and your residency training have you  
22           participated in authoring any articles?

23      A.   Yes.  You will see these from my 18 page CV that  
24           I have authored over 80 scientific articles in  
25           medical journals and also made a contribution in

1 a book, Surgical Pathology of Laryngeal Neoplasm,  
2 published by Chapman and Hall in London.

3 Q. It's so difficult taking telephone depositions.  
4 You've got 80 articles and telling us about your  
5 participation in a textbook, correct?

6 A. Yes. It's not a textbook. I would say it's a  
7 reference book on surgical pathology all large  
8 tumors, voice box tumor, I made contributions  
9 there, and also my book will be published soon.

10 Q. Are you referring to a different publication  
11 other than the one on surgical pathology?

12 A. My own book I'm talking about.

13 Q. Okay. Tell me, your book is in press I gather?

14 A. It's ready to publish. I'm seeking some  
15 financial support from organizations here. And  
16 the title of that book will be a Study of  
17 Otolaryngology, Head and Neck Cancer.

18 Q. Did you write this book completely on your own or  
19 do you have people who contributed?

20 A. No, it's my own.

21 Q. Don't have any people contributing chapters.  
22 You're the editor, you're the author?

23 A. Correct.

24 Q. Doctor, in your study of neck and head cancer, do  
25 you discuss cancer of the nasal vestibule?

1 A. Yes. Over 80 of my publications about 25 of  
2 those are for nasal disease and 15 of those are  
3 mostly related to tumors of nose or nasal cavity.

4 Q. Okay. When will a copy of your book be available  
5 for public consumption is the easiest way to  
6 describe it?

7 A. This was given to the organization to review and,  
8 you know, as soon as I receive something I will  
9 start the process of actually publishing here  
10 because this requires so much financial burden on  
11 me so I need some financial support from some  
12 organizations, American Cancer Society,  
13 Commission on Minority Health. They are  
14 reviewing this.

15 Q. Let me ask you this, Doctor. We might stay on  
16 the same subject matter.

17 You're indicating your book does include  
18 within it chapter or chapters on nasal cancer,  
19 correct?

20 A. Not specifically chapters but some of those have  
21 a presentation of that including the nasal and  
22 sinus disease including tumors.

23 Q. All right. The nature of your publication or  
24 the audience you're trying to attract is -- the  
25 purpose of your publication is to help people

1 identify these particular cancers, make  
2 diagnosis?

3 A. And how to manage it. My main audience will be  
4 medical school students and mostly family  
5 practitioners and primary care physicians.

6 Q. Okay. Doctor, let me ask you this question. We  
7 are going to use the year 1997.

8 A. Okay.

9 Q. Standards of care change over time based upon new  
10 discoveries in medicine or trials that say you  
11 should do something a different way. If you were  
12 teaching medical students in 1997 how to make a  
13 diagnosis of a cancer of the vestibule of the  
14 nose, what would you tell them to be looking for?

15 A. If you suspect cancer of the nasal vestibule, you  
16 first of all have to review the history but on  
17 the physical examination part you should see such  
18 as mass or obstructing lesion or nose bleeding or  
19 swollen eye or double vision, presenting mass in  
20 the mouth or cheek area or neurological deficit.  
21 That is indication of something happening such as  
22 cancer of the nasal or so-called sinonasal cavity  
23 we call it because nasal cavity and sinus  
24 altogether is sinonasal cavity.

25 Q. Okay. Would you agree or disagree, Doctor, a

1 non-healing ulcer in the nose should have within  
2 it a differential diagnosis of possibly a nasal  
3 cancer?

4 A. Yes.

5 Q. Okay. And if you have a non-healing ulcer, first  
6 of all, we do it this way, hypothetically presume  
7 someone does a physical examination and finds an  
8 ulceration --

9 A. Okay.

10 Q. -- in the vestibule of the nose. We'll make it  
11 that simple. What would you want to know about  
12 the history that preceded the lesion or we are  
13 going to use the word ulceration?

14 MR. GRIFFIN: Talking in general  
15 here?

16 MS. TAYLOR-KOLIS: Right.

17 A. Generally when you see ulcerations this can be  
18 many things. For example, such a simple  
19 infection such as herpes viral infection can  
20 create ulceration of the -- ulceration can happen  
21 as a trauma such as people who pick their nose or  
22 blow the nose all the time, they can have some  
23 ulceration. Of course, other infectious process  
24 also can cause ulceration. So the first  
25 treatment option or evaluation is history, how

1 long they have ulceration, when there has been  
2 treatment given. If medical treatment  
3 successfully heals the ulceration, than cancer is  
4 not one of the most important differential  
5 diagnoses here.

6 Q. Okay. If a person hypothetically presented to  
7 you and indicated a history of a non-healing  
8 ulceration in the nose, would you initially  
9 prescribe treatment for them?

10 A. Yes, that's correct.

11 Q. Okay. Over what period of time would you have  
12 them back for reevaluation to see whether or not  
13 the ulceration healed?

14 A. Depends on history and past medical treatment  
15 history. Maybe few weeks, maybe two weeks,  
16 maybe -- depends on the past history. Patient  
17 has non-healing ulcer, one month, two month,  
18 three week, months, I may not wait that long. If  
19 it is not treated specifically by specialist, for  
20 example, I would treat medically to see myself  
21 the effective treatment.

22 Q. And if it -- what would be the time period if it  
23 didn't completely heal that you would become  
24 concerned and go look for the differential  
25 diagnosis of a nasal cancer?



1 A. I wouldn't go by certain time but as I said,  
2 generally speaking, maybe two weeks or so  
3 generally but, again, this is generally. I'm  
4 speaking depends on the person. It should be  
5 individualized.

6 Q. Okay. Does the standard of care require an  
7 otolaryngologist to perform a biopsy on a  
8 non-healing ulceration in the vestibule of a nose  
9 if it doesn't heal within, say, four weeks?

10 A. If you have suspicion of a cancer, yes. But the  
11 patient if not treated properly then you don't  
12 have to jump into biopsy. You only biopsy it if  
13 it's not healing and you have suspicion of some  
14 malignancy because there's many other conditions  
15 other than cancer. They can have a recurrence,  
16 they can have recurrent ulceration and recurrent  
17 nature of problems such as infection, herpes  
18 virois, this is one example they can recur,  
19 coming back every few months, things like that.  
20 It does not require biopsy.

21 Q. Doctor, would you agree with me that the  
22 existence of a non-healing ulcer in and of itself  
23 in the nose does give rise to a suspicion it may  
24 be a nasal cancer?

25 A. If there's a persisting ulcer in spite of all the

1 medical treatment and persistent ulcer, yes.

2 Q. All right. We are going to switch gears and stop  
3 talking about medicine for a minute and go back  
4 into a few preliminary questions I need to ask  
5 you.

6 You're licensed to practice medicine in the  
7 state of Ohio?

8 A. Yes. And also Michigan and California.

9 Q. Okay. I was going to ask if you had any other  
10 licensure. When were you licensed in Michigan?

11 A. 1995.

12 Q. For what purpose did you become licensed in  
13 Michigan?

14 A. Because of the convenience of taking the  
15 examination at that time.

16 Q. Did you practice medicine in Michigan?

17 A. Reci -- what you call it.

18 Q. Reciprocity?

19 A. I got license in Ohio and California from  
20 Michigan license.

21 Q. Is that license current?

22 A. Yes.

23 Q. What about California license, when did you get  
24 that?

25 A. That was 1979.

1 Q. And is that license current?

2 A. Yes.

3 Q. Have you practiced medicine in the state of  
4 California?

5 A. No.

6 Q. Do you intend to?

7 A. Maybe if I move, if I become sick and tired of  
8 this weather I go to California.

9 Q. Good enough answer, Doctor.

10 Doctor, your attorney is going to object to  
11 this question and wait for his objection. Other  
12 than this lawsuit can you tell me about other  
13 occasions which you have been sued in the last  
14 ten years?

15 A. Well, one time I sued -- I was sued about a few  
16 years ago but they dropped, you know, litigation  
17 so actually so far I never had to go through the  
18 jury or anything, no settlement, no paying out  
19 award or judgement, nothing against me so far.

20 Q. Okay. So if I understood your testimony, I hope  
21 that I did, other than this lawsuit you only  
22 actually have been sued one other time?

23 A. Yes. That's the only one.

24 Q. Okay. Who is your professional negligence  
25 carrier in this instance?

1 A. That is GE Medical Protective.

2 Q. Okay. You may or may not know the answer to this  
3 question. If you don't, your attorney will tell  
4 me at a later time. Do you know what your limits  
5 of coverage under this policy?

6 MR. GRIFFIN: I will answer the  
7 discovery. I just pulled it out. I  
8 apologize.

9 Q. We'll get it in writing because you would be  
10 guessing. In anticipation of today's deposition  
11 did you review any medical literature?

12 A. Yes, I did.

13 Q. Tell me what you reviewed, please.

14 A. Just basic information on this because myself I  
15 have done extensive study on this subject even  
16 before this happened so actually I just reviewed  
17 some general review of this subject.

18 Q. When you say general review?

19 A. Like a textbook.

20 Q. What textbook did you look at?

21 A. For example, Ballinger's Textbook of  
22 Otolaryngology, Ballinger was the name of the  
23 textbook.

24 Q. Did you do any Internet research?

25 A. No.

1 Q. So you haven't done that. And other than  
2 Ballinger's do you believe you looked at any  
3 other textbooks?

4 A. In my possession before this happened many  
5 articles over the years I accumulated on this  
6 subject so some of them I reviewed.

7 Q. Doctor, I'm going to ask you the question, I  
8 already know the answer, but I am going to ask it  
9 anyway. You had an opportunity to review your  
10 own medical chart, correct?

11 A. Yes.

12 Q. What other medical records have you actually read  
13 and reviewed up to this point?

14 A. I don't understand what --

15 MR. GRIFFIN: Other records you  
16 have reviewed.

17 A. I don't think I reviewed any medical records  
18 other than information provided by my counsel  
19 on --

20 MR. GRIFFIN: You don't --

21 Q. Whatever your attorney discussed, don't discuss  
22 with me.

23 A. Not really. I didn't review any medical records.

24 Q. Have you looked at anyone's medical records other  
25 than your own?

1 MR. GRIFFIN: There hasn't been  
2 time to look at Manning's.

3 Q. Let me ask this question this way, Doctor. I  
4 don't want to say I'm asking an inappropriate  
5 question, I'm asking you one you may not know the  
6 answer to. Based upon your knowledge -- you  
7 haven't read any other medical records, right?

8 A. Not really.

9 Q. I gather you don't have an opinion at this point  
10 in time in any event as to whether or not someone  
11 else caused or contributed to Mrs. Bailes' death;  
12 is that right?

