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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

D-1 DR. RAJENDRA BOTHRA

D-3 DR. GANIU EDU

D-4 DR. DAVID LEWIS

D-5 DR. CHRISTOPHER RUSSO,

Case No. 18-20800

Hon. Stephen J. Murphy, III

Defendants.

/

JURY TRIAL EXCERPT: VOLUME 15

BEFORE THE HONORABLE STEPHEN J. MURPHY, III
United States District Judge
Theodore Levin United States Courthouse
231 West Lafayette Boulevard
Detroit, Michigan 48226
Tuesday, June 7, 2022

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(Appearances continued next page)

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EXHIBITS

<u>Identification</u>	<u>Offered</u>	<u>Received</u>
NONE		

1 Detroit, Michigan

2 Tuesday, June 7, 2022

3 - - -

4 (Proceedings in progress at 11:00 a.m., all parties
5 present, jury present)

6 THE COURT: All right. Thank you.

7 Mr. Harrison, did you have questions you wanted to
8 ask?

9 MR. HARRISON: I do, but I think Mr. Margolis wanted
10 to go next.

11 THE COURT: Mr. Margolis is going to --

12 MR. MARGOLIS: Mr. Harrison has requested that I go
13 first.

14 THE COURT: Okay. That's fine.

15 MR. MARGOLIS: Is that okay with Your Honor?

16 THE COURT: It's all right with me. Maybe it'll save
17 us some time and we won't have to repeat things and that'd be
18 great. Go right ahead.

19 MR. MARGOLIS: Thank you, Your Honor.

20 THE COURT: Thank you.

21 CROSS-EXAMINATION

22 BY MR. MARGOLIS:

23 Q. Dr. Patel, my name is Larry Margolis. I represent Dr.
24 Christopher Russo.

25 A. Good morning, sir.

1 Q. I'd like to keep our questions at the yes or no format, in
2 the yes or no format as well if that's okay.

3 (Courtroom audio interruption.)

4 MR. MARGOLIS: We had a little interruption over
5 here.

6 THE COURT: What was that?

7 MR. CHAPMAN: It was just evidence on the computer,
8 Your Honor.

9 THE COURT: Oh, oh, oh, okay. All right. Okay.
10 Good. All right. Thank you very much. Sorry about that.

11 Go ahead, Mr. Margolis.

12 BY MR. MARGOLIS:

13 Q. Are you good with that, sir?

14 A. Yes.

15 Q. And if you don't know, you don't know.

16 A. Yes.

17 Q. So I'm a bit confused about your testimony from yesterday.
18 On the one hand you agree that the Pain Center served a
19 population, a real population of chronic pain patients, yes?

20 A. No.

21 Q. So the population that they served when you went and saw
22 them on the Saturday, that -- those weren't real chronic pain
23 patients?

24 A. I don't know.

25 Q. Okay. Well, that's why you joined in the first instance I

1 believe you said. You wanted to serve a -- in the community, a
2 disadvantaged community, work with real pain patients?

3 A. No.

4 Q. Okay. You are passionate about pain?

5 A. Yes.

6 Q. And you didn't want to work in a disadvantaged community?

7 A. No.

8 Q. Okay. I thought you were talking about Detroit and saving
9 the -- the community. That was not you, I didn't hear that?

10 A. Can only be yes or no?

11 Q. Yeah, that's fine.

12 A. Okay. Let's just leave it.

13 Q. Why did you start at the Pain Center?

14 A. So the reason why I actually addressed that I had the
15 whole idea of Detroit was because my wife lived in Detroit. I
16 want to help any patient population and that's kind of my goal,
17 right, and specifically in the Detroit population though, I was
18 noticing -- well, we all kind of saw that there weren't access
19 to appropriate care being given to these patients, and, in
20 fact, like there was just a pill -- like a mill of things going
21 on and no one was actually addressing the problems that these
22 patients were having.

