MR. MALLAS: I think for the --

MR. DOODY: I will make sure we do that.

COURT OFFICER: All rise, jurors entering.

(Whereupon, the jury enters the courtroom.)

THE COURT: Thank you very much. You may all have a seat.

MR. MALLAS: Your Honor, plaintiff calls Dr. Paul Ladopoulos.

(Whereupon, the witness takes the witness stand.)

THE CLERK: Just remain standing for me, Doctor.

THE WITNESS: Yes.

THE CLERK: Please step forward.

Raise your right hand, place your left hand on the bible.

D R. P A U L L A D O P O U L O S, a witness called on behalf of the Plaintiff after having been first duly sworn and having stated his address as 30-33 36th Street, Astoria, New York 11103, took the witness stand and testified as follows:

THE CLERK: You may be seated, sir.

Please state your name.

THE WITNESS: Paul Ladopoulos.

THE CLERK: Spell your last name, please.

THE WITNESS: L-A-D-O-P-O-U-L-O-S.

THE CLERK: And your business address, sir.

THE WITNESS: 30-33 36th Street, Long Island City, New York 11103.

THE CLERK: Thank you.

MR. MALLAS: May I, Your Honor?

THE COURT: You may.

DIRECT-EXAMINATION

BY MR. MALLAS:

Q. Good morning, Doctor.

A. Good morning.

Q. I just ask you to keep your voice up this way Mr. Huntley back here can hear you. Okay?

A. Okay.

Q. Can you tell the jury what you do for a living?

A. Excuse me, I'm sorry, I didn't hear you.

Q. Can you tell the jury what your occupation is?

A. I'm a psychiatrist.

Q. And can you tell the jury are you licensed to practice medicine in the State of New York?

A. Yes, it is.

Q. And can you tell the jury what psychiatry is?

A. Well, psychiatry itself is involved in treating patients for emotional issues and it's a broad -- actually it's a broad category involving both the treatment, the care, whether it's using medication or therapy, talk therapy, and testing at times. But it's a combination of all that.

Q. And can you tell the jury how long you've been practicing psychiatry?

A. It's going to be 20 years in July.

Q. And can you tell the jury a little about your educational background?

A. Yes, I went to school at Manhattan College in the Bronx. I did my medical school training at the University of Montery in Mexico, and I finished my residency training in psychiatry at New York Medical College up in Westchester.

Q. And did you do any residencies anywhere?

A. Yes, that was at New York Medical College in Westchester in Valhalla.

Q. And can you tell the jury a little bit about your professional background?

A. Well, my professional background I have been practicing psychiatry throughout the years since I finished residency training in July of 1991. I've done treatment in clinics throughout the Bronx. I've worked with methadone in the methadone program. I worked in different programs doing psychiatric care. I currently work in the south Bronx in a clinic there and also do private practice in my office in Astoria.

Q. And now, the jury has already learned from other doctors what board certification is but can you tell the jury if you're board certified?

A. Yes, I am.
Q. In what area?
A. In psychiatry.
Q. Now, are you on staff at any hospitals?
A. Yes, I am.
Q. Can you tell the jury what hospitals you're on staff with?
A. At Mount Sinai Hospital of Queens.
Q. And has your experience in your practice include dealing with patients with severe scarring because of injuries?
A. I've treated patients with scarring as a resident in my residency program. Otherwise, I've dealt with people who have had scars from different injuries and things like that.
MR. MALLAS: Your Honor, I offer Dr. Ladopoulos as an expert in the field of psychiatry.
THE COURT: So deemed.
Q. Now, Doctor, have you ever testified for me before today?
A. No.
Q. Now, are you being compensated for your time in court here today?
A. Yes, I am.
Q. Now, I want to talk to you about Chris Peat.
At some point did he come under your care?
A. Yes, he did.

Q. And when --

MR. MALLAS: Your Honor, may Dr. Ladopoulos use his record to refresh his recollection?

THE COURT: Yes.

THE WITNESS: Thank you.

A. The first time that I got a chance to see Christopher Peat in an evaluation was on October 10, 2008.

Q. I'm sorry?

A. October 10, 2008.

Q. And at that time did Chris make any complaints to you?

A. Yes.

Q. Can you tell the jury what complaints Chris made on that initial visit with you?

A. Basically he told me that he was depressed since his accident.

Q. Any other specific complaints that he made to you, Doctor?

A. Well, he was complaining about having flashbacks and nightmares from the time that he had his burn. Symptoms that I was able to discuss with him included lack of desire, feelings of helplessness and hopelessness, feeling generally down and isolated since his accident.

