

**Katherine Jackson V AEG Live – August 29<sup>th</sup> 2013**



**Doctor Cherilyn Lee**

**(The following proceedings were held in open court, outside the presence of the jury :)**

**Ms. Chang.** Your honor, we did have a matter before the jurors --

**Mr. Panish.** And I know it's late, but -- but we're going to be off for five days now, so --

**Ms. Chang.** Your honor, you had given me an assignment last night to write a trial brief. I did do that.

**The court.** I read it. I'm not prepared to address that right now.

**Ms. Chang.** Can I just state for the record, though, it is clearly within your honor's discretion. I just think that the more time that passes -- it was a powerful moment yesterday. I believe that the more time that passes, the more prejudice to the plaintiff, so I do think that before the witness is off the stand that it should be addressed. But I know that today's schedule is off, it's important to get the witness off the stand, but I do believe that --

**Mr. Putnam.** Your honor, Ms. Chang said what she has said many times here before when something happens, "I have a case on that. I have a case directly on point on this." so we went, "wow. What is that case?" we went last night and looked through all of California law; and you'll note that there's not one case in here that addresses this on point, your honor. Not one that talks about a need for a curative instruction when there's a witness on the stand who is being emotional and someone goes up because that would not constitute misconduct in this case. Your gut reaction --

**Ms. Chang.** Your honor, if he's going to argue substantively, then I wouldn't have yielded the floor. We're either going to argue it substantively or bypass the whole thing.

**The court.** Then let's bypass the whole thing.

**Mr. Putnam.** Let's bypass it. Thank you.

**Mr. Panish.** At the end of the day, can I say something about it? At the end of the day.

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

**The court.** Katherine Jackson versus AEG. Live, bc445597. Good morning, everybody. Counsel, will you make your appearances.

**Mr. Panish.** Good morning, everyone. Brian Panish for the plaintiffs.

**Ms. Chang.** Good morning. Deborah Chang for the plaintiffs.

**Ms. Biscay.** Good morning. Cameron Biscay for the defendants.

**Ms. Cahan.** Good morning. Kathryn Cahan for the defendants.

**Mr. Putnam.** And Marvin Putnam, good morning, for defendants.

**The court.** Before we start, I want to apologize for keeping you waiting so long. What happened was that there was a motion in this case pending before me, and I had written a 20-page ruling. I was working on it at night, and I left it on my computer at home. And the attorneys are going to work on it and argue it in the afternoon while you're gone. In other words, you're going to go home, we're going to continue to work on it, so I thought it would be unfair to them if I didn't give them the ruling in advance so they could prepare, so I had to go back home and get it. I apologize. That's what happened. It happens sometimes. That's what constituted the delay. It's all me. Okay. Let's continue, though.

**Ms. Cahan.** Thank you, your honor.

**Continued direct examination by Ms. Cahan:**

**Q.** Dr. Lee, are you okay to continue today?

**A.** Yes, I am. I do apologize for what happened yesterday, to the judge.

**The court.** It happens.

**Ms. Cahan.** I'm sorry for your mother. I didn't mean to bring up painful memories for you.

**The witness:** that's okay.

**Ms. Cahan.** I know this is difficult for you.

**Q.** Are you here to testify by choice, Dr. Lee? Did you choose to come here to testify in this case?

A. I was subpoenaed to be here.

Q. And you're not here for one side or the other?

A. No.

Q. Okay. So I don't have too many more questions to ask you. I'll try to get through the rest of it quickly. When we broke yesterday, we were talking about the second time you went to Mr. Jackson's house on April 19th, 2009, when you were going to observe him sleeping for the evening.

A. Yes.

Q. And the -- the conversation you had with him when you first arrived that evening where you were looking at the P.D.R

A. Yes.

Q. And you were upset about -- you were upset then and you were upset yesterday about Michael trusting doctors to give him Propofol when you understood that it wasn't safe?

A. Yes.

Q. Okay. So please -- I don't think we had finished talking about that conversation, so please just tell us what you remember about that particular conversation where you were looking at the P.D.R

A. Well, I was going over the P.D.R I had actually marked the page so I didn't have to -- because it's a real thick book, to go through and find it. So I opened it up to exactly where it said "Diprivan," which we know the other name for it is "Propofol," and I began to go through the symptoms, I began to go through the -- the physiology of what it is, and the pharmacology of what it is, but basically the signs and symptoms and the problems that could happen from

Propofol. So I was on that page, and I actually did note that page in my records. And I started going through the symptoms; and I said, you know, "Michael, you don't want to use this. It's a safe medication used properly. It's a safe medication in hospitals, but it isn't safe to be used at home, and it is not used for sleep." so I kept telling him, "you don't want to do this. It's not a sleep aid, unless --" some other things. But as I went through the symptoms with him -- because I remember one symptom very clearly. I said, "it can cause memory loss." you know, the last thing on any medication on any P.D.R Is going to be death. But when I got to the point where it says causes memory loss, I said, you know, "what if you forget your lyrics to your song?" and he looked at me like what are you talking about, forget my lyrics? So at that point, we kind of chuckled a little bit. But he was very adamant about that was the only medication that could help him to sleep. And I had gone over, like I said, all the symptoms and the numbness and the side effects. It was from gi symptoms, stomach, central nervous system symptoms to, you know, vascular symptoms, side effects throughout the whole body. So it affected the entire body. You know, so that's why I was going through step by step on some of them; and that's when he kind of stopped me and he said, you know, "I -- I understand." he saw my worry and my concern; but he said, "I understand that you're concerned, but my doctors have told me that I will be safe just as long as I'm being monitored." and I said, "well, no --" that's when I asked him who -- you know, who said this, you know. I wanted to know who would actually say that. And he didn't mention to who had said it, so --

**Q.** And did you discuss in going through the possible adverse consequences of using Propofol from the P.D.R -- you mentioned, a moment ago, death. Did you discuss with Mr. Jackson the possibility that Propofol could lead -- using Propofol could lead to his death?

**A.** Yes.

**Q.** And what did you say, if you can remember?

**A.** You know, what I said was -- and it's just very clear, but -- I said, "I understand that you want a good night's sleep. I understand you want to be knocked out," but that was his way of saying it, "I just want to be knocked out and go to sleep; and other things I take, I don't go to sleep right away." that was the major problem. "I have to wait for, you know, 30 minutes, an hour to fall asleep. I want to be knocked out right away." and that's when I said, "well, you know, you want to be knocked out to go to sleep, but my concern is, you know, what if you don't wake up?" and that was the main --

**Q.** Did you tell him that the bottom line to using Propofol in this way could be death?

A. Yes.

Q. And how did he respond to that? Did he just continue to say, "doctors have told me it's safe if I'm monitored"?

A. Yes, he continued to tell me, "you don't understand." and he was very persistent when he said that. He was very persistent, "you don't understand. I will be safe. I will be safe as long as I'm monitored." and that "monitor" word just rang in my head because, you know, I'm still trying to tell him, you know, you don't want to -- it's not a sleep aid. You don't want this at home. And so I went to great length -- I went -- to explain it to him, "you don't want to do this at all."

Q. And at some point, did that conversation end and you stayed at his house -- you continued to stay at his house that evening? Let me try to ask a better question. That wasn't a very good one. After you finished this particular discussion, did you then give Mr. Jackson the sleep -- intravenous treatment for sleep that you had planned to give him when you went to your office and got the equipment that you needed?

A. Yes.

Q. Okay.

A. So I just want to make it clear, my sleep aid was vitamins.

Q. Right. That was the Myers' cocktail?

A. Yes.

Q. Okay. And so you had this conversation about Propofol and the dangers of Propofol, and then Mr. Jackson agreed to try the Myers' cocktail again to see if that would work?

A. Yes.

Q. And about what time, if you can recall, did you give him the -- the Myers' cocktail?

A. It was -- it was very late. As I said, we started late. I don't remember if it was 12:00, 1:00, but it was late.

Q. And then did you observe whether Mr. Jackson fell asleep after being administered the -- the Myers' cocktail?

A. Yes. He seemed very tired, a little -- you know, he just wanted to get a good night's sleep. Like I said, he seemed really agitated to want to get a good night's sleep because he said, "I have a big rehearsal tomorrow, and I have to be ready for my rehearsal tomorrow." that was his major concern. "I have to be ready." and I said, "I understand." so in watching him, you know, sleep -- I also made him a cup of tea before I started it; and I said, "let's make your -- a sleep aid tea." and I came back and started his I.V. And I tucked him in bed after he had his tea. So I'm tucking him in bed and sitting in a chair just a few feet away from him, almost where this table is in front of me, or the computer. I was that close to him, and I just watched him. Before I said that, I made a comment, I said, "are you going to be able to go to sleep with me sitting here watching you?" I know I couldn't sleep if somebody was sitting there staring at my face, you know. So I felt that to be, you know, kind of different, because I can't sleep if someone is going to stand there and watch me. But he wanted me to sit there and watch him sleep. So -- I'm a night person, so it wasn't a problem for me to be awake at night. I'm not a morning person. I made it here on time, but -- so in watching him, several hours had sort of passed, and he seemed to -- just very relaxed, was very relaxed. I did watch his eye movement, his eyes close, and I could see rapid eye movement; but it was like well into three hours or three a half hours after. So I did see rapid eye movement, so it appeared that he was asleep.

Q. And I take it that before -- before this, you turned off the lights and the t.v. And the music that he wanted going --

A. No, he didn't want it off.

Q. So all that was going?

A. He didn't want it off.

Q. So there was enough light in the room that you could see his eyes moving underneath his eyelids, it wasn't totally dark?

A. No, it wasn't.

Q. And then at some point before the morning, did Mr. Jackson wake up?

A. Yes, he did.

Q. And about how long after you think he fell asleep did he wake up?

A. It was, I guess, about 4:00 o'clock, 4:30, or something, in the morning, somewhere around there. How many hours later, a good three -- about four, four hours or so.

