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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

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RECEIVED
CIRCUIT COURT
MULTNOMAH COUNTY

3 STATE OF OREGON, Acting by and through
4 the BOARD OF MEDICAL EXAMINERS,

Plaintiff,

Case No. 9903-02683

v.

AFFIDAVIT OF JANINA KNEELAND

6 PAULA R. BICKLE,

Defendant.

9 I, Janina Kneeland, N.D., being first duly sworn do depose and say as follows.

10 1. I, Janina Kneeland, N.D., work at Cascade Health Group, at 9310 SE Stark St, Portland,
11 Oregon. I am a Naturopathic Doctor and an Acupuncturist. I was trained at the National College
12 of Naturopathic Medicine, in Portland, and the Oregon College of Oriental Medicine. I've been
13 licensed as a Naturopathic Physician for over five years. I have been practicing Naturopathic
14 Medicine since 1995. Since late August of 1999, I've been practicing at Cascade Health Group
15 here in Portland. Paula Bickle, Ph.D. in Nutrition, owns the Cascade Health Group.

16 2. I was hired in August to be the Medical Director for the Cascade Health Group. My pay
17 was based on a percentage of what I bring in on my office visits. I was to be there three days a
18 week. My role as Medical Director, however, has since changed. In accordance with Paragraph
19 12b(1) of the Stipulated Judgment in this case, and in accordance with my agreement with Ms.
20 Bickle, I, as the Medical Director was to see all new patients at Cascade Health Group before
21 Ms. Bickle saw them.

22 3. When I first began working at Cascade Health Group, Paula Bickle would see the
23 patients for what was supposed to be nutritional counseling. On many of those occasions, I had
24 not previously seen the patient. Even though I had not previously seen a patient, on numerous
25 occasions, I would see the patient after their encounter with Ms. Bickle. On these occasions, I
26 would discover from the patient's chart, that Ms. Bickle had already recommended a course of

1 treatment, including various proposed courses of lab work, hormone treatments (by injection),
2 and IV treatments. If I had not seen the patient when Ms. Bickle requested such lab work and
3 orders, I would not approve her requests. I would have the patient make an appointment with
4 me. When I had contact with the patients who had seen Paula Bickle first, it was not uncommon
5 for the patient to have already been told by Ms. Bickle the tests or treatment Paula Bickle
6 wanted.

7 4. With respect to new patients for whom I had ordered lab work before they were seen by
8 Ms. Bickle, Ms. Bickle would have them schedule an appointment with her so that she could go
9 over the lab results with them. In subsequent conversations with the patients or by other means,
10 I learned that Ms. Bickle had told the patients her opinion of the meaning of the lab results, and
11 had advised the patients to follow a particular course of treatment. Ms. Bickle often provided
12 this advice to clients before I had discussed the results with the patient or with Ms. Bickle, and
13 without having discussed such advice with me. I raised an objection to Paula Bickle about this
14 because by reviewing the lab results directly with the patient, without my first seeing them, she
15 was diagnosing them.

16 5. I have observed that everyone at the Cascade Health Group refers to Paula Bickle as "Dr.
17 Bickle". Although she has a Ph.D. in nutrition, referring to her as "doctor" in a health clinic
18 misleads some of the patients to believe she is a medical doctor. ^{Several} ~~Most~~ patients seem really
19 surprised when I inform them that Paula Bickle has a Ph.D. in nutrition and that she is not a
20 physician.

21 6. Although the Stipulated Judgement requires a physician to be on site whenever Paula
22 Bickle provides treatment; there have been several occasions where I have come to work and
23 found no physician on the premises when patients were receiving either an intravenous
24 vitamin/mineral IV or chelation therapy--a form of invasive treatment using injections that are
25 designed to remove toxins from the body. On two occasions, I came into the clinic and saw that
26

1 Paula Bickle was injecting DMPS (2,3-Dimercapto-1-Propane Sulfonic Acid, Na Salt) into a
2 patient. This drug is for chelation of mercury.