23 Q. So you go in and you want to address these problems, yes?

24 A. I want to help, yes.

25 Q. Okay. And you believe that these people deserve to be

1 treated for their pain?

2 A. Yes.

3 Q. And there are millions of people that have chronic pain in
4 the country?

5 A. Yes.

6 Q. And many of them are low or mid-income folks?

7 A. Yes.

8 Q. Many of them don't have good insurance coverage?

9 A. Yes.

10 Q. And they deserve the skills of a double board certified
11 physician like yourself?

12 A. Yes.

13 Q. So your lawsuit, your cooperation with the government is
14 not against the -- the -- the patients who step inside the
15 clinic, that's not what that's about, correct?

16 A. Yes.

17 Q. Okay. And so what I thought I was hearing, that by and
18 large, the people you were working with were real pain
19 patients, correct? I'm not talking about Henderson Butler.

20 A. No

21 Q. They weren't, the people you --

22 A. I don't know. I don't know.

23 Q. So you don't know is what you're saying?

24 A. Right.

25 Q. Okay. That's fair. Even Henderson Butler, he seemed like

1 a real patient to you at the time, is that fair, sir?

2 A. I don't know.

3 Q. Okay. But you're a doctor and it's your job, correct me
4 if I'm wrong, to trust your patients?

5 A. Yes.

6 Q. And I know it's easy to look back now and look at the
7 video and look at what happened, but at the time you were
8 acting in good faith, is that fair to say?

9 A. I don't know.

10 Q. Okay. At the time you were not looking to defraud the
11 government when you prescribed Henderson Butler Norco, is that
12 fair?

13 A. No.

14 Q. You were looking to defraud the government?

15 A. I -- I don't understand the question, I'm sorry. Can you
16 rephrase it?

17 Q. When you prescribed -- you saw the video of Mr. Butler?

18 A. Yes.

19 Q. And you met with him for under five minutes, right?

20 A. Yes.

21 Q. And you measured his pain. It wasn't the highest pain
22 score. It was a low to moderate or moderate pain, right?

23 A. Yes.

24 Q. And I believe you prescribed him Norco 10. Was it 10 or
25 7.5?

1 A. I decreased the dose to twice a day, 7.5 milligrams.

2 Q. Okay. And all I'm asking is at the time you did that, you
3 were acting in good faith, you weren't trying to defraud
4 anybody, yes?

5 A. Yes.

6 Q. That's all I'm asking, sir.

7 And you were not intending to drug him up
8 unnecessarily, right?

9 A. Correct.

10 Q. You had no idea he was smoking crack at the time?

11 A. No.

12 Q. You had no idea he was videotaping you and also working
13 for the government like you were, right?

14 MR. HELMS: Objection. There's been no establishment
15 that he was working for the government.

16 BY MR. MARGOLIS:

17 Q. Fine. You have no idea he's videotaping you?

18 A. Correct.

19 Q. And you had no idea that Mr. Henderson was working for the
20 government at the time, correct?

21 A. Yes.

22 Q. Your job is to help him?

23 A. Yes.

24 Q. Believe him, right?

25 A. Yes.

1 Q. To use your training and skill the best you can to help
2 Mr. Butler?

3 A. Yes.

4 Q. On what was probably I think you said a very busy day of
5 patients.

6 A. Yes.

7 Q. But we can't -- we can talk to you now about it now, but
8 we can't go back and look in your head and your heart at that
9 time, is that a fair thing to say?

10 A. I don't know.

11 Q. We can go back and look in your heart and head?

12 A. I don't know.

13 Q. Okay. But I believe you've said if we could, we would see
14 that you treated him in good faith, fair?

15 A. Yes.

16 Q. Because you've said you're passionate about helping the
17 masses of the chronic pain population, whether they be in the
18 bougie or whether they be in the disadvantaged communities,
19 fair?

