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THE STATE OF OHIO,)
) SS:
COUNTY OF CUYAHOGA.)

IN THE COURT OF COMMON PLEAS

CYNTHIA WATSON, etc.,

Plaintiff,

vs.

Case No. 109808

COMMUNITY HOSPITAL OF BEDFORD, et al.,

Defendants.

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Deposition of AZZAM N. AMMED, M.D., a Defendant herein, taken by the Plaintiff as if upon cross-examination before Aneta I. Fine, a Keyistered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Charles Kampinski Co., L.P.A., 1530 Standard Building, Cleveland, Ohio, on Monday, the 6th day of April, 1987, commencing at 1:30 p.m., pursuant to notice.

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APPEARANCES:

Charles Kampinski Co., L.P.A., by:
Charles Kampinski, Esq. and
Christopher M. Mellino, Esq.,

On behalf of the Plaintiff.

Jacobson, Maynard, Tuschman & Kalur Co., L.P.A., by:
Robert C. Maynard, Esq.,
Susan M. Reinker, Esq. and
Gregory Gibson, Esq.,

On behalf of the Defendant
Azzam N. Ahmed, M.D.

Kitchen, Messner & Deery, by:
Charles W. Kitchen, Esq.,

On behalf of the Defendant Community Hospital of Bedford.

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STIPULATIONS

It is stipulated by and between counsel for the respective parties that this deposition may be taken in stenotypy by kneta I. Fine; that her stenotype notes may be subsequently transcribed in the absence of the witness; and that all requirements of the Ohio Rules of Civil Procedure with regard to notice of time and place of taking this deposition are waived.

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AZZAM N. AHMED, M.D.,

the Defendant herein, called by the Plaintiff for the purpose of cross-examination as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposes and says as follows:

CROSS-EXAMINATION

BY MR. KAMPINSKI:

Q. Would you state your full name, please?

A. First name is Azzam, A-z-z-a-m, middle initial N like Nancy, and last name is Ahmed, A-h-m-e-d.

Q. Where do you live, Doctor?

A. I live at Moreland Hills.

Q. Your address, please?

A. 50 Woodburn Drive, Moreland Hills, 44022.

Q. I'm going to ask you a number of questions this afternoon. If you don't understand any of them, please tell me, I will be happy to rephrase it. When you respond to my questions please do so verbally; she can't take down a nod of your head.

A. Okay. Fine.

Q. Where were you born, sir?

A. I was born in Jerusalem Palestine, 1946.

Q. And if you would, run me through your educational background.

A. Finished high school in Jerusalem.

Q. What year is that?

A. Finished 1963.

Q. How old are you?

A. Now 40.

Q. 40. Date of birth?

A. August 30th, 1946.

Q. Okay. After you finished high school in Jerusalem, what did you do after that as far as education?

A. I went to Egypt and i finished my pre-med and med school.

Q. And at what institutions?

A. Alexandria University, Egypt in Alexandria City.

Q. And when did go to the Alexandria University?

A. 1964.

Q. Until when?

A. Until '72.

Q. And that would be medical school also?

A. Correct.

Q. All right, And what did you do in terms

of education after that?

A, I took one year internship in the same university,

Q. Okay. And that would be '72, '73?

A. That's correct.

Q. Then what?

A. Then I came to the United States, 1973.

Q. Okay. Any educational training nere?

A. I joined Barberton Citizens Hospital in Barberton, Ohio for rotating internship.

Q. Why is it you came to the United States?

A. For education.

Q. Okay. How long did you complete your rotating internship?

A. One year.

Q. And then what?

A. And then I joined St. Luke's Hospital for fully training in obstetrics and gynecology.

Q. And when was that?

A. '74 to '77.

Q. Okay. Any additional education after that?

A. Courses.

Q. What kind of courses?

a. Every department, especially infertility.

Q. I'm sorry?

A. Infertility and high risk pregnancies, laparoscopy, colposcopy, hypnosis, microsurgery.

Q. Okay, These would be what Kind of courses, weekly courses or --

A, Sometimes week, sometimes days, different,

Q. I'm sorry?

A. Sometimes weeks and sometimes days,

Q. And they would be taught at St. Luke's?

A. No. That's postgraduate training. That's after the residency.

Q. All right, While you were at St. Luke's you are talking about?

A. No. I said after the residency. I finished residency in 1977, July and I educate myself, I go to courses all the time.

Q. Well, give me the names of some of the courses you went to and when you went to them.

A. Microsurgery for infertility, went to Mt. Sinai Hospital, took courses.

Q. Okay. What else?

A, Went to high risk pregnancy.

Q. Where is that?

A. Columbus, Ohio.

Q. Who taught that?

A. Dr. Zeispan.

Q. Dr. Zeispan?

A. Zeispan.

Q. Can you spell that?

A. X-e-i-s-p-a-n.

Q. Okay.

A. Went to laser seminars in Grant Hospital in Columbus.

Q. What years are we talking about now, Doctor? After 1977?

A. Yes.

Q. All right.

A. Every year I go to seminars, every year.

Q. When is the last one you went to?

A. Last one, just about six weeks ago.

Q. And what was that?

A. This was in using of computer and medical technology in Indianapolis.

Q. And how long did that seminar last?

A. Three days.

Q. What medical societies do you belong to, sir?

A. I'm a member of The American College of Obstetrics and Gynecology, I am a member of The

American Society of Gynecological Laparoscopy, I am a member of The Academy of Medicine of Cleveland, I am a member of The Cleveland Society of Obstetrics and Gynecology.

Q. Were you members of these organizations in 1985 also?

A. Yes.

Q. All right. Do you regularly subscribe to any journals in obstetrics and gynecology?

A. Yes.

Q. What are they?

A. Journal -- green journal of the American College of OB-GYN, The Female Patient, Fertility and Sterility, Productive Endocrinology. Yes.

Q. Are you Board-certified?

A. Yes, I am.

Q. When were you Board-certified?

A. November 1979.

Q. Why did you stay here after your training at St. Luke's was completed?

A. Stay where?

Q. In the United States?

A. What does it make any relevance to you?

MR. MAYNARD: No. He is entitled to ask you because you indicated to him that you

came here for training and he is entitled to ask you if there is a reason why you -- answer him if there is a reason.

A. That's a big story. I don't think I will go to it actually.

Q. I have got plenty of time.

A. You have got plenty of time?

Q. Yes.

A. By birth, I'm a Palestinian by birth. When I left my country it was 1964. It was still. under the portion controlled by Jordan. The Six Day War happened in 1967 and Isreal occupied that part of the country.

dk. MAYNARD: You know, you don't have to be overdetailed. If there are political reasons you can tell him that but you don't have to tell him the whole story.

A. I could not go back there. I was prohibited to see my family completely. That's the reason.

Q. Did you make attempts to go back there to practice medicine?

A. Yes. I tried many times to go there. So anyone who left the country after 1967 was not allowed to go back, so I have been separated from

my people from that time on.

Q. Did you become a United States citizen?

Ae Yes, I am.

Q. When was that?

A. 1982.

Q. When did you receive your Ohio medical license, Doctor?

A. 1977. May of 1977,

MR. MAYNARD: I'm sorry?

THE WITNESS: May of 1977,

Q. When did you start seeing Cynthia Watson, Doctor?

A, Actually the first time I got in touch with her, when she was pregnant in the second pregnancy.

Q. How is it that you came to see her? Did she come to you or what happened?

A. She was really seeing a physician I got an association with after my residency. I work with a physician by the name of Dr. Luczak. fie was looking for a physician to help him in his practice, busy practice and she was --

Q. L-u-s-a-k?

A, L-u-c-z-a-k.

Q. All right.

MR. KITCHEN: Where was he located?

THE WITNESS: 25350 Rockside Road.

Q. And what was your association with him?

A. As a potential partner, what do you call it, association.

Q. Did you ever become a partner with him?

A. No.

Q. Why not?

A. I left him after two years.

Q. You were located at his offices on Rockside Road?

A. That's correct. Left that building and I took over.

Q. He left? Where did he go?

A. He went to Solon. I don't know the address but it's in the Solon area.

Q. Is he still there?

A. Yes, still there.

Q. Is that what you did right after your residency training?

A. Yes. I joined the practice of Dr. Luczak from July 1st, 1977 until August 30th, 1979. Then I went on my own.

Q. But at that same location, the Rockside Road address?

A. Until about, until the first of the year myself.

Q. Until January 1st of '80?

A. Right.

Q. All right. What did you do then?

A. No. I stayed in that building until January 1st, 1987.

Q. Oh, I see. You have just recently moved then?

A. Yes.

Q. And where have you moved to?

A. I moved to 108 -- 10820, Twinsburg.

Q. I'm sorry.

A. 10820 Ravenna Road, Twinsburg, Ohio.

Q. And what is the name of your practice, Doctor?

A. Women's Comprecare.

Q. Women's what?

A. Women's Comprecare.

Q. Spell that for me.

A. C-o-m-p-r-e, care, c-a-r-e.

Q. One word, Comprecare?

A. Yes, one word, Comprecare.

Q. Is that a corporation?

A. That's a corporation, yes.

Q. When did that corporation come into existence?

A. I believe 1981.

Q. And who are the shareholders of the corporation?

A. Myself only.

Q. You are the sole shareholder?

A. Right.

Q. And who are the employees of the corporation?

A. We have my wife the secretary and I'm the president.

Q. Any others?

A. No.

Q. And what is the business of this corporation?

A. Medical care.

Q. All right.

A. Specialized medical care.

Q. Have there ever been any other shareholders?

A. No.

Q. in 1985 were there other employees?

A. Employee of the corporation, yes, but --

Q. Who?

A. Secretaries.

Q. Okay. No other physicians?

A. No. No physicians.

Q. Where did you have privileges in 1985, Doctor?

A. Mainly Bedford Community Hospital, Marymount Hospital, Suburban Community Hospital, Geauga Community Hospital and that's about it.

