



1 DAVE HOUGHTON,  
2 the witness herein, being first duly sworn, was examined  
3 and testified as follows:

4 DIRECT EXAMINATION

5 BY MR. CROW:

6 Q. Would you state your name, please?

7 A. Dave Houghton.

8 Q. Okay. And we've gone through some of the  
9 preliminaries before, but let's, for the record, get a  
10 little bit more information.

11 MR. POLLI: Before you do that, let me just  
12 talk about the subpoena, make my little speech.

13 We're here pursuant to a State Attorney office  
14 investigation subpoena that's dated for April 30th, 1998.  
15 I've had discussions with Mr. Houghton, Dr. Houghton,  
16 about the protections that are provided for in the  
17 statute. He understands what those protections are. He  
18 also understands what his responsibilities are in this  
19 matter, and we are prepared to testify accordingly.

20 MR. CROW: Okay.

21 MR. POLLI: Thank you.

22 BY MR. CROW:

23 Q. It's my understanding you wanted a subpoena  
24 before testifying today, is that correct?

25 A. Sure.

1 Q. Okay. Well, if you're willing to testify to us  
2 without a subpoena, without immunity, we'd prefer that.

3 A. I would prefer to do it with a subpoena, yes.

4 Q. Okay. "Prefer" or you -- you're requiring that?

5 A. Well, yes.

6 Q. Okay. You're employed with the Church of  
7 Scientology?

8 A. Yes.

9 Q. Okay. And how long have you been a staff member  
10 here in Clearwater?

11 A. Since July of 1995.

12 Q. Okay. And refresh my recollection on how long  
13 you've been in Clearwater prior to that. Is that when you  
14 came, in July --

15 A. That's when we came to Clearwater, yes.

16 Q. And prior to that, where did you live?

17 A. I was in Ohio. Columbus, Ohio.

18 Q. Okay. Were you practicing dentistry then?

19 A. Yes.

20 Q. And how long did you practice dentistry?

21 A. In Ohio, for just a little under a year.

22 Q. And where did you practice before? Was in Iowa?

23 A. I was actually in Kansas City for about a year  
24 before I went to Ohio, and then I was in Iowa from '86,  
25 when I graduated dental school, until '93.

1 Q. Other than your training in dentistry, do you  
2 have any other medical background or training of any kind?

3 A. No.

4 Q. And what was the nature of your dental practice  
5 then, and what is the nature of it now?

6 A. General practice of dentistry.

7 Q. Didn't specialize in any way?

8 A. No. I --

9 Q. In the other states that you practiced, did you  
10 have the ability to prescribe medications?

11 A. Yes.

12 Q. What types of medications?

13 A. Mostly antibiotics. I would occasionally write  
14 prescriptions for pain medications. You know, if I was  
15 taking someone's wisdom teeth out, or we had a  
16 particularly bad root canal or something like that come  
17 up.

18 Q. Let me rephrase my question. What were you  
19 authorized to prescribe? I --

20 A. Right.

21 Q. You're telling me what you normally did  
22 prescribe --

23 A. Right.

24 Q. -- so what were you authorized to prescribe?  
25 Any drug at all?



1 A. Yes.

2 Q. Up to narcotics, morphine --

3 A. Yes.

4 Q. -- all that kind of stuff?

5 A. Yes.

6 Q. What about antidepressants?

7 A. That wouldn't fall in the realm of what could be  
8 done for dentistry.

9 Q. So it had to be something that was relevant  
10 to -- but I take it there's not a list that says, "Here's  
11 drugs dentists can't prescribe and here's drugs dentists  
12 can prescribe." There's a general prohibition that you  
13 can only prescribe in the course of your practice?

14 A. Correct.

15 Q. Did you -- and are those the same restrictions  
16 that apply here in the State of Florida now that you're  
17 licensed here?

18 A. Yeah.

19 Q. And you've been licensed here since -- well, I  
20 remember that you took the -- you were taking the test in  
21 December of '95. How long have you been licensed in the  
22 State of Florida?

23 A. My license came through end of January of '96.

24 Q. January of '96?

25 A. Yeah.

1 Q. Okay. And you've been practicing here in  
2 Clearwater at the -- at the offices -- Church -- at the  
3 building owned by the Church.

4 A. Yes.

5 Q. And your salary's paid by the Church.

6 A. Yes.

7 Q. Do you make any money other than your salary as  
8 a staff member, now that you're practicing dentistry?

9 A. No, I don't.

10 Q. So what was it; \$50 a week?

11 A. Room and board and \$50 a week, yes.

12 Q. And what building do you live in?

13 A. I live in -- it's a hotel. Used to be a Quality  
14 Inn. We call it the QI.

15 Q. QI. And where is that in relationship to the  
16 Fort Harrison?

17 A. It's -- well, it's actually on Highway 19. I  
18 don't know the street address right off the top of my  
19 head, because my mail goes to downtown. But it's on U.S.  
20 19.

21 Q. So a number of miles from --

22 A. Yeah. It's about a 20-minute drive.

23 Q. 20-minute drive?

24 And is that where you were living back in  
25 November and December of '95?

1 A. Yes.

2 Q. And do you have a specific apartment number that  
3 you live in?

4 A. 128.

5 Q. And that's your whole family?

6 A. My wife and I live there. Our kids -- the kids'  
7 school is there. They've chosen to stay with some  
8 friends. They have some dormitory set-ups.

9 Q. So your kids are actually in a dorm situation at  
10 the school?

11 A. Yeah.

12 Q. And that's on the premises, but obviously not in  
13 your room --

14 A. Exactly.

15 Q. -- or not adjacent to your room?

16 A. Exactly.

17 Q. I would like to -- we, in more generalized form,  
18 covered a number of things with you in the last statement.  
19 What I want to do today is to go into some areas in more  
20 detail than we were able to in the initial statement.

21 A. Okay.

22 Q. Obviously, we've talked to other people since  
23 then, and so we want to focus on some areas, and I kind of  
24 want to exhaust your knowledge in those areas.

25 A. Okay.

1 Q. So I'm going to be asking a number of more  
2 detailed questions, to try to get everything that I can  
3 out of your current recollection of what happened back  
4 then. And some of them are going to be general, but most  
5 of them are going to focus on those --

6 A. Okay.

7 Q. I would like to start out by getting an idea of  
8 what your duties were for the Church back in November and  
9 December of '95; where you were physically located in  
10 those functions; you know, office; plus where you went  
11 during the day --

12 A. Right.

13 Q. -- and also what your knowledge is of the people  
14 in the MLO office, and what they were doing, on a daily  
15 basis.

16 A. Okay.

17 Q. And that's kind of a general idea. And let me  
18 give you kind of an idea before we go there.

19 I recall from -- I believe, from other  
20 witnesses, that, at that point, you were in the process,  
21 in anticipation of being able to practice dentistry, of  
22 setting up an office next to the MLO office, is that  
23 correct?

24 A. Yeah. Well, mostly I was preparing for the  
25 examination.

1 Q. Okay. Studying?

2 A. Yeah.

3 Q. Well, did you have -- where -- did you have an  
4 office that you worked out of or were studying out of, or  
5 what was your situation, in terms of going to work every  
6 day?

7 A. Right. There was already existing two dental  
8 operatories, right, with the chair, the light, you know,  
9 all that stuff. That was previously existing to my  
10 arriving, okay? That was my office.

11 I would -- November -- up until towards the end  
12 of November, when I went to take the course, I was  
13 basically full-time on getting ready for the exam. I  
14 would obviously take breaks and go off and do other things  
15 occasionally, but I was mostly spending my time getting  
16 ready for the exam.

17 Q. Okay. What did you do, from July, that you  
18 came, up until November, when -- when you --

19 A. It was probably sometime towards the middle to  
20 ends of October when I went off full-time, to prepare for  
21 this examination --

22 Q. Okay.

23 A. -- but mostly, I helped out in the MLO office  
24 and --

25 Q. Did you have a physical location in the MLO

1 office, like a desk, a chair, a cubbyhole, whatever?

2 A. Well, my office was still my office. That was  
3 still my space.

4 Q. So they assigned you to the dental operatories  
5 as soon as you got here?

6 A. With the anticipation I would be --

7 Q. And who else worked with you in that location,  
8 if anyone?

9 A. At that point, I wasn't licensed, so I  
10 couldn't --

11 Q. I understand that, but you're on staff and,  
12 presumably, performing some function for the Church.

13 A. Yeah, but I did not have an assistant at that  
14 point.

15 Q. Did you have a receptionist? Did you have  
16 anybody that worked in those offices with you in any  
17 function?

18 A. That worked in the MLO office, yes, but not the  
19 dental part of it.

20 I'm not sure I completely understand what you're  
21 asking me.

22 Q. Were your dental offices physically separate  
23 from the MLO office?

24 A. You actually walked through the MLO reception  
25 space. There's an office for the public MLO, an office

1 for the staff MLO, and then my dental office is just  
2 another door through that same reception area.

3 Q. So you would share a common reception area with  
4 them?

5 A. Yes.

6 Q. And you would be a separate -- I'll use the word  
7 "suite" -- of rooms -- I imagine there were at least two  
8 rooms. You used the plural.

9 A. There's actually three there.

10 Q. Three.

11 And were the -- other than the doorway into your  
12 group of rooms that were the dental operatories -- I mean,  
13 were there windows? Can you look out on the reception  
14 area and see the reception area --

15 A. No.

16 Q. -- from where you were?

17 A. No.

18 Q. When you went to work, did you go inside your  
19 offices and stay there most of the day, or were you out,  
20 asking to help out in the MLO office? What was going on?  
21 Describe who you reported to and what your duties were, is  
22 what I'm saying.

23 A. Right.

24 At that point, the majority of my time, like I  
25 say, was spent preparing for the exam. It was understood

1 that that's what I was doing, okay?

2 Q. Who gave you that understanding? Who assigned  
3 you that task, when you came?

4 A. There was a person who was -- had a project to  
5 help get the dental office set up and running --

6 Q. Who was that?

7 A. -- make sure I had all the stuff.

8 His name is Ty Webb.

9 Q. And is he your boss, that said you're going to  
10 be the dentist when you came here, or who told you that?

11 A. Well, it was pretty obvious.

12 Q. I'm sure it was obvious, but I'm also sure you  
13 discussed it with somebody.

14 A. Actually, I don't remember discussing it with  
15 somebody. It was understood they needed a dentist on  
16 staff.

17 Q. I'm kind of assuming you didn't show up on the  
18 doorstep and become a staff member --

19 A. Right.

20 Q. -- and move into the Quality Inn and get paid  
21 \$50 a week; that there were some discussions with somebody  
22 in authority, before you showed up here.

23 A. Well, certainly, there was, you know, a  
24 recruitment line to recruit to be the staff, and I spoke  
25 with the recruiter, obviously, and signed a contract. And



1 then there was some months between the time I signed my  
2 contract and the time I arrived, where I had to handle  
3 things, sell some personal items, that type of thing. And  
4 there was a person who I was in contact with during that,  
5 during that time.

6 Q. Who was that?

7 A. His name is Udo Cridelstein.

8 Q. And is he in Clearwater or --

9 A. Yeah.

10 Q. And what's his job function?

11 A. He's currently on a project.

12 His job, at that point, was "project prepare,"  
13 is what it was called when someone signs a contract and  
14 they've got things that they have to handle. They are put  
15 on a project prepare, and the project, to prepare them to  
16 go to the Sea Org. And this guy helped me through it.

17 Currently, he's on another project.

18 Q. And were you replacing someone who was already  
19 leaving as a dentist or --

20 A. No. There was a guy who was going to be the  
21 dentist. He decided not to do that. He was in there for  
22 just a couple of days, my understanding. I never met the  
23 gentleman. So basically, there had not been a dentist  
24 there before.

25 Q. Okay. But they had set up the rooms in

1 anticipation of this other guy, and you came in kind of  
2 after the fact?

3 A. I believe so. I don't know when or how they set  
4 up the rooms, exactly. I just know that they existed when  
5 I got there.

6 Q. So tell me -- and particularly, instead of  
7 taking the whole five-month -- four- or five-months period  
8 that you were there, focusing on -- from the end of  
9 October, on what were your daily duties, other than  
10 studying, which you've already articulated. It became  
11 more important, I guess, as you came closer to the test.

12 A. Right.

13 I would also do general duties in the MLO  
14 office: Driving people to doctors' appointments if  
15 necessary; sometimes answer the phone. You know, just  
16 basically sit in reception area.

17 Q. Did someone give you that assignment, or did you  
18 just assume it, to stay busy?

19 A. Well, when someone is new into the area, they  
20 help out. We call it "expedite." They speed things  
21 along, right, working -- work in whatever area's  
22 necessary. It was needed, at that point, that someone sit  
23 on the reception desk sometimes, and I did do that.

24 Q. Okay. Who else -- who was the receptionist that  
25 you were covering for?

1           A.    Actually, that post was covered by the assistant  
2 office manager, which was Laura Arrunada, at the time.

3           Q.    And what did your duties entail?

4           A.    At that point, it was mainly answering the  
5 phone. You know, handling peoples' questions --

6           Q.    And what were the nature of the questions?  
7 They'd be staff members coming in or --

8           A.    Yeah.

9           Q.    -- or church members that are not staff members,  
10 or --

11          A.    Occasionally, there would be public. The public  
12 MLO was there, as well. Although the calls in from the  
13 public are rare. They usually come in if they need to  
14 have something done, you know; if they need to get to a  
15 doctor's office or whatever. Staff members would call,  
16 finding out, you know, if the MLO was there; if -- you  
17 know, if we had vitamins available. You know, just that  
18 general type of thing.

19          Q.    Okay. And did you just refer them to the  
20 appropriate MLO personnel, depending on whether it was  
21 staff or public members, or did you --

22          A.    Yeah.

23          Q.    -- actually perform the function of an MLO?

24          A.    On occasion, I would perform the functions of an  
25 MLO, depending on how backed up it was.

1 Q. And what was your understanding of what those  
2 functions were?

3 A.. Basically, you know, we would do -- if someone  
4 came in, and they were sick, we would take their  
5 temperature, you know, to find out if they were actually  
6 sick; liase to get them to a doctor's office. If they  
7 didn't want to go to a doctor's office, they were  
8 obviously sick, we would have an apartment where they  
9 would go, so they wouldn't be -- you know, if you live in  
10 an apartment with five or six other people and they're not  
11 sick, we didn't want them to get to -- you know, be  
12 getting their people -- getting the other people sick, so  
13 we had a place set up that they would go.

14 Q. Do you direct them to that, or is that voluntary  
15 on their part or --

16 A. Well, certainly, it's voluntary. But we would  
17 direct them there. There is the apartment we have set up  
18 to do that, and those people were, obviously, taken care  
19 of, had juice and food and, you know, that kind of thing.

20 Q. And where was that apartment?

21 A. It's at the Hacienda.

22 Q. Okay. And was there someone, then, that was  
23 assigned to check up on that person?

24 A. Usually, the MLO would be -- would go if there  
25 was people there, that someone would go to see them during

1 the day, make sure that they were doing okay and had  
2 everything they needed.

3 Q.. Let me rephrase that: Was there somebody whose  
4 responsibility it was to check on them? Not that might  
5 have done it out of good will --

6 A. Certainly.

7 Q. -- but was there someone who's office function  
8 it was to --

9 A. Certainly. The staff MLO is to check on the  
10 people who are sick.

11 Q. Okay. And the staff MLO, at that point in time,  
12 was --

13 A. Janice Johnson.

14 Q. Okay. Were those rooms ever used for public  
15 members?

16 A. Which rooms?

17 Q. The rooms at the Hacienda that you talked to  
18 that the people were sick -- I guess it was kind of a  
19 quarantine room to keep people from spreading the illness  
20 around --

21 A. Yes.

22 Q. -- and get them a little more rest or whatever?

23 A. Exactly.

24 Q. Was that room ever used for public members?

25 A. No.

1 Q. Okay. Do you recall another situation as  
2 occurred with Lisa McPherson, where a public member came  
3 and then was taken to a room, or allowed to stay in a room  
4 during an illness?

5 A. There were certainly, on occasion -- I'm not  
6 sure I'm able to quote you any -- where there was public  
7 who would come, who would be ill, and they would have a  
8 hotel room that they would stay in.

9 Q. Okay.

10 A. That's -- like I said, that's more on the public  
11 MLO line. I didn't get real involved with that. I just  
12 know that there was people who came that, you know, the  
13 MLO would have to see, make sure they were getting to the  
14 doctor, make sure they were doing what the doctor said,  
15 that kind of thing.

16 Q. And they would get rooms where?

17 A. It would depend on what room they decided to  
18 rent.

19 Q. Okay. So they would rent their own room?

20 A. Yeah.

21 Q. And why would they be doing that, if they had  
22 another residence?

23 A. Well, if -- these would typically be people who  
24 were coming here from out-of-town.

25 Q. Oh, okay. And they happened to get sick while

1 they are here, or they're coming here because they're sick  
2 and they want some type of service?

3 A.. Typically, would be they were sick -- you know,  
4 they were here, and they catch a cold, whatever; something  
5 comes up that they need the help.

6 Typically, if someone was sick, they probably  
7 wouldn't be coming. Spiritual counseling is not the  
8 easiest thing to do when somebody's sick. It's not  
9 impossible, but it's not the easiest. So their time would  
10 be better spent if they came when they were actually well.

11 Q. Well, let me rephrase the question.

12 I asked you, a while ago, in Lisa McPherson's  
13 situation, where you had someone who had a local  
14 apartment, a local address, a local job, and who was a  
15 public member of the Church; are you aware of any  
16 situation where someone who lived locally was -- became  
17 ill, physically, mentally, and was referred to a room in  
18 a -- in a Church facility of any kind?

19 A. I'm not aware of any, no.

20 Q. Have you ever heard of that?

21 A. I haven't heard of any, no.

22 Q. Have you heard of that happening before Lisa's  
23 stay, or before you came here? In other words, when that  
24 happened, was there a discussion of, "Oh, yeah. We've  
25 done this before"?

1 A. No, not to my knowledge.

2 Q. So to your knowledge, this is a unique incident?

3 A.. Yeah.

4 Q. A number of witnesses have indicated to us that  
5 Lisa was characterized as having a psychotic break or  
6 being a PTS or a Type 3, and that she was undergoing an  
7 isolation watch and possible preparation for a  
8 introspection rundown. Was that your understanding of  
9 what was happening or --

10 A. Certainly, that she was Type 3, and that she was  
11 being watched. You know, make sure that -- obviously, the  
12 reason for the watch was so, you know, she -- made sure  
13 she was okay and, you know, kept a look after, so she  
14 didn't hurt herself or anything like that.

15 As far as the introspection rundown, yeah, I  
16 guess I did know that they were going to be attempting an  
17 introspection rundown.

18 Q. And do you recall where you had learned that?

19 And it might be more than one person that  
20 told you.

21 A. Right. Certainly, I heard it from Alain  
22 Karduzinski.

23 Q. This was at the time, now --

24 A. This was --

25 Q. -- not a year later, but at the time this was



1 going on --

2 A. Yeah.

3 Q. -- he told you that was what the plan was?

4 A. Yeah.

5 Q. Okay.

6 A. I don't recall having a discussion with anybody  
7 else, but there could have been others.

8 Q. Okay. But you do specifically recall hearing it  
9 from him?

10 A. Yeah.

11 Q. I want to go back to that and explore when that  
12 happened, if you can tell me, in the time frame.

13 You mentioned, in your statement, that I think  
14 you were asked about the psychotic break; is that a  
15 diagnosis of a mental problem; and you had said no, it's a  
16 spiritual state, or used words to that effect.

17 A. Correct.

18 Q. Okay. Just so that we're clear on terminology,  
19 could you, perhaps, in terms of that psychotic break or  
20 PTS or Type 3, maybe, differentiate between what you would  
21 consider to be a spiritual problem and what would -- a  
22 psychiatric or a mental or a psychological problem? In  
23 other words, in your terms, what's the difference between  
24 the spiritual state and the mental state of being  
25 psychotic?

1 MR. POLLI: You're asking him in his  
2 layperson capacity, not his capacity --

3 MR. CROW: I'm asking, when he uses those  
4 terms and when he has used those terms, what is his  
5 understanding of it?

6 A. Okay. I have to tell you, I'm not extremely  
7 well-versed in the psychiatric area, okay?

8 But through Scientology, I've learned that man  
9 is a spiritual being. The mind is basically separate from  
10 the spirit, something that you carry with you. But that  
11 is the communication route through which the spirit  
12 communicates to the physical universe. And then the body  
13 is the thing that sits in the physical universe, that we  
14 use to communicate with, okay?

15 If the spirit is in -- is doing well and in good  
16 shape, they're not going to have mental problems, okay?  
17 It's a spiritual difficulty that's going to lead to a  
18 problem with the mind.

19 BY MR. CROW:

20 Q. Okay.

21 A. Does that answer your question at all?

22 Q. Well, I'm not sure that I -- I -- that I fully  
23 understand what you're telling me, here, but let me ask  
24 some follow-up questions.

25 You -- you seem to differentiate between the

1 mental state, psychosis -- and you do have a general  
2 understanding, at least the layperson's understanding,  
3 that there are mental problems, mental diagnoses of  
4 psychosis --

5 A. Yes.

6 Q. -- that exist; schizophrenia --

7 A. Right.

8 Q. -- bipolar disorder --

9 A. Right.

10 Q. -- those types of things.

11 How is that different from the psychotic break,  
12 as a spiritual state? Are you telling me that the  
13 spiritual state causes the -- in your understanding,  
14 causes the mental problem?

15 A. Yeah.

16 Q. Okay. So it's simply -- they're not separate so  
17 much as one's a manifestation --

18 A. Well --

19 Q. -- of the other.

20 A. -- they're actually quite separate.

21 Q. Okay.

22 A. It's hard to compare --

23 See, the problem that I'm running with here is  
24 you're trying to compare Scientology with psychology or  
25 psychiatry.

1 Q. Actually, I'm trying to differentiate it, which  
2 is what I thought you did in your statement. But --

3 A.. Whereas psychology, psychiatry, tends to treat  
4 the body and treats the brain -- they give chemicals, they  
5 give drugs, to -- you know, to attempt to cure an  
6 individual of a problem that's not physical --

7 Like I said, I don't have the greatest  
8 understanding of psychiatry and psychology, but I do have  
9 some basic understanding. You can't go through three  
10 years of college and four years of dental school without  
11 being exposed to some of it.

12 But they tend to treat people simply as a body,  
13 and there's more to it than that. And they very much  
14 negate the spiritual aspect of it.

15 You know, if you walk -- if someone walks into a  
16 psychiatrist who's got a -- what I would call a psychotic  
17 break, Type 3, they're simply going to give them some  
18 drugs and hope that the person does better; whereas if you  
19 treat the spirit, treat the individual, then your rate of  
20 success is considerably higher.

21 Q. Well, are you telling me that -- that, in your  
22 terminology -- and again, I'm not trying to qualify you as  
23 an expert in Scientology terminology, because I realize --

24 A. Okay.

25 Q. -- that -- that you've already professed to

1 limited understanding of that -- are you telling me that  
2 your understanding is that mental disease, as medicine and  
3 psychiatry defines it, psychosis and the specific mental  
4 disorders, that -- that might fall within that category,  
5 including -- however Lisa's condition might have been  
6 diagnosed --

7 A. Right.

8 Q. -- by a psychiatrist or a psychologist --

9 A. Mm-hmm.

10 Q. -- that those are manifestations of some  
11 spiritual trouble that can be -- that you feel can be  
12 cured by Scientology in some way?

13 A. In my understanding of it, yeah. I mean, that's  
14 not the purpose of Scientology, to handle people who are  
15 psychotic, okay? The purpose of Scientology is to help  
16 people do better in life.

17 Q. Okay.

18 A. Help to achieve the goals they want to achieve,  
19 okay?

20 But with my understanding of it, yeah.

21 Q. Okay. Well, I'm not sure that I -- that that  
22 completely clarifies it, but I think I've probably  
23 exhausted your understanding of it, unless there's more  
24 that you want to tell me about it.

25 A. I don't think so.

1 Q. Okay. Based upon what you've told me, it seems  
2 clear that you don't -- would not feel competent or  
3 comfortable to diagnose or treat or determine how a  
4 psychiatric or psychological problem should be handled.

5 A. No. Definitely not.

6 Q. Okay. And do you have any experience, even in a  
7 lay capacity, in doing that?

8 A. No.

9 Q. Okay. In terms of nondental disorders, you  
10 know, whether it's insomnia, eating disorders, anything  
11 like -- do you have any experience in dealing with that,  
12 or any expertise in dealing with that?

13 A. No. I mean, I've occasionally run into people  
14 with, say, an eating disorder, that there's dental  
15 manifestations of that, where I've treated the dental part  
16 of that and, you know --

17 Q. But you don't feel knowledgeable or competent in  
18 dealing with those other issues --

19 A. No.

20 Q. -- at all --

21 A. No.

22 Q. -- in any way.

23 Tell me how you first became aware --

24 Did you know Lisa prior to her stay?

25 A. No.

1 Q. So you never knew her or what she was like prior  
2 to the time you saw her --

3 A. No.

4 Q. -- at the Fort Harrison?

5 A. No, I did not.

6 Q. When did you first hear anything relating to  
7 Lisa?

8 And let me qualify that. I'm not talking about  
9 when you first learned her name; when you first learned  
10 that the person being talked about was Lisa McPherson.  
11 There may have been conversations, at the time, that you  
12 didn't identify with Lisa McPherson, and when you learned  
13 who it was, you identified her.

14 So when did you first learn of the situation, in  
15 any vague capacity?

16 A. Right. It was probably the day after she  
17 arrived. Not the first day she was there, but the day  
18 after.

19 Q. Okay. And that would have been on a weekend, or  
20 do you recall?

21 A. I --

22 Q. I guess you worked seven days a week, so it  
23 didn't matter.

24 A. Exactly.

25 Q. Okay. You don't recall what day of the week

1 that would be. Why do you say it's the day after she got  
2 there?

