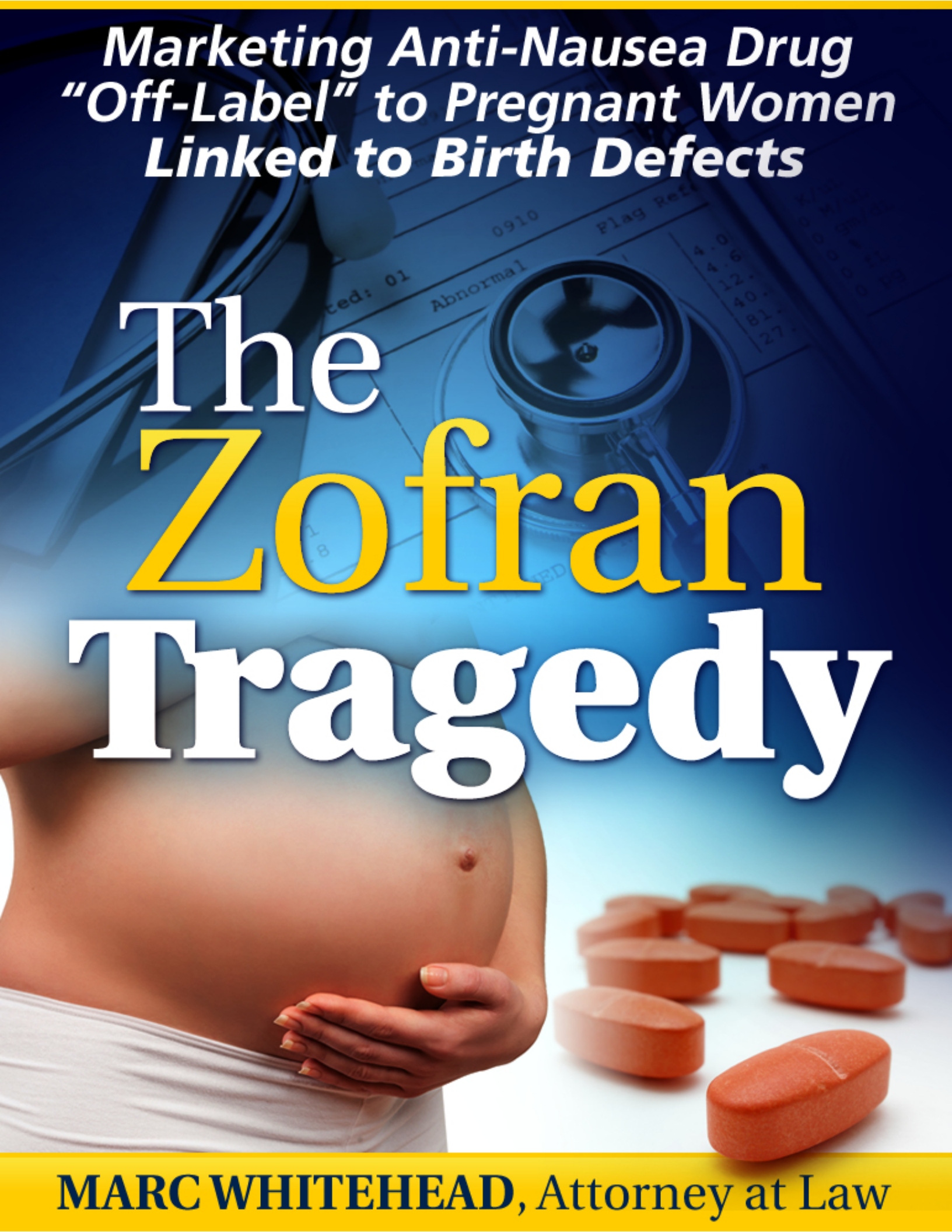
Marketing Anti-Nausea Drug
"Off-Label" to Pregnant Women
Linked to Birth Defects
The
Zofran
Tragedy
MARC WHITEHEAD, Attorney at Law

The Zofran Tragedy:

Marketing Anti-Nausea Drug "Off-Label" to Pregnant Women Linked to Birth Defects

First Edition

By Marc Whitehead, Esq.

