



**Dr. Cherilyn Lee**(Nutritionist)

**Court.** You have a new witness?

**Ms. Cahan.** Your honor. Defendants call to the stand Cherilyn Lee. Cherilyn Lee, called by the defendants as a witness, was sworn and testified as follows:

**Court.** Thank you. Please stand, raise your right hand and face the clerk to my right. The clerk: do you solemnly state that the testimony you may give in the cause now pending before this court shall be the truth, the whole truth, and nothing but the truth, so help you god?

**A.** Yes. The clerk: thank you, ma'am. You may have a seat. Could you please state and spell your first and last name for the record.

**A.** First name is Cherilyn, last name is Lee, spelled c-h-e-r-l-y-n, last name l-e-e. The clerk: thank you.

**Court.** Thank you. You may begin.

**Direct examination by Ms. Cahan of Cherilyn Lee**

Q. Good afternoon, Dr. Lee.

A. Good afternoon.

Q. What do you do for a living?

A. I'm a holistic healthcare practitioner, and I'm also -- for a living, that's what I do, is a -- I'm a holistic healthcare practitioner, and a board certified family nurse practitioner, and a certified natural healthcare professional.

Q. And what is a nurse practitioner, for those of us who aren't familiar?

A. A nurse practitioner would be a little bit -- more education, I would say, than just an RN, because I am a registered nurse, also. You cannot be a nurse practitioner without being a registered nurse first.

Q. Okay. So you became a registered nurse?

A. First.

Q. And then you completed additional education and training to become a nurse practitioner?

A. Yes.

Q. And did you also complete some education to be a holistic practitioner?

A. Yes.

Q. And do you hold a PHD.?

A. Yes.

Q. In what discipline?

A. Holistic nutrition.

Q. And did you do a physician assistant training program at some point, as well?

A. I did, yes.

Q. Where was that?

A. That was at Charles Drew school of science and medicine.

Q. And that's in the L.A. Area?

A. That's in Los Angeles, Martin Luther King Hospital.

Q. Affiliated with UCLA, as well?

A. It is now. Back then, it was a little different, it was through Cal State Dominguez.

Q. And when did you complete your RN Training?

A. My RN Training was completed in 19-- I think it was '76. I can almost gauge it by my children's age because I had three daughters going through a two-year program. So, yeah, '76.

Q. So you were busy.

A. Yeah.

Q. And when did you complete your training as

A. Nurse practitioner?

A. Well, my nurse practitioner and p.a. Training was actually done at the same time. During that time, the Charles Drew school of science and medicine, the class 14, there were about five of us who were registered nurses, and they found out that the training was basically synonymous to a NP, so we were able to submit our paperwork. This is why people had such difficulty finding the school. But it was through drew, yes. And I do have a license as a board certified nurse practitioner.

Q. So you've been working as a healthcare provider since the '70's?

A. Since the '70's, yes.

Q. And in that span of time, have you ever worked with patients who were dependent on chemicals?

A. Yes, I have.

Q. And what -- generally speaking, what type of experience have you had with individuals suffering from chemical dependency?

A. Well, I worked a methadone clinic. I did the intake physical exams, so I had to get a thorough history of people who were using drugs during that time. I did work a residential program where people lived in, so, again, I had to do the intake physical exams and all of the detailed questioning as it related to chemical dependency.

Q. And where do you work today?

A. Today I work for a company called Nutri-Med Integrated Healthcare.

Q. And is that your company?

A. I work for Nutri-Med, yes.

Q. Okay. And is there a particular focus of the services that Nutri-Med and you provide?

A. Well, yes. My focus is IV Nutrition, and, also, my focus now is also in biological medicine and definitely with biological dentistry. I work with several biological dentists because we're finding now so many of the problems are associated, too, from root canals and mercury fillings and people are not aware, so --

Q. And back in 2009, did your practice also have a focus on nutritional therapies, natural remedies and supplements?

A. Yes.

Q. And about how long have you been affiliated with Nutri-Med, if you can estimate?

A. It's been a long time. It's through a couple of comas and losing a business, an earthquake, and -- so it's been a lot going on through my history with Nutri-Med.

Q. Dr. Lee, did you ever have occasion to treat Michael Jackson?

A. Yes, I did.

Q. And when did you first meet Mr. Jackson?

A. I met Mr. Jackson in January of 2009, the latter part of January.

Q. And when you first met him, did you speak with him about the kind of treatments you provide?

A. On my first visit with him, at the end of the visit, because I was not there initially to work with him -- and so at the end of that visit, he asked me, "what all do you do? And I shared some things with him, especially the IV. Nutrition and some other things nutritionally. So that's when we got started talking about the nutrition support for him.

Q. And that day when you first met Mr. Jackson in late January 2009, was that at his house or your office or somewhere else?

A. It was at his home.

Q. And when you spoke with him about the nutrition therapies you provide, did he ask you to treat him at that time?

A. Yes.

Q. And did you then subsequently start treating Mr. Jackson as a patient?

A. Yes, I did. I told him prior to any treatment that I would do that -- I'm very big on lab work, and especially functional blood studies, and so I explained to him that I would have to do blood work first, and especially a test called a g6pd enzyme test as it relates to IV Therapies.

Q. G6pd enzyme test?

A. Yes.

Q. What is that?

A. That is a test that measures your -- it has to do with the red blood cells, and it's very important for anyone who is to receive high doses of vitamin c or

A. Vitamin c because if you're deficient in this enzyme it hemolyzes the red blood cells. So that's a test before doing any type of IV Therapy that a person should have done.

Q. So you first met Mr. Jackson, he expressed an interest in -- in being treated with IV Therapies that you provide, you said you would do that, first you wanted to do some blood work?

A. Yes.

Q. And do you know when you did that blood work?

A. It's in my notes. I don't remember offhand.

Q. Okay. Would it help you if I give you a copy of your chart --

A. I actually have my own copy.

Q. Great.

A. Can you repeat the question, please?

Q. Yes. I'm just asking when you first began to treat Mr. Jackson, when you did that initial blood work.

A. After the blood work and everything, it was February 2nd -- actually, I drew the blood, and when drawing the blood -- with high doses of vitamin c is when you do the g6pd. If you're doing like 500 milligrams, 1,000 milligrams, it isn't necessary. So he started then, but because of his concern when he first started -- he was feeling tired a little bit, and so he thought that he was anemic, so that's kind of why we started looking at some other things first. So I just want kind of wanted to back up and clarify that, because I was trying to rule out anemia and some other things, also.