Q. Do you have any privileges at any additional institutions at the current time?

a. I got privileges at Parma.

Q. Parma?

A. Parma Community Hospital.

Q. And wnen was that?

A. It was about two months ago.

Q. Did you ever have any association with Kaiser?

a. None.

Q. Have your privileges ever been suspended or revoked at any hospital?

A. Never.

Q. When did you commence an association with Bedford Community Hospital?

A. July of '77.

Q. And what was the nature of your

association at Bedford?

A. Courtesy staff.

Q. Did that ever change?

A. I believe six months later I was promoted to active staff according to the bylaws of the hospital,

Q. Okay. Did you have to fill out an application?

A. No. Spontaneous.

Q. Well, originally did you have to fill out an application?

A. You have to, absolutely. That's standard.

Q. Okay. Did you ever have to reapply for privileges?

A. Not at the hospital, no.

Q. You never had to --

A. No.

Q. Submit annual applications for staff privileges?

A. Yes, we do, every year.

Q. Okay.

MR. MAYNARD: Understand his question was do you have to submit.

THE WITNESS: Renew.

MR. MAYNARD: Yes, I understand that. And he understands that. The question is did you nave to submit anything in writing every year by way of an application?

A, Hospital sends application requesting the physician would like to renew his membership to the hospital or any status, so we have to fill it out and sign it, That's all.

Q. Did they ask you about prior lawsuits on those applications?

A, Yes, they do.

Q. And you tell them that, of course?

A. Absolutely, Correct.

Q. How many have you had, Doctor?

MR. MAYNARD: Objection. Go ahead, you can answer.

A. None ,

Q. Is this the only suit pending against you? Is that correct, Doctor? Is that your testimony, sir?

A. Pending, no, This is the first suit I have but there's some pending suits.

Q. Well, I don't understand what you're saying, Wave you ever been sued other than this suit, sir?

A. No.

Q. You have never been sued?

A, No.

MR. MAYNARD: You are talking about prior to this suit?

A. Prior to this suit I never been sued.

Q. How about afterwards?

A. Yes, there's some pending suits.

Q. What are the names of those doctors?

MR. MAYNARD: Objection. Go ahead, you can answer.

THE WITNESS: Okay. Names mentioned or mention names or what?

MR. MAYNARD: If they are filed lawsuits go ahead and mention the names.

THE WITNESS: One patient. Actually, she sued after she had --

MR. MAYNARD: Just tell him the names; that's all he wants to know.

A. The names. Tina Jones and Terry Hunter.

Q. Are those the only two, Doctor?

A. Yes, that's the only two.

Q. Not another one somewhere?

A. No.

Q. And why don't you tell me the situation

regarding Tina Jones that resulted in the patient filing a lawsuit?

A. Tina Jones, she --

MR. MAYNARD: Objection again. Objection.

MR. KAMPINSKI: You can have a continuing objection,

MR. MAYNARD: Just give him a general description. He doesn't want all the details.

A. General description, routine standard care, she had a Cesarean section done once and then other Cesarean section done with the second baby. She requested a sterilization. We did excise portion of her tube, we call it bilateral partial salpingectomy and is routine and standard. A year later she comes back with a tubal pregnancy.

Q. Okay. That was a failed --

A. We took care of her completely, When went home, beautiful and she went to suit. That's it.

Q. How about Terry Hunter?

A. Terry Hunter, she had two normal healthy deliveries, delivered by myself. Requested a sterilization. We did put Hulka clips, different

way of tying the tubes. Six months later she got pregnant and she has a beautiful baby boy.

Q. These sterilizations were requested I take it by the patients?

A. Correct.

Q. Any other suits that have cone to mind, Doctor?

A. No.

Q. Is that the only two? The referral of Miss Watson to yourself you started to say occurred because of your relationship with Dr. --

MR. MAYNARD: Luczak.

Q. Luczak. Was this part of the agreement in terms of your going with him that you would get referrals from him?

a. No.

Q. Bow is it that he referred her to you?

A. When I split actually the patient know where I was located and they have the right to go wherever they want,

Q. No. Doctor, I'm sorry. I'm sure you didn't understand my question. In terms of the initial referral when he first referred Miss Watson to you.

A. No, he did not refer it to me actually.

Q. Bow did she come to you?

A. We were working together and what happened that I was on call the night I delivered her first baby.

Q. Okay. So that's how you first net her, by delivering her first baby?

A. No. I took care of her prenatally.

Q. Bow is it that you took care of her prenatally?

A. The protocol is such in the office that we see her one time, he see her one time, so if either one would be that night in the hospital she would know who the physician to get herself oriented.

Q. So she was a patient of the office?

A. That's correct.

Q. All right. What was the office name at that tine?

A. Steven E. Luczak, M.D., Inc.

Q. And you were an employee of this corporation?

A. That's correct.

Q. When he left that facility, I take it you were no longer an employee or were you?

A. No. I left him, He didn't leave me.

Q. All right. He physically left the place where you were at though?

A. That's later on.

Q. That's later on?

A. Yes.

Q. You stayed there together even though you physically -- all right. You explain to me what happened with Dr. Luzcak. All right. Why don't you just explain.

A. Well, after two years of practice really I felt I can do what I want to do as a very educated man and certain thing he could not offer to tne office so we just split it together.

Q. Who was a very educated man, him or you?

A. Myself. Myself.

Q. Okay. Go ahead.

A. He was occupying a portion of the bank building and second floor so I requested the back if they give me part of the first floor which they offered to me and I started practicing in the same building, same address but different offices.

Q. And he was also there but on the second floor?

A. Yes.

Q. And then he left later on to go to

Solon?

A. That's correct. And then I moved into his place.

Q. Okay, And you were there until just a few weeks ago or months ago?

A. That's correct,

Q. All right. You also delivered Miss Watson's second child, didn't you?

A. Yes, I did.

Q. And so I take it that you saw her for a number of years before the delivery of her third child?

A, Yes, I did.

Q. All right, Were there any problems in terms of your caring for her or her children?

A. Nothing unusual.

Q. All right. How about during the pregnancy of the third child?

A. Nothing unusual, absolutely.

Q. You knew that there was a history of diabetes in her family?

A, It was called in the chart, yes.

Q. But there were no problems associated with the third pregnancy?

A. "'one at all.

Q. Generally speaking, Doctor, do you attend a patient when she is in labor prior to delivery? Will you go in and check on her periodically?

A. That is routine.

Q. How often would you say?

A. It depends on the circumstances.

Q. Well, in the circumstances where there's been meconium staining, how often would you check on her?

A. Still depends on the circumstances. Meconium staining does not mean that the baby is really in jeopardy.

Q. How about poor beat to beat variability with meconium?

A. You monitor the baby very well.

Q. Doctor, if you don't understand my question I will be happy to rephrase it. I ask how often you personally would attend the patient. Do you understand that, sir?

A. No, I don't, really, There's nothing now often. Do you stay with the patient or don't you stay. That's the question would be.

Q. How often did you see Miss Watson on the morning of --

A. I did not leave Mrs. Watson at all since I came to the hospital at 8:30 in the morning.

Q. And you were in the room with her till --

A. No. I was in the hospital premises.

Q. I'm sorry. How many times did you go in the room from 8:30 till 11:00?

A. I cannot recall.

Q. Well, you can look at the record if you want.

A. The original chart is there, sir. I think initially I saw the patient at 8:30 in the morning and then about 10:30.

Q. 10:30?

A. Uh-huh.

Q. Where were you between 8:30 and 10:30, Doctor?

A. I was in the hospital.

Q. Where? Doing what?

A. Taking care of patients.

Q. Who was taking care of Hiss Watson?

A. The nurses,

Q. Did they do a good job of taking care of her?

a. Very good job.

Q. Did you yell or scream at them when you

came in at 10:30?

A. I don't do that.

Q. No?

A. No.

Q. What condition did you find your patient in when you came back at 10:30, Doctor?

MR. MAYNARD: You can consult the records.

Q. Oh, absolutely,

A. I recall that.

MR. MAYNARD: Go to the nursing note and make sure that you are accurate in your answer.

Q. If you have a recollection you can tell me from your recollection, Doctor.

A. Actually at 8:30 when --

MR. MAYNARD: He is asking you 10:30. What was her condition at 10:30.

A. 10:30 actually she start showing slight progress in labor. The fetal heart rate was not ideal at that time and it didn't change from the moment I did see her initially.

Q. It did or didn't?

A. It did change,

Q. How did it change, Doctor?

A. Start showing more fast heartbeat, call it tachycardia. At the same time slight change in the beat to Seat variability.

Q. What was the change, for the worse or €or the better?

A. No, for the worse.

Q. How was it between 8:30 and 10:30? Have you reviewed the chart?

A. It was acceptable.

Q. Acceptable?

A. Right.

Q. What do you see on a monitor chart when you have poor beat to beat variability, Doctor?

A. Please rephrase your question. I don't understand.

Q. What do you see, what would you physically see on a monitor strip when you had poor beat to beat variability? Would you see a straight line? I mean would you see jagged jumps? What would you be looking at?

