1	STATE OF FLORIDA
2	DIVISION OF ADMINISTRATIVE HEARINGS
3	DEPARTMENT OF HEALTH, BOARD
4	OF OSTEOPATHIC MEDICINE,
5	Petitioner,
6	vs. CASE NO: 24-4162PL
7	HEIDI MARJAANA LAHTEENMAA, D.O.,
8	Respondent.
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13	VOLUME II (Pages 135 through 235)
14	TRANSCRIPT OF VIDEO-TELECONFERENCE PROCEEDINGS
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16	DATE TAKEN: August 5, 2025 TIME: 9:00 a.m 3:18 p.m. BEFORE: The Honorable Robert S. Cohen
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22	Proceedings reported by:
23	
24	JESSICA RENCHEN, Court Reporter On Behalf of
25	For The Record Reporting

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1	PROCEEDINGS
2	(Proceedings continued from Volume I.)
3	THE COURT REPORTER: This is the court
4	reporter, Your Honor. I'm back.
5	THE COURT: Thanks, Jessica.
6	THE COURT REPORTER: You're welcome.
7	MR. MORRIS: Dr. Treese just said I'll be
8	there in two minutes.
9	THE COURT: Hi, everybody. Court reporter's
10	checked in with us. You ready to call your next
11	witness?
12	MR. MORRIS: (Indiscernible)
13	THE COURT REPORTER: Mr. Morris, your
14	microphone's doing something funny.
15	THE COURT: Try again.
16	MR. MORRIS: Can you hear me now?
17	THE COURT REPORTER: Yes.
18	THE COURT: Sometimes it just kind of squeaks
19	out for some reason.

20 MR. MORRIS: Maybe the room I'm in. Sorry.

THE COURT: Who knows? 21

Dr. Treese, would you raise your right hand 22

do be sworn. 23

Do you swear or affirm the testimony you'll 24 give in this proceeding will be the truth, the 25

- whole truth and nothing but the truth?
- THE WITNESS: I do.
- 3 THE COURT: Please state your name for the
- 4 record.
- 5 THE WITNESS: Theodore Treese.
- THE COURT: You may inquire, Counsel.
- 7 DIRECT EXAMINATION
- 8 BY MR. MORRIS:
- 9 Q. Can you state your business address, sir?
- 10 A. Yes. 1900 Glades Road, Suite 500, Boca
- 11 Raton, Florida, 33431.
- 12 Q. And you're licensed as a medical doctor in
- 13 Florida, correct?
- 14 A. Correct.
- Q. And you're board certified in psychiatry and
- 16 neurology, correct?
- 17 A. Yes.
- 18 Q. And you're board certified in addiction
- 19 medicine; is that correct?
- 20 A. Yes.
- Q. And what is your current position?
- 22 A. My current position is Assistant Chief of
- 23 Psychiatry at the Veterans Hospital in West Palm
- 24 Beach.
- Q. And are you also the Medical Director of

- 1 Inpatient Psychiatric Services there?
- 2 A. Yes.
- Q. And we've filed as our potential Exhibit 2 a
- 4 true and correct copy of your curriculum vitae, I
- 5 believe. Is that a true and correct copy?
- 6 A. Yes.
- 7 MR. MORRIS: At this time, we would introduce
- 8 Exhibit 2 as our Exhibit 2.
- 9 THE COURT: Any objections, Dr. Lahteenmaa?
- DR. LAHTEENMAA: Okay. Which one is this
- 11 one?
- 12 THE COURT: This is his CV. Dr. Treese's CV.
- DR. LAHTEENMAA: Oh, I haven't even seen it.
- 14 MR. MORRIS: It was part of our Exhibit 2,
- which was filed and sent to you.
- 16 DR. LAHTEENMAA: Well, I mean, I can't argue
- 17 with his CV. I mean, it says what it says.
- 18 THE COURT: Okay. Exhibit 2 is admitted
- 19 without objection.
- 20 (Petitioner's Exhibit No. 2 was admitted into
- 21 evidence.)
- 22 BY MR. MORRIS:
- Q. And can you tell me, Doctor, approximately
- 24 how many mental and physical examinations of a patient
- 25 have you done?

- 1 A. In my career?
- 2 Q. In your career?
- 3 A. I would say thousands.
- Q. And how many have you done for the Department
- 5 of Health?
- 6 A. I would say about around 50 or 60 total in my
- 7 career.
- Q. And what types of steps do you take when you
- 9 do a mental and physical examination of a medical
- 10 professional for the Department of Health?
- 11 A. Well, the initial steps would be, well, the
- 12 process involves a history, a mental status exam,
- toxicology testing, sometimes neuropsychological
- 14 testing, if that's indicated, and review of records.
- 15 Any records that are relevant to the exam that are
- 16 provided by the Department of Health or the examinee,
- 17 or that I find on my own. Also, review of collateral
- sources of information, such as family, colleagues,
- 19 supervisors, related to the examinee's work.
- 20 And really, very importantly in this type of
- 21 exam with the Department of Health, with a fitness for
- 22 practice exam, one needs to examine the examinee, of
- course, but also assess the credibility of the
- 24 complaint and the source of the complaint to make sure
- 25 that it's an accurate complaint; it's not a frivolous

1 complaint. And so in broad terms, those are the steps

- 2 I take in an exam with the Department of Health
- 3 referral.
- 4 MR. MORRIS: And at this time, the state's
- 5 going to tender Dr. Treese as an expert in
- 6 psychiatry, neurology, and addiction medicine.
- 7 THE COURT: Any objection? Dr. Lahteenmaa?
- 8 Or do you have any questions for Dr. Treese about
- 9 his qualifications?
- DR. LAHTEENMAA: No.
- 11 THE COURT: Okay. The witness is accepted as
- 12 tender.
- 13 BY MR. MORRIS:
- 14 Q. Now, in this particular case, when did you do
- 15 an examination of Dr. Lahteenmaa?
- 16 A. It was April 16th, 2024. And so the
- 17 significance there is that I had erroneously written
- 18 May 16th on the exam report, but it should be April
- 19 16th of 2024.
- Q. And do you know what time that exam was?
- 21 A. Yes, it was 2:30 in the afternoon.
- 22 O. And how long did that exam take?
- A. About 90 minutes.
- Q. And in this specific instance, what did you
- 25 do as far as steps you took or just topics you

discussed with her, or what types of testing did you

- 2 do?
- 3 A. So I gathered the history of present illness,
- 4 the presenting problem there. We did spend some time
- on the introductory forms, the consent forms. It took
- 6 about 10 minutes at that time. And then I gathered
- 7 the information about Dr. Lahteenmaa's complaint, her
- 8 experience of being persecuted by the workplace,
- 9 Teladoc in this case, and other related people that
- 10 she claimed were basically tormenting her for raising
- 11 complaints about how scheduling is done, how
- information is gathered or processed, and how
- workflows are prepared.
- 14 So I gathered information about that. I also
- 15 gathered information about the whole history in terms
- of background information, personal history, medical
- 17 history. All the headings that I have on the exam
- 18 report, I gathered information.
- 19 In terms of as the exam progressed -- well,
- 20 I'll pause there and see if you have any questions.
- 21 O. Sure, sure.
- 22 Did she tell you about any medications she
- was taking?
- 24 A. Yes.
- Q. And what medications was she taking?

1 A. Yes, sir. She mentioned she was taking

- 2 Adderall, 20 milligrams, three times a day.
- 3 Q. And did she indicate any other medications
- 4 she was taking?
- 5 A. One second, let me get to it. Just the
- 6 Adderall, and actually I didn't have the dose at the
- 7 time. I didn't write that down, so I don't know if I
- 8 had the dose at the time. I learned later it was 20
- 9 milligrams three times a day.
- 10 Q. Is 20 milligrams three times a day a high
- dosage?
- 12 A. I think so.
- 13 Q. What is the usual dosage you would see for a
- 14 patient like Dr. Lahteenmaa?
- 15 A. Well, for a professional, especially for a
- 16 psychiatrist, I would have concerns about the
- 17 psychiatrist, if he's going to have a hard time
- 18 focusing and paying attention. I'd also be concerned
- 19 about use of the medication sporadically or on a PRN
- 20 basis. I think it's kind of destabilizing, and I
- 21 would expect a psychiatrist to be able to modulate and
- 22 control their own attention a bit better than having
- 23 to take it sporadically, and as much as three times a
- 24 day.
- I would also hope that a psychiatrist, if

- 1 they were going to take an amphetamine, to take
- 2 something that would be like an extended release that
- 3 would allow for better modulation of their attention
- 4 and their emotions, and be less susceptible to the
- 5 rapid onset and the quick clearance of that
- 6 medication, which I think is destabilizing.
- 7 So that's one concern I had about that
- 8 medication. But overall, I mean, it's not illegal. I
- 9 think that it's -- for a true diagnosis of ADHD, it's
- 10 not an unfair treatment. It's within the realm of
- 11 acceptable. I think I'm a little bit more on the
- 12 extreme, or on one end of the spectrum, in terms of
- how conservative I am with using amphetamines,
- 14 especially for professionals where attention is
- 15 critical.
- Q. Was she prescribed Trazodone, to your
- 17 knowledge?
- 18 A. Not that I knew of at the time.
- 19 Q. Now, did you ask for any toxicology testing
- with your exam?
- 21 A. Yes.
- Q. And did you get any toxicology testing from
- 23 Dr. Lahteenmaa?
- 24 A. No.
- Q. And why not? Do you know?

146 A. I don't know. I let Dr. Lahteenmaa know at

- 2 the time that the things that I thought were the most
- 3 crucial was that in light of the claims that she was
- 4 making about being persecuted, to rule out -- well, to
- 5 assess the credibility of the claim, I wanted to make
- 6 sure that she could provide information that would
- 7 substantiate or corroborate that there was some sort
- 8 of malicious or sinister presence persecuting her, or
- 9 was this a delusion. So I made it clear that I needed
- 10 that. I also needed the toxicology testing and
- 11 collateral source of information. It was three things
- that were just not negotiable. I absolutely had to
- have them. And so e-mail attempts and phone calls
- 14 were not responded to over the course of about three
- months.

- 16 Q. Now, I want to be clear. You told her that
- 17 at the exam?
- 18 A. Yes.
- 19 Q. Okay. And so you told her that she needed to
- 20 provide you proof of essentially whatever the
- 21 conspiracy was against her, number two, the
- toxicology, and number three, collateral source
- 23 information, correct?
- 24 A. Yes, which would include professional
- 25 references or sources as well as personal sources.

- Q. And you received no response whatsoever?
- 2 A. None. Well, I did receive a response from
- 3 Dr. Lahteenmaa after I turned in the report, which I
- 4 didn't respond to. But in the three months that it
- 5 took me to complete the report, which I was waiting
- for a response, just hoping to get more clarity before
- 7 giving a final report. But yeah, over the course of
- 8 the three months that the exam report was open, I did
- 9 not receive a response. And most commonly, either the
- 10 phone wasn't answered or the e-mail response were not
- 11 provided.
- 12 Q. Can you tell me how many phone call attempts
- 13 were made --
- 14 A. Three phone calls and --
- 15 Q. -- to get information?
- 16 A. Yeah, three phone call attempts and then
- 17 multiple e-mails.
- 18 Q. How many e-mails?
- 19 A. I'm looking that up right now.
- 20 Q. Okay.
- 21 A. Be right with you.
- 22 O. Sure, take your time.
- A. So I've seen two requests by e-mail.
- Q. And can you tell me, did Dr. Lahteenmaa ever
- 25 talk to you about toxicology testing being done

- 1 somewhere else?
- 2 A. No.
- 3 Q. And would the toxicology testing have been
- 4 helpful for you?
- 5 A. Yes.
- Q. And how so?
- 7 A. It could provide some clarity on potential
- 8 causes for the psychotic symptoms that I had observed
- 9 during the exam.
- 10 Q. Okay. And what kinds of psychotic symptoms
- 11 did you observe?
- 12 A. Delusional thinking, disorganized speech.
- 13 And by disorganized speech, I mean her speech would
- 14 veer off topic, sometimes returning back on topic, but
- 15 with long periods of time to bring her back to the
- 16 focus of the interview portion that we're on. Or
- 17 sometimes tangential in that it just veered off topic
- and never came back, and it would require rigid and
- 19 very assertive redirection to bring the topic back to
- 20 discussion.
- 21 So there was those two things, those two
- 22 components of the exam. I felt that there was
- 23 significant emotional distress by Dr. Lahteenmaa based
- on the thoughts, content that she was having with the
- 25 persecutory and paranoid delusions. Like I said,

1 there was disorganized speech. I believe there were

2 negative symptoms of schizophrenia that, although it's

- 3 hard to verify or corroborate this given that I didn't
- 4 have any collateral information, but I do believe
- 5 there was social withdrawal or professional
- 6 withdrawal. I think that opportunity was starting to
- 7 slip away from Dr. Lahteenmaa with her work. The file
- 8 review that I did have showed that she was starting to
- 9 lose opportunity, lose trust by the employer. There
- 10 was a lot of confusion expressed by those who were
- 11 confronted by her claims, her accusations, her
- 12 allegations of being persecuted. So there was some
- social limitations starting to emerge in her case.
- 14 Also -- so those are the main symptoms I was
- 15 seeing is the positive symptoms including disorganized
- 16 speech, and delusional thinking, and then the social
- 17 withdrawal, and the social losses that were happening.
- 18 And then also another component of the social part is
- 19 the neglect, neglect of her needs. She started to
- lose opportunity professionally and income. And so in
- 21 line with that, even though this is after the exam, I
- 22 was concerned to find that there was a breast mass
- 23 that has not been followed as indicated to rule out
- 24 any potential serious concerns there, which could be
- 25 an indirect cause for the symptoms that we're seeing

- on the exam as well as today.
- Q. And would that be something that if she were
- 3 treated by a professional that it could be ruled out?
- 4 A. You mean something related to the breast
- 5 mass?
- 6 O. Yes.
- 7 A. Yes. There was a CAT scan or a head CT done
- 8 at Delray Medical Center, which was negative. But I
- 9 would like to have seen an MRI with a bit more
- 10 resolution, and also just a thorough workup and
- 11 assessment of the breast mass, which I think has
- progressed for about two years. And from what I've
- 13 seen in the records that I've reviewed since, it
- hasn't been thoroughly assessed and evaluated.
- So if that was what I -- you know, on the
- 16 differential diagnosis, there's the fear that it could
- 17 be breast cancer. If it was breast cancer, then the
- brain metastasis is a possibility, which could account
- 19 at least for part or maybe all of this presentation.
- 20 So that's a concern.
- 21 But going back to the earlier question when
- you said, "What are the symptoms," when you see a
- 23 social withdrawal and neglect, that's neglect of her
- health care as well, which is what has played out.
- Q. Now, when did you prepare your actual report?