3 A. Because I remember asking, you know, when I  
4 found out about it, what --

5 I'll also be honest with you; I would not have  
6 thought it was that early into it, had I not recently seen  
7 this thing that -- with this prescription that was picked  
8 up on the 21st. I originally thought that was later on in  
9 the whole --

10 Q. So someone showed you a prescription?

11 A. Yeah.

12 Q. And what prescription was that?

13 A. That was the prescription for Valium.

14 Q. Okay. And whose prescription was that name in?

15 A. That was in my name.

16 Q. Okay. And was that for the injectable --

17 A. Yes.

18 Q. -- intramuscular --

19 A. Yeah.

20 Q. -- Valium?

21 Okay. And so that was the 21st. She came there  
22 on the 18th.

23 A. Right.

24 Q. So you think, before the prescription, you were  
25 knowledgeable about it in some way.



1 A. Yeah.

2 Q. Okay. What -- tell me about what you first  
3 heard, and who from, and where it was.

4 A. What I first heard was a conversation -- I  
5 overheard a conversation on the phone.

6 Q. Okay. Between whom?

7 A. Janice Johnson was talking to somebody. I don't  
8 know who she was speaking to.

9 Q. Okay. Did you later learn who it was?

10 A. No.

11 Q. So even to this day --

12 A. I don't recall.

13 Q. You don't know who it is?

14 A. I don't recall who it is she was talking to.

15 Q. She was talking to somebody over the phone.

16 And where is she? Is she at her office? At the  
17 reception desk? Where is she?

18 A. Well, behind the reception desk and behind some  
19 files. There's three desks for some of the staff that  
20 were there. She was sitting in the middle desk, on the  
21 phone, and I was sitting at the desk next to her, just  
22 doing some, you know, general paperwork and stuff.

23 Q. Okay.

24 A. And she was talking about this person who  
25 wouldn't swallow; you know, having trouble getting them to

1 eat and drink. And you know, I said to her, "I'm sure, if  
2 you need to get somebody to swallow something, I can get  
3 somebody to swallow something."

4 Q. Okay. Well, tell me more about what you  
5 overheard. Was she talking about the person not eating  
6 and drinking or not swallowing medication, or what?  
7 Because I'd think that would be --

8 Do you have any expertise in making people eat  
9 or drink, as opposed to taking medication or --

10 A. No. It's just when you know the anatomy and you  
11 work in the mouth all the time, you definitely have a good  
12 understanding of how it works, okay?

13 Q. Okay. But I guess what I'm saying is, there's a  
14 difference between getting a few milliliters of substance  
15 down, that might contain a medication, versus getting 16  
16 or 32 ounces of fluid down.

17 A. Right.

18 Q. Okay. And I guess what I'm saying is, what were  
19 you overhearing Janice talk to this other person about?

20 A. I don't know as I'm going to fully remember it.

21 Q. Okay.

22 A. It was a while ago.

23 Q. Well, do you have any expertise in getting  
24 people to, you know, take significance amounts of fluid or  
25 food by mouth?

1 A. No.

2 Q. I mean, have you ever done that before?

3 A.. No.

4 Q. Okay. Have you ever gotten medication down  
5 people who were uncooperative before?

6 A. No.

7 Q. Okay. So this was not something you'd never  
8 (sic) done before, but you felt you could do it?

9 A. Yes.

10 Q. And when I say "you felt you could do it," did  
11 you feel you could get this small amount that might be  
12 needed for medication down, or did you feel that you could  
13 get her to drink 16 or 8, you know, ounces of water to  
14 keep her hydrated, and food to keep her nutritionally  
15 balanced?

16 A. Well, certainly, given enough time, that could  
17 happen.

18 Q. Okay.

19 A. I honestly don't remember the conversation she  
20 was having. I keep having to put attention on that,  
21 trying to remember what that was all about.

22 Q. What were you volunteering for when you  
23 overheard the conversation?

24 A. That I could get her to swallow.

25 Q. Swallow what?

1 A. There was no discussion of what, exactly, it  
2 would be.

3 Q. Okay. Was it your understanding -- go ahead.  
4 Do you recall anything else about what you overheard  
5 Janice talking to --

6 Did she sound concerned -- I mean, is that what  
7 drew your attention to it -- that this person was not  
8 eating and drinking, or they couldn't get some substance  
9 down her?

10 A. Like I said, I don't remember any specific thing  
11 about that conversation; that there was, you know, they  
12 wanted to get her something, or anything like that. I  
13 don't --

14 Q. Anything else you remember? That she was  
15 psychotic; that she was --

16 A. Well, certainly, she was talking about a Type 3  
17 person.

18 Q. Okay. And did she use that terminology or --

19 A. Yeah.

20 Q. Okay. And what else do you recall hearing over  
21 the phone conversation?

22 And assume that it's --

23 A. That was probably what caught my attention, when  
24 she said a Type 3 person. You know, it's not something  
25 you run into on a daily basis.

1 Q. Had you ever dealt with a Type 3 before?

2 A. No.

3 Q. Okay. Had you ever dealt with an isolation  
4 watch, introspection, or any situation like this before?

5 A. No.

6 Q. Okay. Go ahead. What else, if anything, can  
7 you remember about the conversation?

8 A. Like I said, I think it was the fact that she  
9 was talking about a Type 3 person that caught my  
10 attention, initially, when she was talking on the phone.  
11 And she was concerned about, certainly, getting her to  
12 swallow. The purpose of it, I don't remember.

13 Q. Okay. So you don't recall if they were trying  
14 to get medication down her that early in the stay or not?

15 A. All I can tell you is, to my knowledge, they  
16 weren't.

17 Q. Okay.

18 A. To my knowledge, when I gave her the aspirin and  
19 Benadryl, that was the first thing that she had received.

20 Q. I understand that may have been the first  
21 medication she received, but I guess I'm asking --

22 A. I'm sure they were feeding her before.

23 Q. My understanding is that there were (sic)  
24 Valerian Root; there was cal-mag; there were different  
25 types of herbal remedies. Were you aware that they were

1 trying to get any of that stuff down her?

2 A. Somewhere along the line of the whole thing, I  
3 did hear about Valerian Root.

4 Q. But you don't know if that was before or  
5 after --

6 A. Yeah. I don't know.

7 Q. -- you first administered some medication to  
8 her?

9 A. Yeah, I don't know.

10 Q. Okay. You said Type 3. Give me -- did she use  
11 that terminology, or did she describe what Lisa was doing?

12 A. No. She said "Type 3."

13 Q. So she used that as kind of a shorthand?

14 A. Yeah.

15 Q. And again, give me your understanding of what a  
16 Type 3 or a PTS --

17 Those are both equivalent terms right?

18 A. Well, a -- there's different types of PTSs.

19 Q. And Type 3 --

20 A. Type 3 --

21 Q. -- is the worst, I guess.

22 A. Well, it simply describes a person who believes  
23 that everybody's after them. I mean, this is -- it's  
24 basically someone --

25 Q. Paranoid?

1 A. -- who's --

2 I'm not sure I know the definition of a  
3 "paranoid."

4 Q. Somebody who believes everybody's after them.

5 A. Okay. They definitely believe everybody's after  
6 them. It's that type of thing. Basically, they're --  
7 they've lost a bit of touch with reality, okay; they're  
8 not terrifically here in -- you know, operating in the  
9 present time, that you and I are sitting and talking in.

10 Q. Okay. Well, are they operating in future time  
11 or past time or --

12 A. Past time.

13 Q. Past time?

14 A. Yes.

15 Q. That's your understanding, at least?

16 A. Yes.

17 Q. And by that do you mean that, what, in  
18 nonScientology terminology, someone would be  
19 hallucinating, disoriented, detached from reality? What  
20 do you mean by that, "not in present time"?

21 A. Again I have a definition of "hallucinating"  
22 that I don't know applies in this case.

23 Q. You tell me your definition of --

24 A. I want to stress, this is my understanding of  
25 it.

1 Q. I certainly understand that.

2 A. That the person is definitely detached from  
3 present time. You know, person has a series of events  
4 that they've gone through, okay. There are incidences  
5 (sic) and times where someone's attention gets stuck,  
6 right, and they've always got a little bit of attention in  
7 that area.

8 Well, in this case, this person goes back into  
9 one of those types of incidences with the vast majority of  
10 their attention, and they're in this, whatever incident it  
11 happens to be.

12 Q. An actual incident in the past as opposed to a  
13 hallucination?

14 A. Again, that's my understanding.

15 Q. And I think I read in your prior statement that  
16 you've never seen any written publications or writings of  
17 L. Ron Hubbard concerning PTSs or Type 3?

18 A. No. That's not true. I've certainly seen  
19 things where he talks about Type 3s.

20 Q. Okay.

21 A. Just the basic Introduction to Scientology  
22 Ethics book discusses that.

23 Q. Anything that indicates that Type 3 should be  
24 hospitalized or there should be hospital attention if  
25 you're trying to deal with a Type 3?



1 A. Not that I recall.

2 Q. Don't recall any of that?

3 Do you feel comfortable with what Hubbard -- I  
4 assume Hubbard does have some suggestions for how -- what  
5 should be done for a Type 3.

6 A. I would assume that, as well.

7 Q. But you don't know what it is.

8 A. No.

9 Q. So then, in whatever you were dealing with,  
10 whatever your role was, either in discussions or in actual  
11 participation with Lisa, you're not in a position to say  
12 whether you were doing something consistent with  
13 Scientology requirements or inconsistent with Scientology  
14 requirements, then.

15 A. Well, like I said, I haven't read the stuff,  
16 okay; I haven't seen the -- seen anything in writing,  
17 myself, on how Mr. Hubbard suggests that something like  
18 this should be handled.

19 I was trying to remember who I had the  
20 discussion with.

21 Q. Well, let's -- first of all, let's go from your  
22 personal knowledge and your personal studies.

23 A. Okay.

24 Q. You're not in a position to say that what you  
25 did was consistent or inconsistent with the

1 recommendations of the Church or recommendations of  
2 Scientology or the recommendations of L. Ron Hubbard or  
3 anything of those things.

4 A. Yeah.

5 Q. You didn't have enough knowledge to know whether  
6 you were being inconsistent or consistent with that.

7 A. Correct.

8 Q. You were alluding to the fact that perhaps  
9 someone else gave you advice on what was consistent or  
10 inconsistent.

11 A. Right.

12 Q. And I recall that, at least one time,  
13 Mr. Karduzinski told you, "Well, we're not using the  
14 Valium."

15 A. Right.

16 Q. Did he go back and check -- "Well, let's check  
17 and see what the -- Hubbard's writings say about this," or  
18 did he expect -- did you have a conversation with him  
19 about whether --

20 A. Did have --

21 Q. -- with what Scientology policy --

22 A. Did have a conversation with him about it.

23 Q. I'll go back to that in a second.

24 A. Okay.

25 Q. Is there any other source of information as to

1 what was consistent or inconsistent with teachings? You  
2 said you were trying to remember.

3 A.. Yeah.

4 Q. And obviously, you had at least some discussion  
5 with Mr. Karduzinski.

6 Go ahead and tell me what you can recall, that  
7 Mr. Karduzinski said, or anyone else said in that regard.

8 A. Well, when I had the discussion with Alain, you  
9 know, some sort of sedation had been recommended, okay.

10 Q. Okay. You need to be a little more specific.  
11 Recommended by whom?

12 A. That's a good question, because I came in in the  
13 middle of a conversation where --

14 Q. Why don't you take --

15 When is this, after you first learned about  
16 Lisa?

17 A. The time sense is difficult, except for certain  
18 instances of this whole thing, because it wasn't like I  
19 attached a lot of significance to it, in the early times.

20 Q. Would it be easier if we just go  
21 chronologically, then? Would that be easier for you?

22 A. Probably.

23 Q. Okay. Let's go back to the time where you  
24 overhear the conversation that Janice is having. She  
25 refers to a Type 3. You don't recall her mentioning any

1 specific symptoms, at that point, other than the general  
2 condition. And you do recall her mentioning difficulty  
3 either eating or drinking or swallowing.

4 A. Right.

5 Q. And you don't recall anything else in that phone  
6 conversation.

7 A. No.

8 Q. Okay.

9 A. Like I said, I didn't attach a lot of  
10 significance to it at the time.

11 Q. And do you interrupt her on the phone or do you  
12 wait till she's off the phone and tell her, "Look, I might  
13 be able to help"?

14 A. Interrupted her on the phone.

15 Q. Okay. And I assume that you then had some  
16 discussion beyond "I can help with her." You got more  
17 information, or you told her more of what you thought you  
18 could do.

19 Tell me about your conversation you had with her  
20 after the phone --

21 A. At that point, there wasn't a lot of other  
22 conversation. I let her know that, you know, if they  
23 needed to get somebody to swallow something, I could  
24 probably get that done. I was pretty confident I could  
25 get that done. That was about it. It wasn't a big

1 conversation.

2 Q. Okay.

3 A.. The next thing I recall is coming in, in the  
4 middle of a conversation, where Janice was talking with  
5 Dr. Minkoff.

6 Q. On the phone?

7 A. On the phone.

8 Q. Okay.

9 A. Regarding --

10 Q. And where was Janice when she was having this  
11 conversation?

12 A. She was, again, at this back row of desks.

13 Q. In between those two, do you recall hearing  
14 anything or learning anything about Lisa from any other  
15 person other than Janice? Was it discussed in the office?  
16 Were other people in the MLO office being caretakers and  
17 watching after her? Do you recall anything, in that  
18 interim?

19 A. Certainly, at the beginning, Suzanne Green was  
20 not in the office, and that was noticeable. She was the  
21 medical -- she was the medical liaison office manager, so  
22 it was noticeable that she wasn't there. And I -- you  
23 know, I did hear that she was on this watch.

24 Q. Is that how it was referred to, as a "watch"?

25 A. Yeah.

1 Q. Okay.

2 A. I think so.

3 Q. Do you recall who you would have heard that  
4 from?

5 A. Janice, I'm sure.

6 Q. And what was Janice's role at this point?

7 A. Well, Janice is the staff MLO.

8 Q. And of course, Lisa's not staff, so --

9 A. Right.

10 I mean, certainly, she was -- like I said, she  
11 was involved in this one discussion that I heard. She was  
12 also in the discussion -- I don't know where the idea came  
13 from, to get her some type of sedative; if it was going to  
14 be necessary, get something --

15 Q. Well, let me backtrack.

16 Did Janice explain to you why this was her  
17 responsibility, if it was her responsibility, to get Lisa  
18 to swallow something or to talk to Minkoff?

19 A. No, she didn't. Not to my recollection.

20 Q. Okay. Checking on Lisa periodically and  
21 following Lisa's welfare --

22 A. I'm assuming she was over there some, but I  
23 honestly -- I didn't keep any track of anything like that.

24 Q. Okay.

25 A. That's an assumption.

1 Q. Would it be normal for someone to be -- to have  
2 responsibility, in just sending people over there who  
3 don't talk to one another, when you have someone who's  
4 ill -- would it be normal for someone to have a  
5 supervisory role or some type of role in making sure that  
6 she was taken care of or would --

7 A. I -- I don't know, because a situation like this  
8 had never come up before.

9 Q. And did -- did Janice ever -- do you recall  
10 hearing anything, between Janice and other people, where  
11 Janice said that she was in charge of it?

12 A. I don't recall anything like that, no.

13 Q. Do you recall any arguments over who was in  
14 charge of it?

15 A. No.

16 Q. Heated discussions about who was in charge of  
17 it?

18 A. No. I don't --

19 Q. Don't recall any discussions about who was in  
20 charge of it?

21 A. About who was in charge of it, no.

22 Q. Okay. Did anyone, in that entire group, that  
23 you know of, ever talk Dr. Minkoff about medications for  
24 Lisa; ever do anything that would indicate that they were  
25 in charge of it?

1           A.    The only thing I can tell you, like the liaison  
2 with Dr. Minkoff, is I walked into the middle of a  
3 conversation. I don't know who originated it. I don't  
4 know where the idea came from. I just don't have any  
5 knowledge of that.

6           Q.    So you have no idea -- well, I guess what I'm  
7 asking is, Janice is discussing with Dr. Minkoff, who's in  
8 New Port Richey, or at least situated -- you don't know  
9 where he was, on the other end of the phone.

10          A.    No. I know he was working at a hospital there.

11          Q.    Do you know if he was at the hospital when the  
12 conversation was going on?

13          A.    I don't know.

14          Q.    To your knowledge, did Mr. Minkoff ever show up  
15 in the vicinity of the Fort Harrison and look at Lisa?

16          A.    I don't know. I -- honestly, when I walked into  
17 the middle of the conversation, I made the assumption that  
18 he had seen her --

19          Q.    Okay.

20          A.    -- but that was simply an assumption on my part  
21 because, you know, here I am --

22          Q.    Because you didn't bother to ask.

23          A.    Right.

24          Q.    Well, we've got Lisa -- excuse me -- Janice  
25 expressing some concern over Lisa not swallowing. We've



got Janice discussion potential medications with Dr. Minkoff. And that would indicate to me that Janice was performing the role of either decision-making or providing information to a doctor who was in a decision-making role, and she was going to carry out the decision.

Do you recall anyone (sic) else, other than your conversations with Mr. Karduzinski, that would indicate anyone else was performing that kind of role?

A. No. I wouldn't say that anyone else was performing that kind of role. I also don't know -- I mean, some of the things you said there were -- I don't know that that's necessarily the case and the way it went, either, okay? You know, I don't know how much decision-making Janice had. Certainly, she was giving Dr. Minkoff some information at the point I came in, and they were talking about that.

Q. Well, tell me about the conversation, and everything you can recall about it.

A. They were talking about, you know, getting her a sedative. They didn't want to do anything heavy.

Q. You say "they." Did you hear Dr. Minkoff's side of the conversation?

A. I actually got on the phone and talked with Dr. Minkoff for a bit of it.

1 Q. Okay. Were you asked to do that?

2 A. Yeah.

3 Q. By whom?

4 A. Janice.

5 Q. Okay. What did she say?

6 A. I'm not sure I remember, exactly, but they were  
7 having a discussion about -- the term would be soporifics,  
8 okay; that would be --

9 Q. That's the term that was used or that's your  
10 term?

11 A. No, that's the term that was used.

12 Q. Okay. And who used that term?

13 A. Janice, Dr. Minkoff and myself.

14 Q. Okay.

15 A. It's a sedative type of thing.

16 And they were --

17 Q. Well, obviously, it sounds more specific than a  
18 sedative type of thing. If you chose a specific word of  
19 soporifics, there must have been some meaning for somebody  
20 to -- some special meaning in that.

21 Is that a medical term or is that a Scientology  
22 term?

23 A. No, that's a medical term.

24 Q. How is that -- "soporific" -- how is that  
25 different from the general term, "sedative"?

1 A. Not a whole lot.

2 Q. Your understanding, if you used the term, what  
3 did you mean by it?

4 A. Basically, it's something that's going to calm  
5 someone down. It also has a bit of a connotation of, you  
6 know, helping them sleep, that type of thing.

7 Q. Okay. And I take it that helping people sleep  
8 or calm down is not within the normal course of a dental  
9 practice, so that's not something that you had dealt with.

10 A. I had dealt with it a little bit, particularly  
11 when I was in newer practice; you know, you get patients  
12 who are agitated, who are scared shitless at being at the  
13 dentist, and it's perfectly within the realm of dentistry  
14 to prescribe that type of thing, Valium -- chloral hydrate  
15 is one that's often used in kids.

16 Q. While they're there at the dental office; not to  
17 take after they get home.

18 A. Correct. They take it before they come.

19 Q. You're calming them down, like people get Valium  
20 before surgery?

21 A. Right. Or in office. It's pretty common, in  
22 dentistry, to use nitrous oxide.

23 Q. And what you're doing, then, is to -- you're  
24 prescribing medication, really, to relieve anxiety over a  
25 procedure that's going to occur.

1           A.    Yeah.  Or relieve anxiety, sedate, so the person  
2 is more easily worked on.

3           Q..   Okay.

4           A.    Like I said, I had some experience with that.  I  
5 actually prescribed some of those medications when I was  
6 first out of school.

7           Q.    Prescribed or dispensed?

8           A.    Prescribed.

9           Q.    Okay.  Chloral hydrate.  What would you  
10 prescribe chloral hydrate for?

11          A.    I actually never prescribed that.  Typically,  
12 that's used for kids.  It's used in pediatric.  I didn't  
13 do it a lot.  I don't -- I mean, I want to make that  
14 clear.  There was a few times where I did prescribe some  
15 Valium for my patients, who I was going to take a wisdom  
16 tooth out on.

17          Q.    Is that to take before they came in or --

18          A.    Yeah.

19          Q.    Hopefully, with someone else driving them.

20          A.    Obviously.

21          Q.    Okay.  Go ahead.  You were having a discussion  
22 of soporifics, and you don't recall who originated that  
23 term.

24          A.    I don't know who originated the term.  I don't  
25 know who originated the conversation.

1 Q. What did you hear of the conversation before you  
2 got on the phone?

3 A. Just that they wanted to get her -- they wanted  
4 to get something in case it was going to be needed. They  
5 wanted to keep it light. They didn't want to give her  
6 something that was going to really --

7 Q. Okay. "Get something in case it would be  
8 needed." Explain that to me.

9 A. Well --

10 Q. You're asking a doctor to prescribe something  
11 not for a condition that's occurring at the time but in  
12 anticipation that something might happen in the future.

13 A. I guess to -- I mean, the -- Lisa was Type 3.  
14 We knew that.

15 Q. Which is a spiritual condition.

16 A. Right.

17 Q. Do you treat spiritual conditions with Valium?

18 A. No.

19 Q. Okay. So --

20 A. But --

21 Q. Minkoff wasn't prescribing this for a spiritual  
22 condition, was he?

23 A. No.

24 Q. He was prescribing it for some kind of medical  
25 condition.

1 A. Yes.

2 Q. Or psychiatric condition.

3 A. Or just --

4 Q. Anxiety condition.

5 A. Yeah. Something to help this lady; help the  
6 body settle down, so she could sleep.

7 Q. But it wasn't treatment for the spiritual side.

8 A. No.

9 Q. Okay. So tell me, without -- in terms of the  
10 spiritual connotations, what -- some -- it wasn't clear to  
11 you in the conversation that Minkoff had not seen the  
12 patient?

13 A. It was not clear to me in the conversation, no.

14 Q. Okay. Okay. Let's go back. I interrupted you  
15 for a couple of definitions. Let's go back and make sure  
16 we've covered everything about what you hear before you  
17 get on the phone.

18 MR. POLLI: Just one second.

19 (Counsel and the witness conferred.)

20 THE WITNESS: That's not what I've read,  
21 but that's what I heard.

22 MR. POLLI: Oh, okay.

23 A. Anyway, your question?

24 BY MR. CROW:

25 Q. My question was, that -- I took you on a little

1 side track, there, with some definitional questions.  
2 Let's get back and make sure we cover what you heard  
3 Janice say prior to you getting on the phone, and then  
4 what you recall of the total conversation. And I'd like  
5 to get as much detail --

6 A. Okay.

7 Q. -- as you can remember.

8 A. Yeah.

9 Q. And I realize that some of it may -- you may  
10 have specific recollections of some words, like the word  
11 "soporific" was used. You may have more general  
12 recollections, and I don't want to miss any of that.

13 A. So we were discussing what type.

14 And I'll also put in here that the term  
15 "soporific" -- this is my understanding, again. I told  
16 you, I hadn't read this specifically -- but also, my  
17 understanding, one of the ways you treat someone who's  
18 Type 3 is you make sure they get in a very destimulated  
19 environment; you know, that they don't have anything that  
20 could be agitating to them; make sure they're getting food  
21 and, you know, plenty of rest and, you know, plenty of  
22 stuff to help the body. And if necessary, you would give  
23 them soporifics.

24 And that's also where that term came from, in  
25 this conversation. At least that's my understanding,

1     okay?

2             Q.     So --

3             A..    I hadn't read that, but that's my understanding  
4     that that's the recommendation for --

5             Q.     And why is that your understanding? 'Cause that  
6     wasn't my understanding four or five minutes before.

7             A.     Because I was told that.

8             Q.     Told that by who?

9             A.     You asked what I know --

10            Certainly, Alain. Janice, as well.

11            Q.     Is this prior to this conversation with Minkoff?  
12     Because we have not had a conversation with Minkoff --  
13     with Alain yet.

14            A.     Right.

15            Q.     We haven't gotten there yet. You're on the  
16     phone talking to Janice and using the word "soporifics."

17            A.     Yes.

18            Q.     Okay. Let's go back to that time.

19            A.     I have an understanding of what "soporifics" is  
20     from previous --

21            Q.     And your previous understanding didn't involve  
22     treating Type 3s?

23            A.     No.

24            Q.     So at the time you're having the conversation,  
25     you -- your understanding is not that this is being





1 specific purpose. You knew what the source of the anxiety  
2 was. And I would assume that, depending on -- I would  
3 assume that there can be a number of different causes,  
4 some physical, some mental, for insomnia and lack of  
5 sleep, and in the -- the course of treatment, might be  
6 quite different, depending on what the underlying causes  
7 was (sic).

8 A. I'm not sure I follow all of that. I'm sorry.

9 Q. Well, do you have any knowledge of what the  
10 possible causes of insomnia or somebody not sleeping --  
11 whether there are physical causes that can cause that,  
12 physical ailment that can cause it; whether there are  
13 ailments that can cause that, whether there are  
14 psychiatric ailments that can cause that?

15 A. I would have to say -- certainly, from my own  
16 experience, I would say there are both physical and  
17 spiritual aspects to insomnia --

18 Q. Okay.

19 A. -- in any given situation.

20 Q. And you had no clue as to -- other than what  
21 Janice may have said, as to what the -- well, let me  
22 rephrase that: Was there any discussion as to what the  
23 cause was?

24 A. Not to my knowledge.

25 Q. Okay. So Minkoff is discussing prescribing

1 drugs without any -- at least in the conversation you  
2 heard, and you were not aware of whether he'd physically  
3 seen the patient or not at that time -- as to what could  
4 be the cause of this. You just -- doing something to calm  
5 her down, without any attempt to determine what is causing  
6 her not to sleep, what the problem is, from a medical  
7 perspective.

8 A. The one thing I would interject is that this was  
9 if needed, okay?

10 Q. What, if she didn't sleep?

11 A. Yeah. If she wasn't --

12 And like I said, in retrospect, I know that that  
13 conversation was --

14 Q. Okay. Well, I don't think that changes my  
15 question.

16 If he's prescribing something that has yet to  
17 occur or is yet to be needed, then the question is, was  
18 there a discussion of what the underlying cause might be  
19 that would require -- that would -- that she would not be  
20 sleeping?

21 A. Right. I'm unaware of any discussion along that  
22 line.

23 Q. And the fact that it might -- no one was saying  
24 she needed it now, then?

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

1 Q. Okay.

2 A. I would also like to say that there are times  
3 when prescriptions are given in case they're needed. It  
4 does happen. It's not the common reason that you would  
5 prescribe --

6 Q. And is that done over the phone, without ever  
7 physically seeing the patient, to your knowledge?

8 A. No.

9 Q. So that time is not really analogous to what  
10 we're talking about here.

11 A. No. But like I said, I'd also assumed he'd seen  
12 her, just an assumption.

13 Q. I understand that. I understand that.

14 And then -- okay. Anything else that occurred  
15 in that conversation, that you haven't told me about?

16 A. Like I said, there was discussion of getting  
17 something to calm her down, soporific. They didn't --

18 Q. Was there a description -- a detailed  
19 description to Minkoff, that you heard, as to exactly what  
20 she was doing; what her activity was?

