

Paul R. Lees-Haley, Ph.D.

From SourceWatch Center for Democracy in the Media



Paul R. Lees-Haley is a psychologist whose treatment and research is in post-traumatic emotional distress, neuropsychological evaluation and disability. He specializes in toxic injury evaluations.^[1]

In 1991, Dr. Lees-Haley published a study on the so-called "Fake Bad Scale"(FBS), also known as the Malingering Test, a psychological assessment tool that he claims can be used to detect "malingering" in personal injury claims and workers' compensation cases. Lees-Haley defines malingering as

" ... the deliberate simulation or exaggeration of an illness or disability ... to avoid an unpleasant situation or to obtain some type of personal gain. In the personal-injury context, malingering is pretending to be more distressed, more impaired, or more disabled than one is." ^[2]

The Fake Bad Scale purports to identify "malingerers" based on their score calculated from responses to 43 true or false questions about somatic and psychological symptoms. Since Lees-Haley published his findings, the FBS has been incorporated into the Minnesota Multiphasic Personality Inventory and multiple studies have been done to test the Fake Bad Scale's effectiveness. While some reports support Lees-Haley claims, others have been critical and have started a debate as to whether the Fake Bad Scale labels too many injured people as malingerers.^[3]

Tobacco industry consulting

Dr. Lees-Haley served as a consultant to the [tobacco industry](#), according to an invoice from [Philip Morris'](#) confidential outside regulatory consulting group, the [Washington Technical Information Group, Inc.](#) He assisted the industry in identifying and recruiting scientific experts. Specifically, he assisted with developing list of California epidemiologists. A November 18, 1991 invoice for his services was sent to [Christopher J. Proctor](#), then of the tobacco industry law firm [Covington &](#)

[Burling](#). The amount charged for Dr. Lees-Haley's time was \$930.00.^{[4] [5]} The industry cited Lees-Haley's work in comments opposing [indoor air quality](#) rule-making by the [Occupational Safety and Health Administration](#) to address secondhand smoke in the workplace.^[6]

Mold Neurotoxicity: Validity, Reliability and Baloney

Paul R. Lees-Haley, Ph.D., ABPP

"Mold neurotoxicity" is an increasingly common allegation in personal injury litigation, although it is conspicuously absent from day-to-day medical practice. The current controversy on this subject is driven more by lawyers than by scientific disagreements. The alleged injuries are variously referred to as brain damage, toxic encephalopathy, cognitive deficits, neurobehavioral deficits, neuropsychological impairment, and as facets of sick building syndrome or environmental illness. The alleged symptoms include memory deficits, difficulty concentrating, problems with language and reasoning, mental fatigue, depression, and anxiety. Last year, a Time Magazine article warned: "Like some sort of biblical plague, toxic mold has been creeping through homes, schools and other buildings across the U.S. . . . The biggest winners are the industries feeding off mold mania." (Hamilton 2001)

Despite all this, there is no consistent pattern of symptoms or test results through which a diagnosis of "mold neurotoxicity" can be defined. Nor is there any scientific basis for the allegation that breathing mold spores or mycotoxins in household and commercial office settings causes neuropsychological impairment. The neuropsychological effects of these exposures are unknown. But supposed experts are using naïve and empty arguments, such as saying they cannot think of any other reason why a person suing for millions of dollars might make subjective complaints and that the scientific literature does not **disprove** their speculative opinions. These are "junk science" arguments.

Genuinely troubled people become involved in these matters, at times to their detriment. For example, individuals with somatoform characteristics and histrionic personalities tend to be suggestible and therefore vulnerable to zealots and advocates who tell them they are brain-damaged and doomed to suffer permanent deficits caused by their toxic environment. Most of us more or less ignore, or notice and discount common "symptoms of life" such as transient aches and pains, fluctuating ability to concentrate, temporary fatigue, feeling stressed, or inability to recall all sorts of information such as a word or name or where we left something. However, when a health professional claims these are symptoms of mold neurotoxicity, a gullible person may focus more attention on these experiences, become alarmed, and become involved in a vicious cycle of over interpreting mild symptoms, becoming anxious, developing more symptoms caused by the anxiety, and becoming even more alarmed, sometimes to the point of virtually obsessing over the symptoms. It is an easy next step to conclude that because these feelings are more noticeable and more frequent lately, they must have been caused by mold exposure.