Q. So you gave him the I.V. Around midnight, and he woke up around 4:00 a.m.?

A. About 4:00, 4:30, yes.

Q. And did you have a discussion at that point? Did you speak to each other?

A. That was kind of a strange situation when he woke up because he woke up, and I'm sitting on the bed -- on the sofa -- and he stood up on the chair -- on the bed.

Q. Stood up on --

A. On the bed.

Q. Okay. Not next to the bed, but on the bed?



A. On the bed.

Q. Okay.

A. And he looked at me, and -- and, actually, at 4:30 in the morning, it kind of scared me. I didn't know what I should do. Because it really startled me when he woke up and just stood there and stared at me and -- you know, his nice, big, round eyes. So he just stared at me. And I'm waiting for him to say something; and he said, "I told you I cannot sleep all night." then he jumped off the bed and ran to the bathroom.

Q. Okay. And when he came back from the bathroom, did you have any additional conversation?

A. Yes. I said, "well, maybe you're waking up because you need to go to the restroom at night." you know, there's certain conditions that happen with men over 40, enlarged prostate, prostate hypoplasia, that will cause them to get up at night to go to the bathroom. So I said, "why don't we check that out and see if that's one of the problems." you know, he said, "I know you want to check out all of these things, I know you want to do this and I know you want to do that, but I just need to have some sleep." he was very agitated at that point. He said, "I tried to tell you I could not sleep all night. All I need is something that's going to help me to sleep," and it was Diprivan which he used. "I just need the Diprivan to help me to sleep so I can sleep all night. I have a very big day today. My day is going to be destroyed." he was very -- he was -- I mean, he was so shaken that he could not sleep; and he said, "I need to have sleep." so at that point, you know -- I'm a huggie person. I like to hug, and he knew that, so he gave me a hug, he said -- and he escorted me, you know, to leave. At that particular day, security had -- I got to the point security would pick me up instead of me driving out there because I was leaving so late at night and I was kind of concerned being on the road so much. So he went and -- we walked up, left the house and went outside and he told security they could take me home. And he said, "thank you so much. I know you're trying so hard, but I have to get some sleep." but he was really, really kind of agitated.

Q. Let me just -- during that last conversation you had with him after he woke up and stood up on the bed, you said he mentioned Diprivan again by name and said again that he needed Diprivan to sleep?

A. I'm trying to remember if he stood up and said that. When he stood up on the bed and said that, he said, "I told you I cannot sleep all night. I cannot sleep all night." and that's when he ran off to the bathroom.

Q. Did you discuss Diprivan or Propofol at all during that last conversation around 4:00 something in the morning?

A. I don't remember. I mean, it was so intense going over it before.

Q. And when you went over it before, you were doing everything you could to convince him that this wasn't safe and he just wasn't -- you ended up just disagreeing about that?

A. Yes. But my major concern with me telling him and showing him the P.D.R, how it wasn't safe, is that he was trying to ensure me that as long as he was monitored, he would be safe. Because he actually told me when we were in this conversation about the Propofol in the P.D.R. When I said it's only used by, you know, an anesthesiologist -- he said, "well, why don't you -- why don't you bring one? You know, can you bring an anesthesiologist? And can you -- and you can come too, you know. You can come, too." he said, you know, "so I could be monitored." so his --

Q. Is this come to his house or come to London?

A. Come to his house.

Q. Okay.

A. So he wanted to know that he was going to be safe, because he said, "I have to -- I have to get some sleep. I have to get some sleep." so he said, you know, "I just have to get some sleep." but he seemed like, you know, slipping -- and I don't want to assume that, but he was just so agitated that he said "rehearsal, rehearsal, rehearsal, I have to get some sleep. I have to get some sleep so I can perform the next day."

Q. At any time on the 19th of April did he tell you whether he had Propofol in the house? Like did he ever say, "I have some Propofol here. Will you please just give it to me?" anything like that?

A. No.

Q. Because you had made it very clear that you didn't think that was safe and you weren't going to do it?

A. No. Yes, I did make it very clear.

Q. Did you ever treat Mr. Jackson again with nutritional care or otherwise after that April 19th/April 20th night into the morning?

A. As far as I can remember, no.

Q. Did there come a time in June of 2009 when you got a phone call from Mr. Jackson's security?

A. Yes.

Q. And do you remember the date of that phone call?

A. I don't remember the exact date. I have my paperwork you gave me. But it was father's day.

Q. Okay. And if I represent to you that father's day in 2009 was Sunday, June 21st, does that sound right to you?

A. If it's in my notes, yes.

Q. A few days before Mr. Jackson passed away?

**A.** Yes.

**Q.** And so you got a phone call from Mr. Jackson's security. Could you hear Mr. Jackson -- was Mr. Jackson on the phone, as well?

**A.** No, he wasn't on the phone, he was in the background. I could hear him. I was --

**Ms. Chang.** Your honor, I'm just going to object and -- I think she's about to encroach on hearsay.

**Ms. Cahan.** I'm going to ask what she could hear Mr. Jackson saying.

**The court.** Okay. Just as to what Mr. Jackson said.

**Ms. Cahan.** I'm sorry.

**Q.** Can you just tell us what you could hear Mr. Jackson saying when you were on -- on the phone from the background?

**A.** What I could hear Mr. Jackson say is, "tell her. Please tell her that one side of my body is hot and one side of my body is cold," and wanted to know if I could --

**Ms. Chang.** I'm sorry. I'm just approaching cautiously. I didn't want her to volunteer any further hearsay, so --

**Ms. Cahan.** Whatever Mr. Jackson said is not hearsay.

**The court.** Ma'am, so long as --

**Ms. Chang.** I think that concludes what Mr. Jackson said, based on discovery that was conducted.

**The court.** Okay. You're only to tell us what Mr. Jackson said. Have you told us everything that Mr. Jackson said?

**The witness:** I've told you everything he said.

**The court.** Okay.

**Q.** And did you -- and without telling us what the security person said, was there some request made of you by Mr. Jackson's security? Just yes or no.

**A.** Yes.

**Q.** And what did you say in response to that?

**A.** I -- I could not come to the house.

**Q.** And did you say anything further? Did you make any recommendations about what Mr. Jackson should do?

**A.** Yes, I did.

**Q.** And what did you -- what did you -- so that we're being careful here, just tell me what you said in terms of what you recommended to the person you were speaking with on the phone.

**A.** At the end of my conversation, because of where I was at the time, I said he should be taken to the hospital.

**Q.** So you hear Mr. Jackson in the background saying, "tell her one side of my body is hot and the other side of my body is cold," you're asked something, you say you can't come to the house. Were you in Los Angeles that day?

**A.** No, I was not.

**Q.** Okay. And then you recommended that Mr. Jackson be taken to the hospital?

**A.** Yes.

**Q.** And do you know whether Mr. Jackson, in fact, went to the hospital that day on June 21st?

**A.** No, I do not.

**Q.** And did you speak with Mr. Jackson, just yes or no, or anyone on his behalf after June 21st, 2009?

**A.** No.

**Q.** So you don't know how he may have felt on the following days?

**A.** No.

**Ms. Cahan.** I think that that is all I have for now. Thank you, Dr. Lee.

**The witness:** thank you.

**The court.** Okay. Cross-examination?

**Ms. Chang.** Thank you, your honor.

**Cross-examination by Ms. Chang:**

**Q.** Good morning, Dr. Lee.

**A.** Good morning.

**Q.** I just want to go a little bit over your background to start. Even though we're calling you Dr. Lee, you're not a medical doctor; is that correct?

**A.** That's correct.

**Q.** You have a PHD In holistic medicine; is that correct?

**A.** That's correct.

**Q.** And holistic nutrition, for some of us that may not know, deals with nutrition as it relates to working with the whole body; is that correct?

**A.** That's correct.

**Q.** You look at bringing balance to all areas of a person's life with a holistic, natural approach; is that correct?

**A.** Correct.

**Q.** And that means you look for natural ways of bringing the body into a natural state of balance, correct?

**A.** Yes.

Q. And "natural" means plant-based nutrients instead of chemical; would that be fair to say?

A. That's fair to say. And I want to just add it's also nutraceutical, so these are nutrition products and not just herbs. Because herbs would be unstable, so what I work with is nutraceuticals that have been tested.

Q. Okay. And you advocate natural, alternative medicine versus prescription medication or drugs, correct?

A. Yes.

Q. All right. And you have an interesting background, too, because not only do you have a PHD in that, but you also have a degree in nursing as a registered nurse, or r.n.; is that correct?

A. Yes.

Q. And as a registered nurse, you've worked at traditional H.N.O.'s and hospitals, correct?

A. Yes.

Q. And even federal prison medical units, correct?

A. Yes.

Q. Okay. And to be an r.n., you must have graduated from a nursing program in a college or university and passed a national licensing exam, correct?

A. Correct.

Q. And then you also finished a physician assistant, or p.a., program, correct?



A. Yes.

Q. And just in case -- for those of us that may not know, a physician assistant, or p.a., is a healthcare professional who is licensed to practice medicine in conjunction with a team of doctors, correct?

A. Correct.

Q. They can conduct physician exams, diagnose and treat illnesses, order and interpret tests and prescribe medications, correct?

A. Yes.

Q. And at the same time, you became a nurse practitioner when you finished this program, correct?

A. Correct.

Q. And a nurse practitioner is known as an n.p.; is that correct?

A. Correct.

Q. And as you stated, it normally has additional training more than an r.n.; is that correct?

A. Most definitely.

Q. And as a nurse practitioner, you can take histories, conduct physical exams, order tests, interpret tests, and even act as a patient's primary healthcare provider; is that true?