21 A. Not that I heard, no.

22 Q. Okay. I mean, you probably heard now, and  
23 you've seen some things that were going on: Talking  
24 incessantly; delusional, in the sense that she was talking  
25 to people that weren't in the room --



1           A.    Well, they were discussing different ones; what  
2           would be good, what would be -- you know, they didn't want  
3           to go with something heavy.

4           .Q.    Why not?

5           A.    I don't know, exactly.  Probably because they  
6           wanted to try to get her some auditing, spiritual  
7           counseling.

8           Q.    Probably.  But that wasn't said to you?

9           A.    And drugs to -- drugs can interfere with that.

10          Q.    Okay.

11          A.    I'm not fully trained in that.

12                I do know, if I wanted to receive some spiritual  
13           counseling, if I've taken an aspirin, I can't get  
14           spiritual counseling for a week, so --

15          Q.    Okay.  Well, was there discussion that Valium  
16           will put it off a month or a week or -- versus chloral  
17           hydrate --

18          A.    No.

19          Q.    -- versus aspirin?

20          A.    They were just discussing what might be the best  
21           thing to give her.

22          Q.    Okay.  Well, I'm -- what I'm trying to decide  
23           is, what are the criteria by which you decide what's best  
24           or not best, okay; because if the idea is to make her  
25           sleep, then there's certainly better things than aspirin

1 and Benadryl --

2 A. Right.

3 Q. -- if the object is to make her sleep. If the  
4 object is to calm her down, there are certainly better  
5 drugs, even within your knowledge as a dentist and within  
6 your usage as a dentist, to do that.

7 A. Yes.

8 Q. So what I'm trying to understand in this  
9 conversation is, by what criteria is anyone deciding,  
10 "This is good; this is bad." Was there no discussion of  
11 the criteria, or did they just say one drug's better than  
12 another, without any discussion?

13 A. Well, the -- the discussion was along the line  
14 of finding something that would calm her down, that would  
15 be mild.

16 Q. That would be mild.

17 A. That would be mild.

18 Q. And so -- but there's no description of why it  
19 should be mild, or why it should not be mild. It's  
20 just --

21 A. No, not when I got there.

22 Q. Okay. Well, tell me -- go ahead.

23 A. There was discussion about what to use.

24 Q. Be specific --

25 A. I'll be as specific as I can remember.

1 Q. Okay.

2 A. Okay.

3 Q. That's all I can expect from you.

4 A. It was a while ago.

5 I do -- I, mean I do remember getting on the  
6 phone with Dr. Minkoff. I'm not way up on these types of  
7 drugs. I don't have -- haven't prescribed them for a long  
8 time; probably a decade. But I was actually the one that  
9 suggested chloral hydrate, because it is used in kids in  
10 dentistry pretty often.

11 Q. To put them to sleep?

12 A. Just to sedate them. Just to help calm them  
13 down, so you can, you know -- kids, particularly, can be  
14 difficult, sometimes, in dentistry.

15 Q. Okay.

16 A. And --

17 Q. Well, I assume, when the kids are anxious, you  
18 don't -- you consider that to be a medical problem, and  
19 you're treating it with a drug. You don't consider that  
20 to be a spiritual issue, right, when you give them chloral  
21 hydrate.

22 A. At the time when I was prescribing those drugs,  
23 I didn't know about Scientology. When I found out about  
24 Scientology, I ceased prescribing those types of drugs for  
25 my patients on a regular basis.



1 Q. Okay. And why was that?

2 A. Simply because drugs can cause a person  
3 difficulty.

4 I've become aware that this society is  
5 definitely, as a whole, pretty drug-dependent. I mean,  
6 there's very few people walking around who don't, at some  
7 point during a month, take something. When I found out  
8 what that can do to a person, I became less inclined to  
9 use those unless absolutely necessary.

10 Q. And what can chloral hydrate do to a person?

11 A. Well, it sedates you.

12 Q. Okay. And what does that do, other than  
13 sedating you temporarily and -- that would cause you not  
14 to prescribe it when you want to sedate someone  
15 temporarily?

16 A. Well, the thing I found was, with proper  
17 communication skills, I could handle almost everybody who  
18 came into my office.

19 But to probably answer your question, again, I'm  
20 going to -- I want you to realize you're getting my  
21 understanding of this --

22 Q. Sure.

23 A. -- when you sedate someone, you make them  
24 partially unconscious, okay, just kind of per definition.

25 Q. Mm-hmm.

1           A.    When a person is unconscious, they are  
2           susceptible to --

3           Q..   Forming engrams.

4           A.    Exactly.

5           Q.    What was the difference --

6           A.    I wanted to try to explain it, if you --

7           Q.    I have some rudimentary knowledge of the  
8           terminology.

9                   And what is the difference between being mildly  
10           sedated by chloral hydrate and being in a psychotic break,  
11           in terms of forming engrams?

12           A.    I don't know enough about being in a psychotic  
13           break to know.

14           Q.    My understanding is, nobody talked in Lisa's  
15           presence. Was that one reason, was to avoid forming  
16           engrams while she was in that state?

17           A.    My understanding of the reason she was that way,  
18           because words, in particular, can be stimulative and  
19           anything that we said -- because we don't know what kind  
20           of situation she's in the middle of, right; if we say  
21           something incorrect, we could potentially trigger  
22           something worse with her. And that was why the no-  
23           talking.

24           Q.    When you say "something incorrect," I'm not  
25           following you there.

1           A.    I mean, anything. It could be, you know --  
2           could be -- depending upon what that person's in the  
3           middle of, the word "apple" could be a bad word; you know,  
4           could have something to do with whatever she's in the  
5           middle of, and it could, you know, cause her more  
6           problems.

7                     And that was my understanding of why the talking  
8           didn't occur.

9           Q.    Okay. So going back to sedation in general,  
10           your concern over that, prescribing for your patients, is  
11           that a sedated state is one in which an engram can be  
12           more -- at least Scientology teaches engrams can be more  
13           likely formed, because it's an -- equivalent to the  
14           unconscious state or to the reactive mind being in  
15           control.

16           A.    Absolutely.

17           Q.    And is there some kind of gradation here, with  
18           chloral hydrate? You're more susceptible than you are  
19           with Valium? Or you don't recall reading anything like  
20           that in what you've read?

21           A.    I don't recall reading anything like that,  
22           either.

23           Q.    Have you heard anything since then?

24           A.    But it just kind of makes sense to me. I mean,  
25           if a person is fully unconscious, the ability or the

1 chances of forming an engram are considerably higher than  
2 if you're partially conscious, okay?

3 Q. Well, would you say, from your contact with  
4 Lisa, that she was in a fully reactive state most of the  
5 time, or not?

6 A. It appeared to me to be, yes.

7 Q. So couldn't get much worse than what she was, in  
8 terms of being in a reactive state?

9 A. Probably not.

10 Q. Okay.

11 A. But I don't know if anything could have been  
12 done to aggravate it.

13 Q. Okay. So going back to the -- what your  
14 knowledge is of the concern and use of medications and the  
15 mildness or not mildness of the sedatives or soporifics,  
16 I'm still having a little difficulty, considering the  
17 state that Lisa was in, what the concern was, in terms of  
18 using a milder one versus a heavier one. Was it strictly  
19 a Scientology concern, in terms of auditing, or was it a  
20 medical concern?

21 A. I would have to say, from my perspective, it's  
22 more a Scientology concern, from the viewpoint of  
23 auditing.

24 Q. So the medical treatment was being modified, or  
25 at least fine-tuned, or whatever word you want to use --

1 changed in some aspect -- depending on what the perception  
2 was of the spiritual consequences or the consequences for  
3 future auditing might be.

4 A. I don't know that I'm qualified to say that.

5 Q. Okay. Do you know if Minkoff's qualified to say  
6 that?

7 A. I don't know.

8 Q. Do you know if Janice is qualified to say that?

9 A. No, I don't.

10 Q. Okay. Who's making this decision, then, if  
11 that's the criteria, and you've got three people who don't  
12 know how to make that decision, how are you even  
13 discussing it? That's what I'm having a difficulty with.

14 A. I understand -- I think I understand.

15 Q. And I don't want to put words in your mouth. I  
16 want you to explain it to me --

17 A. Right.

18 Q. -- as best you can.

19 A. All I can tell you is, I walked in the middle of  
20 the conversation, trying to figure out what's going to be  
21 a sedative that's going to be pretty mild to give her.

22 Q. Okay. So you really aren't able to explain to  
23 me why --

24 A. Yeah.

25 Q. -- either Janice or Dr. Minkoff were looking for

1 a mild sedative --

2 A. Exactly.

3 Q. -- as opposed to something that was perceived as  
4 something that's not mild.

5 A. Right.

6 Q. Okay. And in terms of mildness -- go ahead.  
7 Tell me the rest of the conversation. Maybe it'll become  
8 clearer if you --

9 A. Yeah. There was --

10 Q. -- tell me the rest of this conversation.

11 A. There was discussion about chloral hydrate. But  
12 like I said, that was my --

13 Q. Okay.

14 A. -- and -- my idea.

15 Q. And what was everybody's reaction to chloral  
16 hydrate?

17 A. They thought it was a pretty good idea.

18 We actually, at that point, terminated that  
19 conversation. I then called pharmacies, looking to see if  
20 we could find some chloral hydrate. I was unsuccessful.

21 Q. That's all? It's "chloral hydrate's a pretty  
22 good idea," and --

23 A. Yeah. Because it's mild. It's used for  
24 children in dentistry, is its common usage.

25 Q. Well, "mild," of course, depends on the amount

1 of dosage, doesn't it?

2 A. Well, certainly.

3 Q. If you give a lot of chloral hydrate, it's not  
4 mild any more than, if you give a lot of Valium, it's not  
5 as mild as a little bit, right?

6 A. Well, certainly, there's going to be dosage  
7 dependence. But I mean, there's also like -- you know,  
8 you can take -- for your pain, you can take an aspirin or  
9 you can take morphine, right? There is inherent qualities  
10 within the drug, itself, that make it, you know, a heavier  
11 or lighter drug.

12 Q. Okay. But pain relief is a little bit different  
13 than sedation, I would think, but --

14 A. Not -- I mean, there's still things that are --  
15 you know, it takes a whole lot more chloral hydrate to  
16 really sedate somebody than it does Valium, right? So  
17 from that aspect, it's a lighter sedative than Valium.

18 Does that make sense?

19 Q. Okay. Although the given effect of a specific  
20 dosage might be the same, you know --

21 A. Yeah. It's just that it would take considerably  
22 more of one than the other.

23 Q. Okay. Go ahead.

24 And their reaction was chloryl hydrate's a good  
25 idea?

1 A. Chloral hydrate sounded like a good idea.

2 Q. But no more description of why it would be a  
3 good idea, other than the previous thing, that it would be  
4 mild.

5 A. Right.

6 Q. Okay.

7 A. So I got on the phone.

8 Q. And was there any discussion of exactly what it  
9 would do to her, or was that, since you all had some  
10 knowledge of the drug --

11 A. Right.

12 Q. -- it was assumed everybody knew it would be  
13 either -- and were you looking to put her to sleep --

14 A. No.

15 Q. -- or not put her to sleep.

16 A. Just help her calm down, again, my understanding  
17 of it.

18 Q. Okay. And calm down.

19 And the purpose of calming down, again, is --

20 A. To help --

21 Q. -- medically, what?

22 A. Help her relax, help her sleep. I mean, sleep  
23 is -- there's some definite therapy for sleep --

24 Q. Okay.

25 A. -- from sleep.



1 Q. I guess what I'm -- is there -- is there a  
2 significance between being asleep, in terms of being  
3 unconscious and being sedated and being unconscious, in  
4 terms of -- of your understanding of -- of -- in other  
5 words, if the purpose is to get her to sleep, and you're  
6 concerned about stronger sedatives because they would  
7 render her unconscious, sleep, obviously, being a state of  
8 unconsciousness --

9 A. Right.

10 Q. -- if the drug has the effect of putting her to  
11 sleep, what's the difference between Valium and chloral  
12 hydrate, in terms of her being unconscious?

13 A. Again, I'm going to make an assumption, here --  
14 and it's the same assumption I made in the middle of our  
15 conversation -- is that there would be some auditing for  
16 this lady along the way.

17 Q. Mm-hmm.

18 A. Heavier drugs are going to stay in the system  
19 longer; have a longer effect.

20 Q. So it's based upon, then, at least, partially,  
21 about how long Valium would stay in the system versus  
22 chloral hydrate?

23 A. Or just how groggy and how drugged the person  
24 would be the next day.

25 Q. Okay. So we've ended -- have I exhausted your

1 knowledge on that phone conversation?

2 A. I believe so, yeah.

3 Q. Okay.

4 MR. POLLI: Me too.

5 (Discussion was held off the record.)

6 BY MR. CROW:

7 Q. What happened next?

8 A. I got on the phone, called pharmacies, tried to  
9 find some chloral hydrate. None of the pharmacies I  
10 called -- I called, probably, three or four -- had any  
11 chloral hydrate.

12 Q. In any form.

13 A. In any form.

14 Q. Liquid or tablet or anything.

15 A. In any form.

16 Q. Were you looking for liquid or tablet or  
17 injectable?

18 A. Was just looking for chloral hydrate.

19 Q. And there had been no discussion of what form of  
20 the drug to look for, on the phone?

21 A. No.

22 Q. Okay. What happened next?

23 A. Again, my time sense is a little bad on this.

24 I had another discussion with Minkoff. I was --  
25 I remember being on the phone with him, having another

1 discussion, when we couldn't find the chloral hydrate. I  
2 honestly don't know if it was later that day or if it was  
3 the next day.

4 Q. Well, did you talk to Janice before you called  
5 Minkoff back?

6 A. Yeah. I certainly let her know we couldn't get  
7 chloral hydrate.

8 Q. And what did she say?

9 A. We should get ahold of Minkoff.

10 Q. And why did you tell Janice?

11 A. Because she'd been on the conversation.

12 Q. Okay.

13 A. You know, was part of the ongoing thing.  
14 So I got back on the phone.

15 Q. And where was Janice when you called Minkoff  
16 this time?

17 A. She was certainly around.

18 Q. Was she privy to your part --

19 A. Yes.

20 Q. -- of the conversation?

21 A. Yeah.

22 Q. Okay. I mean, you don't -- do you recall  
23 whether she was listening in on an extension or not?

24 A. No. I'm sure they weren't. If you -- if the  
25 way -- there is an extension that could be listened in on,

1 but the way the phones were set up, if you picked up  
2 another extension, you couldn't hear the person.

3 Q.. I thought that's what you did.

4 A. No.

5 Q. Janice gave the phone to you and you talked?

6 A. Yes.

7 Q. So it was one at a time?

8 A. Yes.

9 Q. Do you recall Janice being a participant in the  
10 second conversation with Minkoff; in other words, getting  
11 on the phone and talking to Minkoff directly, while you  
12 waited?

13 A. I believe she did, yes.

14 Q. Okay. So your recollection is, she was  
15 physically present, heard your part of the conversation,  
16 and also participated in the conversation with Minkoff.

17 A. Yeah.

18 Q. You called Minkoff. Where did you call him?

19 A. I don't remember if we called him at home or  
20 at --

21 Q. Did you have both numbers?

22 A. Yeah.

23 Q. Did Minkoff have any special responsibility for  
24 dealing with Type 3 patients, to your knowledge?

25 A. To my knowledge, it's been a one-and-only

1 occurrence.

2 Q. Okay. So you don't know of him handling any  
3 other Type 3s for the Church --

4 A. No.

5 Q. -- staff members or public?

6 A. No.

7 Q. And neither Janice or Minkoff or anyone else  
8 ever mentioned that to you?

9 A. No.

10 Q. Tell me about the second conversation.

11 A. Just told him that we couldn't get any chloral  
12 hydrate. None of the pharmacies had any.

13 He indicated, at that point, that we should get  
14 some Valium. In his --

15 In my estimation, Valium was about as heavy a  
16 drug for dentistry as I would have prescribed, but he's a  
17 physician working in an emergency room. You know, he's  
18 more grooved into and more used to dealing with heavier  
19 things. He's got people coming in who have just been in  
20 nasty car accidents or whatnot. And he thought Valium was  
21 pretty mild, and that's what she should get.

22 Q. And is Valium, to your understanding, an  
23 anti-anxiety drug or a drug used to induce sleep?

24 A. My understanding is it's a depressant, okay; I  
25 mean, it slows the body down. It sedates the body.

1 That's its purpose.

2 Q. I guess I'm asking for the reason for, say, in  
3 the PDR, that it would be prescribed. What is the  
4 medically authorized and acknowledged uses for Valium,  
5 other than an anti-anxiety? Are you aware of -- I mean,  
6 being used as a sedative for --

7 A. When.

8 Q. -- putting people to sleep?

9 A. When I was in dental school, it was typically  
10 what was used for IV sedation for patients having their  
11 wisdom teeth removed; combination of Valium and Demerol.  
12 That was for sedation, for conscious sedation of an  
13 individual. And that was -- that was my main use or my  
14 main exposure with it.

15 Like I said, I had prescribed it a couple of  
16 times, in oral form, in low dosages, for patients.

17 Q. But never for sedation of that type of --

18 A. As much --

19 Q. -- sedation --

20 Let me change that: Never to induce sleep.

21 A. Never to induce sleep --

22 Q. Okay.

23 A. -- no.

24 Q. Okay. Go ahead.

25 A. Like I said, that was my exposure to it.

1           He indicated, in the conversation, that Valium  
2 was, you know, probably as mild as anything else, and that  
3 that's what we should go ahead and get.

4           Q.    Okay. And again, this is not something you  
5 planned on administering yet?

6           A.    Correct.

7           Q.    And what were you anticipating -- I'm kind of  
8 assuming that you had some understanding of what you felt  
9 was going to be the problem that had not occurred yet,  
10 that you were going to need Valium for. And since you  
11 don't have any problem -- any -- at least my  
12 understanding, from your previous answers, you don't  
13 really have any history of dealing with psychiatric  
14 patients or Type 3s --

15          A.    Correct.

16          Q.    -- I'm assuming you wouldn't have any basis on  
17 your own of anticipating the future symptoms that Lisa  
18 McPherson might display, so --

19                Am I correct in that assumption?

20          A.    Yeah.

21          Q.    Okay. So what were you told, or what was  
22 Minkoff told, or what was the discussion as to what these  
23 things that were -- that they believed were going to  
24 happen in the future? Is it just a continuation of not  
25 sleeping; if she didn't get better, we were going to have

1 to do something different than what we were doing? In  
2 other words, if the course of treatment didn't work, we've  
3 got to go to Plan 2? Is that what it was? Or --

4 A. I don't know that there -- I was not privy to  
5 any discussion that was that -- it was -- in any detail  
6 along that way.

7 That it was -- she was Type 3, that a sedative  
8 might be needed --

9 Q. Okay.

10 A. -- okay?

11 Q. Because she was Type 3.

12 A. Yeah.

13 Q. And so, again, we're back to treating Type 3s,  
14 on the spiritual side, with medication.

15 A. No. It doesn't work that way.

16 Q. Okay. Well, then, I must have misunderstood  
17 your definition of Type 3 when you told me, to begin with,  
18 because --

19 A. Because the Valium's not going to treat the  
20 condition, okay? The Valium would be -- or any sedative  
21 would be to help her settle down so she could get some  
22 sleep. That would be the purpose of using that, okay?  
23 With the sleep being necessary, so she's -- you know,  
24 you've probably experienced, yourself, times when you're  
25 overly tired. It's difficult, sometimes, to keep your



1 A. Right.

2 Q. It said "IM" on it, and I interpret --

3 A. That's definitely intramuscular.

4 Q. No question in your mind, looking at the  
5 prescription, that's what it was?

6 A. Definitely injectable form that was gotten.

7 Q. And you later saw the drug, right?

8 A. Yes.

9 Q. And it -- was it in an injection bottle?

10 A. When I picked it up -- I picked it up from the  
11 pharmacy, it was in a box and, yes, it was an injection  
12 bottle.

13 Q. Okay. So did he -- did Minkoff just decide that  
14 on his own, without any input from you all? Was there no  
15 discussion of it?

16 It just seems like, if you're discussing  
17 difficulty getting her to swallow, and then he prescribes  
18 an injectable substance --

19 A. I don't recall having -- I'm not saying it  
20 didn't occur, but I don't recall having that discussion.

21 Q. Was there any discussion about who was going to  
22 give her the injection?

23 A. No.

24 Q. That was never discussed?

25 A. No.

1 train of thought, to think straight, to --

2 Q. Well --

3 A.. -- to be totally there. You know what I'm  
4 talking about?

5 And to give her a sedative to help her sleep  
6 would help her be more aware or less likely to have  
7 problems.

8 Q. Okay. You're not suggesting that a patient in  
9 full psychosis, that the psychosis is relieved by sleep,  
10 are you?

11 A. No.

12 Q. Okay. Was Lisa psychotic, as you understand the  
13 term?

14 A. Yeah.

15 Q. Okay. Go ahead. What -- tell me the rest of  
16 the -- of the discussion.

17 A. So there was the -- there was a discussion to  
18 get the Valium. Minkoff suggested that it be Valium.

19 Q. Was there a discussion of what type? I mean,  
20 this all started on getting her to swallow stuff, and  
21 that's how you got involved in this.

22 A. Right.

23 Q. Was there a discussion of what type of  
24 medication would be appropriate? 'Cause you've seen the  
25 prescription. It's for intramuscular.

1           Because I knew I wasn't going to do it.

2           Q.   Why weren't you going to do it?

3           A..   Because that's not something that would fall  
4           within something I should be doing.

5           Q.   Explain that to me.

6           A.   Well, I mean, I'm a dentist. I could prescribe  
7           somebody a prescription --

8           Q.   Well, you weren't a dentist then, in the State  
9           of Florida.

10          A.   Not in the State of Florida --

11          Q.   Okay.

12          A.   -- but --

13          Q.   So you're just a layperson.

14          A.   -- I give injections --

15                Yeah.

16          Q.   In December -- in December of 1995, you're no  
17          more than a layperson.

18          A.   In the State of Florida.

19          Q.   Right.

20          A.   That's probably true.

21          Q.   So you're not going to give the injection.

22                Tell me why you're not going to give the  
23          injection, as a layperson in the State of Florida.

24          A.   First of all, I wouldn't be comfortable giving  
25          an injection of Valium to a patient.

1 Q. Why not?

2 A. Because I'm not particularly -- if there were an  
3 adverse reaction, I'm not set up -- I don't have the  
4 knowledge of how to handle such adverse reaction.

5 Q. And who would have that kind of knowledge?

6 A. A nurse, a doctor.

7 Q. Okay. And was somebody there that was a nurse  
8 or doctor?

9 A. Dr. Minkoff.

10 Q. Okay. Well, he wasn't there.

11 A. He wasn't there, but he was in the conversation.

12 Q. Okay. So you weren't going to do it. Who --  
13 was there any discussion about who was going to inject it?

14 A. No.

15 Q. No discussion at all?

16 A. Not that I remember, but I don't think there  
17 was.

18 Q. Okay.

19 A. Because it was not gotten, like, "We're going to  
20 give it to her." It was gotten in case it's needed.

21 Q. Okay. Well, are you telling me that -- that  
22 giving an injection of Valium would be a medical function?

23 A. I would certainly think so.

24 Q. Okay. I mean, I'm just talking about physically  
25 giving the injection, not the prescription of the drug

1 which, obviously, would have occurred through a doctor --

2 A. Right.

3 Q. -- but the additional thing of actually  
4 injecting the --

5 A. Administration.

6 Q. Administration would be a medical function.

7 A. (Nods head).

8 Q. Okay. And you nodded your head, so --

9 A. Yes.

10 Q. -- that was a "yes"?

11 A. That was a "yes."

12 Q. Okay. What else can you tell me about the  
13 second conversation with Minkoff?

14 A. Just that the Valium was decided on --

15 Q. Did Janice have any input in that conversation?  
16 She say, "Yes. Good idea," "bad idea"?

17 A. Well, I mean, at that point, you know, Minkoff  
18 was the doctor --

19 Q. So --

20 A. -- so we kind of deferred to his knowledge and  
21 his ability.

22 Q. Okay. So you all didn't agree or disagree. You  
23 just listened.

24 A. Exactly.

25 Q. Was there any other discussion about under what

1 circumstances it would be appropriate to administer the  
2 Valium? In other words, this was something that may be  
3 needed in the future --

4 A. Right.

5 Q. Did he say, "Okay. If that happens, that's the  
6 time to give the injection," or was there no discussion of  
7 when or under what circumstances to do that?

8 A. Not that I recall.

9 Q. Okay. And who was going to be making that  
10 decision? Did you all even think about that?

11 A. Not that I'm aware of.

12 Q. You didn't think about it?

13 A. I didn't think about it.

14 Q. Did you have a discussion with Janice about it?

15 A. No.

16 Q. Did you have a discussion with anyone else about  
17 it?

18 A. No.

19 Q. Okay. What happened next? And again, if  
20 there's some things you can't fit in chronological  
21 sequence but you know happened, throw them in there when  
22 you feel like it. I don't want to miss anything because  
23 you can't sequence it.

24 A. Understand.

25 I do know I went and got the Valium.

1 Q. And we've determined that that was the 21st,  
2 based upon the prescription.

3 A. Based upon the prescription.

4 Q. Okay.

5 A. Before I went to get it, I ran into Alain in the  
6 parking garage at the Fort Harrison.

7 Q. Karduzinski?

8 A. Alain Karduzinski.

9 Q. In the parking lot?

10 A. Yeah. He was in his car. I didn't have any  
11 money.

12 Q. In the parking lot of the Fort Harrison?

13 A. Yes.

14 Q. Okay. You didn't work in the Fort Harrison.

15 A. No, I worked in the Coachman.

16 Q. Janice didn't work in the Fort Harrison.

17 A. Correct.

18 Q. What --

19 A. I parked my car in the Fort Harrison.

20 Q. Okay. So you were going back to your car.

21 A. Yeah.

22 Q. When you had called Dr. Minkoff, were you at the  
23 MLO office?

24 A. Yes.

25 Q. Okay.

1           A.    I didn't have any money to pick up this  
2           prescription.

3           Q.    It's good you ran into him in the parking lot,  
4           then,

5           A.    I'm trying to remember how all that worked out,  
6           because I did run into him in the parking lot, and I got  
7           the money from him to pick up the prescription. How all  
8           that occurred -- I don't remember if I called him or if  
9           somebody else called him to let him know what was going  
10          on, but I definitely got the money from him to pay for the  
11          prescription.