Q. And initially you examined him; correct?

A. Yes, I did.

Q. Did that entail as part of the psychiatric

examination -- can you tell the jury what's entailed in the psychiatric examination?

A. Sure.

A comprehensive psychiatric evaluation involves first getting the patient to give you their complaint in his or her own words. After that you try to get a complete history trying to find out exactly what happened for the person to come in to see you. You get questions, you get a complete information as you can at the time. Together with that you try to get past history, if there was any pertinent psychiatric history, permanent medical problems, any family psychiatric history. You work on getting -- complete a social history on the person and then we do something called the mental status exam which are specific questions geared psychiatrically that you ask and you try to elicit on the patient to try to get ideas on both their mood if there's any questions of suicidality, homicidality. If there's any questions of what you call psychosis, hearing voices, seeing things, getting a general idea of whether they're responding to you as you speak. You're actually looking at the patient at the same time as you're asking these questions because in psychiatry, compared to a lot of other fields, a lot of it is a personal one to one evaluation and also the relationship you're having with the patient. It's not the same as doing a medical test, a blood test or something else. So you're evaluating the patient at the same time. And also you're

trying to be able to develop some type of a rapport, a relationship, because for most of us it's very difficult the first time you go to see a stranger and try to discuss things that's are going on in your life. So part of what we do as psychiatrists is we want to develop a personal alliance. We want to get the information and then after all that is elicited we try to get an appropriate treatment plan.

What's involved with that is you're going to see what you want to do in terms of therapy with the person and if necessary medication and discuss that with the patient and work on a plan to help him or her do better.

Q. Okay. Based on just your initial examination, did you -- what did that examination reveal, Doctor, about Chris Peat?

A. Well, I found him at the time to be having what we call a post traumatic stress disorder.

Q. Can you tell the jury what that is?

A. Post traumatic stress disorder is a psychiatric condition. It first became -- it first became in the public in the 1960s because a lot of Vietnam vets were coming back with horrendous stories of flashbacks and nightmares. And what happened was that it became through the psychiatric organization, the American Psychiatric Association, had a book where they put specific diagnosis down of what is involved in each psychiatric condition.

With post traumatic stress disorder someone that has been exposed to something which is potentially dangerous or life threatening to them, and what happens when they've been exposed to this they respond to it with fear, avoidance, withdrawal, anxiety, anger. There's a rainbow of symptoms that can be involved but it's directly related to something that specifically happened to them.

Q. And did your examination of Chris Peat reveal that he suffered post traumatic stress?

A. Yes, it did.

Q. Can you tell us what signs or symptoms of post traumatic stress was exhibited to you?

A. Well, he was complaining of the flashbacks and the nightmares which are part of the symptoms that you can see in post traumatic stress disorder. You can get what we call reoccurrence thoughts which can be the nightmares, painful recollections. There's sometimes you get avoidant behavior. You might isolate yourself from other people. You're afraid to go to places. You can start generalizing about things that might not normally mean something to every other person except for that person who's been exposed to it.

An example, if you see a trauma, if you've gotten into a car accident and the next day you see a movie that shows a car getting hit, it starts clicking my God, something like this happened to me. And it might have a different response versus

someone else who hasn't had that stress happen in their life. To that other person it's just a movie. So this is one of the things that -- this is one of the things that are part of post traumatic stress. But again, it's a consolidation of different symptoms.

Q. And can you tell the jury what are mood disorders?

A. Mood disorder is something in psychiatry we call it secondary to a general medical condition. That being either a major depression or what we call bipolar disorder which is manic depression.

What happens with this compared to a general depression that people can go through is this is directly related to a specific injury or medical condition that happens to the person. To make it clear, if someone out of the blue is depressed, they might be exhibiting lack of desire, problems with concentration, not feeling good about themselves, feelings of helplessness and hopelessness but there's not a direct relationship to something. So that's how we separate that from something like a depression.

A mood disorder specifically in this case a major depression is due to the fact that this person had an injury, that being the burn that he suffered, and that directly caused his mood symptoms which in this case are depression. Depressed mood, anxiety, lack of desire. Those are all part of a depression but it's under the category of a depression because

of the injury that he had.

A lot of the symptoms are similar and the symptoms aren't really that important. It's just being able to identify what was the cause or the effect of this and from everything that was relayed to me and the history, that this was the reason that I came with these two diagnoses for him.