A. Well, there's variation actually to the beat to beat variability. From increase to average to decrease to fixed base line which is straight line,

Q. What did --

A. The worst is a straight line, actually.

Q. So if you see a fairly straight line that's the worst?

A. That's correct.

Q. Why don't you pull out the monitor strip and let's go through it, Doctor. You just took this out of a packet that was marked Exhibit 3C, correct, sir?

A. Yes. It says so.

Q. All right. And what time does it start, Doctor?

A. It should have started on my -- after I installed the internal fetal monitor.

Q. That was 8:30, wasn't it?

A. It should be.

Q. That was when you noted thick meconium staining?

A. That's correct.

Q. By the way, what does that reflect when you see thick meconium staining?

A. It reflects an episode of hypoxia did happen in the past.

Q. And what does that mean for the child, tnat there's a lack of oxygen, asphyxia?

A. This means that an episode of in a

either short tine or long time hypoxia did happen.

Q. Once again, does that mean that the baby is not getting enough oxygen?

A. That he might have a short period of time without oxygen, doesn't mean that he consisted without oxygen.

Q. And is that why you put the monitor on, to determine how the child was doing?

A. That's correct,

Q. Are there other tests €or determining how the child is doing such as pH scalp sampling?

A. Yes.

Q. Is that available at Bedford Hospital?

A. No. No, it wasn't available.

Q. Well, as a very educated man such as yourself knows, that's a pretty good test for determining acidosis on the part of the child, isn't it?

A. One of the better tests.

Q. At any time in your dealings at Bedford did you ever make a request to have that available for you so you could treat your patients better by having that test available?

A. No.

Q. Why not?

A. We were using our clinical judgment, our interpretation for the fetal monitoring and we never have a problem.

Q. Did you have a problem here?

A. No, we did not.

Q. So the child turned out fine, right?

A. Which child?

Q. Miss Watson's child?

A. Sarcastic remark, right?

MR. MAYNARD: Rephrase the question,

Q. You determined that your clinical judgment was better than having a pH test available. Is that your testimony, sir?

a. My judgment was right for this baby here. We moved and we did everything possible.

Q. Doctor, if you can answer my question we'll get along much better, and that is whether the pH sampling was not as good as your clinical judgment; is that what you're saying to me?

MR. MAYNARD: Objection to the form of the testimony. He said they didn't even have pH scalp --

(2. My question is why didn't YOU ask for one and you and your colleagues determined your clinical. judgment was fine?

A. That's correct,

Q. See you determined that you could make decisions based upon clinical judgment as opposed to having a pH scalp sampling test?

A. We did judgment for a long time and it was correct all the time.

Q. What are the time intervals that we're looking at, Doctor, in terms of the various squares? There's numbered sections, correct, and there are three boxes basically in the numbered section broken down into six additional boxes, right?

A. (Indicating).

Q. What kind of time frame are we looking at in each of these boxes?

A. Depends on the machine, Sometimes you can have --

Q. Let's talk about this machine, Doctor, the one that you are dealing with at Bedford Hospital, What kind of time frame are we talking about?

A. Every three frame, one minute.

Q. Every three frames a minute?

A. Uh-huh.

Q. And it started at 8:30?

A. Well, precisely. Maybe after the membrane, the water of the baby was broken and then it takes a few minutes to install the fetal scalp electrode.

Q. And it's got a time on here, doesn't it, 8:42?

A. That means this one is started, right.

Q. And then you are saying each three frames is one minute?

A. Each three centimeter is a minute.

Q. Each three centimeters is a minute?

A. That's correct.

Q. I see. So each one of these numbered sections would be three minutes? Is that what you're saying?

A. (Indicating).

Q. All right.

A. I think there's three centimeters, yes.

Q. You tell me, Doctor. I'm asking you, you are the doctor.

MR. KAMPINSKI: Mr. Maynard, please. Let him answer.

MR. MAYNARD: I'm not sure he understands your question.

Q. I'll spend as long as we have until we

both understand the question. I'm not trying to trick you. This appears to start at 8:42, correct?

A. Right.

Q. My question is, each one of these small boxes, the smallest ones on the page, do you know what increment of time is measured by that box, the smallest one?

A. As far as I know, the whole box here is one minute,

Q. All right. When you say the whole box, she can't take down --

A. The two heavy lines, whatever included between is one minute time.

Q. And there's six tittle boxes?

A. So divide the six, this means ten seconds.

Q. All right. So each little box is ten seconds, each big box is --

a. One minute.

Q. And so we have got three minute segments on each numbered portion of the monitor tape, correct? Is that right?

A. Fine.

Q. Okay. Was the tape ever turned off? Do you know, Doctor?

A. Mot as far as I know from the time we installed the electronic scalp fetal monitor, no.

Q. When it was first turned on, and if we look at let's say the first, I don't know, about ten minutes approximately, what does the tape look like? is that a good beat to beat variability?

A. Average.

Q. That's average?

a. Right.

Q. Okay. And that would encompass squares 02906 to let's say 02909? Your testimony is that that reflects an average beat to beat variability?

A. Correct.

Q. All right. By the way, you weren't here looking at this monitor tape during the period of time that we're looking at now, were you, Doctor?

MR. MAYNARD: You mean contemporaneous1y?

MR. KAMPINSKI: That's right.

A. The first time I didn't, that's why. After I installed the electrode on the baby's skull I did monitor the baby when I filled out the fetal heart rate is okay. I just left at that time and I informed the nurse at tnat time to inform me if any changes.

Q. Fetal heart rate is only one of the indications, the other one that you are looking for is decelerations, beat to beat variability, right, Doctor?

A. According to the segment what I see here we look at two things here mainly.

Q. when you say here, I want you to be as specific as possible so we all know later on what it was you were talking about. When you say here you are now pointing to the same segment?

A. From 06 to 09.

Q. Okay. Go ahead. I'm sorry. You are looking for two things you said?

A. The base line, fetal heart rate. It was around 140 to 150 which is an acceptable limit.

Q. Right.

A. Second, we're looking for any decelerations which none is shown. Third, we're looking at the beat to beat variability which was an average, acceptable.

Q. Once again, the question I asked you before is you weren't here or you weren't --

A. Not the total.

Q. I'm sorry?

A. Not the total recording I was not, no.

Q. I think you told me before you weren't there from 8:30 to 10:30 is what you said, right?

MR. MAYNARD: Objection. he said after it was started at 8:42 he watched it for --

MR. KAMPINSKI: That's what he just said now. Before he said he left at 8:30.

MR. MAYNARD: I don't think he said that,

MR. KAMPINSKI: I think he did say that, And 1 think the Doctor's order that you made was to put the fetal monitor on.

Q. (BY MR. KAMPINSKI) Were you even there when it was put on, Doctor?

A. Mr. Kampinski, I did it myself.

Q. Okay.

A. I have to be there obviously, right?

Q. I don't know. I wasn't there, Doctor, so I'm asking you.

A. I'm telling you if I put it in I have to be there with the patient.

Q. Why would you make a doctor's order to put it on then if you did it yourself?

You can look at your orders, Doctor, if you want.

A. The internal fetal monitor is something

the physician put, not the nurses. That is standard in the hospital. This is not the one here.

Q. Do you want this?

MR. MAYNARD: Do you want this one?

A. That order I believe it was given to prepare the internal monitor.

Q. What time was that given?

A, I do not have a recollection of that. Probably I broke the Mater, I told the nurse I need internal monitor, and only time if you give them any order they have to translate it into orders in the chart and that's what. So this was not my handwriting. I have to countersign it here. This is standard procedure anyway.

Q. Well, let me make sure I understand what you're saying. Is this your writing down here, Doctor?

A. That is not my handwriting.

Q. Yes, but down here, below that, that's ail your writing?

A. That's after the surgery,

Q. Whose writing is that?

A. That's the nurse.

Q. What is her name?

A, Probably Nancy Dittmer.

Q. I'm sorry? Dimmer?

A. Dittmer, D-i-t-t-m-e-r

MR. MAYNARD: I think you can tell from the nursing notes as well who the nurse is.

THE WITNESS: It looks like Nancy Dittmer most likely.

MR. MAYNARD: Let's take a look,

Q. Mhy don't you read it out loud, Doctor, so we all know what you're reading.

MR. NAYNARD: Right down here. Right in this area.

MR. KAMPINSKI: Why don't you read it, Mr. Maynard?

THE WITNESS: Which section?

MR. MAYNARD: Right here. Placed on internal monitor, Dr. Ahmed.

THE WITNESS: That's it.

MR. MAYNARD: Signed,

THE WITNESS: Nancy Dittmer.

MR. MAYNARD: RN.

THE WITNESS: Nancy Dittmer, RN. Right.

Q. What does that mean, Doctor, now that Mr. Maynard has helped you.

a. Excellent. Very nice man.

MR. MAYNARD: He means what does the nursing note mean.

MR. KITCHEN: He's got an A in reading.

MR. MAYNARD: What does the nursing note mean is his question,

Q. Does that mean you were there, Doctor?

A. Yes.

Q. By the way, you told me that you said there were two things but then you told me there were three things you looked for. The fetal heart rate and the D cells and beat to beat variability. Is that correct?

A. (Indicating).

Q. How were the D cells and beat to beat variability in those first --

A. There was no D cell.

a. Let me finish my question, Doctor. In the first six minutes, how were they?