12                I remember it was late in the evening. We were  
13          going home, and I went to Eckerd's at Gulf-to-Bay and  
14          picked it up, because I took it home with me and left the  
15          receipt -- the prescription receipt and his change sat in  
16          my room for, probably, three or four days, until I got a  
17          chance to gather it up and get it back to him.

18          Q.    Get it back to who?

19          A.    Alain. His change and --

20          Q.    His change --

21          A.    -- and the receipt.

22          Q.    Where did the prescription go?

23          A.    I took the prescription, the next day, to the  
24          MLO office, and I handed it to Janice.

25          Q.    Okay. And why did you hand it to Janice?



1           A.    Because -- because she was in on the  
2 conversation and --

3           Q..   Well, so were you.

4           A.    Yes, I was.

5           Q.    So you were in on the conversation; she was in  
6 the conversation. Why did you decide that she was the  
7 right person to have it?

8           A.    Because I had had, at this point, very limited  
9 contact with Lisa, and I didn't have any plans of going  
10 over there or ever seeing her.

11          Q.    So you --

12          A.    I was in the process --

13          Q.    Did Janice tell you that she had plans of going  
14 over and seeing her, or was that apparent from your  
15 conversations?

16          A.    She didn't say that, but I gave it to her  
17 because I knew I wasn't going to be the one using it, and  
18 she would -- if, you know, she would in liaison with  
19 whoever was.

20          Q.    Okay. Well, when you gave it to her, did she  
21 say, "Why are you giving this to me? I'm not the right  
22 person," or did she just take it?

23          A.    She just took it.

24          Q.    And she didn't question that she would be the  
25 right person for you to give it to?

1 A. No. She just took it.

2 Q. Okay. I have a feeling I don't have all of your  
3 conversation with Alain -- is that how you pronounce that,  
4 "Alain" --

5 A. Yeah.

6 Q. -- in the parking lot.

7 Did you tell him it was a prescription for  
8 Valium?

9 A. He certainly knew it was a prescription for  
10 Valium.

11 Q. And how did he know that? You hadn't talked to  
12 him yet, had you?

13 A. I don't remember the -- necessarily, the details  
14 of the conversation, okay?

15 He certainly knew it was Valium. I don't  
16 know -- I don't remember -- I don't recall what led up to  
17 his knowing that.

18 Q. Okay. Do you recall whether you told him or  
19 Janice told him?

20 A. I don't remember.

21 Q. Could it have been either?

22 A. It could have been either.

23 Q. Okay. In your prior statement, you had  
24 indicated, generally, that -- that Alain had nixed the use  
25 of the Valium, and I'm trying get -- is that in this

1 conversation in the parking lot --

2 A. No.

3 Q. -- or did you have another conversation?

4 A. That was later.

5 Q. In the parking lot, he knew it was a Valium  
6 prescription. You don't recall how, but you're certain  
7 that he knew that, at the time.

8 A. I'm sure of that.

9 Q. He gave you the money to go get the  
10 prescription.

11 A. Yeah.

12 Q. Did you have any further discussion about that  
13 being good idea, bad idea --

14 A. No, not at that point. It was a pretty quick  
15 thing, because he was sitting -- I mean, he was in his  
16 car, right? That was a quick conversation in the -- in  
17 the parking garage.

18 Q. Okay.

19 A. I honestly don't remember what led up to it.

20 Q. Okay. So you keep his change and the receipt  
21 for a couple of days before you get it back to him. You  
22 give the actual prescription of intramuscular Valium to  
23 Janice the next day.

24 And take me from there.

25 A. Jeepers.

1 Q. Any other discussion with Janice, when you  
2 handed the drug to her?

3 A.. No.

4 Q. Did you ask how Lisa's doing?

5 A. No, I didn't. I don't recall doing that,  
6 anyway.

7 And -- I mean, I remember handing her the stuff.  
8 She was wearing a smock. I remember seeing her put it in  
9 her pocket.

10 Q. Do they wear, like, white coats or something  
11 or --

12 A. No. It was -- at that point, she was wearing a  
13 light blue smock type of thing.

14 Q. Kind of thing a nurse or a doctor would wear, or  
15 that kind of thing that has pockets in it and --

16 A. Yeah. Certainly had -- it was a jacket with a  
17 pocket down here that --

18 Q. Well, did anybody other than the MLOs wear that  
19 type of --

20 A. No.

21 Q. Okay. I guess what I'm looking at is if -- if  
22 Lisa was seeing her smock, might Lisa think that that was  
23 a medical personnel of some kind, or would it -- would she  
24 think she's a waitress or --

25 A. I don't know.

1 Q. Can't tell --

2 Okay.

3 A.. I wouldn't have even ventured a guess of what  
4 Lisa was thinking at that point.

5 Q. Let me rephrase that. Someone, had they not  
6 been in Lisa's state of mind, a coherent person, have  
7 looked at that and seen that as, maybe, a medical type of  
8 uniform, as opposed to sort or type of --

9 A. It's the type of thing that could be worn by  
10 different -- it wasn't set up to be, necessarily, a  
11 medical type of thing, but it was the type of uniform  
12 that, you know, like you said, a waitress might wear.

13 Q. Okay.

14 A. It could be that type of thing.

15 Q. Okay. Go ahead.

16 A. So I gave her that stuff.

17 Q. Don't remember anything else in the  
18 conversation?

19 A. No. I mean, I could tell you where we were  
20 standing when I gave it to her --

21 Q. Okay.

22 A. -- okay, but --

23 Q. Was it at the MLO office?

24 A. Yeah. Definitely.

25 It wasn't a -- it wasn't a long conversation.

1 Q. And you think that would probably be the 22nd,  
2 then, that --

3 A.. Yeah.

4 Q. Okay. Go ahead.

5 A. I don't remember having much of any other -- I  
6 mean, other than just the general, "How are they doing  
7 over there? How's it going," that kind of -- you know.

8 But the next relevant thing would have been  
9 when -- apparently, she had -- Lisa hadn't been sleeping,  
10 and they wanted to get her to sleep.

11 Q. Okay. Apparently.

12 A. Apparently. Because that's what I was told.

13 Q. By whom and when?

14 A. Jeepers.

15 Q. As best you can recall.

16 A. Probably Janice.

17 Q. Probably, or are you relatively certain it's  
18 Janice?

19 A. Relatively certain.

20 Q. Do you recall talking to anyone else, other than  
21 Janice, about Lisa's condition, in that time frame?

22 A. Certainly Janice, mostly. You know, there was  
23 other MLO office staff who were there as well.

24 Q. Did Janice seem conversant, on a day-to-day  
25 basis, on Lisa's progress, or did she seem, " I don't know.

1 I have not seen her in days," or did she seem to -- when  
2 you asked her how Lisa was doing, she was -- could give  
3 you a response?

4 A. In general terms, certainly, you know, she was,  
5 you know, whatever --

6 Q. So you don't know --

7 A. I don't know whether Janice went and saw her or  
8 whether Janice was --

9 Q. So you don't know whether Janice was attending  
10 to her needs or not attending to her needs; whether she  
11 was ignoring whatever difficulties Lisa was having, you  
12 couldn't say one way or the other?

13 A. I couldn't say one way or the other --

14 Q. Okay.

15 A. -- other than she was generally informed about  
16 what was going on. Whether she was over there herself or  
17 not, I just don't know.

18 Q. Can you tell me if anyone was attending to  
19 Lisa's needs?

20 A. Certainly, there were people watching her,  
21 making sure she was eating.

22 Q. Well, apparently not. There were people  
23 watching her. I don't think anybody was making sure she  
24 was eating and making sure she was drinking. That's part  
25 of the problem. So I don't necessarily agree with that

1 statement.

2 But what was your information that somebody, on  
3 a continuing basis, was monitoring whether she was going  
4 up or down as opposed to one caretaker on one day and  
5 another caretaker on another? Was there anyone paying any  
6 attention to whether she was going downhill, maintaining,  
7 getting better, getting worse, or getting close to death,  
8 before you left on the 28th?

9 A. Before I left, I'm not aware of anybody who was,  
10 because -- I mean, from a physical aspect, besides the  
11 fact that she wasn't sleeping well,

12 Q. And wasn't eating or drinking.

13 A. And wasn't eating or --

14 The information I had -- and again, this is just  
15 from what people would say -- there was, you know,  
16 apparently, times when she wasn't; and apparently, times  
17 when she was. I never got that it was a major concern,  
18 you know, from a -- from any kind of health aspect, that  
19 she wasn't eating or drinking --

20 Q. Okay. Well --

21 A. -- you know, other than sometimes she wasn't,  
22 and then, you know, I'd hear that, oh, she wasn't eating;  
23 "Oh, yeah. She ate a banana and had a protein drink,"  
24 and, you know --

25 Q. Banana and protein drink -- is that, in your



1 experience, sufficient to sustain life over 17 days?

2 A. Well, not one.

3 Q.. Or sustain health, I should say.

4 A. Not one, obviously.

5 Q. Okay. Well, did anybody ever tell you she was  
6 eating full meals?

7 A. I can't say I asked.

8 Q. Did anybody ever relate to you that she was  
9 eating enough to maintain her weight, even, either in that  
10 general term, or by describing what she ate? I mean, a  
11 banana might qualify as a snack. It's -- a protein shake  
12 might qualify as some nutrition. I wouldn't equate it --  
13 I don't know if you would equate that with enough  
14 nutrition in one day to maintain health in a normal  
15 person.

16 So are people relating to you she drank enough  
17 and she ate enough, or just that she had something?

18 A. I would -- all I can say is, I didn't have that  
19 much to deal with that aspect of it, okay? I wouldn't  
20 have that information of whether she'd had enough or not  
21 had enough.

22 Q. Well, I guess what I'm saying is, if you -- if  
23 people are relating to you what she ate or drank, that  
24 would strike me that somebody was concerned about it, or  
25 they wouldn't relate it to you; either you were asking

1 about it or they were making a point of telling you she  
2 did or she didn't, and therefore, it would suggest to me  
3 that it was an object of continuing concern, now -- and  
4 that's why I'm kind of trying to --

5 A. Right.

6 I just don't know that the information I have  
7 would be enough -- you know, obviously, I had this -- I  
8 had this information that there was times when she wasn't  
9 eating.

10 Q. Okay. And when it was related to you that she  
11 was eating, did anybody relate to you that she ate a full  
12 meal, or how much she ate or how little she ate or that  
13 she ate something?

14 A. It would be things like, "She ate well," okay?

15 I do remember, particularly, one time, saying,  
16 you know, she had a banana and protein drink.

17 Q. And you consider that eating well?

18 A. I mean, it's certainly the kind of thing -- I  
19 don't know how much she ate of each thing, but that's the  
20 kind that could be sufficient for --

21 Q. A whole banana or protein drink?

22 A. It's the kind of thing that could be sufficient  
23 for breakfast or lunch. I personally wouldn't want to  
24 have that for a dinner, but I tend to eat fairly well.

25 Q. Okay.

1           A.    It's certainly the kind of thing that my wife  
2                would definitely consider more than adequate for a  
3                breakfast, and definitely would consider adequate for a  
4                lunch.

5           Q.    Okay. But did they use the term "well," or that  
6                she ate -- ate a protein shake and a banana?

7                   And who were you talking with?

8           A.    At one point, I was over -- 'cause I went over,  
9                a couple times, to check on the people who were doing the  
10               watch, right, to make sure that they were getting food.

11          Q.    And why did do you that?

12          A.    Simply because they were staff members and I was  
13                concerned about them.

14          Q.    Anybody ask you to do that?

15          A.    Janice might have. You know, "Why don't you go  
16                over and check on the watch and see if --"

17          Q.    Was Janice your boss or --

18          A.    She was the staff MLO, right.

19          Q.    Is that a "yes"?

20          A.    Well, she --

21                   Was she my boss? Technically not, no.

22          Q.    Did you take directions from her on what to do?

23          A.    On occasion. I mean, if I agreed and it seemed  
24                like the right thing to do.

25          Q.    So it may be more of a suggestion and then you

1 would follow up --

2 A. Yeah.

3 Q. -- to help out?

4 A. Exactly.

5 Q. Okay. We were discussing the information you  
6 had from Janice.

7 And we're still pretty early in the process,  
8 here. We're probably on the 22nd or so.

9 A. Yeah.

10 I don't remember anything of significance  
11 happening the rest of the day, on the 22nd or the 23rd --

12 Q. Okay.

13 A. -- okay?

14 Now, was it -- again, my time sense is kind of  
15 screwed up. Except for the fact that I left on the  
16 Tuesday to go to -- I don't remember the dates, quite  
17 honestly.

18 Q. I think you said the 28th before.

19 A. Was the date.

20 Q. And she would have died on the 5th, so that  
21 would have been a week before her death.

22 A. Right. Because I saw her the day before I  
23 left -- the day I left, the day before I left, and there  
24 was a day missed, and then I saw Lisa in the room on that  
25 other day. I started Tuesday, Monday, missed Sunday, saw

1 her Saturday.

2 And I believe it was on this Saturday that I had  
3 this further discussion with Alain about using the Valium  
4 or not using the Valium.

5 Q. Okay. Tell me about --

6 Did you have any conversations with -- well,  
7 this is several days after --

8 A. Right. Like I said, my main focus, during that  
9 time, was preparing for these exams that were coming up.

10 Q. Sure. But you've got -- you get the  
11 prescription --

12 A. Right.

13 Q. -- again, on the -- in case it might be needed.

14 You handed it to Janice. You kind of divorce  
15 yourself from responsibility. You had no intent to  
16 administer the drug; felt you had no responsibility over  
17 it --

18 A. Correct.

19 Q. -- weren't trying to monitor Janice's progress  
20 or -- or troubles over that period of time.

21 A. Right.

22 Q. And there's a period of days that you have a  
23 discussion --

24 Is it Saturday you think you had the discussion  
25 with --

1 A. Let me count.

2 Q. -- Alain?

3 A. Yes, I believe it was.

4 Q. Okay. Let me see if we can figure out what day  
5 Saturday --

6 A. Which would be a couple days in between.

7 SGT. ANDREWS: It would be the 25th, which  
8 would be two days after Thanksgiving.

9 MR. POLLI: Let me just say that the  
10 dates -- he -- when I first talked to my client, he didn't  
11 have the datenames; he sort of had the days, and we had  
12 that same calendar and went back --

13 MR. CROW: I understand. And it's  
14 difficult to reconstruct, but as best we can, I would like  
15 to define it.

16 MR. POLLI: Right.

17 BY MR. CROW:

18 Q. And obviously, it was two years ago, so that,  
19 you know, if you feel the need to qualify your certainty  
20 as to which day --

21 MR. POLLI: Right.

22 BY MR. CROW:

23 Q. I don't have any difficulty with you qualifying  
24 it if you're not certain, but I want to try to get, as  
25 best you can tell me, the passage of time.

1 A. Right.

2 Q. You go over there a couple of times to check on  
3 the people that are there.

4 A. Right.

5 Q. Do you actually go in the room and see Lisa  
6 visually or --

7 A. No.

8 Q. Did you just kind of see her from a distance?

9 A. I saw her from -- I mean I would go over, as I'm  
10 checking on these guys; I'd lightly knock on the door.

11 The first time I went over, Suzanne Green was  
12 there. She opened the door. She stepped out. As she's  
13 stepping out, I saw Lisa in the room, just a brief --

14 Q. Could you tell if Lisa was acting strangely or  
15 normally?

16 A. Well, what I saw, she was standing in the middle  
17 of the room, looking up at the light. That was all  
18 that --

19 Q. For a period of time that did not seem normal, I  
20 take it?

21 A. Well, I got -- like I said, I didn't have a long  
22 time to see her. Probably four or five seconds. She  
23 didn't move during that time. And Suzanne did say that  
24 she was just standing there, staring at the light.

25 Q. Okay. Not normal behavior?

1 A. Not normal behavior.

2 Q. And did you see her a second time?

3 And again, before -- I'm talking before you --  
4 administering (sic) the medication.

5 A. Yeah. There was another time. I sure couldn't  
6 tell you the day.

7 Q. Okay. Well, your conversation with Alain about  
8 the Valium -- did that occur before or after you  
9 administered the Aspirin and --

10 A. Before.

11 Q. -- antihistamine?

12 A. Before.

13 Q. So tell me about -- had you had any intervening  
14 conversations with Janice, about, "She's getting worse.  
15 We may need to use the Valium"?

16 A. Somehow, I knew she wasn't sleeping.

17 Q. Somehow.

18 A. And I'm trying to remember how -- who told me  
19 that.

20 Q. What -- what led you to discuss it with Alain?  
21 Did he call you to his office?

22 A. I went to his office. I don't think he called  
23 me over there, though.

24 Q. Why did you go to his office?

25 A. Because there had been a conversation somewhere



1 about getting her sedated, okay? Who and where and how, I  
2 don't know.

3 Q. Okay. Well, you hadn't seen Lisa yet.

4 A. I had not seen Lisa yet.

5 Q. You don't know what she's doing.

6 A. Correct.

7 Q. You don't know her condition.

8 A. Other than --

9 Q. And then you go to Alain to talk about what  
10 medication she should be given.

11 A. Obviously, the Valium had been gotten by that  
12 point.

13 Q. Right. But you're telling me you were not going  
14 to administer it --

15 A. That's correct.

16 Q. -- and I'm kind of --

17 Why did you feel that it was your responsibility  
18 to go to talk to Alain; and why Alain?

19 A. I'm trying to remember, exactly.

20 I went over to -- certainly, to discuss it with  
21 him, because I have a general knowledge of medicines,  
22 right?

23 Q. But you had no knowledge of Lisa, essentially.

24 A. No, I didn't.

25 Q. Okay.

1           A.    I also made the assumption that he knew what was  
2 going on with Lisa, although he's not medically trained.

3 But --

4           Q.    But you hadn't -- I should say --

5           A.    I'm --

6           Q.    -- you had no first-hand knowledge.

7           A.    I'm trying to remember what it was; why Janice  
8 wasn't the person that went over and talked to him --

9           Q.    Okay.

10          A.    -- and I honestly don't know. She was probably  
11 busy, off doing something else.

12          Q.    Do you recall any period of time where she was  
13 gone for several days, on another function?

14          A.    Rarely is anybody gone for several days.

15          Q.    Well, I mean -- I take it you don't get a lot of  
16 vacation on this -- on this job.

17          A.    You get three weeks every year.

18                   MR. POLLI: You mean gone off the base or  
19 just gone?

20                   MR. CROW: Either way.

21          A.    She wasn't gone off the base.

22 BY MR. CROW:

23          Q.    During the time before you left.

24          A.    Not.

25          Q.    You left on the 28th.

1 A. Yeah.

2 Q. Assuming --

3 A. She was around then. She was on the base the  
4 whole time.

5 Q. Okay. Do you recall her having some other major  
6 thing going on, like doing staff physicals or doing  
7 something? Was there any time when staff physicals are  
8 done? Did the MLO office do anything like that?

9 A. I did -- I did hear about -- this was  
10 afterwards -- I did hear that there was some physicals  
11 that occurred --

12 Q. Okay.

13 A. -- In the MLO office.

14 Q. Tell me about that, what you heard about it.

15 A. Just that there had been -- some of our  
16 auditors -- our counselors, who had been checked out -- a  
17 doctor was -- had come in, and they actually came to --  
18 the doctor examined them in the -- in the MLO office.

19 Q. And was this while Lisa was still alive or after  
20 Lisa was dead? I mean --

21 A. To my -- to my understanding, it was before.

22 Q. And what was --

23 A. While she was still alive.

24 Q. What's your understanding as to the purpose of  
25 that?

1           A.    It was simply to get these guys checked out; you  
2           know, to get them physicals.

3           Q.    Okay.  And was that an MLO responsibility in  
4           some fashion?

5           A.    Well, certainly.  The purpose of the MLO is to  
6           liaise with medical doctors, to make sure that the crew  
7           gets the -- and to follow up.  You know, we tend to be  
8           rather focused on our work and our production.  You know,  
9           my production happens to be taking care of peoples' teeth.  
10          The counselors spend, you know -- it's not unusual for  
11          these guys to actually spend 40 to 45 hours a week  
12          actually sitting down in -- in a counseling session with  
13          somebody, and then they've got their administrative time  
14          and things.  Their days are pretty full.

15                So the medical liaison officer, when they have a  
16          physical situation, makes sure they get to doctors, get  
17          the handling they need, and then they follow up to make  
18          sure they're following the doctors's instructions.

19          Q.    Was this doctor brought to the premises?

20          A.    Yes.

21          Q.    And you all were in the -- was it the Coachman  
22          Building?

23          A.    Yes.

24          Q.    So your understanding is Dr. --

25                Do you know what doctor it was?

1 A. I believe it was Megan Shields.

2 Q. And where does she practice? In Clearwater?

3 A. I don't think so. I don't know, exactly. I've  
4 never met the lady. I just --

5 Q. Well, is she from Alaska or from Florida?

6 A. From California, I believe.

7 Q. So they flew somebody in from California, or she  
8 just --

9 A. I think she was here.

10 Q. How many people underwent physicals?

11 A. I don't know, exactly. Somewhere in the  
12 neighborhood of a dozen; maybe a little more, maybe a  
13 little less.

14 Q. And did it take a day three days four days?

15 A. I don't know.

16 Q. You haven't heard how many days it --

17 A. I haven't heard.

18 Q. And was Janice involved in that, or --

19 A. I believe so.

20 Again, everything -- I wasn't there to see it,  
21 but I believe Janice was there, you know, assisting,  
22 making sure that the doctor had the things that she  
23 needed. She, apparently, did some -- again she -- just  
24 from stuff I picked up later, apparently this lady did  
25 some pretty, you know, full physicals. The women got

1 breast exams, pap smears. You know, she did the -- she  
2 did a full physical on these guys. So --

3 Q. Okay. And -- but you can't tell me, other than  
4 it was after you left, you believe it was before Lisa  
5 died. You believe Janice was involved --

6 A. I believe -- yeah. I don't know the dates,  
7 exactly --

8 Q. And --

9 A. -- but from what I've heard since --

10 Q. And what would Janice be doing? She wouldn't be  
11 physically present during the exam, would she?

12 A. She might be. I don't know. I don't know.

13 But assumption is that she, you know, was  
14 getting things and making sure that the doctor had the  
15 things that they needed.

16 Q. Such as?

17 A. You know, they might need -- you know, they were  
18 doing pap smears. I'm assuming there are some special  
19 things required that we don't have in the MLO office, to  
20 do pap smears. You know, make sure that those kinds of  
21 things were gotten and, you know, make sure that -- I  
22 don't know where they sent the stuff to get checked, you  
23 know, what lab they used, or any of that kind of stuff.  
24 But you know, I'm assuming that she made sure all of those  
25 kind of things happened.

1 Q. Do you know who the people were that --

2 A. Like I said, some of the auditors.

3 Q. You don't know names?

4 A. Probably -- because there's -- there's different  
5 classifications for our auditors, okay? The highest  
6 classification was Class 12, and it was the Class 12  
7 auditors, which would be Mente Alexander --

8 Q. Pardon me?

9 A. Mente Alexander, Ellen Almquist, probably.  
10 Jeepers. Marlon Gelfin. There was probably -- like I  
11 said, probably 12 or 15 of them, at the time.

12 Q. The Class 12 auditors?

13 A. Yeah.

14 Hannah Nelson. I mean, I could probably sit  
15 here and remember names of Class 12s. I don't know if she  
16 saw every one of those.

17 Q. Do your best to remember the Class 12s. That  
18 would be helpful. I realize you may not have everybody  
19 who was a Class 12 in December of 1995 --

20 A. Norman Herring was a Class 12. Jeepers. Carol  
21 Schwartz.

22 I don't know -- like I said, I don't know if she  
23 saw all these people or not.

24 Q. I understand. I'm just trying to get a starting  
25 point.

1           A.   Jeepers. I can't think of any others, off the  
2 top of my head.

3           Q.   All right. Where did you hear this from?

4           A.   I probably heard it from Minte, actually.  
5 That's why I thought of her name first.

6           Q.   And when did you hear it from Minte?

7           A.   This would have been, probably, a couple of  
8 months later, she mentioned that, when she got this  
9 physical, when the doctor was there and --

10          Q.   Well, obviously, you had Janice being involved  
11 in that, and --

12          A.   Well, I'm --

13          Q.   -- and all the Class 12 people.

14                Did it all come from Minte? Did she think  
15 Janice was involved with all of us (sic), or did Janice  
16 tell you about it? Did someone else at the Church tell  
17 you about it?

18          A.   When I -- when Minte mentioned something, I did  
19 ask about it.

20          Q.   Asked who about it, if you can recall.

21          A.   I certainly asked Minte, you know, "What was  
22 that all about," you know. "Well, Megan Shields was  
23 there, and she did physicals on Class 12s."

24          Q.   Well, Minte mentioned it to you first?

25          A.   Yeah.



1 Q. And you followed up?

2 A. I asked her about it.

3 Q. What was your information that Janice was --

4 A. I probably asked Emma, most likely. But again,  
5 this was a bit down the road from --

6 Q. Well, Emma didn't remember anything about it, to  
7 my recollection, but --

8 A. Okay. Maybe it wasn't Emma.

9 I honestly, you know -- because again, it wasn't  
10 anything --

11 Q. Could it have been Janet --

12 A. -- any significance to --

13 I doubt it, although --

14 Q. Could it have been someone -- other than your  
15 conversation with Minte -- was it Minte --

16 A. Minte.

17 Q. -- which was, I assume, in early 1996 --

18 A. Yeah.

19 Q. -- have you discussed that with anyone else?

20 A. I'm certain I did, because I knew that -- I  
21 mean, I'm not sure I could tell you when, but --

22 Q. Well, have you discussed it with anybody in the  
23 last two months?

24 A. No.

25 Q. Okay. Last six months?

1 A. I don't think so.

2 Q. Do you have any idea where the -- the more  
3 detailed knowledge you have concerning Janice's  
4 participation and the number of people that were --

5 A. Like I said, the number is an assumption, simply  
6 because I was told she saw the Class 12s. At that time,  
7 it was probably 12 or 15 of them.