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Whitehead & Associates, LLP

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Introduction

Perhaps you're a new mother whose infant came into this world with a severe defect, such as a cleft palate, malfunctioning kidney or heart problem. You're wondering – since your physician prescribed Zofran to treat severe morning sickness during your pregnancy – whether that medication might have been responsible for your baby's medical problems.

Or maybe you're a friend or family member of a mother who recently suffered a heart problem – such as a debilitating arrhythmia – and you've heard on the news or on the internet that Zofran has been linked to similar cardiac problems.

You probably have a lot of urgent questions about this drug, both from a scientific/medical perspective and from a legal one:

- Did Zofran directly hurt you or someone you love?
- Is there reliable scientific and medical evidence to suggest that this drug might, indeed, be responsible for hurting babies and mothers?
- What role, if any, did the drug's manufacturer, GlaxoSmithKline (GSK), play in promoting the anti-nausea medication in an "off label" fashion to millions of pregnant women?
- What kinds of relevant legal actions are currently in the works?
- What compensation can injured pregnant women (and their families and children) expect, and how might you explore or pursue such compensation?
- How can you reconcile with a possible Zofran-related medical problem, like a heart issue, birth defect, or Serotonin Syndrome (SS)?

This short e-book provides a "20,000 foot" perspective on the saga over Zofran – a drama of national importance that's just beginning to get the attention of major media outlets.

We have done our best to summarize the recent, relevant science and legal goings-on without blowing what's happening out of proportion, exaggerating the science in either direction or getting bogged down in technical details.

Our goal is simple: ***to provide you with a clear understanding of Zofran-related issues, so you can gain clarity and control and protect yourself and your family.***

Here is what we will be covering:

Section I: Zofran 101

In this overview, we will talk about what this medication is, why was it developed, and how doctors came to prescribe it to millions of pregnant American women for so-called “off label” uses. This section will also synopsize the science that prompted the U.S. Food and Drug Administration (FDA) to warn patients and doctors about Zofran side effects.

Section II: Legal Recourse

Next, we will examine the state of the legal actions against GlaxoSmithKline, discuss how these kinds of mass tort cases typically unfold and what plaintiffs can expect during the process, and go over your potential options to demand justice, compensation and fairness.

This e-book does not constitute medical or legal advice.

If you have been experiencing any symptoms that you believe might be related to Zofran use, please speak to your physician immediately. If you want to explore the possibility of bringing legal action to obtain compensation for Zofran-related birth injuries, the loss of a child, Serotonin Syndrome, heart defects, or other side effects, please call the experienced attorneys here at Marc Whitehead & Associates, LLP at (800) 562-9830.

We hope this book brings you some insight and comfort after what’s assuredly been a sad and complex situation for you and your family.

Section I: Zofran 101

The multi-billion dollar pharmaceutical giant, GlaxoSmithKline (GSK), developed Zofran nearly 25 years ago to help cancer and surgery patients manage extreme nausea and vomiting.

In 2006, the U.S. Food & Drug Administration (FDA) approved generic versions of Zofran (also technically known as "ondansetron"). Shortly thereafter, for reasons that are debated, doctors began prescribing the drug en masse for "off label" uses. ("Off-label" refers to the use of a medication for something other than what the drug was officially approved to treat.)

The most prominent of these "off label" uses involved treating pregnant women with an extreme kind of morning sickness known as "Hyperemesis Gravidarum." This condition typically presents early in the pregnancy, and it only happens in about one out of every one hundred pregnancies. Hyperemesis Gravidarum can cause serious risks both to the fetus and to the mother, including dehydration, electrolyte imbalances, acid reflux, loss of nutrition, and muscle problems. Many women need to be hospitalized.