20 A. Yes.

21 Q. That's why you became the type of doctor that you are,
22 yes?

23 A. Yes and no, yep. I -- so I don't know.

24 Q. Okay. And I guess what I'm trying to say is, is that as
25 we can see, the day to day of our jobs, and I'm talking

1 generally now --

2 A. Mm-hmm.

3 Q. -- never exactly matches how we're trained to do it, is
4 that fair?

5 A. No.

6 Q. It matches exactly like your fellowship and your -- your
7 med school training, the day to day in the urban private
8 clinic? That is different I would suggest.

9 A. I don't know.

10 Q. Okay. Well, in fact, in the real world when you're out on
11 the ground dealing with your Henderson Butlers, you adapt to
12 deal with the reality on the ground?

13 A. No.

14 Q. You don't?

15 A. You individual -- sorry.

16 Q. No, no. You individualize your treatment plan as much as
17 you can of course, yes? Yes or no? You can say yes or no.

18 A. Patient is a patient at the end of the day.

19 Q. Fair enough.

20 A. Right.

21 Q. Mm-hmm.

22 A. Okay.

23 Q. Thank you.

24 A. Yeah.

25 Q. But your intent, even with Henderson Butler, is pure,

1 fair?

2 A. Yes.

3 Q. Thank you.

4 I want to talk about prescriptions for opioids,
5 opium. Are you aware that humans have been using opium for
6 pain for thousands of years?

7 MR. HELMS: Objection. Relevance.

8 THE COURT: I'll -- I'll -- he can answer that. Go
9 ahead, Doctor, if you can answer that.

10 THE WITNESS: Yes.

11 BY MR. MARGOLIS:

12 Q. Even back in one of the earliest civilizations, ancient
13 Samaria, they found 8000-year-old clay tablets that were
14 prescriptions. Did you know that?

15 THE COURT: That -- that might be getting into the --

16 MR. MARGOLIS: I'm just asking if he knows the
17 history.

18 THE COURT: -- irrelevant, be irrelevant, Mr. --

19 MR. MARGOLIS: It was something I said in opening and
20 I'm seeing if --

21 THE COURT: Go ahead.

22 MR. MARGOLIS: -- the man knows the history. He's
23 obviously well educated.

24 THE COURT: Go ahead, Mr. Margolis.

25 MR. MARGOLIS: Thank you.

1 BY MR. MARGOLIS:

2 Q. And we saw some of your prescription habits from yesterday
3 or -- or today and yesterday. You prescribed opioids on
4 occasion?

5 A. Yes.

6 Q. And on other occasions you try to talk to people down and
7 get them off or -- opioids, is that fair?

8 A. Yes.

9 Q. You had that freedom even when you were with Dr. Bothra
10 I've seen and heard today, is that fair?

11 A. No.

12 Q. Because --

13 A. Because of the time constraints.

14 Q. Okay. But you do in many of the tapes we see talk to your
15 patients about not taking narcotics?

16 A. Correct.

17 Q. And I believe we did see also that Dr. Bothra indicated
18 that if you didn't like something, you can change it, fair?

19 A. Yes.

20 Q. So you were able to have that freedom is all I'm asking.
21 I know it was busy, but if you didn't want to write a script,
22 you didn't have to, yes?

23 A. Yes.

24 Q. And this was especially true I think you said with young
25 people, you don't want the young people getting hooked. Nobody

1 does, right?

2 A. Yes.

3 Q. And I -- is that why you were trying to scare them with
4 arrest and criminal prosecution because that was your --
5 your -- your goal was not to put them in fear of arrest; your
6 goal was to reduce them and get them off opioids?

7 A. I don't know.

8 Q. Well, you did threaten people with arrests on several
9 occasions, yes?

10 A. It was not a threat, no.

11 Q. Well, I know you're not a police officer, but when a
12 doctor in a -- in a position of authority says, "You might be
13 arrested, you can be arrested for this," you wouldn't take --
14 you wouldn't think that was a threat to some -- one of your
15 patients?