Q. Thank you. I appreciate that.

A. Thank you.

Q. So just to make sure that I'm following you, you began seeing Mr. Jackson as a patient right at the beginning of February 2009? Is that --

A. Yes.

Q. Okay. And I'm going to get into a little bit of detail about the treatments that you -- and your visits with Mr. Jackson, but first I want to get sort of the big picture of the time that you spent with him as a patient.

A. Okay.

Q. So beginning at the beginning of February 2009, for how long of a period of time did you continue to treat Mr. Jackson?

A. Until April.

Q. April of 2009?

A. 2009, yes.

Q. So you were treating Mr. Jackson in February, March and April of 2009?

A. Yes.

Q. Are you able to estimate about how many times you met with and provided medical care to Mr. Jackson during that about three-month period?

A. I would like to use the term, basically, nutrition care.

Q. Okay.

A. Thank you. Roughly about 20 times.

Q. When you would provide nutrition care to Mr. Jackson, was that ever at your office or was it always at his house or was it some mix of the two?

A. It was always at his home.

Q. The house on Carolwood Drive?

A. Yes.

Q. So now going back to this first treatment visit at the very beginning of February --

A. Yes.

Q. -- did you evaluate Mr. Jackson before you began treatment?

A. Yes. Before I answer that, let me just double check my notes.

Q. Sure.

A. Because it's been a while. Yes.

Q. And I want to show some of the pages from your records up on the screen, and we have a set that's been marked as a trial exhibit. I have -- unless anyone else as an issue, I have no issue with you using your copy of the records, but I just want to make sure we're talking about the same set of documents.

A. Yes.

Q. So do you understand that you were served a subpoena for your records from -- for this case?

A. Yes.

Q. And you provided copies of the records that you have there?

A. Yes.

**Ms. Cahan.** And, your honor, may I approach?

**Court.** You may.

**Ms. Cahan.** If you would be so kind as to hand a copy to the court. I know there are a number of pages.

**Ms. Chang.** I don't mean to interrupt. Just for the record, your honor, for clarity for the record, the documents that they produced to us are missing one page from what was produced, which is 12009.0015. But it's just a letter enclosure, so I have no objection to their version of it being produced and used in this trial.

**Ms. Cahan.** I have that in my copy so that just may be a copy mistake.

**Ms. Chang.** I'm only going with what was given to me.

**Ms. Cahan.** So I know that there are a lot of pages here, but generally speaking, do these look like the copy of your records that you've provided to the attorneys in this case?

**A.** So far, yes.

**Q.** Okay. And for the record, that's exhibit 12009, and it's consecutively paginated up to 12009.99. And, Dr. Lee, these also have a number here that says N.M.E.D., and it runs from 1 to 100. And it's my understanding, and I'll represent, that that's the bates numbering that was applied to these documents when they were produced to us in this case.

**A.** Okay.

**Ms. Cahan.** So, Pam, if you'd be so kind, could you please pull up page -- and just for counsel and the court at this point, page 17 of exhibit 12009. And, Dr. Lee, that's a February 1st, 2009 record. You'll see it on the screen. Any objection to showing that?

**Ms. Chang.** No objection.

**Ms. Cahan.** Do you recognize this document, Dr. Lee?

**A.** Yes.

**Q.** What is it?

**A.** It's a comprehensive physical exam where I started -- started in on his physical.

**Q.** And I see that name here is listed as David Mich?

**A.** Yes.

**Q.** Are these records for Michael Jackson?

**A.** Yes, they are.

**Q.** And why does the name David Mich appear here?

**A.** Because he asked me not to use his name.

**Q.** But this is a record, and all of these are records, of your care for Michael Jackson?

**A.** Yes, they are.

**Q.** And looking further down on this page, there's a line that says "chief complaint," and -- and then a section that says medical history. Pam, if you could blow that whole sentence up. Can you tell us what it says there under "chief complaint"?

**A.** Under "chief complaint," it's "fatigue, mainly midday, times several months."

**Q.** And what does it say under -- after "medical history"?

A. "stated he's felt tired, looking for energy through nutrition and food."

Q. Okay. I think that's okay for now. And so is this something that you -- that's your handwriting, this is something you wrote down on February 1st, 2009?

A. Yes.

Q. And when you met with Mr. Jackson that day, did it appear to you from just looking at him that he seemed fatigued?

A. A little bit.

Q. And he told you that he was experiencing some fatigue?

A. Yes.

Q. Down at the bottom of the page, I see there's a line that says "surgeries." Pam, if you can zoom in on that. What does it say there?

A. That he didn't want to talk about the surgeries at that time.

Q. Didn't want to talk about past surgeries at that time?

A. Past surgery at that time, yes.

Q. So you asked him about his surgical history, and he said that day, he didn't want to talk about it?

A. Right, uh-huh.

Q. And then below that, the line below that says "social history," and there's some circles with slashes. What do those relate to?

A. Those mean that he -- it means "no," actually.

Q. Okay. And so what does "social history" mean as a term?

A. Social history would mean, in that area, that he smoked cigarettes, alcohol, or any drugs, and he said no.

Q. So you asked him, "do you drink alcohol? Do you smoke cigarettes? Are you taking any drugs?" and he said no?

A. Yes.

Q. And is that illicit drugs or all drugs?

A. Well, in this type of form, it's both.

Q. And did you go through some other forms with Mr. Jackson that day that concerned his use of drugs and prescription medications in greater detail?

A. Yes. I have a very comprehensive package for new patients, so all of the preceding pages dealt with new patients when they are clients at Nutri-Med, so there are quite a few forms.

Q. So just so that we get an understanding of this, about how much time did you spend with Mr. Jackson on February 1st, 2009, going through the questionnaire and forms that you had?

A. It was most of the morning.

Q. A few hours?

A. Yes.

Q. And about how many questions did you ask him about his health status and health history during those few hours?

A. Well, that's all stated within the forms itself.

Q. Okay.

A. Because that's why I have to go through page after page. And I do this in my office. It takes me usually an hour, hour and a half, two hours per patient because there's a lot of questions.