- 1 A. The end of June is when I finalized it and
- then sent it in on July 1st, I believe. I'll double
- 3 check. Yeah, July 1st, 2024.
- 4 Q. At any time had you found out about the
- 5 Delray hospitalization?
- 6 A. So are you asking when I found out about the
- 7 Delray hospitalization?
- Q. Yes.
- 9 A. That was recently. I think the Department of
- 10 Health provided it to me within the past couple of
- 11 months.
- 12 Q. And was there anything from the -- first of
- all, was that voluntary or involuntary?
- 14 A. Involuntary.
- Q. And how long was she involuntarily committed?
- 16 A. It looks like it was about five days in
- 17 August, roughly like August 8th through the 13th,
- 18 roughly.
- 19 Q. And can you tell me what was her admission
- 20 diagnosis?
- 21 A. At Delray Medical Center, I'd have to double
- 22 check that record. I think it was similar to mine,
- like an unspecified psychosis, but the discharge
- 24 diagnosis was delusion disorder.
- Q. And what would it take to diagnose a delusion

- 1 disorder?
- 2 A. But another diagnosis was they did allude to
- 3 the amphetamine use, such as a psychotic disorder due
- 4 to amphetamine use. So that's another -- they really
- 5 had still -- their diagnoses were a little more
- 6 specific than mine. They had more information, more
- 7 observation with her, but there was still a bit of a
- 8 provisional quality to it in that they weren't sure if
- 9 it was a strictly delusional disorder by itself or was
- 10 the delusional or psychotic thinking due to
- 11 amphetamine use.
- 12 So what --
- Q. And you reviewed those -- I'm sorry.
- 14 A. Sorry. What was your question that you asked
- 15 about the diagnosis?
- Q. You reviewed the -- I'll get back to that.
- 17 You reviewed the records that are in Exhibit
- 18 5, the Delray Medical exhibits for Dr. Lahteenmaa?
- 19 A. Yes.
- 20 Q. Okay. And when did you review those? Do you
- 21 know?
- 22 A. I would say about 10 days ago, two weeks ago.
- Q. Okay. And were you notified by Dr.
- 24 Lahteenmaa that she'd been Baker Acted at all?
- 25 A. Just by the Department of Health.

- Q. Okay. And can you tell me what was her
- 2 discharge diagnosis?
- 3 A. If you'd like, I can look at the -- let me
- 4 look at the file. And I see that her admission date
- 5 was August 12th; discharge date was August 16th. From
- 6 what I can remember, it was delusional disorder was
- 7 the discharge diagnosis, and the second diagnosis was
- 8 psychotic disorder due to substance use, due to a
- 9 medication, amphetamine use.
- 10 Q. And did they identify the amphetamine in the
- 11 records?
- 12 A. Well, there was a toxicology screen that was
- 13 positive for amphetamine.
- 14 Q. And was she taken off of any amphetamines
- during her treatment?
- 16 A. Yes, she was.
- 17 O. And which amphetamine was she taken off of?
- 18 A. Adderall.
- 19 Q. And did she do better as a result of that, or
- 20 no? Or do you know?
- 21 A. It was hard for me to tell. It really wasn't
- 22 clear to me. I know the documentation was a little
- 23 sparse. So, I mean, I'm inferring that she did better
- 24 because there was initially a petition for involuntary
- commitment for psychiatric treatment. But I think she

- took paliperidone and improved. I'm inferring this,
- 2 that she did well enough that she was no longer
- 3 involuntarily committed and then was discharged.
- Q. And you -- in your report, you issued a
- 5 statement of limitations, correct?
- 6 A. Yes.
- 7 Q. Okay. And what were those limitations on
- 8 your examination?
- 9 A. Yeah, the limitations -- well, you mean, by
- 10 limitations, I think you might be referring to, like,
- limitations in the reach of the evaluation, correct?
- 12 Q. Correct.
- 13 A. Yeah, the limitations were Dr. Lahteenmaa's
- 14 participation with the evaluation in providing more
- information that was requested, which I mentioned
- 16 before. Also, her disorganized thought process was
- 17 also a limiting factor in the evaluation. It was very
- hard to navigate through and gather relevant history.
- 19 The toxicology testing was also the main limiting
- 20 factors.
- Q. Now, you also indicated in that statement
- that she was aggressively targeted; is that correct?
- 23 A. Yes.
- 24 O. And what was the source of that claim for
- 25 aggressively targeting?

Noch Dr. Johtsonnes had nonented that with

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1 A. Yeah, Dr. Lahteenmaa had reported that with
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- 2 Teladoc, what I recall her mentioning was that she was
- 3 trying to -- she was working for the telepsychiatry
- 4 company, and she began to notice things that would
- 5 happen when -- if there was an open slot. And the way
- 6 that -- so basically, the way Teladoc, for her
- 7 experience, was that they would very aggressively
- 8 fill, you know, open slots in the schedule, of her
- 9 schedule. And she felt that there was something
- 10 sinister about the way they would gather the
- information about her schedule and about how quickly
- they would fill up open slots in her schedule, and
- 13 sometimes even overbook.
- 14 And so she felt there was a sinister quality
- to this, and she began to inquire how Teladoc knew
- 16 about this. And then as she did, began to ask about
- 17 the operations, the behind-the-scenes operations, like
- from an IT point of view or just from an operation
- 19 manager point of view, she felt that they were
- 20 targeting her and began to become very aggressive
- 21 toward her and to retaliate, to monitor her, to
- 22 intrude on her, and even threaten and intimidate her,
- and made her feel very frightened, is what she
- 24 reported to me.
- 25 Q. Now, did she indicate which entities other

- than Teladoc were watching her or reviewing her?
- 2 A. Yes. She felt that multiple government
- 3 agencies from multiple governments were involved, as
- 4 well as criminal organizations were involved as well.
- 5 And so, as I tried to gather this information to sort
- of get more specific detail about what any one group
- 7 was doing, it would sort of float around, it was sort
- 8 of free-floating information. So if I said, "Well,
- 9 we're talking about the FBI, what are they doing?"
- 10 Well, they're affiliated with this cyber-stalking
- group or a hacking group from another country, and so
- it just became very slippery to kind of follow this
- 13 trail.
- 14 Q. Now, did you come to any conclusions about
- 15 her insight and her judgment about her condition?
- 16 A. Yes. I thought that Dr. Lahteenmaa's
- judgment was impaired -- no, her insight into the
- illness was impaired, and the judgment was also
- 19 impaired.
- Q. And did you come to any conclusions by
- 21 reviewing the Delray Medical Center records?
- 22 A. Yes, I thought the Delray Medical Center
- 23 records provided a little more specificity on the
- diagnosis, and the reason why is because they had
- 25 access to more observation, more time with Dr.

- 1 Lahteenmaa, and they were actually able to gather some
- of the collateral sources of information. They spoke
- 3 to people that had known her, I believe Dr. Dahlin was
- 4 one of them, perhaps, and one or two others that knew
- 5 her, and they felt that they had a more secure
- 6 diagnosis.
- 7 But in terms of their overall assessment, it
- 8 was very similar to the impression I had as well, but
- 9 even more, I guess, specificity and detail to the
- 10 evaluation because they simply had more information.
- 11 Q. And that was about three months after your
- 12 evaluation?
- 13 A. Yeah, so my evaluation with her was in April,
- 14 and so her inpatient evaluation was in August, four
- months.
- Q. Now, did you ever get a chance to review Dr.
- 17 Di records?
- 18 A. Yes.
- 19 Q. And when did you get to review those?
- 20 A. About the same time as the Delray Medical
- 21 Center records, like around two weeks ago.
- Q. And did you come to any conclusions after
- reviewing Dr. D records?
- 24 A. Yes, I felt that the records were just not
- 25 very informative. There's not a lot of content to the

1 records, so I felt that the diagnosis was not secure.

- 2 I think it's based on a questionnaire. There was no
- 3 collaterals in there that I could find to support the
- 4 diagnosis of ADHD, and the follow-up was not as
- 5 frequent as I would recommend for a professional
- 6 taking what's a bit of a higher dose of Adderall than
- 7 most.
- And then as time went by, the follow-ups
- 9 became less frequent. So as Dr. Dr. Scounted today,
- 10 maybe 23 visits in eight years, but most of those
- visits were in the beginning, not so much more
- 12 recently. So I think he had lost track of her, and he
- wasn't able to pick up on the psychosis to the adverse
- 14 effect. I think it was a failure to monitor.
- 15 Q. Now, do you have any concern that he hasn't
- seen her since May of 2024?
- 17 A. Well, no. Well, I'm more concerned that I
- think Dr. Lahteenmaa would really benefit from mental
- 19 health assessment and treatment by somebody. But it's
- 20 probably better that she didn't see Dr. D since
- 21 he'd been prescribing the amphetamines, which likely
- 22 played some role in the psychosis.
- Q. And I'll get to your recommendations in a
- 24 little bit. But first of all, what criteria
- 25 specifically did you use to diagnose Dr. Lahteenmaa?

1 A. So the positive symptoms of psychosis, which

- 2 included the significant delusional content. So when
- 3 you look at a psychotic disorder, you'll have
- 4 criterion A, which is more the positive symptoms of a
- 5 psychotic episode. Positive meaning the things that
- 6 are more noticeable, the things that really jump out
- 7 at you.
- 8 In Dr. Lahteenmaa's case, significant
- 9 disorganized speech and the delusional thought
- 10 pattern, thought content. Those are the two that
- 11 really stood out there and they were very clear.
- 12 There has been some concern about whether I actively
- 13 questioned in a checklist format, but I think when you
- have a case where there's a patient or examinee who's
- in distress, the checklist isn't exactly necessary.
- 16 If the symptoms are presenting themselves, if they're
- just falling out toward you, then you don't need to
- ask if they're there, if they're already being
- 19 presented to you. So that's one reason why we didn't
- 20 run a checklist on those symptoms exactly. I did ask
- 21 about some other possible disorders, but I think in
- 22 this case -- and I can explain why the full checklist
- 23 wasn't done at the time of the exam.
- Now, going on to this criterion A, criterion
- 25 B is more the negative symptoms of things that are not

- 1 so noticeable right away, which would be the social
- 2 symptoms, how well they take care of themselves, how
- 3 much they're engaged in their personal and
- 4 professional lives. And there I see that she -- like
- I mentioned before, I suspected social withdrawal. I
- 6 suspected that her career opportunities were shrinking
- 7 and she was starting to lose opportunity.
- 8 And then criterion C, which is the duration
- 9 of the illness, it's an estimate, but I think at the
- 10 time I felt like it was pretty secure based on the
- 11 time of the complaint with Dr. Dahlin to the time of
- 12 the exam that she met the criteria of at least six
- months of psychotic symptoms.
- 14 Now, criterion D is kind of up in the air
- 15 because I wasn't able to rule out all the other
- 16 possible causes. So at the time I saw Dr. Lahteenmaa,
- 17 there wasn't the possibility of doing a full medical
- 18 exam as well as the toxicology testing. But based on
- 19 the pretty clear presence of symptoms within criterion
- 20 A, B, and C, I felt that there was a secure diagnosis
- 21 of at least a provisional psychotic disorder.
- 22 And so the provisional diagnosis was
- 23 presented on the report because I wanted to pay
- respect to the fact that it really wasn't a complete
- 25 exam. And I thought, you know, for the benefit of the