A. That's true.

**Q.** And would you agree that even though you work as a primary healthcare provider for many of your patients, you often refer patients to traditional medical doctors or specialists? Correct?

**A.** Yes. And could I just add?

**Q.** Yes.

**A.** Even working as an NPR. -- I don't work as a p.a., I do work as a nurse practitioner. Most people who go to the HMO.'s and doctors and most places will end up seeing a nurse practitioner now. They're using them now in different -- CVS. Now, physicals and vaccinations. So they're becoming more and more healthcare providers along with the medical doctor because as an NP., the difference is, unless they kind of changed the law a little bit, a medical doctor does not have to be on staff or sign off a chart for a nurse practitioner, so you can work independently of.

**Q.** Okay. And you work in conjunction with medical doctors all the time?

**A.** I do, yes.

**Q.** And they refer patients to you, you refer patients to them, correct?

**A.** Exactly, yes.

**Q.** And a lot of your patients deal with specialists and doctors while even treating with you, correct?

**A.** Yes, they do.

**Q.** Okay. And a nurse practitioner, or an NP can prescribe medication, correct?

**A.** We can, yes.

Q. Not controlled substances, correct?

A. Correct.

Q. Okay. You've also, in addition to that training, taken courses in I.V. Nutrition through the American academy of advancement in medicine, correct?

A. Correct.

Q. And I.V. Stands for "intravenous," correct?

A. Correct.

Q. And that means administered into a vein?

A. Correct.

Q. And I.V. Nutrition, is that a fast, effective way of administering vitamins and minerals and amino acid directly into the bloodstream?

A. Yes, it is.

Q. And that delivers it to the tissues immediately as opposed to having to be digested through the gut; is that correct?

A. Correct.

Q. Okay. And you're an advocate of I.V. Nutrition; is that fair to say?

A. Yes.

Q. Okay.

A. Can I just say why?

Q. Yes.

A. Because right now we are living in such a polluted environment that people are coming down with some of everything, and sometimes people just want to feel good. I was just amazed that just this week on "the view," they actually did I.V.'s on t.v.

Q. Live on t.v.?

A. Live on t.v.

Q. Okay.

A. And people are doing this just to feel good. It's amazing because it covers so many things; chronic fatigue syndrome, fibromyalgia, pain. It covers so many, a vast number of things.

Q. Now, in addition to being involved in I.V. Nutrition, you're also a certified natural healthcare professional, or a CNHP.; is that correct?

A. Yes.

Q. To be certified, you had to take and pass an examination, correct?

A. Correct.

Q. Have you won awards from this organization, Dr. Lee?

A. Practitioner of the year for the last I think seven years or so.

Q. So you have a lot of them?

A. Yes.

Q. Okay.

A. It's a lot of things I do.

Q. Have you won other awards for your work and service?

A. Yes. I have an award from president Obama as -- A Volunteer service award from Obama because during the medical mobile team that came to California who was treating at the forum -- this is right after Mr. Jackson was -- did his performance there. I provided what is called pain management with muscle stimulation. It's an unbelievable treatment. So I do a lot of things within the communities and abroad for free, because I also have a nonprofit that I utilize. We were blessed to obtain this wonderful machine, tomography; so I do screening for men, women and children, early screening for breast cancer. Because of what's happening, people are not aware. I have a male spokesperson who had a mastectomy when he was 21 years old. I've done walk-a-thons for men, the first one ever in west L.A.

Q. And do you speak at conferences all over the world?

A. Well, I haven't left the united states yet.

Q. Okay.

A. Just -- but I do speak at conferences, yes.

**Ms. Chang.** All right. I'd like to show, I guess to counsel and the judge only first, exhibit 1121.

**The witness:** while you're doing that, can I just also say that I'm an ambassador for world health -- or world peace. But that's one of my really big beliefs, is world peace; so I am an ambassador for world peace, too.

**Q.** How long have you done that?

**A.** Probably the last six years; six, seven years.

**Ms. Chang.** Okay. Any objections to --

**Ms. Cahan.** No.

**Ms. Chang.** I'd like to show exhibit 1121, please. Let's show that to everybody.

**Q.** Is this from your website, Dr. Lee?

**A.** That's from one of the websites, yes.

**Q.** Okay. And up at the top, it says PHD, N.P., R.N., C.N.H.P. You have covered all of these initials?

**A.** Yes, I have.

**Q.** Okay. And this website describes you as a healthcare practitioner at nutri-med integrated healthcare center, correct?

**A.** Correct.

**Q.** That's the name of your company; is that correct?

**A.** I work for nutri-med.

Q. Okay. And do you specialize in vitamin I.V. Therapy?

A. Yes, I do.

Q. And it also lists some of the conditions that you treat; is that correct?

A. Yes, it does.

Q. And that includes drug addiction, correct?

A. Yes.

Q. That includes lupus?

A. Yes.

Q. That includes vitiligo?

A. Yes.

Q. And you provide nutritional support; is that correct?

A. Yes.

Q. Now, I didn't see treated in there -- included in the conditions insomnia or sleep disorders. Do you also have patients, however, that you treat that have complained of insomnia or sleep disorders?

A. Yes.

Q. Okay. In the percentage of your patients that you treat in your -- how many years of experience? 28? 30?

A. Over 30 years.

Q. Over 30 years. -- what percentage of your patients have complained to you of having a sleep disorder such as insomnia?

A. At least 80 percent.

Q. Okay. So it's a common complaint that you --

A. Very common.

Q. Now, it also says on this that you have -- if we had -- if we go to the bottom, that there is -- if we can get rid of -- yeah -- "the Cherilyn Lee health radio show"; is that correct?

A. Yes.

Q. Do you have your own radio program?

A. Yes, I do.

Q. And do you discuss issues relating to natural, holistic health?

A. Yes. Actually, I bring on the top doctors from all over the world as guests, so -- to help to educate and let people know what's going on. So Dr. Thomas levy is an M.D., J.D, who wrote the book on vitamin therapy and cures. He has many books out where people who have had pneumonia, who was in I.C.U. -- it's just amazing. So he's a frequent guest, along with many others.



Q. And what radio station is that?

A. It's internet, so you would go to thecherilynleehealthshow.fm. And we archive them, so -- so many things.

Q. Dr. Lee, as part of doing your radio show and speaking at seminars and attending seminars, do you make it a point to educate yourself on current issues?

A. Most definitely. As a matter of fact, my labor day weekend will be spent at the Sheraton on all the latest advancements for cancer. And that's -- every year my weekends are at a cancer control convention. I spoke there a couple of years ago.

Q. All right. Now, continuing on with your background, in addition to your education, doctor, you also have training as a minister; is that correct?

A. A minister of health.

Q. Okay. That's for the Methodist church; is that correct?

A. Yes.

Q. Okay. And is your faith important to you in your holistic nutrition practice?

A. My faith is important to me mainly because of my own health background. I've been in two comas myself. I was scheduled to have my legs amputated when I was seven years old, and because of -- I'm passionate in what I do. This is why I probably seem so emotional; because had it not been for one doctor who -- when my mother was told I had to have my legs amputated, and this one doctor out of a team said -- came back a day later and told my mother, "we're not going to have to amputate. I'm going to work with her personally so we can save her legs." so, you know -- yes.

**Q.** So, doctor, are you saying that you've gone into this field of alternative, holistic medicine as a result of your own personal experience?

**A.** Yes. And -- I'm sorry. Can I just go back a little bit --

**Q.** Yes.

**A.** -- because of a question you asked. Faith and -- I work with people from all different walks of life. It doesn't matter to me because before I do anything with people -- and I told this to Mr. Jackson when I met him, is I believe in prayer first because the number one true healer for me is a higher power, and it isn't me. I go to school, I learn everything, I go to seminars, but I ask god to direct me and everyone's treatment because everybody is an individual and their protocol has to be set accordingly to them as an individual person. So my faith is very important to me because a person can walk in the door and say, "well, I have chest discomfort," but at the heart of the matter, when we look at the whole person, what's really eating away at you in your heart? What's bothering you in your life itself? So it's important for us to -- people just let go and pray. Some people don't want to pray, so I tell them pray silently, then, and then I'll pray silently for you, because not everybody wants to do that. But most people who come to me, they come because they want to be healed. They come because they know some of my journey, and I'm still here from two comas. So if god blessed me to still be here, he can do the same for you. He's no -- respect the person.

**Q.** So you use your faith and help motivate people with respect to their health issues?

**A.** I do.

**Q.** And you've also served as the health chairperson for the advisory board of the N.A.A.C.P., correct?

**A.** Yes.

**Q.** And in your spare time, you had three daughters and now you are a grandmother to nine grandchildren, correct?

A. Yes.

Q. Okay. And that keeps you busy, as well?

A. And I was there for their birth.

Q. Okay. That keeps you busy. In your practice, doctor, do you treat a lot of celebrities?

A. Yes.

Q. And does that include musical artists?

A. Yes.

Q. Does that include movie stars?

A. I have, yes.

Q. Does that include sports athletes?

A. Yes.

Q. And do they all typically use alias names instead of their real names?

A. Yes.

Q. Okay. And I noticed in your medical records that Mr. Jackson used -- what was the name that he used?

A. David.

Q. I have it.

A. Mich.

Q. The date of his birthday that he gave was August 1st. Was that Mr. Jackson's true birthday?

A. No.

Q. What is his true birthday?

A. His true birthday is today.

Q. August --

A. 28th. 29th.

Q. So today is Mr. Jackson's birthday?

A. Yes; and my granddaughter's, also.

Q. Okay. So easy for you to remember?

A. Yes.

Q. You first met Mr. Jackson on January 28, 2009, according to your records, correct?

A. Yes.

Q. And the reason for this call was because his children had a cold; is that correct?

A. Correct.

Q. And you went to the Carolwood house; is that correct?

A. Yes.

Q. And were you able at that time to observe the children interact with their father, Michael Jackson?

A. Yes.

Q. This was the first time you ever met Mr. Jackson; is that fair to say?

A. Yes, it is.

Q. From that first meeting, what did you observe between the children and their father?

**Ms. Cahan.** Objection; scope.

**The court.** Overruled.

**The witness:** what I observed was a very caring -- caring, concerned father. I was surprised he was there when I was called to go see the children, and he was there to finish giving me their history of what was going on with their cold, the symptoms. And the love -- if I could just say it exactly, you can walk into a house, and if a person has been arguing in a house, or whatever, you can feel the coldness and feel the tension there. When you walk into his house, you just feel love. You feel a warmth, you feel a love. And being in his presence, that's what you would see and that's what you would feel because he was very close to the children and very loving toward his children equally.