13 A. I don't think so.

14 Q. You don't think so or you don't have an opinion  
15 at this point?

16 A. Because I have limited information here, only  
17 thing I was exposed to, some of these  
18 consultations and letters prepared by  
19 Dr. Steinberger and Dr. Woods from  
20 Cleveland Clinic, that I saw it but from that  
21 information, there isn't anybody I can think of  
22 as contributing physician or anybody, you know,  
23 that can provide any other information.

24 MS. TAYLOR-KOLIS: Referring to  
25 Dr. Steinberger and Dr. Woods did they send

1                   them to you or did he get those from some  
2                   other source?

3                   MR. GRIFFIN: They're in the  
4                   records Greg produced.

5 Q. At the time Mrs. Bailes was diagnosed you were no  
6                   longer her physician; is that right?

7 A. That's right. I saw her last time in September  
8                   of 2000.

9 Q. All right. Doctor, I'm going to ask another  
10                  question I know the answer to but I like to do  
11                  that.

12                 Upon reflection of your evaluation of the  
13                 medical records do you believe you should have  
14                 made a diagnosis of a nasal carcinoma prior to  
15                 the time that diagnosis was made?

16                 MR. GRIFFIN: Objection. Go ahead  
17                 and answer.

18 A. There is no sign whatsoever that indicates there  
19                 was any cancer that was developing here.

20 Q. What is your basis of that contention?

21 A. First of all, I have been treating her since  
22                 1986. And clearly shown in my medical record  
23                 that she had initially vestibulitis which is  
24                 inflammatory process of the nose right side in  
25                 1990. I treated it and it resolved. And then

1 later in 1993 I saw her. This time she has both  
2 sides soreness in the nose and I treated that,  
3 that resolved and improved but from time to time  
4 she had some soreness develop. Each time I treat  
5 it and subsequently that improved. So there was  
6 no time that make she suspect any cancer or  
7 anything at that point.

8 Q. Okay. I appreciate your generalized answer. We  
9 are going to go through your chart.

10 A. Okay.

11 Q. Do you have your original chart with you today?

12 A. Yes.

13 Q. I'm going to make an assumption, which is kind of  
14 a leap of faith, I may have all of your records.  
15 We'll find that out today. Your office  
16 previously submitted to me, it looks like  
17 December of 2001, your office records and I have  
18 taken them apart and attempted to put them in  
19 chronological order. You will correct me  
20 wherever I'm in error. The first medical note I  
21 have is dated August 8 I think it's 1986?

22 A. That's correct.

23 Q. Am I right that was your first encounter with  
24 Mrs. Bailes?

25 A. Yes.



1 Q. I don't know where you're sitting in relationship  
2 to the speaker phone, but you go in and out. I'm  
3 sorry if I repeat myself.

4 Tell me about the first visit with  
5 Mrs. Bailes. You took a history from this lady  
6 or what?

7 A. At that time I think by looking at handwriting  
8 this looks like my ex-staff took the medical  
9 history here. She was complaining of right side  
10 earwax and hearing problem, light headedness and  
11 chronic sinus trouble she had.

12 Q. Doctor, if you can tell based upon your chart  
13 because it is not apparent to myself, how is it  
14 that Mrs. Bailes became your patient? Did she  
15 self-refer to you or did a physician send her to  
16 you?

17 A. According to the report there was no referral  
18 statement here so if that's a referral from other  
19 physician, I send a report to referring physician  
20 but here there was no such information and I  
21 didn't have to send anybody about the medical  
22 evaluation or my management.

23 Q. Okay. So the answer to my question, Mrs. Bailes  
24 became aware you were an ENT and based on her  
25 problem she wanted to see someone that

1 specialized in ears and nose?

2 A. Yes. A lot of my patients, you know, refer from  
3 friends and family members, not necessarily  
4 doctor to doctor but many are from family and  
5 friends.

6 Q. As part of the history you would take at the time  
7 of initial presentation, would you explore  
8 environmental factors that might be contributing  
9 to her problems?

10 A. One is smoking and other things I do not have any  
11 information sufficient. As you know well-known  
12 carcinogenic agents like formaldehyde, paint,  
13 carpenter is exposed to wood dust, they have  
14 known increase chance of cancers of special type  
15 of nasal or sinus cancers, too. But here she  
16 has one of the history that is positive was she  
17 is a smoker and also she has some family history  
18 of cancer, too.

19 Q. Okay. In addition do you attempt to elicit  
20 anything about the work environment of your  
21 patients?

22 A. Well, as I said, you know, people who are  
23 carpenters or people working in formaldehyde or  
24 construction worker, painters maybe have some at  
25 risk increased chance of cancer possibility.

1 Q. What about people who work around dry cleaning  
2 fluid, do they have increase risk of nasal  
3 cancer?

4 A. I cannot specifically answer that question. I am  
5 not aware of any specific agent associated with  
6 dry cleaning and that type of environment.

7 Q. All right. Doctor, I apologize, but I think they  
8 train you guys to do this in medical school.  
9 Your handwriting is somewhat legible by not all  
10 intelligible. Starting with what you would  
11 recognize to be your handwriting at the top of  
12 the page where it says complaint, if you could  
13 read totally everything in your note.

14 A. Ears stopped up, right side sinus trouble with  
15 drainage and coughing. And duration ear problem  
16 for one month. Impacted right ear, cleaned out,  
17 TM, tympanic membrane both normal. I drew the  
18 picture showing that initial examination of  
19 abnormality in the nose including thickening and  
20 deformity of the nasal septum.

21 Q. Slow down. Impacted wax. If you can read that  
22 sentence again.

23 A. Impacted wax right side cleaned out.

24 Q. Okay. Underneath that drawing is clearly the  
25 nasal passages, correct?

1 A. Yes.

2 Q. Okay. Now, you have is that an arrow going back  
3 and forth?

4 A. That is widening, it's thickening of the septum.  
5 Septum is the structure that holds the center of  
6 the wall that divides right and left side of the  
7 nasal passage. That structure was thickened and  
8 that direction is showing widening or thickening  
9 of the septum.

10 Q. To what did you attribute the fact she was  
11 experiencing a widening or thickening septum?

12 A. This is very common problem, about 25 percent of  
13 general population has this finding of nasal  
14 deformity so a lot of thickening deformity  
15 contributes to nasal sinus problems.

16 Q. All right. Then, Doctor, underneath that you  
17 say -- does that scribble say impression?

18 A. Yes.

19 Q. All right. You want to read to us what your  
20 impression is?

21 A. Impacted view hypertrophic rhinitis.

22 Q. What do you mean by that?

23 A. Hypertrophic rhinitis meaning swollen or enlarged  
24 structure inside the nose that is one of the  
25 inflammatory changes. Hypertrophic rhinitis

1 meaning nasal and sinus inflammation from the  
2 swelling or enlargement of some of the structure  
3 we call turbinate inside the nasal passage.  
4 There's -- each side three bumps to increase  
5 surface area to moisturize, humidify and warm the  
6 air in the nasal passages, in and out, and this  
7 was swollen. That is what I answer.

8 Q. What clinical significance was that to you, if  
9 any?

10 A. If significant enough they may interfere with  
11 drainage of sinus which may result in sinus  
12 infection.

13 Q. Okay. As a result of your impression what  
14 therapy did you prescribe or indicate was  
15 necessary for this patient?

16 A. I gave antibiotic and nasal spray that was  
17 topical steroid to keep the swelling down on  
18 hypertrophic rhinitis.

19 Q. What topical steroid?

20 A. Name was Beconase.

21 Q. Is that's the first on the top?

22 A. Yes.

23 Q. And then what antibiotic did you give her?

24 A. EES.

25 Q. Standing for?

1 A. It's erythromycin.

2 Q. Erythromycin was prescribed for which problem?

3 A. Because of hypertrophic rhinitis and since she  
4 was allergic to penicillin this was the medicine  
5 given.

6 Q. Did you anticipate, Doctor, that these  
7 prescriptions would change that thickening?

8 A. No.

9 Q. Okay. What was the purpose of the prescription?

10 A. Prescription antibiotic was for rhinitis,  
11 inflammatory changes is here particularly very  
12 likely associated with bacterial agent and  
13 antibiotic will kill the germ by doing that, keep  
14 the swelling down and improve the nasal problem.

15 Q. Okay. The next recorded visit I have, and once  
16 again, if I'm in error you may tell me. It looks  
17 like UL I'm thinking this is July 12, 1989?

18 A. Yes.

19 Q. I'm right or wrong?

20 A. Correct.

21 Q. Because it's sort of cut off on my copy. Before  
22 I go on to that, at the bottom it says I think  
23 script toward the right-hand side is return PRN?

24 A. Which one?

25 Q. Before we move on, back on initial visit.

1 A. Yes, return office PRN as needed.

2 Q. I wanted to make sure. She doesn't come back to  
3 you as needed for a little while?

4 A. Three years.

5 Q. Couple years. She comes back to you in July of  
6 1989?

7 A. Yes.

8 Q. We are going to go through the same drill we did  
9 previously. Start with complain of, read what  
10 she's complaining of?

11 A. Bad drainage. Hearing bad on the right side.

12 Q. Okay.

13 A. And my finding indicates impacted cerumen, that  
14 is wax more on the right than left side and  
15 tympanic membrane, again is eardrum, was dull and  
16 canal erythema meaning ear canal was reddening  
17 and also again old finding of septal deviation  
18 positive.

19 Q. So the septal deviation is the initial finding  
20 from your visit in August of 1986 and that  
21 remained unchanged?

22 A. Never changes.

23 Q. Okay. Did you inquire as to whether she  
24 continued with the initial therapy that you had  
25 prescribed for her in 1986, that being the

1       steroidal nasal spray?

2       A.   Actually this time patient was treated and mostly  
3       patient was complaining of drainage and ear was  
4       main concern this time even though we treat it  
5       again for the nose and drainage problem with  
6       antibiotic but this time something new was ear  
7       problem and this time she has external titis  
8       meaning outer ear infection on the right side.

9       Q.   Okay.  We are going to get to that in a second.  
10       You at this point your impression was, go ahead,  
11       was the external?

12      A.   Impacted cerumen and external titis right.

13      Q.   Okay.  So once again you got EEE, you are giving  
14       some form of erythromycin and that's for the  
15       external titis?

16      A.   Yes.

17      Q.   What is underneath?

18      A.   That is -- this is ear drop because she had ear  
19       infection.

20      Q.   I'm starting to learn to read your handwriting.  
21       Return one week?

22      A.   Correct.

23      Q.   She did come back in a week, correct?

24      A.   Yes.

25      Q.   Read for me, if you can, starting at the top your



1 note, the first two sentences.