- doubt, Dr. Lahteenmaa was entitled to try to get
- 2 hopefully a medical assessment over four or five days
- 3 time like I recommended on the report to do a thorough
- 4 assessment and see. Because there are significant
- 5 consequences if I write schizophrenia or bipolar
- 6 disorder for monitoring implications. What if it's
- 7 just a simple medication adverse effect? Then that's
- 8 going to make a big difference in how she'll be
- 9 treated going forward as a health care professional.
- 10 So I thought that was the most careful
- 11 diagnosis I could give but also while alerting the
- 12 Department that there was something very serious here
- 13 that was very limiting. So that's the criteria that I
- 14 used to make the diagnosis.
- 15 Q. Does psychosis have a definite or specific
- 16 duration?
- 17 A. No, but it does depend on the diagnosis, the
- 18 specific diagnosis. If you have psychosis due to a
- 19 medication adverse effect, then that could be short
- 20 term. If you have schizophrenia diagnosis, that's
- 21 more of a longer term illness that can be lifelong.
- 22 So it just depends on the specific diagnosis you have
- in terms of duration and course of illness.
- Q. Now, did you find that she was unable to
- 25 practice osteopathic medicine with reasonable skill

- 1 and safety to patients?
- 2 A. Yes.
- 3 Q. And what condition did you find that made her
- 4 unable to practice with reasonable skill and safety to
- 5 patients?
- 6 A. Well, in hearing Dr. Dahlin's testimony, I
- 7 noticed that as well that at times she did feel that
- 8 the patients presenting for treatment with her she
- 9 felt were agents of the criminal enterprises or
- 10 sinister presences that were tormenting her. And so
- she was likely misperceiving her patient population
- 12 and not really seeing them clearly or assessing them
- 13 clearly. Seeing them as a threat to her safety. And
- 14 so that's one thing that really stood out.
- But the symptoms were just uncontrolled. The
- 16 psychotic symptoms were uncontrolled and severe,
- 17 untreated and possibly being made worse by the
- amphetamines. And furthermore, I wasn't sure there
- 19 wasn't any other possible cause that hadn't been
- 20 assessed or treated. So when you have all these
- 21 variables that are unaccounted for and then severe
- 22 psychotic symptoms, I thought that was a major
- concern.
- 24 Another concern I had was that her
- interaction with her psychiatrist, those were probably

- very brief appointments. And I think in the first 10 1
- 2 minutes seeing Dr. Lahteenmaa, I wouldn't have
- expected there to be a syndemic psychotic disorder. 3
- But over the course of time, I felt like, you know, 4
- with the stress of the exam, same with his hearing, 5
- the thought pattern that I see with Dr. Lahteenmaa 6
- 7 gets worse over time as she faces adversity or just
- common stresses throughout the day. So for those 8
- 9 reasons, I felt like she was grossly unprepared and
- unable to practice as a psychiatrist at the time I saw 10
- 11 her.
- 12 Ο. And was your diagnosis unspecified psychosis
- not due to a known substance or psychological 13
- 14 condition?
- Let me just double check. I put two 15
- 16 diagnoses: First I put unspecified psychosis not due
- 17 to a known substance or a physiologic condition out of
- respect for maybe this is a primary psychiatric 18
- 19 diagnosis, which is possible. But then the rule-out
- 20 diagnosis, I mean, they're both in effect provisional
- 21 diagnoses that there is some uncertainty. But that's
- 22 where I also specified that stimulant abuse with
- 23 stimulant-induced psychotic disorder. So I put both
- diagnoses there because I didn't know which one it was 24
- 25 or if there was even something else. So it's

- 1 provisional.
- Q. Would you say it's to a reasonable degree of
- 3 medical certainty with those rule-out provisions?
- 4 A. Yes. I mean, to be a little more specific, I
- 5 thought Dr. Lahteenmaa clearly had severe psychotic
- 6 symptoms. The only question is, which diagnostic
- 7 category would they fit into? Schizophrenia, bipolar
- 8 disorder with psychosis, or drug-induced psychosis? I
- 9 don't know. I didn't know at the time. And I still
- 10 don't know.
- 11 O. Would schizophrenia normally present in a
- 12 younger person?
- 13 A. Yes. So I don't think it's likely for Dr.
- 14 Lahteenmaa that it's schizophrenia.
- 15 O. So is it more likely a substance use disorder
- 16 of some kind?
- 17 A. The ones I think would be most likely would
- be a medication or substance-induced psychosis or a
- 19 psychotic disorder or presentation due to some medical
- 20 factor that's yet unknown.
- 21 O. And so that could be the breast cancer or
- 22 something else?
- A. Right. The breast mass, I mean, we don't
- 24 know what's going on there. And that's very alarming
- 25 that it hasn't been assessed.

- 1 Q. So what recommendations for treatment did you
- 2 give for Dr. Lahteenmaa?
- 3 A. The recommendation was that she would be
- 4 referred to a medically supervised residential
- 5 assessment and treatment center with capabilities for
- 6 treatment of both psychiatric and substance use
- 7 diagnoses for a multi-day evaluation.
- 8 Q. And do you anticipate that she would also
- 9 have to go to a monitoring program like PRN?
- 10 A. Yes.
- 11 Q. And why is that?
- 12 A. Given the severity of the illness as it
- 13 presented and also just the lack of insight that she's
- 14 had for some time now, if and when she can kind of
- 15 regain safety to practice status, then for a long
- 16 extended time, monitoring would be vital in Dr.
- 17 Lahteenmaa's case.
- 18 Q. And can you explain, have you seen the
- 19 documents that Dr. Lahteenmaa has filed in this case?
- 20 A. Yes.
- Q. Have you seen the exhibits she's filed in
- this case?
- 23 A. Yes.
- Q. Do those cause you any concern?
- 25 A. Yes. I think that they're just chaotic and

it really manifests, it shows the disorganized thought 1

- 2 process and it does not provide any backing for the
- possibility that this could be like a malicious claim. 3
- For example, from time to time I get evaluations or 4
- 5 referrals where the HR department truly was abusive or
- an employer truly was abusive once in a while. 6
- this is not the case here. 7
- Most of the time when she's writing people 8
- 9 and requesting assistance or claiming these
- allegations, I see confusion in the other people, I 10
- see frustration, I see distress. People are alarmed. 11
- 12 And I don't see any sign anywhere that there's some
- 13 malicious, like deliberately malicious intention by
- 14 anybody. Just a lot of confusion and just very
- disorganized behavior by Dr. Lahteenmaa. 15
- 16 And have you been able to observe Dr. Ο.
- 17 Lahteenmaa today testifying in her presentation in
- court? 18
- Yes. And I think the difference today is 19 Α.
- 2.0 that when Dr. Lahteenmaa met with me, I didn't
- 21 challenge her views at the time. I simply gathered
- 22 the information, I tried my best to organize the
- 23 gathering of the information so I can get all the
- information I needed, all the categories filled, like 24
- medical history, personal history and things like 25

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- 1 that. I never suggested that she was having
- delusional thinking because I felt like her tolerance
- 3 for that was limited. Today she's met more
- 4 confrontation, I've seen more distress and more
- 5 agitation than I had on the initial evaluation.
- I also see very clearly here that the thought
- 7 process for Dr. Lahteenmaa is impaired. She's having
- 8 a hard time following the discussion, following the
- 9 train of thought here in this process in court, and
- 10 following instructions. Even the very simple
- instructions of ask questions only, don't testify,
- just ask questions, she had to be redirected multiple
- times on that. She had a very hard time controlling
- 14 herself on those instructions. And then the
- delusional thinking is just out of control. It's not
- 16 the worst case that I've seen in a psychotic patient.
- 17 However, for a professional, clearly there are
- 18 concerns.
- 19 O. And what are those concerns?
- 20 A. The concerns are that with the current
- 21 function and the current thought process and content
- 22 with Dr. Lahteenmaa that she's exhibiting today, is
- that she wouldn't make it more than a couple hours in
- an office, in a psychiatric practice, before people
- would be confronting what's happening there.

- 1 Q. Now, can you tell me, has your diagnosis
- 2 changed from your evaluation to now, from the time you
- 3 made the initial evaluation to now, or do you still
- 4 stick with the same diagnosis of Dr. Lahteenmaa?
- 5 A. You know, I don't disagree with the diagnoses
- 6 by Delray Medical Center, but I would keep my
- 7 diagnoses the same because the medical workup in this
- 8 case would involve an MRI. It would be a
- 9 multidisciplinary workup with a medical team that
- 10 would do a full medical assessment, especially the
- 11 breast mass and anything related to that, and a much
- more thorough serum or blood testing and toxicology
- 13 testing ongoing to assess any potential cause for a
- 14 psychotic presentation. And some of the testing had
- 15 not been done at Delray Medical Center. Nothing
- 16 against Delray Medical Center, but there's always a
- 17 little more you could do in a case.
- Q. And can you tell me, is that something that
- 19 would be done by PRN, or do you know?
- 20 A. Well, it would be overseen by PRN. I think
- 21 PRN would require an assessment like I recommended.
- 22 O. A medical assessment as well as psychiatric?
- 23 A. Yes. Basically, a place that's got strong
- 24 multidisciplinary capabilities. A place that could do
- all the full medical testing, blood testing, and even

 $1\,$ make referrals as needed. With all due respect, and I

- 2 hope this isn't the case, but if there was something
- 3 troubling on the finding for the breast mass, then the
- 4 evaluation would be halted and the assessment would go
- 5 in that direction to rule out any potential
- 6 challenging diagnosis there.
- 7 Q. And do you have the ability to opine whether
- 8 Dr. Lahteenmaa is safe to practice as of today based
- on everything that you've seen; all the observations,
- 10 all the paperwork, all the records?
- 11 A. No, at this time I do not think Dr.
- 12 Lahteenmaa is capable of practicing as a physician in
- the state of Florida with reasonable safety and skill.
- 14 Q. And that is your opinion, correct?
- 15 A. Correct.
- 16 MR. MORRIS: No further questions.
- 17 THE COURT: All right. Before I turn it over
- 18 to Dr. Lahteenmaa, you have not yet offered
- 19 Exhibit 1, Dr. Treese's report.
- MR. MORRIS: I was going to let this stand,
- but I'll offer Exhibit 1 into evidence.
- 22 THE COURT: Any objection, Dr. Lahteenmaa?
- DR. LAHTEENMAA: Which one is that one?
- 24 THE COURT: That is his report, his
- evaluation.

1	DR. LAHTEENMAA: Yeah, yeah, I disagree with
2	most of it, yes.
3	THE COURT: Disagreeing, though, is not an
4	illegal objection. This is the evaluation that he
5	made of you. Of course you disagree with it,
6	because if you didn't, you wouldn't be here today.
7	DR. LAHTEENMAA: Yeah.
8	THE COURT: I just mean, do you have an
9	objection that it's not really the report that he
10	issued? I know you don't agree with it. You
11	don't have to agree with it to not to object.
12	You can object.
13	I'm going to admit it because he testified
14	about it for the last hour or so just about, and
15	he has certainly identified that this is his work
16	and his evaluation based upon his
17	DR. LAHTEENMAA: Well, I disagree about the
18	dates and that he didn't correct it.
19	THE COURT: Well, he corrected it
20	DR. LAHTEENMAA: That's very concerning,
21	especially when I have two different files.
22	That's not good.
23	THE COURT: Well, I don't understand what you
24	mean, "two different files."
25	DR. LAHTEENMAA: Exactly. Well, I'll explain

1	it when I don't know when I'm supposed to.
2	THE COURT: All right. Well, you can ask him
3	on cross-examination, but you can also explain
4	what you mean by that. Are you talking about two
5	numbers, like, of your license?
6	DR. LAHTEENMAA: Well, there seems to be that
7	there is two separate files for me. For example,
8	Dr. Treese did the evaluation on 4-16, not on
9	5-16.
10	THE COURT: But he corrected it.
11	DR. LAHTEENMAA: He didn't on paper, not on
12	paper. It's not corrected unless it's done on
13	paper.
14	THE COURT: But this is I mean, there are
15	mistakes that show up in documents all the time.
16	DR. LAHTEENMAA: Yes, and we always write
17	there was a mistake. The actual evaluation was
18	done on April 16th. And you write an addendum.
19	It's not professional, especially in a case like
20	this.
21	THE COURT: I'm going to overrule the
22	objection. The document is admitted. I mean,

objection. The document is admitted. I mean,
he's under oath, and he testified that he made a
mistake, and he has corrected it under oath.
There's no legal requirement that he go back and

- write an addendum and attach it to that. The 1 2. point is, he didn't hide the fact that the date was incorrect. He was asked about the date --3 4 DR. LAHTEENMAA: But it makes it inaccurate. It's not correct. 5 THE COURT: Okay. Well, it is correct. 6 7 DR. LAHTEENMAA: It wasn't done in May. THE COURT: It is corrected now. 8 9 DR. LAHTEENMAA: Not on paper. 10 THE COURT: You know you were there in April, 11 not in May. So, I know you disagree with the 12 substance of the report. If you agreed, you 13 wouldn't be here today, you would have submitted to whatever penalty the Department wanted to 14 15 impose on you. 16 So, okay, we're moving on from that exhibit. 17 That exhibit is admitted over objection. And I'll 18 note that you objected. 19 The next question was about Exhibits 3, parts 2.0 1 and 2. They were identified by Ms. Ellis, but I'm not sure that you offered them or did you 21 offer them? 22 23 (Petitioner's Exhibit No. 1 was admitted into
- MR. MORRIS: I thought we did admit exhibits

24

evidence.)