Q. Are you able to give just a ballpark estimate of about how many questions you ask when you run through this series of forms?

A. No, I cannot, only because each one has a set -- this form here is up to 200 questions. Well, it was 200 questions from this form here.

Q. Okay. So just the one form that you went through with Mr. Jackson on February 1st, 2009, had 200 questions in it, ballpark?

A. Ballpark.

Q. A lot of questions. Okay. And, Pam, can we take a look at, just for counsel and the court at this point, page 24 of exhibit 12009, please. That will be shown to you, Dr. Lee, up on the screen that's in front of you, as well.

**Mr. Panish.** 24. Did you say 24?

**Ms. Chang.** No objection.

**Ms. Cahan.** Okay. Pam, could you please put that up for everybody.

A. You know, I just have an observation question.

**Ms. Cahan.** Sure.

A. I know it's late in the day, and some of the jurors look a little sleepy, so -- I mean, I am a medical person, but, you know -- and I know there's people who are probably tired. Some look a little sleepy.

**Mr. Panish.** Not me.

A. I mean, they're all very happy.

A. Couple look kind of sleepy.

**Court.** Well, they're awake now. They're awake now.

A. Okay. I figured that would help.

**Court.** Thank you for that.

A. I love what I do. I'm sorry. I have to find some humor, laughter.

**Ms. Cahan.** I'm sure I look a little sleepy, as well, Dr. Lee.

A. I know I do.

**Ms. Cahan.** Is this form titled "substance survey form" one of the forms that you went through with Mr. Jackson on February 1st, 2009?

A. Yes.

**Q.** And I see here there's a line that says, "prescription medications you are currently taking or have taken in the last year."

A. Yes.

**Q.** And then Tylenol p.m. is listed there. And then under "diagnosis," it says "for insomnia every now and then"?

A. Yes.

**Q.** Is that something Mr. Jackson reported to you?

A. Yes, he did.

**Q.** And did he disclose any other medications during this visit that he had taken within the past year or so from February 1st, 2008, to February 1st, 2009?

A. No, he did not.

**Q.** And so he told you occasionally he would take Tylenol p.m. for insomnia?

A. Yes.

**Q.** And did he tell you that he had taken any prescription medications in the past year?

A. No, he did not.

**Q.** Did you ask him that?

A. Yes, I did.

**Q.** And did he tell you that he took -- had taken any other over-the-counter medications other than tylenol p.m. In that past prior year?

**A.** No, he did not.

**Ms. Cahan.** Pam, could you please pull up for the court, the witness and counsel, to begin with, page 2 -- 12009.29, please. Any objection to that?

**Ms. Chang.** No objection.

**Ms. Cahan.** Dr. Lee, this is a form titled "medication history."

**Q.** Is this another one of the documents that you discussed with Mr. Jackson on February 1st, 2009?

**A.** Yes, it is.

**Q.** And generally speaking, what does this form relate to or concern?

**A.** Well, this form relates to different medications a person might have been taking because it also is through one of the companies that I work with, which is nutrition company called apex. So each one of those categories, they have a natural remedy, so that's why we utilize this more.

**Q.** Okay. And what period of time is this supposed to cover? Does this cover the prior year, like the form that we were just looking at, or is it meant to cover a longer time period?

**A.** It's meant to cover current, what's going on. And a lot of times, in asking -- I know that's probably your next question. I'm sorry I'm jumping.

**Q.** No, no. Go ahead.

**A.** I will put "past history," which I did there on xanax, because it was -- where he said, you know, it was past history, it was years ago and he kind of just moved on.

**Q.** Okay. So when -- the form is designed to ask about current medications, but when you went through it with Mr. Jackson, you also asked about historical use of the same medications?

**A.** I do ask.

**Q.** Okay. And you asked that of Mr. Jackson, whether he had ever taken these substances?

**A.** Yes.

**Q.** Okay. And you said -- you mentioned xanax there, and pam has helpfully highlighted that. Is that one of the drugs that you asked him about whether he had ever taken?

**A.** Yes.

**Q.** And what did he -- what does it say there that's been highlighted? "past" -- is that --

**A.** "past history, past history greater than 12 years."

**Q.** Okay. Does that mean that he was taking it for more than 12 years, or the last time he took it was that --

A. It was 12 years ago.

Q. Thank you.

A. Thank you.

Q. And I see below that "Ambien" is circled, as well.

A. Yes.

Q. And then it says "past history" with a question mark. What does that signify, if you can recall?

A. He just said past history, it's something he didn't remember, it didn't work for him.

Q. Okay. So he had taken it at some point, but not for any sustained period of time?

A. No.

Q. And did he tell you about any other prescription medications he had taken in response to this list and series of questions?

**Ms. Chang.** Well, your honor, "Ativan" is circled, also.

**Ms. Cahan.** I'm sorry. I see -- I see that now, on that same line as xanax.

Q. So did he tell you he had also taken -- at some point, taken Ativan?

A. Yes.

Q. Thank you, Ms. Chang. So other than xanax, Ativan and Ambien, did Mr. Jackson disclose to you in response to these questions that he had ever taken any other prescription drugs or the other substances listed here?

A. No, not while we were going through the history here, no.

Q. Are xanax and Ativan benzodiazepines? I see there's a little parentheses there on the line above them being -- do you see where it says "agonist modulator of gaba receptor"?

A. Yes, I do see that.

Q. Does that mean that those are examples -- that those drugs are benzodiazepines?

A. They would be in that family because they're under that heading.

Q. Okay. And when Mr. Jackson told you that he had taken xanax and Ativan more than 12 years ago, did he tell you why he had been taking them at the time, for what medical concern?

A. Stress.

**Ms. Chang.** Your honor, just misstatement of the record. I'm sure it was unintentional. But the 12 years is actually pointing to the xanax and not the Ativan.

**Court.** True.

**Ms. Cahan.** I'm sorry. That was my mistake.

**Q.** Did he tell you that he had taken Ativan more recently than in the past 12 years?

**A.** No.

**Q.** Okay. So when he said more than 12 years ago, was he talking about both xanax and Ativan, or Ativan, or one or the other?