Q. it was a loving environment?

A. Very loving, yes.

Q. And the children were small then; is that true?

A. They were younger, yes.

Q. You did not infuse vitamins into them, correct?

A. Oh, no.

Q. How would you give them vitamins?

A. What I did was -- because I knew of symptoms prior to going, so I had set up some things that were homeopathic and also some teas. I made a little vitamin c tea party for them.

Q. Is that when being a grandmother of eight at that time helps?

A. Oh, yes, yes.

Q. And Mr. Jackson was able to see you interact with his children?

A. Yes.

Q. And he asked you questions about your approach to medicine, correct?

A. Yes, he did.

Q. The holistic, natural approach, correct?

A. Yes.

Q. Now, following that date, he wanted to use you, as well; would that be fair to say?

A. Yes.

Q. And from that date on, would you agree that you saw Mr. Jackson for a total of around 20 visits spread out from that day at the end of January 2009 all the way until April 19th, 2009? Correct?

A. 20 plus.

Q. 20 plus. Some of those visits entailed you spending the night, correct?

A. Yes.

Q. Some required you to spend almost a full day with him, correct?

A. Correct.

Q. Many hours, correct?

A. Yes.

Q. You would eat meals with him, you stated, correct?

A. Yes.

Q. When he was being infused with nutrients, would you talk to him?

A. We would talk -- just have a good time. He was the most down-to-earth person that I have ever met, and we enjoyed watching -- just basically one movie over and over.

Q. What movie was that?

A. And it was a movie -- "the mummies." and I don't think it was so much the movie, he liked all the detail work in the movie, how it was produced.

Q. Special effects?

A. Special effects. Thank you.

Q. Could you tell from talking with him and being with him that he liked movies?

A. I could tell in watching him watch the movie he was only interested in the things that -- to stimulate him, you know, to stimulate his mind. Sometimes people watch movies to distract them from other stuff that's going on, you know; but he -- definitely he liked movies and Walt Disney. He talked about Walt Disney movies and Walt Disney himself.

Q. The classics?

A. Yes.

Q. Would you spend time with him and his children together?

A. Yes.

Q. And in addition to seeing him at carolwood, did the two of you talk on the phone in addition to these meetings?

A. Yes, because he would call me at times.



Q. And did he call you himself?

A. Yes.

Q. Okay. Did the two of you, as you worked together and spent this time together, have a lot in common?

A. Yes.

Q. And what was that?

A. The one thing we had in common that we were talking about -- because, you know, I -- one night I was really kind of concerned about the hyperbaric oxygen therapy. As you know, I have one in my office. So we started talking about that, and I told him, I said, you know, "I grew up with your music -- with your music, and people just love you so much, and the music --" we started talking about that, things I had shared with him about what I do and what I did in the clinic. And I'm sure he did look -- someone looked up my website, he looked it up, so he knew a lot of things I did, also. And the one thing he had said that was very painful in the end, but -- is that he said, "I want to use my -- my music to heal people and to heal the world, just like you use your clinic to help heal people."

Q. Just like you help people, he wanted to heal the world with music?

A. He said, "you help people in your clinic, I want to help people through my music."

Q. And did he express an interest in your work and the patients you were working with?

A. Oh, most definitely. The thing -- he would always ask me -- because when he would call me sometimes to come to see him because he would want an I.V., there was a lot of times I could not come because I was -- because I -- I actually take care of people who are homebound, also. And I just want to add -- because it kind of went out into the media that I only take care of wealthy people. That is not true. I take care of people, and I love people. It doesn't matter what titles they

have on them, and that's the one thing I said. Everybody that walks in my door, my staff know that it's VIP., very important, so it doesn't matter who you are. I just want to make that clear. And he sort of knew that, too. We had spoke about that, too; not judging people for who they are. As a matter of fact, some celebrities, in all honesty, I kind of prayed them away because I just -- I just like to be around people who are not shallow people and people who -- and not being judgmental; but if I've got to sit there for three and a half hours, I really don't want to listen to the shoes they're wearing, you know, restaurants they're going to. I just don't want to utilize my energy that way.

**Q.** There are some people, you're saying, celebrities, who talk about themselves or are egotistical? Would that be fair to say?

**A.** And they really talk about other people. The one thing I admired with Mr. Jackson is he did not gossip, and that was so refreshing, to be with someone who did not gossip about other people. And what -- something very powerful that I had learned from him, too, because -- especially after his -- his passing more so, was that he had such a heart of forgiveness, such a heart of forgiveness, and I -- and I tell my patients and people in order to heal and go through these paths of healing, you have to forgive. That's a journey you have to go through if you want to heal from anything. And it was just amazing how -- because it's part of the questionnaire, and we had a discussion on forgiveness, and he wasn't holding onto any animosity or anything. He said, "I don't hold on to anything from anything that happened to me in the past. I've let it go. I want people to see that you can let go and," he said, "just be the best father I can be." and I had to learn from that in '09, because so much happened to me in '09 that was not true, that came out in the media, that I had to go back and I could just hear Michael's voice on how he was able to forgive.

**Q.** Okay.

**A.** Even though I do forgive, but --

**Q.** Dr. Lee, would you say that Mr. Jackson and you shared common motivation and inspirational beliefs?

**A.** Yes, we did. When I first -- probably I think on my second or third visit -- I used to have this little card, and it had an apple on it. And on this card, it had a wonderful saying that -- that I like to use.

Q. Is that card saying also on your button that you're wearing right now?

A. Yes.

Q. And what does -- some of us may not be able to see it. What does your button say?

A. Most people who know me know that I have it on or wear it all the time, because it's so powerful.

Q. Is it your -- is it your personal mantra?

A. Yes, it is.

Q. And what is it?

A. It's something I start off my day -- I certainly did today. And it states "I am --" and I was telling Michael and the kids that day to take in the "I am" because the "I am" is so important. I am so grateful at how gratefulness brings more to you to be grateful for what you have. "I am so grateful that I am a magnet for miracles."

Q. And did you share that with Mr. Jackson and his children?

A. I shared that with Mr. Jackson. He said, "I'm going to write this down and put it on my mirror."

Q. I'm going to show you exhibit 500, dash, 147 that's already in evidence. And I'll just tell you, Dr. Lee, this was in Mr. Jackson's handwriting, it's been identified, and was on his mirror. Is that your mantra, "I am so grateful that I am a magnet for miracles"?

A. Yes, it is.

Q. And does that make you feel good that he wrote it down and had it?

A. Yes, it does.

Q. Okay.

A. You know, he said he was going to do it. I didn't know he actually did it.

Q. Dr. Lee, do you consider the time period that you spent with Michael Jackson to be special to you?

A. Yes, yes, it was.

Q. Did it change your life?

A. Yes, it did.

Q. In what ways?

A. The one is on the forgiveness side. The second one is to see a single father -- because I have a cousin who works with single fathers, and -- and to see a -- a man to take that much time and energy -- it wasn't even energy, it was just the loving passion he had with his own family and how he loved his children. There was such a schedule in that house. You know, you would think -- you know, some people who have money and whatever, kids is going to do what they want and run free and it kind of ruins them. But in this case, that did not happen. And it was just wonderful to see that they had a special time to go to bed, a special time for dinner, and they all sat at the table. That's what amazed me, as a family, you know, and had dinner together, because so many people don't do that. And a lot of entertainers I know are so busy, and people -- they don't even have time to be there because they are working, they are busy. But to see him put his family first -- it was always his children first; and to see that, it was just wonderful, and how kind he was. He called me on February 21st to come up to the house, and I told him I couldn't come because it was my birthday. And I could hear the kids in the background. And he said, "oh, it's also

blanket's birthday, too." so just -- I haven't really met anyone that was so caring and so giving. And could I just say one other thing?

**Q.** Sure.

**A.** And after his passing, I was at an event and a young lady walked up to me and she just started crying, and she said, "I wouldn't be here today if Michael hadn't come to the hospital to pay for my brain surgeries." so he didn't want anybody to know. And she wanted me to feel her scalp, really to see where she had had the incisions. And she was so happy because through that whole process, now she has a child that she's raising, and it's -- just to hear and -- you know, all the things even after, but to actually -- to have been in the company of a person who was genuinely from the heart -- a person can give you a gift, a person can say something, you can tell when it comes from the heart and not. You can tell if it's love. You can actually tell. With him, you knew it. You knew it was love. And what's striking for me is he was a person who only wanted to be healthy, who only wanted the best nutrition, who only wanted the best doctor, who not was looking -- and that's what tears me apart. Doctor shopping? If I'm looking for a good dentist, I'm going to keep shopping -- I'm not going to shop, if you want to call it that, but I'm going to keep looking for a dentist. But with him, they stick labels all over him. And for a man to be so loving for other people, and caring -- and nobody walked in his shoes, nobody saw the pain he went through, nobody saw what he went through. I had eczema as a child. I knew what that was like, I knew how it was to be bullied. I was bullied at school, I had dirt thrown on me at school. I knew what that felt like. Nobody walked through his shoes to see what he went through and what kind of child life he had or didn't have. Nobody knew that. He didn't even want to talk about that. But for all that to constantly be thrown at a person when all he was doing was looking for the best doctor to help him with his insomnia -- unfortunately, people told him that it was safe to use at home. And I'd just like to say that since this has happened, I have been places -- even at the forum, when I went there to do -- with the medical mobile after Michael's passing, the doctor in the room next to me was an anesthesiologist. He came up and said, "I saw you on t.v. You know how many people ask for something to sleep when they wake up, they want this at home? It's very common. It's very common." several anesthesiologists have approached me and said, you know, "people wake up from surgery, and they'll ask, 'oh, great.'" A Very dear friend of mine right now who has undergone five breast surgeries -- she said, you know, "I like when they use it because, you know, I feel better when it's over, and I sleep well." I mean, I don't -- I've had surgery, but I don't feel that way. My own granddaughter has had to have Propofol, the one whose birthday was week before last, who just turned eight years old, from a dislocated joint. So I tell people it is a safe medication used in the proper place, but for them -- it just -- it just breaks my heart for people to label someone as doctor shopping when they're only trying to find the best person to give them the best care.