1	with	${\tt Ms.}$	Ellis.

- THE COURT: I thought we did, too. I mean,
- 3 she identified them, and they are what they are.
- 4 They are the file from the Department.
- 5 Do you have an objection to those exhibits?
- I don't mean necessarily everything contained in
- 7 them, but the fact that those are the two halves,
- 8 roughly, of the investigative reports done by the
- 9 Department of Health. I'm asking you, Dr.
- 10 Lahteenmaa.
- DR. LAHTEENMAA: What's that? Oh, can I ask
- 12 him?
- THE COURT: No. I'm asking you if you object
- 14 to the reports that were identified? And I think
- 15 Mr. Morris did offer them in, but I hadn't marked
- them yet as admitted. The Exhibits 3, part 1 and
- 17 part 2, the investigative report from the
- Department.
- 19 DR. LAHTEENMAA: Once they're corrected on
- the paper, I agree. Until then, I will object.
- 21 THE COURT: Okay. They're admitted over
- 22 objection.
- 23 All right. This is your final witness, Mr.
- Morris. Are there any other exhibits you want to
- offer now so they're subject to cross-examination?

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1	MR. MORRIS: I think we did have 4, 5, and 6
2	admitted, but I think those are the only ones that
3	we need, quite frankly.
4	THE COURT: I don't think 4 was admitted.
5	That's the final order.
6	MR. MORRIS: Oh, that's the Delray
7	actually, 4 is Delray Medical Center.
8	THE COURT: Right. Are you offering those?
9	MR. MORRIS: Yes, we're offering those.
10	THE COURT: Okay.
11	MR. MORRIS: Those Dr. Treese did review.
12	THE COURT: Okay. Dr. Lahteenmaa, are you
13	objecting to those as well?
14	DR. LAHTEENMAA: I don't have them in front
15	of me. I don't know what they are.
16	THE COURT: Well, they're your medical
17	records from Delray Medical Center.
18	DR. LAHTEENMAA: They are inaccurate.
19	THE COURT: Okay. Well, you'll have to
20	testify to that. Inaccurate or accurate, they are
21	what they are.
22	DR. LAHTEENMAA: They're falsified, as per
23	THE COURT: They're falsified?
24	DR. LAHTEENMAA: Yes, my friend

THE COURT: Okay, please stop. Please stop.

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2 Is she testifying here today?

3 DR. LAHTEENMAA: It's on evidence. She says 4 they're lying.

5 THE COURT: Who all is testifying here today?

DR. LAHTEENMAA: Well, on paper she is.

7 THE COURT: No -- okay. Thank you.

DR. LAHTEENMAA: I submitted the evidence. I

don't know why you have to submit evidence if it

doesn't count.

11 THE COURT: Submitting evidence and having
12 evidence accepted into the record are two
13 different things.

14 DR. LAHTEENMAA: But it was accepted.

15 THE COURT: No, no. You filed it. It wasn't
16 accepted. It was attached to a motion to dismiss,
17 which was denied.

DR. LAHTEENMAA: No, not this part. No, this is for final hearing.

THE COURT: No, no, no. What you filed for final hearing are your exhibits.

DR. LAHTEENMAA: It's under that.

THE COURT: It's in those?

DR. LAHTEENMAA: Yes. Evidence of Hacking and Whistleblowing Retaliation, Part 3.

1 THE COURT: Okay. Well, you never told me

- 2 that. There was no objection to them.
- 3 DR. LAHTEENMAA: So it's there.
- 4 THE COURT: Okay. So if they're in the
- 5 record, then you can refer to those in your
- 6 proposed order.
- 7 Mr. Morris, any other documents you want to
- 8 offer?
- 9 MR. MORRIS: That's it. 1 through 6 is all
- we're offering.
- 11 THE COURT: Okay. So we have 1 through 6,
- 12 right? Okay. And then 10?
- 13 (Petitioner's Exhibit No. 4 was admitted into
- evidence.)
- MR. MORRIS: Oh, yes. Actually, 10 we did
- offer. It wasn't accepted, I think.
- 17 THE COURT: Yeah, 10 -- I mean, 10 are in,
- but they're actually in twice because those are
- 19 the text messages in there.
- MR. MORRIS: Right, they're also in the --
- 21 yeah.
- THE COURT: They're also in, right, Dr.
- Lahteenmaa's.
- MR. MORRIS: So, yeah, other than that, we're
- 25 fine.

- 1 THE COURT: Okay. Thank you.
- Now, Dr. Lahteenmaa, it's your opportunity to
- 3 cross-examine Dr. Treese.
- DR. LAHTEENMAA: He's on mute.
- 5 THE COURT: Okay. Well, ask a question. I'm
- 6 sure he'll unmute.
- 7 CROSS-EXAMINATION
- 8 BY DR. LAHTEENMAA:
- 9 Q. Can you hear me?
- 10 A. Yes.
- 11 Q. Okay. So, Mr. Burch, my previous lawyer, did
- 12 he ever tell you, like, I wrote on the notarized
- 13 subpoena, which Mr. Morris doesn't have a copy of,
- 14 supposedly, to tell you that I cannot get a hold of
- 15 you? This is evidence.
- 16 THE COURT: I have to ask you a question.
- 17 Mr. Burch was your attorney.
- DR. LAHTEENMAA: Yes.
- 19 THE COURT: And you have an attorney-client
- 20 privilege, so are you waiving that privilege when
- 21 you ask questions about things that Mr. Burch did
- or may have included conversations with you?
- DR. LAHTEENMAA: No, I'm asking if Mr. Burch
- 24 contacted Dr. Treese because I was not able to,
- 25 because of the hacking situation, that I cannot

- get a hold of him. And this is actually noted on
- 2 evidence that I submitted. It's called Lawyers
- Barred, 729, PDF. My letter, it's a subpoena --
- 4 not subpoena, but the notarized interrogatory.
- 5 THE COURT: I'm going to let you ask your
- 6 question. I just want to make sure you're not
- 7 waiving any attorney-client privilege you may have
- 8 with your lawyer.
- 9 DR. LAHTEENMAA: Well, he let me go because I
- 10 pointed out the child porn pingbacks.
- 11 THE COURT: Okay. Well then, again, I'm not
- the Florida Bar, and I'm sure not the Florida
- 13 Supreme Court.
- 14 DR. LAHTEENMAA: Yes, but what I'm saying is
- he's not my lawyer anymore.
- 16 THE COURT: I know that.
- DR. LAHTEENMAA: Okay.
- 18 THE COURT: You own the privilege, not him.
- DR. LAHTEENMAA: Yeah.
- 20 THE COURT: Go ahead and ask Dr. Treese. If
- 21 you want him to look at a document, you have to
- tell him where it is. He can't see it.
- DR. LAHTEENMAA: Okay. So it's the Lawyers
- 24 Barred PDF. That's what it's called. It's one of
- 25 the last ones that I filed.

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1 THE COURT: Right, but he doesn't have it.

- DR. LAHTEENMAA: Okay.
- THE COURT: Do you have it, Dr. Treese?
- 4 DR. LAHTEENMAA: I thought he said he looked
- 5 at the evidence.
- 6 BY DR. LAHTEENMAA:
- 7 Q. So you haven't looked at the evidence?
- 8 THE COURT: Well, there's a lot of evidence.
- 9 I mean, this is admitted into evidence, but it
- 10 doesn't -- he told you what he said he looked at.
- 11 I'm not going to testify for him.
- DR. LAHTEENMAA: Well, can I ask? Am I
- 13 allowed to?
- 14 THE COURT: You can ask him, but if he
- doesn't have it in front of him, you have to tell
- him what it says, what you're asking him about.
- 17 DR. LAHTEENMAA: Okay. So may I please read
- this then?
- 19 MR. MORRIS: Which exhibit is it?
- DR. LAHTEENMAA: Like I said, it's called
- 21 Lawyers Barred.
- MR. MORRIS: Which -- you have stamped
- exhibits on some of these.
- 24 THE WITNESS: I have a question also.
- THE COURT: I'm looking at it, and it just

- says -- I mean, I've opened the document, and it

 says, "Lawyers" at the top. In our portal, I have

 it as Number 5 in the portal. That's not a number

 on the exhibit.
- 5 THE WITNESS: Well, I did review some
 6 information in the past couple of days that I
 7 think was sent by Dr. Lahteenmaa regarding the
 8 lawyer, her relationship with the lawyers and her
 9 consultation and things like that.
- DR. LAHTEENMAA: Can I read this part?

 Specifically, I think it's page -- what is this

 page? It's towards the end. It's not numbered.

 It's page 22, looks like.
- MR. MORRIS: Okay. Towards the end, what is it?
- DR. LAHTEENMAA: Page 22.
- THE COURT: I've numbered these exhibits now 17 18 because they were unnumbered. I'll just tell you 19 that if you're looking at the DOAH exhibit portal, 2.0 the first one that says, "Notice of Filing Evidence, " I've admitted as Respondent's 1. 21 22 second one that says, "Evidence of Hacking and Whistleblower Retaliation, Part 1," I've admitted 23 24 over objection as Respondent's 2. The third one, Evidence of Hacking and Whistleblower Retaliation, 25

- 1 Part 2, I've admitted as Respondent's 3. And
- 2 Evidence of Hacking and Whistleblower Retaliation,
- 3 Part 3, I've admitted as Respondent's 4. Lawyers
- Barred, I've admitted as Respondent's 5. And the
- 5 Notice of No Witnesses that was filed in the
- 6 portal as well, I've admitted as Respondent's 6.
- 7 DR. LAHTEENMAA: Yeah. So this is the 5,
- 8 Page 22.
- 9 THE COURT: This is 5.
- 10 MR. MORRIS: Hold on, let's see. 22, what is
- on top of it or what's the --
- 12 THE COURT: I don't see page numbers on
- these.
- 14 DR. LAHTEENMAA: No, there's no page numbers.
- 15 It just says, "Lawyers" because the Barred didn't
- show up. No surprise there because nothing works
- 17 properly.
- 18 MR. MORRIS: But what -- on that actual page
- 19 that you're looking at, what does it say?
- DR. LAHTEENMAA: Oh, the page at the top?
- MR. MORRIS: Yeah, just the top.
- DR. LAHTEENMAA: Page 22, there's a picture,
- a photo.
- 24 THE COURT: Is this from the request for
- 25 admissions? That's what it looks like. Where it

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says, "Dr. Treese requested I provide him with the
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- 2 substance abuse testing results, but he never
- followed through, " is that what you're talking
- 4 about?
- DR. LAHTEENMAA: Yes, that's it.
- 6 THE COURT: Okay. So it's page 22 of --
- 7 MR. MORRIS: Oh, I see it, I see it.
- 8 THE COURT: Okay.
- 9 BY DR. LAHTEENMAA:
- 10 Q. So, is this --
- 11 MR. MORRIS: I don't know if the witness sees
- it though.
- 13 THE COURT: Go ahead and ask your question,
- and if Dr. Treese doesn't have the document,
- 15 you're going to have to read it to him.
- DR. LAHTEENMAA: Okay. So, this is the only
- 17 notarized interrogatory that I did? I was made to
- do the whole set all over again. This one I'm
- 19 talking about two sets. This is the notarized
- set. And, Mr. Morris, I gave you a different set
- on 12-10, which was not notarized. So, I have two
- 22 separate files.
- MR. MORRIS: We agreed we received
- 24 unnotarized interrogatories.
- DR. LAHTEENMAA: Well, this is the only one.