Wall Street Journal
PERSONALITY CHECK

Malingerer Test Roils Personal-Injury Law

'Fake Bad Scale' Bars Real Victims, Its Critics Contend

By DAVID ARMSTRONG

March 5, 2008; Page A1

A test designed to expose fakers is roiling the field of personal-injury law, distressing plaintiffs and strengthening the hand of employers and insurers...Proponents hail the true-or-false test as a valid way to identify people feigning pain, psychological symptoms or other ills to collect a payout. In hundreds of cases, expert witnesses have testified that the test provided evidence that plaintiffs were lying about their injuries, just as suggested by the test's colorful name: the Fake Bad Scale.

Use of the scale surged last year after publishers of one of the world's most venerable personality tests, the Minnesota Multiphasic Personality Inventory, endorsed the Fake Bad Scale and made it an official subset of the MMPI. According to a survey by St. Louis University, the Fake Bad Scale has been used by 75% of neuropsychologists, who regularly appear in court as expert witnesses. But now some psychologists say the test is branding as liars too many people who have genuine symptoms. Some say it discriminates against women, too. In May, an American Psychological Association panel said there appeared to be a lack of good research supporting the test.

In two Florida court cases last year, state judges, before allowing the test to be cited, held special hearings on whether it was valid enough to be used as courtroom evidence. Both judges ended up barring it. "Virtually everyone is a malingerer according to this scale," says a leading critic, James Butcher, a retired University of Minnesota psychologist who has published research faulting the Fake Bad Scale. "This is great for insurance companies, but not great for people."

Working for litigants is Dr. Lees-Haley's main source of income. He has said in court cases that 95% of this work is on behalf of the defense. He charges \$3,500 to evaluate a claimant and \$600 an hour for depositions and court appearances, his fee schedule says...

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SAN DIEGO - NORTH DISTRICT

BRUCE J. KELMAN, GLOBALTOX, INC.,)
)
Plaintiff,)
)
vs.) Case No. GIN044539
)
SHARON KRAMER, and DOES 1 through)
20, inclusive,)
)
Defendants.)
_____)

DEPOSITION OF BRUCE J. KELMAN
Volume II (Pages 202 - 359)
Los Angeles, California
July 22, 2008

Reported by:
DENISE HERFT
CSR No. 12983

1 Q Did he initiate the conversation?

2 A I don't remember.

3 Q Do you know if he had ever seen the press
4 release?

10 :01:34 5 A At this point, I don't remember how we got
6 into the conversation.

7 Q What do you know about Paul Lees-Haley?

8 How do you know Paul Lees-Haley?

9 A He's done some very good scientific work,
10 :01:56 10 and he's been -- I think, mostly just through his
11 scientific work.

12 Q Is Mr. Haley the person who came up with
13 the fake bad scale?

14 A I believe that's true.

10 :02:16 15 Q And that's a test used to determine
16 whether people who claim they are sick are, in
17 fact, sick or not; correct?

18 A Actually, I never looked at it. That's
19 outside my area of expertise, so that's not
10 :02:36 20 something I looked at or at least, at this point, I
21 don't recall looking at it.

22 Q And do you know if the Wall Street Journal
23 article was also about Paul Lees-Haley?

24 A At this point, I don't remember.

10 :02:52 25 Q Do you recall any specific conversations

1 with Paul Lees-Haley regarding Sharon Kramer?

2 A I know we've had a conversation. At this
3 point, I don't remember exactly what it was about.

4 Q Do you remember any of the contents of
10 :03:22 5 that conversation?

6 A I believe it was some time ago and, no, I
7 don't, other than just the general subject.

8 Q Who is Ronald Joyner?

9 A He's a former head of, I think, it was
10 :03:58 10 Global Toxicology for G.E. Plastics.

11 Q How do you know Mr. Joyner?

12 A I've known -- I knew Mr. Joyner since the
13 time that during the time period while we both
14 worked for Battelle Memorial Institute.

10 :04:28 15 Q What -- when was the first time you had
16 any conversation with Mr. Joyner about this
17 lawsuit?

18 A I believe it was shortly after the press
19 release came out, but I can't remember a specific
10 :05:04 20 conversation at this point. We're talking about
21 three years ago, so that's as close as I can come
22 to remembering.

23 Q Do you recall who initiated the
24 conversation, that first conversation after the
10 :05:22 25 press release came out?