A. In the first six minutes there was no deceleration.

Q. First six minutes starting at 8:42, actually. How were the D cells in that first, two, three, four minutes? How were they?

A. There was no deceleration.

Q. Don't you need contractions, Doctor?

A. She was having contraction.

Q. Doctor, the first four minutes, show me a contraction, please. Do you see any there?

A. This was the internal monitor and then they have to put the tocometer. This is an electrode which is put on the muscle of the abdomen or the wall of the abdomen to detect the contraction of the uterus. Usually we start by the electrode and then after we stabilize in the electro-fetal monitor, the fetal. heart, they put that gadget and start recording. So at that moment of time there was no recording of the uterine contraction, And even if there was uterine contraction there was no deceleration. So that's indicative even if there was contraction, no deceleration, so there's no deceleration whatsoever.

Q. How about beat to beat variability?

a. We mentioned that before.

Q. That's okay?

A, That's average, yes.

Q. Have you reviewed this monitor strip before coming here today, Doctor?

A. Yes, I did.

Q. When?

MR. MAYNARD: You can tell him.

A. Probably 1:00 in the morning before.

MR. MAYNARD: Even this morning?

THE WITNESS: Right.

Q. Did you find any area of concern going through it, Doctor?

A. The last thing in the monitor, actually,

Q. But you don't see anything between 8:30 and 10:30?

A. No.

Q. That concerned you at all?

A. (Indicating).

Q. Is that correct?

A. Yes.

Q. Beat to beat variability was good throughout?

a. Yes. It was good until certain segment of the monitor,

Q. Why don't you find that certain segment. And I want you to look at all of it just to make sure that there's no confusion later on, according to your testimony. It's all good, right?

a. The fact if you look at the segment 932

and on there starts showing some episode of acceleration which is tachycardia.

Q. Now, where physically do you see that, what frame?

A. Frame 32 through 3.

Q. Why don't you point it out to me, Doctor?

A. (Indicating).

Q. And what time would that have been, Doctor?

A. It's around probably 10:10.

Q. 10:00, 10:10?

A. Between 10:00 and 10:10.

Q. Did somebody call you then?

A. I cannot remember.

Q. Well, look at the chart.

MR. MAYNARD: Back to the nursing notes again.

THE WITNESS: I think at that time I think she was receiving an I.V. fluid,

MR. MAYNARD: No. We wants to know is there any indication that you were called at 10:10 by the nurses. That's his question. That's the only question you need to answer.

A. No.

Q. What time were you called, Doctor, or

were you called at all or did you come back because it was time to come back?

A. No. I myself called about 10:30 and I told them what the condition --

Q. You called? Nobody called you?

A. Well, see, what the standard is usually if there is some change in the fetal heart we have certain procedure we do the patient.

Q. There was a change, though, you told me?

A. Yes. I say if usually there's a small change we don't get panicy with that. We give the mother oxygen, we change position. If after a frame of ten minutes there's no change at this time, then yes, we call the physician.

Q. Did they give her oxygen and change position at 10:10 or --

A. Most likely they did.

Q. Could you show me that in the chart somewhere, please?

A. I cannot get it out.

Q. I'm sorry? You are not finding the note?

MR. MAYNARD: He said he cannot find it in the note.

A. I cannot find it in the note.

Q. Is that something that's supposed to be

put in the note if it's done?

A. It should.

Q. And it's not there?

A. I believe that he did it. I do believe strongly they did it.

Q. Well, Doctor, it's not in the note. I mean are you just pulling it out of the air, the fact that you believe --

A. Hot really in the air because we know how we practice medicine in the hospital; we do that all the time. Once we start thinking anything unusual is happening we just do the routine thing, I.V.'s, positioning and oxygenation. That is standard in the hospital,

Q. Fine. Show me where the standard was met.

THE WITNESS: Can you help me read this thing, paragraph, please? No. The handwriting. That's all if you just start after the internal monitor was applied.

MR. MAYNARD: It says I.V. started in left arm and then there comes the content of the I.V.

Q. You are talking about 9:00 now, you are reading from 9:00?

A. Between the 9:00 to 10:30.

MR. MAYNARD: In other words, there's -- is there a note? Is there a note between 9:00 and your call at 10:30?

THE WITNESS: Not as Ear as I see in the chart.

MR. MAYNARD: Okay.

Q. And just to make sure there should be if, in fact, there was oxygen given and position was changed, correct?

A. Let me just look at the order sheet. I know it was given but I cannot see it in the chart.

Q. Who gave it?

A. The nurse.

Q. What nurse?

A. The same nurse who was taking care of the patient,

Q. Dittmer?

a. Yes.

Q. Should it be noted anywhere else in the chart, Doctor?

A. This is really part of the -- your nurses' notes, not mine.

Q. Should it be noted anywhere else so that you as a physician when you come back to even look

at the chart --

A. I can see it.

Q. I'm sorry?

A. I see it. I don't look at the chart.

Q. You see what?

A. I see the gas coming to the mother with the mask or the nasal cannula, We know the position of the mother, we know the I.V.'s and this is how we go.

Q. So when you came back you saw that?

a. Uh-huh.

Q. And what time did you come back?

MR. MAYNARD: Check your notes again. What time bid you come back.

a. 10:30 I called. And the nurse told me exactly what I saw, that there was some changes and decrease in the beat to beat variability.

Q. All right, You called her, she didn't call you, right?

A. That's what the chart says, yes.

Q. Okay. And that was at 10:30?

A. That's correct.

Q. And she told you there was poor beat to beat variability?

A. No, she did not say poor.

Q. She said there's a decrease?

A. Yes, there's a decrease.

Q. And where were you in the hospital. when you called?

A. You want the exact location where I was?

Q. Absolutely. If you can give it to me,

A, I cannot remember where I was.

Q. All right, Where do you think you might have been?

A. in surgery.

Q. In surgery?

A. Not doing surgery. in surgery suite, actually.

Q. How far is that from where Cynthia Watson was?

A, Oh, it will be about one and a half minute.

Q. How long did it take you to get back to her?

A, If I run in the staircase take me about one minute. If I take the elevator, 20 seconds.

Q. How long did it take you?

MR. MAYNARD: Again, check the record and see.

THE WITNESS: Yes, I know.

MR. MAYNARD: When you got there.

A. 10:30. I came back another 10:50.

Q. 10:50?

A. Right.

Q. That's 20 minutes?

A. That's correct.

Q. What were doing for 20 minutes, Doctor, after you were informed that your patient was having decreased beat to beat variability and you knew that she had meconium staining early in the morning? What were you doing?

A. I cannot really remember.

Q. Why weren't you going right away, Doctor?

A. Probably most likely I was doing something but I did not feel that there was a very bad situation to warrant a quick action. Because a slight decrease in beat to beat variability does not mean that a big problem happened, actually.

Q. What time was the C section finally done?

MR. MAYNARD: Look at the anesthesia record.

A. I can't read this probably from the nurses' notes.

MR. MAYNARD: Is this 11:00?

Right?

THE WITNESS: Right.

MR. MAYNARD: Do you want to look at the --

THE WITNESS: I think the nurses' notes are what would show the time.

MR. MAYNARD: Here.

A. That says what it is. Time started, 11:25.

Q. 11:25.

A. And time finished, at 12:00.

Q. What are you looking at to determine what time it started?

A. That's the note from the circulating nurse at the time of the Cesarean section.

Q. Does the anesthesia record reflect what time it started also?

A. It should be somewhere.

MR. MAYNARD: They put the time up here.

a. They have a special section for it starting and finishing and everything. Time anesthesia started, 11:10 and time operation finished, 12:10.

MR. MAYNARD: That's 11:15,

Am 11:15.

Q. And a circulating nurse indicated when? I'm sorry. I just forgot.

A. Time start, 11:25.

Q. 11:25. And you, of course, had a pediatrician in attendance, didn't you?

A. No. I have an anesthesiologist,

Q. Well, wait a minute.

A. And the nurse.

Q. You didn't have a pediatrician in attendance?

A. No, I did not.

Q. Why not?

A. I think things moved faster than what we expected and he was called and till they come into the hospital it takes some time.

Q. Who did you call?

A. The nurses did call a pediatrician who was assigned to the lady.

Q. Who?

A. Dr. Khalil.

Q. Knalil?

Am Right.

a. When did he get there? If you know.

a. No, I don't know.

Q. Was he there when the baby was delivered?

A. No.

Q. Is there any type of standard operating procedure, Doctor, for having a pediatrician in attendance when you have got poor beat to beat variability and meconium staining and you decide to do a C section?

A. Yes. We do call the pediatrician to come in.

Q. Why is that?

A. To help with the baby. We need extra hand and knowledgeable people to know how to resuscitate the baby.

Q. I see. In other words, there wasn't somebody there knowledgeable to resuscitate the baby?

A. Yes, there was.

Q. Who was that?

A. Dr. Barsourn, the chief of the anesthesia department at the Bedford hospital.

Q. Why would you call the pediatrician?

A. Because the anesthesiologist does not assume the whole responsibility for the baby after the baby is transferred from the delivery room to the nursery.

Q. I don't understand. You are telling me that it's standard to call the pediatrician in this circumstance, correct?

A. That's correct.

Q. To have expert assistance?

A. That's correct.

Q. Because you expect a problem, don't you, when you do the C section, correct, sir?

A. Yes.

Q. All right. And that person was not there for this child, was he, Doctor?

A. The time notice was very short. He was called.

Q. Well, wait a minute. You got called at 10:30, you showed up at 10:50. Aren't there pediatricians in the hospital?

A. We did not decide to deliver by Cesarean section yet.

Q. Oh, okay, When did you decide, Doctor, to deliver?

A. That's when I went upstairs at 10:50, I reviewed the chart and I thought that it's about time to do a Cesarean section right now.

