DAVID OTIS WILSON AND

DEBRA B. WILSON,

Plaintiffs,

vs.

THE ROE CHEMICAL COMPANY, INC.

Defendant.

_____/

TRANSCRIPTION OF SWORN DEPOSITION

WILLIAM JASON, M.D.

OCTOBER 2

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866-624-6224

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1 P R O C E E D I N G S
2 Q. Would you state your name, Doctor?
3 A. William Lawrence Jason.
4 Q. What is your address, sir?
5 A. 10 South Boulevard, Franklin, Roosevelt.
6 Q. And what is your occupation or profession?
7 A. I am a medical doctor specializing in
8 neurology.
9 Q. Doctor, would you outline for the jury your
10 educational background?
11 A. I received my B.S. from the University of
12 Maryland and graduated from the University of
13 Tennessee Medical School in Memphis. I did my
14 internship and residency at the University of
15 Tennessee Medical Center and my fellowship in
16 neurology at Roosevelt Memorial Hospital. I've been
17 in private practice here in Franklin since YR-39.
18 Q. Are you a member of any of the medical
19 societies?
20 A. American Medical Association, the Mid-South
21 and Farrah County Medical Societies, the American
22 Neurological Academy, and several others.
23 In fact, I belong to all of them that are
24 appropriate for this part of the country. I belong
25 to the American Institute of Hypnosis. That's an



1 ANA Division of the American Medical Association,
2 and I belong to the National Institute of
3 Acupuncture Research.
4 Q. Doctor, are you on the staffs of any
5 hospitals?
6 A. Yes, I am.
7 Q. Would you name those, please?
8 A. I have privileges at Roosevelt Memorial
9 Hospital here in Franklin, Methodist Hospital here
10 in Franklin. I am a member of the University of
11 Roosevelt teaching staff as an assistant professor.
12 Q. What do you teach?
13 A. Neurology.
14 Q. Can you explain what neurology is?
15 A. Neurology is the specialty of diagnosing
16 and treating diseases of the central nervous system,
17 as well as the peripheral nerves and muscles.
18 Q. And is neurology a recognized specialty by
19 the American Medical Association?
20 A. Certainly.
21 Q. Doctor, are you board certified in
22 neurology?
23 A. I am board eligible.
24 Q. Doctor, in pursuing your specialty of
25 neurology, have you published any papers on that



1 subject?
2 A. Yes. Several in drug research, some
3 chemical exposure and things like this.
4 Q. Did you have occasion to examine David
5 Wilson?
6 A. Yes. For the first time on September 1,
7 YR-5. He was referred to me from Dr. Weeks, a
8 general practitioner. Dr. Weeks gave me a complete
9 history and described the accident as told to him by
10 Mr. Wilson.
11 Q. What records of his treatment have you
12 reviewed in connection with your treatment of
13 Mr. Wilson and your formulation of opinions for this
14 case?
15 A. I've been provided with some of his records
16 and some letters in my files from the chemical
17 company. I've also had some copies of letters sent
18 to me since I started treating David.
19 The actual diagnosis was made at the
20 Roosevelt Hospital through blood analysis. It was
21 then sent to the chemical company that manufactured
22 the herbicide. We also did a muscle biopsy and
23 several nerve conduction tests. We had an EMG done,
24 an electrical investigation of muscle potentials and
25 also nerve conductions. This was done by



1 Dr. Richard Gerd, who is an associate of mine.
2 Q. What was the result of that test?
3 A. It was abnormal. The findings were
4 consistent with peripheral neuropathy and myopathy.
5 He had a myopathic picture on the EMG.
6 Q. What does that mean?
7 A. It means that the muscle potentials are
8 pathological in showing high bursts in extended
9 movement, electrical patterns.
10 Q. What does that mean as far as Mr. Wilson's
11 function?
12 A. In saying myopathic, that means that the
13 muscles have pathology, that it is an abnormal
14 muscle.
15 Q. Did the test indicate a muscle weakness?
16 A. Muscle damage.
17 Q. Was that damage limited to his extremities
18 or was it generalized in Mr. Wilson's body?
19 A. It was generalized but more so to his
20 extremities.
21 Q. Doctor, was it brought to your attention at
22 the time you saw Mr. Wilson that he had been exposed
23 to the chemical 2-sec butyl 4,6-dinitrophenol, which
24 is sold as Dinitro?
25 A. Yes. He told me in detail about the



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accident. After my initial examination, we did the tests and got all of the reports and the muscle biopsy report and the chemical report from the Duckworth Pathology Lab. They confirmed that Dinitro was in his bloodstream.