**A.** He was talking about both. I know I had the arrow there, but it was under that heading, he meant both.

**Q.** Okay. Appreciate the clarification.

**A.** Thank you.

**Q.** And Mr. Jackson, as of February 1st, 2009, denied taking any medications other than those three at any time?

**A.** Yes.

**Q.** And Mr. Jackson didn't tell you at that time that he had ever taken demerol or meperidine?

**A.** No.

**Ms. Chang.** Well, objection, your honor. She said this form is only for the natural substitute for that, and it's not listed on this page.

**Ms. Cahan.** I'm asking a question independent of the form.

**Court.** Overruled. You may answer. Did you ask?

**Ms. Cahan.** She did answer. She said no, I believe.

**Court.** Did you ask him specifically about demerol?

**A.** Did I -- no, it's not on this form here.

**Ms. Cahan.** And did Mr. Jackson tell you on February 1st, 2009, that he had ever gotten diprivan or propofol?

**A.** We're looking at which date?

**Q.** February 1st, 2009, when you went through these few hundred questions with him.

**A.** No.

**Q.** And did he tell you on February 1st, 2009, that he had gone into a rehab program in 1993 for a dependency on painkillers?

**A.** No.

Q. Did you suspect that he wasn't telling you the whole truth about his medication history that day?

A. I suspected he was telling me the complete truth. We were doing a complete survey to find out where his insufficiencies were nutritionally, and I just want to add that he was very concerned about being healthy. That was the whole premise of my being there, and not for medication, so that was just part of the history.

Q. Okay. And I don't want to take up too much time going through the other forms, but you went over some other forms with him that day?

A. Pardon?

Q. Did you go over some other forms other than the ones we've just looked at with Mr. Jackson on February 1st, 2009?

A. For the forms, no, I think that was -- I think that was it, what I have here.

Q. Did you ask Mr. Jackson any questions about -- well, let me back up a little bit. Mr. Jackson told you on February 1st, 2009, that he was feeling fatigued?

A. Yes.

Q. Did you also speak with him about whether he was having trouble sleeping on February 1st, 2009?

A. We didn't go into a lot of questioning on fatigue -- insomnia at that time, no.

Q. So he didn't express to you that he was having problems with insomnia on February 1st, 2009, he just said he was feeling fatigued during the day?

A. He was feeling fatigued, yes.

Q. But he did note that he had taken Tylenol p.m. Occasionally over the prior year for insomnia?

A. Yes.

Q. In addition to -- in addition to filling out these questionnaires with Mr. Jackson, did you also perform a physical exam of Mr. Jackson on February 1st, 2009?

A. Yes, I did perform a partial physical examination. Let me just double check the date, because I want everything correct. What date did you ask just? I'm sorry.

Q. February 1st, 2009. I think that's the date of your first visit with him.

A. Yes.

Q. And did you perform some physical examination of Mr. Jackson on that day?

A. Yes. We sort of bypassed my physical, so -- yes, I did.

Q. Okay. And did you also -- you had mentioned that you wanted to draw some blood. Did you draw blood on that visit or was that at some later point?

A. The blood draw -- I drew blood on him on the second visit, yes.

Q. Okay. So based on your initial examination of Mr. Jackson, and your conversation with him, and the blood work that you did, what was your general impression of Mr. Jackson's health as of the beginning of February 2009?

A. In the beginning, he seemed pretty healthy. His concern was maybe being -- you know -- my concern was that he was drinking red bulls because while we were sitting there talking before I drew his blood the day that I came in, he had had several. So I'm thinking his tiredness and fatigue and -- I'm trying not to get ahead of myself, either, but -- was related to that. Because I brought all the research with me to show, you know, based on some of his tests as we go along this journey that -- why that was such a big problem with caffeine. It puts you into more -- he was hypoglycemic, and the fatigue and all of that kind of coincides with that there.

Q. So you had some concern about the amount of red bull that you saw him drinking on that first day, but overall, he looked pretty healthy to you?

A. Oh, yes.

Q. And during the time that you were caring for Mr. Jackson from February to april of 2009, did that remain generally true? Did he generally appear pretty healthy to you?

A. Yes.

Q. Did you talk with Mr. Jackson about his weight at that first visit?

A. Yes.

Q. And what did you discuss?

A. Well, I -- I thought, you know, being -- that he maybe want to gain some weight, only because -- he looked healthy for his height and everything, but he expressed that during a concert, he cannot carry all that weight and perform like he'd want to, so he was -- didn't want to gain a lot of weight.

Q. So he told you he didn't want to gain weight?

A. He didn't want to gain a lot of weight. He didn't want to gain -- he liked the weight where he was.

Q. Okay. And that seemed appropriate to you at the time, that he was at a weight that would be healthy?

A. Oh, yes.

Q. And did he say anything to you about losing weight in connection with performing?

A. No.

Q. Did he tell you at that first visit whether he would tend to sweat a lot during performances?

A. Yes, he did.

Q. And do you recall what he told you about that? And I can point you to a page of your records if that would help.

A. Oh, yes. I have it in front of me.

Q. Okay.

A. He said that during rehearsal, he had a tendency sometimes to lose up to 5 pounds of just sweating, that a lot of times, they would have to mop the floor.

Q. And that's a lot?

A. I would assume that to be -- if I could drop 5 pounds from one workout, I would feel very good.

Q. Me, too. And did Mr. Jackson in this initial visit mention anything about his eating habits or preferences?

A. He did. He did mention that he really didn't care to really eat a lot, and -- and that's when I had a little concern, because he said he just didn't want to eat a lot of different foods.

Q. And did you say anything to him in response to that about, you know, the importance of nutrition or eating? Because you were -- you were there to talk about nutrition care, right?

A. Exactly.

Q. Okay.

A. Now, what had happened -- and I knew that I would find what I needed when I did his lab work, and that's exactly what happened. So when the lab work came back, it showed that he was hypoglycemic, and one of the reasons for being hypoglycemic, low blood sugar, is from skipping meals and not eating enough and drinking red bulls. So -- because it affects the adrenal glands and the cortisol level, and when that happens, you end up with insomnia. So that's when I explained it to him. So because he talked about the fact of sweating during rehearsal, in my report, I had a definitive diagnosis there, so I also put down, you know, to rule out dehydration, to rule out everything prior to lab work because it was important for me to find out exactly what was going on prior to a nutritional program. And because I work with lab work as it works with nutrition -- so if you're hypoglycemic, what do you need? If you have other lab components that are low, then what do you need nutritionally? So each component of a lab test, including a c.b.c., there's nutrition that can go with it to help turn it around. And as you see through this report, his lab was actually corrected with his diet.