2 A. External otitis better. Still funny feeling.

3 Q. When you write still funny feeling?

4 A. It's ear, ear is better but still ear is not  
5 quite normal.

6 Q. The ear, okay. You got a diagram of the nasal  
7 passages again?

8 A. Yes.

9 Q. There's some little arrow on each side, one on  
10 the right and one on the left?

11 A. Yes. That is hyperactive turbinate I told you  
12 about earlier. They're swollen bump. That is  
13 turbinate normal structure. As a result of  
14 inflammation, this was swollen more so on the  
15 right. As you can see, three arrow on the right,  
16 one arrow on the left.

17 Q. When I see multiple arrows, that's your way of  
18 differentiating more symptomatology, right?

19 A. Correct.

20 Q. So she has that symptomatology both in the right  
21 and left nostril, correct?

22 A. Yes. Both sides but more so on the right side in  
23 terms of swelling.

24 Q. Okay. And right below your drawing of the nasal  
25 passages can you read that?

1 A. Ear external titis and throat negative. Nose  
2 rhinosinusitis.

3 Q. Okay. This is where I'm going to have to trust  
4 you. My records got cut off at the bottom. I  
5 have an impression line.

6 A. Yeah.

7 Q. Can you read that?

8 A. Rhinosinusitis and treatment was Tussie Organtin  
9 and Beconase AQ, again steroid nasal spray.  
10 Sample was given.

11 Q. What is under -- sinusitis is the top. You told  
12 me something different and you got Beconase spray  
13 again. That's where it's cut off.

14 A. Tussie Organtin.

15 Q. Okay. Good enough. Then to the left there's a  
16 line on the bottom?

17 A. Need complete hearing test and reflex test.

18 Q. Okay. So that's what you suggested for her  
19 relative to her hearing complaint?

20 A. Yes.

21 Q. And did you make a referral for her to have that  
22 done?

23 A. No. We did it in my office, hearing test. She  
24 have hearing test done in '89, August 3rd.

25 Q. I see it. Okay. Do you interpret those hearing

1 tests or do you have a technician who does them  
2 for you?

3 A. We call an audiologist. They write down their  
4 opinion but we don't have to read that. Actually  
5 we pretty much know what this signify.

6 Q. I guess what were you looking for, what were you  
7 looking for -- I can't believe this. Why did you  
8 want her to have a hearing test?

9 A. Because she had ear problem and when you have ear  
10 problem that is treated and still not completely  
11 clear and also that -- also tympanic membrane one  
12 time there was dull appearance meaning possible  
13 tip of middle ear infection as well as outer ear  
14 infection. That is why this test will give us  
15 information about middle ear and outer associated  
16 ear problem such as hearing loss, things like  
17 that you cannot determine without test.

18 Q. Were you happy with the findings of her audiology  
19 test?

20 A. Yes.

21 Q. What did they essentially tell you?

22 A. Slight bilateral symmetrical nerve damage,  
23 hearing loss and normal middle ear pressure,  
24 normal static compliance and acoustic reflex and  
25 speech discrimination is quite excellent. So

1 this was not that remarkable finding so pretty  
2 good shape.

3 Q. Okay. So that was your visit with her in 1989?

4 A. Yes.

5 Q. July 19th. And then she comes back to see you,  
6 according to records I have, February 6th 1990,  
7 correct?

8 A. Yes.

9 Q. Okay. Let's go through once again the complaint  
10 that she presents with if you would read them  
11 into the record for us.

12 A. Okay. Complain of ear infection, hearing loss  
13 and right ear sore and canal with wax, cleaned  
14 out, TM, meaning tympanic membrane, was okay,  
15 right vestibules positive, meaning she has for  
16 the first time specifically she has vestibulitis  
17 meaning inflammation of the anterior part of  
18 nasal cavity. She didn't complain particularly  
19 but I found out nasal vestibulitis here. And  
20 that is soreness in the nose. That was 1990,  
21 February.

22 Q. When you said she had nasal vestibulitis this  
23 time, you don't make a drawing of the nasal  
24 passages, correct?

25 A. I don't make a drawing every time. Whenever I

1 think it will help me understand better, that's  
2 why I do that.

3 Q. So that I know, how did you make the diagnosis of  
4 vestibulitis?

5 A. By looking at -- physical examination is very  
6 easy.

7 Q. And when you make the diagnosis of vestibulitis,  
8 tell me what that means.

9 A. That means there's inflammation of the nose,  
10 inflammation of nose characteristically they will  
11 have some swelling, may have some sore, may have  
12 some crusty formations or itch or pain. It's  
13 inflammation.

14 Q. And because you didn't make a drawing, I'm going  
15 to have to ask the question this way, was this a  
16 bilateral finding, Doctor?

17 A. No. Specifically said right side.

18 Q. I didn't hear that. That's why I asked. So the  
19 notation right in front of the diagnosis, that  
20 stands for right?

21 A. Correct.

22 Q. And then the last one underneath vestibulitis?

23 A. Probably sensory floor neural hearing loss which  
24 seems to get worse. As we grow older, this is  
25 natural that we lose some hearing, normal

1 physiological changes.

2 Q. Okay. Your impression then was external otitis?

3 A. Correct. And sensory neural hearing loss and  
4 vestibulitis.

5 Q. And your prescription or therapy for that was  
6 what?

7 A. Neomycin ointment to the nose. When you have  
8 soreness or things like that nature we give this  
9 medication.

10 Q. I see that it says at the bottom return but I  
11 can't tell what your advice was on the return?

12 A. PRN.

13 Q. Okay. Just wanted to make sure.

14 The next visit, although it's very blurry, is  
15 it September something of 1991?

16 A. Yes. 26th.

17 Q. What was the date?

18 A. September 26th.

19 Q. I'm going to cheat and write it on my sheet of  
20 paper. What complaints did she present with on  
21 that day?

22 A. Ear closed up over one week with ache on the  
23 right side.

24 Q. And your impression?

25 A. Impacted cerumen, again, wax and removal of

1 cerumen was treatment, return advice PRN.

2 Q. Okay. She had no nasal complaints at that visit?

3 A. No.

4 Q. Do you believe that you would have physically  
5 examined her nose on that visit?

6 A. Every single person walks into my office, no  
7 exception, everybody get nasal examination.

8 Q. Thank you. So that's your custom and habit  
9 because you are an ENT even though they present  
10 and may be complaining about ears you still  
11 examine all the systems?

12 A. Correct.

13 Q. If there's no information I'm going to assume  
14 it's a negative system review at that point?

15 A. Yes. So many cases I do not write down. I  
16 usually write down positive findings.

17 Q. Okay. The next encounter that I could see, I  
18 could be wrong about this, there's a sheet that  
19 looks like a cover sheet and has your name  
20 printed on it.

21 A. This time she prepared medical history herself.  
22 This is her own writing.

23 Q. Let's see if we are looking at the right  
24 document. At the top it looks like Geraldine  
25 Bailes, today's date August 11, 1993, right?

1 A. Yes.

2 Q. Is that the first time you had her fill out a  
3 form like that?

4 A. I think so. The first one it looks like my  
5 office, my office staff prepared for them by  
6 asking, but this one she prepared herself.

7 Q. I didn't see an initial patient history form  
8 filled out by the patient herself. Do you have a  
9 document that would have matched your August 8th,  
10 1986 initial visit?

11 A. Well, at that time in my practice I usually  
12 asked -- my office staff just asked the questions  
13 and prepared that but later we changed it to the  
14 patient themselves writing in and filling in.

15 Q. Patient self report?

16 A. Yes.

17 Q. My question I need to know if this document  
18 exists or doesn't exist or accidentally didn't  
19 get sent to me. When she initially became your  
20 patient in 1986 --

21 A. Yes.

22 Q. -- I can't find a document, a corresponding  
23 initial patient history note document. Is there  
24 one?

25 A. I told you that the one our staff prepared



1 information saying right ear water like  
2 sensation, hearing problem, light headedness of  
3 one month, chronic sinus.

4 Q. That's what I'm trying to clarify. I  
5 understand -- that's what you're considering the  
6 history.

7 A. History and medical information obtained by my  
8 office staff by asking the patient.

9 Q. All right. If we look at August 11th, 1993. She  
10 is self writing that her complaint, I'm assuming  
11 this is why she came to see you is sores in both  
12 sides of nose, can't smell, can't hear real good  
13 and have a lot of drainage; is that right?

14 A. Yes.

15 Q. And if I skip -- at that point you're also asking  
16 her on the next page or at least with what is my  
17 next page, indicate any family history or problem  
18 that she has had?

19 A. Yes. She has family history of cancer in family  
20 and she's a smoker. She clearly marked there,  
21 too.

22 Q. Okay. Doctor, there seems to be a hash mark she  
23 checked off headache, correct?

24 A. Yes.

25 Q. On your copy, since you have the original, did

1 she checkoff cancer?

2 A. Yes.

3 Q. Did you ask her about that history?

4 A. Did not write down in detail but cancer marking,  
5 you know telling me that she has cancer in family  
6 history.

7 Q. But did you -- were you cognizant she may have  
8 had a personal cancer history?

9 A. No. I didn't ask anything personal cancer  
10 because she didn't, you know, provide me anything  
11 about cancer other than marking this including  
12 family, cancer in family.

13 Q. Doctor, are you saying August 11th, 1993 you were  
14 unaware she had D & C for cancer in the cervix?

15 A. Did not register in the medical history.

16 Q. Doctor, if you want to look back on the first  
17 page past surgeries, what does it say?

18 A. That one is past surgery history and D & C cancer  
19 of cervix.

20 Q. Okay. That's what I was asking you to confirm.  
21 You looked at this and were aware she had some  
22 personal history?

23 A. You were asking front page, later check the back  
24 page marking that's why I went over that without  
25 going through that past surgery.

1 Q. She checked off family -- cancer in family. Did  
2 you ask her about that?

3 A. I don't think I specifically asked her about that  
4 because there's no note of that.

5 Q. Let's go to your office visit of August 11th,  
6 1993. You didn't draw the nasal passages for me  
7 but that's all right. Let's go through the  
8 complaint if you would read them.

9 A. Same as her own writing, nose sore, drainage,  
10 cannot smell and she had nasal vestibulitis which  
11 is reason she had sore nose which she had years  
12 back right side, now this time she has sore both  
13 sides. And she had septum erythema and mucous,  
14 pus, pus in the sinus also swelling was positive.