I don't know why we did the unnotarized one, then. 1

- 2. Beats me.
- BY DR. LAHTEENMAA: 3
- But this is what it says: "I am still 4 Ο.
- waiting to hear -- " the question is -- this is 5
- 6 question number 9 for statement: "Respondent did not
- 7 provide Dr. Treese with substance abuse testing or
- medical records." And I wrote there, "no answer." 8
- 9 Because you're supposed to say admit or deny.
- wrote, "I'm still waiting to hear from him on how to 10
- 11 proceed, but he never followed through and e-mailed me
- 12 like he was supposed to. Additionally, his office is
- unavailable when I call for some reason. As soon as 13
- 14 he replies, I will be glad to comply. I am aware that
- the government moves slowly, but this is a bit 15
- 16 extreme. Please tell him he can e-mail me at my
- 17 e-mail or call me at my new phone number any day
- 18 between 10 a.m. to 10 p.m. And please text first,
- 19 preferably. And please inform him kindly I have been
- 20 patiently waiting for over six months. Thank you?"
- 21 And now it has been over a year. I still
- have not heard from you, Dr. Treese. I never got 22
- 23 those e-mails. I tried to call your office. It says,
- "This phone number is not in service." And I have 24
- videos of that. I have photos. So, to say that I 25

- 1 didn't follow through is actually the opposite. I
- 2 never got anything. Which, of course --
- THE COURT: I'm sorry to interrupt you, Dr.
- 4 Lahteenmaa, but you're not asking Dr. Treese a
- 5 question. You're testifying. So, I mean, this
- 6 sounds like your testimony.
- 7 DR. LAHTEENMAA: Well, if I'm not interrupted
- 8 non-stop, I would get to the question.
- 9 THE COURT: The question should be first.
- 10 DR. LAHTEENMAA: Well, how can I ask
- 11 something when I have to read it first? You said
- 12 he doesn't have it.
- THE COURT: You read it, and then you started
- 14 testifying. I mean, when you read the transcript,
- 15 you're going to see you are testifying. You
- haven't been sworn in yet, and so I'm not going to
- 17 accept it as testimony. But it is just filling
- 18 the record up with forcing me to interrupt you.
- 19 And I hate interrupting you, but if you don't ask
- a question, a witness can't give an answer.
- 21 DR. LAHTEENMAA: Can I ask a question?
- 22 THE COURT: Please. But you read him the
- 23 statement. Now ask the question.
- 24 BY DR. LAHTEENMAA:
- Q. Did Mr. Burch ever tell you Heidi cannot get

- 1 a hold of you?
- A. No, I never heard from Mr. Burch. Mr. Burch
- 3 never contacted me.
- 4 Q. Do you think it's okay to diagnose someone
- 5 with psychosis, psychotic disorder, delusional
- 6 disorder, without looking at the evidence I had in my
- 7 possession when I met with you in April, April 16th,
- 8 2024?
- 9 A. That's kind of a compound question.
- 10 Q. Well, taking into consideration the size of
- 11 Teladoc, do you think that whistleblowers face grave
- dangers in the United States?
- 13 A. I think that your company, Teladoc, behaves
- 14 like most telepsychiatry companies. They're very
- 15 assertive and aggressive in their workflow and in
- 16 their minimizing open slots and booking clients. I
- 17 think --
- 18 Q. Do you think whistleblowers face grave
- 19 dangers?
- MR. MORRIS: Objection; she's not letting him
- 21 finish his answer.
- 22 THE COURT: Well, the question was -- if you
- can answer that question, answer it. The question
- was, do you think whistleblowers in this country
- 25 are at risk of -- was there more? I just heard at

- 1 risk.
- 2 BY DR. LAHTEENMAA:
- 3 Q. Yeah, face grave dangers. Just the act of
- 4 whistleblowing against a big company, major. I didn't
- 5 hear you.
- 6 A. That's outside my scope. I'm not sure I'm an
- 7 expert in that category. I don't know.
- 8 Q. Okay. But you feel it's okay to diagnose me
- 9 and not being an expert in that or using common sense
- 10 without looking at the evidence?
- 11 A. Which question? I hear two questions there.
- 12 Q. Do you think it's okay to diagnose someone
- who just told you they whistleblowed, that it's just
- 14 okay to diagnose them with psychotic disorder without
- 15 looking at the evidence?
- 16 A. I think in your case, I strongly encouraged
- 17 you to provide me with the evidence, but you did not.
- 18 Q. I had my phones with me. Why would you not
- 19 look at them?
- 20 A. (Indiscernible) was accurate or a fair
- 21 diagnosis.
- Q. Why would you not look at my phones in a case
- like this, this severe?
- 24 A. I strongly encouraged you to provide me with
- documentation to support your assertion, but you did

- 1 not provide it and you did not respond to my efforts
- 2 to reach you.
- Q. Okay. I told you the reason. When I met
- 4 with you, why would you not right then and there take
- 5 a look at my phone?
- 6 A. I think that's a boundary violation to look
- 7 into your phone.
- Q. In a case like this, but it's not a boundary
- 9 violation to tell somebody, oh, you're psychotic and
- 10 go against American Psychiatric Association guidelines
- 11 that specifically --
- 12 A. (Indiscernible) --
- 13 Q. -- state you must look at the evidence --
- 14 THE COURT REPORTER: I'm sorry. This is the
- 15 court reporter --
- 16 BY DR. LAHTEENMAA:
- 17 Q. -- before diagnosing?
- 18 THE COURT REPORTER: -- I can only get down
- one person at a time.
- 20 THE COURT: And Doctor, that's why I
- interrupt you because if you're talking when the
- 22 witness is talking, the court reporter gets down
- nothing.
- 24 DR. LAHTEENMAA: I would like to be able to
- be allowed to actually finish my sentence.

1 THE COURT: Well, you have to ask him a

- 2 question.
- DR. LAHTEENMAA: Okay.
- 4 THE COURT: You speak and ask and speak and
- 5 ask. And witnesses are used to hearing a question
- 6 like, what is this -- just ask him the question
- 7 and give him an opportunity to answer. But I
- 8 think he answered and was still answering it about
- 9 the boundary issue of looking at your phone.
- 10 That's his answer. You may not like it, but
- that's the answer that I heard was he thought
- there was a boundary issue there in looking at
- 13 your phone.
- 14 BY DR. LAHTEENMAA:
- Q. So you are saying, Dr. Treese, it's okay
- 16 because of a boundary issue to diagnose somebody with
- 17 psychotic disorder without looking at the evidence?
- 18 A. No. I think that if you have a case where an
- 19 employee is being persecuted by an employer and I'm
- 20 asking you whether it be an HR department or a
- 21 criminal organization, I routinely ask people to
- 22 provide me with the information. For example, I might
- 23 say, send me the HR file. And sometimes I get the HR
- 24 file and I can corroborate or I can question the claim
- or even refute the claim.

- In your case, I asked you for the
- 2 information. You did not provide it because I don't
- 3 think you have --
- Q. Actually, it's the opposite. You didn't
- 5 contact me. Like I said, I have been waiting for a
- 6 year. Still nothing. Now --
- 7 A. I let you know at the time of the exam that
- 8 for me to consider these claims, these assertions you
- 9 were making, I needed the corroborating information.
- 10 Without the information, the evaluation just wasn't
- going to be complete and I made efforts to contact
- 12 you. You didn't provide the information and you were
- 13 not able to be reached.
- 14 O. I have the information with me.
- MR. MORRIS: Objection; argumentative.
- 16 BY DR. LAHTEENMAA:
- Q. Again, I could've printed it out. I could've
- 18 -- if you haven't seen the evidence, then you should
- 19 not come up with the diagnosis because you don't have
- 20 the facts.
- 21 THE COURT: Are you asking him a question?
- 22 Are you testifying that without evidence, you
- shouldn't come up with a diagnosis?
- 24 DR. LAHTEENMAA: I asked him what he thinks
- about that.

1 THE COURT: That is a statement by you.

- 2 Please ask a question or I'm going to have to keep
- interrupting you. Mr. Morris has been very
- 4 patient about not objecting to every single time
- 5 you make a statement, but you have to ask a
- 6 question.
- 7 BY DR. LAHTEENMAA:
- 8 Q. Why would you not just state that you're
- 9 unable to make a diagnosis because you don't have the
- 10 available evidence?
- 11 A. Because --
- 12 Q. This evaluation is not complete.
- 13 A. Because I have everything we're seeing today
- 14 from you. Your thought pattern, your speech pattern,
- 15 your thought content, and your overall behavior really
- 16 makes the diagnosis again today.
- 17 O. Have you looked at the evidence on the court
- 18 website? The whistleblowing evidence? Have you
- 19 looked at it?
- 20 A. No.
- Q. Okay. Why not?
- A. Which website?
- Q. Oh, it's on the court website. It's a public
- 24 website. That's one place.
- 25 A. I don't think that relates specifically to

- 1 your case. I think it's only a reference to, you
- 2 know, broad possibilities of abuse or persecution that
- 3 may or may not apply to you.
- 4 Q. So you're saying it's okay when a patient is
- 5 attacked by the biggest telemedicine company in the
- 6 world, it's okay just to slap them with a psychosis
- 7 diagnosis without looking at any of the evidence?
- 8 Because that's what you did.
- 9 A. I think that you were asked to provide the
- 10 evidence, and for about the third time here in the
- 11 last 15 minutes, I'm saying that you didn't provide
- it. You told me you had a whole trove of information.
- I said, just send it along. I gave you my e-mail
- 14 address. You're welcome to e-mail me the information.
- 15 I will review it. You didn't do it.
- Q. Yet you pursue, without the evidence, to
- 17 still diagnose me?
- 18 MR. MORRIS: Objection; asked and answered.
- 19 THE COURT: Okay. He based his diagnosis on
- the evidence he had at the time, and he waited six
- 21 months before issuing his report and still didn't
- 22 get any additional evidence. That's what he said,
- and he's been testifying for over an hour now.
- 24 BY DR. LAHTEENMAA:
- Q. Why didn't you correct the date?

- 1 A. As far as the date, I realized maybe about
- the past two or three weeks that I put the wrong date,
- 3 so I knew this day was coming that I'd have a chance
- 4 to correct it on the record, and if the DOH requests,
- 5 I can be happy to write an addendum, but I think
- 6 correcting it on the record is also equivalent. But I
- 7 didn't hide behind it. It's just a simple error.
- Q. Did you ask me one single question about my
- 9 symptoms when I met with you?
- 10 A. I asked about other symptoms that could be
- 11 related, such as anxiety, sleep issues, depression,
- 12 things like that. But as far as the symptoms here --
- Q. No, you didn't.
- 14 THE COURT: Wait a second. Wait a second,
- Doctor. Sorry. You can't ask the question and
- then you give the answer. He gets to give the
- 17 answer, and when you testify, you get to give your
- own testimony, and you don't even have to ask
- 19 yourself questions, but I won't interrupt you
- 20 unless there's an objection.
- 21 DR. LAHTEENMAA: So I can't point out if
- 22 someone's lying?
- THE COURT: If you ask him a question, and he
- is saying -- and Dr. Treese is giving an answer,
- while he's talking, you speak over him and say,

- no, no, no. You're trying to answer the question
- for him. Just ask him the question, let him
- answer the question, and when you testify, you can
- 4 say he was incorrect, and that's not true, and
- 5 whatever you're going to say in your defense. But
- just interrupting him with no, no, no, that's
- 7 really not helping the record, just in terms of
- 8 the court reporter getting it down accurately.
- 9 BY DR. LAHTEENMAA:
- 10 Q. Did you ask me any symptoms of psychosis?
- 11 A. No. The reason being, you presented the
- 12 psychosis spontaneously without me needing to ask
- about it. Similarly, if somebody presented to me
- 14 actively bleeding out of a wound, I wouldn't ask them
- if they're bleeding, because I can see the blood
- 16 coming out. In this case, the psychosis was so
- 17 evident, after about 15 minutes, I couldn't stop it
- 18 from presenting. It is very clear.
- 19 Q. Why is it on the records, then? You didn't
- 20 write there on the evaluation, I did not ask the
- 21 symptom.
- 22 A. Well, I think the report is meant to be -- to
- convey the more relevant, necessary information. I
- 24 would defeat the purpose of the assessment if I was to
- 25 give a transcript of the full 80 to 90 minutes of our

- 1 meeting.
- 2 Q. So you falsified the record?
- 3 MR. MORRIS: Objection; she's interrupting
- 4 and not letting him finish his answer again.
- 5 THE COURT: Doctor, did you finish your
- 6 answer? You were saying that it would be a very
- 7 long report if you did a transcript of the entire
- 8 90 minutes you spent with her.
- 9 THE WITNESS: Yeah. A professional report
- 10 like this is meant to be providing part of the
- 11 actual history of the assessment, but also,
- 12 probably more importantly, wants to get the
- evaluator's impression and formulation and
- 14 recommendations. So writing every single question
- down is not necessary, it's not indicated. As a
- 16 psychiatrist, I think that you can understand
- 17 that.
- 18 BY DR. LAHTEENMAA:
- 19 Q. Did you falsify?
- 20 A. No.
- Q. Okay, so on the papers of my evaluation, it
- 22 actually says there, I did not answer this question,
- or ask this question, because I didn't see that
- 24 anywhere. Because if it's a truthful evaluation, and
- you just said that you didn't ask me any symptoms of

- 1 psychosis, then you should have written on the
- 2 evaluation, I did not ask about this --
- 3 THE COURT: Question --
- 4 BY DR. LAHTEENMAA:
- Q. -- but I didn't see that written. How so?
- 6 A. I'm sorry, what was the question?
- 7 Q. You told me you didn't ask me one symptom
- 8 regarding psychosis. Then the evaluation that you
- 9 wrote up should reflect that. So when it says there,
- 10 is Heidi having auditory hallucinations or whatever,
- 11 it should say, I did not ask her. I did not see that
- on the report. It implies that you asked me. So
- doesn't that mean then that it's inaccurate
- 14 information?
- 15 A. That sounds more like a rhetorical question.
- 16 Q. It's very simple. So can you explain that?
- 17 It's contradictory. You know, if you write on the
- 18 report, she's having auditory hallucinations, but you
- 19 just told me, you didn't ask me. At least there
- should be somewhere on that report, I did not ask her
- 21 anything about psychosis, any symptoms.
- 22 A. That's just not how it's done. I don't put
- down a checklist of all the questions that could be
- 24 asked or not asked. But --
- 25 Q. What do --

