

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

Case No.: 10-22175-Civ-Altonaga/Brown

LAWRENCE MEADOWS,

Plaintiff,

v.

AMERICAN AIRLINES, INC.,
AMERICAN AIRLINES, INC. PILOT
RETIREMENT BENEFIT PROGRAM &
PENSION BENEFITS ADMINISTRATION
COMMITTEE,

as fiduciary of the Program.

Defendants.

**PLAINTIFFS MOTION AND MEMORANDUM FOR RULE 11(b) SANCTIONS
AGAINST DEFENDANT'S COUNSEL JENNIFER ELLIS and TERRENCE CONNER
FOR SIGNING AND SUBMITTING PLEADINGS CONTAINING
MISREPRESENTATIONS TO THE COURT**

I, Lawrence M. Meadows, plaintiff, in the above styled cause, hereby files this motion under the F.R.C.P, Rule 11. *SIGNING PLEADINGS, MOTIONS, AND OTHER PAPERS; REPRESENTATIONS TO THE COURT; SANCTIONS*, and moves for Sanctions against Defendant's counsel for its violations of ¶ (b) *REPRESENATIONS TO THE COURT*; and also for violations under Fla. S.D. Local Rule 11.1(c.) *ATTORNEYS, Professional Conduct*; which states in part, " (c), *Professional Conduct. The standards of professional conduct of members of the Bar of this Court shall include the current Rules Regulating The Florida Bar. For a violation of any of these canons in connection with any matter pending before this Court, an attorney may be subjected to appropriate disciplinary action.*"

INTRODUCTION

The Plaintiff is particularly disturbed by Defendant's counsel's recent submission of signed pleadings, containing misrepresentations to the court and disparaging remarks, more specifically within its recently filed combined Reply to its Motions For Bill of Costs and Attorney's Fees [ECF No. 84]. Wherein, Defendant first makes an effort to discredit the Plaintiff, and then makes multiple material misrepresentations of fact distort the record, in an not so transparent attempt to deflect attention from its own bad faith and unethical conduct from the court. While not an attorney, the Plaintiff himself was a former U.S Air Force Officer, who served as a military pilot during Gulf War I, and was honorably discharged before beginning his career as a professional airline pilot at American Airlines. As such he has been held to the highest standards, and was expected to conduct himself professionally, honorably, and ethically; and he would expect no less from Defendant's counsel, both as Officers of Court and as required under the Florida Rules of Professional Conduct. Therefore, the Plaintiff as a matter of professional courtesy made written request to Defendant's counsel to stipulate to immediately withdraw its disparaging remarks and misrepresentations to the court, but said request was ignored. Regardless, Defendant's counsel's penchant for continued unethical conduct shocks the Plaintiff's sensibilities, and this court should take note and impose appropriate sanctions against the individual attorney's, and their law firm.

ARGUMENT

A. Defendant's Unethical Conduct Not Discrete Act but Instead a Serial Violation of the Rules

This isn't the first time Defendants counsel has engaged in unethical conduct, but instead a continuation of serial ethics and rule violations. Moreover, Defendant's Counsel has clearly

shown a penchant for not playing by the rules, making untimely motions in this matter, and generally acting in bad faith.

Throughout, the pendency of these proceedings Defendant counsel has engaged in the following bad faith ethical behavior; 1) Concealment of relevant information to include key documents relating to Defendant's "Pilot Disability Nurse Case Management Cost Savings" scheme, and the procedural irregularities and fraud of its "Independent" disability claims reviewer, Western Medical Evaluators (WME)¹, 2) Calling in sick for Feb. 23, 2011 deposition of American's disability case manager Nurse Spoon, after Plaintiff's counsel was already at the airport enroute to the deposition at American's Headquarters in Dallas, 3) Untimely production of "Costs Savings" reports on Mar. 11, 2013, almost four months after initial discovery requests, in violation of FRCP 26(a), and only two weeks before this courts final judgment, 4) Postponed deposition of Nurse Spoon, for one month, and rescheduled for Mar. 23, 2011 the very day before this court entered its final ruling, 5) False Certification of Meet and Confer with Plaintiff's counsel on Defendants Motion for Bill of Costs, 6) Failed to timely provide, certify, or verify Draft Attorney's Fee motion with timekeeper information², 7) Recently refused to stipulate to

¹ Meadows and many other disabled pilots, have had their rightful disability benefits stripped away under this "cost savings" scheme; which American facilitated through the use of 3rd party "Independent" medical evaluations performed by Western Medical Evaluators ("WME"). Worse yet, "WME" was not a "clinical-source" as required under the Plan and CBA, but instead was a medical billing service that was rife with fraud and procedural irregularities; its corporate medical director had his medical license revoked, the office manager was a convicted felon, and the principals fraudulently fabricated doctors evaluation reports, and forged their signatures. WME's conduct was so egregious that just one month after reviewing Meadows case, it was shut down by the Texas Insurance Board; and immediately thereafter its principals were indicted for felony medical claim fraud by a Texas Grand Jury, and have since been convicted, sentenced to confinement and forced to pay restitution. See [ECF No. 51-3 thru 51-11, Rule 59 Supporting exhibits].

² Plaintiff's counsel noted these untimely filings in her email dated May 23, 2011;

withdraw its untimely and defective Motions for Bill of Cost and Motion for Attorney's Fees, and 8) Filed a Reply, which essentially amounted to a Notice to Withdraw its Costs and Attorney Fees Motions, but the Defendant Counsel used it as an opportunity to inject disparaging remarks and material misrepresentations into the record.

B. Defendants Pleading Contains Disparaging Remarks

First, the Defendant goes out of its way to imply the Plaintiff has a penchant for litigation, but all he ever wanted was to right American's wrongs, and make a good faith effort to make himself whole. Further, the fact is that the Plaintiff's ERISA disability claim was very meritorious and substantially justified; which has been borne out by Defendant's Pension Benefits Administration Committee (PBAC) recent approval to reinstate Meadows disability benefits and payment of full retroactive benefits payments back through Dec. 27, 2007 (Exhibit 1). Which happened retroactive to be the very next day after Defendant terminated Plaintiff's disability benefits, which gave rise to the instant ERISA action, effectively rendering it unnecessary, albeit over five years after the fact. Unfortunately, American begrudgingly did so only after a needless and substantial waste of both this courts and plaintiffs resources.

Second, although Plaintiff felt it was necessary to reference his disabling condition in a foot note in his recent Responses in opposition to Defendant's Costs and Fee Motions [ECF No. 82 and 83], the Defendant has needlessly and unnecessarily called attention to Meadows disabling diagnosis on the front page of its motion, making it obvious to anyone that sees this public record. Plaintiff finds this highly offensive and likely illegal, since information was

"...we get to file a response, and part of that response is that she [defendant's counsel] did not provide the draft timely (even stronger that she just provided the actual hours/time a couple of days ago) and should not be entertained..", and "I've already expressed to Grace[defendant's counsel]in writing the position we will take Re: the un-timeliness of the Motion for Fees... and we will oppose accordingly."

previously private and confidential personal medical information protected by HIPAA; and wasn't ever in the public domain until the Plaintiff was forced to fight for reinstatement of his improperly terminated disability benefits. Moreover, the Defendant's publication of such is simply outrageous and serves no legitimate purpose whatsoever, other than to disparage the Plaintiff, and further discredit him, and tarnish his reputation.

Third, Defendant' counsel accuses the Plaintiff of mis-citing records. However, Plaintiff has never intentionally made any misstatements to this court, nor would he ever do so. Defendant refers to the letter Plaintiff used in his Cost and Fee responses, which Plaintiff admits that he mistakenly alleged Defendant had "concealed" the fact that it had terminated the contract with its "independent disability claims reviewer Western Medical Evaluators (WME). Apparently Defendant did produce said letter as (AA-000191-92), but Plaintiff was personally never made aware of its existence. Further, Plaintiffs former counsel did not provide Plaintiff with AA-000191-192, and has never provided him with his full client file, even though she abruptly withdrew her representation last month. Technically, the version of letter Plaintiff alleged was never before produced, and was in fact not AA-000191-92, but instead a different a version of that same letter, which he discovered for the first time, after it was used as an exhibit in another disabled American Airlines Pilots Union Arbitration proceeding on Jul. 19, 2013. What Defendant doesn't mention, however, is that it never disclosed the other rampant procedural irregularities and multiple felony medical claim fraud charges against WME's principals, for its misconduct during the very same period when WME had denied Meadows PBAC disability claim, and the claims of 18 other American Airlines pilots. Regardless, as a plan fiduciary American Airlines either knew or should have know about WME's fraud, as it was a matter of public record in multiple forums, and also published in the Fort Worth Star-

Telegram newspaper which happens to be printed in the same city in which American is headquartered.

Fourth, Defendant tries to shift the blame for its own discovery failures, and pass them off as the fault of the Plaintiff's former counsel; because she supposedly did not initiate discovery request until Dec. 2010, almost five months after filing the complaint. Regardless, of when discovery was requested, Defendant's Counsel can't hide from the fact of its multiple discovery failures under F.R.C.P Rule 26(a), by failing to timely produce all responsive documents and "relevant information" as required under ERISA. More Specifically, it did not timely produce the crucial key documents including but not limited to, the "*PBAC Disposition*" spreadsheet (AA000180-182)³ tracking all pilot disability appeals, and showing pilots, to include Meadows who were targeted for "Cost savings" until Jan, 18, 2011; nor did it produce its "*Pilot Disability Nurse Case Management Cost Savings*" reports (AA000300-322)⁴ until

³ This document was produced after Defendant was sanctioned for discovery violations in another disabled pilots case in this very same district court. *See Emery v. American Airlines, Inc.*, (Fla. S.D., Case 1:08-cv-22590-WMH)

⁴ The pilot disability benefit "cost savings" scheme, was implemented by American Airline's Medical Department to fraudulently deny and/or terminate rightful pilot disability benefits based on cost saving alone, in an effort to aide with grossly underfunded Pension Plans, which annual SEC 10-K reports showed to be underfunded by \$2.5B. This scheme used highly structured cost savings reports, and net present value calculations of the cost savings achieved if benefits were prematurely terminated. Further, these reports tracked Meadows as one of the 84 disabled pilots who were targeted for cost savings (Bates AA-000181) . Based on Meadows discovery of the pilot disability cost savings scheme, facilitated through the use of "WME", Meadows reasonably believed American was intentionally underfunding rightful disability pension funding obligations, which thereby artificially inflated its reported corporate earnings, giving rise to SEC fraud under the Sarbanes-Oxley (SOX) Act. Thus, Meadows filed a SOX Whistleblower complaint. That complaint is pending an Dept. of Labor ALJ hearing, which is currently stayed due to American's bankruptcy, along with an EEOC charges of discrimination and retaliation However, just two weeks after engaging in his protected whistleblower activity, American threatened Meadows with termination, and ultimately him removed from the seniority list, and terminated his employment.

Mar. 11, 2011, almost four months after Plaintiff's initial discovery requests, and just two weeks before this court's final judgment.

C. Defendants Pleading Contains Multiple Material Misrepresentations

Defendant has made multiple misrepresentations in signed pleadings submitted to the Court, in violation of F.R.C.P 11(b), and Fla. S.D. Local Rule 11.1(c.); which indirectly also incorporates, Florida Professional Rule 4-3.3 CANDOR TOWARD THE TRIBUNAL, (a) False Evidence; Duty to Disclose. A lawyer shall not knowingly: (1) make a false statement of fact or law to a tribunal or fail to correct a false statement of material fact or law previously made to the tribunal by the lawyer;

First Misrepresentation to the Court;

Defendant's counsel in ¶ A. of its Reply [ECF No. 84] misrepresents to the Court, *"What the Plaintiff does not disclose to the Court, however, is That these benefits are for a new disability claim...", and "Plaintiff filed new and separate disability claim under a new and different plan...", wherein Defendant attempts to mislead the court that Plaintiff submitted and entirely new claim for an entirely new diagnosis⁵ under the new company funded "Pilot Long Term Disability" (Pilot TLD) plan, for a new and separate disability. However, the truth is decidedly different. While it is understandable that Defendant's may want to divert the Court's focus from the fact that Defendant's new disability claims reviewer, University of Texas Medical*

⁵ Interestingly Defendant counsel attempted to inject the very same misrepresentation into its bankruptcy proceedings, and filed an objection to Meadows Motion to Lift Stay, and stated that, *"In October 2011 Meadows employment was Administratively Terminated ... However, because of a newly diagnosed condition, Meadows became eligible for and was awarded disability benefits, under ...the New Plan."* (SDNY bankruptcy case:11-15463-SHL Doc 5926 Filed 01/02/13). Defendant knowingly made that false statement despite the fact that Meadows supposed "new diagnosis" of bi-polar disorder was known to AA's Corporate Medical Director in Dec 2007 (AA-000273) before it ever terminated Meadows benefits, and further because AA's current reviewer UTMB consider his bipolar diagnosis to exist since 2003.

Branch (UTMB) recently acknowledged that Meadows was in fact continuously disabled with his current diagnosis since Aug. 2003. Clearly, the Defendant does not want to garner any further attention to this damning newfound evidence, and risk this court re-evaluating its decision *Sua Ponte*. However, These statements are patently false, and plainly contradicted by disability claim documents submitted by Plaintiff directly to Defendant, which are now part of the PBAC's current administrative record. After having been improperly deprived of disability benefits for over 4 years, Plaintiff was evaluated by the Mayo Clinic in Sep 2011, who verified the existence of his originally disabling mental condition, and based on which, Plaintiff submitted his 2nd disability claim application on Sep. 29, 2011, with a cover page was addressed to *"AMERICAN AIRLINES, INC. PILOT RETIREMENT BENEFIT PROGRAM*, and entitled, *"NEW CLAIM PACKAGE FOR THE CONTINUED DISABILITY OF, LAWRENCE M. MEADOWS"*, the second page of that package Line #1 reads, *"Synopsis/Timeline: Meadows never Recovered - Record of Continuous Disability - Aug 2003 - Present"*, Line #5 reads, *"New Disability Claim Package: For Continued Disability under the "Retirement Benefit Program" - 29Sep11"*, page 31 is a claim form entitled, *"AMERICAN AIRLINES, INC., NOTICE OF FLIGHT DISABILITY, Pilot Retirement Benefit Program"*. (Exhibit 2). In that claim, Plaintiff explicitly sought reinstatement of his benefits for his continued disability under the old pension funded PRBP plan retroactive to Dec. 27, 2007; but Defendant approved and shifted his claim to the new company funded PLTD plan⁶ instead, and only agreed to pay those benefits starting from Dec. 13, 2011.

Plaintiff deemed this a partial denial of his claim for continued disability with full retroactive payments as he submitted under the old PRBP plan, and exercised his right under

⁶ This appears to have been done in furtherance of American's fraudulent cost savings scheme, and SOX fraud (See Foot note 4) to terminate as many disability claims under the old pension funded PRPB plan, and eliminate them altogether; or to at least reduce defined benefit pension funding obligations, and shift those liabilities onto the new company funded PLTD plan.

plan and ERISA to file an appeal with Defendants PBAC (Pension Benefits Administration Committee). Plaintiff subsequently, submitted a 40 page PBAC disability claim Appeal Brief, on Aug 20, 2012, with a cover page entitled, "2nd APPEAL of LAWRENCE MEADOWS, to the PENSION BENEFITS ADMINISTRATION COMMITTEE, For Continued Disability of under the AMERICAN AIRLINES PILOT RETIREMENT BENEFIT PROGRAM", table of contents on page 2 states, "3. Meadows Never Recovered from his Original Disability. The Date Disability Commences (DDC) should be April 11, 2003", and the introduction on page 2 opens with,

" First Officer Lawrence Meadows (Meadows) is appealing American Airlines (American, or AA) denial of his application for continued disability benefits, as was submitted on September 30, 2011. Specifically, Meadows sought disability benefits under the "old" Pilot Retirement Benefit Program (Program), and re-applied based on the Disability Date Commencement (DDC) of April 11, 2003 from his originally approved disability claim, and also on December 28, 2007 as the date of his continued disability claim. His application was premised on the fact that his recent disability claim was merely a continuation of his original disability from which he never fully recovered. On December 6, 2011, Dr. Anazalone of American Airlines Medical Department (AAMED) informed Meadows that his application for disability benefits was approved unconditionally, without any restriction or limitation on what Meadows had submitted in his application. Meadows expected to have his benefits reinstated, and paid retroactive to December 28, 2007, one day after American's Corporate Medical Director (AACMD) had improperly terminated his disability benefits under his original claim. However, on February 14, 2012 Meadows received a letter from American Airlines Human resources (AAHR) granting him final approval for Pilot Long Term Disability (PLTD) benefits under the "new" PLTD Plan retroactive to only December 13, 2011." (Exhibit 3)

Second Misrepresentation to the Court;

Defendant's counsel in ¶ A. of its Reply [ECF No. 84] also misrepresents to the Court, "*the fact remains that any review of the original claims files reviewed in this case makes clear that there had been no appropriate clinical diagnosis or treatment regimen ..*", that statement is patently false and that belied by the record medical facts, and as supported by the very recent opinions of Defendant's current Independent Medical Examiners, the University of Texas Medical Branch (UTMB) who affirmed

Meadows suffered from the same disabling mental illness, for which he sought and complied with appropriate treatment since August of 2003. More specifically, UTMB, Senior Aviation Medical Examiner, Dr. Tarah Castleberry M.D, made the following "Summary and Recommendation":

"After review of all medical information provided, there is evidence that symptoms of Mr. Meadows disabling condition, Bipolar II disorder, first manifested itself prior to August 2003, when he was initially treated for 'Adjustment Disorder with depressed, anxious, and Irritable mood', and that he sought and complied with treatment until final diagnosis was made in September, 2011...The evidence reflects this is a common continuum and pattern of diagnosis, as written by Dr. Fuller [UTMB Forensic Psychiatrist] in his report, and that this pilot has been disabled from this condition since his symptoms and treatment period, beginning in 2003." (Exhibit 4).