**Q.** Dr. Lee, it seems like you've kept a lot of frustrated thoughts inside you. Is that correct?

**A.** Most definitely, and I -- I said my little mantra today. I said I was not going to break down, I'm not going to disrupt the court today.

**Q.** Okay. But has it been frustrating for you to hear in the press what people say about Michael Jackson?

**Ms. Cahan.** Just objection to the extent this would call for things the jury hasn't heard, it's hearsay.

**Ms. Chang.** She makes a good point. I will retract that and make another point.

**The court.** Okay.

**Q.** It's important to you, Dr. Lee, that people know the real Michael Jackson; is that correct?

**A.** Yes.

**Q.** And to break down some of the things that you were saying, you believe in your heart, based on your time with him, that he wanted to be healthy; is that correct?

**A.** Yes.

**Q.** And he trusted doctors; would that be fair to say?

**A.** Yes, he did.

**Q.** Would you also say that you have since learned that his requests that he had for an anesthetic such as Diprivan was not unusual?

**A.** No, after meeting -- after having anesthesiologists actually approach me to tell me this, and after seeing, you know, some of the latest research that it actually has been used for -- for sleep.

**Ms. Cahan.** Objection; hearsay on that.

**The court.** Sustained.

**Ms. Bina.** Move to strike, your honor.

**The court.** Motion granted. The answer is stricken.

**Ms. Chang.** All right.

**Q.** Dr. Lee, you would say that in your mind, Michael Jackson was not strange or weird, correct?

**A.** He wasn't strange or weird at all.

**Q.** In fact, did he inspire and help you as much as you inspired and helped him?

**A.** He was a very inspiring person to see -- like I said, I would have never thought who he is that he would have been that humble. Seeing him perform and seeing him in person, it was like talking to -- you just knew a person who really cared for people, people -- cared about others. He even asked me how is my patients for today, "is there anything I can do?" I didn't have one patient who was concerned about the other people that I was seeing. And he knew at the time, too, I was a caregiver of my mother, because I would leave him sometimes and go see her. And he never -- and he would always ask me, "how is your mother doing?" you know, very inspiring.

**Q.** In all your years of practice dealing with the very rich, the very famous, the very poor, the homeless, as you said, is there any other patient who you've had or worked with that made such a positive impression or lasting impression on you?

**A.** No.

Q. All right.

A. Michael gave me the impression that he knew where he came from, and all he was inspired to have, that did not change him. And a lot of people, it does change them.

Q. All right. Now I just want to quickly go over some of the items in the medical records that we went over yesterday. Defense counsel introduced trial exhibits 12009 to 99. In those records, doctor, there's various weights listed; is that correct?

A. Yes.

Q. All right. Would you agree that when you saw Mr. Jackson from January to April of 2009, you yourself never weighed him? Is that correct?

A. No, I did not.

Q. All weights that are listed in your records are what he reported to you as his best estimate, correct?

A. Yes. He did have a scale in his bathroom, I found out later; but I didn't know that until April.

Q. Okay.

A. But yes, to the best of his -- yes.

Q. And you never saw him on that scale or weighed him on that scale, correct?

A. Correct.



**Q.** But while you treated him, doctor, would you agree he was thin but he was healthy? Fair to say?

**A.** Certainly, yes.

**Q.** Certainly not gaunt, correct?

**A.** No.

**Ms. Chang.** All right. And I just want to look real quick at part of that packet, and I'm just going to pull it up. I believe it would be 12009, dash, 20; but for us, it would be 1119, dash, 20. Why don't we just show it to counsel and --

**Ms. Cahan.** I have it.

**Ms. Chang.** And we'll just show it to you first.

**Ms. Cahan.** It's fine.

**Ms. Chang.** Okay. Let's just show it real quick. Okay.

**Q.** Down in the corner, right-hand corner there, the most important physical complaints that he had the first day would be fatigue, and he gave you a history of lupus and a history of vitiligo; fair to say?

**A.** Yes.

**Q.** Okay. And yesterday we went over a long questionnaire that you give to your patients and you ask them about a substance survey form and a medication history; is that correct?

**A.** Yes.

Q. All right. One of them stated -- the substance survey form stated "prescription medication you are currently taking or have taken in the last year." does that sound right?

A. Yes.

Q. Okay. The medication history says "please check any of the following medication you have been or are currently taking." does that sound also correct?

A. Yes.

Q. Would it be fair to say that you were actually asking him the questions and filling it out for him?

A. Yes.

Q. All right. Would you agree that the type of drugs that you expect patients to disclose to you to those questions are those that they take on a regular basis, such as blood pressure medication, synthroid, things of that nature?

A. Yes.

Q. Okay. You did not expect them to include drugs that are administered to them by doctors during medical procedures, such as Demerol by injection or Propofol during a procedure or Botox, correct?

A. Correct.

Q. Okay. And Mr. Jackson, when you were going through the questionnaire, told you he had taken Xanax, correct?

A. Yes.

Q. He told you he had taken Ambien, correct?

A. Yes.

Q. He told you he had taken Ativan; is that correct?

A. Yes.

Q. And Ativan -- another word for that is Lorazepam; is that correct?

A. Yes.

Q. All right. And we saw a notation yesterday where it said 12-year history -- or 12 year, history greater than 12 years. Do you know as you sit here today whether he said he only took these drugs 12 years ago, or could it have been within the 12 years?

A. From what I remember in writing it, it was 12 years ago.

Q. Okay. Do you know whether he had taken it at all within those 12 years?

A. No. We were going over the medication history, and --

Q. Based on your assessment of patients, did you believe that he was being truthful to you to the best of his ability?

**Ms. Cahan.** Objection; calls for speculation.

**The court.** Sustained.

**Ms. Chang.** Well, I think doctors can assess whether a patient is being evasive or secretive or hiding.

**The court.** Okay.

**Ms. Cahan.** This is the first meeting?

**The court.** Lay opinion as to what someone -- overruled.

**Q.** did you believe that Mr. Jackson was being honest with you when he was answering your questions to the best of his recollection and ability?

**A.** I believe he was being honest mainly because when we first started out -- when I start out with anyone, if anyone in this room were to come to see me, the first thing I want to know is everything that's going on with you because I'm there to help you. We're working together as a team. So if you don't tell me everything that's going on with you right now, then I can't help you nutritionally, you know. That's what I need to know. So we have to be open and honest and work together as a team. So --

**Q.** Okay.

**A.** -- why would I not believe someone?

**Q.** And to be clear, that's your handwriting on those sheets, not his handwriting, correct?

**A.** It is my handwriting, yes.

**Q.** Okay. Now let's look at page 30 of the exhibit that Ms. Cahan showed yesterday, which for us would be 1119, dash, 30. This medication history that you told us about, this form, you said yesterday, asked patients for categories of drugs that a natural remedy can replace; is that correct?

A. Yes. This is a company that I brought up yesterday that offers the same -- that's why it's set up the way it is, so they have the same equivalent that's in a natural form.

Q. Okay. And in this form -- this is a pre-made form by that company that you use; is that correct?

A. Yes, it is.

Q. And Demerol is not in this form; is that correct?

A. No, it isn't.

Q. Okay. And Mr. Jackson indicated he didn't want to talk about the surgeries that he had, correct?

A. Correct.

Q. And in your practice, that's not unusual when dealing with some patients who've had surgeries in the past, or celebrities, for that matter; is that correct?

A. Something that was painful, correct.

Q. Okay. Now, during this time period, based on your conversation with Mr. Jackson, he knew that you were a natural, holistic healthcare provider, correct?

A. Correct.

Q. You discussed that and your approach, correct?

A. Correct.

**Q.** And that meant he knew you were not going to prescribe narcotics or prescription drugs to him, correct?

**A.** Correct.

**Q.** And would you agree that when you started treating him, he wanted to try only natural remedies for sleep? Correct?

**A.** Correct.

**Q.** He did not want to use any type of sleep prescription drugs, correct?

**A.** Correct, when we started, yes.

**Q.** And the two of you, in fact, had a plan, correct?

**A.** Yes.

**Ms. Chang.** All right. And let's look at page 52. Let's show counsel and the court first, but -- any objection?

**Ms. Cahan.** No.

**Ms. Chang.** Okay. At the top there, let's show that.

**Q.** It indicates -- I'm trying to see where it is. It says "needs products for sleep, willing to try natural products"?

**A.** Yes.

**Q.** Are we on the wrong page?

A. I don't see --

Q. In any event -- I'm trying to finish this in time. Doctor, do you recall that he said "needs products for sleep, willing to try natural products?"