Q. What time was that?

A. The same time I checked the regainer,

10:50.

Q. 10:50. And it took 35 minutes before a C section was done. Is that what you're saying, 10:50 to 11:25?

A. Till the preparation.

MR. MAYNARD: Objection. The anesthesia started at 11:15.

A. 11:15.

Q. Okay. But the actual. surgery started at If:25, approximately, correct?

A. Yes.

Q. And where did Dr. Khalil have to come from? Do you know?

A. I know his office is in Chagrin Valley Nedical Center.

Q. Why didn't you get a pediatrician in the hospital if he had to come from Chagrin Valley Medical Center?

A. I honestly don't believe that the pediatrician would make any difference.

Q. I didn't ask you why. You can believe whatever you want.

A. I was just answering you.

Q. My question was why you didn't yet someone in the hospital if that was what was

required in the situation. That's my question, sir.

A. We do not have a pediatrician who stays in the hospital.

Q. Why not?

A. There's no reason for a pediatrician to be staying in the hospital.

Q. How far away is Chagrin Valley Medical Center from Bedford Hospital?

A. Probably half an hour.

Q. Why are there two tapes, Doctor? Do they have to reload the machine with paper or do you know?

A, Sometimes, yes, sometimes -- it does break when you look at it.

Q. I'm sorry?

A. Sometimes they do break very easily when you start --

Q. They break?

A. (Indicating).

MR. KITCHEN: Let the record show a demonstration he just made.

Q. Did you review this chart before it was released from the hospital, copies were sent to me? Did you review it, Doctor?

A. No.

Q. Because there's a note in there that you were told that there was a request and you said it was okay to release the records'?

A. Yes.

Q. You didn't come and look at it?

A, No, I did not.

Q. The numbering changes, Doctor, from 02937 to 02138, why is that? Do you know?

THE WITNESS: de said numbers?

Q. Yes.

A. I don't have an answer. Maybe the loading of the machine they have different stacks or finished a roll or put another one. I have no answer for that, really.

Q. Well, if we go from 10:10, Doctor, to 10:28, how many minutes would tnat be, 18 minutes?

A. Yes.

Q. Okay. And do we have 18 minutes in here, in the interval? Well, actually one of these frames is empty, right, 02138? I mean there's nothing there, right? Do we have any missing time in here, Doctor? Can you determine that for me, sir?

A. There's missing time but I can't answer

that really. I don't know.

Q. How much missing time do we have?

A. This is 10:10.

MR. KITCHEN: What number are you looking at?

MR. MAYNARD: Let the record show that he pointed to panel 2935 and the notation 10:10 is on that. Then there's panel 2936 and panel 2937, and panel 2937 ends a little more than two thirds across the way. Panel 2138 is empty and panel 2139 commences at approximately the middle, and then the time at tne end of panel 2 -- or two thirds of ehe way, panel 2139 reads 10:28. So that's the 18 minute segment he is asking about.

MR. KITCHEN: Thank you.

Q. I have heard about 18 minutes before.

Wnat are we missing, about ten minutes, Doctor?

A. Probably.

Q. Where is it?

A. I don't know. I don't know. It didn't even appeal to ne to look at this one really. I don't think it makes any difference.

Q. When you came down at 10:50, what did you do, did you look at?

A. I looked from this one on. This was in the chart. Because I don't think it makes any difference because whatever before and after.

MR. MAYNARD: What does this word say?

THE WITNESS: Bed pan. She was in bed pan or she was maybe --

MR. KAMPINSKI: On bed pan.

MR. MAYNARD: Yes.

Q. So the monitor would be taken off, right, or would it?

A. Obvious reason she might ask for.

MR. MAYNARD: The question was --

A. I don't know. I cannot answer that, honestly. You know, she's a heavy lady, Maybe she wanted to be relieved a little bit or something, I don't know. But to me it doesn't make any difference because there's a continuation here and there's not much decline actually in the situation, no, Even if the missing part was missing, actually, it doesn't make any difference,

Q. Does it get any better?

A. It was still acceptable.

Q. It was acceptable at that time?

A. Yes.

Q. Well, then, why did they tell you that at 10:30 that there was reduced beat to beat variability?

A, if you could go to the second one, the 10:30 one, there was this segment here.

Q. When you say this segment here, why don't you give us numbers, Doctor.

MR. MAYNARD: He is pointing to panel 2141 and panel 2142,

THE WITNESS: Right.

MR. MAYNARD: it was an obvious decrease.

THE WITNESS: Obvious decrease, right.

Q. And it took you 20 minutes to get there after that point in time?

A. That's what the record shows.

Q. As a matter of fact, the monitor keeps going until what, 11:10?

A. Usually just before we do the C section, yes.

Q. What was the purpose of keeping the monitor on at that point once you had decided to do the C section?

A. That's a standard of care in case

something drastic or crises happened, we can move faster than that,

Q. Whose writing is this? Do you know? Would this be the nurse again, Dittmer you think?

A. Has to be the nurse.

Q. Bow many nurses were in there?

Usually one nurse assigned to one patient.

Q. What did you find when you did the operation, Doctor?

MR. MAYNARD: You can refer to your op note, if you want.

A. I found still a heavy thick meconium which is covering all the body of the newborn, some meconium in the mouth and nose. The membrane were completely stained with meconium, the placenta was stained with meconium, placenta was looking normal otherwise. The cord was healthy and normal. Uterus, tubes, ovaries, everything was normal.

Q. How was the baby?

A. The baby was definitely depressed. We give her Apgar score 3. It was definitely a depressed baby.

Q. Doctor, you did an operative report,

didn't you, sir?

A. Yes, I did.

Q. Why don't you turn to it in the record, if you would?

A, I recall it.

Q. In the first paragraph starting with the second sentence, why don't you read that to me, Doctor, ana then I want to discuss a couple sentences in there.

A. This is from the history, right?

Q. Yes.

A. The membranes were broken artifically and heavy thick meconium came instantaneously. Immediately an internal fetal monitor was applied and observation was beat to beat, variability was diminishing and the baby's heart was on the tachycardia side between 155 and 165. Positioning and oxygenation did not improve the condition. Constant meconium was still passing.

Q. What do you mean by that, Doctor?

A, See, when the baby passes any meconium, the whole fluid around the baby which sometimes amounts as much as two to three liters, it does not come all in one gush. With each contraction the uterus will push part of this fluid outside.

And if the whole fluid was contaminated -- so you continue seeing the change in color of the fluid.

Q. I see. So that the whole time from 8:30 until you came back at 10:50 there was meconium?

A. Once there's meconium there will always be meconium until the baby is born. That's what I try to explain to you.

Q. Okay. Go ahead. The next sentence says 15 minutes?

A. Before the Cesarean section the beat to beat variability was almost gone and Cesarean section was in process, That's all.

Q. Well, all right. Explain what you mean by that, 15 minutes before the Cesarean section the beat to beat variability was almost gone. First of all, show that to me on the monitor if you would.

A. A few of the segments which we noticed, actually, Some of these almost getting to the flat type,

Q. Okay, You are pointing at 02151 and 02152?

A. Uh-huh.

Q. Okay. But then you go on to say the beat to beat variability was almost gone and a

Cesarean section was in process?

A. Right.

Q. In other words, you were preparing to do it?

A. Because I made the decision 10:50 when I came and this was segment about 11:00. So I was continuing monitoring the baby meanwhile so that gives me a clue that I was right in my decision to do Cesarean section.

Q. And once again, the positioning and oxygenation, that's something that you assume had occurred?

A. I don't assume. I know I did it.

Q. You did it?

A. Yes, sir.

Q. When did you do it?

A. This is a standard.

Q. When did you do it?

A. The mother was receiving oxygen from the start of the meconium staining.

Q. Okay. From 8:30 in the morning she was receiving oxygen?

A. Yes, sir.

Q. And that was continuous?

A. Yes, sir.

Q. All right. So that when you pointed to, what was it, when you pointed to the problem that you noted on the chart earlier and assumed that she was getting oxygenation, that was because you had started her at 8:30 on it, right?

A. Yes.

Q. Okay. So you --

A. Because I ordered I.V. When I order I.V. I order oxygen, we order positioning of the mother all the time to improve the condition of the fetus so we can avoid doing Cesarean if you don't have to.

Q. What do you normally see if you have a situation with the child that's asphyxiated even before labor? Would you expect to see a monitor strip such as this or would you expect to see more abnormal findings?

A. This is an assumytion question?

Q. Yes.

A. I don't think I will assume in this case.

Q. Doctor, what would you normally expect to see if you had a child that had fetal distress even before the onset of labor, what would you anticipate seeing on a monitor strip? Would you see late D cells?

A. Yes, That's the main thing. Now, the mechanism, how things work, actually, the oxygenation will be preserved to the most important organ in the body which is the brain and the heart. So for preservation of a human, a procreation from God's system, I can say the heart will slow down at the time so it will not use as much as normal. So it will resume bradycardia. Bradycardia means lowering of the heart.

The second part, with each contraction, because that baby does not have reserve in its body, it will show deceleration of the heart more during contraction, so it will preserve more oxygen for the brain.

So two things it will see, bradycardia which is lowering of the heart rate, and persistent late deceleration after each contraction.