16 A. I don't know.

17 Q. Okay. But you said it to some -- even some of the older
18 folks too, right? There was a lady I think that was in her 70s
19 that you -- you did the whole arrest spiel with her, right?

20 A. I'm not sure.

21 Q. You remember that?

22 But you were just starting off then, right?

23 A. Yes.

24 Q. Your career was still in its infancy?

25 A. Right.

1 Q. You probably don't do that anymore --

2 A. No.

3 Q. -- at Christiana. You've matured as a pain doctor, is
4 that fair?

5 A. Practicing the way I want to, yes.

6 Q. Okay. And then your practices are much different now,
7 right?

8 A. Yes.

9 Q. But you still prescribe low dose opioids on occasion?

10 A. Yes.

11 Q. Similar to how you did back then to many of your patients
12 too, yes?

13 A. For the right indication, yes.

14 Q. Fair enough. That's what I'm getting at.

15 If they had -- most all the patients you do prescribe
16 Norco to, I think you just said it, they need it. They had --
17 they presented with a fair indication you just said. That's
18 why you prescribed them the Norco, correct?

19 A. No.

20 Q. Okay. You didn't just say presented to a fair indication,
21 that's when you would prescribe Norco?

22 A. There's more to it.

23 Q. Okay. But you would only prescribe it if in your
24 hearts -- heart and head you felt it was medically necessary?

25 A. No.

1 Q. Okay. So you were breaking the law just by handing them
2 out back then, yes or no, sir, yes or no?

3 A. I don't know.

4 Q. Okay. You were prescribing medication to pain patients
5 who came in describing subjective complaints of pain, correct?

6 MR. HELMS: Just to be clear, are we talking about at
7 the Pain Center now?

8 MR. MARGOLIS: Yes, I'm sorry, back to the Pain
9 Center.

10 MR. HELMS: Okay.

11 MR. MARGOLIS: Sorry about that.

12 BY MR. MARGOLIS:

13 Q. And if you have that type of question, you can say --

14 A. Got it. Thank you.

15 Um, at the Pain Center, yes.

16 Q. Okay. And in that sense, they were legitimate
17 prescriptions based upon subjective complaints from a patient,
18 yes?

19 A. No.

20 Q. So you repeatedly wrote prescriptions that you are telling
21 us under oath that were criminal?

22 A. Yes.

23 Q. Okay. So you didn't trust your patients?

24 MR. HELMS: Your Honor, I object to the last
25 question. It's not for this witness to determine what's

1 criminal and what's not criminal. That's up to the jury.

2 THE COURT: Well, that's a true --

3 MR. MARGOLIS: He can say --

4 THE COURT: -- statement. However, his -- is his
5 perception -- whether or not his perception was that he was
6 writing prescriptions that were, quote-unquote, criminal or
7 violative of the law I think is relevant and appropriate.

8 Go -- go ahead, Mr. Margolis.

9 BY MR. MARGOLIS:

10 Q. You've said that you trust your patients, you -- at the
11 Pain Center, any patient of yours. You're a doctor, you have a
12 Hypocratic Oath. Your job is to listen, take the information
13 in, trust your patient. I believe I heard that, right?

14 A. No.

15 Q. Okay. That's not your job to trust your patients, no?

16 A. It's a part of it, yes.

17 Q. Okay. And then work to verify their complaints of pain.
18 You trust and then verify, isn't that part of your role as a
19 physician?

20 A. Yes.

21 Q. Thank you.

22 Do you remember an Eastpointe patient of yours named
23 Denise Souligney?

24 A. No.

25 Q. She was a 63-year-old woman, you treated her for chronic

1 back pain. She had failed back surgery. You saw her first on
2 September 11th, a memorable date, 2018.