I talked to the physician at the Roe Chemical Company who sent me their findings. The levels found in his blood were around 5 micrograms per milliliter, and that was a rather dangerous level, if not lethal.

Q. Have you familiarized yourself with the ways that Dinitro may be introduced into the human body?

A. Yes. Either orally or by contact with the body, absorption into the bloodstream through contact with the skin, airborne or swallowing it.

I've read the medical literature regarding this Dinitro chemical. There are a few case reports of people with peripheral neuropathy that were exposed to chemicals with very similar chemical structures. The patients had symptoms very similar to Mr. Wilson's. There are no large well-controlled studies in the literature of Dinitro or the other chemicals that have similar structures. Some of my colleagues have told me that they have treated



farmers who have used Dinitro and other herbicides and pesticides and who developed neuropathies.

Q. What does lethal mean?

A. A dose level that would kill you.

Q. Kill an ordinary person?

A. Yes. I am not saying that Mr. Wilson is not an ordinary person. You said, "kill an ordinary person." I am not saying he is an abnormal person. I do not know why it didn't kill him.

Q. Doctor, do your records indicate when you last saw Mr. Wilson?

A. Yes. I see him about every three or four months now. I saw him two days ago. He still had paresis, of course, easy fatigability, multiple complaints, of course, of pain here and there. But this is just from his inability to sit down and take it easy. He moves around a lot. He's very tense. He, of course, has chest pains and things like that due to muscle contractions and not cardiac disease by any means. He has difficulty with erections, the inability to get an erect penis. As a matter of fact, I first thought the cause was his difficulty with bladder function.

When I first met with both Mr. and Mrs. Wilson, she brought it out quite emphatically that



she had noticed a change prior to when he went in the hospital; in fact, back several days after he had this chemical exposure, and since that time I don't think he has had an erection.

At one time, he was quite a muscular man from descriptions that have been given me, and he is not now; and it is hard to assess just how much of a percentage of paresis he has. I started to give you one, but it would be difficult to do. He certainly is weak enough that he fatigues easily, that his gait, ability to walk any distance, would be shortened. He is somewhere, I suppose, around 40 percent to 50 percent weaker than he was prior from the descriptions I could get. It would be hard to say just how much, and only speculation on my part. But at the present time he fatigues very easily.

Q. Has there been any damage to Mr. Wilson's kidneys or liver?

A. Well, during the time I have been seeing him, the only time I saw him with reference to liver function was during the hospital stay, and he definitely had damage there. Of course, this is to be expected. It is quite apparent from reading the animal studies that have been published on Dinitro.

Q. In what respect? The result of the Dinitro?



A. Yes.

Q. Doctor, do you have an opinion to a reasonable medical certainty, based upon your education, training, experience, review of relevant literature, and treatment and examination of Mr. Wilson, as to whether Mr. Wilson's contact with the Dinitro directly caused the injuries you have described to us?

A. Yes. It is my medical opinion, based on my tests and Mr. Wilson's prior medical history, that the cause of the pathology was related to the absorption of the chemicals through his skin. It was found to be in his blood. His contact with the chemical caused everything - impotency, etc. He has peripheral neuropathy with myopathy. He will not have any significant improvement in the future, though he will live out a normal life expectancy unless he develops liver cancer resulting from his exposure. I doubt whether he can have sexual intercourse again.

Q. Do you have an opinion as to whether or not Mr. Wilson is permanently and totally disabled from performing the duties of a farmer?

A. Yes. He tries to do jobs that he had been doing around the farm, and he cannot. I have no



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1 idea of his educational background, what he can do
2 on the labor market. He certainly can't go back to
3 farming like he was doing. He is certainly not
4 disabled to the point that he couldn't do a
5 sedentary job, like selling postage stamps or
6 something of that sort, handling mail. He cannot go
7 back and farm like he was doing. I am sure that's
8 permanent.
9 It is my opinion his exposure to this
10 chemical caused his neuropathy and his myopathy. I
11 also believe it substantially increased the odds
12 that he may develop liver cancer later in life.
13 Q. This one exposure?
14 A. Yes. There is no threshold known or
15 accepted for carcinogens. This man had worked with
16 this material before, and it is probable that he
17 absorbed some of this material before either through
18 his skin or inhalation. He gave no history of ever
19 being sick before this very, very large exposure, so
20 I would think it is reasonable to conclude that this
21 one large exposure caused the condition.
22 Q. Is it possible that muscle weakness from a
23 chemical could occur because of repeated exposure to
24 a chemical?
25 A. Yes. It is possible.