Q. So through your initial evaluation of Mr. Jackson, you determined that he was hypoglycemic?

A. Yes. It's in his records.

Q. And that could be a cause of the fatigue he was experiencing during the day?

A. Yes.

Q. And also a cause of -- could also cause insomnia in combination with the red bull and caffeine?

A. Yes. I have all that here with me, too.

Q. Okay. And then did you recommend nutritional therapy to him to address the hypoglycemic?

A. Yes, stop skipping meals, decrease the red bulls. We had meals together, so he started eating more, which was really good.

**Q.** And did you observe a change in his -- let me step back a second. Did he say he was feeling better after taking your advice about improving his eating?

**A.** Improving -- improving his eating, yes, along with a very well-balanced nutritional smoothie. And I can't just say a smoothie, because that sounds so generic, but this was a nutraceutical combination that covered every organ system in the body and gave him a lot more energy because not only was he deficient -- hypoglycemic, but he was also folic acid deficient, so nutritionally, I had to balance that back. And, also, his vitamin d level, which is very important for a person who has a diagnosis who is not out in the sun a lot, you know -- the sun and the skin is a precursor for vitamin D-3. So I added that to his program, also. So he started to feel really great.

**Q.** So in addition to feeling better, did you observe his weight change meaningfully one way or the other after he was using the -- changing his diet in the ways you recommended and drinking the smoothies?

**A.** He looked healthier, yes. I mean, even to the point in the early part of march before he left to go out of town -- even in the media, they said he looked great, "we've never seen him look so good."

**Q.** And did you see his weight change significantly one way or the other, or just his overall health improved?

**A.** Well, I was only with him until April.

**Q.** Right. So from February to April, was his weight pretty much stable?

**A.** I didn't -- yes.

**Q.** At any point during the period that you were treating Mr. Jackson did he ever tell you about any other treatments or medications he was receiving from other medical professionals --

**A.** No.

**Q.** -- other than you? Did he tell you whether he was seeing other physicians at the same time as you were treating him?

**A.** No.

**Q.** Is that something that you asked him about? Did you ask him whether he was seeing other doctors?

**A.** No. I would see him for the nutritional component, and if he had a medical issue, I'm sure he would have said something.

**Q.** But you did ask him about medications he was taking in that time frame, and he said the occasional Tylenol p.m.?

**A.** Yes.

**Q.** So Mr. Jackson never mentioned Dr. Klein to you?

**A.** I never heard of his name until later.

**Q.** And did he ever mention Dr. Metzger to you?

**A.** No.

Q. What about Dr. Murray? Did you meet Dr. Murray when you were treating Mr. Jackson?

A. No, I did not.

Q. And were you aware that Dr. Murray -- of whether Dr. Murray was treating Michael Jackson in that February to April time frame when you were caring for Mr. Jackson?

A. No, I was not aware.

Q. Aside from completing the forms that we've already talked about from your initial visit on February 1st, did Michael Jackson ever talk to you about alcohol or drugs?

A. No. You mean as a past medical history?

Q. Well, maybe I --

A. Or current?

Q. Maybe I asked it -- let me try to ask a more specific question.

A. I just want to be clear so I can answer it properly. Thank you.

Q. Did he ever discuss with you opinions that he had about drug and alcohol abuse in the entertainment industry?

A. No. He was really against it.

Q. So he told you at some point that he was against drugs and alcohol?

A. Yes.

Q. And do you remember anything more about this conversation, or the context for it?

A. The con- -- we were just talking in general. I spent a lot of time with him, and he was just talking about, you know, people in the industry should not -- refrain from that so it doesn't mess up their careers.

Q. And did he say anything about that with respect to himself?

A. He said he -- that was not part of his lifestyle.

Q. So drugs -- he told you drugs and alcohol are not part of his lifestyle?

A. Drugs -- now, when you say "drugs" --

Q. I mean illicit drugs.

A. Okay. Yeah, he was definitely opposed of illicit drugs.

Q. And did he tell you illicit drugs and alcohol are not part of his lifestyle?

A. Definitely not part of his lifestyle, no.

Q. And we talked a little bit earlier about the work that you did, the residential treatment -- drug treatment program and the methadone clinic.

A. Yes.

Q. And as part of that -- that work or other training that you've had, have you ever gotten specialized training in how to identify symptoms or physical manifestations of chemical dependency drug abuse?

A. I did all the intake -- I was trained there, yes.

Q. Okay. Did you ever, in all the time that you spent with Mr. Jackson from February to April of 2009, suspect that Mr. Jackson was abusing drugs in that time period?

A. Absolutely not.

Q. Did you ever see any signs during the time that you were with him that he was -- or symptoms that he was abusing drugs?

A. Absolutely not.

Q. I want to talk a little bit about the sleep issues that you said. You said during the initial visit, Mr. Jackson said he took Tylenol p.m. Occasionally over the past year for insomnia.

A. Yes.

Q. And he identified fatigue during the day as

A. Complaint?

A. That was initially --

Q. Okay.

A. -- before we removed the red bull, added the nutritional drinks, added the folic acid, added the vitamin d-3 and all the nutritional concerns. I don't have anyone around me tired or fatigued, including myself, and I'm a grandmother of nine now, so --

Q. That's impressive.

A. I know. My grandchildren tell me.

Q. So back in February, Mr. Jackson's primary complaint was fatigue. Did there come a time later where he came to you for help with trouble sleeping?

A. That was in April.

Q. Okay. And were you giving Mr. Jackson periodic intravenous therapies?

A. I was giving him IV Of vitamin C, which is a Myers' cocktail, yes.

**Q.** Okay. And did there come a time in march of 2009 when he told you he wanted help sleeping more and better?

**A.** Yes.

**Ms. Cahan.** And, Pam, can you just show to the court, counsel and the witness exhibit 12009 at page 49, please.

**Ms. Chang.** No objections, your honor.

**Ms. Cahan.** And what is the chief -- is this another record of a visit that you had with Mr. Jackson on march 24th, 2009?