3 MR. MARGOLIS: Ms. Adams, can we pull up Exhibit 122,
4 page 4?

5 BY MR. MARGOLIS:

6 Q. Can you see that, Doctor?

7 A. Yes.

8 MR. MARGOLIS: Ms. Adams, can we scroll to his
9 signature first just to confirm that it is his?

10 BY MR. MARGOLIS:

11 Q. Is that your signature, Doctor?

12 A. Yes.

13 Q. So it's fair to say this is your patient?

14 A. Yes.

15 Q. Okay.

16 MR. MARGOLIS: Can you go back, Ms. Adams, and
17 highlight the prescription?

18 A. Sorry.

19 MR. MARGOLIS: Prescription he wrote that day? It
20 would be in the middle. Maybe it's on page 2. Yeah, it would
21 be in the middle of the page 2, if you could highlight that,
22 under the plan, the word "plan."

23 Well, first let's look at her assessment, assessment
24 through followup. So sorry.

25 MS. ADAMS: Should I blow it up?

1 MR. MARGOLIS: Yep. If you want to bring it down.
2 Okay.

3 BY MR. MARGOLIS:

4 Q. So she's cervical neck pain, post-laminectomy syndrome.
5 What is a post-laminectomy syndrome?

6 A. She had some sort of back surgery and she continues to
7 have some sort of pain, neuropathic or somatic, we don't know.

8 Q. Is that what we in the lay people who don't know this call
9 failed back surgery?

10 A. It's similar.

11 Q. Okay. And it indicates as well low back pain?

12 A. Yes.

13 Q. Okay.

14 MR. MARGOLIS: And can you scroll down to the --
15 there.

16 BY MR. MARGOLIS:

17 Q. So you wrote this prescription for her that day, Norco 10,
18 325, PO TID PRN. So what -- that means three times a day?

19 A. Correct.

20 Q. And she's a 63-year-old woman with failed back surgery and
21 low -- and that's a relatively low dosage, would you agree? I
22 mean --

23 A. It depends.

24 Q. -- you wrote Norco 10. It's -- it's 30 percent of the --
25 the 90 MME that the CDC guidelines...

1 A. It's very patient specific.

2 Q. Understood.

3 A. So I don't know.

4 Q. Okay. But you wrote this?

5 A. Yes.

6 Q. And she had indications for that, right?

7 A. I'm not sure.

8 Q. Well, why would you write it if -- if -- if you're not
9 sure?

10 A. Because the way the system was created, I -- I had no
11 choice about who my patient was. It could be a patient --
12 someone else's patient and I was asked to write the
13 prescriptions.

14 Q. Okay.

15 A. And even in this situation I'm not sure if this was
16 actually my patient, and a lot of times this was just the cycle
17 of things.

18 Q. So you -- so you would sign your name? I mean that is
19 your signature, sir, right, yes?

20 A. The signature autopopulates on those notes --

21 Q. Oh, so it autopopulates.

22 A. -- at the end. You just go in and click a button.

23 Q. Okay. So you saw her again the next month though. You
24 wrote her the exact same prescription.

25 MR. MARGOLIS: Can we go to the next -- that would be

1 122C-7 when you scroll down to his signature.

2 BY MR. MARGOLIS:

3 Q. That's your signature again, right?

4 A. Same template, yes.

5 Q. And you were working at the Eastpointe clinic in September
6 and October, correct?

7 A. Certain days, yes.

8 Q. Okay.

9 MR. MARGOLIS: And so can we go back to the middle of
10 the second page, the prescription there? Yeah, if you can
11 highlight the Norco 10 under the plan. It was right at the
12 plan. Sorry, Ms. Adams.

13 BY MR. MARGOLIS:

14 Q. I just want to confirm that's the same prescription that
15 was given to her the month before?

16 A. It's a lower dose.

17 Q. 7.5. Okay.

18 So you do have some recollection or no?

19 A. No, I'm just looking at it. It's 7.5 instead of 10.

20 Q. Okay. And you said taper her Norco, advised patient to
21 wean off Xanax, will reevaluate MAPS next visit, but you have
22 no recollection of this particular patient?

23 A. No.

24 Q. Okay. Would you agree that the indications now that were
25 presented by her, failed back surgery, low back pain,

1 63-year-old patient, that the prescription was not an
2 illegitimate one, it was a reasonable prescription you wrote
3 for her on that day?