Doctors thought that Zofran could be useful to treat morning sickness for several reasons:

1. At the time, physicians didn't have other "go-to" drugs to help pregnant women with this problem.

2. Zofran is technically known as an "5-HT3 antagonist." That means it suppresses the release of an important neurotransmitter called serotonin, and, at the same time, forces the stomach to empty faster, thereby reducing the likelihood of painful vomiting.

3. GlaxoSmithKline educated doctors to view the drug as a highly effective and appropriate antiemetic [drug that makes you stop being nauseous].

In theory, this use of the drug made sense. However, as Thomas Huxley once eloquently warned: "The great tragedy of science [is] the slaying of a beautiful hypothesis by an ugly fact."

As we are about to see, there have been plenty of "ugly facts" that have emerged over time to challenge this particular pharmaceutical avenue for treating morning sickness. For instance:

1. The Federal Drug Administration (FDA) *never approved Ondansetron to be used by pregnant women.*

2. The safety data for this drug was pooled from a set of *just 200 fetal records*.

Think about that for a second.

Millions of American pregnant women and their fetuses have been subjected to this drug, yet the safety data comes from just 200 fetuses. That is, by any measure, a staggeringly thin body of evidence.

The FDA classifies ondansetron as what's known as a "Pregnancy Category B" drug. That means that, while animal trials have not found any "red flags," it is impossible to say, based on current data, whether the drug is safe for widespread use among humans.

Nevertheless, by 2013, over one million pregnant women annually were being prescribed Zofran to treat their morning sickness in this so-called "off-label" fashion.

You might wonder why doctors were so keen to prescribe a drug that hadn't been beta tested appropriately. GlaxoSmithKline's intense marketing efforts probably helped. But doctors who profusely wrote scripts for Zofran also noted that severe morning sickness is inherently painful and dangerous, so "doing something" seemed preferable to "doing nothing."

In 2013, the FDA approved a different medication, Diclegis, providing doctors with a new anti-nausea drug for their arsenals. So far, Diclegis treatment seems to be up to the task, and doctors are increasingly turning to it as an alternative. However, science suggests that the widespread deployment of Zofran may have already caused serious unintended consequences.

The [Alleged] Problems with Zofran

There are two basic issues that have been alleged:

1. **Zofran may cause many different types of birth defects**. These include cleft palate, kidney defects, craniosynostosis, musculoskeletal problems, mouth and facial deformities, jaundice and heart defects (e.g. ventricular septal and atrial septal defects). Other possible defects include: neural tube defects, limb deformities (club foot, etc.), spina bifida and potentially other brain deformities.

2. **Zofran may directly harm pregnant women** who take the drug by causing problems like Serotonin Syndrome and cardiac problems.

Let's take a closer look at the evidence linking the drug with these problems.

Zofran and Birth Defects

Kidney Problems and Beyond

A study published by Australian researchers, Off-Label Use of Ondansetron in Pregnancy in Western Australia, found that babies born to women who used Zofran during the first trimester had a 20% higher likelihood of being born with medical problems, including kidney defects, malformation of the ureter and hydronephrosis. The researchers said (bold ours):

"This study could not conclude that ondansetron is safe to use in pregnancy, given the small but potentially clinically important increases in several measures of outcome investigated. After adjusting for potential confounders, ***we found an increased risk of a major birth defect*** *(1.2; 0.6–2.2), preterm birth (1.4; 0.7–2.5), shorter birth length (1.4; 1.0–1.8), and maternal urinary tract infection (1.6; 0.9–2.7)."*

Septal Heart Defects

In another association study published in December 2014 in *Reproductive Toxicology* -- Use of ondansetron during pregnancy and congenital malformations in the infant -- researchers examined association data from 1,349 Swedish mothers who took the anti-nausea drug during their pregnancies and found the following:

"If an association between use of ondansetron and an increased risk for cardiovascular defects is true, ***the strongly increasing off label use of the drug at nausea and vomiting in early pregnancy must be regarded as unsuitable and should be avoided****... a risk increase of cardiovascular malformations and notably septum defects may exist and we suggest that the drug should not be used off label for nausea and vomiting in early pregnancy until further large prospective studies are available."*

It's important to remember that studies like the two we've just discussed are epidemiological – that is, they're looking at *associations* between particular phenomena and results. Associations do not necessarily prove causation, as any logician will tell you. And as these Swedish authors themselves noted in their conclusion: "a final answer to the question of moderate teratogenicity [causing birth defects] is seldom obtained from one study… repeated studies are needed."