Q. And did Chris undergo a course of treatment with you?

A. Yes, he did.

Q. That include prescription medication?

A. Yes, it did.

Q. Can you tell the jury what you prescribed for him?

A. Initially when he, Chris, came in, I wanted to start him on a medication called Zoloft. It's an anti-depressant. I'm sure everyone has heard of it. It's been used for both his depression and anxiety. A lot of these medications are used for multiple things. I wanted to get him started on something to help cut the edge off some of the symptoms, the feelings that were going on. You know, that was used together with therapy.

Q. Did this prescription ever change?

A. Yes, it did. During the interval of time I needed to increase it.

Q. Just keep your voice up.

A. I'm sorry.

During the interval of time that I treated him, I needed to increase the dose and actually near the end of our

treatment I wound up switching the medication because I had a conference with a neurologist that saw him and we decided to switch him to another anti-depressant called Cymbalta.

Now, the reason why we did this was he was also having pain. A type of pain called neuropathic pain and the Cymbalta works both for the depression and the anxiety and the pain. So basically we were using one medication to take care of two problems instead of having two separate medications. So it seemed like a good plan. I discussed it with a conference with a neurologist and then we discussed it with Christopher and I started him on it briefly before we stopped treatment.

Q. Now, how long did this treatment last?

A. Chris was treating with me from October, 2008 till May 12, 2009.

Q. And generally during of the course of that treatment, can you tell the jury what complaints, specific complaints, Chris made to you?

A. Well, Chris was complaining about feeling depressed, anxious, very ashamed of the burns that were on his body. He talked about isolating himself. He talked about having concerns about having significant relationships with people. He gave me examples of even when he was on a train of being embarrassed to hold a rail because there was burn marks on his hand and people look at him. And even people he knew he told me would look at him in a way and mock him. So I think there was a lot of

feelings of very low self esteem and worthlessness because of what happened.

Another example he gave me is he used to enjoy to swim. He said I can't go swimming anymore. I have these burns on my back. So his whole lifestyle has been changed completely and, you know, he was suffering a lot and feeling like he was really all alone in this.

Q. Doctor, did Chris stop treating with you?

A. Yes, he did.

Q. Do you know why?

A. I have no idea why.

MR. MALLAS: Your Honor, may I have this document marked --

THE COURT: Sure.

MR. MALLAS: -- as Plaintiff's 42, Your Honor?

THE COURT: For ID?

MR. MALLAS: Yes.

(Whereupon, Dr. Ladopoulos' bills for treatment of Christopher Peat were marked as Plaintiff's Exhibit 42 for identification.)

MR. MALLAS: Your Honor --

THE COURT: Show it to counsels.

MR. DOODY: No problem.

Q. Doctor, can you tell us what those two pages that you were just handed marked Plaintiff's Exhibit 42 are?

A. Yes, these are my bills for therapy during the 20 sessions that I saw him.

MR. MALLAS: Your Honor, I offer Plaintiff's 42 in evidence.

THE COURT: Any objection?

MR. DOODY: Can I just take one more look at them, Judge?

THE COURT: Okay. Sure.

MR. DOODY: No objection, Your Honor.

THE COURT: Okay. 42 into evidence.

(Whereupon, Plaintiff's Exhibit 42 was marked in evidence.)

COURT OFFICER: Plaintiff's 42 into evidence so marked.

Q. Now, Doctor, these bills -- first of all, can you tell the jury what the amount of the bills were? You have to take them out. It can't be part of your record.

A. There's two bills for ten sessions a piece. The first bill was for $1,550 and the second bill for $1,500. Basically the first bill involved the initial psychiatric evaluation plus the follow-up psychiatric sessions. And the second bill was just the remainder of the psychiatric sessions that I had with the patient.

Q. So roughly about $150 a visit?

A. Yes.

Q. And these bills were never paid; correct?
A. Yes.
Q. And at some point Chris stop treating with you; correct?
A. Yes.
Q. Now, does Chris still need treatment?
A. He absolutely needs --
MR. DOODY: Objection.
THE COURT: Overruled.
A. He absolutely needs treatment.
Q. When Chris stopped seeing you, did you want to continue seeing him?
A. Yes, I did.
Q. Why?
A. Because I felt that his condition was serious and he required continued psychiatric care both for therapy and for medication.
Q. Now, Doctor, I want you to assume that Chris testified that in December of 2003 he was released from Burke to his home, he wanted to return to Burke, is that common in these types of cases?
A. It makes a lot of sense because when you're in a protective environment such as a place like Burke, first of all, you're with people that understand what you're going through, you're dealing with professionals and you're kind of in a safe

womb, if I can say something like that, because you have people that are treating like-minded problems that you're going through. You're in a place like that you're dealing with other people that have been through burns and other injuries. You feel that they're supportive. They really are experienced and professional in dealing with this. And you feel like you're part of a team, that you're not on your own.