3 7. On January 18, 2000, at about 10:00 a.m., I entered the clinic and read some lab work
4 that indicated that Paula Bickle had drawn blood on a certain patient that morning. I did not see
5 any other physician at the clinic. I had authorized the request for the lab tests on that patient, but
6 no physician was on site when Paula Bickle drew the blood. I am unaware as to Paula Bickle's
7 training related to blood draws.

8 8. On March 2, 2000, I was scheduled to be at the clinic around 10:30. I arrived at 10:38. I
9 walked into the IV room and there were a couple of patients there with IV's already in progress.
10 There was no physician on the premises prior to my arrival; Paula Bickle had started these IV's.
11 There also had been three blood draws that morning before I arrived at the clinic. When I read
12 the chart note for one of the patients, I read that Ms. Bickle had written down that I had been
13 present for the IV. This was not true. I was not present when this treatment started.

14 9. When I got to work in the morning on March 14, 2000, IV's were in progress on two
15 patients. They looked like they were about half done, so they probably had been started an hour
16 before I arrived. There was no physician at the clinic until I got there. The IV's contained
17 vitamin and minerals.

18 10. It is not uncommon for Paula Bickle to line up IV charts the evening before the morning
19 the patients are due to arrive. She will actually write everything in the file the night before,
20 except the patients' blood pressures. For example, she will write the contents of the IV and the
21 amount of each substance in the mixture. If Ms. Bickle needs to make changes, she lines out the
22 information written in previously and puts in the new information. This is improper medical
23 procedure; chart notes are a record of what you did, not what you think you are going to do.

24 11. There have been several cases where Paula Bickle and I have disagreed about how to
25 treat a patient. The one that stands out the most is an elderly patient who was having heart
26 eurhythmia. Heart eurhythmias are irregular heartbeats, which can lead to heart attacks. This

1 patient was receiving a daily oral intake of about 650-mg of potassium. She was also receiving
2 2ml of potassium in her vitamin/mineral IV once or twice a week. Paula Bickle had prescribed
3 the potassium.

4 12. According to my training, one of the causes for heart eurhythmias could be related to
5 having too much potassium. I suggested that the patient begin reducing her potassium intake by
6 half so that we could assess to see if we saw any decrease in the eurhythmias. Right after
7 decreasing the potassium, the patient stated to me that prior to decreasing the potassium she
8 would go to bed at night with a feeling like her skin was crawling. This feeling stopped with just
9 reducing the potassium by 300 mg a day. This led me to believe we were on the right track, so I
10 had her discontinue all oral potassium and even took the potassium out of her intravenous
11 supplement. I encouraged her to just get potassium from of her diet. She was eating plenty of
12 bananas and broccoli, which are natural sources of potassium.

13 13. The patient had an appointment with Paula Bickle I believe the following week. Her
14 eurhythmias were actually getting better. Paula Bickle believed this patient needed the
15 potassium to treat the eurhythmias and put her back on potassium. I believe she suggested that
16 the patient take three or four hundred mg of potassium orally and wanted potassium back in her
17 IV. Paula Bickle called me into the room where she was discussing this with the patient. We got
18 into an argument about the appropriateness of the potassium in front of the patient. The patient
19 decided to follow Paula Bickle's recommendation and she went back on the potassium. I
20 refused to let her have it in her IV. This patient's care was subsequently transferred to another
21 physician.

22 14. Because of this problem with this patient, I placed a memo in the patient's medical file
23 documenting my decision on changing the potassium treatment for her and the disagreement
24 which had occurred between Paula Bickle and myself. This memo disappeared from the file. I
25 printed another copy of the memo and placed it in the file. Prior to placing the memo in the file
26 the second time, I showed the memo to the nurse and the receptionist. The memo has been

1 removed again. I showed the memo to the nurse and receptionist because this was not the first
2 time information has disappeared out of medical files.
3 15. Paula Bickle wrote an order to do a CT scan for another patient because she was
4 experiencing some headaches. I didn't think it was warranted. A CT scan is very expensive and
5 the patient did not have the symptoms to suggest a tumor or other condition that would justify
6 this test. Paula Bickle wrote out an order for a CT Scan and faxed it from Cascade Health Group
7 to the patient's primary care physician and signed it "Dr. Paula Bickle", without noting that she
8 was a Ph.D. I do not recall who the primary care physician was and I do not believe the CT Scan
9 was ever completed. I saw the order because the original order was faxed to the primary care
10 physician and then placed in the patient's file. I am the patient's treating physician at Cascade
11 Health Group and observed the order in her file.