8 Q. Okay. And is that coming from Minte or is that  
9 coming from some other source down the road?

10 A. Certainly, I got that from Minte.

11 Q. What about Janice's participation? Did that  
12 come from Minte, or did that come --

13 A. That's somewhat of an assumption on my part,  
14 just because of what her duties, you know -- the kinds of  
15 things she'd do.

16 I also had a -- it seems to me I had a  
17 conversation, a bit later, too, with Carol Schwartz, where  
18 she mentioned --

19 Q. Was she one of the auditors?

20 A. -- Dr. Shields -- yes -- being there.

21 Q. And she mentioned Janice being there?

22 A. No. Mentioned Dr. Shields being there and doing  
23 the exams.

24 Q. Well, what was Emma's title?

25 A. Emma's the public MLO.

1 Q. Okay. And Judy Goldsberry-Weber was --

2 A. Deputy staff MLO.

3 Q. And Janice was the --

4 A. Staff MLO.

5 Q. And what was Laura's --

6 A. Laura was the assistant office manager.

7 Q. Okay. And what was her -- was she a supervisor  
8 of the MLOs, or was she the receptionist?

9 A. She did, mainly, receptionist duties. That was  
10 just because that was a necessary function.

11 Q. She did not -- as far as your understanding and  
12 your participation in the office, she did not direct  
13 Janice to perform functions or -- other than passing on  
14 calls or information to her?

15 A. Pretty much, yeah. That was pretty much what --

16 Q. Was Laura a boss of anybody -- that's what I'm  
17 getting at -- or who was -- who was in charge?

18 A. The person who was the medical office manager,  
19 actually. And I was actually going over this not too long  
20 ago.

21 Q. Would that be Andrea?

22 A. Was Suzanne Green.

23 Q. Suzanne Green?

24 A. She was posted as the medical office manager,  
25 and so she would technically have been the person in

1 charge, with Laura being right under her. And then, the  
2 way it existed at that time -- it's since changed a little  
3 bit, because now that I'm there, and my office is up and  
4 running -- underneath that, they would have the staff MLO  
5 the public MLO and me, now. But at the time, I was just  
6 kind of --

7 Q. What was Rita Boykin's function?

8 A. Rita wasn't in the office at that point. Rita  
9 got posted as my dental assistant in March of '96.

10 Q. So you don't -- what was Rita doing in November  
11 and December?

12 A. She was down -- she had been posted in New York  
13 at one of our liaison offices, okay? She had been sick,  
14 herself. She'd been in the hospital with an infection in  
15 her leg. And after that, she came down here for some  
16 enhancement, some correction. And she was here for that,  
17 during the time that all this occurred with Lisa.

18 Q. Was she in and out of the MLO office during that  
19 point in time?

20 A. I honestly don't -- don't recall. That  
21 certainly isn't something I would have been involved with,  
22 except on a -- you know, an occasional -- like I said, I'd  
23 occasionally drive people to the doctors or something.  
24 But I had -- I had no prior meetings with Rita until I saw  
25 her during this watch time. One of the times when I was

1 in the room, she was in there.

2 Q. Other than that, you had no contact at the MLO  
3 office, that you recall?

4 A. Not that I recall. Because it was a little bit  
5 surprising to walk in and see somebody I didn't know.

6 Q. Okay. The knowledge that these examinations  
7 occurred while Lisa was still alive, as opposed to after  
8 or before -- did Minte know that and relate that to you,  
9 or is that an assumption on your part, or is someone --  
10 'cause it would seem to me, if you got in that detailed a  
11 kind of discussion, it might have been in the context of,  
12 you know, "where was Janice," the last part of this day,  
13 or "was Janice there;" "was Janice not there."

14 A. I was going to say, anything I had was related  
15 to me by somebody else, because I was obviously gone  
16 during that time.

17 I'm trying to think where some of this data came  
18 from. I'm sorry. I'm just running through my mind some  
19 things.

20 Because, you know, I first heard about Lisa's  
21 death when I came back on the 12th, and that's when I  
22 found out, too, my family had been in isolation, you know,  
23 and a number of other things that occurred. I don't think  
24 that there was anything said about that, at that point,  
25 though.

1 Q. Okay. Well, when you found out Lisa had died,  
2 did you ask what happened?

3 A. Well, I mean, only to -- you know, I didn't ask  
4 for specifics, necessarily, other than --

5 I'm trying to think what-all was said.  
6 Obviously, it came as rather a surprise.

7 Q. And who were you talking to? Was it your wife  
8 or was it somebody else?

9 A. No, it was probably -- it was either Suzanne or  
10 Janice. I don't remember, exactly. I don't remember  
11 exactly how it went.

12 Q. Well, let me -- let me ask you a general  
13 question: Did anybody ever tell you, or did Janice ever  
14 tell you that Janice had not been involved the last  
15 several days of Lisa's stay there?

16 A. No, nobody ever said that, one way or the other.

17 Q. Okay. So you have no direct knowledge of  
18 Janice's involvement or lack of involvement with Lisa over  
19 the -- over the time after you left the area to go to  
20 Gainesville.

21 A. That's correct.

22 Q. Okay. And no one -- and I'm not just talking  
23 about firsthand knowledge -- no one has told you, hearsay,  
24 rumor, whatever, that, "Well, Janice wasn't there because  
25 Janice was off doing something else --"

1 A. Exactly.

2 Q. -- other than the limited information you've  
3 told me about the physicals.

4 A. Exactly.

5 Q. And even that didn't say, "Well, that took all  
6 of her day. She couldn't see Lisa," or, "Somebody else  
7 was checking on Lisa."

8 A. Yeah. I'm sure there would be other people who  
9 could give you lots better information during that period  
10 of time.

11 Q. Do you have any information of who that would  
12 be?

13 A. Well, probably Janice.

14 Q. Well, unfortunately, she won't talk to us  
15 without immunity, so --

16 A. Other than that, I don't know.

17 MR. CROW: Okay.

18 (A recess was taken.)  
19  
20  
21  
22  
23  
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1  
2  
3 IN RE: INVESTIGATION, Lisa McPherson  
4

5 VOLUME 2

6 STATEMENT OF: DAVE HOUGHTON.

7 DATE: April 30, 1998, 9:30 a.m.

8 BEFORE: Donna M. Kanabay, RPR, RMR, CRR,  
Notary Public, Court Reporter.

9 PLACE: State Attorney's Office  
10 Criminal Justice Center  
Clearwater, Florida

11 APPEARANCES: MR. DOUGLAS CROW and  
12 MR. MARK McGARRY, JR.  
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Attorney for State of Florida.

14 Sgt. Wayne Andrews  
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23 ST. PETERSBURG - CLEARWATER (813) 821-3320  
24  
25



1 BY MR. CROW:

2 Q. I think the point I need to go back to is a  
3 conversation, that you think was a Saturday, with  
4 Mr. Karduzinski. I haven't had much success in getting to  
5 the details of how you two got together or why it was you  
6 and he that were talking, but -- your recollection doesn't  
7 seem that clear -- do you have a recollection of why it is  
8 that you went to Mr. Karduzinski; why he was the person  
9 you were talking to? You haven't been able to recall why  
10 it was you that was talking to him, but why did you go to  
11 him?

12 A. Well, I certainly went to him because he -- of  
13 his knowledge of the spiritual aspects of this type of  
14 thing.

15 Q. What --

16 A. He's the case supervisor.

17 Q. What type of thing?

18 A. He's the case supervisor.

19 Q. Did you know that, at the time?

20 A. Certainly.

21 Q. Okay. And what type of thing was the issue --

22 A. I mean, the psychotic -- the Type 3.

23 Q. Okay. The spiritual issues.

24 A. Yes.

25 Q. Okay. And why did that -- did you go with him

1 to specifically discuss the use of Valium?

2 A. The discussion certainly centered around  
3 sedating her. He certainly did not want to have Valium  
4 used.

5 Q. Okay. Did somebody then come to you and say,  
6 "We needed to --"

7 A. Pardon me?

8 Q. You hadn't seen her.

9 A. I hadn't seen her at that point, other than the  
10 few glimpses through the door.

11 Q. So you can't think of any other explanation?  
12 Somebody told you, "We need to sedate her"?

13 A. It had to be something like that, but honestly,  
14 I don't remember the -- what led up to my being over in  
15 his office.

16 I remember being in his office. I remember  
17 having a conversation.

18 Q. Well, let's eliminate what we can.

19 It wasn't from seeing Lisa, physically,  
20 yourself.

21 A. No, it was not.

22 Q. That was not a source of --

23 A. No.

24 Q. -- of information or -- that led you to that.

25 A. Right.

1 Q. So it had to be -- and I assume that you just  
2 didn't do it without any information. In other words,  
3 something happened; you received some information that  
4 caused you to have that discussion.

5 A. Right.

6 Q. So either it was -- the only possibilities that  
7 I can think of -- and I'm inviting you to add more, if you  
8 can think of more -- is that Mr. Karduzinski asked for the  
9 meeting and summoned you there, or that you received  
10 information from either Mr. Karduzinski, Janice or some of  
11 the other caretakers or people who had conversed with  
12 them, to raise some type of a serious concern that  
13 something needed to be done. Perhaps a serious --

14 A. I have to say, I don't remember exactly what it  
15 was that led me to get to his office.

16 Q. Well --

17 A. I know there was concern that she hadn't slept.

18 Q. And why was that a concern?

19 A. Because they wanted to give her some auditing,  
20 okay?

21 Q. Okay.

22 A. And it's tough to do with someone who hasn't  
23 slept.

24 Q. Okay.

25 A. That's one of the -- one of the requirements,

1 one of the --

2 Q. Can you do it on somebody who's psychotic?

3 A. A Type 3? Apparently so. I'm not trained as a  
4 counselor or case supervisor, so I'm certainly not a  
5 person who could give you that information.

6 Q. Well, who, other than Karduzinski, would have  
7 known what needed to be done in order to -- to do  
8 auditing? Did Janice have that knowledge?

9 A. I don't think so.

10 Q. Did any of the caretakers have that knowledge?

11 A. I honestly don't know.

12 Q. Okay. Well, if you don't know, I would assume,  
13 then, that you didn't know back then, either.

14 A. Correct.

15 Q. Okay. So if one of them had said something to  
16 you, you wouldn't have taken that as coming from a  
17 knowledgeable person, who could make the types of  
18 decisions concerning what needed or didn't need to be  
19 done, to perform a auditing process down the road.

20 A. I'm not sure I know how to answer that question.

21 Q. Okay. Well --

22 A. I mean, I was unaware that anybody who was on  
23 the watch was, say, a trained counselor or a trained  
24 supervisor, those people I would have trusted to make a  
25 decision like that.

1 Q. Well, what you related to me -- and it was, in  
2 part, assumption -- that they -- that they needed to  
3 sedate her and they needed to sedate her so they could do  
4 auditing in the future.

5 A. Correct.

6 Q. And I'm trying to figure out who the possible  
7 "theys" are. And if no one other than Alain Karduzinski  
8 is knowledgeable enough to know that, then that would seem  
9 to identify him as the source to you, directly or  
10 indirectly.

11 A. Right.

12 Q. And I'm trying to think of who else would have  
13 that kind of expertise or knowledge that would raise a  
14 concern in your mind.

15 Can you think of any of the caretakers or MLO  
16 people that would have raised that concern?

17 A. Well, I mean, it's generally know that you have  
18 to have slept well in order to get auditing. They ask you  
19 that at the beginning of every counseling session. "Have  
20 you had plenty of rest, and have you eaten well?" That's  
21 just a general part of what they do every time --

22 Q. Okay.

23 A. -- okay? So that part's generally known, that a  
24 person should sleep well.

25 Q. Did you attempt to, before your conversation

1 with Alain, get updated on Lisa's condition?

2 A. Like I said, it wasn't my main concern at that  
3 point. My main concern at that point was getting through  
4 my boards.

5 Q. Well, I realize that, but I'm talking -- you're  
6 fixing to go into Alain -- to Mr. Karduzinski, to have a  
7 conversation with him. I assume you view him, although  
8 maybe not in your chain of command, as a superior in the  
9 Church --

10 A. Yeah.

11 Q. -- and I would assume you would want to go in  
12 and not be embarrassed by being ignorant when you asked  
13 questions, or did you assume he already knew everything?

14 A. I assumed he already knew everything.

15 Q. And did you find that to be the case, when you  
16 got there?

17 A. We had a conversation. He certainly knew that  
18 she hadn't slept, or slept well. She slept some, I think,  
19 but not well. And you know, there was a discussion about,  
20 you know, sedating her.

21 He didn't want to use the Valium, 'cause he  
22 thought it was too heavy.

23 Q. "Too heavy" meaning --

24 A. She would be too drugged, too groggy, okay?

25 So we had had --

1 I'm still trying to figure out why I ended up  
2 over there, but I honestly --

3 Q. So am I, but --

4 A. I honestly don't recall. I honestly don't  
5 recall.

6 Because -- I mean, we had a -- a conversation  
7 about aspirin, because that was also a concern --

8 Q. Well --

9 A. -- because -- I asked the question of him  
10 because one of the things they also ask is, "Besides food  
11 and sleep, have you had any drugs, medicines or alcohol?"  
12 And I know, just from having been in spiritual counseling  
13 sessions, that, if you have had aspirin, you're not  
14 supposed to have auditing for a week.

15 Q. Well, who suggested aspirin?

16 A. Alain.

17 Q. Okay. So when you say, "We had a discussion  
18 about aspirin --"

19 A. Yeah.

20 Q. -- did he suggest that --

21 A. Yeah. It was based on --

22 Q. -- for --

23 What?

24 A. It was based on a reference.

25 Q. A reference?

1 A. From L. Ron Hubbard.

2 Q. So you all looked up something in the books?

3 A. He showed me a reference on aspirin.

4 Q. Okay. Do you recall, any more specifically,  
5 what it said?

6 A. It had to do with the -- the fact, the way that  
7 aspirin works is, it inhibits a person's ability to get  
8 mental image pictures, right?

9 Q. According to Hubbard.

10 A. According to Hubbard.

11 Q. Do you know of any medical basis for that?

12 A. I believe, if you look, they'll tell you that  
13 they don't know exactly how it works. If you look it up  
14 in most medical -- in a medical -- the actual mechanism of  
15 action. If you look at most drugs, they actually say  
16 that. But --

17 Q. But I guess what I'm saying is, does anybody  
18 report that as a side effect, as medically determined?

19 A. No.

20 Q. So Hubbard said that, and you're relying on  
21 that --

22 A. Yes.

23 Q. -- as to the effects of the drug.

24 A. Well -- or what it would potentially do in this  
25 situation for her, spiritually, as well. You know,



1 that's -- that -- when I'm talking with Alain, that's the  
2 part of it that they're looking at, okay?

3 Q. That they're looking at? That Alain is looking  
4 at? That you're looking at?

5 A. Alain and I --

6 Q. Okay.

7 A. -- that's being looked at.

8 So, you know, he was talking about the aspirin.

9 I did suggest that Benadryl is a good thing,  
10 because it makes people drowsy. And it's actually -- part  
11 of -- a lot of -- if you get, like, Tylenol P.M. or, you  
12 know, these medications that help you with, you know -- an  
13 analgesic and something to help you sleep, that's the  
14 thing that they commonly put in there, Benadryl. The  
15 generic name is diphenhydramine. And it does tend to make  
16 people drowsy.

17 Q. Well, most antihistamines do.

18 A. Most antihistamines do. That's obviously a real  
19 safe one, because they sell it over the counter.

20 Q. Well, they sell a lot of over-the-counter sleep  
21 medication, and it's antihistamine-based, too, and it's  
22 generally more effective in inducing sleep than Benadryl.

23 A. If you look at them, it's Benadryl. If you look  
24 at -- if you look at these things that are designed --

25 Q. Well, I'm not trying to debate it with you, but

1 I think it's -- doxylamine succinate is the primary  
2 ingredient. It's an antihistamine, but it was used as a  
3 substitute in England, and been adopted as an over-the-  
4 counter sleep medication. You're not familiar with that?

5 A. No, I'm not familiar with that.

6 Q. That's been for 10 or 12 years.

7 Did you consider over-the-counter sleep  
8 medications?

9 A. No. Because -- I mean, I was most familiar with  
10 the -- with the Benadryl and the effects that that has for  
11 drowsiness.

12 Q. And so you and Alain were trying to do something  
13 to deal with the physical or medical situation that won't  
14 interfere with later spiritual counseling.

15 A. We were trying to do something to help her  
16 sleep.

17 Q. Okay. Well, would you consider that a -- you're  
18 getting a medicine to help her sleep -- you would not  
19 consider that a physical or medical problem?

20 A. I was certainly, at that point, considering it  
21 more of a spiritual problem --

22 Q. Okay. And --

23 A. -- okay?

24 Q. And is there --

25 A. I --

1 Q. So --

2 A. -- at that point --

3 Q. Antihistamines help with spiritual problems? Is  
4 that.--

5 A. No, but it's going to help the person relax,  
6 which is going to help them get sleep, which will help.

7 Q. And relaxation is a spiritual problem or a --

8 A. Well, sometimes, if you have a spiritual  
9 problem, you don't relax well --

10 Q. Okay.

11 A. -- that's for sure.

12 Q. And you're not competent to diagnosis a  
13 spiritual problem, right?

14 A. No, I'm not.

15 Q. Okay. And do you know if Alain had diagnosed a  
16 spiritual problem that Lisa had?

17 A. Like I said, certainly, somewhere along the  
18 line, someone had said she was a Type 3.

19 Q. You wouldn't make a decision, as a dentist, on  
20 that kind of information --

21 A. No.

22 Q. -- would you?

23 A. No.

24 Q. Well, then, what -- what is your basis or  
25 Alain's basis for deciding what her problem is, that

1 needed treatment with -- with antihistamines and aspirin?

2 A. I don't know. I don't know the answer to that  
3 question.

4 Q. Okay. Well, did you ask Alain, or did -- if he  
5 knew?

6 A. Well, like I said, he showed me this reference  
7 that shows that the aspirin cuts off the mental image  
8 pictures, okay?

9 Now, from my understanding of what's happening  
10 with someone who's Type 3, it would make sense to me that,  
11 if you were cutting off the mental image pictures, and  
12 whatever it is that she's seeing when she looks around the  
13 room -- if those pictures were cut off or reduced, that  
14 that was -- would be something that would be helpful for  
15 her.

16 Now, again, this is my interpretation of -- of  
17 what's going on. It just made sense to me, that that  
18 would be something that would be helpful --

19 Q. Okay.

20 A. -- and do that. And it would help destimulate  
21 her somewhat. And then to do that in conjunction with  
22 some Benadryl, which would make her drowsy.

23 Q. So you felt the aspirin and the Benadryl would  
24 relieve the symptoms that were supposedly being observed,  
25 even though you hadn't been told about them in detail --

1 A. Right.

2 Q. -- where she might have been, in my terms,  
3 "hallucinating," or, in your terms, "caught in past time"?

4 A. Yeah.

5 Q. And how is aspirin -- does aspirin work  
6 physically in the body to affect the brain or the mind so  
7 that those mental pictures --

8 A. Basically, yeah.

9 Q. -- can't be seen?

10 A. Basically.

11 Q. Okay. So you were devising a concoction that  
12 would have a physical effect in her body to relieve the  
13 symptoms that the caretakers were reporting; one, by  
14 inducing drowsiness; and two, by having the brain  
15 eliminate mental pictures.

16 A. It's not the brain. That's part of the thing,  
17 is the brain and the mind are not the same thing.

18 Q. But aspirin acts on the spirit. Is that what  
19 you're telling me?

20 A. No.

21 Q. It acts on the brain, chemically, correct?

22 A. I would assume so.

23 Q. So when you're talking about using aspirin as a  
24 chemical, and putting it in someone's body, you're talking  
25 about having a physical chemical effect in the brain, are

1 you not?

2 A. Yes.

3 Q. Okay. And so when you put this concoction  
4 together, your purpose was to have two physical effects or  
5 two effects in the brain; one, inducing drowsiness; and  
6 two, cutting off the brain's ability to view mental  
7 pictures.

8 A. Not the brain's ability to view mental pictures.

9 Q. Affecting the brain in a way that the mind would  
10 not see mental pictures.

11 A. Yeah. It cuts down the mental image pictures.  
12 I honestly don't know the mechanism of how that  
13 works.

14 Q. So you have no idea of whether this would work  
15 or not.

16 A. No, I didn't, quite honestly. I assumed that  
17 it would. From the data that I had, it looked like it  
18 would be, and it was certainly something very safe to give  
19 someone. I mean, I could walk up and give you a couple  
20 aspirin and a Benadryl.

21 Q. Wouldn't it depend on my medical history; what  
22 medications I had; my physical state? I mean, if you're  
23 even going to give somebody over-the-counter drugs,  
24 wouldn't you normally take a medical history from them?

25 A. It would depend. Obviously, if you tell me

1 you've got a headache and you want to go home and go to  
2 sleep, I might say, "Sure. Let's take a couple of  
3 aspirin, take a Benadryl. That's going to make you nice  
4 and drowsy. You'll go home and have a really good night's  
5 sleep."

6 Q. Did you look at what the side effects of  
7 Benadryl and aspirin are?

8 A. I didn't look it up. I know what they are.

9 Q. Is pregnancy an issue?

10 A. I don't think pregnancy was an issue in her  
11 case, at this point.

12 Q. And how did you know that?

13 A. I didn't know that.

14 Q. Did you ever talk to her, to get a medical  
15 history from her?

16 A. No.

17 Q. Did you talk to her to find out what medication  
18 she was taking?

19 A. No.

20 Q. Did you ever talk to her to find out what her  
21 subjective symptoms are? Did anyone ever question or ask  
22 her: "What are you feeling? What's going wrong? Tell  
23 me"?

24 A. I don't know that.

25 Q. You never did that?

1 A. I never did that.

2 Q. Did you or anyone ever relate to you that it was  
3 ever done?

4 A. No.

5 Q. So it certainly wasn't done prior to you  
6 deciding to put this medication in --

7 A. I don't know that it was done or not.

8 Q. Okay. Tell me -- so Alain suggests the aspirin,  
9 you suggest the --

10 A. Some Benadryl for drowsiness.

11 Q. The Benadryl.

12 And who authorizes this? Do you authorize it or  
13 does Alain authorize it?

14 A. I would have to say that Alain authorized it.

15 Q. And why would you have to say that?

16 A. Because if he would have said, "No, I don't want  
17 her to have that," I wouldn't have given it to her.

18 Q. Well, I'm sure he's got veto power, but you're  
19 the one that physically administered it. Did you do that  
20 on your own authority or because Alain said it was the  
21 right thing to do or what?

22 A. I certainly -- it certainly seemed to me to be a  
23 good idea, based on what I -- based on what I knew.

24 Q. Based on what Alain told you in the -- in the  
25 text?



1 A. Yeah.

2 Q. Okay. Well, did you feel you had the authority  
3 to medicate someone on your own?

4 A. I didn't see that there was a problem with me  
5 giving somebody aspirin and Benadryl.

6 Q. Okay. So you felt you had that authority.

7 A. Well, I -- you know, I would feel that just  
8 about anybody would have that authority.

9 Q. You did.

10 A. Yeah. You're talking about aspirin and  
11 Benadryl. You know, you're not talking about -- you're  
12 talking about something that anybody could walk into  
13 Albertson's and pick up and buy.

14 Q. That's true. But Lisa didn't do that, did she?

15 A. No.

16 Q. And she didn't tell you it was okay to give her  
17 aspirin and Benedryl, did she?

18 A. No.

19 Q. And you never told Lisa what you were injecting  
20 in her mouth, did you?

21 A. No, I didn't.

22 Q. Do you think that's okay, to do that to anybody?

23 A. Not to anybody --

24 Q. Okay.

25 A. -- because I could ask you, right.

1 Q. That's correct.

2 A. She wasn't a person that I would -- you know, I  
3 couldn't ask her that.

4 Q. You couldn't communicate with her. In fact,  
5 your policy was not to communicate with her.

6 A. We were told to definitely keep the talking  
7 to --

8 Q. And who told you that?

9 A. I suppose Janice. She just said that that was  
10 the way that was handled.

11 Q. So she gave you instructions on how to deal with  
12 her, and you followed that?

13 A. Yeah.

14 Q. Okay.

15 A. When I went there, no one else was talking  
16 either, so --

17 Q. When you say "suppose, Janice," are you pretty  
18 sure it was Janice?

19 A. Pretty sure. Could -- no, it probably was  
20 Janice. I was thinking it could have been Suzanne as  
21 well, but when I first heard that they weren't talking  
22 around her was, you know, a little bit earlier on, when I  
23 first went -- was going to go over and check the watchers,  
24 you know, "Don't talk, don't make noise, because we don't  
25 know what could be, you know, situated -- what's she

1 sitting in the middle of."

2 Q. Okay. And you have the -- did you have anymore  
3 conversation with Alain, other than what you've related to  
4 me? You said he didn't want the Valium --

5 A. Right.

6 Q. -- and so he forbade you to use that.

7 A. Yeah.

8 Q. Okay. I mean, had you gone to him to ask him to  
9 use that?

10 A. No.

11 Q. Okay.

12 A. Okay.

13 Q. How did that come --

14 A. Like I said, I wouldn't have used it.

15 Q. How did that come up, then? How did he say,  
16 "Don't use it"?

17 A. He just said, "I don't want to give her Valium,  
18 because I think that's too heavy."

19 Q. Okay. And did you communicate that to anybody  
20 else, to make sure it didn't happen?

21 A. No.

22 Q. Okay. Did you assume that no one else would  
23 give her the Valium?

24 A. Yes.

25 Q. Why did you assume that?

1 A. Because the case supervisor didn't want her to  
2 have it.

3 Q. Okay.

4 A. That was why.

5 Q. Am I reading into that, that you didn't believe  
6 anybody would do it on their own, without talking to Alain  
7 first?

8 A. That would be my belief, yes.

9 Q. Okay. And is that why you didn't feel it  
10 necessary to communicate Alain's directive to anybody else  
11 associated with Lisa's care, or did you communicate it to  
12 someone else? Did you tell Janice Alain said this?

13 A. Yeah, I probably told her. I -- you know, I  
14 don't remember exactly, but I probably told her that he  
15 didn't want her to have the Valium, so we gave her the  
16 aspirin and the Benadryl.

