

1 **FACT STATEMENT OF ADDISON MONTGOMERY**
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3 My name is Addison Montgomery and I am precisely 38 years, six months, and six days
4 old as of the date of this Statement, my date of birth being Friday, February 29, 1980. I am a
5 medical doctor, practicing in the area of infectious disease and immunology vis-à-vis medical
6 research. I have reviewed all of the available medical information, including all the exhibits and
7 fact statements in the case of the unfortunate death of Mulder Scully.
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9 My background is simple. I was raised outside of Gardenville, Pennsylvania in a small
10 town called Wismer. My family immigrated to the Texoma area when I was 6 years, 8 months,
11 and 3 days old. My father, who was a gifted cardio-thoracic surgeon, was hired as the Chief of
12 Staff of the Methodist General Hospital in Elliott, Texoma.
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14 As for me, I graduated as Valedictorian from Yarbrow College Preparatory School in
15 Huxtable, Texoma and received the prestigious Hibbert Scholarship to attend Southern Texoma
16 University (STU). (To answer your question, yes, I skipped several grades and graduated in 1996
17 at the age of 16 years 3 months and 2 days.) Despite also receiving several (and I do mean several)
18 other scholarship offers, all of which were full tuition, room, board, books, etc. from many colleges
19 and universities of which you have no doubt heard, I elected to stay in Texoma and complete my
20 education at STU. I graduated in the top three of my class, Summa Cum Laude, with degrees in
21 Biology and Biochemistry, as well as a minor in Philosophy. In a mere three years in 1999. I was
22 recruited by several outstanding medical schools and eventually settled on the renowned
23 Karolinska Institute in Stockholm, Sweden. I received a fellowship for medical research, which
24 was the area of medicine that had interested me since I was 10 years, 4 months, and 12 days old
25 when my mother died of Creutzfeldt Jakob Disease. I still plan to cure that disease. The educational
26 program at Karolinska is 5 years, 5 months long and, unlike in the United States, occurs during
27 medical school instead of after residency.
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29 In 2004, after graduating from Karolinska (with highest honors, first in my class), I returned
30 to Texoma where I completed my residency at Leonard McCoy General Hospital, the premier
31 medical research hospital in the United States. In addition to the usual rotations one undergoes
32 while in Residency, I spent a great deal of time learning at the feet of Dr. Drake Ramoray, one of
33 the top brain surgeons and medical researchers in the world.
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35 After completing residency in 2007, I worked briefly at Northern Texoma Doctor's
36 Hospital with Dr. Christina Yang studying disease and allergies, as well as drug interactions and
37 treatment for various ailments. In 2013, I was recruited by St. Nicholas Texoma Hospital to be
38 their #2 medical research doctor and, in 2017, I became the youngest lead medical research doctor
39 in the State. It was at this time that I also opened up my practice to the legal field where I offer
40 opinions as to various medical issues. As a high-level medical researcher, I am familiar with many

1 aspects of medical practice, including hospital administration and personnel, as well as
2 immunology, drug interaction, allergies, and disease pathogens.

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4 I was hired by the Defendant to render an opinion as to the cause of the death of Mulder
5 Scully. It is my opinion that the unfortunate death of Mr. Scully was caused by the negligence of
6 the hospital and the hospital personnel, and this tragedy was preventable, yet at some point
7 unavoidable. Nothing done by the Defendant contributed to the death of Mr. Scully, which almost
8 certainly would have happened regardless of the status of the information system at the hospital.

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10 My review revealed that the hospital had recently adopted a “paperless” environment, as
11 have other hospitals in the United States. On April 1, 2017, Mr. Scully was admitted to the hospital
12 though the Accident and Emergency Department for an injured upper appendage. Mr. Scully told
13 a nurse that he had an allergy to penicillin but omitted a more serious allergy to naproxen, a
14 common Non-Steroidal Anti-Inflammatory Drug (NSAID). It was a family member who reminded
15 Mr. Scully that he had an allergy to these drugs, one of which is a very new drug called
16 Bocotraxophen. The nurse entered both into the system as shown in Exhibit 3.

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18 Some background on Bocotraxophen is appropriate. This drug was created by Hawkins-
19 Cepeda Laboratories in the second quarter of 2013 as a derivative of naproxen. Pre-clinical testing
20 started immediately, as the potential for “Boco” as a Non-Steroidal Anti-inflammatory was
21 immense. That testing was conducted over a period of approximately 18 months, and consisted of
22 equal parts *in vitro* and *in vivo* testing. On June 6, 2015, Hawkins-Cepeda received approval to
23 conduct clinical trials with the drug. A broad, sweeping trial was begun immediately. This step of
24 the drug development process (Step 3) generally takes the longest, once a drug has been
25 discovered. Clinical trials last between one and four years, and sometimes even longer. There are
26 4 phases within step 3, each of which increases the number of participants while at the same time
27 eliminating potential drugs due to anything from ineffectiveness to side-effects. Clinical trials
28 follow a typical series from early, small-scale, Phase 1 studies to late-stage, large scale, Phase 3
29 studies.