12
13 Janina M. Kneeland N.D.
14 JANINA KNEELAND, N.D.

15 Subscribed and sworn to before me this 4th day of May, 2000.



20
21 Donna Miles
22 NOTARY PUBLIC FOR OREGON
23 My Commission Expires: 8/22/03
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5 Plaintiff,

6 v.

7 PAULA R. BICKLE,

8 Defendant.

Case No. 9903-02683

AFFIDAVIT OF GLEN CAMPBELL

9 I, Glen Campbell, being first duly sworn do depose and say as follows.

10 1. I am and was at all times material to this Affidavit employed by the Oregon Board of
11 Medical Examiners where I serve as the Board's Compliance Officer. In that capacity I am
12 familiar with the Board's file relating to Paula Bickle and I am aware of communications
13 between the Board and Ms. Bickle related to her compliance with the Stipulated Judgment and
14 Decree entered in this case. On August 17, 1999, I went to Cascade Health Group to conduct an
15 audit of Paula Bickle's compliance with the Stipulated Judgment and Decree, which the Court
16 had signed on April 29, 1999.

17 2. During the August 17th audit, Paula Bickle introduced me to Dr. Janina Kneeland, a
18 Naturopathic Doctor. Paula Bickle told me that Dr. Kneeland was the new Medical Director for
19 Cascade Health Group and that this was her first day of work.

20 3. Paragraph 7 of the Stipulated Decree and Judgement requires Paula Bickle to notify the
21 Board of Medical Examiners in writing of any changes in the identity and/or qualifications of her
22 Medical Director or any other physician who provides medical services at Cascade Health
23 Group. This notification must be made within ten days.

24 4. Although Paula Bickle verbally informed me on August 17th that Dr. Kneeland was the
25 Medical Director, the Board has never received written notification that Dr. Kneeland is the
26 Medical Director of the Cascade Health Group. Subsequent to my audit on August 17, 1999, I

1 have learned that a number of physicians (both medical doctors and naturopathic physicians)
2 have worked at Cascade Health Group after April 29, 1999 (the date of the Decree and
3 Judgment) without written notice being provided to the Board. These other physicians include
4 Dr. Brian McCoy, ND; Dr. Steven Rotter, MD; Dr. Jay Mead, MD; Dr. Lee, ND; and Dr.
5 William Connor, MD.

6 5. On February 1, 2000, I went to Cascade Health Group to conduct another audit. I had
7 received information that a doctor of Chiropractic Medicine was going to be at the clinic in an
8 attempt to satisfy a condition of the Stipulated Judgement and Decree that a Medical Director
9 must be on the premises of the Cascade Health Group whenever invasive treatment, including
10 intravenous treatments are given to patients.

11 6. Unlike physicians or naturopathic physicians, chiropractic physicians are not authorized
12 to administer any substance by the penetration of the skin or mucous membrane of the human
13 body for therapeutic purpose, ORS 684.025.

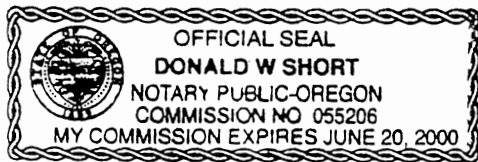
14 7. When I arrived at Cascade Health Group on February 1, Paula Bickle indicated that she had
15 three patients involved in intravenous IV treatments. According to Paula Bickle, Dr. William
16 Connor, MD had been at the clinic when these IV's were started. She said the IVs had started


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1 around 1:00 p.m. and that Dr. Connor had left for lunch about 10 minutes before I arrived. I
2 arrived around 1:45 p.m. and stayed until approximately 2:45 p.m. No physician was on site
3 while I was at Cascade Health Group on February 1, 2000.