17 Q. Did you have any discussions with Janice about  
18 using the aspirin and Benadryl?

19 A. Seems to me we had a discussion as to how I did  
20 it, right; how I actually got her to take it.

21 Q. Is this before or afterwards?

22 A. After.

23 Q. Would it be before the next two times that you  
24 did it?

25 A. Yeah.

1 Q. So after the first time; before the next two  
2 times?

3 A.. Yeah.

4 Q. Did Janice know, about the first time?

5 A. I'm pretty sure she did.

6 Q. Before you did it?

7 A. Before?

8 Q. Mm-hmm.

9 A. I honestly don't recall.

10 Q. Okay. What did you do after Alain -- I don't  
11 know if "authorized" is the right word, or "okayed," or  
12 you and Alain decided that this was what was going to be  
13 done --

14 A. Right. Then I went to Eckerd's and got some  
15 aspirin.

16 Q. You didn't have any aspirin at the MLO office?

17 A. No.

18 Q. Why not?

19 A. Because it's not something that -- it's just not  
20 something we would do.

21 Q. Okay. Didn't you tell me that aspirin affects  
22 auditing?

23 A. Exactly.

24 Q. Okay. So that's not something that you would  
25 normally give to somebody, without telling the

1 consequences of it?

2 A. Exactly.

3 Q. And you all didn't keep that on the premises.  
4 Was that a reason you didn't keep it on the premises?

5 A. Yes. Basically. You know, we don't want to  
6 interfere with anybody's auditing, if necessary.

7 And I mean I do occasionally -- now, after I've  
8 taken somebody's wisdom teeth out or whatever, I keep some  
9 Ibuprofen, which is an aspirin substitute, Advil or  
10 Nuprin. It's the same -- it's over-the-counter. I keep  
11 some of that on hand to give people; but definitely with  
12 the warning that it's a week off of auditing.

13 Q. Okay. So you go to the drugstore --

14 A. I go to the drugstore.

15 Q. -- and buy the aspirin.

16 What else happens?

17 A. I bought the aspirin, bought the Benadryl.

18 I came back --

19 Q. Did you read the labels?

20 A. Yeah, I did, 'cause I found it very difficult to  
21 find aspirin.

22 Q. No. I'm talking about the indications; when to  
23 use it, when not to use it.

24 A. I certainly read the labels, yes. Because like  
25 I said, I did find it was interesting that it was hard to

1 find just aspirin. Most of them have something else in  
2 it, as well.

3 Q.. And I'm talking about the Benadryl, too.

4 A. Yeah.

5 Q. Was the Benadryl --

6 A. I'm not going to say I studied the labels.

7 Q. Did it have any warnings?

8 A. Well, it certainly says it makes you drowsy.

9 Q. Any other warnings?

10 A. Not that I remember.

11 Q. Okay.

12 A. But anyway, I went back -- I went, actually, to  
13 the room adjacent to hers --

14 Q. Did you buy a syringe?

15 A. -- got some juice --

16 No. There was already, because I was in the  
17 process of stocking up my office -- I had some irrigating  
18 syringes that I used.

19 Q. And what do you use irrigating syringes for, in  
20 dentistry?

21 A. I use them more if you've taken wisdom teeth  
22 out, when the sockets are healing. I give them to  
23 individuals, they fill them with water and rinse them so  
24 food doesn't --

25 Q. So they can do that at home, you're talking

1 about?

2 A. Yeah.

3 I took the aspirin and Benadryl, got some juice,  
4 took the aspirin and Benadryl down, crushed up the  
5 aspirin -- the Benadryl was a gelcap liquid -- crushed up  
6 the aspirin into as fine a powder as I could get; added  
7 the Benadryl --

8 Q. Why did you do that?

9 A. Because I was going to try and put it in with a  
10 syringe.

11 Q. Why were you going to try and put it in with a  
12 syringe?

13 A. Because I got -- you know, sometimes it was  
14 difficult dealing with her, and she would sometimes take  
15 things, sometimes not. And I knew that if I put it in a  
16 syringe --

17 Q. Then I take it she had been given some type of  
18 medication beforehand, and you were aware of that?

19 A. Not to my knowledge. Not to my knowledge.

20 Q. So you were not aware of her swallowing any  
21 pills or any medication before that point?

22 A. Some vitamins, probably --

23 Q. Okay.

24 A. -- but --

25 Q. So why -- there's no attempt to get her to



1 swallow the pill first, I take it.

2 A. No, there wasn't.

3 Q. And why was that?

4 A. I guess an assumption, probably, on my part.

5 Q. And what can you base that assumption on?

6 A. The earlier conversation that they couldn't get  
7 her -- you know, that sometimes she wasn't eating;  
8 sometimes they couldn't get her to, you know,  
9 particularly, swallow things. So I went in prepared for  
10 the worst --

11 Q. Okay.

12 A. -- I guess.

13 Q. You get all that stuff, or you -- is Janice in  
14 the area? Does she see you preparing it?

15 A. Janice was not. And I was actually in the room  
16 by myself, as I was preparing it.

17 Q. Anybody else in the MLO office or any other  
18 caretakers aware of what you're doing, prior to you just  
19 arriving?

20 Was Emma with you?

21 A. I don't know whether Emma was with me or not.

22 Q. Was anybody else with you?

23 A. No.

24 Q. Did anyone else know you were going there?

25 A. I don't think so.

1 Q. Okay. Did you talk to anyone when you got out  
2 of there; tell them what your discussion was?

3 A. Out of where?

4 Q. Talking to Alain.

5 A. I don't think so.

6 Q. Okay. So you prepare this stuff after going to  
7 the drugstore. Have you talked with anyone else, any of  
8 the caretakers or anyone, telling them what you're about  
9 to do?

10 A. I'm sure I told somebody. I don't remember who.  
11 I mean, I got there and pulled one of them out and said,  
12 "I'm going to be giving her some stuff."

13 Q. Okay.

14 A. "I might need your help."

15 Q. Tell me what happened when you were there.

16 A. I took the stuff and put it in a syringe.  
17 Actually had more than would fit in one syringe, so I had  
18 the cup, and I set it on the counter, so I got on the bed,  
19 knelt on the bed, basically just, you know, leaned Lisa  
20 back, head on my -- on my leg, and took the syringe which  
21 I'd cut the tip off of, because its gets too small at the  
22 bottom. And just by taking and putting in the cheek,  
23 putting it back towards the back of the tongue, and slowly  
24 injecting -- by getting it back that far, the natural  
25 response is going to be to swallow.

1 Q. Who was in the room?

2 A. I don't remember.

3 Q.. Okay.

4 A. I mean, I was there three times, and there was  
5 different people each time.

6 I could give you some names of people who were  
7 there.

8 Q. Were other people holding her down?

9 A. There were people who were ready. They had,  
10 like, hands on her arms and legs, but --

11 Q. What do you mean, "ready"?

12 A. Well, she didn't -- the first time, she didn't  
13 give me any trouble.

14 Q. Okay. But were there hands, like, on her  
15 wrists?

16 You're saying she didn't try to move.

17 A. Yeah.

18 Q. Okay. But were there --

19 A. That's not --

20 Q. They already had their hands over her arms and  
21 legs, or were they just standing six inches away?

22 A. No. They already had their hands prepared to.

23 Q. So they didn't have to use force --

24 A. Right.

25 Q. -- because she did not resist, but they had

1 their hands over her hands, and I assume they were at  
2 least down on the bed, as opposed to being --

3 A.. Yes.

4 Q. -- their hands being a few inches away from her.

5 A. Yes. They were touching her, for sure.

6 Q. And her hands were then touching the bed --

7 A. Yeah.

8 Q. -- or were they in the air?

9 A. They were touching the bed.

10 Q. Feet, too?

11 A. Her feet were on the floor.

12 Q. So she was lying down?

13 A. She was, like, on the edge of the bed.

14 Q. Okay. Was anyone holding her feet?

15 A. Yeah.

16 I got behind her -- but I mean, their hands  
17 obviously weren't on the floor, but yeah, there was people  
18 by her legs, hands touching her legs.

19 Q. Okay. And why did do you that?

20 A. In case she tried to fight.

21 Q. And why did you think she would try to fight?

22 A. I just decided to be prepared for worst case.

23 Q. Is that what you do with most patients, or was  
24 there a particular reason --

25 A. Most of the time, I'm always prepared for the

1 worst, because if you're prepared for the worst, the worst  
2 doesn't usually happen.

3 Q. So you bring people in and hold people's arms  
4 and legs?

5 A. No. But I don't normally work with somebody  
6 who's --

7 Q. Who's what?

8 A. -- lost touch with reality; either who's Type  
9 3 --

10 Q. And you haven't related any conversation you had  
11 with Lisa prior to the conversation. Did you have any  
12 conversation with her?

13 A. With Lisa? No.

14 Q. Why not?

15 A. Because we weren't speaking because of the  
16 reasons I mentioned before.

17 Q. Because Janice probably had directed --

18 A. Yeah.

19 Q. -- that to you?

20 Did you feel the obligation to tell Lisa what  
21 you were doing?

22 A. No, because I felt Lisa wasn't particularly  
23 there.

24 Q. So she wasn't competent to consent?

25 A. That might be a way of looking at it, yes.

1 Q. Well, how would you look at it, then? Tell me.

2 A. I didn't feel like, if I asked her anything,  
3 that I would get a response that would be appropriate to  
4 my question.

5 Q. Was she incoherent?

6 A. I'm not sure I understand when you say  
7 "incoherent."

8 Q. You don't know what the word "incoherent" means?

9 A. I'm not sure I understand what your definition  
10 is. I have a definition where someone's speaking slurred.

11 Q. Was she making any sense?

12 A. She wasn't making any sense, no.

13 Q. You know what "coherent" means; "making sense."

14 A. I'm not sure I fully understand it. Because  
15 when I think of "incoherent," I think of someone who's  
16 drunk or drugged, slurred speech, that kind of thing. She  
17 wasn't that way. She was speaking very clearly, but she  
18 was making no sense.

19 Q. So she was articulating her words, but her words  
20 made no sense.

21 A. Correct.

22 Q. So she was not unintelligible?

23 A. Right. She was just what I would call  
24 nonsequitur. The things she said didn't follow any  
25 logical sequence.

1 Q. And was not responsive when she was asked  
2 questions.

3 A. When I was there, she wasn't asked any  
4 questions.

5 Q. So --

6 Okay. Well, did she say anything in your  
7 presence?

8 A. She rambled on a lot.

9 Q. Okay. So you don't know whether she was capable  
10 of responding or not. You assumed she was not, because of  
11 the behavior that you did see.

12 A. Yes.

13 Q. Have you ever before, in your career, given, in  
14 either a lay capacity or as a dentist, given medication to  
15 someone without their consent or their knowledge?

16 A. No.

17 Q. Why did you feel you had the authority to do it  
18 on this occasion?

19 A. I guess because I felt it was in her best  
20 interest.

21 Q. And why did you have the authority to make that  
22 decision; to give her medicine that you felt was in her  
23 best interest, without her consent?

24 A. I don't know that I have a good -- I don't know  
25 that I have any answer to that question. It just seemed

1 like the right thing to do, under that circumstance.

2 Q. Now, this choice of medication was at least  
3 partially controlled by yours and Alain's discussions --

4 A. Yes.

5 Q. -- as to consequences of medication on future  
6 processing or auditing.

7 A. Yeah.

8 Q. Okay. Do you have any information to suggest  
9 that Lisa had requested any of those procedures?

10 A. No.

11 Q. So what was the basis for making those  
12 decisions, quote, "in Lisa's best interest" or in her  
13 welfare, upon procedures that -- that Alain may have  
14 wanted to perform, but she had not requested?

15 A. I'm sorry. I miss --

16 Q. Let me rephrase it.

17 A. Okay.

18 Q. Is it -- does Scientology allow procedures to --  
19 such as auditing -- to be performed on a member without  
20 their knowledge and consent of what's going on?

21 A. No.

22 Q. Okay. What authority, then, did either you or  
23 Alain have, in your own minds, for choosing and dispensing  
24 medication based upon services that, as far as you knew,  
25 Lisa did not want to have done?



1           A.    My -- I guess my only authority was as a fellow  
2   Scientologist. I knew that there was a person who was  
3   Type 3.

4           Q.    Well, you were told that.

5           A.    I was told that.

6                    I -- you know, I'd gotten a glimpse through the  
7   door. The lady was obviously -- and after I got in the  
8   room, it was obvious she was Type 3.

9           Q.    But that's a spiritual condition.

10          A.    That's a spiritual condition.

11                   And as a Scientologist, if I was in that  
12   condition, and I was incapable of, in present time, to be  
13   able to convey my wishes of how I would like to be  
14   handled, I personally would want to be under the care of  
15   other Scientologists who understood the spiritual aspect  
16   of life and could help me overcome it.

17                   You know, at that point -- at this point, there  
18   was no evidence that Lisa was in any physical distress,  
19   from looking at her.

20          Q.    You don't consider lack of sleep being physical  
21   distress?

22          A.    Well, slightly. But it came as a report that  
23   she hasn't slept as much, when I looked at her.

24          Q.    That was the whole purpose of what you were  
25   doing, because of the stress --

1 A. I understand.

2 Q. -- of the stress that lack of sleep created.

3 A. Right. I mean, I understand that.

4 And the only authority I guess I could take  
5 would be what you might consider would be a Good  
6 Samaritan. One of my -- you know, one of the members of  
7 my church was in a very bad way, and I wanted to do, and  
8 everybody wanted to do what would -- how -- we wanted to  
9 treat her the way we would want to be treated under a  
10 similar circumstance. And that's what a lot of my basis  
11 of what I did -- that's what it was based on. My -- much  
12 more my personal beliefs as a Scientologist, certainly.

13 Q. Well, would you want --

14 A. Certainly somewhat -- you know, you have to look  
15 at the viewpoint that I'm a dentist, and I have some  
16 training. And certainly, that played a part in some of  
17 this.

18 Q. Mm-hmm.

19 A. But the bottom line is, I did it because I felt  
20 it was something that would help her.

21 Q. Did you make any effort to consult with  
22 Dr. Minkoff about this course of treatment?

23 A. No, I did not.

24 Q. Why not?

25 A. He -- I mean, he'd made his -- in the previous

1 discussion, you know, he said that he thought, if she  
2 needed something, Valium would be the way to go. I didn't  
3 feel that there was any further need to discuss it with  
4 him..

5 Q. Well, I guess my point is, you had consulted a  
6 physician, which you were not, which Janice Johnson were  
7 not; he had given you a recommendation; and you were doing  
8 something inconsistent with his recommendation, without --

9 A. That's true.

10 Q. -- without consulting him again.

11 Why did you not talk to Dr. Minkoff?

12 A. Like I said, he'd made his idea -- the way he  
13 would handle it, he'd made that clear that he would  
14 recommend the Valium. When Alain said he didn't want the  
15 Valium, I didn't feel that there was any further need to  
16 discuss it with Dr. Minkoff.

17 And you know, when we're talking about something  
18 as -- I don't necessarily say "benign," but something as  
19 safe and as available and as proven as aspirin and  
20 Benadryl, I didn't feel that it was a situation that was,  
21 you know, of any type of concern.

22 Q. Well, let me ask the question two different  
23 ways:

24 There's two concerns here: What the effect of  
25 the medication is, in terms of side effects, and there's

1 also the concern of solving the problem for which you're  
2 giving the medication, to begin with, and the doctor had  
3 indicated this is the medication, not what you did.

4           Was there a concern that what you were doing  
5 wasn't going to solve the problem, and that she would  
6 worsen and deteriorate because you didn't do what the  
7 doctor had recommended you to do?

8           A. I mean, there was -- I mean, we -- you never  
9 know, until you try it, if it's going to work or not,  
10 right? And that's -- but we were -- I was willing to  
11 attempt to try it -- you know, certainly, like I said,  
12 with something as benign as these two things, with  
13 something that would work, before going with something  
14 that would possibly make it more difficult for her to  
15 handle the spiritual aspects.

16           Q. You knew the aspirin was going to prevent the  
17 auditing for at least a week.

18           A. Actually.

19           Q. And you gave her three doses of it, at least,  
20 correct?

21           A. Well, it was a question I went over with Alain.  
22 It's my understanding that we shouldn't give her aspirin,  
23 because you can't get auditing. But as he was the person  
24 who is much more well-versed, he didn't have that same  
25 concern. He felt it was better she have the aspirin than

1 something heavier.

2 Q. Okay. But it seems to me --

3 A. And I deferred to that.

4 Q. You're -- essentially, you and Alain are  
5 essentially overruling Minkoff's advice as to how to deal  
6 with this problem.

7 And on whose authority, having consulted a  
8 physician, gotten advice from the physician, having a  
9 patient who is incapable of giving you a coherent  
10 response, did you -- did you take that course and -- and  
11 give the medication without -- without her consent and  
12 against what medical advice you had gotten? By whose  
13 authority did you do that? No one's?

14 A. No one's.

15 Q. Okay. What happened after the first incident?

16 A. Like I said, I went and gave it to her. It  
17 actually went pretty well. She took the stuff. As I was  
18 giving it to her, she turned her head and just started to  
19 suck down the thing, and then she grabbed the syringe and  
20 just sucked out -- the juice out of it. So I loaded it up  
21 again. She did the same thing.

22 I then stuck around long enough to see that she  
23 was getting drowsy, and had settled down, and I left.

24 Q. Okay. And how much of a dose of Benadryl did  
25 you give her?

1           A.    She probably got 50 milligrams, which would be  
2   two capsules.

3           Q.    And was that the dosage for an adult?

4           A.    Yeah.

5           Q.    Do you have any idea what the effect of any  
6   medication is on a patient who's psychotic?

7           A.    No.

8           Q.    Okay.  What happened after that incident?

9           A.    I went back to doing what I was doing, right?  
10                I heard later that she had slept well that  
11   night.  And I didn't, you know, obviously, I was pleased  
12   about that.  I mean that was the purpose of doing what we  
13   did.

14          Q.    Okay.  And had you concluded that sleep was what  
15   she needed, or did someone else tell you that?

16          A.    Yeah.  It was, basically, she hadn't slept.  She  
17   needs to sleep.

18          Q.    My question is, did you conclude --

19          A.    Did I conclude?  No.

20          Q.    Okay.  Then -- then who concluded that she  
21   needed sleep, and therefore, this medication needed to be  
22   administered?  Who made that assessment?

23          A.    I don't know.

24          Q.    You didn't?

25          A.    I didn't, no.

1 Q. Okay.

2 A. But --

3 Q. Did Alain tell you that he had made that  
4 assessment?

5 A. I'm trying to remember who told me she hadn't  
6 gotten much sleep.

7 Q. Well, assuming she hasn't gotten much sleep,  
8 somebody makes an assessment that she needs to sleep, and  
9 she needs to sleep bad enough that we're going to do this  
10 and we're going to call a doctor about it --

11 A. I don't know who -- I don't know who made that  
12 decision.

13 Q. So you -- you did this without even knowing --

14 A. Well --

15 Q. -- who made the decision?

16 A. -- I did speak with Alain about it --

17 Q. Okay.

18 A. -- all right?

19 Being the case supervisor, that -- you know,  
20 he -- he's got an understanding about a whole bunch of  
21 stuff that I don't have a good understanding of, okay? I  
22 did defer to him on some of that, because of what I  
23 understood Lisa's condition to be, and I knew that he had  
24 also been in, you know -- it was my understanding that he  
25 had been in communication with some of the people who'd

1       been watching her, and he knew what was going on with her.

2           Q.     And is that from -- did he tell you that or did  
3       someone else tell you that? Not necessarily --

4           A.     I think part of the reason I say that is because  
5       I did see, at one point when I was there, one of the  
6       watchers writing a report. I believe it was Rita writing  
7       a report. And I just assumed that those reports were  
8       going to the CS; that he would want to know.

9           Q.     And I don't mean to be argumentative, but I  
10      guess what I'm having a little difficulty with is your  
11      taking a course of action that we've already discussed.  
12      You're a dentist, and you're used to doing similar things  
13      in the course of your practice. And it seems unfathomable  
14      to me that, in the course of your practice, you would  
15      administer medications or do anything based upon the  
16      assumption that someone else knew what they were doing,  
17      without finding out.

18                Is that -- have you ever done that, in your  
19      dentistry practice, where you," Well, no, I didn't know,  
20      but I assumed these other people knew, and --"

21           A.     I mean, there certainly was a time during my  
22      training when that kind of thing occurs, right, when  
23      you -- when I'm in a dental practice -- when I've been in  
24      my practice, it has been on my own, right? I've always  
25      worked as a sole practitioner. So of course, the buck



1 always stopped with me. But when I'm in a situation  
2 where, say, I was in school, where, you know, one of the  
3 instructors said, "No, it really should be done this way."

4 Q. But the instructor was telling you how to do  
5 something.

6 A. Exactly.

7 Q. And the instructor has the knowledge sufficient  
8 to make that decision?

9 A. Yes.

10 Q. My difficulty with what you're telling me is,  
11 you have not related anything to me that would indicate  
12 that either you or Mr. Karduzinski were possessed of  
13 sufficient knowledge to know what the problem was or what  
14 the solution was. Now --

15 And you're saying you assumed that he must know.

16 A. I did assume that he must know.

17 Q. Without any -- any direct basis from him or  
18 Janice Johnson or anybody else? Or is it just you can't  
19 remember?

20 A. I don't -- I don't remember the exactness of all  
21 of those conversations, okay?

22 Q. Are you sure, in your own mind, in your  
23 conversation with Mr. Karduzinski, did he -- was it such  
24 that you felt -- instead of just assuming, without a  
25 basis, you concluded, based upon the conversations, that

1 he was not knowledgeable as to Lisa's condition? In other  
2 words, is that an assumption or is that an inference you  
3 make from the content of the conversation?

4 A. I felt confident that he knew what Lisa's  
5 situation was.

6 Q. Okay. And did that confidence stem from making  
7 assumptions that were unwarranted or based upon  
8 conversations with him that showed detail of information,  
9 that showed -- suggested that he had talked to people or  
10 what?

11 I'm --

12 A. It seemed to me that he knew how long she'd  
13 slept and what she had eaten, which makes me believe that  
14 he was following it.

15 Q. And you didn't know that firsthand.

16 A. No.

17 Q. So you weren't able to relate that to him, and  
18 when those --

19 A. Right.

20 Q. -- things came out in the conversation, it led  
21 you to believe that he was in receipt of continuing  
22 information of some sort.

23 A. Yes.

24 Q. Okay. We're progressing slowly, but we've only  
25 got a couple more days to cover.

1 A. Right.

2 Q. And after the first incident, someone told you  
3 that she slept better. Do you remember who that was?

4 A. Gosh, that's a hard question.

5 No, I don't. I don't remember who it was said  
6 she slept better.

7 Q. Did you ever -- did you ever attempt to get more  
8 fluids down her, or more food down her --

9 A. No.

10 Q. -- other than administer the medication?

11 A. No.

12 Q. Wasn't that also a concern, that she wasn't  
13 eating and drinking regularly?

14 A. I honestly don't know. I mean, it may have been  
15 a source of concern, and I did hear some general concerns  
16 about sometimes she wasn't eating, sometimes she was. I  
17 didn't see her often enough to know.

18 And the times I did see her, like the second  
19 time I went to see her, she had been very active. She  
20 looked like she'd been working out. You know, she was --  
21 her hair was sweaty, her face was red, like someone would  
22 look after they were working out. It didn't suggest to me  
23 someone who was malnourished or dehydrated. It was -- she  
24 was an athletic type of person, at least from looking at  
25 her. You know, good muscle tone and that type of thing,

1 and she appeared to me, at that point, to be in no  
2 physical distress.

3 Q. Did she appear like she was going without sleep?

4 A. It didn't look like it, the instances where I  
5 was there.

6 Q. Okay. I guess my question would be, is that --  
7 you got involved in a conversation with Minkoff, had a  
8 meeting -- picked up a prescription, met with Alain, based  
9 upon vague information that she wasn't sleeping, thinking  
10 that was of enough significance for you to intervene.

11 But when you get reports indicating concerns  
12 over whether she's eating and drinking enough, and that  
13 it's not consistent, you have no concern on following up  
14 or finding out information about that.

15 A. Well, I mean, this isn't an area of -- I mean,  
16 this was not my main area of concern at that point in  
17 time. I was very much wrapped up, especially the last few  
18 days, in preparing for this exam, and that is where the  
19 vast majority of my attention was. And you know, if  
20 anything else was happening with her, somebody else was  
21 running it, and I was concerned about what I was doing.

22 Q. Okay. But you didn't even know who was running  
23 it.

24 A. No.

25 Q. But you assumed it was Alain or Janice or --

1 A. Certainly, those were the two people I had the  
2 most contact with.

3 Q. Did you assume that they were watching out for  
4 Lisa's welfare?

5 A. Yeah, I did.

6 Q. Okay. After the -- you talked to somebody about  
7 she slept better that night.

8 A. Yeah.

9 Q. Did that result -- other than her sleeping, did  
10 it result in her improvement in her condition?

11 A. I don't know.

12 Q. Okay. You --

13 A. It was my -- it is my understanding, too, that,  
14 the next day, they attempted to do some auditing on her.  
15 I don't know how it went.

16 Q. And where did you -- where the heck did you hear  
17 that from? That's a new one.

18 A. Oh, yeah? Okay. Sorry.

19 Q. No, don't be sorry. We want all the information  
20 we can get.

21 A. But I -- I -- did I get that from Alain?  
22 Probably.

23 Q. And --

24 A. I don't know.

25 Q. When you say "auditing," were they taking an

1 E-meter into the hotel room or --

2 A. I don't know.

3 Q. Okay.

4 A. I would assume so.

5 Q. Well, did the auditing go well, or did it go  
6 badly?

7 A. I don't know.

8 Q. I guess, again -- and I -- your concern was she  
9 wasn't sleeping.

10 A. Right.

11 Q. Your concern was the effect it would have on  
12 auditing.

13 A. Right.

14 Q. Okay. And -- and your concern was the condition  
15 she was in, in terms of -- whether you described it as  
16 anxiety or -- or lack of calmness or however -- whatever  
17 words you've used over the course of this interview, to  
18 talk about it -- you find out that she slept more, but you  
19 don't ask to see if she was better and less anxious and  
20 more calm, which was the goal, and you don't find out if  
21 the auditing went better. You don't ask any of those  
22 questions.

23 A. No, I didn't ask those questions.

24 Q. Okay.

25 A. Because those weren't my concerns at the time.

1 Q. What was your concern?

2 A. My concern was passing the boards.

3 Q. Okay. Well, your concern, in terms of Lisa,  
4 that caused you to ask how she did last night, or did  
5 someone just volunteer that to you?

6 A. No. Obviously, I had some concern about that.  
7 "How's she doing?" "She slept better."

8 I don't remember who said that to me. Might  
9 have been Janice. Might have been Suzanne. I'm sorry. I  
10 can't be more specific on those, but I honestly just don't  
11 recall.