For examples of humorous accidental associations, check out this website. The point is that we need to take epidemiological research in appropriate context.

The Great Danish Registry Debate

In the February 2014 issue of the journal *Therapeutic Drug Monitoring*, Dr. Gideon Koren, director of a patients' advocacy group called Motherisk, discussed a hotly contested analysis of the Zofran birth injury issue. In his piece, "Scary Science: Ondansetron Safety in Pregnancy—Two Opposing Results From the Same Danish Registry" he took a look at data collected on over 2,000 pregnant women. Some researchers examined these data and published a piece in the *New England Journal of Medicine* in February 2013, saying that they couldn't find an association between Zofran use and birth injuries. Critics, however, took issue with the fact that researchers began looking for evidence of birth injuries 10+ weeks after the fetus started developing – beyond the window when such defects typically appear. Other researchers looked at similar data and said that they found a dramatic 2.4 increase in the incidence of cleft palate among children as well as the following:

"[We found] a 2-fold increased risk of cardiac malformations with ondansetron (Zofran), leading to an overall 30 percent increased risk of major congenital malformations."

Assessing the complex situation, Dr. Koren had this to say:

"While perceived safe in pregnancy, several recent studies raise concerns about both fetal and maternal safety of ondansetron. Until more data are available, it should not be a first-line medication for morning sickness."

In a separate article (bold ours):

Here is a drug not meant for pregnancy, given in pregnancy, with no data. So how do you know it's safe for a baby? *It's an extrapolation that doctors do… They think it's the last chance for your patient. They think that there's an edge for that drug compared to other drugs."*

Zofran and Effects on the Mother

The birth defect research is obviously disturbing; however, Zofran has *also* been linked with medical issues for the mother, including heart problems and a condition known as Serotonin Syndrome (SS). Let's explore both of these issues.

Serotonin Syndrome and Zofran

If you recall, Zofran acts in part by changing the level of serotonin in the brain to reduce nausea and vomiting. Unfortunately, the body is not a simple lever system. In general, when you change one thing in the body (or in the brain), that action can have many downstream affects, physically, mentally and emotionally.

Serotonin is a critical player in neurochemistry. So when the levels of this neurotransmitter artificially change -- or when the biochemical machinery that uses and feeds back on serotonin is artificially changed -- the consequences can be pretty wide ranging.

WebMD defines the basics of Serotonin Syndrome this way: "Serotonin is a chemical produced by the body that enables brain cells and other nervous system cells to communicate with one another. Too little serotonin in the brain is thought to play a role in depression. Too much, however, can lead to excessive nerve cell activity, causing a potentially deadly collection of symptoms known as serotonin syndrome."

The symptoms of SS can include fever, seizures and racing heartbeat as well as changes to emotional, cognitive and psychological changes. Perhaps unsurprisingly, some researchers have found that the SS-elated dangers of Zofran are elevated when a pregnant woman takes an SSRI anti-depressant along with the drug. ("SSRI" stands for Selective Serotonin Reuptake Inhibitor).

Such a finding, if confirmed, wouldn't be surprising because, as we just discussed, whenever you artificially alter the production or regulation of an essential neurotransmitter like serotonin, unintended side effects should probably be anticipated.

The Federal Drug Administration confirmed this risk in March 2013, linking Zofran as well as other so called "5-HT3 antagonists" with a heightened risk of Serotonin Syndrome.