- 1 MR. MORRIS: Objection; she's arguing with
- 2 the witness again.
- 3 DR. LAHTEENMAA: I asked what he based that
- 4 on.
- 5 THE COURT: You're interrupting him. He's
- 6 talking -- you ask him something, he's talking and
- 7 you're interrupting him. Let him finish his
- 8 answer and then ask the next question.
- 9 Go ahead, Doctor.
- 10 BY DR. LAHTEENMAA:
- 11 Q. Dr. Treese?
- 12 A. Sorry about that. So the question was -- so
- what was the question?
- 14 THE COURT: Why didn't you write in your
- report that you did not ask any questions
- 16 specifically about what are your symptoms of
- 17 psychosis?
- 18 THE WITNESS: Yeah. So in the report, the
- 19 question, although I didn't write this, but your
- 20 symptoms of psychosis presented spontaneously, so
- 21 I just wrote them down in the report, in the
- 22 presenting problem component part of the exam, but
- also the mental status exam is there, as well as
- the formulation. It's there because it presented
- 25 without need for a question because it just

- 1 presented spontaneously. It's such a part of your
- 2 presentation that you don't need to ask the
- 3 question because you're reporting it, you're
- 4 presenting it.
- 5 BY DR. LAHTEENMAA:
- 6 Q. It's also as contradictory as when you told
- 7 me -- or should I say, did you tell me during our
- 8 exam, Heidi, I believe you? I believe you were
- 9 hacked. Whistleblowing in a major telemedicine
- 10 company is no joke. I'm going to try to help you.
- 11 Did you tell me something along those lines?
- 12 A. I said, as best as I can recall, this sounds
- like a terrible experience. I'm going to need all the
- 14 information you have about this, collateral
- information, references from your workplace, and
- 16 everything else that I requested. I need the full
- 17 assessment. This sounds like a terrible experience.
- 18 I will do my best to sort this out and make
- 19 recommendations that will be helpful.
- 20 Q. Did you say, Heidi, I believe you, I believe
- 21 you're hacked?
- 22 A. I never called you Heidi.
- Q. Okay. Minus that part, did you say, I
- 24 believe you, I believe you're hacked?
- 25 A. No, I didn't say that because my gut feeling

at the time was that you were not hacked. I felt that 198 1

- 2 you were psychotic and you were having psychotic
- symptoms at the time. I would have been very 3
- 4 surprised if you provided any information to me that
- would have corroborated your account of it. 5
- 6 Wouldn't that be unlikely, given that most
- 7 physicians in the United States are victims of some
- sort of cybercrime, per statistics? 8
- 9 Α. I think that's just off the track here of,
- 10 you know, in the age of technology we're all being
- 11 monitored at some level, but that's not the case.
- 12 That's not what we're doing here today.
- Doesn't the risk increase if you whistleblow 13 Ο.
- 14 on a major telemedicine company?
- MR. MORRIS: Objection; relevance. 15
- THE COURT: I don't know how the Doctor can 16
- 17 answer that question. How can anyone answer that
- 18 question? You have to bring in, like, the special
- 19 agent in charge of the FBI field office and say,
- 2.0 if you're a whistleblower at a major Teladoc
- 21 company, are you increasing your chances of being
- 22
- 23 DR. LAHTEENMAA: Thank you, Judge Cohen.
- Thank you. I have been asking for the FBI to 24
- please help. They are nowhere to be found. 25

1 THE C	COURT: And	guess	what?
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DR. LAHTEENMAA: Nowhere to be found, which

is surprising.

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THE COURT: They're not going to come here
and testify in a licensure case, unless you
subpoena them, and for some reason --

7 DR. LAHTEENMAA: I would love to do that. I 8 didn't know that was a possibility.

THE COURT: Well, that's -- we really need to try to get to -- do you have a finish to this?

Because you've really asked the same question over and over, and he -- I'm sorry. Dr. Treese has said multiple times now, and I think the record will clearly reflect it, that he believed from his conversations with you and his evaluation with you on the date of your 90-minute visit with him,

April 16, 2024, that the evidence of psychosis was presented by you through your conversation with him and the information that he was getting from you through the questions he asked.

DR. LAHTEENMAA: May I ask --

THE COURT: I don't think he's going to say, and I think he's said this three times he's not going to say this, I should ask you, please tell me what evidence you have of -- that you're having

- 1 a psychotic break. That doesn't sound like it
- would be a very good psychiatric technique, if you
- 3 ask a lay person.
- 4 BY DR. LAHTEENMAA:
- 5 O. Dr. Treese?
- 6 THE COURT: He let you -- he asks you
- questions, he let you talk about the issues that
- 8 you're facing, and from that he concluded that --
- 9 that he believes there is a -- you're suffering
- 10 from psychosis of unspecified origin.
- 11 BY DR. LAHTEENMAA:
- 12 Q. Dr. Treese?
- 13 A. Yes?
- 14 Q. Do you think it's very unusual that somebody
- who whistleblows on the biggest telemedicine company
- in the world, everyone, Florida Department of State,
- 17 Department of Health, everyone, all of you, your
- 18 psychiatrists, everyone refuses forensic evaluation of
- my devices?
- 20 MR. MORRIS: Objection. This is beyond his
- 21 scope.
- THE COURT: What does that have to do with
- Dr. Treese's evaluation of you? You're testifying
- 24 about something that --
- DR. LAHTEENMAA: I'm asking, isn't it a

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little bit unusual that everyone, every medical
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          center --
               THE COURT: Please, Doctor, please. We're
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          not going to go down this road. You have --
               DR. LAHTEENMAA: Why not?
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               THE COURT: Because it's not relevant.
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          case is about an evaluation by you based upon a
7
          complaint and nothing more.
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               DR. LAHTEENMAA: But that's the most relevant
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          part.
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               THE COURT: Dr. Treese does not work -- at
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          least you haven't shown that he works for Teladoc,
13
          that he was part of a conspiracy, that he was
14
          somehow tied into this whole thing. I mean,
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          you're really trying to put your words into his
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          mouth and it's not -- we're not getting there.
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So I would prefer that when you're testifying, you tell your version of this with what you think should have been done and whatever. I mean, the Doctor, his report is here. It's 10 pages long. You've gone through a lot of it. His lawyer went through the entire report with him. And if you have specific questions about what's in the report, but you keep going back to, wouldn't anyone agree that if you're a whistleblower

- against the largest telemedicine company in the

 country or in the world, that you might suffer

 some consequences for having done that? I don't

 know how --
- DR. LAHTEENMAA: Well, we're just arguing.

 THE COURT: It's not a question to a

layperson. It's a question to some type of cyber
expert or some legal expert that would opine on
what causes people to suffer if they go up against
a big corporate entity.

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DR. LAHTEENMAA: Why have I been denied that?

I've been asking. This is part of the evaluation that Florida Department of Health should do. Yet they deny and they have continued to deny forensic evaluation of my devices. Now we're just arguing and everybody's giving their opinions. I like facts. And it's very easy; do the evaluation. Is she hacked? Is she not? This isn't math. This is not art. It's very easy to determine that versus just everybody coming here and giving -- -

THE COURT: And you may not agree with this, but Dr. Treese testified -- are you still there?

Looks like you froze.

Are you back? You froze for a minute. Can you hear us?

DR. LAHTEENMAA: I'm back. I can hear you.

- THE COURT: Okay. Thank you.
- 3 Dr. Treese testified that he asked for you
- 4 and he put in his report that, I'm looking at the
- 5 report here under the section on collateral
- 6 information, professional and personal contacts,
- 7 records that could elaborate on her account of
- 8 what she reported has happened to her over the
- 9 past three years, and treatment records were
- 10 requested and were not provided by her.
- 11 He did not base his report on those records
- because he wrote in, when he wrote the report, he
- said he had asked for those things and you had not
- 14 provided them.
- 15 DR. LAHTEENMAA: I cannot do a forensic
- 16 evaluation of my own devices. This has to be done
- by a professional appointed by Florida Department
- of Health. It is your job.
- 19 THE COURT: What does that have to do with --
- it's not my job. It's not Dr. Treese's job. He's
- 21 a psychiatrist.
- 22 DR. LAHTEENMAA: I'm talking about in
- general, Florida Department of Health when they do
- investigations.
- THE COURT: I'm not even going to ask you

what you did with it, because it's not relevant to 1 2. the issues here. DR. LAHTEENMAA: Well, it's the biggest -- it 3 4 is. THE COURT: No, the biggest relevance to your 5 issues --6 DR. LAHTEENMAA: (Indiscernible), oh, my 7 gosh, she's not psychotic. 8 9 THE COURT: All right. DR. LAHTEENMAA: She's actually hacked, all 10 11 her devices. 12 THE COURT: Do you have any new questions for Dr. Treese? Because we're about to move on. 13 14 DR. LAHTEENMAA: No, that's it. 15 THE COURT: Okay. Mr. Morris, any more 16 questions for Dr. Treese? 17 MR. MORRIS: No, no more questions. 18 THE COURT: Okay. Thank you, Dr. Treese. 19 THE WITNESS: Take care, everybody. 2.0 MR. MORRIS: Thank you. 21 THE COURT: Have a good rest of your day. 22 Mr. Morris, do you have anything further? 23 MR. MORRIS: No further witnesses from the 24 Department. The Department rests.

THE COURT: Okay. The Department has rested

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1 its case.
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- We're going to take a 10-minute break. And when we come back, Dr. Lahteenmaa, it is your turn
- 4 to present your case. Okay? So when we come
- back, I'm going to swear you in, and you'll have
- 6 the opportunity to testify to the fullest extent
- 7 as to why the Department should not impose what
- 8 it's trying to do to you.
- 9 DR. LAHTEENMAA: How many hours do I have for
- 10 that?
- 11 THE COURT: How much time?
- DR. LAHTEENMAA: Yeah.
- THE COURT: Well, let's hear how we get
- 14 going. I mean, how much time do you need?
- DR. LAHTEENMAA: If I go through all the
- evidence, it'll take months.
- 17 THE COURT: Oh, my gosh. You're going to get
- two hours roughly, two-and-a-half hours, but we're
- 19 not going to take two months. I mean, come on.
- DR. LAHTEENMAA: That's how (indiscernible) I
- 21 am.
- 22 THE COURT: It's not really -- you think it's
- funny now, but it's not really funny.
- DR. LAHTEENMAA: No, it's not funny.
- 25 THE COURT: Because we're not --

DR. LAHTEENMAA: But it's true. 1

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2. THE COURT: This lawsuit, this case is not 3 about a whistleblower suit. I'm not going to make 4 rulings on a whistleblower suit. I can't. It's not before us today. This proceeding is not about the dispute you have with your attorney, and I think attorneys generally --

DR. LAHTEENMAA: I don't have a dispute with him.

THE COURT: Oh, well, you filed a grievance against him. That sounds like a dispute to me. But that's fine. But this proceeding is not about that.

So I want you to tell me why the Department, the case they just put on, is -- they're wrong. I mean, that's basically what you have to prove, is that they have the burden of proving by clear and convincing evidence that you are unable to practice with reasonable skill and safety. And now it's your opportunity -- they may have presented that case, and now it's your opportunity to say, tell them, and me, why they're wrong.

And then when it's all said and done, I'll get to write an order about it and figure it out from the evidence presented and from what you say

- in your testimony.
- 2 So we'll be back at 2:30. In recess until
- 3 then, and then we'll get started with your
- 4 testimony.
- 5 (Recess.)
- 6 THE COURT REPORTER: This is the court
- 7 reporter, Your Honor. I'm back.
- 8 THE COURT: Thank you.
- 9 THE COURT REPORTER: You're welcome.
- 10 THE COURT: Okay, everyone's back.
- 11 Dr. Lahteenmaa, the Department has rested its
- 12 case. It's your opportunity now to testify, so if
- 13 you'd raise your right hand, please.
- 14 Do you swear or affirm the testimony you'll
- give in this proceeding will be the truth, the
- 16 whole truth and nothing but the truth?
- 17 DR. LAHTEENMAA: Yes, I do.
- 18 THE COURT: And will you state your name for
- 19 the record, although I think the court reporter
- 20 certainly has your name. Go ahead.
- 21 DR. LAHTEENMAA: Heidi Marjaana Lahteenmaa.
- 22 THE COURT: And you don't have to ask any
- 23 questions, unless you have a question for me. So
- 24 you can just testify. You don't have to ask a
- 25 question and answer your own question. So that's

1 the beauty of testifying on your own behalf.

So if there's an objection, please pause so I

can deal with the objection, but there shouldn't

be a whole lot of interruptions.

DR. LAHTEENMAA: Do I refer to the evidence as I go?

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THE COURT: Yes. If you want us to look at something as you're testifying, then tell us what to look at, and we will.

DR. LAHTEENMAA: Okay. So, well, I guess we should start from the beginning, and I'll try to make it as painless as possible, this whole thing. Evidence of hacking a whistleblower, retaliation, part one. First page. So this is a copy of the contract I made with Jacob Tubbs, Bryce Armstrong, regarding the Teladoc whistleblowing. And he told me, after about three weeks of me gathering evidence, I was making it extremely detailed. told me, be really careful, because Teladoc likely sees everything that you do on that laptop. Can see everything you type, knows everything you type, and basically everything you do on that laptop. Well, of course it was too late. So I guess they were using the bossware to watch me do the whistleblowing report.