Third Misrepresentation to the Court;

Defendant's counsel in ¶ A. of its Reply [ECF No. 84] also misrepresents to the Court, *"In this case [the Plaintiff] having never offered any support for any diagnosis or treatment,..."* Once again this statement is patently false and that belied by Plaintiffs record medical facts, and contradicted by record evidence before this court. Specifically, starting in Aug 2004 Plaintiffs provided Defendant's Corporate Medical Department with his psychiatrist treatment records documenting his monthly counseling and medication management sessions, showing he was diagnosed and continuously treated for adjustment disorder, anxiety, and depressed mood Then, in March 2008 Plaintiff's long-term mental health care practitioner, performed an updated full Psychiatric Evaluation which contained the diagnosis of; Major Depression, Recurrent, R/O Bipolar II Disorder (Exhibit 5), which was submitted to Defendant's PBAC. Additionally, this March 2008 evaluation was supported by board certified psychiatrist Dr. Joe Culbertson (Exhibit 6), and Aero-medical Dr. Keith Martin (Exhibit 7). Tellingly, every legitimate doctor and institution that has examined Plaintiff in the last 10 years all agree that he has suffered from the same disabling condition since 2003; with one glaring exception, American Airline's former procedurally flawed, and fraudulent disability claims reviewer WME (See Foot Note 1). Sadly, American steadfastly clings to WME's fatally flawed denial of Plaintiffs original disability claim, which gave rise to the instant ERISA action.

Fourth Misrepresentation to the Court;

Defendant's counsel in ¶ B. of its Reply [ECF No. 84] attempts to rebut Plaintiff's contention that Defendant "concealed" the PBAC letter terminating WME's contract, and attempts to minimize significance of the timing of said letter ; and misrepresents to the Court, "*This letter clearly establishes that the PBAC terminated its contract with WME in August 2008, nearly two years before Plaintiff filed his complaint , "exposing" WME and forcing American to terminate the WME contract, as he claims.*"

While the Defendant may want to mislead this Court into believing the timing isn't germane to the instant case, because it was filed two years before the Plaintiff's ERISA action, nothing could be further from the truth; for that letter was sent less than two months after WME's fraudulent spree of wrongfully terminating the disability benefits of Meadows and 18 other American Airlines pilots. Defendant's PBAC, acting as the plan fiduciary had an absolute duty to inform Meadows and the other's their claims were likely flawed and fraudulent; and should have given these pilots a proper re-review by WME's replacement the world renown Mayo Clinic. Unfortunately Defendant never notified Plaintiff, and ignored his Jun 2011, request to be Plaintiff's request for a re-review by the Mayo, forcing Plaintiff to go to the Mayo himself in Sep. 2011⁷; but for the Plaintiffs own action he wouldn't be back on disability benefits today.

⁷ Meadows alone without American's assistance sought a re-review of his disability claim by word renown MAYO Clinic, who was American's then current disability claim reviewer. The Mayo verified the long history of Meadows disabling medical condition. Using the Mayo's clinical reports (Exhibit 8) affirming of his condition, Meadows successfully applied for benefits for his continued disability under the old pension funded Pilot Retirement Benefit Program, however, American instead approved his claim under the new company funded PLTD plan.

Fifth Misrepresentation to the Court;

Second, Plaintiff never claimed in his ERISA complaint that he was, "*exposing*" *WME and "forcing" American to terminate the WME's contract...*", as defendant blatantly misrepresents to the Court. The fact is, Defendant clearly admits they sat on and essentially concealed crucial information, further and did not timely provided to Plaintiff's counsel until Jan 18, 2011, almost six months after he filed his complaint. Had Plaintiff timely been aware of the WME termination he could have sought a re-review by the Mayo Clinic long before he ever filed the needless ERISA action in July of 2011, saving himself over a hundred thousand dollars in legal costs, untold anxiety, and emotional distress; not to mention the gross waste of judicial resources not only in this Court, but also the 11th Circuit, US Southern District of New York Bankruptcy Court, and Department of Labor ALJ proceedings. The plaintiff is sickened and appalled as he writes this, and the Court should be appalled as well, and should Sanction and/or discipline Defendant's counsel and it's law firm to do otherwise would be a travesty of justice.

Sixth Misrepresentation to the Court;

Defendant's counsel in ¶ C. of its Reply [ECF No. 84] attempts to further discredit the Plaintiffs' credibility with the Court, by misrepresenting and attempting to re-characterize its falsified meet and confer certification⁸, as simply being an "*alleged failure to confer.*" While

⁸ However, Defendant's counsel knowingly submitted its motion for bill of costs with a falsified "*Certification of Conference*" [ECF No. 53, pg. 4]; certifying that the Defendant's counsel had met and conferred with Plaintiff's counsel to resolve the items of cost being sought, when in fact said conference never took place, before filing to the motion, Ostensibly, this was done in an effort to make Defendant's motion appear complete and timely under the local rules, when in fact it was not.

Furthermore, since the instant motion was improperly submitted with a falsified meet and confer on the eve of the filing deadline, it should be deemed incomplete and hence untimely under S.D. L.R. Fla.7.3(c). Further, the Defendants failure to timely comply with the certification requirement under S.D Fla. L.R. 7.1(a)(3), "may be cause for the court to deny the motion, and impose upon counsel the appropriate sanction." It is simply implausible for a senior

Defendant's Counsel may be upset that Plaintiff has brought its bad faith conduct to the Courts attention; the record is clear, the claimed meet and confer never happened as Defendant's counsel originally represented in the signed certification it filed with the Court. Further, Defendant's counsel admits as much in her subsequently filed Notice to Amend⁹ [ECF No. 54], wherein she claimed "*inadvertent mistake*". This is unacceptable conduct for any attorney, and it along with Defendant's attempts to cover-up, and misrepresent what really occurred, should not be tolerated by the Court. The Defendants counsel should not be allowed to conduct itself in such an unethical manner. If the pilots at American Airlines ever conducted themselves in the same manner as Defendant's counsel, there would likely be a plane crash every single day. Unfortunately, the Plaintiff's profession doesn't have the luxury of claiming "*inadvertent mistake*"; if for example the Plaintiff as airline pilot failed follow procedures, and forgot to put the landing gear down prior to landing, and subsequently skidded off the runway and burst into flames; he would not be relieved of his professional or statutory obligations, just because he claimed *ex post facto*, "*oh sorry, it was an inadvertent mistake*".

associate of one of the nation's largest employment law firms, to claim *ex post facto* that she, "*inadvertently certified that the parties had conferred.*" Which is exactly what Defendant's counsel later claimed in a subsequent notice to amend, filed after the motion for costs deadline had lapsed [ECF No. 54]; and even then did so only after being put on notice by Plaintiff's counsel of her supposedly "*inadvertent*" mistake. Such conduct is unacceptable.

⁹ It is simply implausible for a senior associate of one of the nation's largest employment law firms, to claim *ex post facto* that she, "*inadvertently certified that the parties had conferred.*" Which is exactly what Defendant's counsel later claimed in a subsequent notice to amend, filed after the motion for costs deadline had lapsed [ECF No. 54]; and even then did so only after being put on notice by Plaintiff's counsel of her supposedly "*inadvertent*" mistake.

CONCLUSION

Based on the foregoing, and pursuant to Rule 11(b) of F.R.C.P, and Fla. S.D. Local Rule 11.1(c.), and Florida Professional Rule 4-3.3(a)(1), Plaintiff humbly requests the Court hold Defendant's counsel accountable for its signing and submission of a pleading [ECF No. 84] which contained disparaging remarks, and multiple misrepresentations to the Court. It is clear from the record evidence that Defendant's counsel willfully disregarded its duties of honest and open representations to the court. Here, Plaintiffs submit there was a willful disregard of the ethical discretion, which goes well beyond a lack of "reasonable inquiry" as required by Rule 11(b). Plaintiff further submits that sanctions are appropriate in this case as allowed under Rule 11(c), and request the Court issue whatever sanctions it deems appropriate.

In closing, The Plaintiff is sickened and appalled as he writes this, and the Court should be appalled as well, and should aggressively Sanction and discipline Defendant's counsel and it's law firm - to do otherwise would be a travesty of justice.

Signed September 24, 2013
To be Filed October 16th, 2013,

Respectfully submitted,



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Certificate of Service

I hereby certify that a true and correct copy of the foregoing was served by U.S. Mail and E-mail on September 24, 2013 on all counsel or parties of record on the Service List below.



Signature of Filer

SERVICE LIST

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EXHIBIT 1



July 31, 2013

Lawrence Meadows
PO BOX 4344
Park City Utah 84060

L. Meadows
Employee #332713
Pilot Long Term Disability

Dear Mr. Meadows:

We have considered all the information you submitted with your appeal for payment/reinstatement of long term disability benefits under the American Airlines, Inc. Pilot Long Term Disability Plan ("Pilot LTD" "Pilot LTD Plan", "PLTD", "Plan") and under the American Airlines, Inc. Pilot Retirement Benefit Program ("RBP", "RBPLTD"). Your appeal and the related information you submitted has been evaluated by the Pension Benefits Administration Committee ("PBAC") in accordance with the appeal process as described in the Plan. Thank you for your patience during this process.

As a result of this appeal request, the PBAC conducted an extensive review and analysis of your case. After evaluating all the information you submitted in support of this appeal, along with any and all other information provided by American Airlines, Inc. ("AA"), American Airlines Medical and Occupational Health Services ("AAMOHS") and the physician-specialists at University of Texas Medical Branch at Galveston ("UTMB"), acting in the capacity of an independent medical consulting firm jointly selected by both American Airlines, Inc. and the Allied Pilots Association (the "APA"), the PBAC determined that your claim for retroactive long term disability benefits will be approved under the American Airlines, Inc. Pilot Long Term Disability Plan (the "Pilot LTD Plan" or the "Plan") with respect to benefits that do not duplicate benefits that have already been paid, but will be denied under the American Airlines, Inc. Pilot Retirement Benefit Program Fixed Income Plan (the "RBPLTD"). The remainder of this letter will describe the events leading up to this decision and the PBAC's evaluation of your case.

The American Airlines, Pilot Long Term Disability Plan ("Pilot LTD", "Plan") provides long term disability benefits to its disabled pilot participants whose disabilities began on or after February 1, 2004. Under the terms of the Plan, a pilot who is prevented from acting as a cockpit crewmember in the service of the Company (i.e., American Airlines, Inc., also referred to as "AA") due to a Disability will be eligible to receive Disability benefits from the Plan provided such Disability was incurred on or after February 1, 2004. (If the Disability was incurred before February 1, 2004, such disability claims are considered for benefits under the American Airlines, Inc. Pilot Fixed Retirement Benefit Program (RBPLTD).)





Applicable Plan Provisions from the Plan and from the RBPLTD

The Plan defines Disability as follows (pages 3-4 of the Plan):

"Disability" or "Disabled" means an illness or injury, verified through a qualified medical authority in accordance with Section V of the Plan, which prevents a Pilot Employee from continuing to act as an Active Pilot Employee in the service of the Employer [American Airlines, Inc.], other than

1. **Fear of flying syndrome, unless there is preeminent psychiatric diagnosis; or**
2. **Chemical dependency showing no progress toward recovery after two (2) years; or**
3. **Any illness or injury which was intentionally self-inflicted or an attempted suicide; or**
4. **Any illness or injury which was contracted, suffered, or incurred while the Pilot Employee was engaged in a criminal activity; or**
5. **Any illness or injury which was the result of war or any act of war, whether war is declared or not; or**
6. **Any illness or injury which arose during the period of an unpaid leave of absence (other than Association [Allied Pilots Association] Leave or Furlough while such Pilot Employee was absent from employment with the Employer; provided, however, that if a Pilot Employee had a Disability prior to beginning a Furlough and the Pilot Employee would have been recalled absent an illness or injury that would be considered a Disability, the Pilot Employee is deemed to have a Disability (if the illness or injury would otherwise qualify as such) from the date that the Pilot Employee would have been recalled.**

The Plan goes on to state, in the section entitled, "Disability Benefit Eligibility" (pages 6-7 of the Plan):

Disability benefits replace a portion of a Pilot Employee's Compensation when unable to work as a result of a Disability. The existence of a Pilot Employee's Disability and eligibility for a Disability benefit shall be determined in accordance with the following provisions:

- A. **A Pilot Employee's Disability will be considered to have existed (and to continue to exist) only if the Pilot Employee has received and continues to receive qualified medical care consistent with the nature of the illness or injury that gives rise to such Disability;**
- B. **A Pilot Employee's Disability will be considered to cease to exist if (1) health is restored so as not to prevent the Pilot Employee from acting as an Active Pilot Employee in the service of the Company, (2) verification of such Disability can no longer be established, or (3) appropriate medical care is wantonly disregarded by such Pilot Employee;**
- C. **Verification of a Pilot Employee's Disability shall be established by the corporate medical director of the Company (the "Corporate Medical**





Director" [Thomas Bettles, MD]) through claims procedures agreed to between the Company and the Association. Any Disability may be subject to re-verification, when appropriate, every ninety (90) days;

- D. Any dispute as to the clinical validity of a Pilot Employee's claim of the existence of a Disability or the continuation of the illness or injury which gave rise to such Disability shall be referred to a clinical authority selected under the Agreements [the bona fide collective bargaining agreement between the Company and the Association], and the findings of such authority regarding the nature and extent of such illness or injury shall be final and binding upon the Company, the Association, and the Pilot Employee and his Beneficiaries. The cost of referral of a dispute to a clinical authority pursuant to this paragraph, including the cost of all examinations or proceedings in connection therewith, shall be shared equally between the Company and the Association;
- E. A Pilot Employee Diagnosed as chemically dependent on or after the Effective Date,
- (1) Shall be entitled to a lifetime maximum of up to eighteen (18) months of payments from the point in time the Pilot Employee is diagnosed as chemically dependent but not beyond the Normal Retirement Date,
 - (2) The payments shall be a combination of accrued sick time and and/or Disability benefits, provided, however, that only twelve (12) months of payments shall be made from the Plan and/or this Program [the American Airlines, Inc. Pilot Retirement Benefit Program],
 - (3) The eighteen (18) months of payments, while cumulative, are not necessarily consecutive, and may be broken for periods if the Pilot Employee returns to active status or does not apply for Disability benefits,
 - (4) The eighteen (18) months of payments shall be extended the Pilot Employee any accrued sick time remaining at the end of the eighteen (18) months of payments,
 - (5) Any accrued vacation pay shall not be counted in the eighteen (18) months of payments, and
 - (6) If, at the end of the eighteen (18) months of payments, the Pilot Employee has not shown progress toward recovery as determined by the Corporate Medical Director, all Disability benefits terminate.

The 12-month and 18-month limitations under this paragraph E shall include Disability payments or chemical dependency from both this Plan and the Program.

The Plan further provides in VI. D. with respect to Recurring Disabilities as follows:





In the event a Disabled Pilot Employee resumes duties as an Active Pilot Employee, but returns to Disability status *due to the same cause* within 31 days of the date the Pilot Employee commenced flight crew member training, the Disability will be treated as the same Disability. ...

If the Pilot Employee returns to Disability status after having resumed duties as an Active Pilot Employee for 31 days or more *or if the Disability is not due to the same cause*, the Disability will be treated as a new Disability and a new Elimination Period will apply. *In this case, Disability Benefits will be paid from this Plan and not under the Disability provisions of the Program....[Emphasis added.]*

If a pilot meets the Plan's definition of Disability and other eligibility requirements in the Plan, monthly disability benefits are payable at 55% of the pilot's average monthly Compensation, up to a maximum benefit of \$6000 per month. Other eligibility requirements for continuance of disability benefits include continued receipt of qualified care (see Disability Benefit Eligibility, paragraph A, Pilot LTD, page 6, "Employee has received and continues to receive qualified medical care consistent with the nature of the illness or injury that gives rise to such Disability"); and verification of the disability (see Disability Benefit Eligibility, paragraph B, Pilot LTD, page 6, "A Pilot Employee's Disability will be considered to cease to exist if: ... (2) verification of such Disability can no longer be established, or"). Verification of a Pilot Employee's Disability is established under the Plan in Disability Benefit Eligibility, paragraph C, page 6- "Verification of a Pilot Employee's Disability shall be established by the corporate, medical director of the Company... through claims procedures agreed to between the Company and the Association. Any Disability may be subject to re-verification, when appropriate, every ninety (90) days." Thus, the Disability definition must be met initially and the Pilot must continue to provide verification that he is receiving appropriate medical care for the disabling condition in order to maintain eligibility to receive disability benefits under the Plan.

Plan Disability benefits end upon occurrence of certain event(s) or circumstance(s) (Pilot LTD, page 8 as amended by Amendment Number 3):

F. E. When Disability Benefits End or Are Suspended

Disability benefits end of the earlier of:

- (1) **The date the Disability ceases;**
- (2) **The payment of the maximum number of payments as stated in Section V;**
- (3) **The commencement of a "Retirement Benefit" under the Program;**
- (4) **Normal Retirement Date; or**
- (5) **Death**
- (6) **Late Retirement Date;**
- (7) **Attains age 65; or**
- (8) **For any Pilot Employee who was determined to be Disabled on or after December 13, 2007 and who was age 60 or older at the time of such Disability began, the date which is five years after the date such Pilot Employee's Disability began; notwithstanding the above, a Pilot Employee diagnosed as chemically dependent shall**





be subject to the benefit limitation in Article V, Section E and this Article VI, Section E, (8) shall not be construed as overriding the limitation in Article V, Section E.

Disability benefits will be suspended during the following situations:

- Periods of Furlough, or
- In the event the Pilot Employee works for the Company in a capacity other than as a pilot, his Disability benefits shall not be paid while he is employed in such capacity.

The RBPLTD applies to disabilities incurred on or before February 1, 2004 and was incorporated as a disability retirement benefit under the American Airlines, Inc. Pilot Retirement Benefit Program as amended and restated effective as of January 1, 1997 (the "Program") and as amended by the First through the Eleventh Amendments and it defined Disability in 2.1(a) and 5.4 (excerpting only the relevant portions) as follows:

"Disability" means an illness or injury, verified through qualified medical authority (or as provided in Section 5.4) which prevents a Member from continuing to act as an Active Pilot Employee in the Service of the Employer, other than:...