15 Q. Can you tell me if this is a bilateral condition  
16 or -- she says it was in both?

17 A. Yes, yes.

18 Q. Did you see actual sores or did you just see an  
19 area that looked inflamed?

20 A. Exactly. So that's why -- I instead of  
21 describing it I wrote down my clinical impression  
22 of nasal vestibulitis which is saying that  
23 there's inflammatory changes.

24 Q. Okay. So it is at that point you saw  
25 inflammatory change and no ulceration or lesion,

1 correct?

2 A. No.

3 Q. Okay. All right. At that point -- you can  
4 continue with what your writing says?

5 A. Local treatment done for vestibulitis. Usually  
6 this means antibiotic ointment. I'm treating at  
7 my office both ear impacted cerumen, wax, cleaned  
8 it out, tympanic membrane, neck was negative.

9 Q. What were you looking for in the neck?

10 A. Neck, for example, mass or node or any other  
11 lesion in the neck if there's anything abnormal  
12 particularly we are talking about.

13 Q. I didn't understand the last sentence. You said  
14 particularly something?

15 A. Where there is particularly something.

16 Q. Doctor, once again, just sort of adding do you  
17 also examine the neck when your patients come in?

18 A. I always examine the neck. Sometimes I write  
19 negative, sometimes I don't.

20 Q. All right. We'll let that answer stand. Your  
21 impressions, if you want to read your  
22 impressions, please?

23 A. Vestibulitis, rhinosinusitis, impacted cerumen.

24 Q. All right. Your prescription or therapy for  
25 those things?

1 A. Because she's allergic to amoxicillin, I thought  
2 amoxicillin but I put no because she was allergic  
3 and gave Bacteride and sample Lorabid which is  
4 antibiotic.

5 Q. Your advice was return as needed, correct?

6 A. That's correct.

7 Q. Back in January of 1996?

8 A. Yes. So three years later, which means she  
9 didn't have much of any problem here, as I can  
10 understand, because she is nice person she will  
11 follow my advice. If there's problem, she will  
12 come in here. But she didn't until '96.

13 Q. Tell us about her complaint on January 5th.

14 A. Sore throat and soreness going to the ears as  
15 well, throat sore glottis changes with edema.  
16 Impacted cerumen, cleaned out from left. Nasal  
17 hypertrophic and turbinate three positive meaning  
18 significant hypertrophy and also cleaned out ear  
19 means nasal mucous with suction system.

20 Q. The hypertrophy of the turbinate, is this an  
21 additional finding past what you have gone  
22 through?

23 A. No, it's the same thing she has been having all  
24 these years including all the earlier visits I  
25 mentioned. Hypertrophic rhinitis that is --

1           signifies hypertrophic turbinate actually.

2       Q.   Okay.   And your impression?

3       A.   Was rhinofascitis, this time nose as well as some  
4           throat infection there and impacted cerumen.

5       Q.   Your prescription or therapy?

6       A.   Ceftin and Flonase.

7       Q.   Okay.   And it doesn't say, so I presume you told  
8           her to return as needed?

9       A.   Of course.

10      Q.   February 17th, 1997?

11      A.   Yes.   Sinus infection and was on antibiotic.

12      Q.   Let me stop you there.   She is complaining of  
13           sinus infection and on antibiotic?

14      A.   Was on antibiotic.

15      Q.   You didn't prescribe those antibiotics?

16      A.   No.

17      Q.   You're going to take it that Ms. Bailes did not  
18           self diagnose?

19      A.   Must be by some other physician.

20      Q.   Did you inquire what physician made the  
21           diagnosis?

22      A.   No.

23      Q.   Wouldn't it be -- would it be part of your custom  
24           to inquire as to what other treating physicians  
25           were treating your patient for sinus infection?

1 A. If this is something nothing to do with my  
2 specialty, probably I will ask for. But if it is  
3 my specialty because most people who have  
4 treatment when they come to my office they  
5 already been treated by other physician and when  
6 they come in I don't each time ask their family  
7 physician what has been going on because they  
8 usually tell me and maybe that's the reason they  
9 are coming to me because treatment given by other  
10 physician may not be working. So if it's my  
11 field problem, they usually don't specifically  
12 ask family physician how they are treating  
13 patient, give specific name of medicine. In many  
14 cases a lot of patients cannot remember or give  
15 precise name of medicine.

16 Q. Doctor, you treat sinus infections, don't you?

17 A. Yes.

18 Q. At the time of her visit, did you know how long  
19 she had a sinus infection?

20 A. This is, as I said, ongoing problem. Every few  
21 years she comes in with sinus infection  
22 flare-ups. So actually this is, as you can see  
23 so far we discussed already about sinus  
24 infections in the past, once in awhile she has  
25 this flare-up of sinus infection.

1 Q. Is that what you're calling sinusitis, sinus  
2 infection?

3 A. That's correct.

4 Q. Did you -- do you think you might have inquired  
5 with what type of antibiotic she has been on?

6 A. No. I write down specifically what is provided  
7 by the patient.

8 Q. So sinus infection, ears stopped up and you'll  
9 have to go --

10 A. Ear stopped up. Both ears impacted with cerumen,  
11 wax, cleaned it out, tympanic membrane, which is  
12 eardrum, negative, septum deviated, turbinate  
13 erythema positive, neck was negative again.

14 Q. Same impression?

15 A. Yes. So this is ongoing problem every few years  
16 she has this flare-up.

17 Q. Okay. She next time you saw about a year -- a  
18 little more than that?

19 A. Yes.

20 Q. September 4th, 1998, September 4th, 1998?

21 A. Yes.

22 Q. Okay. Why don't you read that into the record  
23 for us.

24 A. Okay. Here she came in with ear to be cleaned  
25 out, specifically for the impacted cerumen that



1 has been going on all these years. So I  
2 examine, impacted cerumen, both sides, cleaned it  
3 out with suction and curette. And usually I  
4 don't write this, how I clean, sometimes I just  
5 write but usually I don't because it's routine  
6 stuff. But sometimes I write. Usually writing  
7 this means little bit difficult situation I write  
8 down how and what was used. If it easy, I  
9 usually don't write. A little difficulty, use  
10 this thing, what I use. So this is telling me  
11 that this time it probably was a little bit  
12 difficult to clean the ear.

13 Q. Okay.

14 A. And then septal deviation hypertrophic obstruct,  
15 significant obstruction although patient was not  
16 complaining of the sinus this time, but I treat  
17 it any way with a steroid topical to the nose.

18 Q. Doctor, I'm going to ask you a question. This  
19 obstruction that you're discussing, this is the  
20 first time you used the phrase obstruction. Are  
21 you describing something that was always there?

22 A. It's been there all this time from the beginning.

23 Q. I wanted to be sure about that. And I think you  
24 have gone through what your impression was.

25 A. Impacted cerumen, rhinositis, septal deviation.

1 Q. Okay. And, once again, return as needed?

2 A. Yes.

3 Q. Mrs. Bailes comes to you on November 15, 1999,  
4 correct?

5 A. Yes.

6 Q. I didn't miss any visits in between?

7 A. No.

8 Q. Okay.

9 A. So that's another couple years here.

10 Q. Okay. Tell us about her complaints on November  
11 15th, 1999?

12 A. Sore nose. Ear plugged, cheek was hurting and  
13 sore. And examination showed obstruction as  
14 before. There was a crust, crust meaning scabby,  
15 dried up mucous that is debris sitting on the  
16 lining of the nose, that's what it meant.

17 Q. That's the lining of the left side, correct?

18 A. Yes.

19 Q. Let me ask you a couple questions. First of all,  
20 this is the first time that she has complaint of  
21 facial pain. Would you agree with that?

22 A. Yes.

23 Q. That her cheek hurt?

24 A. Uh-huh.

25 Q. Can you tell me because it says cheek, not

1 pleural, like this pain is all over her face.

2 Can you remember which cheek was hurting her?

3 A. Well, probably this was left side. I cannot tell  
4 you on my record because it doesn't say  
5 specifically which one but, again, cheek hurting  
6 is one of the most typical sign of  
7 rhinosinusitis. Lot of people with sinus  
8 infection cheek hurt, face hurt, that's major  
9 symptom of sinusitis, very common symptom of  
10 sinus infection.

11 Q. Now, when you saw this crusting, did you ask her  
12 about it?

13 A. Crusting is very typical of vestibulitis.  
14 Vestibulitis she has all this time. One of the  
15 very typical picture of vestibulitis crusting,  
16 inflammation and mucous drying up, scabbing.

17 Q. Didn't Mrs. Bailes report to you that she had  
18 been treating with Dr. Manning and he suggested  
19 she come and see you because this area wasn't  
20 healing?

21 A. She never gave me Dr. Manning. I never heard of  
22 Dr. Manning until I was involved in this legal  
23 process. She never gave me Dr. Manning's name as  
24 referring. I never met him or knew him and there  
25 is no record whatsoever showing Dr. Manning

1 specifically asked. There was no report sent out  
2 to him from my office either.

3 Q. Okay. We established you didn't know who  
4 Dr. Manning was?

5 A. Right, nobody specifically.

6 Q. Doctor, didn't Mrs. Bailes tell you that she had  
7 been treating for a sore in her nose for in  
8 excess a month and that's why she came to see  
9 you?

10 A. If that was the case as before as in February  
11 1997, I probably could have wrote down there, for  
12 example, sinus infection, patient was on  
13 antibiotics. Any significant information given  
14 by other doctor I could have wrote down here.  
15 She didn't give any other such information. So  
16 there was no entry of previous treatment or  
17 Dr. Manning's examination or his treatment so  
18 there was no information given to me by the  
19 patient.

20 Q. You're absolutely certain about that?

21 A. Yes.

22 Q. Okay. Did you ask her how long this area in her  
23 nose had been sore?

24 A. As I said, this soreness going on back to 1990s  
25 and once in awhile sore developed. Each time we

1 give medical treatment they improve and next  
2 visit she was not complaining much about that.

3 Q. Doctor, would you agree with me that in no other  
4 note prior to 1999 did you find crusting and  
5 diagram it?

6 A. I didn't draw the picture here but as I said,  
7 crusting is one of the very typical symptoms of  
8 vestibulitis and that was since 1990. It was  
9 then on the right side, opposite side. So  
10 sometimes I write crust. As I said, there is no  
11 specific reason I drew the picture or is this  
12 something that sometimes may mean something,  
13 sometimes may not be so significant so sometimes  
14 I drew picture, sometimes I don't.

15 Q. Doctor, if consistently you have a positive  
16 finding when it's new do you draw the nostrils,  
17 don't you?

18 A. Not necessarily. Vestibulitis finding since 1990  
19 didn't draw the picture but diagnosis  
20 specifically say that there was a disease process  
21 going on, inflammation in the nasal passage. I  
22 didn't draw the picture but it is written in as  
23 vestibulitis. As I said, I don't draw the  
24 picture all the time. Sometimes I do, sometimes  
25 I don't.