4 
5 Glen Campbell

6
7 Subscribed and sworn to before me this 28th day of April, 2000.



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10 NOTARY PUBLIC FOR OREGON

11 My Commission Expires: June 20, 2000

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Plaintiff,

v.

PAULA R. BICKLE,

Defendant.

Case No. 9903-02683

AFFIDAVIT OF JENNY BROWN

I, Jenny Brown, R.N., being first duly sworn do depose and say as follows.

1. I, Jenny Brown, live at 2019 NE 179th L-59, Ridgefield WA 98642. I have been a Registered Nurse for approximately 9 years. I am currently working for Olsten Health Services in Washington. I have previously worked in Emergency Room nursing, ICU (intensive care) nursing and Medical/Surgical Oncology nursing in Michigan. I also have been a Director of Nursing for a home IV infusion company prior to moving to the West Coast.

2. I began working for the Cascade Health Group on a full time basis the first week of April 1999, and worked there until I was laid off during the first week of January 2000. Throughout this time I worked 36-40 hours a week. After being laid off, I was asked to work one day in February and one day in March 2000.

3. While working for Cascade Health Group I was the one who most often drew blood from patients and I was also the one who most often administered IV (intravenous) therapy when such therapy had been prescribed by a physician, as set forth in a signed order. I also did hormone injections, and chelation with DMPS or EDTA agents.

1 4. When I first went to work at Cascade Health Group, I was unaware of the Stipulated Judgment
2 ,and Decree that affected Paula Bickle and the operation of the clinic. I did not find out about the
3 judgment until August of 1999, when the Board of Medical Examiner's Compliance Officer, Glen
4 Campbell, came to check the clinic's compliance with the judgment. Paula Bickle then provided a copy
5 of the judgment to me and I read it.

6 5. I learned from reading the judgment that a physician's orders at Cascade Health Group were null
7 and void after the last day the physician worked at the clinic. Paula Bickle had informed me that orders
8 from physicians who had left Cascade Health Group were good for 60 days and I had provided services
9 to patients based on that information that I would not have provided had I known that the physician's
10 orders were void after the last day of work.

11 6. I also noted from the Stipulated Judgment that Paula Bickle was not to diagnose, treat, or see a
12 patient prior to the patient being seen by a doctor. During my employment with Cascade Health Group,
13 I had observed many patients who did not see a doctor first. Patients were seeing Paula Bickle first and
14 then they would see the doctor. Whenever I pointed out that patients had not been seen by a doctor first,
15 there would be a quick five-minute meeting between Paula Bickle and the doctor. A written order for
16 the patient to see Paula Bickle would then be generated.

17 7. I also noticed while working at Cascade Health Group that the staff and the patients referred to
18 Paula Bickle as "Dr. Bickle". Paula Bickle signed most paperwork with "Dr." in front of her name
19 and I do not recall her adding Ph.D. to her name. Sometimes I would explain to the patient that Dr.
20 Bickle was not a medical doctor but had a Ph.D. in nutrition. I could see the surprise on the patients'
21 faces when I told them that. One patient said that she would have never come to the clinic if she had
22 known that Paula Bickle was not a regular medical physician.

23 8. While I was working for Cascade Health Group, there were a number of physicians who worked
24 at the clinic. Cascade Health Group did not have a permanent Medical Director until Dr. Kneeland was
25 hired in August of 1999. Prior to hiring Dr. Kneeland, Dr. MacCoy would see patients maybe once a
26 month. He was living in Idaho but came over sometimes. There was also a Dr. Lee who worked at the

1 clinic half a day on Wednesdays. Dr. Lee is a medical doctor. In April of 1999, Martin Levelle, a
2 Naturopathic Physician, also worked at the clinic. Dr. Levelle was there Monday through Thursday.
3 Between August and December of 1999, Steven Rotter, M.D, worked at the clinic. Around the
4 beginning of December 1999, Jay Mead, M.D. was hired and is currently there. I believe he is leaving at
5 the end of March 2000.