The Department of Health and Human Services issued a "Pharmacovigilance Review" in February 2013 aimed to "evaluate the risk of developing serotonin syndrome (SS) with the use of a 5-THQ receptor antagonist [such as Ondansetron] when used alone or when used in combination with other serotonergic drugs." The executive summary found (bold ours):

"*Since approval of first 5-HD3 receptor antagonist, Zofran (Ondansetron), in 1991, the use of this class of medication as medic agent that become during chemotherapy and post-surgical situations in adult and pediatric patients. Ondansetron products accounted for over 99% of the serotonin 5-HD3 receptor antagonist utilization for years 2008 to 2012 made a search of the FAERS database in medical literature and identified* ***39 cases of serotonin syndrome related to the use of Ondansetron… There were three deaths****… Based on the case review of the medical literatures suggesting several biologically possible explanations,* ***there is potential for developing SS with the 5-HD3 receptor antagonist drug class*** *when used alone or with other serotonin drugs in both sexes and in all age groups."*

Heart Problems and Zofran

Meanwhile, other research has found that Zofran can cause serious cardiovascular side effects in women as well, including a condition known as Torsades De Pointes, which leads to dangerously irregular heart rhythms. Among other things, Torsades De Pointes can lead to what's known as a ventricular tachycardia, which can be hard to detect without an EKG and

which can cause fainting or even ventricular fibrillation, which can be fatal. The FDA communicated about these dangers in several bulletins. The FDA also issued a recall for large intravenous doses of Zofran, precisely because of these scary heart related side effects.

Per the FDA's mandate, GlaxoSmithKline studied the hypothesis that Zofran could cause various types of electric abnormalities in the heart. In 2012, the FDA found that the drug could, indeed, cause problems such as QT interval prolongation, Torsades De Pointes and increased heart risks for patients with histories of problems like congestive heart failure and bradyarrhythmia.

An FDA drug safety communication, *Abnormal heart rhythms maybe associated with the use of Zofran (Ondansetron),* published on September 15, 2011 found:

"Ondansetron may increase the risk of developing abnormal changes in the electrical activity of the heart, which can result in a potentially fatal abnormal heart rhythm… Zofran (Ondansetron) [can] cause QT prolongation, which can lead to a serious and sometime fatal heart rhythm called Torsades Se Pointes."

Section II: Legal Recourse

Unsurprisingly, in the wake of all this compelling science, Zofran's manufacturer, GlaxoSmithKline (GSK), has found itself in the "legal hot seat." In 2012, the Justice Department sued the pharmaceutical giant for promoting the drug illegally to pregnant women, among other wrongdoings. GSK agreed to pay what was at the time the largest health care fraud settlement in U.S. history: $3 billion. A Wall Street Journal article, Glaxo in $3 Billion Settlement, summed things up: "Among other things, the government alleges Glaxo promoted five drugs off-label and paid kickbacks to doctors to prescribe nine different drugs."

More recently, lawsuits against GSK have come flying.

On February 12, 2015, a Minnesota woman, Cheri Flynn, filed suit against GSK, alleging that: Zofran caused birth defects in her two children. From the complaint:

"Plaintiff B.F. was born in 2004 with a congenital heart defect after her mother, Ms. Flynn, was prescribed and began taking Zofran beginning early in her first trimester of pregnancy to alleviate the symptoms of morning sickness. B.F.'s condition at birth and in her early years of life prevented her from thriving physically and developmentally…

Ultimately, in 2011, she was forced to undergo surgery to repair the hole in her heart. Until recently, Ms. Flynn did not suspect Zofran as the cause of B.F.'s condition, having never been informed until recently that the safety of Zofran treatment in pregnant women has not been established and that Zofran was never FDA-approved to treat morning sickness."