5.4 Disability of a Member ...

In the event the Member resumes duties as an Active Pilot Employee but subsequently returns to such Disability due to the same cause within 31 days of the date the Member commenced flight crew member training, the Disability will be treated as the same Disability and the Member shall be entitled to receive an immediate Disability Retirement Benefit... If the Member returns to Disability after having resumed duties as an Active Pilot Employee for 31 days or more *or if the Disability is not due to the same cause*, the Disability shall be treated as a new Disability and Disability benefits shall be paid under the terms of the Pilot Long Term Disability Plan...*[Emphasis added.]*

The existence of the Disability of a Member and his eligibility for a Disability Retirement Benefit shall be determined in accordance with the following rules:

(a) A Member's Disability must have occurred prior to February 1, 2004;

(b) A Member's Disability will be considered to have existed (and to continue to exist) only if he has received and continues to receive qualified medical care consistent with the nature of the illness or injury which gives rise to such Disability;

(c) A Member's Disability will be considered to cease to exist if (i) his health is restored so as not to prevent him from acting as an Active Pilot Employee in the service of the Company, (ii) verification of such Disability can no longer be established or





(iii) appropriate medical care is wantonly disregarded by such Member;

(d) Verification of a Member's Disability shall be established by the corporate medical director of the Company (the "Corporate Medical Director") through claims procedures agreed to between the Company and the Association. Any Disability may be subject to re-verification, when appropriate, every ninety (90) days;

(e) Any dispute as to the clinical validity of a Member's claim of the existence of a Disability or the continuation of the illness or injury which gave rise to such Disability shall be referred to a clinical authority selected by agreement between the Company and the Association, and the findings of such authority regarding the nature and extent of such illness or injury shall be final and binding upon the Administrator, the Association and the Member and his Beneficiaries. ...

(g) If a Member recovers from a Disability and returns to Service with the Employer, payment of his monthly Disability Retirement Benefit shall cease. ...If a Member attains the age at which such Member is no longer eligible to be a Pilot Employee under federal law, such Member's Disability Retirement Benefit shall cease, but he may commence his Late Retirement Benefit. [Emphasis added.]

Section 6.7 of the RBPLTD further provides:

"... Payment of the Disability Retirement Benefit shall cease upon the earlier of (a) the date such Disability ceases to exist, (b) the date such Member is no longer eligible to be a Pilot Employee under federal law, or (c) the commencement of the Member's Retirement Benefit upon Retirement,..." [Emphasis added.]

Thus, the RBPLTD contained a very similar definition of disability and requirements for you to provide continued verification of your condition and the receipt of appropriate medical care for such treatment in order to maintain eligibility to receive disability benefits under the RBPLTD.

Documents Submitted in Support of Your Appeal

In support of your Current Appeal for long term disability benefits, you submitted the following materials:

- Your August 20, 2012 letter to the PBAC, submitting your appeal for review
- Copy of the *Table of Contents* for your appeal submission
- Copy of the *Introduction* to your appeal submission
- Copy of your *Statements of Fact* regarding your original disability claim (your referral to "original disability claim" references your long term disability claim of 2004-2007)



- Copy of your *Argument* of your appeal case
- Copy of your *Conclusion* of your appeal case
- A DVD entitled, *Electronic Exhibits: Meadows PBAC 1-90* (One DVD, containing 372MB, 178 files 105 folders), including the following pdf documents:
 - Exhibit 1: Pilot Retirement Benefit Program Plan Document, Summaries of Material Modifications, and Pilot Retirement Benefit Program SPD
 - Exhibit 2: Pilot Long Term Disability Plan (effective February 1, 2004)
 - Exhibit 3: AAMOHS' communication with you regarding the filing of your 2004 long term disability claim
 - Exhibit 4: AAMOHS' initial approval checklist of your disability (not dated)
 - Exhibit 5: AAMOHS' approval of your 2004 disability
 - Exhibit 6: AA July 1, 2004 approval of your ability to travel while absent from work
 - Exhibit 7: AAMOHS' July 2, 2004 letter to the you advising you of the approval of your long term disability claim
 - Exhibit 8: Section 20 of the collective bargaining agreement between AA and APA (this page of the CBA is not dated)
 - Exhibit 9: January 8, 2008 facsimile transmission from AAMOHS to you, including a copy of its December 26, 2007 letter notifying you of the discontinuance of your long term disability benefits
 - Exhibit 10: June 2008 Pilot Disability Nurse Case Management Cost Savings report
 - Exhibit 11: March 2009 Pilot Disability case report
 - Exhibit 12: PBAC Disposition, 11.30.10 report
 - Exhibit 13: AA reports regarding your disability, provided to your legal counsel
 - Exhibit 14: AA-APA Collective Bargaining Agreement Supplements F-1 through F-5, inclusive
 - Exhibit 15: Notice to All APA Members (information from the Fall 2008 Board of Directors Meeting)
 - Exhibit 16: Pilot Disability Closed Case report for the month of December, 2007, showing your diagnosis of (ICD-9 Code 296.00). (The date the report was produced and the date of any changes to the contents are unknown.)
 - Exhibit 17: Printout of a section of the Diagnostic and Statistical Manual of Mental Disorders diagnosis codes from www.psychcentral.com (April, 2011)
 - Exhibit 17.1: Template of the AA Employee Information Letter for pilots on an Unpaid Sick Leave of Absence
 - Exhibit 18: AA Pension Administration's January 8, 2008 letter to you requesting refund of overpaid Pilot RBPLTD benefit (\$800 overpayment)





- Exhibit 19: Your February, 2008 (although the actual document is dated February 1, 2007) request for copies of your complete AAMOHS disability claim file
- Exhibit 19.1: Robin Ross, APRN's February 11, 2008 psychological evaluation of you
- Exhibit 19.1: J. Culbertson, MD's March 27, 2008 concurrence with Robin Ross's psychological evaluation of you
- Exhibit 19.2: Virtual Flight Surgeons, Inc.'s April 29, 2008 statement of your FAA Medical Certification status
- Exhibit 20: Your PBAC Appeal submission regarding your 2004-2007 disability (dated May 23, 2008)—112 pages of materials pertaining to your 2004-2007 disability
- Exhibit 21: Contract (Consulting Agreement) between AA and Western Medical Evaluators (an independent clinical consulting firm jointly selected by AA and APA to evaluate Pilot LTD appeals)
- Exhibit 22: Page 225 of the Denton, TX Yellow Pages, showing a listing for Western Medical Evaluators
- Exhibit 22: Accounting8.com listing of Western Medical Evaluators and its proprietor, Barbara Douglas
- Exhibit 23: Online *Ripoff Report* on Western Medical Evaluators
- Exhibit 24: Synopsis of Texas Medical Board's investigation and prosecution of Howard Douglas, MD, of Hurst, TX (1997)
- Exhibit 24: Texas Medical Board physician profile and list of citations for Howard Douglas, MD of Hurst, TX
- Exhibit 25: PBAC Case Disposition report, November, 2010
- Exhibit 26: US District Court (Southern District of Florida) record of 2008 complaint (Capitol Funding v Western Medical Evaluators) alleging wire fraud and other charges against the defendant
- Exhibit 27: US District Court (Southern District of Florida) record of Capitol Funding's Motion for Contempt Sanctions against Western Medical Evaluators (Capitol Funding v Western Medical Evaluators)
- Exhibit 28: Texas Mutual Insurance Company's *CompNews* article on the Travis County, TX indictment of Howard Douglas, MD and Barbara Douglas (Western Medical Evaluators) for Workers Compensation fraud
- Exhibit 29: Your July 13, 2011 request to M. S. Moeller, MD (a former contracted consultant of Western Medical Evaluators) for verification of Dr. Moeller's forensic consultation of your appeal case, as requested by AA
- Exhibit 29: Karen Grant MD's July 14, 2011 letter to you, advising that she had no medical records regarding your long term disability claim (Dr. Grant is a former contracted consultant of Western Medical Evaluators)
- Exhibit 29: Your July 15, 2011 second request to Dr. Grant, demanding all your medical records in her possession with respect to your long term disability claim
- Exhibit 29: Your July 13, 2011 request to M. S. Moeller, MD (a former contracted consultant of Western Medical Evaluators) for verification of Dr. Moeller's forensic consultation of your appeal case, as requested by AA





- Exhibit 29: Your July 13, 2011 request to M. S. Moeller, MD (a former contracted consultant of Western Medical Evaluators) for verification of Dr. Moeller's forensic consultation of your appeal case, as requested by AA
- Exhibit 29: Your July 15, 2011 letter to Dr. Moeller, making a second request for reports and clinical records of your long term disability claim
- Exhibit 30: *FlightLine* (APA newsletter), January, 2010, announcing APA's rejection of Network Medical Review as the replacement independent clinical authority for Pilot long term disability appeals
- Exhibit 31: Your June 9, 2011 letter to the APA, demanding review of your long term disability claim, and urging APA to file a Presidential Grievance with AA
- Exhibit 31: Your June 15, 2011 letter to AAMOHS, demanding review of your long term disability claim
- Exhibit 32: AA PBAC July 17, 2008 letter to you, providing you with the PBAC records regarding your appeal for discontinuation of your RBPLTD benefits (162 pages)
- Exhibit 32: PBAC's June 10, 2008 letter to you, advising the denial of your long term disability appeal (the letter has been "redlined", with numerous handwritten comments throughout)
- Exhibit 32: Your analysis of the PBAC's June 10, 2008 appeal determination on your Pilot long term disability appeal
- Exhibit 32: Your critique of the PBAC's May 8, 2008 request sent to Western Medical Evaluators, requesting that they perform a forensic review of the Your 2004-2007 Pilot long term disability claim, and of Western Medical Evaluators' forensic review reports
- Exhibit 33: Record of January 10, 2011 deposition of Thomas Bettes, MD (Corporate Medical Director, American Airlines, Inc.)
- Exhibit 34: August 11, 2008 from AA Chief Pilot in Miami to you requesting to know if you plan to return to work
- Exhibit 35: September 8, 2008 facsimile transmission to you from The Orthopedic Specialty Clinic, advising of the physician's act to defer your FAA Medical Certification
- Exhibit 36: FAA's September 26, 2008 letter to you, advising of the denial of your FAA Medical Certification
- Exhibit 37: Your lawsuit filed against AA, the Pilot Retirement Benefit Program, and the PBAC, with respect to the discontinuation of his RBPLTD benefits in 2007 (lawsuit filed with the US District Court, Southern District of Florida)
- Exhibit 38: Record of the March 23, 2011 deposition of Jeanne Spoon, RN (AAMOHS Nurse Case Manager for pilot long term disability appeals)
- Exhibit 39: Record of the March 23, 2011 deposition of Susan Roberson (Senior Financial Analyst, Human Resources)
- Exhibit 40: Record of the March 23, 2011 deposition of Jeanne Spoon, RN (AAMOHS Nurse Case Manager for pilot long term disability appeals)
- Exhibit 40: Record of the March 23, 2011 deposition of Susan Roberson (Senior Financial Analyst, Human Resources)





- Exhibit 40: Indictment by the State of Texas against Western Medical Evaluators
- Exhibit 40: Indictment by the State of Texas against Howard Douglas, MD
- Exhibit 40: Complaint filed in US District Court (Southern District of Florida) by Capitol Funding against Western Medical Evaluators
- Exhibit 40: Motion for Contempt Sanctions filed in US District Court (Southern District of Florida) by Capitol Funding against Western Medical Evaluators
- Exhibit 40: Manta online company profile for Western Medical Evaluators
- Exhibit 40: Texas Medical Board physician profile and sanctions regarding Howard Douglas, MD
- Exhibit 40: Texas Medical Board 1997 Press Release referencing disciplinary action taken against Howard Douglas, MD
- Exhibit 40: Online printout of 1997 article, published by Ronald S. Smith, on *Cytokines and Depression*
- Exhibit 40: Online printout of 1997 article, *About the Author*, Ronald S. Smith
- Exhibit 40: FAA's September 26, 2008 letter to you, advising of the denial of your FAA Medical Certification
- Exhibit 40: Section 20 of the collective bargaining agreement between AA and APA (this page of the CBA is not dated)
- Exhibit 40: Plaintiffs Motion to Alter Judgment (filed by you in US District Court, Southern District of Florida, Miami) (referring to the Summary Judgment of the US District Court in the matter of Lawrence Meadows v American Airlines, Inc., the Pilot Retirement Benefit Program, and the PBAC)
- Exhibit 41: Your June 9, 2011 letter to the APA, requesting review of your long term disability claim, and urging APA to file a Presidential Grievance with AA
- Exhibit 42: Your June 15, 2011 letter to AAMOHS, requesting review of your long term disability claim
- Exhibit 43: Layfield Law Firm's July 5, 2011 letter (Confidential Mediation Statement) to Kinnard Mediation Center
- Exhibit 44: Layfield Law Firm's July 12, 2011 email to Hunton & Williams (outside counsel for AA)
- Exhibit 44.1: November 15, 2011 Declaration of Phillip Layfield, Esq.
- Exhibit 45: AA August 15, 2011 letter to you, advising you to return to work by October, 2011, or your employment will be terminated under the 5-year Sick Leave of Absence limits
- Exhibit 46: Questions and Answers on the Final Rule Implementing the ADA Amendments Act of 2008
- Exhibit 47: EEOC Enforcement Guidance on the Americans with Disabilities Act and Psychiatric Disabilities
- Exhibit 48: Record of appeal filed by you in the US Circuit Court of Appeals (Eleventh Circuit) in the matter of Lawrence Meadows v American Airlines, Inc., the Pilot Retirement Benefit Program, and the PBAC (exhibit totals approximately 883 pages)
- Exhibit 49: Your August 19, 2011 reply to AA August 15, 2011 letter





- Exhibit 50: Your August 31, 2011 letter to AA making final demand for benefits and accommodations for work
- Exhibit 51: AA September 2, 2011 letter to you, discussing the issues of reasonable accommodations for a pilot
- Exhibit 52: Your September 12, 2011 letter to OSHA, filing a "Whistleblower Complaint"
- Exhibit 53: V. M. Karpyak, MD, PhD's September 19, 2011 letter to Phillip Layfield, advising of the results of the your psychiatric evaluation
- Exhibit 54: Answer brief of appellees filed with the US District Court of Appeals (Eleventh Circuit)
- Exhibit 55: Your September 30, 2011 letter to AA, requesting further exploration of reasonable accommodations for work and threatening retaliation if AA terminates your employment
- Exhibit 55.1: AA September 28, 2011 letter to you, acknowledging your having completed 20 years of AA service
- Exhibit 56: Your filing of a new claim under the RBPLTD, September 29, 2011
- Exhibit 56: Your Excel File Index of the contents of your subsequent (2011) disability claim
- Exhibit 56: Your claim documents for your 2011 disability claim
- Exhibit 56: Your financial information for prior years and excerpts from the Pilot Retirement Benefit Program SPD
- Exhibit 56: AA October 3, 2011 letter to you, providing you with forms in which to file your 2011 disability claim
- Exhibit 56: Mayo Clinic's October 19, 2011 letter to you, advising you of the results of their FAA physical examination of you, and advising you they would be sending the data to the FAA for its review and evaluation to determine your FAA medical certification status
- Exhibit 56: Your claim documents, appeal documents, and lawsuit-related documents for your period of disability from 2004-2007
- Exhibit 56: Documents pertaining to your lawsuit (regarding your 2004-2007 disability claim), including information about Western Medical Evaluators, Howard Douglas, MD, Barbara Douglas (proprietor of Western Medical Evaluators), evidence of lawsuits and criminal indictments against Western Medical Evaluators and the Douglasses
- Exhibit 56: Documents pertaining to your lawsuit (regarding your 2004-2007 disability claim) including the evaluation and determination made on your PBAC appeal, Western Medical Evaluators' reports provided as part of the PBAC's investigation of your appeal, your inquiries to the Western Medical Evaluators' contracted physicians who evaluated your case and drafted the aforementioned reports, etc.
- Exhibit 57: Your September 30, 2011 letter to AA, requesting further exploration of reasonable accommodations for work and threatening retaliation if AA terminates your employment
- Exhibit 58: AA October 3, 2011 letter to you, providing you with the forms to file your subsequent disability claim (2011)





- Exhibit 59: Reply brief of appellant filed with the US District Court of Appeals (Eleventh Circuit)
- Exhibit 60: AA October 7, 2011 email to you, advising you that you would be extended two more weeks of Sick Leave of Absence in which to further explore reasonable accommodations of work—this would extend your leave to between October 21-23, 2011, at which time, if you have not returned to work, your employment would terminate
- Exhibit 60: AA Roster Data, updated October 27, 2011, indicating no time bid for you
- Exhibit 60: AA Roster Data, Personal Profile on you, updated as of October 27, 2011
- Exhibit 60: AA Roster Data, Personal Profile on you, updated as of November 5, 2011
- Exhibit 61: Mayo Clinic's October 19, 2011 letter to you, advising you of the results of their FAA physical examination of you, and advising you they would be sending the data to the FAA for its review and evaluation to determine your FAA medical certification status
- Exhibit 62: FAA's December 23, 2011 letter to you, denying approval of your FAA Medical Certification
- Exhibit 63: AAMOHS' October 20, 2011 letter to you requesting clinical records for your 2011 disability claim
- Exhibit 64: Your October 31, 2011 letter to AA Vice President of Flight, requesting a face-to-face meeting to discuss your employment issues, your benefits and appeals, etc.
- Exhibit 64: Your October 31, 2011 letter to AA Flight Administration, asking about your employment status, and reiterating your request for a meeting with the Vice President of Flight
- Exhibit 65: Exchange of emails between you and AA Flight Administration regarding your employment and benefit issues
- Exhibit 65.1: AA Roster Data, Personal Profile on you, updated as of October 27, 2011
- Exhibit 65.1: AA Roster Data, updated October 27, 2011, indicating no time bid for you
- Exhibit 65.2: AA Roster Data, Personal Profile on you, updated as of November 5, 2011
- Exhibit 65.2: Online Merriam Webster definition of the word, "release"/"released"
- Exhibit 66: Your November 7, 2011 letter to AAMOHS (Dr. Anzalone), ensuring that AAMOHS had received all of the information you submitted for your 2011 disability claim
- Exhibit 66: Your November 7, 2011 letter to AAMOHS (Dr. Bettes), ensuring that AAMOHS had received all of the information you submitted for your 2011 disability claim
- Exhibit 67: Your November 8, 2011 letter to AA Executives (Gerard Arpey, CEO), regarding your "unlawful termination in violation of SOX whistleblower protection"
- Exhibit 67: Your November 8, 2011 letter to AA Executives (John Hale, VP of Flight), demanding an investigation of alleged SOX violations by AA