6 9. I am personally familiar with a number of incidents where Paula Bickle would see a patient, tell
7 the patients she was the hormone expert and then diagnose the patient, all without having had the patient
8 see a physician first. Typically, she has informed patients that they need hormone replacement therapy.
9 She would decide the dose amount for an injection of the hormone and then have Jan Apling, the
10 receptionist, or me, fax Dr. MacCoy in Idaho an order to him to sign for approval.

11 10. There have also been incidents where Paula Bickle provided chelation treatment for patients
12 without a physician on site as required in the Stipulated Judgment. One example of this was on January
13 13, 2000. On that day, I came in to fill out my time card because I needed to fill out a time slip for sick
14 time. I came into the clinic at 8:30 a.m. and Paula Bickle was mixing the vitamin and mineral IV's. I
15 saw her start a vitamin/mineral IV for one particular patient. This occurred about 15 minutes before Dr.
16 Kneeland arrived at the clinic. There was no other physician on site when Paula Bickle started this IV. I
17 had walked through the clinic picking up my property because I did not think I would be coming back to
18 the clinic again. The only other person in the clinic at the time was Jan Apling, the receptionist.

19 11. On another occasion, I believe that Paula Bickle neurotherapy treatment to two patients without a
20 doctor being present on the premises. This treatment involves the use of procaine and DMPS, which is
21 injected into nerve endings in the mouth. I saw Paula Bickle mix the injection but because the treatment
22 takes place in a closed room, I didn't personally see the treatment given. I did, however, see one patient
23 leave the room and then pay for the treatment. I also saw that the treatment had been noted in his
24 medical record, with an indication "neuro's" were given. The note in the medical chart appeared to be
25 in Paula Bickle's handwriting.

26

1 12. I have also seen chart notes entered by Paula Bickle which state that Dr. Lovelle or Dr. Kneeland
2 were present for certain treatments given to patients when I know that they were not present.

3 I notified the physician know this was going on. I did not confront Paula Bickle.

4 13. I also became aware of a difference of opinion in diagnosis Between Dr. Kneeland and Ms.
5 Bickle concerning potassium treatment for one particular patient. Dr. Kneeland felt the patient had too
6 much potassium. Labs had been ordered but they were not back yet. Dr. Kneeland and Paula Bickle
7 had an argument in front of the patient on the proper way to treat her. Paula Bickle wanted this patient
8 to continue potassium and Dr. Kneeland said no. The patient told me that Paula Bickle told her to
9 ignore what Dr. Kneeland said and continue the potassium. When the lab results came back, they
10 showed a high potassium level.

11 14. I have seen Paula Bickle mix hormone shots and give injections to patients when no physician is
12 at the clinic. I have seen her send faxes to Dr. MacCoy in Idaho, or to Dr. Mead, to get orders or change
13 the order. Paula Bickle does not always note these items in the patient's medical chart.

14 15. I worked one day in February and one day in March of 2000 at the Cascade Health Group.
15 During these days there were incidents where Paula Bickle would draw up a hormone injection and
16 give it to me to give to a patient. Paula Bickle told me what she had put in the syringe and that
17 information was consistent with the order in the chart. When I talked to the patients, however, the

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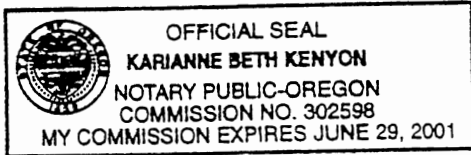
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1 patients told me Paula Bickle had changed the order. The change was not noted and no physician was
2 at the clinic. I was then not sure what was in the syringe.

3
4 I have read the above statement and find it to be a complete and accurate statement of the facts and truth
5 as I have stated them. I give this statement freely and voluntarily.

6
7 Jenny L. Brown, R.N.
8 JENNY BROWN, R.N.

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10 Subscribed and sworn to before me this 5th day of ^{May}~~April~~, 2000.



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Karianne Beth Kenyon
NOTARY PUBLIC FOR OREGON
My Commission Expires: 6/29/2001