Just days later, on February 16, 2015, Tomisha LeClaire, a Massachusetts woman, filed suit, because her baby suffered an array of defects, including heart problems, webbed toes and deformities to the face. Here's a key section from the complaint:

"Plaintiff's minor child, A.S., was born in 2000 with numerous congenital defects after her mother, Plaintiff Tomisha LeClair, was prescribed and began taking Zofran beginning early in her first trimester of pregnancy to alleviate the symptoms of morning sickness. After birth, A.S. suffered from an atrial septal defect, right ventricular hypertension and aortic arch hypoplasia. A.S. has also subsequently been diagnosed with facial dysmorphia, low set ears, hearing loss, sensitivity to light, ingueno hernia, and webbed toes."

Mass Torts 101: How Zofran Victims Are Fighting for Justice

When companies like GlaxoSmithKline manufacture, distribute and market products that cause harm, injured victims and their families can take the claim to the court system for recourse.

A hurt person can bring an action known as a **tort** to obtain compensation for damages**.** A tort is a type of *civil action*, as opposed to a *criminal action*. The person who sues is known as the **plaintiff**, and the company or person being sued is known as the **defendant**. In general, for a tort to succeed, three basic things must be true.

1. **First of all, someone suffered an injury that led to costs**. For instance, if a mother had to be hospitalized for ventricular fibrillation, or a baby was born with a malformed kidney, the court would definitely consider the victim "injured."

2. **Some person or entity (like a company, such as GlaxoSmithKline) directly or indirectly caused that injury as a result of negligence, carelessness or other wrongdoing**.

3. **The entity responsible has money to pay for the damages**. A source of funds is importance. By contrast, imagine a situation in which a drunk driver with no insurance or assets causes a serious car wreck. A lawsuit might not be feasible, if the driver has no way to provide any compensation. In Zofran cases, however, this last constraint is not a problem, considering that GlaxoSmithKline has many billions of dollars.

When a lot of different people suffer similar harm from similar causes, they can combine their torts into what's known as a **mass tort**. These plaintiffs can combine forces to sue one or several defendants. To pursue a mass tort action, plaintiffs have to ask the court for permission. The court will decide based on factors like:

- How many plaintiffs got hurt;

- Where the plaintiffs live (are they close to each other or far apart?);

- The nature of the injures (are they similar or not?);

- Whether a single cause or set of causes was likely responsible for the damages.

Mass torts are not the same thing as **class action** lawsuits. Both legal processes bundle similar cases together for the purposes of expediency (so the court can speed things up) and to make sure that results don't vary wildly.

In a mass tort, you can have a trial that's separate from other plaintiffs' trials. In a class action, the court treats you and other plaintiffs essentially as a single group, and a single trial determines the outcome. From the perspective of a plaintiff, mass torts offer some advantages. For instance, statistically speaking, you have a greater potential for large compensation. Defendants and their attorneys can also share resources and insights.

Mass torts can also evolve into a suite of lawsuits known as **Multi District Litigation** or MDL, in which different suits are organized to go before one judge and one jurisdiction.

Mass torts can get quite complicated, both because of all the legal "moving parts" and because of the high stakes involved. Liable defendants often stand to lose millions of dollars -- in some cases, billions of dollars. As a result, defendants generally have both the motivation and the means to go to great lengths to discredit the plaintiffs' cases.

To fight back, plaintiffs and their attorneys must be meticulous, prepared, resilient, and strategic. You may have compelling science on your side and a tragic, heart wrenching story. But do not expect the defendant to admit fault.

So what can you do to prepare yourself and your family for the road ahead?

Finding a Qualified Law Firm to Represent You

There are times when an ambitious person can well represent himself or herself in the legal system. For instance, if you're writing up a simple will, you could just use a template from Nolo.com to write the will. If you get into a minor fender-bender that leads to no major injuries, you could handle the insurance company negotiations on your own.

However, when it comes to cases involving serious birth injuries, heart defects or scary illnesses, like Serotonin Syndrome, you really want to find a qualified attorney to represent your interests. Be choosy about which law firm you select. Given the rash of legal actions that have commenced against GlaxoSmithKline, you will probably see a lot of advertising over the next several months regarding Zofran related claims.