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31 Hawkins-Cepeda ultimately involved more than 15,000 subjects in their clinical trials,
32 which is a large clinical trial. Compared to other NSAIDs on the market, Boco was shown to have
33 fewer and less severe side-effects; and those that were extant occurred very infrequently. Most
34 reactions were mere mild urticaria, also known as skin rashes. The only truly concerning
35 contraindication was found in a very small number of patients who experienced NSAIDs-
36 exacerbated respiratory disease (NERD). This condition can provoke symptoms very similar to
37 asthma, but it does not respond to epinephrine, which is typically the first treatment for an allergic
38 reaction or during CPR. While NERD is usually mild, there was a significant morbidity rate of
39 those who developed NERD during the clinical trial of Bocotraxophen, especially since most of
40 those patients fail to respond to epinephrine.

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2 Hawkins-Cepeda managed to push Bocotraxophen to market after a whirlwind nine month
3 trial, with the drug hitting pharmacies nation-wide on February 15, 2017. I was concerned that
4 Bocotraxophen was not well-tested enough, but the drug was rolled out and was almost
5 immediately hailed as the newest and best NSAID available. I will describe what an NSAID does
6 on a very basic level since no one would understand it as I do. An NSAID like Bocotraxophen
7 blocks chemicals produced within the body that cause inflammation necessary for healing.
8 Inflammation is indubitably reduced with an NSAID.
9

10 When Mr. Scully reported to the hospital, he was unable to recall all of his allergies,
11 particularly his allergy to naproxen. As noted above, Boco is a strong derivative of naproxen. At
12 any rate, the injury which brought Mr. Scully to the hospital was a fairly severe laceration with
13 tearing of the supporting dermis. This injury certainly would have needed some sort of suture, and
14 the injury would have, no doubt, caused substantial soft tissue swelling. Mr. Scully told the treating
15 doctor and nurse about his allergy to penicillin, which is a fairly common allergy and easy enough
16 to work around with different antibiotics. Again it was the family member who reminded Mr.
17 Scully of his allergy to certain naproxen. The nurse recorded the allergy and issued an allergy wrist
18 band; all perfect protocol.
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20 The assertion that the Defendant is somehow responsible for the death of Mr. Scully is
21 fiction. First of all, it was not the Defendant who did not recall the allergy. NSAID allergies are
22 not at all uncommon. And the vast, sweeping majority of allergies to NSAIDs are fairly benign.
23 Mr. Scully's death was caused by his allergic reaction to Bocotraxophen, which caused
24 anaphylaxis. Knowing he had been given Boco very recently and that he was allergic to another
25 NSAID, naproxen, the moment Mr. Scully's breathing became labored and he failed to respond to
26 the injection of epinephrine, medical staff should have recognized the condition and administered
27 either an inhaler or an injection of Fepivivrant, a drug that I helped bring to market, which can
28 almost instantly alleviate the symptoms of asthma, which is what NERD resembles. It was the
29 failure of the medical staff to properly diagnose and treat the patient's allergic reaction that caused
30 Mr. Scully's death. Even with their records intact, there is a likelihood that Mr. Scully could have
31 been administered a dose of Bocotraxophen. The bottom line is that, records or no records, the
32 hospital staff should have realized how to treat their patient when the throes of his reaction to Boco
33 became obvious.
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35 Further, affiant sayeth naught.



ADDISON MONTGOMERY

SIGNED AND SWORN TO on this the 5th day of September, 2018.

ADDENDUM TO STATEMENT OF ADDISON MONTGOMERY

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The charges for my services are \$1,200 per hour for each hour of record review and preparation for testimony with a five hour minimum. I also charge \$2,500 per hour for testimony, with a three-hour minimum. I have reasonable travel requirements, but since this case is in my home city, I am waiving my mileage and lodging fees.

Make no mistake, Dr. Robbins is the one who erred. As Dr. Robbins pointed out, there is very, very small risk that a patient would develop a serious and life-threatening reaction to Bocotraxophen due to a naproxen allergy. In fact, I am unaware of any reports of other deaths from a reaction to Bocotraxophen since its approval for general public consumption in 2017, and I checked last night to make sure. Thus, even if Dr. Robbins knew about the allergy, it would still have been a reasonable medical decision to give Bocotraxophen to Mr. Scully because the benefits greatly outweigh that small risk. However, when Mr. Scully developed the serious reaction and failed to respond to the epinephrine, Dr. Robbins should have immediately recognized the patient was experiencing NERD and should have behaved accordingly.

Dr. Robbins literally ran away from the problem and left the room. That is exactly the opposite of what a medical professional is supposed to do, and Dr. Robbins’ many failures led to the patient’s death. Nurse Karev should be applauded for taking control and trying to save Mr. Scully, and it’s a shame TGH instead decided to terminate Nurse Karev rather than Dr. Robbins.

Further, affiant sayeth naught.

Addison Montgomery
ADDISON MONTGOMERY

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this the 1st day of trial.

NOTARY
Notary Public in and for the State of Texoma

My commission expires:
April 15, 2022