**A.** Yes.

**Q.** And what is the chief complaint as reflected here?

**A.** "feeling very tired. Very tired, long day."

**Q.** Can I tell you what I think it says there and you can tell me if I'm right?

**A.** Yes. Thank you for interpreting my writing.

**Q.** "thank you for coming and bringing the natural sleep products, but I don't think they're going to work."

**A.** Yes. Now, if we could -- if we could back up a little bit, because what happened is I was there that mornings. If you see at the top, it says evening, p.m., so I was there that morning.

**Q.** Okay. So you came back again later in the day?

**A.** Yes, that evening.

**Q.** And Mr. Jackson at that time told you -- is this what he told you, "thank you for bringing the natural sleep products but I don't think this is going to work"?

**A.** He said that, but we went ahead and did his treatment.

**Q.** Okay. And what treatment did you give him on that evening?

**A.** Can you go up a little bit on your chart?

**Q.** Sure.

**A.** I'm sure it was the myers' cocktail, but I just don't want to say yes without seeing it. Yes.

**Q.** Okay. And that was an intravenous vitamin therapy?

**A.** Yes.

**Q.** Just to be clear, no pharmaceutical drugs in that?

**A.** Absolutely not.

**Q.** That's not something that you use as a treatment for your patients?

**A.** I do not.

**Q.** Okay. And over the course of your treatment, did you ever give Mr. Jackson anything else to help him sleep other than the Myers' cocktail?

**A.** No.

**Q.** Did you ever recommend to him that he drink herbal tea?

**A.** You know, let's back up to the other question. Say that again.

**Q.** I asked if you ever gave him any other -- any -- anything else to help him sleep.

**A.** Okay. Natural remedies, yes. So I did give him herbal teas, I gave him a natural supplement that's great for sleep which is a nutraceutical that's very good. So yes, I did.

**Q.** And I think this is clear, but just so that we're perfectly clear, did you ever give him any prescription medication to help him sleep?

**A.** That's what I was looking for. No.

**Q.** And did you ever speak with Mr. Jackson about habits that might be affecting his ability to sleep well?

**A.** Most definitely.

**Q.** Tell me about that.

**A.** Well, you know, in the course of treating him, I did discuss about sleep hygiene. And that sort entails going to bed with too much light on, maybe too much music, e.m.f.'s that are very important. If a person is surrounded by a lot of e.m.f.'s, we discussed that.

**Court.** Can you tell us what e.m.f.'s are?

**A.** E.m.f. is your cell phone, your clock near your bed. Now I'm having people to look for towers around their house because that really stimulates. Smart meters on your home can also affect your sleep, also. So when I talk about sleep hygiene, I'm going through all of that so I can cover, you know, the whole realm. And including, not excluding, testosterone levels for men. There's been studies shown to show men with low testosterone, one of the problems could be insomnia. And, also, I suggested doing the neurologic testing with amino acid, a urine test, which is very important.

**Ms. Cahan.** Did you advise Mr. Jackson to turn off the lights, turn off the music, not play d.v.d.'s in his bedroom when it was time for him to sleep?

**A.** Yes.

**Q.** Did he take that advice?

**A.** He said it doesn't bother him. I was in a room with him, and he said that's the only way he really can sleep.

Q. And so he didn't accept that advice, but he did try the Myers' cocktail and the teas and the other things that you -- the other herbal remedies that you recommended to him?

A. Yes, he did.

Q. And was he satisfied with those natural sleep products?

A. Well, he -- the longest he slept I think was five hours, but he wanted to sleep -- he just got to the place like in end of march, early April, where he just seemed a little bit more -- and I know it's in my notes where he was seeming like he really needed something more. This is why I said let's -- let's try everything, and we did, you know.

Q. And is one of the things that you recommended that Mr. Jackson try a sleep study?

A. I recommended that we bring someone there if he didn't want to go to a center and to do a sleep study.

Q. And was this in the sort of April 2009 -- toward the end of the time that you spent with him?

A. Yes.

Q. And how did you think a sleep study might be able to help him sleep better?

A. Well, when they do -- I'm not an expert in sleep studies. I do recommend my patients to go have them that are having sleep problems because we know that, you know -- less than five hours of sleep, how it affects your health. And so I do recommend people to have sleep studies just to see what's going on because they can be observed while they're sleeping throughout the night to see what's going on.

Q. And you offered to arrange for somebody to come to Mr. Jackson's house who was a specialist in sleep studies to -- to do the analysis?

A. I did not arrange for anyone to go to his houses. I suggested to him that we should look -- entertain sleep studies, and that I would find someone.

Q. Got it. But that never happened because he didn't want to do a sleep study?

A. No.

Q. Is that correct? Just for the record.

A. That's correct. It might have been my last day there that I -- that conversation came up, but I know it was near the end or the last day.

Q. And in connection with these sleeping issues that you were working on with Mr. Jackson, did there ever come a time where he asked you to stay overnight to observe him sleeping?

A. Yes.

Q. And when was that?

A. What page are you on? I'm sorry.

**Ms. Cahan.** If it would help you to take a look, it's page 54 of exhibit 12009. And, Pam, can you just put that up for counsel and the witness and the court at this time?

**Ms. Chang.** No objection.

**Ms. Cahan.** Okay. You can put that up.

**A.** Yes, he did ask me to --

**Ms. Cahan.** Okay. On April 19th?

**A.** Yes.

**Q.** Okay. Do you know what day of the week April 19th was?

**A.** I believe it was a Sunday.

**Q.** And did you see Mr. Jackson more than once -- do you have more than one visit with him on April 19th?

**A.** Yes.

**A.** Morning and an evening.

**Q.** And did he express in the morning a concern to you about wanting some additional help sleeping?

**A.** Yes.

**Q.** And did he ask you to come back that night to observe him sleep?

**A.** Yes.

**Q.** And did you do that?

**A.** Yes, I did.

**Q.** And did he ask you for any -- in the morning visit, did he ask you for any prescription medication to help him with his sleeping troubles?

**A.** No, he did not.

**Q.** Did he ask you about a medication called diprivan that morning?

**A.** That morning? Yes.

**Q.** When he asked you about diprivan, did you know what it was?

**A.** No, I did not know what diprivan was. In the daytime when I was there, it sounded like it could have been so many things, so I -- the reception at his house was pretty bad, so I stepped out and called a friend of mine and asked him what was it because I didn't know what it was.