1 Q. What was your therapy that you prescribed at that  
2 time?

3 A. Earwax I cleaned it out, nasal mucous, erythema  
4 and swelling. I gave Cipro antibiotic, gave  
5 Bactrim cream which has been working for  
6 vestibulitis. Bactrim cream was given to use  
7 topically in the nose and also I give ear drops.

8 Q. Vestibulitis how are you defining it?

9 A. Vestibulitis is inflammation of vestibule, nasal  
10 vestibule is so-called nostril inside nose,  
11 entrance of the nose. Before it become nasal  
12 cavity there is vestibule meaning small room  
13 before real nasal cavity. This is area that hair  
14 grows. Inside nasal passage no hair, nasal  
15 vestibule there is hair growth. Inflammation of  
16 vestibule, anterior part of nasal passage there  
17 is inflammation which means front part of nasal  
18 cavity. That's what we are talking about.

19 Q. All right. Once again, when you use the term  
20 vestibulitis, any medical professional who is an  
21 ENT uses that you're talking about inflammation,  
22 correct?

23 A. Yes.

24 Q. You're not talking about ulceration?

25 A. No.

1 Q. Scabbing?

2 A. If there is ulceration I could say ulceration,  
3 it's a crust.

4 Q. In any event your advice -- you told us what you  
5 prescribed for her to do. You told her to  
6 return?

7 A. Ten days.

8 Q. Ten days. 11-23. And did she return?

9 A. November 23 she returned.

10 Q. I think it's clear in the record Mrs. Bailes is a  
11 very compliant patient relative to anything you  
12 asked her to do, wasn't she?

13 A. That's correct.

14 Q. She didn't miss any medical visits?

15 A. Not really.

16 Q. She came back on November 23rd, 1999?

17 A. That's correct.

18 Q. Tell us what your notes say.

19 A. Follow-up rhinosinusitis. Again, septal  
20 thickening all along she had with erythema,  
21 earwax, clean it out both, ear profusion or  
22 perforation, no hole or fluid is building up and  
23 neck was negative. Again, you may notice there  
24 was no vestibulitis description here, meaning  
25 there wasn't much of a problem at that point.

1 Treatment again. So I didn't even write down  
2 vestibulitis, meaning there has been improvement  
3 as before.

4 Q. You didn't write any note involving vestibulitis,  
5 you didn't mention it?

6 A. This is the first time she has this problem I  
7 would have but this is ongoing problem so I  
8 didn't write down anything specifically about  
9 that because this has been going on for years and  
10 each time improve with treatment.

11 Q. Doctor, you -- hang on one second. I have to  
12 look at another document. We are just about  
13 done. So if you want to hang on for a second.

14 You see the patient again on September 5th  
15 2000, correct?

16 A. That was the last time. And at that time she  
17 complained of sore nose and mouth lesion.

18 Q. When you say sore nose, are you indicating that  
19 she said my nose is sore or she has a sore?

20 A. It is complaint, meaning patient's own word  
21 complaining of sore nose not my finding. It is  
22 her complaining, her description.

23 Q. She complains of sore nose and what else?

24 A. Also nose lesion.

25 Q. Okay. And her ears?



1 A. Clogged up.

2 Q. And she had ongoing problem with ear wax,  
3 correct?

4 A. That's right.

5 Q. Once again, were you aware that she had seen  
6 someone for her complaint?

7 A. No, I didn't know anything about that. If she  
8 said something I usually make note but here  
9 again, she didn't say anything about that.

10 Q. Okay. Why don't you tell us -- once again,  
11 clear as day there is no diagram of the nasal  
12 passages, correct?

13 A. Yes.

14 Q. Tell us your findings.

15 A. Impacted cerumen, cleaned out, septal deviation  
16 with vestibulitis. Again, she has vestibulitis  
17 occurring. Since last visit another ten months  
18 later she was having sore nose showing up with  
19 sore nose again. So that was my finding but  
20 this time she also has right buckle lesion  
21 meaning inside cheek there was whitish lesion.

22 Q. I'm sorry inside?

23 MR. GRIFFIN: Cheek.

24 A. Cheek.

25 Q. Do you know which cheek that was?

1 A. Right side.

2 Q. Okay. That's right. It's on your sheet. All  
3 right.

4 A. And whitish lesion need examination. That's what  
5 it means needs examination.

6 Q. Okay.

7 A. And impression was vestibulitis right buckle  
8 lesion. We actually made appointment for  
9 Barberton Citizens Hospital outpatient clinic for  
10 procedure. And what is surprising to me is that  
11 patient, such a nice patient who always follow my  
12 advice, never miss appointment. She didn't show  
13 up. Actually she called us and cancelled.

14 Q. Did you know why she cancelled that procedure?

15 A. I didn't know until today. Actually I heard that  
16 the reason was insurance related problem.

17 Q. Right. When a patient calls and cancels a  
18 procedure you feel is necessary, do you take it  
19 upon yourself and discuss the issue?

20 A. Usually I don't unless sometimes they will leave  
21 message, specifically many of the patients may  
22 call us this is situation, what to do. So  
23 sometimes I make arrangement, especially person  
24 like her, Mrs. Bailes for 14 years I saw, you  
25 know, sometimes I can see the patient without

1 actual charging it. Sometimes they call us and  
2 explain to us. But actually I gave instruction  
3 to my staff that if they cancel, if they gave  
4 specific reason to write down but there was no  
5 reason, no such information other than she  
6 cancelled surgery. She requested, actually per  
7 her request.

8 Q. All right. What significance to you is a lesion?

9 A. She knows that I will take no chance, anything  
10 there is abnormal, anything suspicious of any  
11 significance disease, she knows I will do  
12 something about it. She know that I will further  
13 investigate until we find answer. That's why  
14 that's another reason that I was surprised that  
15 she did not go through this procedure. When  
16 we -- when we advise buckle lesion biopsy, this  
17 buckle lesion was whitish.

18 Whitish lesion in the mouth usually indicates  
19 one of the pigment lesions and this can be  
20 associated with such things as cancer. So,  
21 again, we don't do any biopsy or anything unless  
22 you have some suspicion of something more serious  
23 conditions. So I recommended that but she  
24 cancelled here. When we do this type of lesion  
25 biopsy, I almost always do unless patient refuse

1 or there was nose bleed or something I also check  
2 the upper part of digestive tract because if you  
3 have cancer happening in one area, there is  
4 chance something may be happening in that  
5 surrounding area, too.

6 When we took a biopsy, usually I check the  
7 whole area including nose, back of throat,  
8 everything.

9 Q. And I'm sorry. I'm trying to listen. It's very  
10 hard to do it this way.

11 A. That's okay.

12 Q. What I want to clarify, you wanted this lesion  
13 looked at. Did you have suspicion there could be  
14 a cancer?

15 A. Yes. Because any whitish lesion in general we  
16 recommend biopsy because this is whitish lesion  
17 is possible. If it's not, it may be possibly  
18 associated with cancer.

19 Q. Did you tell her that that is why you wanted this  
20 done?

21 A. Yes. Because only way to confirm is biopsy.

22 Q. Let me ask the question in a different way.  
23 You're testifying she had been your patient for  
24 14 years, she was a nice lady. You have her set  
25 up for this examination that you are saying was

1 an endeavor to look for a cancer. You find out  
2 she cancelled and you didn't call her to discuss  
3 this?

4 A. No. Actually I didn't mean this was a cancer.  
5 Doing a biopsy to document actual nature of the  
6 problem. And biopsy in general, biopsy can turn  
7 out to be not cancer, too. In fact, that  
8 happened to her husband, too. So we do --  
9 whenever there is some suspicion, we take a  
10 biopsy. Many of them turn out to be negative.  
11 It's good. But if it is positive, we don't want  
12 to miss that.

13 Q. That's kind of my point. I'm delighted for your  
14 patients and people that have biopsies that are  
15 negative but the reason that you scheduled was to  
16 rule out the concern there was cancer, correct?

17 A. Yeah. We want to establish diagnosis.

18 Q. Okay. Have you reviewed Dr. Manning's records?

19 A. I have a chance to briefly review his note that  
20 he mentioned that just before Dr. Steinberg's  
21 biopsy he said there was no ulceration, something  
22 like that I noted that just before biopsy, again,  
23 there was no lesion or ulceration on his  
24 examination there either. I don't know the exact  
25 date however.

1 Q. I'm a little confused. Can you tell me what part  
2 of Dr. Manning's records your referring to?

3 A. I'm referring to the note of December 18th, 2000.

4 Q. Doesn't it say patient is concerned about  
5 non-healing nasal ulcer she has had for many  
6 years?

7 A. That's right. And then you go on if you see  
8 there is unable to see much of her nasal ulcer,  
9 do you see that.

10 Q. Yes. That doesn't say there isn't a nasal ulcer?

11 A. No. I'm just reading this saying that unable to  
12 see much of her nasal ulcer. But as I said, he  
13 described it as ulcer but in my record and my  
14 recollection there has been no actual ulcer.  
15 Ulcer characteristically shows defect on tissue  
16 like concavity, some defect to there. I never  
17 seen that in her nasal examination. Mostly I saw  
18 inflammatory changes and just debris sitting on  
19 top of the lining. That's all I saw. There was  
20 no time I saw mass or ulceration or obstruction  
21 from the nose or nose bleeding, any of those.

22 Q. Doctor, did you see Dr. Manning's office note of  
23 August 28th, 2000?

24 MR. GRIFFIN: He saw these  
25 probably about one half hour before his

1 deposition.

2 Q. I'm not asking him to memorize. I'm asking him  
3 to read the note.

4 MR. GRIFFIN: You can pick and  
5 choose.

6 Q. This is from Dr. Manning's office August 28th,  
7 2000?

8 A. Yeah.

9 Q. And that's approximately, how many days are in  
10 August, about seven days before she presents to  
11 you in September. Her complaint at that time  
12 she's having recurrent ulceration in the septum  
13 of the nose for many years?

14 A. Yes. That's his note but in my note there was no  
15 time there was ulcer. All I saw was crust  
16 formations and inflammatory changes.

17 Q. Is it your testimony that Dr. Manning doesn't  
18 know what an ulceration is?

19 A. No, I'm not saying that. I'm not saying that.  
20 But I only write down ulceration when I see  
21 actual defect in the tissue. Something is  
22 missing.

23 MR. GRIFFIN: So the record is  
24 clear, I'm going to object to the way you  
25 phrased the question. I'm not sure

1 Dr. Manning testified consistent with what  
2 you just represented. Of course we'll be  
3 able to see Dr. Manning's transcript  
4 hopefully within a day or so.