- Exhibit 67: Your November 8, 2011 letter to AA Executives (Scott Hansen, Director of Flight Administration), demanding an investigation of alleged SOX violations by AA
- Exhibit 67: Your November 8, 2011 letter to AA Executives (Tom Horton, President) regarding your "unlawful termination in violation of SOX whistleblower protection"
- Exhibit 67: Your November 8, 2011 letter to AA Executives (Gary Kennedy, General Counsel) regarding your "unlawful termination in violation of SOX whistleblower protection"
- Exhibit 67: Your November 8, 2011 letter to AA Executives (Arpey, Hale, Kennedy, Horton, Wimberly), advising them of SOX violations and fraudulent activities within AA
- Exhibit 67: Your November 8, 2011 letter to AA Executives (Kenneth Wimberley, Corporate Secretary) regarding your "unlawful termination in violation of SOX whistleblower protection"
- Exhibit 68: Cover page for your submission of your November 15, 2011 SOX Whistleblower Complaint to AA
- Exhibit 68: Excel spreadsheet Index of your SOX Complaint to AA
- Exhibit 68: Your November 16, 2011 Statement of AA alleged SOX violations, sent to OSHA
- Exhibit 68: Your November 16, 2011 Supplement to your SOX Complaint sent to OSHA
- Exhibit 68: Your November 16, 2011 Supplement to your SOX Complaint sent to OSHA
- Exhibit 68: Your legal counsel's (Phillip Layfield, Esq.) declaration of alleged SOX violations on the part of AA
- Exhibit 69: OSHA's December 16, 2011 letter to you, in which they provided you with a copy of AA Position Statement with respect to your allegations of SOX violations and fraudulent activities on the part of AA
- Exhibit 70: AA November 29, 2011 portion of the petition for Chapter 11 restructuring filed with the US Bankruptcy Court, Southern District of New York—this portion being AA motion to continue payment of wages and benefits to its employees
- Exhibit 71: AAMOHS' December 6, 2011 letter to you, requesting the medical and other information needed to perfect your 2011 long term disability claim
- Exhibit 72: Your February 4, 2012 letter to AA Chief Pilot in Miami, announcing your filing of a grievance against AA regarding its alleged SOX violations and fraudulent activities
- Exhibit 72: Your February 4, 2012 letter to AA Vice President of Flight, announcing your filing of a grievance against AA regarding its alleged SOX violations and fraudulent activities
- Exhibit 72: Your February 4, 2012 email to AA Chief Pilot in Miami and Vice President of Flight, announcing your filing of a grievance against AA regarding its alleged SOX violations and fraudulent activities
- Exhibit 73: Layfield Law Firm's (your legal counsel) February 10, 2012 letter to Hunton & Williams (AA external legal counsel),



requesting a response regarding the status of your 2011 claim, proofs of payment, etc.

- Exhibit 74: AAMOHS' February 12, 2012 letter to you, confirming approval of your 2011 disability claim
- Exhibit 74.1: AA June 9, 2004 Pilot Sick Leave of Absence letter and packet sent to you
- Exhibit 75: Hunton & Williams' February 21, 2012 letter to Layfield Law Firm, advising the approval of your 2011 disability claim, when payments began, method of benefit payment, etc.
- Exhibit 76: APA's February 13, 2012 email to you, acknowledging receipt of your grievance
- Exhibit 77: Your March 1, 2012 letter to APA, acknowledging your telephone conversation with APA attorney (Chuck Hairston), advising that you could not accept the March 8 or March 29 hearing dates, and demanding specific terms from the APA regarding your grievance
- Exhibit 77: APA's March 2, 2012 letter to you, advising what you can and cannot be permitted to have at the grievance hearing
- Exhibit 77.1: Robin Ross, APRN's March 12, 2012 letter to AAMOHS, advising of your psychiatric and medical status with respect to your 2011 disability
- Exhibit 77.2: Blue Cross and Blue Shield of Texas (BCBSTX) (one of the three network/claim administrators for AA medical coverage) March 22, 2012 letter to you, welcoming you to BCBSTX and providing you with BCBSTX ID cards for your medical coverage
- Exhibit 78: 3 pages of a 17-page document petitioning the US Bankruptcy Court to grant AA an "Automatic Stay" in the litigation matters of several benefit-related lawsuits, which did include Lawrence Meadows v American Airlines, Inc., Pilot Retirement Benefit Program, and PBAC
- Exhibit 79: Your April 2, 2012 email to AA, advising difficulties you alleged you encountered in adding your spouse to your benefits and making changes to some of your other health and welfare benefits
- Exhibit 80: AA April 6, 2012 letter to you, advising you about your Employee Term Life Insurance Benefit with AA
- Exhibit 81: Brief of the Secretary of Labor, Hilda L. Solis, as an Amicus Curiae in Support of Defendants, submitted in petition of the US Bankruptcy Court on June 28, 2012
- Exhibit 82: AA Annual Pension Statement for you for the year ending December 31, 2011
- Exhibit 83: Robin Ross, APRN's June 5, 2012 letter to AAMOHS, advising of your psychiatric and medical status
- Exhibit 84: APA's July 10, 2012 email to you, confirming that the APA is filing proof of claim for your grievance
- Exhibit 85: Your July 19, 2012 letter to AAMOHS, requesting what specific documents you are required to submit to support your continuing disability
- Exhibit 86: Your July 19, 2012 letter to AA HR Services, requesting a complete copy of your AAMOHS disability claim file
- Exhibit 87: September 13, 2011 online article from Gordon Feinblatt, LLC, reporting that the EEOC investigated several leave of absence





policies for a number of employers, and that EEOC obtained from Verizon paid a \$20 million settlement pertaining to its no-fault leave of absence policy

- Exhibit 88: Benefit Concepts, Inc. (AA contracted COBRA administrator) November 12, 2008 solicitation of you for COBRA continuation of health coverage, and its notification to you about how contributions are paid, when they are due, etc.
- Exhibit 89: AA 2004 Unpaid Sick Leave of Absence Worksheet for you
- Exhibit 89: Your Benefit Concepts, Inc. (AA contracted COBRA administrator) November 12, 2008 solicitation for COBRA continuation of health coverage, and its notification to you about how contributions are paid, when they are due, etc.
- Exhibit 89: Rite-Aid Pharmacy's itemized listing of prescription medications purchased by you between January 1, 2009 through June 18, 2012, inclusive
- Exhibit 89: HCC Life Insurance Company Explanation of Benefits Statements (EOBs) for health care rendered to you in February and March, 2010
- Exhibit 89: NorthwestPharmacy.com receipt for your January, 2010 mail order purchase of the psychotropic medication, Wellbutrin
- Exhibit 89: NorthwestPharmacy.com receipt for your April, 2010 mail order purchase of the psychotropic medications, Wellbutrin and Lamictal
- Exhibit 89: NorthwestPharmacy.com receipt for your June, 2010 mail order purchase of the psychotropic medications, Wellbutrin and Lamictal
- Exhibit 89: NorthwestPharmacy.com receipt for your November, 2010 mail order purchase of the psychotropic medications, Wellbutrin and Lamictal
- Exhibit 89: Itemized invoices from multiple health care providers, referencing your itemized expenses incurred between 2010 and 2012.
- Exhibit 89: Assurant Health's March 21, 2011 letter to you, including outline of coverage, listing of benefits and premiums, etc.
- Exhibit 89: NorthwestPharmacy.com receipt for your June, 2011 mail order purchase of the psychotropic medications, Lamictal, Wellbutrin, and Zoloft
- Exhibit 89: NorthwestPharmacy.com receipt for your October, 2011 mail order purchase of the psychotropic medications, Wellbutrin and Lamictal
- Exhibit 89: NorthwestPharmacy.com receipt for your December, 2011 mail order purchase of the psychotropic medication, Wellbutrin
- Exhibit 89: Regence Blue Shield's premium notice sent to you
- Exhibit 89: BCBSTX March 22, 2011 letter to you, welcoming you to BCBSTX, and providing information about your coverage
- Exhibit 89: NorthwestPharmacy.com receipt for your March, 2012 mail order purchase of the psychotropic medication, Wellbutrin
- Exhibit 89: APA Supplemental Insurance documentation of the total premiums paid for this coverage in 2010, 2011, and 2012



- Exhibit 89: Excel spreadsheet documenting your medical expenses, 2009-2012
- Exhibit 90: Mayo Clinic's February 15, 2012 letter and invoice of expenses for examination and care rendered to you in September, 2011

The PBAC considered all of the documents listed above when it reviewed the appeal submitted by Lawrence M. Meadows (the "Pilot" or you). In addition the PBAC also considered UTMB Health Aerospace Medicine's reports dated June 21 and 23, 2013.

Additional Factual and Procedural Background for Appeal

You began employment with American Airlines, Inc. as a pilot on October 3, 1991. You have not worked since April 11, 2003. Between April 11, 2003 and April 18, 2004, you used sick and/or vacation time through April 18, 2004, and then began a Sick Leave of Absence. Your previous disability claim (disability due to the claims of Depression, Anxiety, and Adjustment Disorder) paid long term disability benefits from May 17, 2004 through December 26, 2007 from the RBPLTD. As of December 26, 2007, your disability benefits under the RBPLTD were discontinued on the basis that the available medical information submitted to American Airlines Medical and Occupational Health Services ("AAMOHS") did not demonstrate ongoing disability from your "claimed condition of major depression (or from any diagnosis of bipolar II disorder)" (per the denial of your requested reinstatement of your long term disability benefits on June 8, 2008), and did not demonstrate your treatment compliance beyond December 26, 2007 as required pursuant to Section 5.4 and 6.7 of the RBPLTD. After your long term disability benefits were discontinued, you did not return to work.

After the discontinuation of your RBPLTD disability benefits in 2007, you appealed the cessation of your Disability benefits under the RBPLTD based on your failure to provide verification of your Disability which the PBAC, as Plan Administrator, denied on June 8, 2008. You then filed a complaint in U.S. District Court, Southern District of Florida, claiming that your RBPLTD long term disability benefits had been wrongly terminated. American Airlines, Inc. PBAC's decision to terminate your RBPLTD disability benefit was upheld by the District Court on March 24, 2011. You appealed the District Court's decision, and the 11th Circuit Court of Appeals affirmed the District Court's decision that the plan administrator had properly determined that your disability was not established as existing as of December 26, 2007 (collectively, the opinions of the District Court for the Southern District of Florida and the 11th Circuit Court of Appeals shall be referred to herein as the "Court Decisions"). The Court Decisions applied to you, American Airlines, Inc. and the American Airlines, Inc. Pilot Retirement Benefit Program, referred to herein as the RBPLTD. Thus, under the terms of the RBPLTD in section 5.4 and section 6.7 and under the Court Decisions, your disability ceased to exist on December 26, 2007 and your benefits were properly terminated under the RBPLTD.

You filed a separate claim for long term disability in 2011, claiming that this disability arose from a new diagnosis, Bipolar II Disorder, and that this disability commenced as of April 2003. You provided medical evidence of this diagnosis which was first made on September 15, 2011 in Dr. Karpyak's report. There was no evidence of Bipolar II Disorder diagnosis in the evidence submitted for your initial disability claim dating back to 2003 and the appeal related to termination of your initial claim for long term disability benefits under the RBPLTD which benefit was terminated on December 26, 2007 and which termination was upheld in the Court Decisions.

PBAC Consideration of Appeal of Claim Denied for Retroactive LTD Benefits

When you submitted your claim for retroactive long term disability benefits, upon initial review we found that, aside from

- Robin Ross, APRN's psychological evaluation from 2008 indicating Bipolar II Disorder should be ruled out; and
- Dr. Karpyak's letter in which he provides his new diagnosis for you;

there are no actual clinical records submitted to document your claimed condition of Bipolar II Disorder during the period from December 27, 2007 through September 13, 2011, and none of the requested objective tests, psychotherapy notes, or medical records required to support your claimed new disabling condition were received prior to the termination of your disability benefits under the RBPLTD.

Many of the above Exhibits submitted in support of your 2011 and 2012 claims for retroactive long term disability benefits were also submitted for your 2004 to 2007 period of disability and were submitted again for the current appeal filed for retroactive disability benefits on August 20, 2012 (the "Current Appeal"). Because your file included all of the above records, the PBAC considered all of the above records as part of your Current Appeal that your disability be considered a continuous disability under the RBPLTD instead of a new disability from the new diagnosis in order to provide a full and fair review and to consider all of the potential evidence related to your claim for retroactive disability benefits under the RBPLTD, or under the Plan. Detailed medical records are customarily requested and submitted to support a claim for disability benefits. The claim administrator for a disability benefit determination customarily requests clinical records on the claimant in order to obtain as much objective evidence as possible to document both your diagnosed conditions and your treatment compliance. Such requests for additional records were made on November 9, 2012 and May 16, 2013, but no additional records were received or submitted.

PBAC Consideration of Your 2012 Claim for Retroactive Long Term Disability Benefits

AAMOHS approved long term disability benefits under the Plan with respect to your 2011 claim, with a benefit effective date of December 13, 2011 based upon the new diagnosis of Bipolar II Disorder which disqualified you from being licensed as a commercial pilot, but did not approve any benefits related to such diagnosis prior to the date of the new diagnosis, September 14, 2011. The approval of the 2011 claim under the Plan for disability based upon the new diagnosis of Bipolar II Disorder was communicated to you in a letter dated February 2, 2012 which communicated the approval of long term disability benefits under the Plan retroactively effective as of December 13, 2011, following expiration of the new elimination.

Your Current Appeal with the PBAC, requested payment of retroactive long term disability benefits, an increase in your credited service recognized under the RBPLTD, reinstatement of seniority, reinstatement of non-revenue travel privileges, reinstatement of Jetnet access, reimbursement of medical expenses incurred or COBRA premiums paid while long term disability benefits were not paid after December 26, 2007 until reinstatement and reimbursement of the expenses you incurred to obtain an independent medical exam by Mayo Clinic which resulted in your current diagnosis. The PBAC is only considering the issue regarding your claim for retroactive long term disability benefits and your related claim for



Credited Service under the RBPLTD. The PBAC is considering your appeal to be a request for any long term disability benefits that might be available to you under one of the applicable AA plans.

Your claim requesting disability benefits from December 27, 2007 through December 12, 2011 included a request to be reinstated under the RBPLTD long term disability benefits. The PBAC determined in its 2008 decision that you ceased to be disabled under the RBPLTD in 2007 and discontinued your benefits because you no longer met the RBPLTD's definition of Disability in section 5.4 of the Program and this determination was made upon the advice of the independent medical examiner, Western Medical Evaluators, whom was agreed upon by the collective bargaining unit representing you at the time and American Airlines, Inc., and whose opinion was binding upon the parties. Thus you were bound by the determination of Western Medical Examiners that you were not disabled as of December 26, 2007. The Court Decisions affirmed the PBAC's 2008 decision terminating your disability benefits.

The diagnosis of Bipolar II Disorder first arose in 2011; therefore, there is no claim for a continuous benefit since your 2003 diagnosis and the disability benefits related thereto were not based on a diagnosis of Bipolar II Disorder under the RBPLTD because this disabling condition did not first arise in your medical records as a diagnosis prior to February 1, 2004, and your disability which arose prior to February 1, 2004 terminated on December 26, 2007 as determined by the PBAC based upon the terms of the RBPLTD, which decision was confirmed by the binding opinion of an independent medical reviewer, and such termination was further affirmed by the Court Decisions. Thus, your prior disability ceased under the terms of the RBPLTD and the Court Decisions, and this Current Appeal is related solely to a new and separate claim for benefits under the Plan which applies to disabling conditions arising on and after February 1, 2004.

The Current Appeal is to determine whether you were disabled and received appropriate medical care and treatment from December 27, 2007 to September 13, 2011 based upon your new diagnosis of Bipolar II Disorder and the medical records from such time period. While the new diagnosis indicates you were disabled as of September 14, 2011, it does not include objective tests demonstrating that you had such diagnosis at any earlier date or that you received appropriate medical care during such period.

While the Plan requires that an adverse determination based in whole or in part on a medical judgment, be done in consultation with a health care professional who has "appropriate training in the field of medicine involved in the medical judgment" and the Plan Administrator is bound by any determination pursuant to the Agreements (Plan section VIII. F and G), the Plan Administrator requested an independent medical judgment in this case voluntarily and not based upon the Agreements. An independent medical review is not required because this is not a determination based upon medical judgment, but based upon whether substantiating records were provided. As a result of the Plan Administrator's voluntary decision, your Current Appeal under the Plan was submitted to UTMB, an independent clinical consulting firm mutually agreed upon by AA and the Allied Pilots Association (the "APA"), for its review and medical opinions. The physician-consultants who reviewed this case are listed below, and their reports are attached.

Tarah L. Castleberry, DO, MPH
Assistant Professor, Clinical Preventive Medicine
Senior Aviation Medical Examiner



University of Texas Medical Branch at Galveston, TX
Board Certified in Aerospace Medicine and Family Medicine

Michael Fuller, M.D.
Board Certified in Psychiatry and Neurology
Department of Psychiatry and Behavioral Sciences
Rebecca Sealy Hospital
The University of Texas Medical Branch at Galveston, TX

Dr. Castleberry's initial report stated the following with respect to your Bipolar II Disorder diagnosis:

He was first diagnosed with Bipolar II Disorder on Sept. 14, 2011 by Dr. Karpyak. However, he was started on a mood stabilizer in 2006, and APRN Ross states that over time, he exhibited symptoms of Bipolar II Disorder. Even though he might not have had the diagnosis of Bipolar II Disorder before 2011 per the records reviewed, a mood stabilizer treatment is consistent with this disease... Of course, the diagnosis has changed from Adjustment Disorder to Depression to Bipolar II Disorder since then, but as we look at the picture of the Pilot over a period of time, it appears that this was just one of his several episodes in a continuum of symptoms of mental illness. These are outlined by his two primary Psychiatric providers. ... Bipolar II Disorder can take a longer period to diagnose because it does not involve overt mania, but hypomania. Patients tend to present only during depressive episodes and get treatment for recurrent depression until a time when hypomania becomes more apparent and screening for Bipolar Disorder is performed. Treatment consistent with Bipolar Disorder (Lamictal) was started in 2006, although his official diagnosis was on Sept 14, 2011.