All of a sudden when you get out, that's all gone. You're dealing with the fact that you're on your own. You don't have that people that are supportive to you. In fact, you have to deal with people that will be staring at you, not understanding and not there to help you.

So it makes a lot of sense that he would want to return there and stay there and also the feeling that as long as you stay somewhere, you're able to avoid the reality that you're going to have to be in the real world on your own and deal with the stresses that are involved with the tragedy of what that person has gone through.

Q. Now, Doctor, you have an opinion within a reasonable degree of medical certainty whether or not the psychiatric and psychological injuries and their residual effect as the well as the treatments that are outlined for us were causally related to the fire of July 1, 2003?

A. Yes.

Q. What is that?

A. I absolutely believe that the injuries that he suffered on that date are directly related and causally related to his psychiatric condition that's present.

Q. Now, are these injuries and their residual effects permanent?

A. I believe they are permanent.

Q. Now, did you come to a prognosis with Mr. Peat based on your examination of him?

A. Yes, I did.

Q. Can you tell the jury what that prognosis is?

A. Unfortunately I found his prognosis to be poor due to the fact that these are going to be permanent physical and unfortunately emotional scars involved with his injury and I think it's going to be very difficult to get past this because this is something that's not just going to get erased with physical therapy, psychiatric therapy, but he's going to require to need to get someone to help him deal with this day-to-day stress. And he will go through different levels of this every day of his life. And unfortunately we're in a society where a lot of people aren't really sensitive to what people have gone through something like this go through.

Q. Now, Doctor, you said that Chris needs future psychiatric care but can you tell the jury specifically what type of psychiatric care or psychological care he needs?

A. I think he's going to continue to need psychotherapy

in a few different ways. One is supportive psychotherapy which is just basically listening, you're listening to the patient, you're hearing, you're trying to help them deal with the stresses that go on on a day-to-day basis. You want to be able to feel like you're empathetic, that you're on that person's side and you're not someone that they need to be afraid of or ashamed of or feeling that they're going to be made fun of in any way.

Together with that is what we call behavior modification which is a type of relaxation that we try to do with the patients. Examples of that are doing deep breathing exercises. You try to help them relax more. Something else that we call visual imagery which is helping the patient imagining being in another place, in a relaxing place. Sometimes with patients I tell them if you enjoy being at the beach, imagine walking on a beach alone. Getting it so you can start not focusing on all the problems that you're having, helping to relax a little more. And on top of that the need for continued medication which I believe he's going to require the rest of his life.

Q. Now, Doctor, I want you to assume that there's been testimony that on July 1, 2003 while Christopher Peat was working at the Fordham Hill Oval refinishing floors in apartment 17D in building four, a fire erupted in the apartment causing him to catch on fire.

I want you to assume that there's been testimony that he exited the apartment, ran down 17 flights of stairs, on fire, and was extinguished by the fire department in front of the building. I want you to assume that there's evidence that Mr. Peat was on fire for approximately six minutes. After the flames were extinguished from his body he was taken by ambulance to Jacobi Hospital. On route to the hospital saline was being poured on the skin and he testified that he was in excruciating pain.

I want you to assume that the medical records in evidence indicate upon his admission to Jacobi Hospital he was intubated and sedated. During his stay at the hospital he had 14 surgeries including escharotomies of both his upper extremities and hands, debridement of burn tissue on his back, arms, hands, neck, shoulders, chest, bilateral flank and right leg.

I want you to assume that he had ventilatory support from July 1, 2003 through August 21, 2003. I want you to assume that the medical records in evidence indicate he required a tracheostomy. That he was treated with a variety of medical professionals including ophthalmology, physical therapy, occupational therapy, infectious disease, anesthesiology and psychiatry.

I want you to assume that there's evidence that on September 8, 2003 he was released from Jacobi Hospital and

transferred to Burke Rehabilitation. I want you to assume that there are medical records in evidence that indicate that at Burke he underwent both physical therapy, occupational therapy and four additional debridements to the affected areas, additionally psychological counseling.

I want you to assume that Mr. Peat had testified that while he was at Burke he was unable to walk and had to relearn to walk. He was unable to perform his normal activities including feeding and bathing himself, all of which had to be retaught to him.