It's right there. So my first grievance is that nobody from the Florida Department of Health ever contacted Bryce Armstrong even though I asked multiple times to verify my story. Take a look at the evidence. Take a look at the beautiful, extremely detailed PowerPoint of about 26 gigabytes of Teladoc whistleblowing material. Including patient rotation layers, charges of over \$6,000 for follow-up under my name. I have copies of those on the court website. I think actually there was a \$4,000 bill for 15-minute follow-up. But there was up to \$6,000.

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So I discovered three different layers. And every time you click and refresh the screen, a new layer will pop up. So basically they had blocked your schedule. And then you would click refresh, and it would open up more 15-minute slots. That's how they would rotate them. So either way, this was a very, very detailed PowerPoint with tons of evidence. And so I worked on it for a long time.

So basically, I feel it's very unfair that nobody contacted Bryce Armstrong to discuss this versus just accusing me, oh, no, you're psychotic. So that's issue number one.

Then the second problem is that I had asked

Florida Department of Health multiple times to

contact the FBI to verify this. Yet, no one

contacted me that I know of. And it's absolutely

horrible to leave somebody in that situation. I

live by myself. I had just moved. I'm doing this

report. Jacob tells me, Heidi, they're probably

watching you. But too late.

So I got cyberattacked. I have tons of evidence that I have posted. Somebody broke into my home. They placed whatever devices they can hack you or crack you or whatever. Blocked my Uber. I couldn't get out anywhere to leave. The Uber would stop. My phone calls were stopped. My internet was stopped. I was essentially kept as a prisoner for over a year. I have posted my diaries, some of them, to the Florida Department of Health site. I wasn't allowed to leave. What am I going to do? Walk to the airport? I had sold my car. So I snuck out a letter to the FBI. I sent it from my neighbor's mailbox, hoping that it would get to them, which it did.

So, it is so wrong for the Florida Department of Health to do what you do. Not to contact them, not to verify anything after this hell. It's such

an easy thing to do. Just pick up the phone, call
them, or call Jacob. But you didn't do it. So
here I am, tormented by this cyberattack, who
blocked every single thing I do. All my phone
calls, my transportation, my e-mails. My medical
licenses get canceled by them.

I walked to my neighbor's house. Is
the only one I knew who could help me. His
internet gets hacked. His phone gets hacked.
Somebody places some walkie-talkie in his home. I
do police reports. Tons of them. They don't do
anything. I go to the FBI a couple of times.
They just give me weird tasks to do, like go get
copies of your police reports. Can't they get
them? What do I need to get them for? None of it
made any sense.

I'm fighting with Teladoc; you have the evidence, some of it. And to top it all off, the worst thing is, with somebody in this situation, you would think there's some whistleblowing protection, right? You would think. So I call Governor DeSantis' office multiple times. You know what they tell me? They tell me, Heidi, we cannot help you. I said, why? Why can't you help me? You are the head of the Florida Department of

Health. They said, we cannot help you. These
orders come from D.C. I call the FBI. They said
they're trying to help me. What does that even
mean? What do you mean trying to help me? So you
mean you're struggling? Who is the enemy?

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I was approached by a Chinese man called Wu after my whistleblowing. I go to T-Mobile. I've never seen him before. He goes to buy a SIM card. And he looks at me. He says, I'm so sorry we had to take away your phone. And he was smiling. They thought it was funny. So I go outside, and he wants to go have a cup of coffee at Starbucks or somewhere. So I didn't go. So I knew essentially I was their prisoner.

So then comes Bobby. This is a year later.

I've been tortured and tormented for a year. I

decide again who knows who they are. There's tons

of bots that would show up in the evening.

Usually around 9 o'clock. They would disappear in

the morning around 9 o'clock. So I was fighting

with them trying to get control of the router.

But either way. So I was fighting with them for a

year doing different things, trying to get rid of

them.

What do you do? I don't know what to do in

that situation. So I figured I'll call Bobby. 1 2 He's really good with computers. So he comes. flies over. It's in November or on Thanksgiving. 3 It's after a year. It's like November 2023. 4 was on January 2023. So he comes over with his 5 dad's government cell phone. I show him the 6 Teladoc subpoena. They have subpoenaed patient's 7 medical records from me, which makes no sense. 8 Ι 9 don't know the medical records. It's Teladoc. Why would they get them from me? 10 11 I show them to Bobby. He sees patients -these problems that I was having, problems with 12 13 the system. I wasn't the only one. Dr. 14

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Also (Indiscernible) who signed up with Teladoc, but I don't think she ever saw a patient from them. But and and did. And Dr. So we were all having problems. I had tons of text messages about them. Similar problems, you know, patient would tell me I can't get into schedule. I'd call He's in Miami. Say, hey, I just saw your patient. They're telling me your schedule is full. I was like, no, it's not. I have a whole system full of hosts. Same thing.

1 So we would just talk about these issues.

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Anyways, so Bobby comes over in November. Не sees all these problems. Well, not all of them. You know, a few. And he makes this report, a complaint. So then there's of course tons of problems with the report itself. Like I have said, and you both should be aware of my grievances, regarding this whole thing like no signed initial complaint, no primary care, all the attempts to get a lawyer are being stopped. get one it's sabotaged, like with -- well, with Jacob for example. He said he cannot be my lawyer because I'm hacked. And then Mr. Burch let me go because of the -- the child porn pingbacks. a couple other lawyers but they let me go too. Usually there's somebody calls in between. intercepted somehow.

So that's another problem. That's one of the biggest problems. And this procedure overall to one license with two dates of issuance. My other license is canceled by hackers. All my devices still being hacked. I actually took them in a place in Florida and they have to attach their system to mine. And his phone rings. He goes away, he comes back in five minutes, and he says,

"Never mind, we can't help you." I said, "Why?"

He said, "This hacking is way too advanced for

us." So he wouldn't help me.

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I have a problem with Florida Department of Health ignoring the evidence from my friends and my family and me who says I'm clearly hacked. probably in danger because I think the -- I think the organized crime had hacked into Teladoc systems and I was employed then so incidentally and the cybergangs, because I made a fake Uber account. A mafia came to pick me up from Palm Beach. And I knew they knew who I was. didn't know my name, they didn't know anything because it was a fake account. They didn't have my picture. But when he dropped me off he said --I said I'll give him the tip on the app. And he said, "Okay, thank you, Doctor." He told me he was mafia, and his dad was mafia also. I think they had hacked into Teladoc systems. So I think that might be a problem.

So, yeah, I don't see how any of this process is fair at this point you know, especially without a lawyer. I mean, I'm being told I'm impaired, severely psychotic. Yet, my motions are accepted. And I don't know how in depth I would even go

- about the Administrative problems. I think you

 have most of those. Can I just skip those? Or

 how does that work? It doesn't count if I don't

 talk about them?
- 5 THE COURT: I don't understand what you mean.
- DR. LAHTEENMAA: Well, you know the

 administrative problems like the second license

 and, you know, things like that that I have

 already talked about in my motions. Do I have

 to --

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- THE COURT: I mean, how is that second -second license number affected your ability to
 practice when you were practicing and your ability
 to --
- DR. LAHTEENMAA: Well -- well, I think it's a big problem. You know, everybody says, oh, you're psychotic. Okay, well, how do you explain that I was given an M.D. -- M.D. certification instead of a D.O.? Why do I have two social security numbers? You know, why do I have two licenses? Literally all my doctor friends said, no, that's not possible. I don't believe you. It's impossible. Nobody can have two active licenses. They have never heard of it.
- 25 So obviously something is wrong. This is not

normal. I should not be called an M.D., my board certification. I should not have two different social security numbers. One of them, the wrong one ended up in my taxes. There has been verified hacking to my tax accounts and my Bitcoin. It was actually on the news. Elite tax, who I used, they were charged with like 20 million dollar fraud or something. It's on the news. So that is all linked to all these fraud.

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IRS has me as an identity theft victim. Yet, Florida Department of Health will not verify anything. And you guys keep just tormenting me. It's absolutely horrible to do that to somebody who is a whistleblower. And then I get this on top of that. It's inhumane. I cannot even put it into words. That's why I use words like torture. It is psychological torture to take away something that you have worked 20 years for, taking super good care of your patients. I have tons of letters from my patients. And do my due diligence, to report fraud. And this is what I get despite all the whistleblower protections.

It's just more abuse essentially from the place that should protect me. The state of Florida should protect me, but they don't. The

FBI, they did when they first came, because I know

I was able to log on to Teladoc. I don't know

what happened after that. Because the hacking

just would not stop, it would just get worse. I

have no idea what happened there.

So yeah, so there's tons of human rights violations. Civil rights violations. False imprisonment. I have tons of evidence about that. Taking all that in consideration, nothing about this process is fair. Plus the issues with the process itself. So there's constitutional violations and unlawful restraint of liberty and abuse of administrative authority and procedural irregularities.

I actually did this complaint, and I took it to Interpol in Lisbon. And they knew about this. I said, "Can you please make them stop?" This is not okay after two and a half years, to take away my career, take away my income. I worked for one and a half years. Because of cyberhacking. I must be the only person in the world who reports cyberhacking and gets labeled as psychotic.

Nobody looks at the evidence. No one. Nobody calls the FBI. Nobody calls Jacob. Nothing.

My health insurance gets cancelled by 2 hackers. On August 12th, I called the FBI at NSA.

I said you have to help me. Now they cancelled my 3

health insurance. I need a biopsy for the breast 4

What did they do? Admit me under Baker Act 5

for five days. No BA-32. They have no legal 6

right to keep me there for five days, but they 7

did. 8

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And after my discharge, all my medical appointments were cancelled. The biopsy, I was going to pay cash. Judah Friedman ordered it from Florida Cancer Center. I was going to pay cash for it because I had no health insurance. All of those got cancelled. I was harassed and tormented to the point I had to leave the United States in January. I figured I'm never going to get medical care there. I tried. I had waited. They got cancelled at the last minute.

So I go on the boat, in a ferry around the world. It continues on the boat. I ask the captain, Frank -- I can't remember his last name -- I said, "What's going on?" He said, "I cannot help the situation because these orders come from the government." And it's Holland America, so it was under US orders.

220 So I'm getting anemic. I get off in Lisbon.

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2 I drag myself to Interpol or Policia Judiciary.

They already know about all this. I didn't even 3

have to explain anything. They said, "You have to 4

go to the hospital." I said I know because my 5

hemoglobin was low. Only in Portugal did I get 6

medical help. In five days -- within five days, I 7

had seen a specialist, I got imaging and a 8

9 surgery. I was going to die from anemia probably.

10 I was passing out on the boat from low hemoglobin

11 because I was denied medical care in the United

12 States. Somebody cancelled it. Somebody

14

23

24

13 cancelled my health insurance and my follow-ups.

This is how bad the torment is and the targeting.

So then I recovered in Portugal. I was there 15 16 three months. I go back to Policia Judiciary. said, they're taking away my income. They're 17 18 ruining my career because they're saying I'm 19 psychotic when I reported cyberhacking. And you

20 know what they said? They said Americans are

This would never happen in Portugal. 21 crazy.

22 There's no way they would admit you for psychosis.

> I said, "I need help." You know, when I went through the first time, I said, "I don't know what

hospital to go to. I'm afraid because Teladoc is 25

They said, "If in Portugal. Mafia is all over." you need help with mafia, you came to the right place. We're one of the best of the best." they are. I got the best care in Portugal. hid my records in the hospital. I am so grateful. Without going there, I would have never gotten help. Had I taken the boat back to the United States, I would have been tormented by mafia, Teladoc, Florida Department of Health, U.S.

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government because they probably don't know what to do with this case. Thank God I got off in Portugal. I think Interpol and Policia Judiciary saved my life. I would have passed out at some point just like I did in the boat.

So now I'm in Finland. And the reason I keep bringing this up is this, what is happening here is so unfair. I am denied all the rights that a person should have, right to counsel, fair process, all ignored even though this is verified. Verified by Governor DeSantis, Interpol, they told me to go to DIAP, Which is a court in Lisbon where you can go complain about the FBI operations in Portuguese soil. Because I told them they were too intense. They are not allowed to target me and take away my livelihood, my career, everything

else. Because that means I cannot afford health
insurance and go get treatment for this lump that
still needs biopsy. And they said, "Well, you
have to go to court and file." So I did.

So yeah, it's a very complex case. I cannot see how this is anything but retaliation at this point. Take into consideration how nothing is verified and literally nothing good has happened even since after I got -- when the FBI came, and when I have been in Miramar a couple of times to talk to them. I'm sure they got plenty of data. But as far as my individual case, it's not getting better. It's getting worse. Now I'm going to lose my license. What I'm going to do? What am I going to do? Stocks? I don't know.

So yeah, there's plenty of -- all kinds of violations. Actually, I wrote a list about all violations, legal violations. But it would take hours, literally, to go through all this. So I don't think there's much point in doing that, I mean, stating every single legal violation, like by number. So I think that's plenty, though. I don't know what else to say.