Dr. Castleberry indicated that your Bipolar II Disorder might have been developing for several years, and that some of your symptoms might not have been identifiable in light of your previous claimed conditions of Anxiety, Depression, and Adjustment Disorder. She also referenced that the resources of her information were Robin Ross, APRN's February 11, 2008 psychological evaluation report, Dr. Culbertson's March 27, 2008 confirmation of her report, and the Mayo Clinic's October 19, 2011 letter advising its psychiatric assessment report of you had been sent to the FAA. However, there were no referenced objective tests performed or for which documentation was provided to the Plan for any date prior to the September 14, 2011 diagnosis. She had no other *clinical data* to review, as you had not submitted any such data other than the APRN Ross report. Dr. Culbertson's report was based on APRN Ross's reports. Thus, Dr. Castleberry's references to tests and records were referencing the tests and questionnaires used by Dr. Karpyak in his diagnosis in 2011. The records she reviewed were the periodic reports from APRN Ross and Dr. Culbertson's March 27, 2008 which were not supported with appropriate tests, treatment records or evaluations of you as confirmed by the Court Decisions to be insufficient evidence of disability. Furthermore, Dr. Castleberry's own report indicates that she is an Osteopathic Doctor with board certification in family medicine and not in psychiatry, thus, the reviewer assigned and who issued the opinion does not have the appropriate medical specialization for the diagnosis at issue in the Current Appeal, the independent reviewer's opinion was requested voluntarily and was not a required opinion and thus her opinion is not required to be followed by the PBAC.



However, Dr. Castleberry's report fails to consider all of the RBPLTD's applicable provisions, and would deny effect to the Court Decisions affirming the termination of your disability based upon your claim of Anxiety, Depression and Adjustment Disorder beginning in 2003.

The PBAC further reviewed Dr. Fuller, a board certified psychiatrist's opinion and report on your status as disabled either under the RBPLTD or the Plan. Dr. Fuller's report indicates:

The available evidence suggests that this condition, Bipolar II, existed prior to September 14, 2011. The information gathered at Mayo Clinic in September 2011 confirms the presence of the diagnosis and the impression that Bipolar II is the unifying diagnosis that best explains the symptoms that the Pilot has experienced for a considerable time prior to this date. Hypomanic and depressed cycling of long standing is noted in this exam and history. Bipolar Disorder has been suspected by his clinician in the record since at least 2008 when a notation was made diagnosing him with symptoms of Major Depression but adding the "rule out" of Bipolar, type II....

While the medical record suggests the clinical impression of Adjustment Disorder, then Major Depression, and then in 2008 suggests a Bipolar Disorder possibility, then confirms this clinically in 2011, the condition described reflects the common continuum and pattern of diagnosis progression frequently seen in this condition. ...

The record reflects appropriate treatment of an individual with depressive symptoms attributable to Bipolar II Disorder throughout his treatment course prior to September 2012.

While Dr. Fuller's opinion indicates that the Bipolar II Disorder condition existed prior to the diagnosis by Dr. Karpayak at Mayo Clinic, he also indicates that there is a progression of the diagnosis related to this disorder and recognizes the prior disorders and diagnoses. Dr. Fuller's own statements indicate that Bipolar II Disorder first appeared as a potential condition to be ruled out in your medical records in 2008, a date after February 1, 2004. Dr. Fuller's opinion does not consider the RBPLTD's plan terms or the Plan's terms. Dr. Fuller's opinion would deny effect to the Court Decisions affirming the termination of your disability benefits under the RBPLTD if it was not read carefully.

PBAC Determination with Respect to Appeal of Claim Denied for Retroactive Reinstatement in Disability Benefits under the RBPLTD

The current appeal is based on your claim for retroactive benefits filed in Exhibit 56 on September 29, 2011 which was based on the September 15, 2011 diagnosis of your claimed disabling condition of Bipolar II Disorder by V.M. Karpayak, M.D., PhD. This diagnosis is different from the claimed disabling conditions submitted for your initial period of disability which ended on December 26, 2007 which were Depression, Anxiety and Adjustment Disorder. In reviewing all of the documents submitted with the current appeal, it was noted that many of the documents pertain to your 2004-2007 disability claim appeal and subsequent litigation of the disability termination. The Court Decisions arising from such litigation affirmed the RBPLTD's determination that your long term disability benefits under the RBPLTD were properly terminated by the PBAC.

Pursuant to the terms of the RBPLTD, your disability also terminated when your long term disability benefits were terminated due to your failure to substantiate with appropriate medical records that your disabling condition continued to exist. (See Sections 5.4 and 6.7 of the RBPLTD cited above.) Thus, your claim for retroactive reinstatement into the disability



benefits under the RBPLTD is hereby denied because your disability related to your initial claim for disability (which disabling condition arose before February 1, 2004) ceased and your long term disability benefits under the RBPLTD terminated on December 26, 2007. Pursuant to the terms of both the RBPLTD and the Plan, your subsequent claim based on the new diagnosis of Bipolar II Disorder constitutes a new claim arising after February 1, 2004 due to the fact that your initial disability had terminated under the terms of the RBPLTD as determined by the PBAC and affirmed by the relevant Court Decisions and by the fact the new claim for retroactive disability benefits is based on a new diagnosis.

Because your claim filed in 2011 is based on a new diagnosis that first arose in the medical records as a diagnosis after February 1, 2004, and because your prior disability terminated under the terms of the RBPLTD on December 26, 2007 which termination decision was affirmed by the Court Decisions, and because the terms of the Section 5.4 and 6.7 of the RBPLTD, the claim filed in 2011 is a new claim based upon a new diagnosis after your initial disability under the RBPLTD terminated. Thus, your Current Appeal is based upon a new diagnosis—not a continuation of the claim under the RBPLTD. This is consistent with the 2013 opinion of the independent medical reviewer, Dr. Fuller, which provided, “While the medical record suggests the clinical impression of Adjustment Disorder, then Depression and then in 2008 suggests a Bipolar Disorder possibility, then confirms this clinically in 2011, the condition described reflects the common continuum and pattern of diagnosis progression frequently seen in this condition” which indicates that Bipolar is one of a number of different diagnoses as the condition and diagnosis progressed, suggesting differing and progressively worsening diagnoses and causes. Thus, your Current Appeal to have your benefits reinstated under the RBPLTD is denied. The RBPLTD explicitly states in Section 5.4, “***if the Disability is not due to the same cause, the Disability shall be treated as a new Disability and Disability benefits shall be paid under the terms of the Pilot Long Term Disability Plan.***” The Plan Administrator must administer the RBPLTD in accordance with the terms of its plan document and the RBPLTD’s plan document mandates that a claim that arises after a prior disability terminates which is not due to the same cause, is to be treated as a new Disability and Disability benefits are to be determined and paid under the Pilot Long Term Disability Plan. Your initial disability under the RBPLTD terminated and a new diagnosis for a new condition that was never part of the conditions claimed under your prior disability claim was confirmed in 2011.

You further requested to receive Credited Service under the RBPLTD for your period of disability. You will receive Credited Service under the RBPLTD provided you meet the RBPLTD’s requirements for receipt of such Credited Service for periods on or before October 31, 2012, pursuant to the terms of the RBPLTD. All pilots cease to earn Credited Service under the RBPLTD toward benefit accruals with respect to time periods on disability benefits on and after November 1, 2012.

PBAC Determination with Respect to Appeal of Claim Denied for Retroactive Reinstatement in Disability Benefits under the Pilot LTD Plan or the Plan

Based upon the foregoing, your disability appeal was duly considered under the Plan’s definition of disability and the conditions for receipt of disability benefits as quoted above and in accordance with the Plan’s claim and appeal procedures, including consultation with the agreed upon independent medical reviewer. The Plan requires in section VIII. F., discussing handling appeals under the Plan, that:



(7) If the adverse determination was based, in whole or in part, on a medical judgment, the Pension Benefits Administration Committee shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. Such health care professional must not have been involved in the initial adverse determination. The identity of any medical or vocational experts whose advice the Administrator obtained in connection with the applicant's claim will be disclosed to the applicant, regardless of whether such advice was relied upon in making the adverse determination.

Under section VIII. G. of the Plan, in discussing appeals, the PBAC's authority to interpret the Plan and the required independent medical examiner, provides:

(1) The PBAC has the express authority to interpret any provision of this Plan and to determine, at its sole discretion, the meaning and application of any such provision as to each Pilot employee, in accordance with the facts and circumstances of each particular claim...

(2) Effect of Certain Determinations Under Other Agreements. In administering the Plan, the Administrator shall be bound by any determination pursuant to the Agreements, as applicable. The Administrator shall not administer the Plan in any manner inconsistent with a final determination under such Agreements. Notwithstanding any other provision of this Plan, neither the interpretation of the Plan nor its administration shall be within the jurisdiction of such Agreements.

The PBAC considered your Current Appeal in light of Dr. Fuller's report and interpreted the Plan pursuant to the discretion granted in the Plan's terms quoted above. Dr. Fuller issued an opinion on your status as disabled. Dr. Fuller is board certified in psychiatry and thus he is an appropriate clinical authority for this appeal dealing with a psychiatric diagnosis. In the Current Appeal the dispute is not as to the clinical validity of the diagnosis, but as to the timing of the diagnosis and the substantiation of a diagnosis and treatment for such diagnosis in the period prior to September 14, 2011 and after December 26, 2007. Dr. Fuller's opinion indicates that the Bipolar II Disorder diagnosis is one of a series of progressive diagnoses and that in his opinion, the treatment you received was appropriate medical care for the period from December 27, 2007 through December 11, 2011 and that the consideration of a Bipolar Disorder diagnosis was only first indicated as a possibility to be ruled out in 2008. The existence of a progression of diagnoses recognized by Dr. Fuller as part of a larger set of clinical diagnoses comprised of a series of different diagnoses does not override the Court Decisions affirming the PBAC's termination of your disability benefits from your prior disability claim, but merely indicates there are potentially multiple progressive diagnoses that may lead to the current diagnosis. Dr. Fuller's statement regarding a progression of diagnosis does not convert the new diagnosis of Bipolar II Disorder into a diagnosis that was documented in the medical records as existing prior to February 1, 2004. Thus, the disability claim under the Current Appeal is properly considered under the Plan.

Since your Current Appeal is for retroactive disability benefits related to a diagnosis that arose in your medical records only as a possibility to be ruled out in 2008 and only as a diagnosis in 2011, both of which are dates on or after February 1, 2004, the PBAC has determined this to be an appeal under the Pilot LTD Plan because it first arose in the medical





records on or after February 1, 2004 as a new diagnosis in a series of different diagnoses that progressed along a continuum of diagnosis leading to a more serious diagnosis.

The PBAC is considering your Current Appeal based upon the new diagnosis and whether it constitutes a disability for the period from (December 27, 2007 through December 12, 2011) under the Plan.

Based upon the opinion of Dr. Fuller that your current diagnosis was likely to exist prior to 2011 with good clinical confidence, that it was first potentially indicated in 2008 in the medical records, and that in his opinion that you sought, received and complied with medically appropriate treatment during the period prior to the definitive diagnosis on September 14, 2011 and during the period in question from December 27, 2007 through December 12, 2011, the PBAC has determined that the Pilot LTD Plan should pay you retroactive disability benefits for the disability due to Bipolar II Disorder with such disability commencing on December 27, 2007 through December 12, 2011, subject to any applicable elimination period under the Plan related to the new cause.

Claims for Non-Long Term Disability Benefits

Your claims for Seniority, reimbursement of COBRA premiums, reimbursement of medical expenses, travel privileges, and Jetnet access are not claims for benefit recognized under either the RBPLTD or the Plan, and thus, such claims are denied as submitted to the wrong venue for review of such claims. You may file such claims with the appropriate parties with jurisdiction to decide each such claim. You should refer to the Employee Benefits Guide covering such benefits to determine the proper way in which to file such claims.

Summary of Decision

The terms and provisions of the long term disability coverage in the American Airlines, Inc. Pilot Retirement Benefit Program Fixed Income Plan and in the American Airlines, Inc. Pilot Long Term Disability Plan must be administered consistently and uniformly with respect to all participants, including the RBPLTD and Pilot LTD requirements for determination of disability and receipt of appropriate medical treatment; therefore, the PBAC has determined that the Current Appeal is denied with respect to reinstatement of benefits under the RBPLTD for the reasons explained above, and granted with respect to long term disability benefits under the Pilot LTD Plan for the period from December 27, 2007 through December 12, 2011, subject to any applicable elimination period under the terms of the Pilot LTD Plan and subject to your compliance with the applicable requirements of the Pilot LTD Plan.

Effect of Decision

The effect of this decision is that you will receive, or have received from prior payments, long term disability benefit from the RBPLTD through December 26, 2007 and from the Plan from December 27, 2007 forward (excepting any periods for which you have already received such benefits and subject to applicable elimination periods). You will be contacted by People Services regarding your eligibility to enroll in medical benefits under the Group Life and Health Plan for Employees of Participating AMR Corporation Subsidiaries (the "AA Active Employee Health Plan") effective with your coverage under the Plan. The AA Active Employee Health Plan provides greater medical benefits than the medical benefits provided to retirees under the plan offered to retirees for persons eligible and receiving benefits under the RBPLTD. You must respond to People Services to enroll in the AA Active Employee Health Plan and you must continue to provide AAMOHS with updates regarding your





disability status and your treatment, when requested. This decision is consistent with your suggestion in the record of your appeal request on pages 3 and 4 of the introduction submitted with your letter and the related materials submitted appealing the denial of your claim for retroactive long term disability dated August 20, 2012.

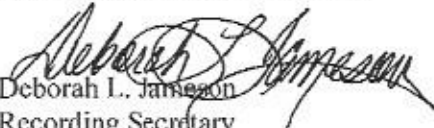
Required Disclosures

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. A document, record or other information is relevant to a claim for benefits if it: was relied upon in making the benefit determination; was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination; or, demonstrates compliance with the administrative processes and safeguards required under the Employee Retirement Income Security Act ("ERISA") with respect to making a benefit determination.

This is the final administrative appeal decision available to you with respect to your claims described herein for long term disability benefits. A copy of the independent medical examiner report which was relied upon by the PBAC in making its decision on your claim is attached for your reference. In accordance with your rights under the Employee Retirement Income Security Act of 1974 (ERISA), if you disagree with the decision explained in this letter, you have the right to institute a civil action under ERISA §502(a).

Very truly yours,

AMERICAN AIRLINES, INC.


Deborah L. Jameson
Recording Secretary
For the Pension Benefits
Administration Committee

Enclosure

cc: Pension Administration
AAMOHS
People Services



EXHIBIT 2

AMERICAN AIRLINES, Inc.
PILOT RETIREMENT BENEFIT PROGRAM

NEW CLAIM PACKAGE FOR
THE CONTINUED DISABILITY OF

LAWRENCE M. MEADOWS
First Officer American Airlines
777FO/MI AA #332713

September 29, 2011

**LAWRENCE MEADOWS NEW DISABILITY CLAIM UNDER
THE "PILOT RETIREMENT BENEFIT PROGRAM" AS PER ERISA**

1	SYNOPSIS/TIME-LINE: Meadows Never Recovered - Record of Continuous Disability - Aug 2003 to Present
2	AA FLT ADMIN TERMINATION LETTER - 5AUG11 & MEADOWS RESPONSE/DEMAND - 31AUG11
3	SARBANES-OXLEY FRAUD COMPLAINT: Understated Pension Liabilities-Overstated Earnings -12Sep11
4	CORRESPONDENCE w/MIA FLT ADMIN: Request Claim Forms as per eHR - But Would Not Provide -27Sep11
5	NEW DISABILITY CLAIM PACKAGE: For Continued Disability under "Retirement Benefit Program"-29Sep11
6	MAYO CLINIC PSYCHIATRIC EVALUATION: Meadows Diagnosis BiPolar II - 15Sep11
7	ADA AMENDMENTS ACT: Bipolar Disorder Is Always Considered A Disability - Eff. 25Mar11
8	FAA DISQUALIFYING CONDITIONS: BiPolar Disorder - Major Depression
9	FAA HEADQUARTERS: Letter Denying Meadows Medical Certification - 26Sep08
10	ROSS PSYCH EVAL & UPDATES: Culbertson Peer Reviews-FAA AME Support Letter - Feb08 -Jan09
11	AAMOHS DR BETTES: Approval of Meadows Original Disability Claim - 11Jun04
12	AAMOHS DISABILILTY PROCESS FLOWCHART - Procedural Irregularities Annotated
13	DR BETTES ARBITRARY & CAPRICIOUS TERMINATION: Of Meadows Disability Benefits - 26Dec07
14	AMOHS SECRET COST TRACKING DISABLED PILOTS:"PBAC Appeal Disposition-Cost Savings" SprdSht
15	AMOHS SECRET "PILOT DISABILITY NURSE CASE MANGEMENT COST SAVINGS PROGRAM"
16	AAMOHS INTERNAL REPORTS: MEADOWS DIAGNOSIS AS 296.00 (BiPolar) - Dec 2007 thru Jun2008
17	DR BETTES DEPOSITION EXCERPTS: Unethical-Disingenuous-Reckless Indifference-Discrimination
18	PBAC APPEAL PROCESS FLOWCHART: Breaches of Fiduciary Duty - Procedural Irregularities Annotated
19	PBAC BREACHES FIDUCICARY DUTY SELECTS WME: Not Clinical Source-Not Vetted-History of Fraud
20	PBAC - WME CONTRACT VIOLATES SUPP-F 5(h): Not a Clinical Source - But a Consulting/Billing Service
21	WME IN CRISIS: Non-payment to IMEs-Law Suits-Med Director Jumps Ship- Forms Newco - Spring 2008
22	CFS v. WME - CONTEMPT: Fraudulent Medical Billing & Claim Schemes Committed Jan 2007-Jul 2008
23	CFS v. WME - AFFADVIT OF L. GRIFFIN (Report Staff): Completed/Fabricated/Forged IMEs Reports
24	CFS v. WME - AFFDAVIT OF R. WEST(WME Manger): Insurance Fraud-Billing Fraud-Mismanagement
25	WME's PRINICPALS GRAND JURY INDICTMENTS: Felony Medical Claim Fraud - Aug 2008
26	PBAC REQUEST WME PERFORM FORENSIC PEER REVIEW OF MEADOWS - 8May08
27	WME's PEER REVIEWS OF MEADOWS: Provided to the PBAC - Rife with Irregularities & Fraud - 5Jun08
28	PBAC DENIES APPEAL: Used Wrong Plan Terms-Didn't Evaluate All Diagnosis & Impact On Job - 8Jun08
29	WME REVIEWING PSYCHIATRIST: Dr. Moeller - "Hired Gun"- Cut&Paste- Could not Records or IME Report
30	WME REVIEWING AME: Dr Grant - Phone Rvw only- Forged Signatures - Couldn't provide Records or Report
31	APA BOD MINUTES/FLIGHTLINE (2003-2011): Supp-F Violations-No Claims Procedure - Improper IME

AMERICAN AIRLINES, INC.
NOTICE OF FLIGHT DISABILITY
Pilot Retirement Benefit Program

1. LAWRENCE M MEADOWS 2. 332713
(Name of Employee) (Employee Number)

3. 0691 4. 7211 5. 066-62-6026
(Base) / (Station) (Branch) (Social Security Number)

6. a) Last day worked 04 / 11 / 2003
b) Date Sick Leave began for this condition 05 / 07 / 2003
c) Last day paid sick and/or accrued vacation pay 06 / 04 / 2004
d) Normal retirement date 04 / 01 / 2028

7. Address to which benefit check is to be mailed or attach Direct Deposit form:
Number & Street 1900 Sunset Harbor Drive #2112 PO Box 4344
City, State & Zip Miami Beach, FL 33139 Drak City, UT 84060
Contact Phone No. 516-982-7718

8. Permanent address if other than above:
Number & Street 1900 Sunset Harbour Dr #2112
City, State & Zip MIAMI BEACH, FL 33139

9. Attach copy of Evidence of Correctness of Date of Birth, Form C-444.
10. Member's request for disability benefit:

I hereby give notice that I wish to apply for the Flight Disability benefit provided for in the following:

The Pilot Retirement Benefit Program for reasons of medical inability to continue as a pilot, as provided in Supplement F (1) Section 5 of the American Airlines, Inc./Allied Pilots Association Agreement.