1 Q. And were you aware of his exposure to any
2 other chemical outside of Dinitro, say, over a
3 period of a year or two?
4 A. No.
5 Q. Are you aware of any other significant
6 chemical exposures before YR-6?
7 A. None that he reported.
8 Q. Are you aware of any other significant
9 illnesses in Mr. Wilson's past?
10 A. He didn't report any to me and neither has
11 Dr. Weeks.
12 Q. Let me ask you: assume someone's blood
13 level was 4.3 micrograms per milliliter one month
14 after an alleged exposure. Would you tell me
15 whether that would mean that more than that amount
16 of had been previously present?
17 A. It probably would. Chemicals are
18 metabolized either by the liver or kidney. Dinitro
19 is primarily broken down by the liver over a period
20 of time, and so I would assume such a person would
21 have had a higher level one month before the blood
22 was tested.
23 Q. Now, assume that Mr. Wilson had exposure,
24 as he told you, to his arms, chest, and those areas
25 that you designated in your report, and he



1 immediately washed off and then took a bath with
2 soap and water and never again wore the clothing
3 that he had on, shoes nor any portions of his
4 apparel. Would you assume that such a dosage after
5 being washed off could, within that period of time,
6 be absorbed through the skin?
7 A. It is absorbed rapidly through the skin;
8 that's clear from all of the literature. If he were
9 heavily exposed, a significant and potentially
10 lethal amount could be absorbed in a few minutes. I
11 performed a differential diagnosis and was able to
12 rule out all other possible explanations for his
13 symptoms, leaving his Dinitro exposure as the only
14 explanation for his problems.
15 Q. Are there any peer-reviewed studies of an
16 association between Dinitro and peripheral
17 neuropathy and myopathy?
18 A. Not in the literature but some of my
19 colleagues have told me about several patients who
20 have been exposed to Dinitro and have developed
21 neurological problems. The Roe Company has a
22 horrible reputation for making killer chemicals.
23 I personally have not treated other victims
24 of Dinitro, but I have had to treat victims of other
25 types of herbicides made by Roe. One man died as a



1 result of absorption through the bloodstream because
2 he spilled another type of Roe weed-killer on
3 himself that I understand had a molecular structure
4 similar to Dinitro.
5 Q. I believe it is on the record that
6 Mr. Wilson used Treflan, that he used Cotoran, Ansar
7 529 MSMA, MSMA, Cotoran plus MSMA, Carmex DL, which
8 is a contact killer, and Riverside 612.
9 A. Yes. And that's a lot of chemicals.
10 Q. Given the fact that Mr. Wilson used all
11 these chemicals over a 20-year period or so, would
12 your opinion be any different as to the cause and
13 effect of his problems?
14 A. Well, if the chemicals you mentioned had
15 chemical structures similar to Dinitro, then it is
16 possible that they may have contributed to his
17 problem, but this recent large exposure to Dinitro
18 overwhelmed his defense clearance mechanism. This
19 caused him to suffer his injuries. The literature
20 documents how long these chemicals stay in the
21 serum.
22 Q. If he had been exposed to all the chemicals
23 we just discussed over a number of years, isn't it
24 possible that those exposures may have caused his
25 alleged problems?



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A. I said before if they had similar structures it's possible. It is more likely that long-term exposures to such chemicals put him at greater risk for developing liver cancer and the recent massive exposure caused his neuropathy and myopathy. It just makes common sense that because the neuropathy and myopathy occurred so soon after the exposure, that the Dinitro caused the problems. Plus, we know Mr. Wilson had high levels of Dinitro in his bloodstream.

Q. Doctor, aren't there case reports in the peer reviewed literature that describes many of the same symptoms Mr. Wilson allegedly developed in servicemen suffering from Gulf War Syndrome?

A. Mr. Wilson didn't "allegedly" develop symptoms. He has them and he has a well-defined medical condition called peripheral neuropathy and myopathy. This is not something he made up.

Yes. Case reports of the type you describe are published in the literature. The temporality of his recent exposure and the later development of symptoms plus the animal data Roe generated make it clear to me the cause of Mr. Wilson's problems was Dinitro poisoning and not some "alleged" form of Gulf War Syndrome.



Q. By the way doctor, how much are you paid for your services as an expert witness in this case?

A. My standard fee is $550 per hour, with a four-hour minimum for depositions and court appearances.

Q. How much do you charge for your regular examinations of Mr. Wilson?

A. Well his insurance company's reimbursement rate is $100 for a half hour visit.

(Deposition concluded)



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