5 Q. When you say defect in the tissue, why don't you  
6 describe for us how you would describe what the  
7 defect in the tissue is?

8 A. Meaning like, you know, part of tissue is  
9 missing, like ulceration, meaning gouging tissue  
10 out or abrasive, something that -- some tissue is  
11 taken away. That is ulceration. Meaning here  
12 exposed underneath the lining there's some  
13 defect, sort of tissue is missing, that is  
14 ulceration and I didn't see any missing tissue,  
15 other defect in the tissue and I saw was a  
16 crusting, an inflammation meaning swelling,  
17 redness. So I cannot argue about his description  
18 because I cannot speak for him.

19 Q. When did you become aware Mrs. Bailes was  
20 diagnosed with a nasal carcinoma?

21 A. When I received this legal notice.

22 Q. You had no conversation with Dr. Steinberger  
23 about Mrs. Bailes' diagnosis or condition?

24 A. No.

25 Q. When he requested your records did you call him



1 to discuss the patient?

2 A. No. This happened without my knowledge. This  
3 happens all the time. Anybody who request for  
4 patient care which often this happens, we send it  
5 automatically. If the requesting physician  
6 specifically wants to talk to me, I will be very  
7 happy to discuss situation but usually they don't  
8 even call my office. Their office staff calls to  
9 my office staff. We don't have much  
10 communication. We just automatically send the  
11 record.

12 Q. All right. That was your last contact with  
13 Mrs. Bailes?

14 A. Correct.

15 Q. Have you spoken to Mrs. Bailes family?

16 A. No.

17 Q. Not ever?

18 A. I know Mr. Bailes. He was my patient some 14  
19 years. I did surgery on him seven times. They  
20 are very nice people, you know, as I said they  
21 are very nice people and I have been taking care  
22 of them and all of a sudden she stopped coming  
23 and later I received a note, legal notice of this  
24 litigation. So I didn't have anything in  
25 between.

1 Q. Okay.

2 MS. TAYLOR-KOLIS: I have to be  
3 quiet to think if there's anything else  
4 I want to ask you. Doctor, I don't  
5 have any further questions for you at  
6 this point. Mr. Rossi is here. He  
7 represents Dr. Manning. I can't presume  
8 he does or doesn't have questions but we'll  
9 find out.

10 MR. ROSSI: Doctor, I don't have  
11 any questions for you. Thank you.

12 MS. TAYLOR-KOLIS: Thanks.

13 MR. GRIFFIN: You want to take  
14 a little break while you look things  
15 over?

16 MS. TAYLOR-KOLIS: No. I think I  
17 have it covered.

18 MR. GRIFFIN: Okay.

19 MS. TAYLOR-KOLIS: I take it  
20 you're going to --

21 MR. GRIFFIN: He's going to read.

22 MS. TAYLOR-KOLIS: I will waive  
23 the seven day reading requirement providing  
24 it not take longer than 30.

25 MR. GRIFFIN: Okay.

1 MS. TAYLOR-KOLIS: Does that seem  
2 reasonable?

3 MR. GRIFFIN: Yes.

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YOUN W. PARK, M.D.

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3 C E R T I F I C A T E  
4

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

7 I, Tami A. Mitchell, a Notary Public within  
8 and for the State of Ohio, authorized to  
9 administer oaths and to take and certify  
10 depositions, do hereby certify that the  
11 above-named witness was by me, before the giving  
12 of their deposition, first duly sworn to testify  
13 the truth, the whole truth, and nothing but the  
14 truth; that the deposition as above-set forth was  
15 reduced to writing by me by means of stenotypy,  
16 and was later transcribed into typewriting under  
17 my direction; that this is a true record of the  
18 testimony given by the witness; that said  
19 deposition was taken at the aforementioned time,  
20 date and place, pursuant to notice or stipulation  
21 of counsel; and that I am not a relative or  
22 employee or attorney of any of the parties, or a  
23 relative or employee of such attorney, or  
24 financially interested in this action; that I am  
25 not, nor is the court reporting firm with which I  
am affiliated, under a contract as defined in  
Civil Rule 28(D).

17 IN WITNESS WHEREOF, I have hereunto set my  
18 hand and seal of office, at Cleveland, Ohio, this  
19 10th day of February A.D. 20 03.

20  
21   
22 Tami A. Mitchell, Notary Public, State of Ohio  
23 1750 Midland Building, Cleveland, Ohio 44115  
24 My commission expires October 23, 2004  
25



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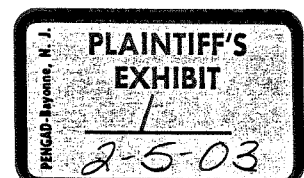
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**CURRICULUM VITAE  
SUMMARY**

- 1. Clinical Professor of Otolaryngology at the Northeastern Ohio Universities College of Medicine**
- 2. Head, Section of Otolaryngology, Barberton Citizens Hospital.**
- 3. Diplomate, American Board of Otolaryngology.**
- 4. Fellow; American Academy of Otolaryngology -Head and Neck Surgery, American College of Surgeons, American Academy of Facial Plastic and Reconstructive Surgery.**
- 5. Member of many Professional and Specialty Organizations.**
- 6. Have authored more than 80 scholarly publications in many prestigious medical journals such as Laryngoscope, Archives of Otolaryngology, Otolaryngology – Head and Neck Surgery, etc. These include the first case report in World literature on vocal cord paralysis from metastatic prostate carcinoma (Head and Neck, 15:455-458, 1993) and contribution to a book on Surgical Pathology of Laryngeal Neoplasm (Prof. Alfio Ferlito, Padua, Italy; Chapman and Hall, London, 1996).**
- 7. My book entitled, “A Study of Otolaryngology – Head and Neck Cancers” will be published soon.**
- 8. Authored many medical articles in local and national newspapers for the general public including the Akron Beacon Journal, the Barberton Herald, the Suburbanite, and the Korea Times-Chicago.**
- 9. Given series of lectures, including abroad, as a visiting Professor and presented poster displays at many professional meetings.**



NAMECURRICULUM VITAE

Youn W. Park, M.D., FACS  
105 Fifth St. SE Ste. 4  
Barberton, Ohio 44203

Clinical Professor  
Of Otolaryngology,

Northeastern Ohio Universities  
College of Medicine

Head, Section of Otolaryngology  
Barberton Citizens Hospital

DATE AND  
PLACE OF  
BIRTH

August 7, 1947  
Chungju City, Korea

EDUCATION  
Undergraduate

Premedical Course  
Yonsei University  
Seoul, Korea

1965-1967

MEDICAL

Yonsei University College  
Of Medicine, M.D.  
Seoul, Korea

1967-1971

MILITARY  
SERVICE

Korean Navy,  
Medical Corps-Surgeon

1971-1974

INTERNSHIP

The Barberton Citizens Hospital  
Rotating  
Barberton, Ohio

1974-1975

RESIDENCY

General Surgery  
Good Samaritan Hospital  
Cincinnati, Ohio

1975-1976

Otolaryngology,  
Medical College of Virginia  
Virginia Commonwealth University  
Richmond, Virginia

1976-1979

LICENSURE AND  
CERTIFICATION

E.C.F.M.G.

1971

Michigan (#35877)

1975

Ohio (#43203)

1979

California (#A-33926)

1979

American Board of Otolaryngology

1979

## CURRICULUM VITAE

Page 2

### PROFESSIONAL EXPERIENCE AND BACKGROUND

ICU Director Armed Forces Masan General Hospital Masan, Korea	1972-1973
Administrative Resident Department of Otolaryngology Medical College of Virginia Richmond, Virginia	1979-
Head, Department of Otorhinolaryngology Barberton Citizens Hospital Barberton, Ohio	1979-
Associate Staff Akron City Hospital Akron, Ohio	1980-
Associate Staff Saint Thomas Hospital Medical Center Akron, Ohio	1980-
Associate Staff Children's Hospital Medical Center Akron, Ohio	1980-
Active Staff Wadsworth-Rittman Hospital Wadsworth, Ohio	1986-1989
Associate Staff Akron General Medical Center Akron, Ohio	1991-

## **CURRICULUM VITAE**

**Page 3**

### **PROFESSIONAL ORGANIZATIONS AND POSITIONS HELD**

**Resident Member,** 1975.  
**Cincinnati Medical Society**

**Candidate-Member of American** 1976.  
**College of Surgeons**

**American Medical Association** 1977-

**Resident Member,** 1979.  
**American Council of Otolaryngology**

**Member,** 1979-  
**Ohio State Medical Society**

**Fellow, American Academy of** 1980-  
**Otolaryngology Head and Neck Surgery**

**Member, Northeastern Ohio** 1980-  
**Otolaryngological and Head**  
**And Neck Surgical Society**

**Fellow, American College of Surgeons** 1989-

**Member, Editorial Board** 1990-  
**Summit Medical Society Bulletin**

**Fellow, American Academy of Facial** 1991-  
**Plastic and Reconstructive Surgery**

### **MAJOR EDUCATION INTEREST**

**Cancers of the Ear, Nose, Throat-**  
**Head and Neck**  
**Muco-Cutaneous Manifestation of**  
**The Head and Neck Disorders.**  
**Facial Paralysis, Neck Mass,**  
**Vagus Nerve and Laryngeal Disorders.**

### **MAJOR CLINICAL RESPONSIBILITIES**

**Otorhinolaryngology**



## **CURRICULUM VITAE**

**Page 4**

### **RESEARCH INTERESTS**

- 1. Electrophysiologic Study of the Laryngeal Muscle for Vocal fold paralysis and it's treatment.**
- 2. Use of various alloplastice material and microplate in Phonosurgery**
- 3. Simple methods for acoustic assessment of vocal function.**
- 4. Disorders of upper aerodigestive tract related to alcohol and tobacco use in adolescence.**
- 5. Study on disorders of chemosensory function (smell and taste) and development of simple tests.**
- 6. Biochemical and epidemiologic Study on granuloma gravidarum of nasal cavity.**

## **CURRICULUM VITAE**

**Page 5**

### **PUBLICATIONS**

1. Frable, M.A.; Hong, K., Park, Y.W.:  
Facial Fractures at an Urban Hospital-  
A review continued.  
Virginia Medical, 105 (10): 700-701, 1978.
2. Park, Y.W.: Harris, A.E.:  
Keratosis Follicularis (Darier's Disease).  
Archives of Otolaryngology, 105: 564-566, 1979.
3. Park, Y.W.; Harris, A.E.:  
Granular Cell Myoblastoma. Residents page.  
Archives of Otolaryngology, 105 (9): 1979.
4. Park, Y.W.:  
Voice Restoration-New Procedure.  
Corridors, (83): 1-2, 1983
5. Park, Y.W.:  
Voice Restoration After Laryngectomy  
The Bulletin, Summit County Medical Society, 57 (1): 21-23, 1983.
6. Park, Y.W.: Stokes, J.D.:  
Smokeless Tobacco and Oral Cancer.  
The Bulletin, Summit County Medical Society, 60 (9): 33-34, 1986.
7. Stokes, J.D.; Park, Y.W.:  
Bilateral Papillary Cystadenoma Lymphomatosum  
(Warthin's Tumor).  
Archives of Otolaryngology, 113: 1000-1002, 1987.
8. Park, Y.W."  
Diagnosis at a Glance-  
Hereditary Hemorrhagic Telangiectasia and Facial Paralysis in  
Herpes Zoster Oticus.  
Emergency Medicine, 19 (10): 61-62, 1987.