9. 12/11 [Signature]
(Date) (Signature of member)

(Date) (Signature of Supervisor)

NOTE: If you do not have a beneficiary designation form on file, or if you would like to change your existing beneficiary designation, you may do so by completing the attached form and returning it with this form to your Base Flight Administrator.

ATTACHMENT: Pilot Retirement Benefit Program Designation of Beneficiary.

Return original to your Flight Administration Office for forwarding to: Pension Administration MD 5146 HDQ

EXHIBIT 3

2nd APPEAL OF LAWRENCE. M. MEADOWS

to the

PENSION BENEFITS ADMINISTRATION COMMITTEE

For Continued Disability of under the

AMERICAN AIRLINES PILOT RETIREMENT BENEFIT PROGRAM

**LAWRENCE M. MEADOWS
First Officer American Airlines
777FO/MIA AA #332713**

August 15, 2012

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2. <u>Meadows PBAC Appeal is Allowed and Timely under the Program</u> <i>Claim File was not Provided as Requested, Therefore Reserve the Right to Supplement</i>	
3. <u>Meadows Never Recovered from his Original Disability</u> <i>The Date Disability Commences (DDC) should be April 11, 2003</i>	
4. <u>Meadows Original Disability Benefits were Improperly Terminated</u> <i>Under the secret "Pilot Disability Nurse Case Management Cost Savings" Program</i>	
5. <u>Meadows 1st PBAC review was Procedurally Flawed</u> <i>And relied upon an Improper Third Party Medical Reviewer Rife with Fraud</i>	
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INTRODUCTION

First Officer Lawrence Meadows (Meadows) is appealing American Airlines (American, or AA) denial of his application for continued disability benefits, as was submitted on September 30, 2011. Specifically, Meadows sought disability benefits under the "old" Pilot Retirement Benefit Program (Program), and re-applied based on the Disability Date Commencement (DDC) of April 11, 2003 from his originally approved disability claim, and also on December 28, 2007 as the date of his continued disability claim. His application was premised on the fact that his recent disability claim was merely a continuation of his original disability from which he never fully recovered. On December 6, 2011, Dr. Anazalone of American Airlines Medical Department (AAMED) informed Meadows that his application for disability benefits was approved unconditionally, without any restriction or limitation on what Meadows had submitted in his application. Meadows expected to have his benefits reinstated, and paid retroactive to December 28, 2007, one day after American's Corporate Medical Director (AACMD) had improperly terminated his disability benefits under his original claim. However, on February 14, 2012 Meadows received a letter from American Airlines Human resources (AAHR) granting him final approval for Pilot Long Term Disability (PLTD) benefits under the "new" PLTD Plan retroactive to only December 13, 2011.

Retrospectively, on July 2, 2004 the AACMD originally approved Meadows for pilot disability benefits under the Pilot Retirement Benefit Program (Program) for depression requiring pharmacological treatment. For which Meadows was receiving monthly psychotherapy, and medication management under the care of a Psychiatric Clinical Nurse Specialist, Robin Ross APRN; who has continuously treated his mental illness from August 2003 to present day. Despite Meadows persistent mental condition, and appropriate medical treatment, on December 27, 2007 the AACMD unilaterally and improperly terminated Meadows disability benefits under the Program without notice. Prior to this decision Meadows was never evaluated by the AACMD, as allowed in Section 20 of the Pilot's Labor Agreement, nor asked to submit further medical documentation supporting his condition. Regardless, the AACMD immediately changed Meadows status to an approved Unpaid Sick Leave of Absence (USLOA) - presumably for the very same condition the Meadows was suffering whilst receiving disability benefits. Moreover, the AACMD is a qualified FAA Aviation Medical Examiner, and knew that Meadows could not qualify for FAA Airman Medical Certification required to perform his duties as a pilot for American. Furthermore, at the time the AACMD terminated Meadows benefits, his own departments internal records dated December 2007, showed Meadows diagnosis code of 296.00 (Bi-polar I disorder); these documents were withheld from Meadows during his 1st PBAC Appeal, and weren't borne out until discovery in Meadows Federal ERISA suit.

It wasn't until over three later that Meadows learned he was the victim of American Airline's Medical Department's, secret cost savings program, called the "Pilot Disability Nurse Case Management Cost Savings Program" run by the American's Chief Nurse and AACMD. This program tracked disabled pilots on spreadsheets generated by budget analysts in American's

Human Resources Department (AAHR). Meadows was one of five pilots targeted out of 84, that was earmarked to have his benefits terminated due to cost considerations alone. Meadows had appealed the AACMD improper decision to the Pension Benefits Administration Committee (PBAC) on April 23, 2008. The PBAC was obligated under SUPP-F of the Pilot's Labor agreement to have Meadows evaluated by a "clinical-source". Instead the PBAC used an administrative third party claims reviewer, Western Medical Evaluators (WME), who simply performed a paper file forensic peer reviews. WME wasn't a clinical-source at all, but instead a small workers compensation claims processor, that paid doctors 120% of their normal exam fee to wrongfully deny claimants benefits. WME was staffed by just five clerical employees, and only one Doctor WME's principal, and only doctor who served as the corporate medical director, had previously lost his medical license for fraud, and had it suspended twice thereafter. Meadows was one of the last five pilots, reviewed by WME in June 2008. Interestingly, these very same five pilots, were the same ones targeted in the AAMED cost savings program. Curiously, despite certified requests, WME's doctors could not find or produce any of Meadows medical records used during their forensic peer review. Just one month later in July 2008 WME was shut down by the Texas State Insurance Board, and its principals were indicted for felony medical claim fraud. Sometime, thereafter the pilots union insisted that American change its third party medical review process, and ultimately was successful in ensuring that pilots would receive a proper clinical review by the Mayo Clinic. Unfortunately, American denied Meadows subsequent requests to have his disability re-evaluated by a proper clinical reviewer. So he was forced to at his own expense to have an aviation disability evaluation performed by the Mayo Clinic; where his long-term mental disability was verified, and his diagnosis upgraded to bipolar II disorder. The Mayo Mood Disorder Clinic's psychiatric evaluation, and Aerospace Medicine Departments FAA flight physical evaluation reports were submitted to American in support of the instant disability claim.

The harsh reality is that at the time the AACMD terminated Meadows benefits he had never fully recovered from his original mental disability; to the contrary he has continuously suffered from the very same disabling condition for which his original disability claim was approved. In fact, the AACMD knew this, as his own department's internal records showed Meadows with a diagnosis code of 296.00 (Bipolar II disorder) as early as December 2007. It's clear AAMED concluded Meadows suffered from Bi-polar II disorder, even before his psychiatric evaluation March 5, 2008; which was performed by Nurse Ross, wherein she formally diagnosed him with Major Recurrent Depression, with the possibility of Bipolar II disorder. Only much later, on September 14, 2012 was Meadows diagnosis was upgraded to Bipolar II Disorder by the Mayo Mood Disorder Clinic. This is not unusual, as patients such as Meadows, in the early stages of psychiatric treatment are often initially diagnosed with some form of depression; and then only after many years treatment (typically 8 years) are they properly diagnosed as being Bipolar II.

Now American continues its disingenuous handling of Meadows disability, and intentionally disregarded his recent disability claim as he had applied for it, thereby denying him benefits under the "old" Program with a DDC of April 13, 2003, and the retroactive benefits payments associated with it. Instead, American oddly placed him under some sort of hybrid of the "new" active PLTD Plan, with payments retroactive to only December 13, 2011, and with retiree medical benefits. Meadows is appealing to have his continued disability approved under

the Program, with a DDC of April 13, 2003, and payments retroactive to that date, including the retiree medical benefits associated with that plan. Alternatively, if American chooses to keep Meadows claim under the current PLTD Plan, then his DDC should be moved back to December 28, 2007, with retroactive payments to that date, and he should receive active employee medical benefits associated with that plan.

EXHIBIT 4



Health
Aerospace Medicine

SCHOOL OF MEDICINE
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AEROSPACE MEDICINE PROGRAM

April 2, 2013

Deborah L. Jameson
Manager, Benefits Compliance
American Airlines, Inc.
PO Box 619616, MD #5134-HDQ1
Dallas-Ft. Worth Airport, TX 75261-9616

RE: Lawrence M. Meadows

Dear Ms. Jameson:

I am a Senior Aviation Medical Examiner and reviewed the appeal of Mr. Lawrence Meadows concerning his claim of disability secondary to Bipolar II Disorder. All of the documents that you sent to me were included in my review. Attached please find my report concerning Mr. Meadows.

Thank you for the opportunity to assist in the review of this case.

Sincerely,



Tarah Castleberry, DO, MPH
Senior Aviation Medical Examiner

Report Concerning Mr. Lawrence M. Meadows

This report is based on a review of the records provided to UTMB concerning Mr. Lawrence M. Meadows. My assumption is that these are all the available records and constitute the complete set of records upon which to base our opinion. The instructions to us to perform our review are contained in a cover letter to Dr. Vanderploeg from Ms. Jameson dated February 26, 2013. In particular the instructions state: "It should also be noted that this request for professional medical consultation is to determine disability and treatment compliance only, as referenced in the Plan." Therefore our report focuses on addressing the questions posed in the cover letter, as repeated below. We used the following definitions from the American Airlines Pilot Long Term Disability Plan.

Disability: "an illness or injury, verified through a qualified medical authority in accordance with Section V of the Plan, which prevents a Pilot Employee from continuing to act as an active Pilot Employee in the Service of the Employer, other than:" The list of six exceptions do not apply in this case.

Treatment Compliance:

Section V.

- A. A Pilot Employee's Disability will be considered to have existed (and to continue to exist) only if the Pilot Employee has received and continues to receive qualified medical care consistent with the nature of the illness or injury that give rise to such Disability;
- B. A Pilot Employee's Disability will be considered to cease to exist if (1) health is restored so as not to prevent the Pilot Employee from acting as an Active Pilot Employee in the service of the Company, (2) verification of such Disability can no longer be established or (3) appropriate medical care is wantonly disregarded by such Pilot Employee;

Six questions were posed for the condition. Each question is answered below.

FOR THE BIPOLAR II DISORDER:

1. **Does the evidence reflect presence of this condition? Yes. How was the diagnosis confirmed?** This diagnosis was made through a series of psychiatric evaluations using family, personal medical and psychiatric histories, behavior and symptoms (including hypomania and depression) over time, and response to treatment. Robin Ross, Advanced Practice Registered Nurse, gives a detailed history of the Pilot's psychiatric history and symptoms, treatments, and progress in her letter dated December 11, 2012. Joe Culbertson, MD, saw the Pilot and wrote a letter dated March 27, 2008, concurring with the assessment and diagnosis. Finally, evaluation by Victor Karpyak, MD, PhD, dated September 19, 2011, lists Bipolar II Disorder as the primary diagnosis. He used the Mood Disorder Questionnaire, as well as the PHQ-9 and GAD Questionnaires. **What was the first date the Pilot sought evaluation/treatment for this condition?** Bipolar II Disorder can be difficult to diagnose until a period of time and observation

of patient behavior is noted (see references below under #4). In his Sept 2011 evaluation Dr. Karpyak notes that the Pilot had what he described as his third episode of depression in 1999, but the first time the Pilot presented for evaluation and was treated with antidepressants (Wellbutrin) was when he began seeing APRN Ross on August 26, 2003. This was for symptoms that were diagnosed as Adjustment Disorder with depressed, anxious and irritable mood. APRN Ross states that over a period of time, she noted the presence of symptoms such as binge drinking, impulsivity and poor judgment consistent with Bipolar II Disorder, so the Pilot was treated with Lamictal since 2006. This is a mood stabilizer used in the treatment of Bipolar Disorder. So even though he did not have the diagnosis, he was receiving treatment consistent with the disease since that time. It wasn't until July 2011 that he suffered an episode of hypomania, which eventually resulted in his Mayo Clinic evaluation and diagnosis of this by Dr. Karpyak in September 2011.

Was this diagnosis of a nature and severity that required medical treatment? Yes. Please explain. The Pilot has required treatment of what was diagnosed as Adjustment Disorder, then Recurrent Agitated Depression, and finally Bipolar II Disorder. He has required chronic follow up with Psychiatric team personnel (Ross & Culbertson) for counseling as well as multiple medications (antidepressant, mood stabilizer, and benzodiazepine) to manage his symptoms since 2003. APRN Ross states in the Dec 2012 letter that, "While Mr. Meadows' symptom presentation has varied in character, duration and severity since I first began treating him 9 years ago, he has suffered continuously with a disabling Mood Disorder."

2. **On what date was the Pilot first diagnosed as having Bipolar II Disorder?** He was first diagnosed with Bipolar II Disorder on Sept 14, 2011 by Dr. Karpyak. However, he was started on a mood stabilizer in 2006, and APRN Ross states that over time, he exhibited symptoms of Bipolar II Disorder. Even though he might not have had the diagnosis of Bipolar II Disorder before 2011 per the records reviewed, a mood stabilizer treatment is consistent with this disease.
3. **Does the evidence reflect objective verification of diagnoses? Yes. Please explain.** Multiple providers are clear on the progression over time of the Pilot's symptoms. They also indicate that his family and personal psychiatric histories, questionnaire results, and treatment response is consistent with the diagnosis and the providers are in agreement on all of these aspects.
4. **Does the evidence reflect disability (as defined by the Plan), arising from these diagnoses? Yes. Please explain.** The diagnosis of any mood disorder, including depression and bipolar disorder, "prevents a Pilot Employee from continuing to act as an active Pilot Employee in the Service of the Employer" because of the symptoms associated with these diagnoses. Since 2010, the Pilot could have returned to flight if stable on a dose of an approved SSRI, however, since he has required a mood stabilizer since 2006 and now carries the Bipolar diagnosis, he has symptoms and side effects inconsistent with piloting aircraft and operating in that capacity as an employee. He may likely function in other capacities, just not as a Pilot. **If disability was established, on what date did his disability first arise?** According to APRN Ross, the Pilot has

required treatment of some type for his condition since August 26, 2003. Of course, the diagnosis has changed from Adjustment disorder to Depression to Bipolar II Disorder since then, but as we look at the picture of the Pilot over a period of time, it appears that this was just one of his several episodes in a continuum of symptoms of mental illness. These are outlined by his two primary Psychiatric providers. According to multiple references (see below), Bipolar II Disorder can take a longer period to diagnose because it does not involve overt Mania, but hypomania. Patients tend to present only during depressive episodes and get treatment for recurrent depression until a time when hypomania becomes more apparent and screening for Bipolar Disorder is performed. Treatment consistent with Bipolar Disorder (Lamictal) was started in 2006, although his official diagnosis was on Sept 14, 2011.

References: 1) Lyness, JM. Psychiatric disorders in medical practice. *Cecil Medicine*. 24th ed. Philadelphia, Pa: Saunders Elsevier; 2001: chap 404. 2) Benazzi, F. Bipolar disorder – focuss on bipolar II disorder and mixed depression. *Lancet*. 2007;369:935-945.

5. **Does the evidence reflect ongoing regular medically-appropriate treatment and advice recommended/administered for the Pilot's diagnosis? Yes. Please explain.** APRN Ross documents frequent follow up for psychological counseling as well as symptom and medication checks that have been regular since August 2003. Dr. Culbertson evaluated and concurred with diagnosis and treatment over time. The treatment has been consistent with current practice guidelines as the diagnoses were made.

6. **Does the evidence reflect that the Pilot has sought, received, and complied with medically appropriate treatment recommended/administered for his condition? Yes. The evidence shows that he has sought appropriate care and followed treatment plans. Dr. Karpyak notes that the Pilot went to see his mother's psychiatrist at some time in 2010, and was prescribed Adderall. (This was also during the same time period when he attempted to change his medications from Wellbutrin to the approved SSRIs). Dr. Karpyak recommended that the Adderall be stopped because he thought it was inappropriate for this patient's case, and that he return to the Wellbutrin and Lamictal treatment regimen which was effective. Otherwise, the Pilot is never described as non-compliant. What type, frequency, and duration of treatment is medically appropriate in this case? Please explain.** Recurrent mood disorders in general (and Bipolar Disorder in particular) require frequent and regular follow up and it is recommended that the patients use the same provider. Medications are used in conjunction with psychotherapy and frequent symptom monitoring and assessments. The duration of treatment is lifelong for Bipolar Disorder. Frequency may decrease to 2-4 times per year as the patient exhibits signs of stability on medications and lifestyle changes. Please see references above as well as National Institutes of Mental Health guidelines for diagnosis and treatment.