4 A. I'm not sure.

5 Q. Okay. But if you did, would it have been reasonable?

6 A. I'm not sure. I need more history.

7 Q. Okay. Well, she was there for you so I assume you got
8 that history, yes?

9 A. Yes.

10 Q. Okay. So you wouldn't have written that without getting
11 the history?

12 A. I'm not sure.

13 Q. Okay. You were able to see her procedure charts if you
14 wanted to at the time you were visiting with her?

15 A. Yes.

16 Q. Okay. So that may have been something you did before you
17 wrote the prescription to her?

18 A. I'm not sure.

19 Q. It's possible, right, sir?

20 A. Yes, it's possible.

21 Q. Okay. And if you did and that was her presentation, the
22 Norco 10, the first one in September would have been a
23 reasonable prescription, a legitimate one, no?

24 A. I'm not sure.

25 Q. Okay. Do you know Dr. Russo is being charged in this

1 case for writing the same prescription you did to the same
2 woman?

3 A. No.

4 Q. Okay. You were working for the federal government by --
5 with -- with -- you were making -- making audios and you had
6 filed your lawsuit by September 11th?

7 MR. HELMS: Your Honor, I would just object to the
8 preface of that question that he's been working --

9 MR. MARGOLIS: It was a badly worded question.

10 MR. HELMS: -- for the government.

11 THE COURT REPORTER: Wait, wait. Don't talk -- I
12 can't take two at a time.

13 THE COURT: Okay. Withdraw the question and start
14 again. Go ahead.

15 MR. MARGOLIS: Thank you, Judge.

16 THE COURT: Yep.

17 BY MR. MARGOLIS:

18 Q. You don't recall giving the agents Ms. Souligney's name?

19 A. No.

20 Q. Did you give them some names?

21 A. Yes.

22 Q. Gave them some evidence or some -- some copies or her,
23 what am I trying to say, documents, medical records?

24 A. Yes.

25 Q. Okay. And your lawyer as well, you provided that

1 information to him as well?

2 A. Yes.

3 Q. And there were like lots of patients, right?

4 A. I don't remember.

5 Q. Well, you filed a lawsuit, it's your lawsuit, right?

6 A. Yes.

7 Q. And they are like hundreds of names and patient files in
8 that lawsuit, yes?

9 A. I guess so, yes.

10 Q. Well, you got them for them, it's all because of you, sir.

11 A. I -- I don't remember.

12 Q. Okay.

13 A. Yeah.

14 Q. I know you don't remember stealing patient records and
15 providing your lawyer discovery.

16 THE COURT: Hey, hey, hey, that's improper.

17 MR. MARGOLIS: Sorry.

18 THE COURT: That's okay.

19 BY MR. MARGOLIS:

20 Q. You don't remember?

21 A. No.

22 Q. Ms. Souligney is not one of the patients you use in your
23 lawsuit though, is she?

24 A. I'm not sure.

25 Q. That's a false claims lawsuit, right?

1 A. I -- I have no idea.

2 Q. So you just file lawsuits with no idea, that's your thing?

3 A. I'm not sure.

4 Q. Yes or no. Yes I think is your answer.

5 A. I'm not sure.

6 Q. Okay. You're not sure.

7 You personally know a government witness in this
8 case, don't you?

9 A. I --

10 Q. You personally know Dr. Neel Mehta, correct?

11 A. As a colleague?

12 Q. It's a yes or no question. You personally know him?

13 A. No.

14 Q. You don't personally know him, you've never met him?

15 A. I've met him at a -- at one speaker engagement, yes.

16 Q. Okay. You don't call him a friend of yours?

17 A. No.

18 Q. Don't have his cell number?

19 A. I do not have his cell phone number.

20 Q. Took you a minute there.

21 You speak to him at all lately?

22 MR. HELMS: I'm sorry, did you say it took him a
23 minute there? I just object to -- to the attorney making
24 comments and just asking questions.