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**Page 6**

### **PUBLICATIONS**

9. Park, Y.W.:  
Facial Paralysis in Ramsay Hunt Syndrome.  
Emergency Medicine, 21 (3): 75-76, 1989.
10. Adkins, Henry and Park, Y.W.:  
Sarcoidosis of the Larynx  
Archives of Otolaryngology-Head and Neck Surgery,  
115: 1476-1479, 1989.
11. Park, Y.W.:  
Idiopathic Facial Paralysis,  
Summit Medical Society Bulletin,  
63: 19-20, 1989.
12. Park, Y.W.:  
Disorders of Taste and Smell  
Summit Medical Society Bulletin,  
64: 19-22, 1990.
13. Park, Y.W.:  
Possible Malignant Neck Mass  
:A Diagnostic Approach.  
The Bulletin, Summit Medical Society, 65:30-31, 1991.
14. Park, Y.W., and Park, M.H.:  
Evaluation of the Neck Mass.  
Resident & Staff Physician, 38:99-101, 1992.
15. Park, Y.W., and Oliverio, F.:  
Laryngocele and Second Bronchial Sinus.  
Emergency Medicine, 24: 49-50, 1992.
16. Getson, W.R., and Park, Y.W.:  
Laryngeal Tuberculosis.  
Archives of Otolaryngology-Head and Neck Surgery,  
118: 878-881, 1992.
17. Park, Y.W., and Waldron, R.:  
Osler-Weber-Rendu Disease.  
Resident & Staff Physician,  
38 (8): 52, 1992.
18. Park, Y.W.:  
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Emergency Medicine,  
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## **CURRICULUM VITAE**

**Page 7**

### **PUBLICATIONS**

19. Park, Y.W.:  
Multiple Metachronous and Synchronous  
Carcinoma of the Head and Neck.  
Summit Medical Bulletin,  
66 (7): 19-20, 1992.
20. Park, Y.W.:  
Laryngocele.  
Resident & Staff Physician,  
38 (9): 88, 1992.
21. Park, Y.W.: Park, K.K.:  
Multiple Primary Malignancies  
Of the Upper Aerodigestive Tract.  
Resident & Staff Physician,  
38 (11): 49-54. 1992.
22. Getson, W.R., Park, Y.W.:  
Tuberculoze Laryngee.  
French Journal d'ORL.  
11:218-223, 1992.
23. Park, Y.W.:  
Progressive Hemifacial Atrophy.  
Otolaryngology-Head and Neck Surgery,  
108:100-101, 1993.
24. Park, Y.W.:  
Tonsilloliths, and Non-Hodgkin's  
Lymphoma of the Tonsil.  
Emergency Medicine,  
25: 43-44, 1993.
25. Park, Y.W.:  
Nasal Hemangioma.  
Consultant,  
33(7):85, 1993.
26. Park, Y.W.:  
Thyroglossal Duct Fistula  
And Winkler's Disease.  
Emergency Medicine,  
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## **CURRICULUM VITAE**

**Page 8**

### **PUBLICATIONS**

- 27. Park, Y.W., Clarke, R.E.:  
Spindle Cell Carcinoma of the Larynx With  
Simultaneous Carcinoma of the Thyroid Gland.  
American Journal of Otolaryngology,  
14(5): 350-353, 1993.**
- 28. Park, Y.W., Park, M.H.:  
Vocal Cord Paralysis from Prostate  
Carcinoma Metastasizing to the Larynx.  
Head and Neck,  
15(5): 455-458, 1993.**
- 29. Park, Y.W., Littlejohn, R.:  
Nasal Septal Abscess and Squamous Papilloma.  
Emergency Medicine,  
25(14): 55-56, 1993.**
- 30. A Report of the First Case in World Literature  
:Vocal Cord Paralysis from Metastasis.  
BCM Medical Memos  
3(3): 2, 1993.**
- 31. Park, Y.W.:  
Diagnosis At A Glance – Test Yourself:  
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Emergency Medicine,  
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- 32. Park, Y.W.:  
Squamous Papilloma of the Nose.  
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- 33. Park, Y.W.:  
Squamous Cell Carcinoma  
Of the External Ear.  
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- 34. Park, Y.W., Knedler, L:  
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## CURRICULUM VITAE

Page 9

### PUBLICATIONS

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Emergency Medicine,  
26(9): 27-28, 1994.
36. Park, Y.W.:  
Squamous Cell Carcinoma of the Lip.  
Consultant,  
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37. Park, Y.W.:  
Unilateral Vocal Fold Paralysis.  
The Summit Medical Bulletin,  
68(11): 17-19, 1994.
38. Park, Y.W., Adjan, M.:  
Mucous Retension Cyst.  
Consultant,  
34(11): 1620, 1994.
39. Park, Y.W.:  
Oroantral Fistula.  
Consultant,  
34(12): 1750, 1994.
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Test Yourself: Diagnosis at a Glance  
1994 Roundup.  
Emergency Medicine,  
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41. Park, Y.W.:  
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35(2): 260, 1995.
42. Park, Y.W., Lohmeyer, B.:  
Carcinoma of the Tonsil and Antrochoanal Polyp.  
Emergency Medicine,  
27(4): 33-34, 1995.
43. Park, Y.W., Coleman, P.:  
Furunculosis of the Nasal Vestibule and Nasal Polyp.  
Emergency Medicine,  
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## CURRICULUM VITAE

Page 10

### PUBLICATIONS

44. Park, Y.W.:  
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Paralysis?  
The Journal of Respiratory Diseases.  
16(11): 988-1000, 1995.
45. Park, Y.W., Fracasso, P.:  
Pyogenic Granuloma and Fibrous Dysplasia  
Of the Maxilla.  
Emergency Medicine,  
28(11): 33-34, 1995.
46. Park, Y.W.:  
Spindle Cell Carcinoma of the Larynx.  
In: Surgical Pathology of Laryngeal Neoplasms.  
Ferlito, A., (Ed.)  
Chapman and Hall, London,  
1996
47. Park, Y.W., Adjan, M.:  
Buccal Cavernous Hemangioma and  
Oral Candidiasis in AIDS.  
Emergency Medicine,  
28(10): 37-38, 1995.
48. Park, Y.W.:  
Evaluation of Neck Masses in Children.  
American Family Physician.  
51(11): 1904-1912, 1995.
49. Park, Y.W.:  
Clinical Evaluation of Neck Lumps.  
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5(11): 2, 1995.
50. Park, Y.W., et al.:  
Test Yourself: 1995  
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27(12): 19-28, 1995.

## CURRICULUM VITAE

Page 11

### PUBLICATIONS

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Snoring, OSAS and UPPP  
Summit Medical Bulletin  
70(2):23-24, 1996.
52. Park, Y.W., Tang, T.H.:  
Otofuruncle and Auricular Hematoma.  
Emergency Medicine  
28(4): 29-30, 1996.
53. Park, Y.W., et al.:  
Test Yourself: 1996  
Diagnosis at a Glance Roundup.  
Emergency Medicine,  
28(12): 19-28, 1996.
54. Park, Y.W.:  
Non-Hodgkin's Lymphoma of  
The Anterior Maxillary Gingiva.  
Otolaryngology – Head and Neck  
Surgery,  
119(1): 146, 1998.
55. Park, Y.W.:  
Nasal Hemangioma: Disorders  
That Affect the Vasculature.  
Consultant,  
39(4): 1033, 1999.
56. Park, Y.W.,  
Carotoid Body Tumor.  
Emergency Medicine  
31(10): 37-38, 1999.
57. Park, Y.W.:  
Hashimoto's Thyroiditis with Concurrent  
Carcinoma of the Thyroid.  
Emergency Medicine,  
31(11): 47-48, 1999.
58. Park, Y.W., Eley, J.:  
Nasal Vestibulitis and Nasal  
Herpes Simplex.  
Emergency Medicine,  
Accepted for publication, February, 2002



## CURRICULUM VITAE

Page 12

### PUBLICATIONS

59. Park, Y.W., Littlejohn, R.:  
Fordyce Granula and Nicotinic Stomatitis.  
Emergency Medicine,  
Accepted for publication, February, 2002.
60. Park, Y.W., Husain, I.:  
Lymphoma, Maxillary Sinus and  
Squamous Papilloma of the Lip.  
Emergency Medicine,  
Accepted for publication, February, 2002.
61. Park, Y.W., Ritchey, W.:  
Aphthous Ulcer and Black Hairy Tongue.  
Emergency Medicine,  
Accepted for publication, February, 2002.
62. Park, Y.W., Bhe, K.:  
Angioedema and Fibroma of the Tongue and  
Squamous Cell Carcinoma.  
Emergency Medicine,  
Accepted for publication, February, 2002.
63. Park, Y.W., Wu, Y.T.:  
Cavernous Hemangioma of the Tongue and  
Squamous Cell Carcinoma.  
Emergency Medicine,  
Accepted for publication, February, 2002.
64. Park, Y.W., Coleman, P.:  
Bifid Uvula and Uvulitis.  
Emergency Medicine,  
Accepted for publication, February, 2002.
65. Park, Y.W., Oliverio, F.:  
Ludwig Angina and Masticator Space Infection.  
Emergency Medicine,  
Accepted for publication, February, 2002.
66. Park, Y.W., Matthews, M.:  
Keloid and Basal Cell Carcinoma of the Ear.  
Emergency Medicine,  
Accepted for publication, February, 2002.