7. **What is the Pilot's prognosis with respect to this disorder? In this case, having one provider**

follow the Pilot's progression for 10 years is good for his treatment and prognosis. However, with recurrent mood disorders, the Pilot is likely to continue to need lifelong medications and psychiatric follow up.

8. **Is this period of claimed disability a continuation of the Pilot's prior disability (records enclosed), or a new period of disability?** APRN Ross states in her December 2012 Diagnostic Summary letter, "To clarify, this is not a new disability, nor a simple recurrence of his original disability claim which was approved in June 2004. This is a continuation of the same disabling mood disorder, from which he has never recovered. He has continued psychiatric treatment and psychiatric medication since November 2003. There has never been a period since I have been treating Mr. Meadows that he has been free of psychiatric medication. Mr. Meadows has been treated with a combination of psychotropic medication and counseling since November 2003." APRN Ross and Dr. Karpyak give similar opinions that the patient has had a spectrum of symptoms that have evolved over time as the diagnosis of Bipolar II Disorder. Dr. Culbertson has agreed with Ms. Ross's assessment and treatment. This reviewer concurs with that assessment given all of the data provided.

April 2, 2013

Tarah L. Castleberry, DO, MPH
Senior Aviation Medical Examiner

Date

utmb

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AEROSPACE MEDICINE PROGRAM

June 24, 2013

Deborah L. Jameson
Manager, Benefits Compliance
American Airlines, Inc.
PO Box 619616, MD #5134-HDQ1
Dallas-Ft. Worth Airport, TX 75261-9616

RE: Lawrence Meadows

Dear Ms. Jameson:

I am a Senior Aviation Medical Examiner and reviewed the appeal of Mr. Lawrence Meadows concerning his claim of disability secondary to Bipolar II Disorder. At your request, a Board Certified Psychiatrist, Michael Fuller, MD, reviewed the appeal and has provided a report. All of the documents that you sent to me were included in the review. Attached please find Dr. Fuller's report along with my summary and recommendations concerning Mr. Meadows.

Thank you for the opportunity to assist in the review of this case.

Sincerely,



Tarah Castleberry, DO, MPH
Senior Aviation Medical Examiner

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JUN 28 2013

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PBAC

Report Concerning Mr. Lawrence M. Meadows

This report is based on a review of the records provided to UTMB concerning Mr. Lawrence M. Meadows. My assumption is that these are all available records and constitute the complete set of records upon which to base our opinion. The instructions to us to perform our review are contained in a cover letter from Ms. Jameson dated May 22, 2013. Our report consists of a written evaluation from a Board Certified Psychiatrist, Mike Fuller, MD, which focuses on addressing the questions posed in the cover letter and a summary and recommendation by a Senior AME, Tarah Castleberry, DO. We used the following definitions from the American Airlines Retirement Benefit Program since it is the opinion of the specialist that the disability occurred prior to February 1, 2004.

Disability: *"an illness or injury verified through a qualified medical authority that prevents a pilot from continuing to work as a pilot for the Company. The verification of a Disability will be established by the Corporate Medical Director and excludes:"* the list of six exceptions do not apply in this case.

Treatment Compliance and Eligibility for Disability Benefits (Page 22-23 of Pilot Retirement Benefit Program):

- A. *For benefit payments to continue, a pilot must continue to receive qualified medical care consistent with the nature of the illness or injury that resulted in the Disability;*
- B. *Disability benefits end when the pilot: (1) Returns to work for the Company, (2) Can no longer provide verification of the Disability, (3) Wantonly disregards appropriate medical care, (4) Receives 18 months of combined Disability and sick pay with no more than 12 months of Disability benefits for a Disability due to chemical dependency, or (5) Begins receiving Retirement benefits at Early Retirement or on the pilot's Normal Retirement Date."*

Please see report written by Dr. Fuller, enclosed.

Summary and Recommendation

After review of all medical information provided, there is evidence that symptoms of Mr. Meadows's disabling condition, Bipolar II Disorder, first manifested prior to August 2003, when he was initially evaluated and treated for "Adjustment Disorder with depressed, anxious, and Irritable mood," and that he sought and complied with treatment until final diagnosis was made in September 2011. Symptoms and treatments varied throughout the time period, beginning in 2003. He was treated with a myriad of medications including antidepressants, mood stabilizers, benzodiazepines,

and stimulants. The evidence reflects that this is a common continuum and pattern of diagnosis for this disorder, as written by Dr. Fuller in his report, and that the Pilot has been disabled from this condition since his symptoms and treatment period in 2003. I have reviewed Dr. Fuller's assessment and agree with the written report.

Thank you for the opportunity to review this case.



Tarah L. Castleberry, DO, MPH
Senior Aviation Medical Examiner

June 23, 2013

Date

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REPORT OF PSYCHIATRIC RECORD REVIEW

Lawrence Meadows
DOB 03/08/63

Prepared by:

Michael Fuller, M.D.
Psychiatric Forensic and Consultative Services
Department of Psychiatry and Behavioral Sciences
Rebecca Sealy Hospital
The University of Texas Medical Branch
Galveston, Texas 77555-0190

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I. IDENTIFYING INFORMATION

Name of Individual Lawrence Meadows

Date of Birth: 03/08/1963

Date of Evaluation: 6/20/2013

Date of Report: 06/21/2013

Specific Issues(s) Referred for Evaluation

This report is based upon review of numerous records provided by American Airlines relating to an ongoing review of a Disability Application by Pilot Lawrence Meadows. The primary issues to be considered are as follows:

1. Does the evidence reflect objective verification of the presence of the condition, Bipolar Disorder, prior to September 14, 2011? If so, was the condition confirmed to be present, based upon the records supplied, prior to September 14, 2011?
2. On what date did the Pilot's disabling condition of Bipolar II Disorder first manifest itself based upon the information provided.
3. Does the evidence reflect the presence of Bipolar II Disorder as present before September 14, 2011, and for what periods does the evidence reference the condition having manifested itself?
4. Does the evidence reflect the individual was disabled from this condition, Bipolar II, prior to September 14, 2011? If so, and if not disabled for the entire period, what period was he disabled according to the evidence?
5. Does the evidence reflect ongoing and medically appropriate treatment for Bipolar II Disorder for the period prior to September 14, 2011? What period was this treatment appropriate for Bipolar II Disorder?
6. Does the evidence reflect that the Pilot has sought, received, and complied with medically appropriate treatment for Bipolar II Disorder prior to September 14, 2011? What treatment type, duration, and frequency are medically appropriate for such a diagnosis?
7. What is the Pilot's prognosis regarding this Bipolar Disorder?

Procedures, Techniques and Tests Used in the Review

A CD entitled 2nd PBAC Appeal, 372MB, 178 files, 105 folders was reviewed, as well as the Review Request letter, Job Description, and Pilot Retirement Benefit Program. The medical history and information was extracted from the CD.

Response to the Issues Regarding Bipolar Disorder Type II

1. The available evidence suggests that this condition, Bipolar II, existed prior to September 14, 2011. The information gathered at the Mayo Clinic in September 2011 confirms the presence of the diagnosis and the impression that Bipolar II is the unifying diagnosis that best explains the symptoms that the Pilot has experienced for a considerable time prior to this date. Hypomanic and depressed cycling of long standing is noted in this exam and history. Bipolar Disorder has been suspected by his clinician in the record since at least 2008 when a notation

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was made diagnosing him with symptoms of Major Depression but adding the "rule out" of Bipolar, type II.

2. The information provided leads to the conclusion, with good clinical confidence, that the Bipolar Disorder II antedates the Pilot's first attempts at seeking treatment in 2003. While the medical record suggests the clinical impression of Adjustment Disorder, then Major Depression, and then in 2008 suggests a Bipolar Disorder possibility, then confirms this clinically in 2011, the condition described reflects the common continuum and pattern of diagnosis progression frequently seen in this condition. Early hypomanic episodes are often overlooked by patients and clinicians as they may lead to increased productivity and sense of well-being. Often formal diagnosis of the depressive symptoms predate that of hypomanic symptoms by several years even though episodes of hypomania may well have occurred. This appears to be the case for this Pilot.
3. The evidence provided confirms that a Bipolar Disorder was present prior to September 14, 2011. The information provided suggests that the condition has been present since the pilot sought treatment in 2003.
4. The evidence reflects that the Pilot has been disabled, and in continuous treatment, since his first presentation in 2003 and the initiation of appropriate pharmacotherapy.
5. The record reflects appropriate treatment of an individual with depressive symptoms attributable to Bipolar II Disorder throughout his treatment course prior to September 2012. Brief trials of other medication that may have inadvertently worsened the cycling of the disorder were side effect limited and discontinued without consequence.
6. The record reflects that the Pilot has sought, received, and complied with medically appropriate treatment since treatment was initiated. The frequency of treatment with such a disorder may range from weekly to quarterly depending on the degree of symptom control achieved and the specific nature of the illness that is unique to each individual. Pharmacotherapy is likely to be required on a continuous basis according to the information provided and practice standards. Psychotherapy may be of considerable benefit in assisting the Pilot to gain insight into his symptom clusters and more effectively modulate his affect.
7. The Pilot's prognosis with regard to this condition is generally good in that he has not experienced psychotic distortions of his perceptions or a frank manic episode. With ongoing treatment and close monitoring, the likelihood of further deterioration is diminished. The apparent absence of comorbid psychiatric or substance abuse disorders further improves his overall prognosis.

I thank you for inviting me to examine these records. Please feel free to contact me at (409) 747-9722 if I may be of further assistance in this or other matters.


Michael Fuller M.D.

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EXHIBIT 5

ROBIN BROWDY ROSS, M.S., A.P.R.N.
3070 Rasmussen Road, Building 1, Suite 160
Park City, Utah 84098
Phone (435) 645-8013

Psychiatric Evaluation
Lawrence Meadows
2/11/08

Identifying Information Mr. Meadows is a 43 year old, single man who lives with his fiancé and came in for an evaluation for the first time on 8/26/03. He had been working as a pilot with American Airlines for the 13 years prior to his first visit. At the time of this initial visit he had been on sick leave for approximately 3 months because of stress, irritability and difficulty sleeping. He had been prescribed Ativan by his flight doctor for these symptoms.

Chief Complaint and History of Present Illness Mr. Meadows sought evaluation and treatment for symptoms he felt were related to multiple stressors. These included financial, legal and relationship problems. He was experiencing significant symptoms of depression and anxiety. These included irritable and depressed mood, anxiety, diminished appetite and energy, difficulty concentrating, difficulty falling and staying asleep and anhedonia. These symptoms had worsened over the previous three months and he was seeking additional mental health treatment.

Past Psychiatric History Mr. Meadows has had three previous episodes of depression. The first episode occurred in 1986 while serving in the Air Force. He described periods of lethargy, feelings of depressed mood and emptiness. These symptoms lasted for several months. He did not seek treatment during this first episode of depression.

The second episode occurred in 1989 while serving in the Air Force in Germany. During this episode he had feelings of depressed mood and hopelessness. He was withdrawn and sleeping more than usual. In 1990 he sought treatment from the mental health doctor in the Air Force and reports being dissuaded from continuing to seek treatment. Instead he met with the Air Force chaplain for counseling. He later got into legal trouble for fraternizing with an enlisted woman and was court-martialed. He resigned from the Air Force and was eventually honorably discharged.

The third episode of depression occurred in 1999 following multiple stressors including the break up with a girlfriend, and business related problems. He reports severe depression at that time and was treated by his mother's psychiatrist.

Page 2 Lawrence Meadows

Developmental History Mr. Meadows spent his childhood living between Florida and New York. He lived with his mother and stepfather. He had no siblings. He attended many schools between the 4th and 7th grades. This was difficult for him. He was sometimes a bully and got into fights. During adolescence he was irritable and moody. He did well academically without much effort. Following high school he attended Embry-Riddell Aeronautical University where he received his B.S. degree. He was then commissioned as an officer in the Air Force. While in the Air Force in 1986 he reports being bored and dissatisfied with his assignment and attended law school. He attended law school for two years and then was transferred to Germany. Throughout his adult life Mr. Meadows has been involved in multiple concurrent projects and businesses. He enjoys taking risks. There are times that he has made impulsive decisions, such as buying multiple cars. Additionally, he has been involved with complicated businesses that have required carefully planned and detailed decision making. For the most part the impulsive as well as the carefully planned decisions have worked out positively for him.

Family Psychiatric History Mr. Meadows has limited information about his biological father. However, he does report that his father suffered from alcoholism.

There is significant depression on Mr. Meadows' mother's side of the family. She has had a long history of severe depression including psychiatric hospitalization and multiple courses of ECT. Her father abused alcohol. Her brother suffered from severe depression and was also hospitalized for a psychotic episode. She also has two sisters who have been treated for depression. Mr. Meadows reports no family history of Bipolar Disorder.

Drug and Alcohol History Mr. Meadows currently drinks socially. He denies drug use. In his earlier years he reports binge drinking. Alcohol occasionally interfered with his judgment, leading to legal problems in the Air Force. He was arrested at 22 for disorderly intoxication.

Medical History Mr. Meadows has no significant medical problems. In July 2003 he had an injury that resulted in a separated shoulder. He has no allergies.

Page 3 Lawrence Meadows

Course of Treatment Mr. Meadows has been in psychotherapy since August 2003. In addition he was treated with Wellbutrin XL from November 2003 until April 2004. His dose had been tapered down over a period of approximately 6 weeks in March 2004 in anticipation of the possibility of returning back to work in Aug/September. In July his symptoms began to re-emerge and the Wellbutrin XL was restarted. He continued to have remission of symptoms until approximately November 2004, at which time his Wellbutrin XL was increased from 300mg to 450mg. In September 2005 he had some problems with impulsivity and some irritability. He was having difficulty getting out of bed and had some difficulty concentrating. He denied racing thoughts or increased energy or activity. He was also experiencing diminished libido. Lexapro 10 mg/day was added. He had unpleasant sexual side effects from the Lexapro. Because of the sexual side effect profile of SSRI antidepressants, Lamictal was added to augment the effectiveness of the Wellbutrin XL. The Lamictal was slowly titrated to a dose of 200mg/day, which he has been continued since March 2006. In January 2008 Mr. Meadows decreased the Wellbutrin XL from 450mg to 300mg. After approximately 10 days he had re-emergence of depressive symptoms. I advised that he return to the 450mg dosage of Wellbutrin XL.

Current Medication Mr. Meadows takes 200mg of Lamictal and Wellbutrin XL 450mg daily. He takes Ativan as needed for sleep and anxiety.

Diagnostic Impression Initially it appeared that Mr. Meadows was experiencing an Adjustment Disorder with depressed, anxious and irritable mood, triggered by external stressors. As treatment continued it appeared that Mr. Meadows was in fact experiencing a recurrent episode of depression. During the course of treatment Mr. Meadows has experienced symptoms of both melancholic and agitated depression. His earlier history of periods of binge drinking, risk taking, impulsivity and poor judgment raise diagnostic questions regarding the presence of Bipolar II disorder. However, it is my opinion that the intensity and duration of those symptoms do not meet the diagnostic criteria for Bipolar II Disorder, but this should be ruled out over time.

Axis I: Major Depression, Recurrent, R/O Bipolar II Disorder
Axis II: none
Axis III: none
Axis IV: Legal & business problems
Axis V: 71 (with current medication)

Treatment Plan The recurrent nature of Mr. Meadows' mood disorder suggests that without continued psychiatric medication, it is likely that he will have additional episodes of depression. I believe he should continue with counseling. Also, I would strongly suggest that he continue with Lamictal 200mg/day Wellbutrin XL 450mg/day and Ativan 1mg as needed for anxiety and sleep. The Lamictal has been very useful as an augmentation medication and also serves as a good mood stabilizer for Mr Meadows.

T. Bowditch APRN

EXHIBIT 6

JOE C. CULBERTSON. M.D.
Diplomate American Board of Psychiatry and Neurology

Psychiatric Evaluation
Re: Lawrence Meadows

3/27/2008

To: Whom it may concern,

I carefully interviewed Mr. Lawrence Meadows on Feb. 14, 2008 and then I reviewed the excellent evaluation of Mr. Meadows made by Robin Ross. I fully concur with her diagnosis and treatment plan.

The key findings:

1. Inclusively depressive episodes untreated in 1989, 1990, and again in 1999.
2. A good response to antidepressant medication but a relapse to depression each time medication was reduced in 2004 and then again in 2008.
3. A strong family history of Major Depression with his mother receiving multiple courses of ECT, and a maternal uncle requiring a psychotic hospital admission and two maternal aunts treated for depression.

This history indicates that Mr. Meadows will continue to relapse if he goes off his medications. I would expect that he would need to be on medication for the rest of his life. I concur that he should continue with Lamictal 200mg, Wellbutrine XL 450 mg, and Ativan 1 mg. as needed for sleep.

If you need further assistance, please feel free to call me at 801-355-9770.

Thank you,


Joe C. Culbertson

EXHIBIT 7

FROM :

FAX NO. :

Mar. 05 2008 09:09PM P1

FAX

Date: March 5, 2008
To: Dr. Martin
From: Robin Browdy Ross, A.P.R.N.
Phone: 435 645-8013

RE: Lawrence Meadows

Dr. Martin,

Here is my completed psychiatric evaluation of Lawrence Meadows. He was evaluated additionally by Dr. Joe Culbertson, who will be faxing his report to you separately. Please feel free to contact me if you have further suggestions.

Robin Ross

Quay C. Snyder, MD, MSPH
W. Keith Martin, MD, MPH

Phillip E. Parker, MD, MPH
Robert W. Weien, MD, MPH

April 29, 2008

To Whom It May Concern

RE: Lawrence M. Meadows
DOB: 3/8/63

Mr. Meadows has requested the assistance of our office in providing a current medical status as it relates to FAA Medical certification. Mr. Meadows is currently prohibited from exercising the privileges of an Airman's Medical Certificate under the provisions of Part 67 of the Federal Air Regulations (FAR) for his current diagnosis and treatment.