**Q.** And --

A. And he -- I'm sorry.

Q. No. Please continue.

A. Then he shared with me what it was, and then I knew at that point that was something that he should not have at home.

Q. And what did he tell you diprivan was, what kind of medication?

A. He said it's something that's used either as an anesthetic for surgery or in some dental office. But basically -- when he said only in anesthesia, it's something they use, then I knew then, you know, it was something that it was absolutely nothing I was going to entertain.

Q. And do you know today that diprivan is a brand name for the drug propofol?

A. I know now, yes.

Q. Did Mr. Jackson -- what did Mr. Jackson say to you about diprivan on that morning of April 19th?

A. Well, what he said that morning is, "I'm very tired," and he seemed very -- he seemed like something was going on, you know, other than -- he wasn't quite him -- I mean, he was very jovial, very happy, very up, but that morning, he just didn't kind of seem that way. I remember being in his bedroom and I could look out the window and see the kids outside and, you know, under the tree, and he just wasn't quite, you know -- we had lunch that day, too, and -- but he wasn't quite himself. Not himself, he just seemed really stressed or something, you know. He said at certain points he was just under

A. Lot of pressure to finish up, you know, the -- you know, finish rehearsals and stuff. And he said, "I've got to get a good night's sleep so I can do this. I've got to get a good night's sleep." so after I tried to tell him a little bit about propofol, I knew I was going to see him that evening and we were going to try again with the Myers' cocktail, and -- but I went to my office because I had to go there to get everything anyway that Sunday. So I picked up my p.d.r., physician desk reference, and I wanted to show him, you know, the side effects of the propofol, or diprivan, as I knew it then. And I, you know, set the book on his lap to try to go through the symptoms and say, you know, these are the problems with this medication, and --

Q. And I don't want to cut you off, but before -- I'm sorry. Just before we get to the second block of time that you spent with him on April 19th, there's just one other question I wanted to make sure that we covered.

A. I'm sorry.

Q. No, no. I didn't want to interrupt you, I just wanted to make sure we were getting the sequence. So when he first mentioned diprivan to you, did he say that that helped him -- would help him sleep? Did he connect diprivan to the trouble that he was expressing having sleeping?

A. Yes.

Q. And then you made a phone call to someone who told you that diprivan is an anesthetic that's used for surgery?

A. Yes.

Q. And then you went back into the house and spoke with Mr. Jackson again a little bit more about diprivan?

A. Yes.

Q. And then you went to your office and you got the p.d.r. And some other things, and you came back for the second visit later in the evening?

A. Yes.

Q. Okay. And in that first conversation in the morning after you spoke with your colleague or the person that you spoke with about diprivan, did you go inside and tell Mr. Jackson what you had learned about what kind of drug diprivan was from the phone call?

A. Yes, I did.

Q. And what -- what do you remember telling him?

A. I remember telling him that it wasn't something he wanted to use at home, that it wasn't a safe medication, that it was definitely not a medication for insomnia. Because that was his issue, was insomnia, and -- you have to forgive me because I tried -- he kept leaning into me and saying, "you don't understand. I've been told that diprivan is safe," because I had already told him how unsafe it was. And he said, "no. Doctors have told me that it's safe," and -- and I was telling him it wasn't because it's not used at home.

Q. Did he tell you whether he had had diprivan at home or for sleep before when he was telling you it was safe?

A. He said -- I asked him, and he didn't really go into details at that time.

Q. Okay.

A. He just said that doctors have always told him it was safe. And I asked him what doctors, and he didn't mention any doctors.

Q. And what was his demeanor like when he was telling you this?

A. His demeanor was, "I have to have this. I have to have something that's going to help me to sleep. You don't understand. I have not had a good night's sleep." and knowing what people can slip into when there's sleep deprivation, it can be very serious, and that was bothering me, also, if he was not sleeping. And -- but he seemed like he just wanted a really good night's sleep.

Q. So this -- this first conversation, it seems like -- was it upsetting to you?

A. It was upsetting to me because there was just some inner feeling that I had that it just wasn't safe. And for some reason, physicians had told him that it was, and he felt that physicians are not going to lie to him. They're going to tell him the truth, and he took their word for it. So he felt -- like I'm a nurse, I'm a nurse practitioner, I'm not a medical doctor, and so -- not that he was disqualifying me because I was. He just felt doctors have -- he kept telling me -- I mean, it's so stressful for me because of the way -- you have to see his face for him to say, "you don't understand. Doctors have said this is safe. I just need a good night's sleep." and he was becoming more persistent about asking because he wanted a good night's sleep. And I was trying to tell him that, and he said, "you don't understand. Doctors have told me it's safe." that's one of the reasons I went to go get my p.d.r.

Q. And -- and part of the reason you wanted to show him the p.d.r. Is to show him that it wasn't -- evidence that it wasn't safe?

A. Yes.

Q. So after you went to your office and got the p.d.r. -- that's the physician's desk reference?

A. Desk reference, yes.

Q. And you said you came back to his house later in the day, and you showed him the p.d.r.?

A. Yes.

Q. And what did you discuss with him about propofol and the p.d.r.?

A. Well, I went to the page of the p.d.r. -- it's in my notes, what page number it was, the p.d.r. From 19- -- 2000 -- I'm not even going to guess. I don't -- it's in my notes. Anyway, I went to the p.d.r. And I showed him the side effects of the diprivan, and that is something he didn't want to do at home, and this is it. And he kept saying, "you don't understand. Doctors said it's okay." I said, "I understand that. I understand what you're telling me, but look at the side effects. But this is a p.d.r., and in this p.d.r., every medication in here has side effects. And even though I'm trying to tell you that -- you know, Lipitor has so many darn side effects, it's even in the news now. You know, aspirins have side effects." so I told him -- I said, "I know doctors have told you there are side effects, but you don't understand. There are a multitude of side effects with this. But everything in this p.d.r. Is going to show you the advantage and disadvantage." so that's why he tried to tell me that he would be safe, and doctors said that he would be safe.