12 Q. Your understanding -- and you can't remember the  
13 source, at this point in time -- was they attempted to  
14 perform auditing on her the day after you gave her the  
15 aspirin --

16 A. I think so.

17 Q. -- and Benadryl?

18 A. I think so, yeah.

19 Q. Well, when you say "I think so," are you sure  
20 they performed auditing? You're just not sure of the  
21 time?

22 A. I'm not sure they performed auditing. I am  
23 pretty sure that they attempted it the next day.

24 Q. Okay. And -- but you don't have any idea if it  
25 was successful or not.

1 A. No, I don't.

2 Q. And you don't have any idea of her overall  
3 condition being better or worse.

4 A. No.

5 Q. Okay.

6 A. Don't know.

7 Q. At least from the information you received from  
8 other people.

9 A. Yeah.

10 Q. Anymore conversations with Janice or Alain of  
11 any sort, concerning Lisa or this episode, prior to  
12 your -- the second time you administered the medication?

13 A. Well, the -- I mean, just previous to the second  
14 time -- I'm trying to remember if -- I don't think I heard  
15 it directly from Alain, but someone had told me that -- I  
16 think it was Janice -- told me that Alain wanted Lisa to  
17 get the aspirin and Benadryl again, because she'd slept  
18 well the first night we'd done it, and then she hadn't  
19 slept real well the next day, and he wanted her to get  
20 this stuff so she could sleep well.

21 Q. Okay. You believe Janice told you that?

22 A. I believe so, yeah.

23 Q. And she attributed that to Alain?

24 A. Yeah.

25 Q. Okay. And what did you do?



1 Did she give you any more details?

2 A. No.

3 Q. Did she say, "She's improving;" "she's going  
4 downhill;" "she's eating better;" "she's eating;" "she's  
5 drinking"?

6 A. No.

7 Q. And you didn't ask?

8 A. No.

9 Q. Did you ask if she was on any other medications;  
10 had they tried anything else?

11 A. No.

12 Q. Okay. And those various herbal remedies -- at  
13 some point, she is getting chloral hydrate. Did you ask  
14 if any of those medications were --

15 A. I had no knowledge of chloral hydrate until I  
16 saw something well down the road.

17 Q. Okay. But my question is, were you -- did you  
18 ask?

19 A. I didn't ask, no.

20 Q. Okay. So she tells you that.

21 What happens after that?

22 You can't remember any more details about that  
23 conversation?

24 A. It was -- it was a pretty short one. It was  
25 just, "They want you to give the stuff -- Alain wants you

1 to give the stuff. Go over and do it."

2 Q. Okay.

3 A. So I went over, and I did.

4 Lisa was up, at this point. Like I said, she  
5 looked like she'd been working out.

6 Q. And you said you thought that was a good thing  
7 as opposed to a bad thing?

8 A. Well, not necessarily that it was a good  
9 thing --

10 Q. Okay.

11 A. -- or a bad thing. It was obvious she had been  
12 very physically active.

13 Q. Sweating and a flushed face. I'm not sure what  
14 that might indicate other than she's just active.

15 A. Well, there's sweating and flushed face from,  
16 say, having a fever or whatever, too.

17 Q. You were able to distinguish between that and  
18 what you saw?

19 A. Well, I mean, I did -- when I was giving her the  
20 stuff, I touched her head. It was very -- if someone's  
21 got a fever high enough that their face is flushed, you're  
22 going to know it, just by touching them.

23 Q. Well, at the point they're sweating, the fever  
24 would normally have broken?

25 A. Yeah, but they still -- if you've got a flushed

1 face, they're still pretty hot.

2 Q. Okay.

3 A. But you know, she looked like she just had a  
4 good, hard aerobic workout, is what it looked like.

5 Q. Did you take her temperature?

6 A. No, I didn't.

7 Q. Did you take her temperature the first time?

8 A. No.

9 Q. Do you recall anything about Emma putting a  
10 strip on her forehead and taking her temperature anytime  
11 you were there?

12 A. No, not while I was there.

13 Q. Did you know whether she was running a fever or  
14 not?

15 A. I mean, I wouldn't know if she was running  
16 something low grade. I mean, I did touch her, and I mean,  
17 I've certainly had kids that have had fevers, and I've  
18 seen other people who have had fevers. And if someone's  
19 got a significant temperature, you can tell by touching  
20 them.

21 And I would have known that. I would have  
22 recognized that, if that would have occurred.

23 Q. Okay. But you didn't attempt to take her  
24 temperature?

25 A. No.

1 Q. Did you feel her for the purpose of deciding  
2 whether she had a temperature?

3 A.. No, I didn't.

4 Q. Okay.

5 A. But, you know, if it would have been something  
6 obvious, I would have noticed it.

7 Q. Did you have any conversations with the  
8 caretakers: "How's she doing? What's going on?"

9 A. In general terms, yeah.

10 Q. Tell me about that.

11 A. "How's she doing?" She was more active. She --  
12 you know -- I do remember, one time, somebody telling me  
13 she had the banana and the protein drink.

14 Q. Was it that day, that they told you that?

15 A. I don't remember if it was that day, or exactly  
16 when.

17 Q. I'm trying to focus on conversations that you  
18 had with the caretakers in the room prior to making the  
19 second administration of the aspirin and Benadryl mix.  
20 And I do want all that other conversations.

21 But right now, can you remember any -- did you  
22 ask them anything about what Lisa was doing that day, or  
23 how she was acting that day, or what, if any, medication  
24 she had had that day, or what she had eaten or drunk that  
25 day?

1 A. I didn't ask what she'd eaten or drank.

2 Q. Did you ask anything --

3 A. I didn't ask about any medications. I assumed  
4 she wasn't getting anything other than the aspirin and  
5 Benadryl, mostly because I'm assuming, if they wanted her  
6 to have something like that, they would have had me give  
7 it to her, okay? So I don't think that she'd been getting  
8 anything else.

9 I didn't ask about food or fluids.

10 Q. Okay. And no other --

11 Did you attempt any conversation with Lisa?

12 A. No.

13 Q. So again, Lisa didn't know what your purpose  
14 was, there, and I assume you do not feel that, had you  
15 explained it to her, that she would have understood it.

16 A. Correct.

17 Q. So the entire time you had contact with her, you  
18 would not have viewed her as competent to make a decision  
19 on medication --

20 A. No.

21 Q. -- or any type of medical treatment.

22 A. Or anything.

23 Q. Anything at all.

24 A. Anything at all.

25 Q. Even the most mundane of everyday events.

1 A. Exactly.

2 Q. She did not appear to you to be capable of  
3 deciding --

4 A. No.

5 Q. -- "I want this medication. I don't want that  
6 medication --"

7 A. No.

8 Q. -- "I want to see a doctor --"

9 A. No.

10 Q. -- "I don't want to see a doctor."

11 A. No.

12 Q. None of those decisions.

13 A. The second time I was there, she had been more  
14 active. The second time I was there, she actually, at one  
15 point, was just standing nicely in the room, and then  
16 bolted back and went and stood in the toilet.

17 Q. Both feet?

18 A. I didn't see the whole thing. I don't know if  
19 it was both feet or only one foot.

20 You know, the -- it's not the kind of reaction,  
21 you know, that's not exactly a sane type of reaction,  
22 okay, you know, based on those kinds of things.

23 Q. So her mental state was worse.

24 A. She was -- she was more active, the second time  
25 I was there, than the first time I was there. Her --

1 I don't know that you could ever say -- from  
2 the -- from the three times that I was actually in the  
3 room with her, at no point was her mental state anything  
4 even approaching good. So what's better or worse --

5 Q. Hard to say it had deteriorated.

6 A. Yeah. I don't think I would have known.

7 Q. Okay. And was she held down the second time?

8 A. It was a similar kind of thing. She had been  
9 more active, so they were a little more prepared for  
10 something going wrong, but there wasn't any big fight or  
11 anything like that.

12 Q. Okay. My question was, was she held down; not  
13 whether there was a fight.

14 A. Okay. Yeah.

15 Q. Okay. Hands and feet?

16 A. Yeah.

17 Q. And was she on her back on the bed, or was she  
18 sitting up?

19 A. It's a similar type situation, where she sat on  
20 the edge of the bed, and then I just leaned her back down,  
21 and I was kneeling on the bed, and leaned her back down  
22 into my lap -- her head in my lap.

23 Q. Okay. And you didn't try to administer it any  
24 other way --

25 A. No.

1 Q. -- get her to swallow pills or anything.

2 A. No.

3 Q. And was there any particular reason for that?

4 "She's spitting stuff out. She's not swallowing. She's  
5 not drinking --" I mean if, in fact, she's drinking  
6 protein drinks and eating bananas, and she's intaking  
7 normal fluids, why did you feel there was a need to -- for  
8 you --

9 A. Right.

10 Q. -- and your expertise to be used to stick it  
11 down the back of the throat so you can get her to swallow  
12 it? Wouldn't it be pretty easy to put the aspirin or the  
13 Benadryl in the protein shake?

14 A. Yeah. It probably would have been easier,  
15 actually.

16 Q. Did you assume, since that would have been  
17 easier, that they were unable to get her to drink fluids  
18 or what?

19 A. I just assumed -- like I said, I wanted to make  
20 sure it occurred that she actually got the stuff, and this  
21 seemed to be the best way to ensure it.

22 Q. Okay.

23 A. The second time, I actually didn't do it quite  
24 right. I got her too far forward, and she definitely spit  
25 it all over my face.



1 Q. "Too far forward" meaning --

2 A. Too far forward on her tongue.

3 Q. I guess what I'm asking is that, if you get it  
4 far down enough, there's a reflex where she can't spit it  
5 out. She has to swallow. If you get it in her mouth, she  
6 has a choice of either swallowing or spitting it back up,  
7 right?

8 Not that she's making conscious choices --

9 A. Right.

10 Q. -- but she can still swallow it if you've got it  
11 in the front of her mouth.

12 A. That's true.

13 Q. And she --

14 A. And the first time, she definitely did.

15 Q. But it was in the back of her mouth the first  
16 time.

17 A. The first time I went to give it to her, the  
18 very first day, I started to give it to her, she obviously  
19 very much liked it --

20 Q. Okay.

21 A. -- and she just -- she actually brought her hand  
22 up, grabbed the thing and sucked all the stuff out.

23 Q. Second time, she spit it back out.

24 A. Second time, she spit it back out to me at  
25 first. We attempted it again, and things went fine.

1 Q. Did she open her mouth? Did you ask her to open  
2 her mouth?

3 A. She opened her mouth for me.

4 Q. You asked her to or she just did it when she saw  
5 the syringe coming?

6 A. She just did it.

7 Q. Okay. And she spit it back out at first, and  
8 then you were able to get it -- successfully get the rest  
9 down her?

10 A. Yes.

11 Q. And again, I'm a little unclear of why you felt  
12 it was necessary -- you had no discussions with anyone,  
13 prior to this time, about it being necessary to use a  
14 syringe, as opposed to, why don't you just mix it up in  
15 the protein shake or mix it up in a glass of orange juice  
16 and have her swallow it?

17 A. Right. We didn't have that discussion for --  
18 particularly like that.

19 I do -- I mean, I do know, again, from  
20 conversations -- and don't ask me who and when, because  
21 I'm not going to remember --

22 Q. I might, but if you can't answer, I'll accept  
23 that.

24 A. -- that someone tried to give her some water  
25 once. She looked at the cup, took a slight drink, and

1 then threw it in their face. You know, her -- her  
2 reactions weren't predictable, by any means.

3 So I just made a decision that this was the most  
4 predictable way to actually get her to take it.

5 Q. Okay. You said she was more physical this time.  
6 Was there a little bit of a struggle, or was there a  
7 little bit of -- you said it wasn't a real violent thing.

8 A. No.

9 Q. Was there a little resistance, on her part, to  
10 being held down --

11 A. A little bit, yes.

12 Q. -- meaning that people had to put her weight or  
13 flex the muscles?

14 A. Flex the muscles. Wasn't like putting the  
15 weight like full weight, kind of thing.

16 Q. So she did have a reaction to being held down?

17 A. A bit, yeah.

18 Q. Okay. Did she seem to enjoy the substance,  
19 after you got it in her mouth --

20 A. Yeah.

21 Q. -- after she spit it out?

22 A. Not as much as the first time, but well enough.

23 Q. And what happened after you --

24 How long did it take you to do that?

25 A. It's not a long procedure. Five minutes, maybe,

1 you know, because I gave her some of it -- the syringe I  
2 had was probably only 10 cc's, and then I'd mix it up in  
3 more juice. So she ended up having to do it -- give her  
4 some, and refilling it, and give it some more.

5 Q. So how many syringes did it take?

6 A. Two.

7 Q. And she spit one out?

8 A. Not all of one. Just the beginning part of one.

9 Q. Okay. Did that mess up the dosage or --

10 A. It wasn't like I was looking for a specific, you  
11 know -- a dosage to get in there.

12 Q. Okay.

13 A. Although I wanted to get as much as I could,  
14 obviously. So this took about five minutes, where she's  
15 being held down.

16 Q. And the substance going in, was it about five  
17 minutes, the first time, too, or a little shorter the  
18 first time?

19 A. A little shorter the first time, because she  
20 took it and sucked it down.

21 Q. Still a couple minutes?

22 A. Yeah, probably a couple minutes.

23 Q. Okay. What happened after that?

24 A. I stuck around for a little while, you know,  
25 another half hour, probably, just to see if it was going

1 to have any effect.

2 It was during that time that she, like, bolted  
3 back and stood in the toilet. And you know, she was more  
4 active than the previous day I had been there. Not the  
5 day before, but the previous time I had been there. It  
6 didn't seem like what I had done had a lot of effect, but  
7 I didn't have a lot of time to stick around either.

8 Q. Needed to get back to studying?

9 A. Exactly.

10 Q. Okay.

11 A. So I left. I was probably in the room 45  
12 minutes or an hour, total.

13 Q. And you saw no discernible effect of the  
14 medication?

15 A. No.

16 Q. What did you see while you were in there?  
17 You've already reported her going back, jumping and  
18 standing in the toilet.

19 A. A lot of just, like I said, very non sequitur,  
20 strange talk. Some of it, I assumed, were people that she  
21 knew, some of the names.

22 Q. Do you remember any of it?

23 A. I don't remember any of them.

24 Q. Was she talking about people -- or did she  
25 appear to be talking to people who were not there?

1           A.    A little bit of both.  Sometimes it was talking  
2    about people.  And you know, like I said, it's hard to  
3    remember, because it wasn't like, you know, she sat down  
4    and said, you know, "The giants won the World Series."  
5    You know, it would be all kinds of bizarre -- you know, no  
6    continuity in what she said.

7           Q.    Not making any sense whatsoever.

8           A.    Yeah, pretty much.

9                    You know, there'd be -- she'd start to say  
10   something about some person, but then it's immediately off  
11   onto some other tangent, and just -- you know, nothing  
12   that would be followable and recognizable.

13          Q.    Okay.  Physically, what did she do, other than  
14   standing in the toilet?

15          A.    She was up and walking around.  She -- you know,  
16   she'd go sit on the bed for just a second.  Then she'd get  
17   up and she'd walk around.  Like I said, one time, she just  
18   stood there, and just immediately ran, boom, right back  
19   and stood in the toilet.  They brought her back out, took  
20   her shoes off her, cleaned her feet up.

21                   But you know, it was basically -- and just  
22   rattling on and on.

23          Q.    Okay.  Anything else bizarre, other than the  
24   nonstop nonsequitur talk and lots of motion; standing in  
25   the toilet?

1           A.    She did try, one other time, to get back to the  
2    restroom; you know, to bolt back that way.

3           Q.    Did she appear to be scared? How did she react  
4    to the caretakers?

5           A.    Certainly didn't appear scared.

6           Q.    Suspicious?

7           A.    "Nonchalant," probably, is the best word I can  
8    come up with.

9           Q.    Oblivious?

10          A.    Well, not necessarily oblivious, but sometimes  
11    probably oblivious, though.

12                But the time that I was there, she was basically  
13    just -- you know, she'd go and do whatever she wanted to  
14    do. And there was no -- like I said, she'd sit on the  
15    bed; she'd get up; she'd sit on the floor; get up; walk.  
16    You know, she was -- she didn't do any one thing for a  
17    particularly long period of time.

18          Q.    Okay. Any -- was Janice there at all, during  
19    that second time?

20          A.    Janice was never there at the times that I was  
21    there.

22          Q.    Did Janice know about your -- I think your  
23    recollection was that Janice was the one who told you that  
24    Alain wanted to you do this again?

25          A.    I think it was her.

1 Q. Okay. Are you certain that Janice knew --

2 A. Yeah.

3 Q. -- that you were doing it?

4 A. Yeah.

5 Q. Did you have any discussions with Janice or  
6 Alain after that second time you administered the  
7 medicines?

8 A. I don't think I had a -- not with Alain. I  
9 didn't have a -- a conversation with him after that point.

10 You know, at this point, this was -- the next  
11 day, I'm going -- I'm leaving to go do my -- my test. I  
12 was very wrapped up in that, at that point, you know,  
13 'cause at this point, it's getting clothes packed and that  
14 kind of thing.

15 I'm sure I talked with Janice the next day, for  
16 sure. I don't remember if there was anything else that  
17 evening.

18 Because again, I got that she had not slept well  
19 that night, after I gave her the second time. There was a  
20 little disappointment in that, because she'd slept well  
21 the first night. And I certainly got that Alain wanted me  
22 to give it to her at this next -- the next day, the day  
23 before I left for my course, because it kind of gave me a  
24 bit of a problem, because I was trying to get everything  
25 wrapped and ready to go, get everything together, and then



1 I had to go and do this, which I knew was probably going  
2 to take an hour of my time.

3 But again, it was probably Janice who told me  
4 that. Might have been Suzanne, but it was probably  
5 Janice.

6 And so I went over the third time, and gave her  
7 the stuff. Similar to the time before, except for the  
8 sweaty part. She didn't look like she had been quite as  
9 active that day.

10 Q. No conversations with her?

11 A. With Lisa?

12 Q. Yeah.

13 A. No.

14 Q. No -- any -- any conversations with the  
15 caretakers who were there in the room?

16 A. I mean, I'm not going to remember specifics.  
17 You know, I'm sure I had the general, "How's she doing,"  
18 you know --

19 Q. And was she doing better or worse?

20 A. -- that kind of thing.

21 Basically, not much of a change.

22 She was -- it seems to me, though, she was  
23 quieter that day; had been less physically active. The  
24 day before, she'd been pretty active, even -- I mean, I  
25 had even gotten that she had not slept well and had been

1 pretty active that night.

2 Q. And did -- was her being less physically active  
3 interpreted as a sign she was improving mentally or a sign  
4 that she was deteriorating physically?

5 A. I don't think there was anything attached to it,  
6 any significance attached to it, other than the fact that  
7 that's the way she was, at the moment.

8 Q. Just a matter of fact.

9 A. Yeah.

10 Q. Okay. And if I understand, what you're telling  
11 me is that you believe, again, Janice is the one that told  
12 you, "Alain wants you to do this again."

13 A. I believe so.

14 Q. Okay. Can you think of anyone else, other than  
15 Suzanne, who would have imparted that to you?

16 A. No.

17 Q. You had no conversation with Alain directly?

18 A. I don't believe so, no.

19 Q. Again, up until this point in time, had you had  
20 any more discussions with Minkoff?

21 A. No.

22 Q. Okay. Had -- to your knowledge had -- in any of  
23 the discussions, had the use of aspirin or Benadryl been  
24 discussed with Minkoff?

25 A. Not to my knowledge.

1 Q. Okay. It wasn't in your initial conversation?

2 A. No.

3 Q. Okay.

4 A. I don't think so.

5 Q. And your recollection is you came up with the  
6 idea of Benadryl --

7 A. Yes.

8 Q. -- and Alain suggested aspirin.

9 A. Yeah.

10 Q. And those are where those suggestions came into  
11 being, is that meeting with him on what you believed to be  
12 Saturday --

13 A. Mm-hmm.

14 Q. -- correct?

15 A. Yeah.

16 Q. The last day, does it proceed in the same  
17 fashion?

18 A. Pretty much. Like I said, she wasn't -- you  
19 know, the second day, she looked like she'd been working  
20 out. Wasn't this way. The next time, she was calmer.  
21 Giving her the stuff went fine. She didn't give us any  
22 particular problem.

23 Q. Was she held down again, even though she may not  
24 have resisted?

25 A. Exactly.

1 Q. Okay. Do you recall whether she resisted some;  
2 a little; a lot? I assume it wasn't --

3 A. It was never a lot. It was never that kind of  
4 thing.

5 Probably more than the first time. But the  
6 first time, she was extremely willing, you know, from her  
7 reaction. But we got it done without too much difficulty.

8 Q. So the third time, there was some resistance,  
9 but it was -- but it was not -- didn't require a great  
10 deal of force --

11 A. No.

12 Q. -- to or anything like that.

13 A. No.

14 Q. And would you estimate the same period of time?

15 A. Yeah.

16 Q. About five minutes?

17 A. Yeah. And I -- well, it probably took a little  
18 bit longer, because I had one particularly large chunk of  
19 aspirin that got stuck, so I had to get that unstuck.

20 Q. Okay.

21 A. So it probably took a little bit longer to get  
22 it administered to her that time. But it would be like  
23 we'd get it ready, and when I'm switching it, she could be  
24 up and around while I was getting it refilled.

25 Q. Okay. So in terms of how -- in terms of how

1 long she was actually being held down and how long you  
2 were actually administering the medication, that would  
3 still be in the range of five minutes?

4 A. Probably slightly less than that, actually.

5 Q. Okay.

6 A. Of actual time that I'm administering the  
7 medications, it was less than five minutes.

8 Q. Four minutes? Three minutes?

9 A. Two to three, probably.

10 Q. Okay. And did she get up walking around while  
11 you refilled the syringe? Do you remember if she actually  
12 did get up, or did she stay on the bed?

13 A. I don't remember, exactly. I actually don't  
14 remember.

15 Q. And do you have a specific recollection that  
16 people let go of her, or don't really recall?

17 A. I don't really recall, but --

18 Q. Okay.

19 A. It wasn't like they were -- you know, before,  
20 they were ready in case she did something, but it wasn't  
21 like that continued, I'm sure.

22 Q. So they would have at least relaxed --

23 A. Yeah.

24 Q. -- some degree. Even though they might have  
25 been touching her, they --

1 A. Yeah.

2 Q. Do you have any more discussions with anyone  
3 after that?

4 A. I didn't have any more discussions with anyone,  
5 no.

6 The one thing that I would add is, on the third  
7 day, when I went to see her -- the third time that I went  
8 to see her, it was obvious that her day before had been a  
9 little rough. I noticed some bruises on her shins that I  
10 had not noticed the day before. You know, it looked like  
11 she'd been kicking into something, you know, hitting on  
12 her shins. Looked like that kind of thing.

13 Q. Any abrasions?

14 A. I didn't notice any, no.

15 Q. Okay.

16 A. But it definitely looked like she'd had a more  
17 active and -- what's quite the right word --

18 Q. She was banged up a little bit from the day  
19 before.

20 A. A little bit, yeah.

21 Q. Did those appear to be -- I realize you had not  
22 seen the bruises the day before, and therefore, the  
23 bruises seemed to become visible to you.

24 Did it appear to you -- and I realize this is a  
25 judgment call, to some extent, but you've got kids, and

1 judging on your own body -- did it appear to be bruises  
2 that had occurred within the last day or so, as opposed to  
3 bruises within a week that, suddenly, you noticed?

4 A. Like -- yeah. Like I said, I noticed,  
5 particularly, on the shins. And they did appear to be  
6 newer, to me.

7 Q. So they weren't yellowish or greenish?

8 A. Not the yellowish or greenish, no.

9 Q. Any additional discussions with either Janice or  
10 Alain, during the entire period of Lisa's stay, that we  
11 have not discussed today?

12 A. No.

13 Q. Have I exhausted your knowledge on all of those  
14 conversations?

15 A. And then some.

16 Q. Okay.

17 A. Yeah.

18 Q. After you leave, you have no discussions with  
19 anyone while you're up going through your review course --

20 A. Exactly.

21 Q. -- and taking your test, as to what was going  
22 on.

23 A. Right.

24 Q. You come back on the 11th or --

25 A. Either -- the course finished on the 11th -- or

1 the course was earlier -- the board finished on the 11th.  
2 I did stay over, the night of the 11th, and then -- I went  
3 with another person, and we came back on the 12th.

4 Q. Okay. Who was the person?

5 A. Her name's Carmedi Capore (phonetic).

6 Q. Was she taking the test too?

7 A. Yeah.

8 Q. Did she pass?

9 A. No.

10 Q. Okay. So you're still it, as far as the dental  
11 facility?

12 A. Yeah.

13 She's actually not a staff member.

14 Q. Okay.

15 A. She's a Scientologist who lives in the local  
16 community, and she was considering getting her dental  
17 license here, but she didn't pass the exam, so --

18 Q. Okay. Any discussions with Alain or Janice,  
19 since that time, concerning Lisa or anything about Lisa's  
20 stay, Lisa's death, what they were doing, what their  
21 knowledge was, or the investigation?

22 A. Limited, at best. I'm trying to think exactly,  
23 you know, how it occurred, when I first found out about  
24 it.

25 At that point, there was -- you know, there was



1 even some question of whether she had died enroute or  
2 whether she was still alive when she got to the hospital.  
3 I don't know. I mean, I still don't even know the answer  
4 to that question, quite honestly . I'm trying -- I --

5 Q. Take your time --

6 A. There's information that's in there, but I don't  
7 know who told me what.

8 Q. Okay. Well, tell me the information, and then  
9 we'll go from there.

10 A. Someone had told me that, the last day -- I wish  
11 I could remember who told me this -- that Lisa had done  
12 something -- and I don't remember what it was -- that let  
13 Laura believe that there was something -- that she needed  
14 to get her somewhere, and that's when they started to get  
15 her to --

16 Q. How about defecating in the tub?

17 A. I don't know.

18 Q. Does that ring a bell?

19 A. I don't know.

20 Q. Do you think that came from Laura, or do you  
21 think that came from somebody else?

22 A. It didn't come from Laura. I'm sure of that.

23 Q. Did you -- I take that to mean you had no  
24 discussions with Laura?

25 A. I had not heard of this defecating in the tub

1 until you just mentioned it. I mean, I'd heard -- and I  
2 guess this was just from others' reports. And I spoke  
3 with him about her eating her feces and that kind of  
4 stuff.

5 You know, this isn't exactly, you know, the kind  
6 of thing you sit around and discuss at a -- you know, a  
7 dinner or whatever, so there's not a lot of that kind of  
8 stuff, you know.