- How can you vet potential firms?
- How can you know whether you might have a claim?
- How can you work well with the law firm you choose to obtain fair results and also reclaim your dignity and protect your health and your family?

Absent context, it's difficult to know whether you have a case. You could be underestimating your need for help. The costs of surgeries to repair your baby's facial deformity could add up to hundreds of thousands of dollars, for instance. Or you might be overestimating your case. For instance, perhaps your baby's birth defect could be traced to a genetic abnormality instead of to Zofran. That's why context is essential. Speak with an attorney if there's any ambiguity; there's no harm in at least calling.

To vet prospective attorneys, first, obtain references. You can use the internet, TV, personal referrals from friends at work, etc. Take time to think through the principles by which you want to govern the search. Why do you want an attorney? What are you hoping to accomplish? What are the essential values that you want the lawyer to have and demonstrate?

Here's a useful exercise to that end. Imagine how a relationship with an attorney might go *wrong*, and then define your values in opposite terms. For instance:

- ***I don't want a lawyer who has a dodgy ethical track record or problems with clients*** translates into the following value: ***The law firm has a stellar track record and an A+ record with the Better Business Bureau.***

- ***I'm worried that the attorney will ignore me or treat me like "just a number***" translates into the following value: ***The attorney treats me with compassion and his or her team answers my questions and meets my needs***.

- ***I'm afraid the attorney will pressure me into taking action I don't want to take*** translates into the following value: ***The attorney listens and respects what I want.***

- ***I worry that the attorney might be under-qualified to help me*** translates into the following value: ***The attorney has strong credentials – for instance, he or she is Board Certified in Personal Injury Trial Law by their state licensing board and/or is AV rated by Martindale Hubble.***

Once you have these principles outlined, review the candidate lawyers' websites and other materials, and winnow your list of prospective firms down to about three. Then set appointments for a free consultation. Before your consultation, write down any questions you have about your case, about the process, or about the firm's history and qualifications. Write down the answers you get.

During your consultations, pay attention both to substance of the conversation as well as to your intuition. Do you get along with the attorney and his or her staff? Do you feel comfortable with the values that animate the law firm?

Ask about fee arrangements. In mass tort cases, attorneys often work on what's known as a "contingency" basis. This means that you only pay for legal services if the attorney wins a settlement or achieves a verdict for you. In that case, you pay a percentage of this amount.

Once you have chosen an attorney, get to know the law firm's processes and people. To save time, develop the habit of writing down your questions on paper (or on a Word document) whenever they occur to you, so that you can "batch ask" them to the attorney. In addition, you might find it useful (starting immediately) to compile any relevant evidence, including doctor's notes, a written timeline of events, written witness accounts, and so forth.

Lastly, develop strategies to deal with other needs -- financial, emotional, psychological, logistical, etc. -- so that your entire life isn't on hold while the legal process plays out. After all, depending on the nature of your injury and the size and scope of your legal action against GSK (or some other liable party), you may not get clarity about your case for months if not longer.

Avoid living life in limbo until this resolves. Work with people you trust -- such as your attorney, your financial advisor, your doctor, your personal trainer, your employer and your friends -- to manage various problems that have been raised or worsened by the injury, so that you can reclaim a degree of calm and control over your life.

More Background about Attorney Marc Whitehead and His Legal Team

Attorney Whitehead and his legal team are proud of their track record and numerous distinctions in the arena of Texas personal injury law. Whitehead & Associates, LLP has been rated A+ by the Better Business Bureau – a reflection of our team's devotion to customer service. We specialize in plaintiff personal injury, mass tort, pharmaceutical, insurance & ERISA litigation, social security disability law and veterans' disability law.

Attorney Whitehead has served as law professor at University of Houston Law Center, where he taught Civil Trial Advocacy, as well as an Instructor of Civil Trial Advocacy at the National Institute of Trial Advocacy.