A. Yes.

Q. It's 53. Sorry. Let's just highlight that, firstly. "needs products for sleep, willing to try natural products." okay. And that was the plan that the two of you devised together; is that correct?

A. Yes.

Q. He liked the idea, just like for his children, of not having chemicals, he wanted to go natural; fair to say?

A. Fair to say.

Q. Okay. And his primary concern while he saw you was fatigue, being tired, not getting enough sleep, and difficulty falling asleep; would that be a fair assessment?

A. When we first started, his initial complaint was fatigue.

Q. Okay. Would it be fair to characterize your time with him as having those complaints in general?

A. Yes.

Q. Okay. And the first time you saw him -- you can take that down. -- you noticed he was guzzling down those red bull drinks; is that correct?

A. Yes.

Q. And you told him to stop; fair to say?

A. Fair to say.

Q. And during your treatment of him, did you find him to be pretty compliant with what you had suggested?

A. He told me that, "whatever you tell me, I need to do to be healthy." this is around february or so.

Q. Okay. And he --

A. "I will do it. I will stop it if it's something that's not -- is not going to be good for me."

Q. And you were there throughout the house in the kitchen, looking in the refrigerator during that time period that you were with him, correct?

A. Yes; because I made his tea and different things for him to --

Q. You had a blender in the kitchen; fair to say?

A. There was one there.

Q. Okay. And you saw, after you talked to him, no more red bull cans in the refrigerator; fair to say?

A. I saw no more cases of red bulls.

Q. Okay. No more red bull. And instead, you saw fresh juices in the refrigerator?



A. As time went on -- because there were a couple of chefs there; and as time went on -- because I was going in to make the smoothie. When I say "smoothie," again, it sounds like something simple, but it wasn't simple. And, actually, the ingredients of all the products that I used were in his chart. But as time went on, yes.

Q. You saw fresh juices?

A. I saw fresh. I said, "make sure it's only organic, make sure this -- certified organic, not just organic." he said, "okay. I'll send up to the store and do this." but I know he was changing chefs; and one night I came in and saw all these glasses of juice, exactly what I discussed with him, labeled in the refrigerator. And I said, "he's listening."

Q. Good. That's good.

A. Yeah.

Q. And he started adding protein to his diet; is that correct?

A. Oh, yes, yes.

Q. And he started eating better, correct?

A. Oh, yes.

Q. And you observed, because you ate with him, correct?

A. I ate with him, yes.

Q. And under your watch, you resolved his problems with hypoglycemia, correct?

A. Correct.

Q. And the vitamin d deficiency was resolved, as well, correct?

A. He was on the d -- I usually follow it up after four or five months to see how -- through the lab work if it's actually improving, yes.

Q. And based on your interaction with him, he was loving the way he felt under your program, correct?

A. Oh, yes, yes.

Q. He felt energetic and he felt good, correct?

A. Yes, he did.

Q. And he loved the fact that it was all natural and no chemicals, correct?

A. Yes, correct.

Q. And there was no doubt in your mind that Mr. Jackson wanted to be healthy, correct?

A. No doubt at all.

Q. Okay. He liked going over the lab results with you and seeing improvement; would that be fair to say?

A. Oh, yes, yes.

Q. Okay. And by February, in fact, he asked you to go on tour with him; would that be fair to say? Because he loved the way he was feeling?

**A.** Yes, he did.

**Q.** And to be clear, your treatments consisted of multiple infusions through I.V. Of vitamin therapy and what's known as the Myers' cocktail; is that correct?

**A.** That's correct.

**Q.** All right. Let's just show counsel and the court exhibit 1122.

**Ms. Cahan.** No objection.

**Ms. Chang.** All right. Let's show this real quick. All right. And I don't know if everyone can see that, but maybe we can blow it up a little bit.

**Q.** This is the Myers' cocktail -- this is some pictures that you use on your website; is that fair to say?

**A.** That's a combination of two websites.

**Q.** Okay. And this is -- the Myers' cocktail consists of magnesium, calcium, vitamin b-12, vitamin b-6, panthenol, b complex and vitamin c; is that --

**A.** That's correct.

**Q.** Okay.

**A.** And I just want to say that I made it very clear to him when I saw him -- because now that vitamin c's are big in the media now, that I told him I use a non-corn vitamin c because corn is a G.M.O. I went through the whole thing with him.

**Q.** What's a G.M.O

**A.** Genetically modified organisms.

**Q.** Are those the big fat tomatoes, those huge --

**A.** Those, strawberries, and a lot of other things.

**Q.** Those tasteless strawberries?

**A.** And your squash, the yellow hook neck squash.

**Q.** We'll stay away from those. So these are the vitamins. Now, to use it for sleep, what one of those items do you increase?

**A.** The magnesium.

**Q.** Okay. So if you -- you control the dosage of these natural ingredients and on -- in some proportion, they give you more energy, and in some proportion, they help you sleep? Is that --

**A.** Exactly.

**Q.** Okay. We can take that down. And, doctor, do you have a special technique or way about inserting needles to take blood for lab work or infusing I.V.'s that allow patients who are scared of needles to be less afraid?

**A.** Yes.

**Q.** And what is that?

A. Well, what I do, I want to reassure my patient about, you know, the needle. Because most people think a needle, they think of something very large. And I actually use very small butterfly needles, almost like pediatric. The one thing I do, and I did with Mr. Jackson -- because, unfortunately, he had very, very small veins. Basically the ones that you can see well were the ones that were in his hand. So what I do is, number 1, show them I'm going to use a small vein -- a small needle, and I pray over my veins first. You know, I just take my hand lightly, and I say, "we're just going to meditate over this vein so I don't miss, and so that you can have less pain." so I try to hold their hands and reassure them that I'm going to -- you're going to have as less discomfort as possible. I've been a patient most of my life. No one did that with me. It would have been very nice if I was treated the same way I treat other people. So I try to make them as comfortable as possible. But the one thing that I just want to say that I feel is so powerful, and the reason why people feel so good, just like most people bless their food and pray over their food, I hold the I.V. And bless and pray over the I.V.'s. I think it's very important. It's something going in your body; so just like you're eating your food going in your body, it should be blessed over.

Q. And Mr. Jackson appreciated that?

A. Oh, yes.

Q. Was he secretive at all about this treatment?

A. About his I.V.'s?

Q. Yes.

A. No. There's two people -- one in particular that he wanted to go talk to her so she could receive the I.V.'s, also.

Q. Okay. Were his children around all the time when --

A. They were sitting there -- we would all sit in the living room together.

Q. Okay. And who was that other person?

A. Elizabeth Taylor.

Q. Okay. And did he want anyone else in his household staff to receive these treatments?

A. Actually, he told me he wanted me to take care of grace.

Q. Grace had some physical issues?

A. I guess I am under --

Q. We don't have to --

A. Yes.

Q. So throughout the time period from June to April, were you ever told never to go upstairs?

A. No.

Q. Did you have free access to go throughout the house?

A. I had free -- yes.

Q. Okay. And the rooms and the house were always very clean and orderly and neat?

A. Oh, yes.

Q. Okay.

A. Yes.

Q. There were no locked doors that you saw?

A. No.

Q. Okay. And during this time period, were you there sometimes in the early morning?

A. Oh, yes.

Q. And sometimes in the midafternoon?

A. Yes.

Q. Sometimes all day?

A. Yes.

Q. Sometimes late at night?

A. Yes.

Q. Sometimes throughout the night?

A. Exactly.

Q. And sometimes a combination?

A. Yes.

Q. Okay. And sometimes you came once a week?

A. Yes.

Q. And other times you came several times during the week?

A. Yes.

Q. All right.

A. Sometimes twice in one day.

Q. And during this entire time period from January to April of 2009, you never saw Dr. Conrad Murray; is that fair to say?

A. That's fair to say.

Q. You never met him at the Carolwood house, correct?

A. No.

Q. You never heard his name?

A. No.

Q. You never saw any medical supplies from anyone else there, correct?

A. Correct.

Q. You have an I.V. Pole that you left in the room that you were treating him, correct?



A. Correct.

Q. But other than that, you took everything home with you?

A. There was a nebulizer there.

Q. Okay.

A. Because I believe when you have a cold or problems with the throat, I use glutathione, which is an amino acid for inhalation treatment. So that was there.

Q. So for some of us who are not in the medical field, what is a nebulizer?

A. A nebulizer is a machine that gives medication through -- like an asthmatic. And the reason why I use glutathione and became a big part of that is because my comas were due to asthma, so I -- the glutathione helps with that, but it also strengthens your vocal cords, too. And colds. So it's a mask you put over the mouth and medication is put into it with a --

Q. And that's good for his vocal cords, correct?

A. Vocal cords and just overall.

Q. Okay. And, doctor, you saw no other I.V. Poles other than the one that you left, correct?

A. Correct.

Q. You never saw any Diprivan in boxes at his house, correct?

A. Never saw any medication in vials at all.

Q. You never saw any large oxygen tanks anywhere in the house, correct?

A. Correct.

Q. And that's up to the April 19th, 2009, correct?

A. Yes.

Q. And I just want to be clear. Let's bring up exhibit 941, which is already in evidence. This is the map of the second floor of the Carolwood house. Can we blow up the part with bedroom two. All right. Doctor, the second bedroom, bedroom two, that is where you gave some of your treatments; is that correct?

A. Correct.

Q. And while you were in that room, you never saw any signs that there was another doctor who was treating Mr. Jackson in that room; would that be fair to say?

A. That would be fair to say.

Q. Okay. And that was true as of April 2009, correct?

A. I'm sorry?

Q. That was true as of April 2009, correct?

A. Correct.

Q. April 19th, 2009?

A. Yes. I haven't seen that since.

**Q.** Okay. Now, in January -- we can take that down. -- when you first met Mr. Jackson, would you say that he was excited and happy to be going on the "this is it" tour?