I want you to assume that there's evidence on November 17, 2003 Mr. Peat was transported back to Jacobi Hospital where he underwent scar contracture release of the right axilla.

I want you to assume he returned to Burke Rehabilitation on November 20, 2003. He was transferred back to Jacobi Hospital and remained there until November 25, 2003. During that time he had the cast and staples from his surgery removed. He thereafter returned to Burke Rehabilitation where he continued occupational physical therapy as well as counseling. He remained at Burke Rehabilitation until December 19, 2003 and he was released to his home.

When he returned to his home I want you to assume that he testified that he wanted to return to Burke. I want you to assume that he continued to treat at Burke as an outpatient

until the end of 2004 including physiological treatment.

I want you to assume that Mr. Peat has testified he continues to have problems including inability to work and discomfort in his skin. I want you to assume that there is evidence that Mr. Peat still has scarring from his injuries.

Doctor, do you have an opinion within a reasonable degree of medical certainty that the fire of July 1, 2003 was the competent producing cause of the psychological injuries he's complaining of and the treatments we have discussed?

A. Yes, I absolutely believe --

MR. DOODY: Objection.

A. That his burn injury from that date is directly related to his psychiatric condition.

Q. Doctor, do you have an opinion within a reasonable degree of medical certainty whether or not the psychological and psychiatric injuries, complaints and residual effects we discussed are permanent in nature?

A. Yes, unfortunately I believe that they will be permanent in nature.

Q. And, Doctor, do you have an opinion within a reasonable degree of medical certainty whether or not the psychiatric and psychological injuries, complaints of residual effects will affect Chris into the future?

A. Unfortunately I believe that these problems are going to affect him the rest of his life.

Q. And, Doctor, finally, do you have an opinion with a reasonably degree of medical certainty whether or not Chris will need the psychiatric and psychological treatment you outlined in the future?

A. I absolutely believe that it's going to be imperative that he get treatment both for his therapy and for medication treatment and it's going to be very important for helping him throughout his life.

Q. And how long will he need these treatments for?

A. I think he will require that the rest of his life.

MR. MALLAS: Thank you. Nothing further, Your Honor.

MR. DOODY: May I, Your Honor?

THE COURT: Yes.

CROSS-EXAMINATION

BY MR. DOODY:

Q. He is going to need those treatments his entire life, Doctor?

A. Yes.

Q. Doctor, you testified that you've never testified for Mr. Mallas before; correct?

A. Yes.

Q. But you have worked with him on cases in the past; correct?

A. No, I have not.

Q. You have not worked with him in the case of Psihountakis versus L & L Contracting in 2009, injured construction worker?

A. I'm not familiar with that. I really don't have a recollection on that.

Q. Depressed construction worker? No recollection? 20 year old, young guy?

MR. MALLAS: Your Honor --

A. Honestly I really don't have a recollection.

Q. I will accept that.

MR. MALLAS: I did the mediation on that case. I never met Dr. Ladopoulos.

(Continued on next page....)

Q. It's fair to say that you don't testify all that much, Doctor?

A. Not at all.

Q. But it would also be fair to say that any time you do it's for plaintiffs?

A. When I testify, yes, it's for the patient that I have treated.

Q. Never for a defendant, always for a plaintiff?

A. I always any time I have had to testify, and literally it has been maybe two or three times in twenty years, it is always for my patient. I treat my patients, and I try to take care of my patients.

Q. Those patients always have been plaintiffs in lawsuits, correct?

A. Yes, they have.

Q. Thank you.

Now, with respect to Christopher coming to see you in October '08--

A. Yes.

Q. How did it come about that he came to see you?

A. He was referred to me by his attorney because he said that he needed psychiatric care.

Q. Who said that he needed psychiatric care, the lawyer?

A. The attorney was concerned about him and he said:

You know what, I think you need psychiatric care so he referred him to me.

Q. And that was in October '08. Do you know when this case was originally going to trial?

A. I have no clue.

Q. First treatment, you performed your initial evaluation, correct?

A. Yes.

Q. Correct?

A. Yes.

Q. And eventually you wrote a report?

A. Yes, I did.

Q. And you wrote that to the attorney who referred Mr. Peat to you, correct?

A. Yes, I did.

Q. Do you have that with you?

A. Yes, I do.

Q. Take it out. I do want to ask you a few questions?

A. Sure.

Q. Just as to his present illness, you indicated that he was working with polyurethane. Where did you get that information from?