He is Board Certified by the Texas Board of Legal Specialization in Personal Injury Trial Law, putting him in a rare group of lawyers who must pass very stringent requirements to obtain and maintain this certification. He's also active in many professional associations, serving as an American Association for Justice-Leader Forum Member, an AAJ Risperdal Litigation Group Member, an AAJ Xarelto Litigation Group Member, an AAJ Transvaginal Mass Litigation Group Member and an AAJ Toxic, Environmental and Pharmaceutical Section Member. In addition, he has been honored as an Association of Civil Trial and Appellate Specialist, rated "AV" by Martindale Hubble, rated 10.0 by AVVO, rated by SuperLawyers, and rated by the National Trial Lawyers Association as one of the Top 100 Trial Lawyers in Texas.

Conclusion

The story of Zofran is a modern day cautionary tale. When GlaxoSmithKline first developed the drug nearly 25 years ago, boosters at the time hailed it as a wonder drug capable of relieving serious discomfort, nausea and vomiting for chemotherapy patients.

However, thanks to overly aggressive marketing efforts – and failure to conduct appropriate due diligence – Zofran may have harmed many women and their babies. The prematurely widespread, off-label use of the drug among pregnant women may have led to birth injuries, cardiac problems for pregnant women, and deaths.

We covered some of the relevant science and legal actions and also discussed how mass torts generally work and what you can do to find an appropriate attorney, regain control over your life and enjoy more peace of mind.

We hope this e-book has been helpful and enlightening and has given you context for your injury or your child's injury. If Zofran use may have injured you or someone you love, the team here at Marc Whitehead & Associates would be happy to discuss your case in confidence. We are rated A+ by the Better Business Bureau. Please call us now at (800) 562-9830. Good luck to you and your family as you work through what has happened and rebuild your lives.

Disclaimer

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Civil Trial Advocacy

Instructor (2003)
National Institute of Trial Advocacy
Civil Trial Advocacy

Instructor (2005-2007)
National Business Institute
Social Security Disability

Board Certified

Personal Injury Trial Law
Texas Board of Legal Specialization

Social Security Disability Advocate
National Board of Trial Advocates

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Valedictorian, Normangee High School 1985

Admitted to Practice

State Bar of Texas
U.S. District Courts, All Texas Districts
United States Court of Appeals-Fifth Circuit
United States Court of Appeals for Veterans Claims

Professional Activities & Associations

American Association for Justice-Leader Forum Member
AAJ Risperdal Litigation Group Member
AAJ Xarelto Litigation Group Member
AAJ Transvaginal Mess Litigation Group Member
AAJ Toxic, Environmental, and Pharmaceutical Torts Section

Houston Trial Lawyers Association
President (2009-10)
President Elect (2008-2009)
Secretary/Treasurer (2007-08)
Vice-President (1999-2007)

Texas Trial Lawyers Association
Board Member (1997-Present)
Board of Advocates (1999-2001)

HBA Social Security Section Chairman (2004-2005)

Memberships and Honors
Association of Civil Trial and Appellate Specialists
National Organization of Social Security Claims Representatives
Texas Aggie Bar Association
Houston Volunteer Lawyers Association
College of the State Bar of Texas
Houston Bar Association
National Organization of Veterans Advocates
AV Rated by Martindale Hubble
10.0 AVVO Rating
Rated by SuperLawyers
Top 100 Trial Lawyers in Texas by National Trial Lawyers Assoc.

Articles & Publications

- *Tort Reform As It Relates to Strict Products Liability;*
- *A Lawyer's Guide for Determining Eligibility of Social Security Disability Claimants;*
- *Nuts & Bolts of Social Security Disability Law;*
- *The Five Step Sequential Evaluation Process Used in Determining Disability For Social Security Claimants;*
- *The Social Security Disability Puzzle-How to Fit the Pieces Together and Win Your Claim;*
- *Disability Insurance Policies-Solving the Mystery and Proving Your Case*
- *Veterans Disability Claims – Strategies for a Winning Campaign*
- *Car & Truck Crashes -10 Secrets Victims Should Know to Protect Their Rights*