**A.** He was very happy, he was very excited. There were times I would be there at night and he would be going over page after page of music that -- songs that he knew they wanted to hear. He and the kids. And we were just all --

**Q.** Did he make it a family project?

**A.** He made it a family project. He made it fun for them, too; and they were all excited.

**Q.** And would you say in February he was still excited?

**A.** Oh, yes.

**Q.** Did there come a time when you were aware that he was going to be leaving for London for a press conference in march of 2009?

**A.** Yes, he went to --

**Q.** Did you notice any change in him after he returned from that press conference?

**A.** When he returned, he wasn't as jovial, he wasn't --

**Q.** Was he more quiet and subdued?

**A.** He was a little bit -- a little bit more quieter, he wasn't -- we were watching the movies during his I.V.'s, but not as talkative.

**Ms. Chang.** Okay. I want to show page 49 of the medical records, which in our records would be 1119, dash, 49.

**Ms. Cahan.** No objection.

**Q.** and just to give you a reminder, doctor -- and we'll blow up that first section. It indicates "very stressful day today, very long day." can we highlight that? And that is 3/24/09?

**A.** Yes.

**Q.** Okay. And do you recall him -- did you notice any increase in stress and anxiety in Mr. Jackson as time progressed from March to April?

**A.** Yes, I did.

**Q.** Did you notice when you'd come to the house that there were sometimes cars at the house for meetings?

**A.** Well, if -- if his staff or he had called for me to be there at a certain time, and I arrived, a couple of times I arrived and the yard was all full of cars, security met me out front, so -- and asked me would I just park around to the side because they were ending a meeting. So I didn't see anyone, I just saw --

**Q.** Cars?

**A.** Expensive cars.

**Q.** Okay. Nice cars?

**A.** Yeah.

**Q.** Okay. Did you notice that he was getting increasingly more anxious as time went by?

**A.** Yeah, because he was -- even that night when I went in after everyone left, he -- he was very quiet. I didn't -- he wasn't --

**Q.** Okay. Did he say that rehearsals were strenuous?

**Ms. Cahan.** Objection; hearsay.

**The court.** Sustained.

**Ms. Chang.** Well, I think -- your honor, it would be related to his statements of his physical condition or state of mind as she's giving him treatment or diagnosis.

**Ms. Cahan.** There's no foundation right now that --

**Ms. Chang.** Okay. I can lay the foundation.

**Q.** Doctor, during your treatment of Mr. Jackson, did you always try to assess, as we've seen in your notes, his mood, his mental condition and his emotional condition as part of the holistic approach to his nutritional care?

**A.** Yes.

**Q.** All right. And did you make it a point in each -- from January to April to assess how he was every day; happy, excited, angry, agitated, stressful, or anxious?

**A.** Yes.

**Q.** That's part of what you do?

**A.** That's part of what I do. If he said, "it's going to be a stressful day," that's why I went that morning, too. If it's A.M And he says it's going to be a long, stressful day, that's why I would give the b-12 shots.

**Q.** And did you try to assess what was going on in his life that would make him stressful by asking him, "what do you have?" like are rehearsals stressful, are people --

**A.** He would just volunteer and say, "it's the rehearsal, the rehearsal, this is going to be a very stressful day and, you know, because, you know, I'm rehearsing, I'm going to be leaving soon."

**Q.** Okay. By the time Mr. Jackson asked for Diprivan on April 19th, would you say he was desperate?

**Ms. Cahan.** Objection; calls for speculation.

**The court.** Overruled.

**The witness:** well, it was put out that I said he begged. He didn't beg. He was just very persistent. He was extremely persistent when he asked me for it, because he said, "I need to get some sleep."

**Q.** did he seem anxious?

**A.** Yes.

**Q.** And was part of your concern over his request was that all of a sudden -- it was a sudden departure from his desire not to rely on prescription medication for sleep, and now to ask for Diprivan?

**A.** It was a concern because he was getting -- it was concerned -- I was concerned; but, also, he said, "I only have a few -- a little time left for rehearsal, and I need to sleep all night. I have to sleep all night."

Q. But you had indicated he told you he wanted to perform well so he wanted to be really organic and healthy, correct?

A. Yes.

Q. And he would do anything you told him to do?

A. Yes.

Q. Okay. And he was loving the way he felt?

A. Yes.

Q. All right. And as a holistic nutritionist, would it be fair to say that you, Dr. Lee, had never heard of Diprivan before?

A. No, I had not heard of it.

Q. And you certainly never prescribed it before?

A. No.

Q. You certainly never administered it before, correct?

A. No.

Q. You wanted him to stay on the natural, holistic course; fair to say?

A. Fair to say.

Q. All right. And the P.D.R That you had used, I think you had said in your notes, was a 2005 P.D.R; is that correct?

A. I believe so. I don't --

Q. Okay. And it was -- the P.D.R Stands for physician's desk reference; is that fair to say?

A. Yes.

Q. Is this an example of a physician's desk reference, 2005?

A. Yes.

Q. Is this similar to the one that you had in your --

A. They're all the same color.

Q. Okay. Blue?

A. Yeah.

Q. Okay. And this is what you lugged over to his house?

A. Yes, sure did, put it on his lap.

Q. All right. And -- and you have -- you're familiar with it from your years of nursing; is that correct?

A. Yes.



**Q.** Would you agree, Dr. Lee, that part of the reason why you pulled it from your office and brought it to his house is because you knew that the P.D.R has all the symptoms and warnings given by manufacturers listed in it?

**A.** Yes.

**Q.** Okay. And manufacturers usually list everything, would you agree?

**A.** Yes, they do.

**Q.** And if we look through that book, almost all of the drugs would indicate that the bottom line is death; fair to say?

**A.** Yes.

**Q.** Okay. I think you indicated Lipitor yesterday.

**A.** Yes.

**Q.** And Ambien. If we looked up Ambien, a sleep drug that Mr. Jackson had used, that would have some of the same symptoms that you ascribed to Diprivan?

**A.** Actually --

**Ms. Cahan.** Objection; hearsay, your honor, as to what the P.D.R Says about another drug.

**The court.** Sustained.

**Ms. Chang.** I didn't hear the objection.

**The court.** It was hearsay as to what the P.D.R Says about Ambien.

**The witness:** on Ambien --

**Ms. Chang.** There's an objection.

**The witness:** we did discuss Ambien.

**The court.** That's okay.

**Mr. Panish.** Just a second.

**Ms. Chang.** Okay. Let me just -- doctor, it's really my intent, because you've been so good, to get you out of here; so I'm just going to go real fast here.

**Q.** Doctor, when you talked to -- you know that most of the drugs that are listed in the P.D.R. Have similar symptoms and end results as Diprivan, correct?

**A.** Say that again?

**Q.** Death is listed in most drugs, correct?

**A.** Bottom line?

**Q.** Yes.

**A.** Yes.

**Q.** Okay. And you have no idea, Dr. Lee, if other anesthesiologists or doctors have previously gone over Diprivan using a P.D.R. Just like this, correct?

A. No.

Q. Okay. You told Mr. Jackson that any doctor that would give him Propofol at his house wouldn't care about him, but they would be doing it just for money; is that fair to say?

A. That's fair to say.

Q. Okay. When he talked to you about using Diprivan, he had told you that he had used it a long time ago, correct?

A. Yes.

Q. Do you know if he could remember the name of the doctor who gave it to him a long time ago?

Ms. Cahan. Objection; calls for speculation.

Ms. Chang. I'm just asking if she knows.

The court. Okay. Yes or no?

The witness: no, he didn't know -- he didn't tell me.

Q. but he did tell you, doctor, that he was told by a doctor that it was safe as long as someone was monitoring him, correct?

A. Yes.

Q. And in April of 2009, he was asking you if you could help him find someone; would that be fair to say?

A. Yes. And he didn't mean "someone," he meant an anesthesiologist.

Q. Okay. He asked you if you knew of an anesthesiologist.

A. Anesthesiologist.

Q. And to be clear, he never asked you to administer Diprivan to him, correct?

A. No.

Q. He asked you to find someone, correct?

A. Yes; and that I could accompany -- I could come with them, also.

Q. Dr. Lee, up to that point in time, you had given him many I.V. Nutrient treatments and you saw his arms, correct?

A. Yes.

Q. You had given him b-12 injections in the buttock; would that be fair to say?

A. Correct.

Q. You saw his body?

A. Yes.

Q. Okay. Did you ever see signs of needle marks or any discoloration indicative of I.V. Use that made you suspect he was getting I.V. Treatments from another doctor?

**A.** No.

**Q.** Based on your assessment of his situation and his treatments and being at his house, and talking to him and assessing him, your working knowledge was that he had not yet started taking any type of Diprivan or medication for sleep as of April 19th, 2009?

**Ms. Cahan.** Objection; calls for speculation.

**The court.** Sustained.

**Ms. Chang.** Okay.

**Q.** Based on the house and what you saw and observed, you never saw any signs of Diprivan infusion as of April 19th, 2009, correct?

**A.** From the time I saw him until April 9th --

**Q.** 19th.

**A.** -- 19th, I saw no signs on his body of any injections, and I certainly didn't see any vials of anything in his house.