Q. And none of those are here, are they?

A. No.

Q. So would you then assume that this child was not asphyxiated before labor?

A. No. I did not say that.

Q. Okay. Was he, in your opinion, or was she, in your opinion?

A. The insult for this baby definitely happened before the patient came to the hospital.

Q. Okay. And what was that insult?

A. Some episode of hypoxia which God only knows why causing it. We have no knowledge of absolutely what happened.

Q. I see, So in other words, that was the cause of the meconium staining?

A. Yes.

Q. So that was a clue to you that there was an episode of hypoxia?

A. Yes.

Q. Were there any additional insults done to the baby during the birth process, the labor process?

A. Absolutely not.

Q. Absolutely not?

A. Absolutely not.

Q. Why not? Why do you say absolutely?

A. Nothing she had actually in the -- nothing did show on the fetal monitoring that insult was a consistency. It was an episode of insult which took place, baby continued to suffer from that episode without wore insult happening after that.

Q. I see. So the earlier that the child could have been delivered I take it the more chance it would have had to survive?

A. No. The baby was insulted already.

Q. I'm sorry?

A. Already insulted by that episode,

Q. Oh, so it was dead before it got there?

A. Would not say aead. This is your term. Baby was not dead.

Q. Well, you are saying insulted and I'm trying to understand.

A. The word insult, this means an episode of hypoxia did occur prior to the initiation of labor.

Q. Are you saying that there was nothing that could be done from that point in time?

a. None. None whatsoever.

Q. Nothing?

A. None.

Q. So no matter what would have been done this child --

A. No matter.

Q. Let me finish my question.

MR. MAYNARD: Let him finish his question.

THE WITNESS: Okay.

Q. No matter what would have been done this child would have died in your opinion, is that right?

A. I didn't say that,

Q. What are you saying?

A, We did the best --

Q. Would it have been brain damaged?

A. We did the best that could be done.

Q. Doctor, please, listen to my question.

A, Yes.

Q. I'm not asking you what you did or didn't do, I'm asking you what your opinion is regarding the outcome of this child had other things Seen done. Okay? If this child had been delivered earlier do you have an opinion whether or not it would have been either brain damaged and/or died?

MR. MAYNARD: Objection unless you are more specific as to what you mean by earlier. I'm not sure it makes a difference,

Q. Let's say 10:30.

A. No.

Q. Okay. 9:30?

A. No.

Q. 8:30?

A. No.

Q. Okay. So it just wouldn't have mattered, this child would have died or been brain damaged in your opinion?

A. That's correct. Right.

Q. What is thick tenuous meconium staining? Is that different?

MR. MAYNARD: I think you got the word wrong.

A. It's tenacious.

Q. You're right. I do. What is that, Doctor?

A. When the meconium passes from the colon of the unborn child usually it comes as a fresh green fluid material. When it stays for a little bit longer and the amniotic fluid which is the water around the baby -- tnere are some enzymes which do change the color and the consistency of the meconium. If the episode is more than 12 hours you get into a thicker type digestion of that protein part of the meconium which becomes mucusy, tenacious. The more the meconium is stained the thicker and the more mucus you are going to find around the baby.

Q. Well, what does that mean in teras of how long the child -- or there had been any insult? Does it mean it was recent, does it mean it was long standing or can you tell?

A. It has to be within 24 hours.

Q. Okay, Is the reason that you do positioning and oxygenation to see if the condition will improve?

A. Yes.

Q. In your discharge summary, Doctor, you have got a sentence in there, it says after positioning and oxygenation, and then you -- I think you told me that occurred at 8:30, right? That's what you ordered, correct, sir?

A. Right.

Q. After positioning and oxygenation, the condition did not improve and a Cesarean section was in process. Does that refer to some other time other than 8:30?

A. No, it does not, really. This means we did not pursue the vaginal birth and even in spite of everything we could have done --

Q. My question is what condition. After positioning and oxygenation, the condition did not improve and a Cesarean section was in process.

What condition?

A. The strip with the fetal monitor.

Q. What time?

A. I will not specify time here but this was a conclusion of the whole episode of the labor and delivery.

Q. I understand, but I'm asking you what condition did not improve after positioning and oxygenation. The condition that was noted at 8:30?

A. No. The last episode. The one we discussed before. We were just concluding the summary, Mr. Kampinski, is the conclusion of all the thing what happened. I'm just repeating some of the things without going into detail of what happened. Our main concern about the chart summary at that time is to give any complication that happened to the mother after delivery, That's the whole thing, just for the medical record.

Q. Why was the baby transferred?

A. I think after the whole attempt which was done at Community Hospital the baby had arrested respiratory and cardiac arrest. Baby was revived by CPR zit the same time I think the squad from Rainbow Babies and Childrens was called which

definitely any community hospital is not a triage hospital, is a primary hospital. We don't have a facility to take care of these sick kids all the time.

Q. Why didn't you transfer her earlier?

A. The team was called.

Q. What team was called?

A. The squad from Rainbow Babies and Childrens.

Q. What time was the team called?

A, I don't have the exact time. Probably in the chart, It was called immediately after delivery and it takes some time for them tu come from downtown up to southeast.

Q. What level hospital is it?

A. Our hospital is a primary.

Q. Level. one, level two?

A, Level one.

Q. Level one.

MR. MAYNARD: Show an objection to a previous question but I thought you said, quote, "You transferred the patient." At the point where the baby leaves the delivery room I'm not sure it's his transfer. I'm assuming that that's not a major bone of contention here.

Q. Did you order the transfer, though?

A. No.

Q. Who did? Do you know?

A. Usually this falls under the jurisdiction of the pediatrician,

Q. Pediatrician?

A. That's correct.

Q. When did he get there? I may have asked that before,

MR. MAYNARD: I don't think -- I think he said he didn't know. There are a couple of notes in the record we looked at with times on them. If you want us to point those out I'm sure you know what those are. There's one that has 11:30 on it.

THE WITNESS: Were. 11:30.

MR. MAYNARD: It says Dr. Khalil notified, 11:30. We're looking at the physician's order sheets.

MR. KAMPINSKI: Let me take a look.

MR. MAYNARD: And there's another place indicating --

MR. KAMPINSKI: All right. This is after,

MR. MAYNARD: You will see again

in terms of the transfer order at the bottom, It's signed by Dr. Khalil.

THE WITNESS: Okay.

Q. (BY MR. KAMPINSKI) Okay. Was this after the baby, can you tell, was transferred after the delivery? it says routine newborn nursery, correct?

A. That's part of the standard of the nursery nurse, to call the pediatrician on arrival of new admission to the nursery which the baby --

Q. Wait a minute. I thought you told me that you called the pediatrician?

A. I did not say I called personally,

Q. Did you tell somebody to call the pediatrician?

A. That's part of the protocol of the hospital, The pediatrician will be notified. In any event, we're dealing with a Cesarean section.

Q. Did you tell anybody to call the pediatrician? Yes or no, Doctor?

A. Yes.

Q. Who did you tell?

A. I told the nurse who was taking care of the baby and the mother.

Q. Dittmer?

A. Yes.

Q. Okay. So you wouldn't know why then it reflects that Khalil was notified by the nursery? You don't know why that is, do you?

A. No, I don't.

Q. And you would have told her then at 11:50, right? 10:50. I'm sorry. Right?

A. Yes.

Q. Well, turn tu the history and physical examination, Doctor.

MR. MAYNARD: I think he is talking about the mother?

Q. The mother.

A. The mother. Okay,

Q. Can you determine, Doctor, when that was dictated and typed at the bottom? March lst?

A. Yes. It was written and dictated and transcribed 3-1-85.

Q. All the same day, right?

A. Yes.

Q. Date of admission?

A. Right.

Q. And you signed that, didn't you, Doctor?

a. Yes.

Q. Do you know when you signed it?

A. After it come to the chart I sign it.

Q. When would that have been? Do you know?

A. As soon as the transcriber finish it and bring me the chart, I cannot give you a precise --

Q. Same day it looks like?

A. Yes.

Q. Doctor, there's a sentence there, it's under present illness that reads as follows: She was admitted with progressive labor. Meconium stained and fetal distress. Private medical doctor recommended. Cesarean section.

Does meconium staining represent fetal distress to you?

A. Not necessarily.

Q. Well, why does that sentence reflect that on admission there was fetal distress?

A. We not do a history and physical by the house physician for a routine admission in the OB departsent of the hospital. We do it only if surgical interference is contemplated. decause I decided to do a Cesarean section, this means after my decision, 10:50, the house physician came and she talked to Cynthia and transcribed from her and dictated that. So that decision was made after we decided to do a Cesarean section.

Q. You mean at 10:50 a history and physical. was taken from her?

A. Yes.

Q. By Soto, Zabala?

a. That's correct.

Q. Is she still at the hospital?

A. Yes.

Q. Is she associated with you at all?

A. No, She is employed by the hospital, A very competent physician.

Q. You don't take a history and physical?

a. Not -- by the house physician.

Q. Okay. How about you? Do you take one?

A. Yes, I do,

Q. Was there one in here by you done at the time she came in?

A. There's a space which is not filled. Actually we do one.

Q. I'm sorry?

a. That's what -- that part we fill all the time, the physician fills.

Q. Intra-partum data sheet?

A. (Indicating).

Q. What happened?

A. When I sign it on the bottom, this means

nothing is wrong.

Q. But it says here that there was fetal distress.

A. This history and physical says fetal -- history and fetal is empty. This is talking about the fetus now; we're talking about the mother.