## CURRICULUM VITAE

Page 13

### PUBLICATION

67. Park, Y.W., Ghoubril, S.:  
Darwin's Tubercle and Preauricular  
Sinus and Accessory Auricle.  
Emergency Medicine,  
Accepted for publication, February, 2002.
68. Park, Y.W., Pluskota, M.:  
Caudal Septal Dislocation and Septal Perforation.  
Emergency Medicine,  
Accepted for publication, February, 2002.
69. Park, Y.W., Ison, R.:  
Rosacea/Rhinophyma and Granuloma Gravidarum.  
Emergency Medicine,  
Accepted for publication, February, 2002.
70. Park, Y.W., Stokes, D.J.:  
Leukemia Infiltration of the Nose and Adenocarcinoma  
Of the Nose.  
Emergency Medicine,  
Accepted for publication, February, 2002.
71. Park, Y.W., Rucki, P.:  
Dilantin Induced Gum Hyperplasia and Inflammatory  
Fibrous Gingival Hyperplasia.  
Emergency Medicine,  
Accepted for publication, February, 2002.
72. Park, Y.W., Gilcrest, P.:  
Geographic Tongue and Ankyloglossia.  
Emergency Medicine,  
Accepted for publication, February, 2002.
73. Park, Y.W., Tang, T.:  
Parapharyngeal Abscess and Permod Cyst of the Neck.  
Emergency Medicine,  
Accepted for publication, February, 2002.

## CURRICULUM VITAE

Page 14

### PUBLICATION

74. Park, Y.W.:  
Squamous Cell Carcinoma of the Ear.  
Emergency Medicine,  
34(1): 9-10, 2002.
75. Park, Y.W.:  
Chronic Stenosing External Otitis.  
Emergency Medicine,  
34(2): 9-10, 2002.
76. Park, Y.W.:  
Preauricular Sinus and Accessory Auricle.  
Consultant,  
42(2): 256, 2002.
77. Park, Y.W., Dar, A.M.:  
Squamous Papilloma of the Nose.  
Emergency Medicine,  
34(3): 9-10, 2002.
78. Park, Y.W., Cook, J.C.:  
Infected Sebaceous Cyst of the Preauricular Area.  
Emergency Medicine,  
34(4): 9-10, 2002.
79. Park, Y.W., Littlejohn, R., Eley, J.:  
Fordyce's Granules and Nasal Vestibulitis.  
Emergency Medicine,  
34(5): 9-10, 2002.
80. Park, Y.W., Hlivke, T.:  
Parotid Gland Metastasis from Renal Cell Carcinoma.  
Laryngoscope,  
112: 453-456, 2002.
81. Park, Y.W.:  
Nasal Granuloma Gravidarium.  
Otolaryngology – Head and Neck Surgery,  
126: 591-592, 2002.

## **CURRICULUM VITAE**

**Page 15**

### **PUBLICATION**

- 82. Park, Y.W., Hussain, I.:  
Non-Hodgkins Lymphoma of the Maxillary Sinus.  
Emergency Medicine,  
34(8): 9-10, 2002.**
- 83. Park, Y.W., Dar, A., Cook, J.C.:  
Sarcoidosis of the Nose and Perichondritis  
Of the Auricle.  
Emergency Medicine,  
34(8) 9-10, 2002.**

## **CURRICULUM VITAE**

Page 16

### **MISCELLANEOUS ACHIEVEMENT**

1. Percentile 99 in the National Otolaryngology Residency In-training Examination, 1978.
2. Surgical Treatment of Chronic Aspiration,  
The Second Annual Helen Young Post Graduate  
Medical Education Day.  
Holiday Inn, Akron, OH, 1980.
3. "Middle Ear Fluid".  
The Barberton Herald.  
June 18, 1982.
4. "Surgery Restores Man's Voice".  
The Barberton Herald.  
February 8, 1983.
5. Evaluation of the Neck Mass  
The Third Annual Helen Young Post Graduate  
Medical Education Day.  
Quaker Square, Hilton, Akron, OH, 1984.
6. "Green Doctor Reports on Discovery".  
The Surbanite.  
September 27, 1993.
7. Vocal Cord Paralysis from "Prostate Carcinoma  
Metastasizing to the Larynx":  
A Report of the First Case in World Literature.  
Poster Presentation,  
Fifth Annual Yonsei Medical Symposium  
Washington, DC  
August 5-8, 1993.
8. "On Cancer of the Head and Neck".  
The Korea Times, Chicago.  
October 30, 1993.
9. "Specialist at BCH Links Prostate Cancer and Vocal  
Cord Paralysis".  
The Barberton Herald.  
October 7, 1993.

## **CURRICULUM VITAE**

**Page 17**

- 10. Carcinoma of the Larynx with Simultaneous  
Carcinoma of the Thyroid.  
Poster Presentation,  
Sixth Annual Yonsei Medical Symposium,  
Atlantic City, NJ  
August 4-6, 1994.**
- 11. "What is Tinnitus and How is it Treated"?  
A Question of Health.  
Barberton Herald.  
October 27, 1994.**
- 12. Park, Y.W.:  
Regarding Noise in the Ear.  
The Korea Times, Chicago.  
February 17, 1995.**
- 13. Park, Y.W.:  
Nasal Septoplasty.  
The Barberton Herald.  
April 13, 1995.**
- 14. Park, Y.W.:  
Breathing Problems following Nose Surgery.  
The Akron Beacon Journal.  
June 6, 1996.**
- 15. Park, Y.W.:  
After Septum Surgery, Complications Possible.  
The Akron Beacon Journal.  
April 5, 1997.**
- 16. Park, Y.W.:  
"Episodes of Vertigo Have Many Causes".  
The Akron Beacon Journal.  
February 18, 1997.**
- 17. Park, Y.W.:  
Voice Complications After Thyroid Surgery Explained.  
The Barberton Herald.  
March 19, 2001.**

## **CURRICULUM VITAE**

**Page 18**

### **BOOK**

**Book titled "A Study of Otolaryngology – Head and Neck Cancers" will be published soon.**

**Currently, American Cancer Society and Ohio Commission on Minority Health are reviewing the book for funding of the process.**

2010年10月10日

[illegible]



IN THE COURT OF COMMON PLEAS

SUMMIT COUNTY, OHIO

COPY

KAREN WILSON,

Plaintiff,

-vs-

JUDGE MURPHY

CASE NO. 2002-06-3340

YOUN PARK, M.D., et al.,

Defendants.

- - - -

Deposition of YOUN W. PARK, M.D., taken as  
if upon cross-examination before Tami A.  
Mitchell, a Registered Professional Reporter and  
Notary Public within and for the State of Ohio,  
at the offices of Buckingham, Doolittle &  
Burroughs, 4518 Fulton Drive, N.W., Canton, Ohio,  
at 2:40 on Wednesday, February 5, 2003, pursuant  
to notice and/or stipulations of counsel, on  
behalf of the Plaintiff in this cause.

- - - -

MEHLER & HAGESTROM  
Court Reporters

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1750 Midland Building  
Cleveland, Ohio 44115  
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Akron, Ohio 44308  
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800.562.7100



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APR 03 2003



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(330) 252-5522 Fax  
Internet: SGriffin@bdblaw.com

March 31, 2003

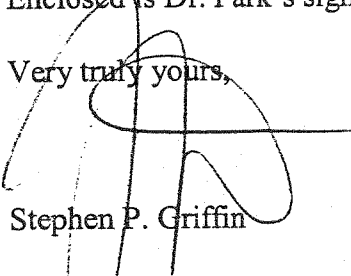
2-3 03  
Ms. Tami A. Mitchell  
Mehler & Hagestrom  
Court reports  
1750 Midland Bldg.  
Cleveland, OH 44115

**RE: *Karen Wilson, Administratrix of the Estate of Geraldine Bailes v.  
Youn Park, M.D., et al.***  
**Summit County Court of Common Pleas Case No: 2002-06-3340**

Dear Ms. Mitchell:

Enclosed is Dr. Park's signature page and Errata Sheet.

Very truly yours,



Stephen P. Griffin

SPG/tld/sak

Encl.

c w/Encl.: Donna Taylor-Kolis, Esq.

«CT2:359176\_1»

# LAWYER'S NOTES

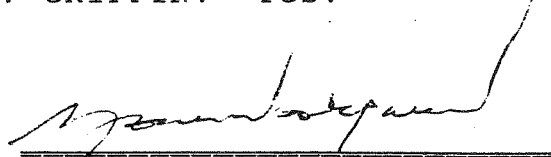
PAGE	LINE	
10	16	20 → 40
12	7	pathology of laryngeal
16	1	ulceration, whether
16	16	delete "may be --"
16	18	three weeks or months
17	18	<sup>VITUS</sup>
18	11	1995 → 1975
19	15	time I was sued --
20	21	Ballinger's → Ballenger's
26	13	carpenter who is
27	15	duration of ear
28	14	thickening or deviation
28	21	Impacted cerumen,
30	17	like JUL
32	2	and mostly for
	7	titis → otitis
	12	same
	13	EEE → EES
	15	external otitis?
33	11	or hypertrophic
34	8	Tuss:organidin
	14	same
35	12,13	possibility
	15	and other associated
36	15	Vestibulitis
37	23	sensory neural hearing
43	13,14	Mucopus
	14	in the nose. Also

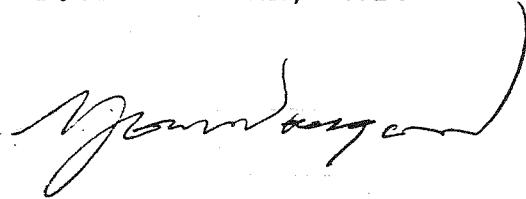
# LAWYER'S NOTES

PAGE	LINE	
44	15	Whether there is
45	3	Bactroban
	15	, throat erythematous with
	17	hypertrophy of turinate
	18	cleaned out (delete "ear")
46	3	rhinopharyngitis
51	15	vestibulitis is crusting
53	11	picture. Whether
	18	since 1990, but
	20	saying that
54	3	, nasal mucosal
	5	Bactroban cream
	6	Bactroban cream
55	2	I should say
	3	but it's a crust here.
	21	ear without effusion or
56	6	If this is the first
	24	Also mouth lesion.
57	20	right buccal
58	7	right buccal
59	16	aduce buccal
	17	buccal lesion
60	17	possibly, it may
62	21	from that, or
63	21	tissue, if something
65	4	, which this happens,

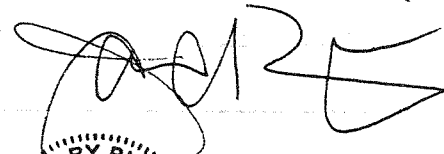

1 MS. TAYLOR-KOLIS: Does that seem  
2 reasonable?

3 MR. GRIFFIN: Yes.

4   
5 YOUN W. PARK, M.D.

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7   
8

9 Signed before me this 6th of March, 2003

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JAMES A. ZELLA  
Notary Public, State of Ohio  
My Commission Expires 9-25-2007

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