9 I was told, too, that they had -- there was some  
10 concern that she might have had meningitis, and so they'd  
11 taken my family, because I'd been in contact with her and  
12 then with my family, and others, you know, and put them  
13 someplace to monitor them until they knew what was going  
14 on.

15 Not much else.

16 Q. Can you think of anything else from Janice or  
17 Alain or -- if you have information that you can't  
18 attribute to them, but concerning this episode, that you  
19 learned after getting back, and you haven't already told  
20 me about it, I want to -- I want to explore that. I don't  
21 want to miss anything of significance.

22 A. Right. I understand.

23 I can't think of anything else.

24 Q. Okay. Did you ever make any notes or reports or  
25 anything from --

1 A. No, I didn't.

2 Q. Even to this day?

3 A. No.

4 Q. So you've got nothing that you go back and  
5 refresh your recollection with?

6 A. No.

7 Q. And I know you've looked at the prescription,  
8 and that helped you with the date. Is there any other  
9 document that you've reviewed?

10 MR. POLLI: Watch report file that we have.

11 A. Yeah. I did look at that, the -- but that was  
12 before we did this the first time.

13 MR. CROW: And which -- would --

14 MR. POLLI: That's the stack I got from --

15 MR. CROW: The caretaker reports?

16 MR. POLLI: Right.

17 BY MR. CROW:

18 Q. And you alluded to that earlier. Did you ever  
19 see any --

20 A. I think, at one time, I saw Rita writing things  
21 out, so I knew there were reports.

22 Q. Where was she writing it out?

23 A. She was sitting on a bench outside the room.

24 Q. Did they resemble the documents you had seen on  
25 Alain's desk when you went there?

1 A. On Alain's desk.

2 Q. I thought you told me that, on Saturday, you had  
3 seen some report or something on his desk, that, at one  
4 point in time, made you think he was receiving reports.

5 A. No, I didn't see any written reports at that  
6 point.

7 Q. I thought you told me you had seen something.

8 A. No. Not written reports, no.

9 Q. Well, did you see anything else other than  
10 written reports?

11 A. I was going to say, just from things he'd said,  
12 he knew how much she'd slept; he knew how much she'd  
13 eaten.

14 Q. Did you have any conversations with anyone  
15 concerning the propriety of administering medication  
16 without a doctor's --

17 A. Propriety?

18 Q. The correctness.

19 A. Oh, okay.

20 Q. -- of administering the medication that you had  
21 put together without a doctors' authorization? Was that a  
22 topic of conversation?

23 A. No.

24 Q. And specifically, was there any conversation you  
25 had with anyone in the MLO office concerning that

1     happening, that may have been overheard by Judy or by  
2     someone else, and then they said, "What are you talking  
3     about?" Do you recall --

4     A.     Run that by me one more time, please.

5     Q.     Do you recall having been in discussions with  
6     Judy Goldsberry-Weber concerning the propriety of your  
7     administering that medication to a patient, who was  
8     incapable of giving you consent, without a doctor's  
9     authorization?

10    A.     No, I don't remember any conversation like that.

11    Q.     Do you remember hearing that there had ever been  
12    a disagreement about that, or that Judy had made a  
13    complaint anywhere about that?

14    A.     No.

15    Q.     Do you -- did you -- do you recall overhearing  
16    any discussions between Janice and Judy or Sylvia,  
17    Valerie, anybody else -- Rita -- anybody else, concerning  
18    who was responsible for Lisa's care?

19    A.     No.

20    Q.     What can you tell me about the relationship  
21    between Judy and Janice? Were you aware of conflicts?

22    A.     I mean, there's -- when you work with somebody  
23    as closely as we work with people, there's going to be  
24    occasional conflicts.

25    Q.     Sure.

1           A.    And you know, being one directly -- you know,  
2           senior to the other, that kind of stuff does occur.

3           I mean, I don't know -- I mean, it definitely  
4           works together -- there was definitely times where they  
5           didn't agree on things. It happens.

6           Q.    Any significant animosity, other than the  
7           individual things that they had disagreements on? Any  
8           ongoing controversy between them, or between Janice and  
9           anybody else in the office; not just Judy, but --

10          A.    I do -- and again, you're going to get my gist  
11          on this, and my feeling on this, okay?

12                Judy was in the office first, and she was the  
13          staff MLO. And when Janice came on, Janice was posted as  
14          the staff MLO and Judy was the department staff MLO. And  
15          that all occurred when I got there, so I don't know why or  
16          how or anything. But I think Judy always had a bit of a  
17          grudge on the fact that she wasn't top dog.

18          Q.    And why do you say that? What did you see, what  
19          did you hear, that led you to that conclusion?

20          A.    There was a bit of uncooperativeness from Judy.  
21          You know, as her senior, Janice would tell her to do  
22          something, and Judy wouldn't do it, or Janice would tell  
23          her to do something a certain way, and Judy would do it  
24          the way she wanted to do it. You know, it was those types  
25          of things.

1 Q. And was it a frequent problem or occasional  
2 problem?

3 A. I'm not sure, quite honestly.

4 Q. Do you recall Judy ever saying anything negative  
5 to you about Janice?

6 A. Oh, I don't think that there was probably  
7 anybody in that office who didn't say something negative  
8 about somebody, somewhere along the line; do you know what  
9 I mean?

10 Q. So is that a "yes" or just --

11 A. Do I ever recall anything specific?

12 Q. Let me rephrase that.

13 A. Okay.

14 Q. Obviously, there are those kinds of discussions.

15 Do you recall Judy saying anything about Janice  
16 that was different from what other people said about  
17 Janice, or different from what the normal conversation in  
18 the office was; anything that stood out as demonstrating  
19 any animosity or --

20 A. Well, like I said, there was the  
21 uncooperativeness from Judy.

22 For the most part -- and again, there's  
23 instances that are -- that are -- or times that it's not  
24 that way, but most of the people -- the staff who would  
25 come in, liked Janice a lot. Again, she had -- the person

1 who was senior to her, they occasionally clashed and --  
2 you know. But like I said, that's the kind of thing  
3 that's going to happen.

4 But I would say, basically, Janice got along  
5 well with the majority of the staff that came in. In  
6 the -- you know, in the parts that I saw.

7 Q. Okay. Did you have any conversations with Paul  
8 Kellerhaus concerning this?

9 A. Seems to me he was there one time when I -- you  
10 know, as -- there was usually a security guard in the area  
11 when I would go, and it seems to me he was in that area  
12 once, when I went by.

13 Q. But did he ever explain to you anything about  
14 Lisa's condition --

15 A. I don't think so.

16 Q. -- or what he had observed, or what was being  
17 done with her or not done with her? You have any  
18 discussions like that with him?

19 A. Not that I recall.

20 Q. Are you aware of any other incidents where  
21 either you or anybody from the MLO office participated in  
22 isolation watches or introspection rundowns?

23 A. Not -- no. I was thinking --

24 No.

25 Q. And I don't mean just the time that you were



1 there. Maybe you've heard about them doing it in the  
2 past, particularly since I assume that this has generated  
3 some concern.

4 A. It seems --

5 Q. The investigation into the incident may have  
6 generated conversation about, "This happened in the past,"  
7 or, "We handled it this way in the past." Any discussions  
8 like that?

9 A. I don't remember any discussions about, "We  
10 handled this kind of thing this way in the past."

11 It does seem to me that, when I first arrived in  
12 the office, Suzanne was not on post as the medical liaison  
13 office manager. I believe that she was doing a watch.  
14 What type of watch, I don't know. Because sometimes we'll  
15 get a staff member who's not Type 3, or anything like  
16 that, but has just gotten themselves into some trouble.  
17 And oftentimes, another staff member will just be -- will  
18 hang around with them for a while, to make sure that they,  
19 you know, don't do something that they shouldn't do while  
20 they get things sorted out.

21 And it could have been one of those kind of  
22 things. I don't know.

23 Q. So there's a possibility, because of Suzanne's  
24 absence, that she participated in a watch? That's your  
25 general recollection, but you can't give me any specifics?

1 A. Yeah. I don't know the specifics on that.

2 Q. And you've never participated in anything like  
3 this.

4 A. No, no.

5 Q. Do you know of any other instances in which  
6 medication like this was given to -- to a -- either a  
7 member of the Church or a staff member, aspirin and  
8 Benadryl, or any types of medications were dispensed by  
9 the MLO?

10 A. No.

11 Q. Other than vitamins, did you all have any  
12 medications or other --

13 A. We --

14 Q. -- substances --

15 A. I do, in my office now. Like I said, I keep  
16 some Ibuprofen.

17 But the purpose of the medical liaison office is  
18 to liase with doctors, right?

19 Q. Not to actually treat things.

20 A. Exactly.

21 You know, if someone had a prescription that  
22 needed to be picked up, we'd sometimes go pick it up for  
23 them, so they could be on their post, doing their job.

24 Q. Does the medical liaison officer -- are there  
25 any people that -- that are actually nurses, there, in the

1 office?

2 A. Currently, there's a lady posted there -- her  
3 name is Silvia DelaVega. She wasn't around during this  
4 time. I believe she's a nurse.

5 Q. Okay. During the time that we're talking about,  
6 November and December --

7 A. I believe Judy was a nurse, Judy  
8 Goldsberry-Weber.

9 Q. Actually licensed as a nurse?

10 A. I don't think she's licensed in Florida, but she  
11 had nurse's training.

12 Q. Is administering injections something that the  
13 MLO people are authorized to do, to your knowledge?

14 A. No.

15 Q. "No," you don't know, or "no," they're not  
16 authorized?

17 A. No. I'm sure they're not authorized.

18 Q. Do you have any knowledge of Lisa being given  
19 injections of magnesium chloride?

20 A. Only from those reports that Mr. Polli told me.

21 Q. Were you surprised to see that, when you read  
22 the reports?

23 A. Yes, I was.

24 Q. To your knowledge, is that something that is  
25 approved by the Church, is authorized by the Church, or

1 that any -- anybody should be given shots? Is that within  
2 any of the duties of the MLO office --

3 A. No, it's not.

4 Q. -- as your understanding?

5 A. No, it's not.

6 Q. Was that ever discussed in any -- with Minkoff,  
7 in your presence --

8 A. No.

9 Q. -- the magnesium chloride --

10 A. No.

11 Q. -- or the injections of the magnesium chloride?

12 A. No.

13 Q. Other than looking at the reports, have you  
14 heard of it from any other source -- from Janice, from  
15 Rita --

16 Rita works for you now, right?

17 A. Yes.

18 Q. Okay. Did you have any knowledge of Rita giving  
19 any shots?

20 A. No. Other than what I saw in those reports.  
21 That was all I knew about it.

22 Q. Okay. And you've not had any conversation with  
23 Janice or Rita about this?

24 A. No.

25 Q. Do you have any knowledge of magnesium chloride

1 being used --

2 A. Only.

3 Q. -- for any purpose?

4 A. Only from that report, when I saw that they did  
5 that.

6 I mean, I know that magnesium works with calcium  
7 in the body to help relax muscles, that kind of stuff. I  
8 know that.

9 Q. Well, cal-mag is a drink that, I guess, is sold  
10 on the post there, or --

11 A. We give it away. It's a -- we make it, and it's  
12 available to the staff, just to replace, you know, calcium  
13 magnesium electrolytes in the body that you lose during  
14 the day.

15 Q. And do you know what, if any, effect an  
16 injection of that substance would have on the body? I  
17 mean, is that something that you --

18 A. I don't know, exactly. I would have to guess  
19 that it's going to have like a relaxation effect, but  
20 that's a guess on my part.

21 Q. So you certainly wouldn't feel comfortable  
22 authorizing it or doing it --

23 A. No.

24 Q. -- based upon the status of your knowledge now.

25 A. Correct.

1 Q. Are you aware -- other than what you read in the  
2 reports, either during any of the time you've been there  
3 since '95 or before that, from hearing about it, where  
4 Church people have given injections to either Church  
5 members or staff?

6 A. Now, it seems to me that there is -- there might  
7 have been a staff member who had some vitamins that were  
8 injectable, that their roommate was giving them the shot,  
9 because they couldn't -- they didn't want to think about  
10 giving themselves a shot.

11 Q. Mm-hmm. Were those prescription vitamins --

12 A. Nothing with the MLO office.

13 Q. -- or --

14 A. It was my understanding it was, you know --  
15 again, this was something that was like -- how did I hear  
16 about it --

17 Like I said, it wasn't anything that  
18 particularly involved the MLO office, other than, maybe,  
19 this person was probably there and, you know, the MLO  
20 asked them if they were taking vitamins, and they said, "I  
21 get this vitamin shot," and that the roommate was giving  
22 it to her.

23 Q. So it wasn't MLO personnel --

24 A. No.

25 Q. -- that was giving it, but somebody was giving a

1 shot for some reason.

2 A. Yeah.

3 Q. And you don't know whether that was authorized  
4 by a doctor or --

5 A. I don't know. I don't know, you know, if it's a  
6 prescription kind of thing. I don't know how anybody  
7 would get it.

8 Q. Without a doctor's approval.

9 A. Exactly. I don't know if you can get vitamins  
10 in a liquid form and just -- I don't know. It's not  
11 something I would choose to do, myself, so I haven't  
12 looked into it.

13 Q. Did you ever see Lisa being violent?

14 A. On -- I mean, I saw her being very agitated.

15 The last time that I saw her, I was trying to  
16 coax her to -- to get in bed and lay down see if she'd go  
17 to sleep, right, and I'd put my hands on her shoulders,  
18 and just, like, put her down to bed. And as I was sitting  
19 her down, my arm was right in front of her face, and she  
20 bit my arm.

21 Q. This is before you gave her the medication?

22 A. This was after.

23 Q. Why are you sitting her down? Just to try to  
24 get her to relax?

25 A. Just to try to get her to lay in bed and relax.

1 Q. You've noted that you saw some bruises on her  
2 legs, I think -- was that the last day you were there?

3 A. On her shins. That was the last day I was  
4 there.

5 Q. At the time of her death, she had a number of --  
6 I'll call them reddish-brown marks in her hands and --

7 A. Stuff on her hands. I've seen the pictures.

8 Q. Okay. You have seen the pictures.

9 A. I saw the pictures.

10 Q. And there were a couple in other places, as  
11 well.

12 Did you ever see anything like that on Lisa?

13 A. I didn't notice anything like that.

14 Q. Okay.

15 A. I wouldn't swear, you know, that -- that that  
16 kind of thing wasn't there, but I didn't notice anything  
17 like that.

18 Q. Would the --

19 A. I think I would have noticed something like  
20 that.

21 Q. The areas where you saw the marks, did they  
22 appear to be consistent with having come from the  
23 caretakers holding her down while you were administering  
24 the shots?

25 A. It looked more to me like she'd been kicking



1 with something and hitting with her shin, instead of her  
2 foot. That's what it looked like to me.

3 Q. I'm not talking about the bruises, I'm talking  
4 about the reddish-brown marks you've seen in the pictures.

5 A. Okay.

6 Q. Is that -- were the areas of those marks  
7 consistent with having been caused by your restraining  
8 her, or not?

9 A. No.

10 MR. POLLI: Before you answer that --

11 I was going to say, that was about -- the first  
12 time we got ready for our interview, a few months ago, he  
13 saw those pictures. So if you're going to ask him  
14 questions about the pictures, if you want opinions about  
15 whether these marks came from restraints or whatever --

16 BY MR. CROW:

17 Q. Well, do you need to see the pictures again?

18 A. Sure. I mean --

19 Q. "Sure," you --

20 A. -- I'd like to see them.

21 But it's my recollection it was mostly around  
22 like the -- the knuckles --

23 Q. Some are on the knuckles, some higher up on the  
24 wrist.

25 A. I'd have to see the pictures. Stuff I remember

1 was around the knuckles.

2 Q. At the time you saw them, when you first noticed  
3 them, you didn't think it came from anything you did, or  
4 the people with you did?

5 A. No.

6 MR. POLLI: That's --

7 MR. CROW: Let's see --

8 (Discussion was held off the record.)

9 MR. POLLI: If you just re-ask the question  
10 you asked a second ago and his recollection, I think  
11 that's --

12 MR. CROW: Okay.

13 BY MR. CROW:

14 Q. Mainly, I'm just -- I want to make sure that you  
15 have no recollection of seeing marks like that on her  
16 body, when you were there, at any time.

17 A. I do not have -- no recollection of anything  
18 like that.

19 Q. Okay. And in -- when you did view them, did you  
20 feel that -- that they could have been caused by any of  
21 the activity in restraining her, while you were  
22 administering the medication?

23 A. No.

24 Q. They didn't appear to be caused from that,  
25 either?

1           A.    No.  I was surprised when I saw what -- what  
2   that looked like.

3 Q.. Okay.

## EXAMINATION

5 BY MR. MCGARRY:

Q. The only question I have is, when is the only time you had any discussion with Dr. Minkoff in reference to Lisa McPherson?

9           A.    It was a very general -- we were actually  
10   discussing -- he was going to be opening up an office  
11   downtown, okay, not far from the Church, and I was talking  
12   to him about that -- the types of services, you know, he  
13   was going to be providing, that kind of stuff, because we  
14   thought we might want to use him. We thought it would be  
15   convenient to have a doctor's office that close, because  
16   that's not something we've had access to.

17                   And just in the conversation -- you know, it was  
18 just kind a general checking-up-on-things -- I asked him,  
19 "Have you ever had a malpractice or any other kind of  
20 thing," and he said, "No, only this thing with Lisa  
21 McPherson."

22 And that was the totality of that -- you know,  
23 of that context of that conversation.

24 Q. Did you discuss his subpoena and the fact that  
25 he came in and gave sworn testimony as to the events as he

1 knew them?

2 A. No.

3 Q. Okay. Did you tell him that you had been  
4 subpoenaed?

5 A. I don't think so.

6 Q. All right. And he -- does he still perform  
7 services for Scientologists on a regular basis, as you  
8 recall?

9 A. Well, he has set up this office.

10 Q. Oh. Oh, it has happened?

11 A. Yeah. He set up an office about three blocks --

12 Q. Does he still perform his duties up at the  
13 emergency clinic?

14 A. I don't know.

15 MR. MCGARRY: That's all I have.

16 SGT. ANDREWS: Doug, just take a look at 2  
17 through 6, see if you want to cover any of that. You may  
18 not want to cover them, or you covered one already.

19 EXAMINATION (Resumed)

20 BY MR. CROW:

21 Q. We have some testimony concerning a prescription  
22 for Valium tablets issued out of another pharmacy. Do you  
23 have any awareness of that, recall any discussions of  
24 that --

25 A. No.

1 Q. Okay.

2 A. None.

3 Q. Do you believe that, if that had been discussed,  
4 if there had been a second prescription for Valium, or a  
5 different prescription for Valium, than the intramuscular  
6 substance you picked up, you would recall it?

7 A. I definitely would recall it.

8 MR. POLLI: Is his name on the  
9 prescription?

10 MR. CROW: Pardon me?

11 MR. POLLI: Is his name on the  
12 prescription?

13 THE DEPONENT: The second prescription, for  
14 the tablets?

15 MR. CROW: I didn't ask who was on the  
16 prescription. I just asked that -- we had testimony  
17 concerning a second prescription.

18 MR. POLLI: I asked, is his name on the  
19 prescription.

20 MR. CROW: I'm not here to answer all the  
21 questions; I'm here to ask them.

22 BY MR. CROW:

23 Q. Did you ever find out who Janice was talking  
24 to -- I think I asked you this -- when you first overheard  
25 the conversation, that caused to you say, "I can get

1 somebody to swallow something"?

2 A. I don't know who she was talking to.

3 Q. Did you know, at the time, and had just  
4 forgotten, or --

5 A. I don't think I ever knew.

6 Q. Okay.

7 A. I don't think I ever knew.

8 Q. The conversation with Minkoff that -- I'm  
9 talking about the first one, where you don't hear the  
10 beginning of it --

11 A. Right.

12 Q. -- or at least the first one you're aware of --  
13 either through the course of the conversation or  
14 discussions with Janice at any point in time, did you find  
15 out why Minkoff was being called? Was he being called to  
16 prescribe a drug? Was he being called to offer a  
17 diagnosis? Was he being called to ask his opinion about  
18 Lisa's condition? Do you know?

19 A. I don't know.

20 Q. The conversation that you heard related strictly  
21 to medication?

22 A. Yeah.

23 Q. Do you know --

24 So -- from the -- from what you've been told --  
25 and I realize this isn't firsthand knowledge --

1 A. Okay.

2 Q. -- so -- you've been -- you indicated that you  
3 were told by -- was it Minte -- was that the name -- that  
4 Dr. Megan Shields was in the area. And your recollection  
5 is she was in the area performing physicals on the level  
6 12 auditors. This was after you were gone.

7 A. Yeah.

8 Q. Did anyone indicate to you that they asked  
9 Dr. Shields to take a look at Lisa, or examine her --

10 A. No.

11 Q. -- or that Dr. Shields had done so?

12 A. No.

13 Q. Did you -- this is, to some degree, a -- asking  
14 an opinion, but based upon your contact with all the  
15 people involved, did you reach a judgment, in your own  
16 mind, back at the time, as to who was in charge of Lisa's  
17 welfare?

18 A. That's a tough question.

19 I wouldn't say that I had delineated an  
20 individual who was -- you know, certainly Alain was  
21 running the spiritual side of it. No doubt about that,  
22 you know; at least no doubt in my mind.

23 You know, when I was there, she, physically,  
24 wasn't doing badly, so it wasn't like that was a -- you  
25 know, certainly, they said there's times she wasn't eating

1 and times she didn't sleep well. But from -- you know,  
2 from my few times with her, she was not in physical  
3 distress. So it wasn't like there -- you know, from -- in  
4 my opinion, there wasn't a need for somebody to be  
5 physically watching her, you know, or to be monitoring her  
6 physical state, you know what I mean? It wasn't like she  
7 was physically sick, from -- at least from what I could  
8 see.

9 Q. So there was no concern that a psychotic patient  
10 who was refusing to voluntarily take medication and was  
11 eating and drinking erratically -- there was no concern  
12 that -- that she might become dehydrated, she might become  
13 malnourished. No one had any worries about that --

14 A. Well, I mean --

15 Q. -- despite that being a topic of conversation.

16 A. Because someone could tell me she had a banana  
17 and protein drink, I certainly assumed that people were --  
18 that that information was being kept, you know, and that  
19 it was going to be necessary --

20 I just have to say, I'm unaware of any one  
21 person who was responsible for her physical well-being.

22 Q. I just want to clarify. I guess you're not  
23 saying that you didn't think there was any necessity for  
24 someone to monitor her situation.

25 A. Well, I mean, I don't -- from what I could see,



1 from a physical situation, you know -- and again, I'm not  
2 the most qualified person to make this statement, but I  
3 didn't see any reason, in the times that I was there, that  
4 she would need to physically be looked after. You know,  
5 she --

6 Q. So banging --

7 A. She looked healthy.

8 Q. Banging against stuff --

9 A. Well, I mean, she had some bruises on her legs.  
10 It wasn't like, you know, she had broken any bones or, you  
11 know, it wasn't like there was any serious physical --

12 Q. So you didn't notice, when you were there on the  
13 28th, that they had removed all the breakable objects from  
14 the room so she couldn't hurt herself?

15 A. Well, certainly, I noticed that.

16 Q. So you didn't think she was in danger of  
17 becoming harmed; that nobody needed to worry about her  
18 physical state?

19 A. I mean, obviously, they were taking precautions  
20 so she wouldn't hurt herself. I mean, that's --

21 But you know, you're talking about an injury  
22 versus an illness. When you -- I was thinking, initially,  
23 about, you know, some kind of illness or some kind of  
24 physical deterioration. If you're talking about an  
25 injury, that can be a sudden, unpredictable kind of thing,

1 right. I mean, true, there was a window in there. I  
2 suppose, if she tried to jump out the window, she could  
3 have hurt herself pretty badly.

4 Q. I guess what I'm getting at is, when you have a  
5 psychotic patient, who is incapable of making rational  
6 decisions, is a danger to herself, and has no awareness of  
7 her need for medication, or that -- a delusional person,  
8 it would appear to me to be in need of constant  
9 monitoring, and for someone to be in charge of that. And  
10 I was kind of surprised that you felt that there was not  
11 any, so --

12 A. Well, people -- I mean, there was people there  
13 with her to make sure she didn't hurt herself, you know,  
14 as far as the --

15 Q. You're sure of that.

16 A. I'm pretty sure of it. I wasn't there 24 hours  
17 a day --

18 Q. Did you ask anybody?

19 A. -- so I can't be sure of it --

20 I knew Suzanne was over there on watch. I knew,  
21 from going, that there was people over there on watch.  
22 And you know, I made the assumption that there was  
23 somebody with her 24 hours a day. I can't imagine that  
24 there wasn't. I mean --

25 Q. Did anybody go with you to pick up the Valium

1 prescription?

2 A. I don't think so. My wife was probably in the  
3 car, because we were on the way home, but --

4 Q. On the way home from the Church?

5 A. Yeah. From -- from Post to the --

6 Q. Okay. And she would normally ride with you to  
7 and from work?

8 A. Yeah.

9 Q. Okay. And I don't know whose name that second  
10 prescription might be in.

11 A. I heard nothing about it till you asked me the  
12 question.

13 Q. We just had some information that that was the  
14 case, and that had been picked up. And you don't recall  
15 or know anything about it?

16 A. No.

17 MR. CROW: Okay. I don't believe I have  
18 any others questions. I think I've probably exhausted  
19 your knowledge. Appreciate your time.

20 THE STATEMENT WAS CONCLUDED AT 1:15 P.M.

21

22

23

24

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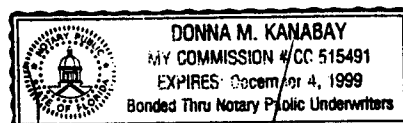
## CERTIFICATE OF OATH

STATE OF FLORIDA )

COUNTY OF PINELLAS )

I, the undersigned authority, certify that DAVE  
HOUGHTON personally appeared before me and was duly sworn.

WITNESS my hand and official seal this 12th day  
of May, 1998.



DONNA M. KANABAY, RPR, RMR, CRR,  
Notary Public - State of Florida.

## REPORTER'S DEPOSITION CERTIFICATE

STATE OF FLORIDA )

COUNTY OF PINELLAS )

I, DONNA M. KANABAY, Registered Professional Reporter, certify that I was authorized to and did stenographically report the statement of DAVE HOUGHTON, and that the transcript is a true and complete record of my stenographic notes.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

DATED this 12th day of May, 1998.

DONNA M. KANABAY  
RPR, RMR, CRR.