Q. This is in the mother's chart, Doctor?

A. That's a history, Mr, Kanpinski. That's a history. That's a history of fetal distress, Now, you cannot take physical history on the baby, you take it on the mother which is our part.

The same thing when Dr. Zabala took the history and physical from the mother, not from the fetus. So we give her the history. The reason for the C section is there's fetal distress and meconium staining. We have to know why we're doing a C section.

Q. Why would she take -- is this a training type of thing?

A. Part of the protocol of the hospital so somebody would be neutral to evaluate the situation, We do that all the time.

Q. And this is what, a resident?

A. No. That's a full physician, licensed.

Q. She is still undergoing training though

at the time this was done?

A. I don't understand the question.

Q. Resident, internship?

A. She's a licensed physician to practice medicine.

Q. Outside doctor?

A. She's full-time, employed by the hospital.

MR. KITCHEN: Just for the record or off the record, designation is house officer.

Q. Okay. And you say this was done at about 10:50?

A. Once we give the option to go for Cesarean section the nurse who cares about that particular mother, she will call the house physician requesting that a physical and history be done immediately.

Q. Would you turn to the physician progress notes, Doctor? Is that your writing on that page, sir?

A. That's all my handwriting, yes.

Q. Why don't you read it for me. It's very difficult to read.

A. That's just a little bit. Operative report was done after the surgery was done. We

just --

MR. MAYNARD: Just read it verbatim for him.

A. Okay. Severe fetal distress and multiparity. Primary Cesarean section and abdominal tubal ligation.

Q. Go ahead. That was March 1st, right?

A. So this is the day of the surgery. March 2nd, baby expired at 4:30 a.m. today. Autopsy requested. Mother is doing fine.

Q. Just keep going, Doctor.

A. 3-3-85. Very depressed, otherwise mother is doing fine. 3-5, discharged.

MR. MAYNARD: Today?

THE WITNESS: Today.

Q. Okay. There's a physician's order sheet also. Do you see that, Doctor? I have got one March 3rd and March 5th.

A. March 3rd.

Q. Yes. Right there. Is there any writing by you on that, Doctor? Is any of that yours?

A. That's my telephone order and I countersigned it.

Q. Okay. And there's also orders starting on March 1st, isn't there?

A. There is, yes.

Q. There's two pages of March fst, right?

A. Yes.

Q. Is any of that your writing, any of those two pages?

A. The lower half of the first page is mine.

Q. All right. Why don't you read that for me. That's March 1, 1985?

A. March 1. Clear liquid. 3,000 cc, five percent dextrose and Ringer's lactate times two. Dextrose, d-e-x-t-r-o-s-e, Ringer, R-i-n-g-e-r, lactate, l-a-c-t-a-t-e, times two.

Q. Go ahead.

A. Five cc M.V.I. This is a multivitamin injection. M.V.I., every 24 hours. Then intake and output. Demulen, 75, Phenergan, 25 milligrams, every three to four hours p.r.n. And then hemoglobin and hematocrit by a.m. Compazine, 15 milligrams I.M. every five to six hours p.r.n. Seconal, 100 milligrams q.h.s. p.r.n. Ambulate. Routine post partem treatments and signed by me.

Q. The part right above there was by Dittmer, correct, just above what you just read?

A, That's correct.

Q. Would you read that for me, please?

A. Tnat is internal monitor, type and screen, CBC and differential, intravenous, 1,000 cc, five percent dextrose and Ringer's lactate.

Q. Okay. That was Dittmer, correct?

A. Yes.

Q. At the bottom it's got Soblosky?

A. Soblosky, correct.

Q. Did shifts change or do you know? Do you know what happened?

A. I really don't.

Q. Okay. But it was only one nurse that was taking care of --

A. Usually one nurse is assigned to one patient.

Q. Okay. The bottom note has 3-1-85, 5:20 p.m.

A. P.m., right.

Q. So that was in the evening?

A. That's correct.

Q. So the only note is this one written in here by the nurse?

A. That's definitely.

Q. No. Before the operation. I'm sorry. Correct?

A. This one?

Q. Yes. Why didn't you write anything in there? That's physician's orders?

A. We do give verbal orders and they do it and they write it down and we sign it. That's a standard. And it's an acceptable standard in any hospital.

Q. The next page, 3-2, Whose writing is that at the bottom?

A. The bottom part is mine.

Q. That's your writing?

A. Order.

Q. Okay, Where is the order for the oxygen?

A. We do not give an order for oxygen.

Q. How does a patient get it if you don't order it?

A. We tell the nurse and they don't mark it because this is a standard.

Q. You give oxygen to all the women in delivery?

A. The one which we feel oxygen is beneficial.

Q. Okay.

A. We do.

Q. But you don't write that down?

A. No, we don't.

Q. Is there a respiratory department at --

A. Yes, we do.

Q. Well, do they give oxygen?

A. No. If they are requested, yes, but, the nurses, they are trained to install oxygen from the wall to the patient.

Q. Why is there a respiratory therapy department? What do they do?

A. In case we need some help, extra help. The function of the respiratory therapy is not to give oxygen to the patient, actually it's for some other problem with the pulmonary function of other patients.

Q. If you use them you nave to order something for them, right?

A. Yes, if you use them you have to order.

Q. And how do you give the oxygen now, how do the nurses give it?

A. There's a socket in the wall attached to a central bottle, goes to every room in the hospital. And you connect it to a special bottle to humdify it, and then you give it through the nose or by mask, it depends on the comfort of that patient.

Q. Bow was it given to Cynthia Watson?

A. It depends.

Q. You saw it given, initially you saw it when you came back?

A. We give oxygen. They ask the patient whether you like the nasal cavity or the mask,

Q. I'm asking how it was yiven to her.

A. I don't know.

Q. I thought you said you saw it, Doctor.

A, I cannot remember.

Q. Is there anything in the nurses' notes, Doctor, that reflects oxygen being given?

A. I did not see it.

Q. In other words, it's not there?

A. I did not say that. I did not see the note.

Q. Why don't you take a look at it.

A. I look at the chart. It's not written in the chart,

Q. It's not in the nurses' notes, either?

A. No.

Q. Correct?

A. Yes.

Q. Did you personally, Doctor, have any discussions with the physician at Rainbow Babies regarding the condition of the child?

A. No, I did not.

Q. Are you aware of anybody who had any discussions with the physician?

A. No. We have some understandable policy in the hospital between us and Rainbow Babies and Childrens to give us a follow-up to call the floor.

Q. Did they in this case?

A. If they go for the worse or the better or what have you.

Q. Did they in this case?

A. Yes. We did receive a note, a telephone call.

Q. Who got the call?

A. Telephone information.

Q. One of the nurses? Who?

A. I don't know.

Q. Well, did you have any discussion with the nurse?

A. No, I did not.

Q. Didn't you tell Cynthia Watson that you had had some communication from Rainbow Babies through a nurse? Didn't you?

A. Did I tell her what? Can you rephrase the question?

Q. Sure, That you had had some

communication through a nurse with Rainbow Babies regarding her child?

A. I cannot recall. I told her I have information myself. I read the information which we received in our hospital.

Q. Okay. Who received it?

A. Definitely one of our nurses because at the time we were available to take the phone and answer they are going to give them the progress note on the baby. That's standard.

Q. My question is who?

A. I don't know the person.

Q. Whose writing is that, Doctor?

A. One of the nurses on the floor.

Q. It's not signed? You don't know?

A. Doesn't say. It's a follow-up note. It's not something that becomes document, part of the chart except in this case because I myself pick it up to read it and I kept it.

Q. Why?

a. I just was curious to see what is going on. It's my patient,

Q. Why isn't it in the hospital chart?

A. Why is not?

Q. Sure.

A. It's not part of the record. Just a note.

Q. Where did you get it?

A. They let it hang up so every nurse that becomes involved in the care of the patient would know what is going on. That's all.

Q. Where do they hang it up?

A. Used to have a large desk and it has a countertop on it and you put it, everybody come and see it.

Q. Who underlined the sentence, presumably even before onset?

A. I find it as such.

Q. So you don't know who did that?

A. No, I don't.

Q. And is this typical hospital stationery?

A. 'This is just a paper provided by some of the salespeople who come there. Scratch paper, what you call it,

Q. 'That's scratch paper from ProSobee?

A. *Yes.* Some of the people who supply for the nursery.

Q. Okay. So you didn't get this information firsthand then, right?

A. No, I dia not.

Q. And is more than one handwriting on there, Doctor?

A. I don't know. I am not a handwriting expert. I cannot answer that.

MR. KAMPINSKI: Okay. Why don't we mark the chart if we could. You want to see that?

MR. MAYNARD: Sure.

MR. KAMPINSKI: Why don't we nark the chart first.

(Plaintiff's Deposition Exhibits Nos. 1 and 2 were marked for identification)

Q. Doctor, you have in front of you Exhibit 1 and Exhibit 2, Why don't you just merely identify what they are for me, please. We don't have to go through it, just tell me what that is.

A. Exhibit 1 is the chart of Cynthia Watson or the file, medical record in my office,

Q. All right. That's your office chart for Cynthia Watson?

A. That's correct,

Q. And 2 is what, Doctor?

A. Exhibit 2 is a note that was taken from the hospital of Bedford in relation tc the condition of Baby Girl Watson.

Q. Okay. And that's the note we were talking about that you didn't know who wrote it or whether it was more than one writing or what it was?