Q. And did you make some notes in your chart about this conversation after you had it with him?

A. I made some notes in the chart.

Q. Okay. And --

A. I didn't mention Lipitor because financially -- you know, all statin drugs have major side effects.

**Ms. Cahan.** And, Pam, could you just put up for counsel, the court and the witness page 55 of exhibit 12009.

**Ms. Chang.** No objection.

**Ms. Cahan.** Okay.

Q. And are these some of your notes from that April 19th, 2009 visit with Mr. Jackson?

A. Yes.

Q. Okay. And while Pam is pulling that up, I see a portion in here that says "I went as far as to say 'I understand you want a good night's sleep and want to be knocked out, but what if you don't wake up?'" is that something that you wrote -- recounted in your conversation with Mr. Jackson that evening?

A. That's what I said.

Q. That's what you said to him at the time?

A. Yes.

**Q.** So you warned Mr. Jackson that if he took this medication, propofol, for sleep, he might never wake up again?

**A.** Yes.

**Q.** What did he say in response to that?

**A.** That's when he kept telling me, "you don't understand. Doctors have told me that the medication is safe just as long as I'm being monitored."

**Q.** And did you respond to him about that? Did you say anything further?

**A.** I asked him who again, and he didn't say. And I still stated that it isn't a medication that you -- you want to have -- you should not have this at home, monitored or not. I know that part is -- but he said, "as long as they bring equipment and I am monitored, I am safe, and doctors have told me that I am safe."

**Q.** And how long did you and Mr. Jackson go back and forth talking about him saying, "I'll be safe if I'm monitored" and you saying, "this is not safe"?

**A.** We went back and forth for a few minutes because he was very persistent to try to explain to me how, "I'm going to be safe." if a doctor tells you, you know -- and I could feel where he was coming from, because the doctors will put people on medication and tell them, "you will be safe." I hear it all the time from my cancer patients to the chemo -- this is something I hear all the time. So I could feel where he was coming from. You know, and these people, they're not -- it isn't safe. So that's why I was trying to tell him how it wasn't safe, but if doctors have already told him it was safe, and your doctor has told you it's safe -- this is one reason why I couldn't even help my own mother. I'm sorry. I kept telling her she couldn't take all this medication, and she did, and she died in 2010 because she believed her doctor, you know. And I'm so sorry. This is so stressful for me because of what I have gone through, and you try so hard, you know, and -- I'm sorry. I'm sorry.

**Ms. Cahan.** I'm sorry, Dr. Lee. Maybe this is a good place to break for the day.

**Court.** Yes, let's break for the day.

**A.** I'm sorry.

**Court.** That's okay. Everybody, 9:45. 9:45.

**A.** I can't do this anymore. I really can't do this anymore. It is so unfair. I am so tired, I feel so sick.

**Ms. Chang.** Your honor -- your honor, we would object --

**Mr. Panish.** Your honor, come on. That's not appropriate.

(the following proceedings were held in open court, outside the presence of the jurors:)

**Mr. Panish.** Your honor, I want to go on the record. It's not appropriate in front of the jury -- the witness is having an issue. She has two family members here with her coming up to help her. That one of the lawyers out of the audience would come up and try to comfort the witness -- obviously, she's emotional, but that's not appropriate in front of the jury, to do that.

**Mr. Putnam.** I think, your honor, in light of the fact that we called her, it doesn't reflect anything poorly on anyone, and I think it would reflect poorly on all of us to not have someone come up and help her. And I think the fact that we called her as a witness, there's nothing inappropriate about --

**Mr. Panish.** It's trying to curry favor with the jury, your honor.

**Court.** Didn't Mrs. Jackson have a problem? Didn't she start crying and --

**Mr. Panish.** Nobody went up there, and just like Mr. Ortega had a problem when I was questioning him, and he asked to go into the jury room, and I didn't go up there and try to curry favor with him, and I didn't go up there.

**Ms. Chang.** Wait. Your honor, also, it is our client. But number 2, there's case law here -- even if a witness has a heart attack or needs c.p.r., they have cases on this very point that counsel are to stay put where they are.

**Mr. Panish.** And a counsel from the audience to run up there --

**Court.** What do you want me to do?

**Mr. Panish.** I think she should be admonished. Come on, your honor. That's not appropriate decorum in a courtroom in a jury trial. Okay? There's a court attendant, there's court staff in the courtroom that deal with those issues. Lawyers don't do that. That's not appropriate, for a lawyer to come out of the audience in front of the jury to a witness. You know that, your honor. Come on. I mean everyone has been around long enough.

**Ms. Chang.** It makes us look cold and inhuman that we didn't do anything, and Mr. Panish is the closest one to her.

**Mr. Panish.** I'm not going to run up there and do that in front of the jury. That's inappropriate. And I purposely didn't do it, not to not emotionize (sic) with the witness, but it's not appropriate with a court in a jury trial.

**Court.** You tell me what you want me to do about it.

**Mr. Panish.** She should be admonished not to do that.

**Ms. Chang.** I think we should admonish her in front of the jury.

**Court.** Then you provide a brief for me that talks about this issue, and if that's the remedy and I'll consider it. I'm not going to do that --

**Mr. Panish.** You know that's not appropriate. Come on.

**Court.** Maybe it's not, but it might be a natural human reaction, maybe.

**Mr. Panish.** But when you're trying cases, there's a lot of things --

**Court.** I understand that, Mr. Panish. I've done it myself. I understand what it's like to try cases. I understand people get emotional in a case, witnesses get emotional, lawyers get emotional. If you want me to do something about it, write a brief, tell me what it is you think is the remedy, and I'll consider it. But it happens. Appropriate or not, it happened.

**Ms. Chang.** It does, your honor, but we're penalized because then what do we do? Should we all start running up now for every witness?

**Court.** Write the brief.

**Mr. Panish.** Why are you yelling at me, your honor?

**Ms. Chang.** She's not yelling at you.

**Court.** I'm not yelling at you.

**Mr. Panish.** I have been chastised many times -- not in this case -- for anything --

**Court.** Mr. Panish, I am being --

**Mr. Panish.** -- for this kind of conduct in a trial.

**Ms. Chang.** It's all right.

**Mr. Panish.** It's not appropriate, your honor.

**Mr. Putnam.** I think the point has been made.

**Ms. Chang.** It's okay.

**Court.** I told you --

**Ms. Chang.** The point has been made. I'll write the brief.

**Court.** Brief it. Things happen. If there's a remedy, take some time to think about it, write a brief. If there's an admonishment I have to give, let's do it right.

**Mr. Panish.** There were four lawyers sitting up here, none of them did anything.

**Ms. Chang.** We'll do it right.