25 MR. MARGOLIS: I could have put it in the form of a

1 question. Sorry.

2 BY MR. MARGOLIS:

3 Q. Have you emailed or texted with him lately?

4 A. No.

5 Q. Have you socially interacted with him?

6 A. No.

7 THE COURT: If you're objecting, Mr. Helms, you've
8 got to stand up.

9 MR. HELMS: I -- I did, Your Honor. You just
10 couldn't see me.

11 THE COURT: All right.

12 BY MR. MARGOLIS:

13 Q. You also own an alternative medical practice, right?

14 A. No.

15 Q. You're not part of a alternative medicine practice,
16 Scripps holistic medicine, alt -- holistic?

17 A. No.

18 Q. You don't work with your wife in a -- in a holistic
19 medical business practice?

20 A. That's just pain and psychiatry.

21 Q. Okay. But you have a big website, it says it's a
22 business, it's incorporated.

23 A. I don't work there. That's my wife's.

24 Q. Okay. But you're on the website too?

25 A. Right.

1 Q. As one of like the chief, I forget the name, faith leader
2 or let me see if I can find it. You're part of that business
3 in the advertisements, you -- you post to it all the time?

4 A. Yes.

5 Q. Okay. And it's a for profit business?

6 A. Yes.

7 Q. You seek to make money, you want to be successful for your
8 family, for your wife, fair?

9 A. It's her business, yes.

10 Q. Okay. And I doubt -- I doubt that business follows the
11 CDC guidelines, right? It's not that type of practice, fair?

12 MR. HELMS: I object to the relevance of these
13 questions, Your Honor, his wife's business.

14 MR. MARGOLIS: I'll ask another question.

15 THE COURT: Okay.

16 MR. MARGOLIS: Well, it's his -- he said it's not
17 just his wife's business. He's involved with the business,
18 he's on the website.

19 THE COURT: Why don't you lead up to your point
20 and...

21 BY MR. MARGOLIS:

22 Q. You do follow the CDC guidelines at ChristianaCare and
23 your practice there?

24 A. Yes.

25 Q. Holistic or spiritual practices are not typically

1 reimbursed by Medicare or Medicaid, is that fair to say?

2 A. I'm not sure.

3 Q. Okay. Most insurance companies don't reimburse for
4 holistic practices?

5 A. I don't know anything about what you're -- holistic --

6 Q. Okay.

7 A. -- practice you're talking about.

8 Q. Well, I just assumed because you were on the website too
9 as part of it, that you were involved with it, but I'm hearing
10 that maybe you're not as involved as I thought.

11 A. Holistic means whole person.

12 Q. Okay. Are you -- is that the type of physician that you
13 are too?

14 A. I hope all physicians are.

15 Q. Okay. So you do subscribe to holistic practices?

16 A. No, I treat the patient holistically.

17 Q. Okay.

18 A. As a whole.

19 Q. Got it. Thank you, Doctor.

20 A. Sorry about that. Thank you.

21 Q. No apology necessary. Thank you.

22 MR. MARGOLIS: That's all I have.

23 THE COURT: All right. Thank you very much.

24 (Excerpt concluded at 11:25 a.m.)

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C E R T I F I C A T I O N

I, Linda M. Cavanagh, Official Court Reporter of the United States District Court, Eastern District of Michigan, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing pages 1 through 28 comprise a full, true and correct transcript of the excerpt proceedings taken in the matter of United States of America vs. D-1 Rajendra Bothra, D-3 Ganiu Edu, D-4 David Lewis and D-5 Christopher Russo, Case No. 18-20800, on Tuesday, June 7, 2022.

s/Linda M. Cavanagh
Linda M. Cavanagh, RDR, RMR, CRR, CRC
Federal Official Court Reporter
United States District Court
Eastern District of Michigan

Date: June 11, 2022
Detroit, Michigan