A. That's absolutely correct.

MR. KAMPINSKI: All right. Why don't we take about two minutes and let me go through his file.

MR. MAYNARD: Sure.

(Discussion had off the record)

Q. (BY MR. KAMPINSKI) Doctor, in your record you have got a number of white sheets which I take it are your notes of the office visits of the patient?

A. Yes.

Q. Is that correct? All right. There's one July 12, 1984 at the bottom of one of your sheets, correct, Doctor?

A. July 12, '84, correct.

Q. And would you read that note for me, please?

A. Six weeks. She was given a due date, 3-10-85. Decided treated positive, pregnancy test. She was assigned to Bedford Hospital to deliver the baby.

Q. What do you mean assigned?

A I go to many hospitals to deliver the baby so each lady we know where she was going so next time she come to fill the chart they know where she was going.

Q. How do you determine which hospital a person should go to?

A. We ask them.

Q. So it was her decision?

A. Yes.

Q. Okay. Go ahead. If you would continue reading. That's it?

A. That's it.

Q. What is the next time that you saw her?

A. This would be in the flow sheet of the prenatal. care.

Q. I'm sorry?

A. The second visit was August 9, 1980.

Q. I see. All right. Your next office records show what, March 9, '85?

A, Yes.

Q. Okay. Why wouldn't you have put down other office records?

A. No. That's the prenatal care, 'That's what we take care of later at that time,

MR. MAYNARD: Let the record show when he said that he was patting what you call the hobo forms?

THE WITMESS: That's correct.

MR. MAYNARD: The yellow sheets saying prenatal form and development problems?

THE WITNESS: Yes.

Q. So that's where you keep your record of the visits?

A. Yes.

Q. Doctor, the monitor tapes, when you see D cells, what do you see? What do you physically see on the chart? Do you see spikes?

a. No. We see lowering of the base line fetal. heart rate.

Q. Lowering. Like on 02910? Would that be a lowering of the fetal monitoring base line?

A. That's not a typical one.

Q. dot a typical one?

A. Right.

Q. Could that be a D cell, Doctor?

A. Called a D cell but it's caused by fetal movement.

Q. How can you tell that?

A. Spikes. Spikes, what you call it.

Q. In other words, they would be sharp if they were D cells?

An The fetal deceleration which is called late deceleration is an inverted bill shape. It has to take the shape of the fetal uterine contraction, The contraction takes the shape of a saucer. It has to be like a saucer. When there's contraction, there's D cell, you don't take it sharp like this. Sometimes it's artifact from the machine, too, The machine isn't infallible, too,

Q. So these aren't D cells then?

A. No.

Q. Like on 2916?

A. That's an early deceleration.

Q. Ear1y deceleration?

A. Yes, it is deceleration, That's an early deceleration which doesn't have any significance to the condition of the baby.

Q. Okay. On 292% is that an artifact also?

A. That's a deceleration, yes.

Q. Is that an early one?

A. That's called variable deceleration.

Q. And what significance does that have?

A. Sometimes the baby does get ahold of his own cord like a spasm and then release it. So

this will show up this condition. If the condition is not persistent after that, doesn't have any significance.

Q. Okay. Of course you weren't there then to check and to see?

A. We don't go with one episode, Mr. Kampinski.

Q. But you weren't there -- that's all it said. You weren't there at that time, right?

A. I don't know the timing. What timing are you telling me now?

Q. I'm not telling you anything. After 9:40 and before 10:00.

A. Well, I wasn't there, obviously.

Q. Now about 9:50?

MR. MAYNARD: He was not there,

A. I wasn't there.

Q. But the one on 2149 I guess, what is that, artifact?

A. That's an artifact, yes,

Q. Did you say earlier, Doctor, that there was meconium staining throughout the morning of March 1st, 1985 from 8:30 until you returned at about 10:50? Was that what you said?

A. We start by having meconium and meconium

was seen actually with the contractions.

Q. So, in other words, there was meconium staining throughout this period of tine, the entire morning?

A. The same type of meconium which we saw the first time in the morning, yes,

Q. Okay, You saw it later again when you came back at 10:50?

A. It is a staining on the part of the patient.

Q. Okay.

A. It wasn't something pulling, it was there; we know it was there.

Q. Do they have pH tests in the other hospitals that you have privileges at, Doctor?

A. No.

Q. None of them?

A. No.

Q. You didn't know how to do it?

A. I know how to do it.

Q. When was the last time you did it?

A. When I was a chief resident at St. Luke's,

Q. And that was what, '77?

A. That's correct.

Q. What is the percentage of error on a pH scalp sample test?

A. 20 percent.

Q. What is the reason for the -- and did you say it was a rule of the hospital for having a pediatrician there? What is the reason for that?

A. What?

MR. MAYNARD: Objection to the form of the question, Go ahead.

A. What is the reason?

MR. MAYNARD: I don't think he can say there was a rule.

Q. Is there any type of protocol or rule or regulation of the hospital requiring a pediatrician to be present when you have a C section?

A. Yes. This is part of the protocol of the obstetrics department of the hospital.

Q. Okay. And the reason for that is what, Doctor?

A. Like I said, if you suspect presence of fetal distress,

Q. But I mean what is it that he is going to do when he is there? Is it the first couple breaths that the baby takes, is that the most

critical time for the child?

A. The first ten minutes of life, the most important.

Q. But the first few breaths, especially if there is meconium staining, can be very dangerous for the child, right?

A. That's correct.

Q. And is that why the pediatrician should be there? Does he do something in those first couple seconds that he can --

a. He is a licensed physician and he knows what he is doing, yes.

Q. 'What does he do?

A. The pediatrician usually after we give him the baby he looks with a laryngoscope inside the trachea of the newborn to see if there is still any meconium which delayed or sucking did not get into.

Q. The suction, does that happen before you hand him to the pediatrician?

MR. MAYNARD: Look at your operative note.

a. Yes. That is a repeat of what we said before. The initial treatment of meconium staining, a medical fluid baby, is to deliver the

head first when there's a vaginal delivery or a Cesarean section delivery before the chest could be expanded so you can clean the nose, the laryngopharynx and the nasopharynx.

Q. Who does that if there is no pediatrician?

A. That's the obstetrician's job.

Q. That's what you do?

A. That's correct.

Q. Is that what you did here?

A. Yes.

Q. Did you get all the meconium staining out of the larynx and pharynx?

A. We got some, yes.

Q. You didn't get it all, did you?

A, We get as much as we can.

Q. And who gets the rest?

A. If anything's left it has to be done by the laryngoscope.

Q. I see. And who did that here?

A. That's Dr. Barsoum, after E did it.

Q. Who did it?

A. The anesthesiologist which he is the best trained man ever to do it, absolutely.

Q. What kind of training did he or she have?

A. Chief of the anesthesia. Ne is the chief of the anesthesia, He is trained in the Cleveland Clinic. We work with him.

Q. I see.

A. Very competent man. Board-certified, everything.

Q. Is that why you didn't call a pediatrician?

A. Doesn't make any difference because even if the pedestrian --

Q. You don't understand the question?

A. I don't know why we have the same question again and again.

MR. NAYNARD: Just answer it.

THE WITNESS: We answered it before, didn't we?

Q. I want to know the reason you didn't call the pediatrician.

A. We told the nurse to call the pediatrician. That's as far a5 you have to go, I have to move my fife, I have to take care of my patient and do the Cesarean section and keep going.

Q. Did the anesthesiologist use the laryngoscope?

a. Absolutely did, yes.

Q. What else did he do?

A. de suctioned the baby, he intubated the baby, he bagged the baby and give him oxygen and everything possible that could be done.

Q. By him?

A. Yes.

Q. Is he an employee of the hospital? Do you know?

A. Yes,

MR. KITCHEN: Objection. Unless you do.

THE WITNESS: I do know,

MR. KAMPINSKI: That's all I have. You have a right to read your testimony. You have a right to waive your signature. Your attorney can advise you accordingly.

MR. KITCHEN: Doctor, it's my standing advice not to waive signature. Again, I would ask, Mr. Kampinski, if ne would enlarge the seven days to 28 days so he can read it and get it back at a reasonable time instead of having to be under the seven day crunch, and we'll address it as soon as the transcript is delivered. Is this agreeable?

MR. KAMPINSKI: That's fine. Let

me make a copy of this and you can take the original chart.

MR. MAYNARD: Sure.

- - -

I have read the foregoing transcript from page 1 to page 98 and note the following corrections:

PAGE:	LINE:	CORRECTION:	REASON:

_____
AZZAM N. AHMED, M.D.

Subscribed and sworn to before me this day of , 1987.

_____
Notary Public

My Commission Expires:

THE STATE OF OHIO,)
) SS: CERTIFICATE
COUNTY OF CUYAHOGA.)

I, kneta I. Fine, a Notary Public within and €or the State of Ohio, duly commissioned and qualified, do hereby certify that AZZAM N. AHMED, M.D., was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above set forth was reduced to writing by me by means of Stenotypy and was subsequently transcribed into typewriting by means of computer-aided transcription under my direction; that said deposition was taken at the time and place aforesaid pursuant to notice; and that I am not a relative or attorney of either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I hereunto set my hand and seal of office at Cleveland, Ohio, this 1st day of May, 1987.

Aneta I. Fine

Aneta I. Pine, RPR, Notary Public
Within and for the State of Ohio
540 Terminal Tower
Cleveland, Ohio 44113

My Commission Expires: February 27, 1991.