**Q.** Okay. All right. And did he sound desperate as of April 19th for you to find him someone?

**A.** Yes.

**Q.** And, in fact, he said, "I'm not going to be able to rehearse, I can't do this without it"; is that fair to say?

**A.** Well, the morning that he woke up and stood on the bed and ran off to the bathroom, when he came back, he said that the day was not going to be a good day for him at all, and it was not

going to be a good rehearsal day because he did not get a good night's sleep. And he just seemed very frantic. So he just helped me gather up my bags quickly and -- so I could leave. And like I say, he gave me a hug before I left and said thank you. And from April 19th, I did not see him --

Q. Okay.

A. -- anymore.

Q. Now, when you talked to him, you said he leaned in to you. Did you have a chance to look into his eyes?

A. When he asked me on the 19th?

Q. Yes.

A. About the Diprivan?

Q. Yes.

A. You know, as -- as a practitioner, when you're discussing things with people in classes that you take, especially the psychology components, when a person is leaning in talking to you, and you -- you can see the sincerity in his eyes -- he saw that I was concerned about him not letting anyone give him Diprivan. I even went as far as to say that, "you feel like family, I've been knowing you for all my life, your music, and I wouldn't give that to my family member in the home. It has its own setting, but this isn't it, not in the house. You don't do that." so --

Q. Did he --

A. Really --

Q. Did he --

A. Really --

Q. I'm sorry. Go ahead, doctor.

A. So when he leaned in to me, he was very sincere. He said, "you don't understand." and he kept hitting his wrist. He said, "you don't understand. I need sleep. I need something that's going to knock me out as soon as it drips in my veins so I can go to sleep."

Q. Did he appear to you as earnest in his belief that a doctor told him that it was safe?

A. That was my major problem.

Q. And you told us about your experience with your mother yesterday. Would you agree that a patient believing a doctor is not unusual, in your experience?

A. If I could tell you the percentage of people who come to me and tell me, "my doctor told me I need to do all these things without even getting a second opinion" --

Q. It's not unusual, correct?

A. It is -- it is -- no, it's not unusual.

Q. Okay. And you don't know what doctor was telling him it was safe, correct?

A. No.

Q. And you have no idea as you sit here today what caused Mr. Jackson to deviate from your joint plan to use only natural, holistic remedies to treat his sleep disorder or insomnia, correct?

A. I'm sorry. Could you say that again?

**Q.** Sure. You have no idea what caused Mr. Jackson to deviate from the joint plan of the natural holistic plan you guys devised and -- and go with another alternative, correct? You have no idea why, correct?

**A.** I don't know why he was persistent in doing that and not even wanting to do the other treatments or testing to find out why he had insomnia. Because I said, "let's just find out why," and he said, "I don't have time to find out why. I'm leaving to go and start this -- the tour --"

**Q.** Okay.

**A.** "-- and I have to get some sleep." so he was very anxious about, "I have to get sleep because I have to rehearse."

**Q.** Did he act like he was being pressured?

**Ms. Cahan.** Objection; calls for speculation.

**The court.** Sustained.

**The witness:** I can't say he --

**The court.** Sustained.

**Q.** doctor, is the reason why you came forward after Mr. Jackson's death to the press is because you wanted to dispel rumors that he was a drug addict?

**A.** Yes. I worked with Mr. Jackson from the first of -- met him in January, latter part, into February. And to meet someone who was so kind and so giving and so loving and to hear on the news that he had all these track marks all over his body -- I knew he was not on drugs.

**Q.** Doctor, I'm going to go real fast because I want to get you out, but I want to cover the father's day call. Okay? That was four days before Mr. Jackson died; is that fair to say?



**The court.** Mr. Panish, why are you --

**Mr. Panish.** Because Ms. Cahan is slamming her hands on the table. I just --

**Ms. Cahan.** I'm not slamming my hands.

**Ms. Chang.** Your honor, can I just finish?

**The court.** Yes. Please stop. Let's try to finish.

**Ms. Chang.** Okay. Dr. Lee, I'm just focusing on you right now.

**Q.** You received a call from Mr. Jackson's, I think, security guard four days before Mr. Jackson died; is that fair to say?

**A.** Yes.

**Q.** Based on what you heard from Mr. Jackson's portion of the call only, did he seem scared and frightened?

**A.** Yes.

**Ms. Cahan.** Objection; calls for speculation.

**The court.** Overruled.

**Q.** you yourself were in St. Petersburg, Florida, correct?

**A.** Yes.

Q. You were attending a seminar?

A. Yes.

Q. However, you had your own health issues at that time, correct?

A. Yeah. I was a little bit over- -- way overworked.

Q. And you were, in fact, in the emergency room when you got this phone call, correct?

A. Yes.

Q. You were, in fact, being given medication at the time that you were talking to him on the phone, correct?

A. Yes. I had my left arm out and they were starting an I.V. When I saw my phone ringing, I grabbed it, and while this wonderful nurse was trying to flirt with the doctor, she pushed in too much of the blood pressure medicine and bottomed me out.

Q. And you went out, unconscious, correct?

A. I didn't go out unconscious. I was fading away, and almost.

Q. Okay.

A. But I was -- I just was ending the conversation with them.

Q. Okay. And you don't know if anyone took him to the hospital, correct?

A. I don't know.

Q. And had you planned to follow up and go see him after you returned to California?

A. I was hospitalized for about two days or so. When I came back, I went straight to work; and the day of his passing was the day that I was going to go up and --

Q. That was the day you were going to check on him?

A. I was going to check on him.

Q. Okay. You indicated previously that Mr. Jackson said he didn't want to gain weight -- do you recall that? -- for his performances?

A. Yes.

Q. Would you agree that he also said he didn't want to lose weight before the shows?

A. Oh, no, he didn't want to lose any weight.

Q. Okay. It took a lot of energy to do these shows, correct?

A. Oh, yes.

Q. I want to show you exhibit 8, dash, 54 that's already in evidence. Why don't we blow up a little bit -- would you agree, Dr. Lee, that when you last saw Mr. Jackson in April, he did not look this thin?

A. You sure that's him?

Q. That's him.

A. Oh, my goodness. He did not look like that. When I saw him in April, he did not look like that.

Q. As someone who practices holistic --

A. Oh, my goodness.

Q. As someone who practices holistic nutrition and vitamin I.V. Therapy, would you have been concerned if your patient looked like that?

A. I would have been beyond concerned. Beyond concerned. Oh, my goodness. That's horrible.

Ms. Chang. I have no further questions, your honor.

The court. Any redirect? Let's try to --

Ms. Cahan. I have about three minutes, your honor.

The court. Yes. Okay.

Ms. Cahan. Very quick.

**Redirect examination by Ms. Cahan:**

Q. Dr. Lee, when Mr. Jackson told you his -- self-reported his weight to you during that February to April time period, do you remember about what he said he weighed?

A. It's written down. I don't remember it offhand.

**Ms. Cahan.** Pam, if you could just quickly pull up 12009.18.

**Mr. Panish.** Is that page 18? If it's in there, just put it up so you can get through this.

**Ms. Cahan.** Top left. It says there -- this is February 1st, 2009. It has a weight of 128 pounds.

**Q.** Is that what Mr. Jackson told you he weighed on that date?

**A.** That's what he said, because that's what I have written.

**Q.** And that seemed about right to you at the time he told you that, it didn't seem far off based on your experience with patients?

**A.** In looking at his body frame, I don't -- I didn't know at that point what percentage of that was lean body mass versus fluid mass; so, you know, I just took him at his word.

**Q.** But it seemed reasonable to you that was in the ballpark of what it looked to you he might weigh, 128 pounds?

**A.** Yes.

**Q.** And, pam, you can take that down. So we talked a little bit today about insomnia. And you said that 80 percent of your patients complain of sleep problems.

**A.** They don't walk in my door and complain of sleep problems, but it's just part of their overall history.

**Q.** And you mentioned yesterday a number of factors that you believe may have contributed to Mr. Jackson's insomnia in the spring of 2009, right?

**A.** Yes.

Q. You mentioned hypoglycemia might have been a cause?

A. Yes.

Q. And consumption of red bull or other caffeine might have been a cause?

A. Yes.

Q. Poor sleep hygiene, like -- might have been a cause?

A. Yes.

Q. And included in that poor sleep hygiene, you saw him leaving movies, televisions on overnight?

A. Yes.

Q. And music playing?

A. Yes.

Q. And lights on?

A. Yes.

Q. And those would be on throughout the night, not just when he was trying to fall asleep but all night?

A. Throughout the night, yes.

Q. And you also mentioned yesterday that the electromagnetic field generated by devices such as cell phones and alarm clocks might have contributed to his insomnia in this time frame in your assessment?

A. Yes.

Q. And you also mentioned that Mr. Jackson may have felt some stress from rehearsals?

A. Yes.

Q. And that may have also contributed to his insomnia?

A. Yes.

Q. But that wouldn't have been the only cause, in your view, of the sleep problems that he was experiencing?

A. No. That's why I wanted to do the neurologic testing with the amino acid, which is just a urine test, along with sleep studies to find out -- get more to the root cause of why he was having a problem.

Q. And I think you said that Mr. Jackson exhibited some stress about some rehearsals, but he also told you he was excited about doing the tour, right?

A. He told me at the first part of the year he was excited about the tours; and then as it got closer, in April, he was, you know, a little bit more stressed.

Q. And in your experience --

A. With rehearsals. Not the tour. He was not -- he was not saddened about the tour, he was just saddened --

**Q.** And in your experience taking care of patients, is it common for people to experience stress about an event that they're really excited about, something where they want to perform well?

**Ms. Chang.** Objection; lacks foundation, calls for speculation.

**The court.** Overruled. These are musicians, athletes and celebrities? Overruled. You may answer.

**The witness:** yes.

**Ms. Cahan.** Nothing further. Thank you, Dr. Lee.

**Ms. Chang.** I have nothing further.

**The court.** Okay. Thank you, ma'am. You may step down. Thank you.

**Ms. Chang.** Thank you, Dr. Lee.

**The court.** Okay. Ladies and gentlemen, I guess the next time we see each other is Tuesday; and that will be at 9:45. Remember my admonition not to discuss the case, don't go on the internet and look at anything, don't read anything about the case, don't even think about the case. Just come fresh on Tuesday, and we'll see you at the 9:45. Okay? Thank you. Have a good long weekend.