I just -- I guess, you know they say, if you see something, say something. Better think twice

- if you're in medicine, medical field. Because
- will the government have your back? I don't know.
- I don't think they will. Not when it comes to big
- 4 corporations. I don't think they will. So yeah,
- 5 it's just more retaliation. I guess, no one will
- 6 actually look at the evidence, which I just carry
- 7 with me all over the place. Which gets old. What
- am I supposed to do, drop it off somewhere? I
- 9 don't know what else to say. I don't know what
- 10 I'm supposed to say. Isn't that enough? I don't
- 11 know what else to say. I think I'm done.
- 12 THE COURT: Mr. Morris, do you have any
- 13 questions for Dr. Lahteenmaa?
- MR. MORRIS: Just a few.
- 15 CROSS-EXAMINATION
- 16 BY MR. MORRIS:
- Q. First of all, did you say you're in Finland
- 18 now?
- 19 A. Yeah, I just got here a couple of days ago.
- Q. Okay. You're aware that all the evaluation
- 21 recommended was that you be treated and go to PRN,
- 22 correct?
- 23 A. Yeah, I'm aware of that recommendation.
- Q. And why won't you go to PRN?
- 25 A. Well, one thing is, it's not going to help

- 1 with hacking. I haven't taken Adderall for a long
- time. Last time I filled it was over a year ago. But
- 3 guess what? I'm still hacked. All my devices are
- 4 still hacked. And PRN, I have no health insurance. I
- 5 haven't worked for one and a half years. I got a
- 6 \$50,000 bill from Delray. Getting a lawyer, that's
- 7 probably going to be \$40,000. I still have \$6,000 in
- 8 student loans. Just basic living on top of that.
- 9 When you're not working, and you're just living off
- 10 stock money, I would go to PRN, pay cash, go to the
- 11 United States without a lawyer, after I whistleblow on
- 12 Teladoc. I mean, I did that. That alone is
- dangerous. Minus all the other stuff. And you know I
- 14 did that because there's a contract.
- So, going to the United States, it just seems
- 16 absolutely insane. Going to PRN, which is not going
- 17 to help. I'm just going to argue with them.
- 18 Remember, I was held at Delray with a BA-32 for five
- 19 days. That's illegal.
- Q. You had physicians sign off on that, you
- 21 being held, correct?
- 22 A. There was so much confusion about that paper.
- I never saw anybody. You're supposed to have the
- 24 BA-32 after three days. I don't have copies of that.
- 25 I've got all my medical files from Delray. I was

1 asking for a lawyer. I wasn't given one. I asked to

- 2 see a social worker. I wasn't given one.
- (phonetic) was given as my proxy. Yet, the
- 4 evidence that I brought up earlier, right here,
- 5 Evidence of Hacking a Whistleblower Retaliation Part
- 6 3, Exhibit 32, it says there on the bottom of the
- 7 page, "New collateral per friend, Medical
- 8 Proxy." Then it goes on.
- 9 But the text message with me and
- 10 said, "did you sign some papers for me ever?"
- 11 says, "No, never". Well, that's illegal then, what
- 12 they did per proc. No surprise there. As they
- assigned you illegally as my guardian, proxy. What it
- 14 sounds like, basically, is that you and both are
- 15 saying, oh yeah, she's psychotic. And says,
- 16 well, I think spinning a web of a lie for what I said
- 17 and how they said, if that is, the quote is illegal
- 18 too, Heidi. And this is --
- 19 Q. Now -- now, you've indicated that you were
- 20 held incommunicado; is that correct?
- 21 A. I don't know what the wording is. I just
- Googled it. Mostly incommunicado, but I don't know if
- that's the right legal word because there's not a lot
- to reference to the case like this. Actually, I don't
- 25 think there has ever been a case like, honestly, where

226 a physician is taken as a hostage -- not as a hostage,

2 but a prisoner for two and a half years. And all the

3 --

- 4 Q. Now, you --
- 5 A. -- (indiscernible).
- 6 Q. Now, you had the ability to have somebody
- 7 independently examine all of your devices at some
- 8 point, correct?
- 9 A. I went in Florida. They refused. They said
- 10 this hacking is way too complex for us. I went to an
- 11 actual place --
- 12 Q. To where?
- 13 A. -- a professional. It was in Florida, north
- of Palm Beach. I think it's -- I can't remember now
- 15 the name of it. But it's a place -- it's a business
- 16 that helps you with cybersecurity and they can get rid
- 17 of hackers and whatever in your system. It helps
- other businesses. That's all they do. And they said,
- 19 "We cannot help you".
- 20 Q. And you wanted the Florida Department of
- 21 Health to examine all of your devices, correct?
- 22 A. Well, I think being a state agency, they can
- do more, you know, versus just an individual company,
- 24 you know. But again, I don't know.
- Q. Why would we have the expertise to do that?

A. Well, from what I read on the internet, you

- 1 A. Well, from what I read on the internet, you
- 2 know, that's what it says. That if you ask for
- 3 forensic evaluation cases like this, you're supposed
- 4 to be given one, and they're supposed to evaluate all
- 5 the evidence, including calling the FBI, including
- 6 calling Jacob, ordering forensic examination of my
- 7 devices. That's what it says.
- Q. Do you think that by forensic examination,
- 9 they mean evaluation of your medical and physical
- 10 condition by a doctor?
- 11 A. No, devices. And Mr. Morris, Governor
- 12 DeSantis, their office said these orders come from
- 13 D.C. The boat captain said these are government
- 14 orders. I cannot do anything. Policia Judiciary and
- 15 Interpol, they told me we cannot stop the FBI
- 16 operations in Portugal. They confirmed this. This
- 17 was last week. They told me go to the court to get
- 18 out. Guess what? They took my complaint. They
- 19 didn't turn me away and say, oh, you're psychotic.
- 20 They took it, the whole thing.
- 21 Q. How many people are involved in this
- 22 conspiracy against you?
- 23 A. It's not, well, conspiracy. You can call it
- 24 whatever you want. But have you read Mr. Burch's
- 25 interrogatory that was notarized? You would know. I

- listed them there. I put a lot of work to it. I
- don't know why I had to do it twice. I guess I can
- 3 pull it up and tell you, but it's a ton of people that
- I have actually talked to, reported this to, in hopes
- 5 that, you know, how weird is it? Can you imagine?
- 6 Now, you go and you look at the news. Pretty much the
- 7 entire United States has been hacked.
- 8 MR. MORRIS: No further questions, Your
- 9 Honor.
- DR. LAHTEENMAA: So I'm just saying, it's
- 11 kind of weird. If any decision anywhere in the
- 12 United States calls, they work for the biggest
- telemedicine company in the world. They call the
- 14 FBI and say, hey, I have been hacked, please help
- me. Nobody comes. How odd is that? That's not
- 16 normal.
- 17 Again, whistleblowers don't get any help in
- the United States. They just get retaliated
- 19 against. And you can tell me all day long that
- I'm psychotic, but at the end of the day, you
- 21 might want to look at the evidence.
- 22 MR. MORRIS: No further questions, Your
- Honor.
- 24 THE COURT: Thank you.
- Doctor, any further testimony you want to

1 give?

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2	DR. LAHTEENMAA: Well, just to think that I
3	don't I would prefer facts versus just tons of
4	people getting together giving their opinions.
5	It's a very easy case. I'm either hacked or I'm
6	not. I'm either delusional about it or I'm not.
7	I'm either impaired or I'm not. If I'm so
8	impaired, why are we talking? Shouldn't you be
9	talking to for somebody?

So -- so it never had to get to this point, to this level of torment. It's absolutely horrible. It's inhumane. When it comes out, it's not going to look good. It's going to look awful. That whistleblower in Florida, the doctor was treated like this. It's not going to look good. And it shouldn't because what has been done, it is the biggest injustice. It really is.

And it could be lethal because it's not just minor retaliation. My career has been ruined. My income has been ruined. Health insurance cancelled. I was slapped with a \$50,000 bill for asking, begging for help. All my biopsies cancelled to the point that I had to leave the United States only to get help in Portugal where they're like, Americans are crazy. Don't worry.

We're not going to Baker Act you. Because I said

I'm afraid to go to the hospital because last time

when I did that in Florida, that's what they did.

They said don't worry. If you have a mafia after

you, you came to the right place. Nobody told me

I was crazy. How nice was that to get validated

after so long? So yeah, it's not going to look

good. It's going to look awful.

2.0

Yeah, so it could be deadly because still, you know, you can take away my license. Go ahead. But you also ruin my career, my finances, and there's no way I'm going to take with all these bills that I have, go to the hospital and be like, oh, yeah, here's another \$15,000, get a biopsy.

Not going to happen. Same thing with the PRN; I'm not going to come to the United States without a lawyer, go to the PRN and for what? Pay cash, there goes -- what am I going to have left? I suppose that's what everybody wants. I don't know.

It seems weird that no positive events have happened at all. Nothing. It's no positive improvement. It's just more retaliation and harassment. So yeah, I should be upset. I'm responding appropriately. I think most people

- would be even more upset. They probably would 1 2. have been violent by now. But that's not me. don't like violence. 3
- 4 I don't have anything else to say.
- THE COURT: Anything further, Mr. Morris? 5
- MR. MORRIS: I have nothing further, Your 6
- 7 Honor.
- THE COURT: So, I mentioned at the beginning 8 of the hearing that you have the opportunity to 9 file proposed recommended orders. 10 The normal time 11 is 10 days from the date of the filing of the 12 transcript with DOAH. Does that work? Do you 13 need more time? Whatever you need, fine.
- MR. MORRIS: We're fine with that, Your 14 15 Honor.
- 16 THE COURT: Okay.
- DR. LAHTEENMAA: File what now? 17
- 18 THE COURT: Proposed order. What you want me 19 to find in here, you have the opportunity to 2.0 submit a proposed order based on what ruling I 21 make in the case. Whether you submit it or not, I have to still make -- write my order and make a 22
- 23 decision, recommendation to the Board of
- 24 Osteopathic Medicine.
- 25 And that's 10 days from the date of the

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filing of the transcript. The court reporter will ^{232}
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2
          file the transcript and then a notice will go out
          electronically that the transcript has been filed
3
          and that starts the clock.
4
               DR. LAHTEENMAA: So I have to do something 10
5
          days after that, within 10 days?
6
               THE COURT: Right. If you want. If you
7
          don't want to, you don't have to. But you can put
8
9
          in writing your argument and what you want me to
          rule in the case. But whether you do that or not,
10
          I still have to review the record and make my
11
12
          ruling.
               DR. LAHTEENMAA: Oh, so I still have to state
13
          that in writing, what I want you to do?
14
15
               So, Judge Cohen, you know what I want you to
16
          do.
17
               THE COURT: I know what you want me to do.
18
          It's just -- you know.
               DR. LAHTEENMAA: That's a lot of paperwork.
19
20
               THE COURT: Hand you a brand new license or
          one license, not two. So, but -- yeah, you
21
22
          don't -- but you don't have -- I mean, it's --
23
          it's -- it's there for you to do to propose what
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you want to do, what your argument is, put your

argument into writing. Because you did submit a

24

lot of documents here, but they're kind of all

clumped together. And of course, I'm going to go

through them and you pointed out some. That

Exhibit 32 is very interesting to me because is

that your friend, is that the that's

mentioned in there?

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DR. LAHTEENMAA: Yeah.

THE COURT: Okay. So that's new information.

Okay. Anyhow, if there's nothing further today, then these proceedings are now closed. And thank you very much.

And Dr. Lahteenmaa, I just want you to know that by interrupting you, I'm sorry to do it so much when you're asking the questions. It's hard without a lawyer. But if there'd been a lawyer there, Mr. Morris would have been objecting about every 10 seconds and to, you know, testimony instead of questions. And it's just -- it's hard to set up separate your testimony. I mean, you're a psychiatrist, you're not a lawyer. I get it. You've got a lot more training under your belt than a lawyer has. But, it's still a different profession.

DR. LAHTEENMAA: Judge Cohen, I'm sorry to interrupt you. I told my friend I'm surprised I

1	didn't get kicked out of court.
2	THE COURT: Never. So, I don't mind
3	interrupting me. It's just it's just hard for
4	the court reporter to get everything down and it's
5	hard to make sense of the transcript when there's
6	a lot of testimony along with a question. But I
7	think I'll be able to sort it out.
8	All right, then. Thank you, Jessica, for
9	your court reporting today. I hope you got
10	everything down perfectly. I'm sure you did a lot
11	better than my notes, so.
12	THE COURT REPORTER: Thank you.
13	THE COURT: And if there's nothing further,
14	these proceedings are now closed.
15	MR. MORRIS: Thank you, Your Honor.
16	THE COURT: Take care, everyone.
17	(Whereupon, the proceedings were concluded at
18	3:18 p.m.)
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1	CERTIFICATE OF REPORTER
2	
3	STATE OF FLORIDA)
4	COUNTY OF LEON)
5	
6	I, JESSICA RENCHEN, Registered Professional Court
7	Reporter, State of Florida at Large, certify that I
8	was authorized to and did stenographically report the
9	foregoing proceedings and that the transcript is a
10	true and complete record of my stenographic notes.
11	
12	Dated this 5th day of August, 2025.
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