He is medically disqualified for an indefinite period of time and will require review by the Federal Aviation Administration prior to return to flying, assuming a favorable outcome. Based on his current status and history, I would anticipate his disqualification to be long term.

I trust this provides the required information. Please contact this office for any questions related to this matter. Thank you.

Sincerely,



W. Keith Martin, M.D.

WKM: jc/do

cc: Lawrence M. Meadows

Professional, Confidential...Our Physicians, Your Solution!

EXHIBIT 8

September 19, 2011

Victor M. Karpyak, M.D., Ph.D.
Department of Psychiatry & Psychology

Philip Layfield, M.D.
100 Wilshire Blvd, Ste 950
Santa Monica, CA 90401

RE: Mr. Lawrence M. Meadows
MC#: 7-249-566
DOB: 1963-3-8

Dear Dr. Layfield:

Mr. Lawrence M. Meadows visited Mayo Clinic Department of Psychiatry recently.

Our assessment and recommendations were:

- Bipolar II disorder

Mr. Meadows reveals history of several well-described depressive episodes which responded well to treatment with Wellbutrin and, more recently, with augmentation treatment with Lamictal. Review of his efforts to change the dose of Wellbutrin or switch to other medications clearly indicates that these attempts resulted in deterioration of his mood and development of depressive episodes, which resolved after reinstatement of treatment with Wellbutrin in proper dose. In fact, more recently, his attempts to taper down Wellbutrin and start treatment with Zoloft resulted in him feeling "not quite out of depression," in addition to sexual side effects which developed after initiation of Zoloft. As such, in my opinion, it will be beneficial for Mr. Meadows to taper off and discontinue Zoloft while, at the same time, going back to the full dose of Wellbutrin, 450 mg, which was helpful in the past.

Mr. Meadows also provides a clear history of episodes of hypomania which last approximately for two weeks and are characterized by the preoccupation with specific projects, increased level of motivation, decreased need for sleep, and elevated mood. There is no evidence, to the best of my knowledge, that would indicate that any of these episodes was accompanied by psychotic features or resulted in full-blown mania. Thus, in my opinion, Mr. Meadows meets diagnostic criteria for bipolar II disorder. Providing that his most significant problem is related to depression, I think it will be reasonable to continue treatment with Lamictal which is known to be a mood stabilizer with predominantly antidepressive effect.

We discussed, with Mr. Meadows, potential risks related to the use of Adderall. In my opinion, the use of this medication to control his energy level is not appropriate. In addition, it creates risk for switching to mania. It may also interfere with his sleep and contribute to irritability. I would recommend to discontinue this medication. I would anticipate that, after a couple of weeks, which may be characterized by rebound

Philip Layfield, M.D.
(7-249-566) Mr. Lawrence M. Meadows

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September 19, 2011

decrease of energy level, Mr. Meadows will be able to restore his normal energy by maintaining a regular exercise regimen and a normal sleep-wake cycle. I also advised him that if, in the future, he will be interested in testing for attention deficit problems, this testing can be done after discontinuation of Adderall.

We also reviewed potential benefits of genetic testing for P450 enzymes, on Mr. Meadows request. I explained to him that these tests are utilized to identify reasons why some of the patients are not responding to regular dosages of antidepressant medications or have intolerable side effects. In my opinion, in his current circumstances, when it is clear that Wellbutrin is the medication which he tolerates well and responds to well, there is no added benefit from the use of P450 testing. However, I also advised him that, with age, he may develop medical conditions which will require treatment with new medications. At that point in time, it may be beneficial to use P450 and other pharmacogenetic testing in order to guide the choice of medications.

I also recommended that Mr. Meadows should continue maintaining close communication with his primary psychiatric providers who will be able to help him with monitoring his mood problems and advise about potential need for change in treatment strategies.

Mr. Meadows was given opportunity to ask questions which were answered to his satisfaction. He stated he will follow recommendations.

SUICIDE RISK ASSESSMENT

Risk factors: This is a 48-year-old Caucasian gentleman with a history of depression and remote history of alcohol misuse.

Protective factors: He has good access to medical and psychiatric care; support from his wife; and has no history of suicidal or homicidal ideation.

Risk level: His risk level at present time assessed to be low.

DSM-IV-TR FORMULATION

Axis I: Bipolar 2 disorder, in partial remission, on medications.

Axis II: Deferred.

Axis III: Elevated cholesterol and triglycerides.

Axis IV: Significant stress related to financial problems.

Axis V: GAF current 70.

BIPOLAR: The diagnosis of bipolar disorder was reviewed as a treatable disease. The treatment of his mood disorder optimally should include both pharmacotherapy and psychosocial interventions. It is an episodic illness that requires multifaceted strategies to maintain wellness. Drug and alcohol use, antidepressants, and thyroid imbalance can contribute to mood cycling with treatment recommendations geared towards reducing the cycling pattern.

Philip Layfield, M.D.
(7-249-566) Mr. Lawrence M. Meadows

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September 19, 2011

SUPPORT: A support network is important by staying connected with family and friends. Educating themselves by reading and using the internet the resource Depression and Bipolar Support Alliance, www.dbsalliance.org. Family and friends can benefit with connecting with the National Alliance for the Mentally Ill by logging on to www.NAMI.org, or locating their local organization in their community. The brochure MC4265 Information for Families of People with Psychiatric Illness was provided.

STRESS: Emphasis was placed on a regular daily schedule and lifestyle to promote wellness. A well balanced diet and regular physical activity should be part of his routine. Healthy habits lead to a balanced lifestyle. Evidence does support that regular physical activity is beneficial for improving sleep and reducing stress. Information provided: MC1156 Understanding Depression Information was provided, Passive Muscle Relaxation and Tropical Island Imagery CD, The Mind/Body Approach to Stress Management .

CRISIS PLAN: Briefly discussed suicide awareness and advised to develop a crisis plan using Your Crisis Action Plan pamphlet; especially signs of relapse and triggers for instability.

PATIENT EDUCATION: Mr. Meadows is ready to learn, no apparent learning barriers were identified; learning preferences include listening. The diagnosis and plan were reviewed. The patient expressed an understanding and these questions were answered. The corresponding Mayo pamphlets were provided and pertinent areas and highlighted as it was discussed.

Enclosed is the clinical documentation which summarizes our impressions and recommendations (Karpyak, Victor M: Sep-14-2011). I have also included the most recent laboratory results report.

We appreciate having the opportunity to see your patient. If I can be of any further assistance in Mr. Meadows's care, please contact me.

Sincerely,



Victor M. Karpyak, M.D., Ph.D.

VMK:hab
Enclosures

cc: Mr. Lawrence M. Meadows

Clinical documents for Mr. Lawrence M. Meadows (7-249-566)

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14 Sep 2011 - Specialty Evaluation, Victor Mironovich Karpyak, Psychiatry**REFERRAL**

Robin Browdy Ross, MS APRN
370 East South Temple, Suite 550
Salt Lake City, Utah 84111

CHIEF COMPLAINT/PURPOSE OF VISIT

Patient is seen for evaluation and treatment recommendations related to his mood problems on request from his primary psychiatric provider Ms. Robin Browdy Ross.

HISTORY OF PRESENT ILLNESS

I reviewed available records including evaluation request from Ms. Robin Browdy Ross, dated August 5, 2011, evaluation summary signed by Ms. Robin Browdy Ross, dated February 2008. I have also reviewed psychiatric evaluation summary compiled by supervising psychiatrist Dr. Joe Culbertson, dated March 27, 2008.

I have reviewed evaluations compiled by FAA-appointed physicians, dated April 29, 2008, and September 26, 2008. I have reviewed extensive lab work results, dated July 19, 2010. I have also reviewed the results of the PHQ-9, GAD-7, and other screening questionnaires completed by Mr. Meadows today. I personally evaluated the patient and discussed his case with the Mary Jo Moore, R.N.

Detailed history of patient's psychiatric problems are presented in the summary provided by his primary psychiatric provider Ms. Robin Browdy Ross. In brief, Mr. Meadows is a 48-year-old Caucasian gentleman from Park City, Utah, who is a former Airforce and American Airlines pilot, retired due to mental illness. He recalls at least two episodes of depression during his service in the Air Force, in 1986 and 1989. Both episodes lasted for at least several months and were characterized by periods of decreased energy, low motivation, depressed mood, and lack of interest in pleasurable activities. In both cases, he avoided use of any medications because he was afraid that he may be dismissed from the service. He ended up resigning from the Air Force in order to avoid negative consequences related to legal charge associated with fraternizing with an enlisted female member of the Air Force.

The third episode of depression started in 1999, in the context of multiple stressors. At this time, he was first evaluated by a psychiatrist who was also treating his mother and prescribed antidepressants. He recalls that the most efficient antidepressant for him was Wellbutrin. He recalls that initially effect was achieved by a relatively low dose of 150 mg per day. Later on, the dose was gradually increased up to 450 mg which seems to be helpful. He recalls that his attempts to discontinue or taper down the dose of Wellbutrin always resulted in development of depressive symptomatology. His attempts to discontinue Wellbutrin or replace it with an SSRI antidepressant were mostly associated with the fact that he was trying to get back to flying airplanes and found out that he can do it if he is being treated with an SSRI antidepressant, but not with Wellbutrin or Lamictal, which was added to his treatment to augment the effects of Wellbutrin.

During the last several years, Mr. Meadows is being followed by Ms. Robin Browdy Ross who is his primary psychiatric provider. He feels that he has good communication with her and meets with her regularly, at least once a month. On his request, attempts were made by Ms. Browdy Ross to taper down off Wellbutrin and initiate treatment with Lexapro and most recently with Zoloft. Unfortunately, Mr. Meadows noticed that Lexapro and Zoloft had significant sexual side effects, and the addition of either of those medications was not sufficient to substitute for decreased dose of Wellbutrin.

During the last several years, Mr. Meadows has been under significant stress related to financial problems and litigations related to his real estate business. During the last couple of years, these circumstances seems to have precipitated periods of depression with lack of energy and motivation. During one of these periods, he was evaluated by a psychiatrist who is treating his mother. It was recommended that he should start treatment with Adderall to address his lack of energy. He continues to take this medication on a regular basis, mostly to augment his level of alertness and make it easier for him to deal with multiple tasks and

Clinical documents for Mr. Lawrence M. Meadows (7-249-566)

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responsibilities that he has been taking on during the last several years. Of note, Mr. Meadows is aware that his primary psychiatric provider Ms. Browdy Ross was not in favor of treatment with Adderall as she was concerned about potential conversion of his mood into manic state.

In addition to periods of depression, Mr. Meadows describes periods of "bursts of energy" which typically last about two weeks. He stated that, during these periods of time, he feels driven to complete specific tasks which are of high interest for him (i.e., restoring cars or building new houses). He recalls that, during these periods of time, he has decreased need for sleep (i.e., four hours per day), feels that his thought processes and creativity are quite high, and he is able to achieve completion of pretty complex projects in relatively short periods of time. These periods usually end up with abrupt switch to decreased level of energy, increased need for sleep, and somewhat depressed mood.

Today Mr. Meadows described his mood as good. He stated that overall he feels that his mood problems are relatively well controlled. However, he expressed interest in discussing the possibility of discontinuation of treatment with Wellbutrin and Lamictal and replacement of these medications with an SSRI antidepressant. He stated that he is hopeful that this will allow him to get permission to fly again.

RATING SCALES: The rating scales reviewed with this evaluation include the Mood Disorder Questionnaire that was positive for bipolar disorder with 8/13 items checked with concurrence (yes) and moderate problem. A PHQ-9 score of 11/27, consistent with moderate (10-14) depression with no days (0) of thoughts he would be better off dead. Generalized Anxiety Disorder Questionnaire was 7/21, indicating moderate (6-10) anxiety. Audit questionnaire was negative, range of 0-7, with a score of 7. ADHD symptom checklist was 4/6 in the shaded areas. Patient has been provided a copy of Patient Bill of Rights and had the opportunity to discuss with this clinician.

REVIEWED INFORMATION WITH PATIENT AS NOTED ON THE CURRENT VISIT INFORMATION FORM, DATED 14 SEP 2011 AND ON THE PATIENT FAMILY HISTORY FORM, DATED 14 SEP 2011.

CURRENT MEDICATIONS

Adderall 10 mg tablet 1 TABLET by mouth two times a day.
Instructions: taken since 7/2010.

Ambien 10 mg tablet 1 TABLET by mouth as needed.
Indication: sleep.
Instructions: taken 4 times in two weeks.

Amino Acid capsule by mouth one time daily.

Ativan 2 mg tablet one-half tablet by mouth as directed by prescriber as needed.
Indication: sleep and anxiety.
Instructions: taken 2 times in last two weeks.

Lamictal 200 mg tablet 1 TABLET by mouth every evening.
Instructions: taken since 2008.

Wellbutrin XL 300 mg tablet sustained release 24 hour 1 TABLET by mouth every morning.
Instructions: taken since 11/2003 highest dose 450 mg.

Zoloft 100 mg tablet 1 TABLET by mouth every morning.
Instructions: taken since 6/10.

protandim* (Free Text Entry) 1 one time daily.
Indication: antioxidant.

These are the patient's medications as of Wednesday, September 14, 2011 at 7:51 AM.

Clinical documents for Mr. Lawrence M. Meadows (7-249-566)

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ALLERGIES/ADVERSE REACTIONS

Medication:

****NO KNOWN MEDICATION ALLERGIES****

Non-Medication/Food:

Radiology:

Allergies above current as of Wednesday, 14-Sep-2011 at 07:51.

PAST MEDICAL/SURGICAL HISTORY**PAST MEDICAL HISTORY**

Past medical history is significant for elevated level of cholesterol.

SUBSTANCE USE HISTORY

In regards to substance use history, Mr. Meadows admitted that, during his service in the Air Force, there were periods when he would consume significant amounts of alcohol in a binge pattern and was twice arrested by the police due to reckless behavior while intoxicated. However, there were no official charges filed. More recently, according to AUDIT, he consumes alcohol two to four times per month, one to two drinks per occasion. He denied use of other substances.

SOCIAL HISTORY

He is currently on disability but continues to be involved in real estate business. He is married and lives with his wife, has one daughter. He denied use of tobacco.

FAMILY HISTORY

Family history is significant for alcohol abuse in both parents and grandparents and his daughter. His mother has also been diagnosed with depression and had several ECT treatments.

VITAL SIGNS

Height: 170.0 cm. Weight: 87.60 kg. BSA(G): 2.06 M2. BMI: 30.311 KG/M2. (14-Sep-2011 07:29)

Blood Pressure: 138/82 mmHg, single reading, right arm sitting. Pulse Rate: 97/minute. (14 Sep 2011 07:53)

PHYSICAL EXAMINATION**MENTAL STATUS EXAMINATION**

The patient was casually dressed and well groomed. He was fully alert, oriented to time, place, and self. He was able to maintain good eye contact. His speech was slightly increased in rate and volume and seemed to be pressured at times. Thought process seems to be linear, but somewhat tangential. Thought content revealed no signs of delusions or grandiosity. Perception revealed no signs of hallucinations. Cognition and memory seemed to be intact. Attention and concentration intact. He has fair insight and judgment. He reveals motivation to follow recommendations. He described his mood as good. His affect seems to be stable, appropriate, and of full range. He revealed no signs of suicidal ideation. He was cooperative with evaluation and seems to be a reliable historian.

LAB REVIEW

The only labs available were collected on July 19, 2010, and revealed elevated cholesterol level (206), elevated triglycerides (440), low HDL cholesterol (29), and somewhat increased percentage of free testosterone (2.26) with normal total testosterone level (297), and normal free testosterone level (67). Other labs including CBC, blood chemistry, total T3, PSA, HDA, sulfate are within normal limits.

IMPRESSION/REPORT/PLAN**#1 Bipolar II disorder**

Mr. Meadows reveals history of several well-described depressive episodes which responded well to treatment with Wellbutrin and, more recently, with augmentation treatment with Lamictal.

Clinical documents for Mr. Lawrence M. Meadows (7-249-566)

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Review of his efforts to change the dose of Wellbutrin or switch to other medications clearly indicates that these attempts resulted in deterioration of his mood and development of depressive episodes, which resolved after reinstatement of treatment with Wellbutrin in proper dose. In fact, more recently, his attempts to taper down Wellbutrin and start treatment with Zoloft resulted in him feeling "not quite out of depression," in addition to sexual side effects which developed after initiation of Zoloft. As such, in my opinion, it will be beneficial for Mr. Meadows to taper off and discontinue Zoloft while, at the same time, going back to the full dose of Wellbutrin, 450 mg, which was helpful in the past.

Mr. Meadows also provides a clear history of episodes of hypomania which last approximately for two weeks and are characterized by the preoccupation with specific projects, increased level of motivation, decreased need for sleep, and elevated mood. There is no evidence, to the best of my knowledge, that would indicate that any of these episodes was accompanied by psychotic features or resulted in full-blown mania. Thus, in my opinion, Mr. Meadows meets diagnostic criteria for bipolar II disorder. Providing that his most significant problem is related to depression, I think it will be reasonable to continue treatment with Lamictal which is known to be a mood stabilizer with predominantly antidepressive effect.

We discussed, with Mr. Meadows, potential risks related to the use of Adderall. In my opinion, the use of this medication to control his energy level is not appropriate. In addition, it creates risk for switching to mania. It may also interfere with his sleep and contribute to irritability. I would recommend to discontinue this medication. I would anticipate that, after a couple of weeks, which may be characterized by rebound decrease of energy level, Mr. Meadows will be able to restore his normal energy by maintaining a regular exercise regimen and a normal sleep-wake cycle. I also advised him that if, in the future, he will be interested in testing for attention deficit problems, this testing can be done after discontinuation of Adderall.

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Clinical documents for Mr. Lawrence M. Meadows (7-249-566)

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DIAGNOSES

#1 Bipolar II disorder

Original: VMK:mjm by vmk

Electronically Signed: 15 Sep 2011 14:17 by V.M. Karpyak, MD, PhD