A. I think it was from the patient.

Q. Before Mr. Peat saw you for the first time were you provided with any medical records to review?

A. The only thing I had was some FDNY ambulance things, they were very scanty, they weren't really any details outside of the emergency treatment that he had.

Q. You didn't get the whole big file?

A. The sheets I have is very hard to read. But again, they were emergency type procedures. It's outside of my specialty but they were saying what drugs he was put on. I guess they were all emergency, EMT treatments that were done for him at the time of his accident.

Q. So, you didn't spend a lot of time reviewing a bunch of records?

A. No, I did not.

Q. You indicate in the medical history that he received burns to seventy percent of his body?

A. Right.

Q. Where did you get that from?

A. I think that was relayed to me.

Q. By the patient?

A. I believe so, the patient.

Q. Now, I see a medical history. There is nothing about high blood pressure in there, is there?

A. No.

Q. Did you ever ---

Are you aware of Mr. Peat suffering from high blood pressure or hypertension at any time?

A. No, I am not aware.
Q. Second page, if you can go there for me.
A. Sure.
Q. Affect, what does that mean?
A. Affect is what the practitioner, such as myself, sees the patient as being; compared to mood, which is in the patient's own words what they are feeling at the time.
Q. Tell me what this means, no flight of ideas, no looseness of association, no tangentiality?
A. Tangentially.
Q. Is that a type of disorder?
A. Yes. No flight of ideas, no looseness of association and no tangentially, these are ways that someone who has something called manic depression expresses themselves. They feel like their thoughts are racing, they are speaking very rapidly and loud. And their thoughts when they talk to you one doesn't connect with the other. In other words, they might say: The color is red, how are you doing today. That is just an example but he wasn't displaying any of these.
Q. He had none of that?
A. No.
Q. He denied any auditory or visual hallucinations. Denies suicidal and homicidal ideation.
A. Correct.

Q. He was alert, oriented to place and time?
A. Yes.
Q. Now, if you look down, it's indicated that, "Patient has been started on Zoloft 50 milligrams a day"?
A. Yes.
Q. Fifty milligrams, not a hundred?
A. Initially fifty.
Q. And when was it changed?
A. It was changed I think, in fact, sorry, November of '08.
Q. November of '08?
A. Yes.
Q. And you wrote this report in---
A. This report was written in '09.
Q. April '09?
A. Yes.
Q. That's a typo also. In April '09 he was on a hundred milligrams, correct?
MR. MALLAS: Judge, objection.
THE COURT: Overruled.
A. Yes. This report was written then there was a mistake made on that. It's on a hundred milligrams and then again there was a switch of medication too.
Q. The report is dated April 30th, 2009?
A. Yes, it is.

Q. And it would be perfectly fine with you having him take the generic brand of Zoloft, correct?

A. Yes, it would.

Q. You said that ---

You indicated that you spoke to a neurologist who had seen Mr. Peat?

A. Yes, I did.

Q. Who was that neurologist?

A. His name is Doctor Aric Hausknecht.

Q. And you know for what reason he saw Mr. Peat. Do you know if that was for this litigation?

A. He had to see him for neurological evaluation. I didn't discuss the litigation issues with him. I spoke to him physician to physician, trying to get treatment for my patient.

Q. And you know how many times Mr. Peat had seen him for?

MR. MALLAS: Doctor Hausknecht?

MR. DOODY: Yes, Doctor Hausknecht?

A. No, I have no clue.

Q. Did you review any of plaintiff's deposition testimony in this case?

A. No, I did not.

Q. So, do you know if the plaintiff took the medication you prescribed for him?

A. I would assume he's taking it.
Q. Do you know if he's on any medication at the present?
A. I have no clue whether he is on any medication or not since the last time I saw him.
Q. Do you know if he got any psychiatric or psychological treatment from the end of 2004 until the first time you saw him in 2008?
A. I am not aware of that.
Q. Do you know if he has gotten any since the last time you saw him, since May 2009 to the present?
A. I'm not aware of that.
MR. DOODY: Thank you very much.
I have no further questions.
MR. WRIGHT: No questions.
MR. VAN ETTEN: No questions.
MR. JONES: No questions.
MR. MALLAS: Your Honor, no questions.
THE COURT: Thank you very much, Doctor.
You are excused.
We will take a quick recess.
THE COURT OFFICER: All rise, jurors exiting.
(Whereupon, the jurors are excused at eleven forty AM.)
(Recess.)
THE COURT OFFICER: All rise, jurors entering.