

1 IN THE COURT OF COMMON PLEAS
2 OF CUYAHOGA COUNTY, OHIO

3 - - - - -

4 MICHELLE KASCHAK, et al.,

5 Plaintiffs,

6 vs .

Case No.

7 UHHS BEDFORD MEDICAL

8 CENTER, et al.,

359360

9 Defendants.

10 - - - - -

11 DEPOSITION OF AMIR DAWOUD, M.D.

12 Wednesday, November 15, 2000

13 - - - - -

14 Deposition of AMIR DAWOUD, M.D., a

15 Witness herein, called by the Plaintiffs for

16 examination under the statute, taken before me,

17 Karen M. Patterson, a Registered Merit Reporter

18 and Notary Public in and for the State of Ohio,

19 pursuant to notice of counsel, at the offices of

20 Bedford Medical Center, 44 Blaine Avenue,

21 Cleveland, Ohio, on the day and date set forth

22 above, at 10:20 o'clock a.m.

23 - - - - -

24

25

1 APPEARANCES :

2 On behalf of the Plaintiff:

3 Becker & Mishkind Co., L.P.A., by

4 HOWARD MISHKIND, ESQ.

5 Suite 660 Skylight Office Tower

6 1660 W. 2nd Street

7 Cleveland, Ohio 44113

8 (216) 241-2600

9 On behalf of the Defendant Bedford UHHS:

10 Moscarino & Treu, by

11 KEVIN NORCHI, ESQ.

12 Suite 630 Hanna Building

13 1422 Euclid Avenue

14 Cleveland, Ohio 44115

15 (216) 621-1000

16 -----

17

18

19

20

21

22

23

24

25

1 AMIR DAWOUD, M.D., of lawful age,
2 called for examination, as provided by the Ohio
3 Rules of Civil Procedure, being by me first duly
4 sworn, as hereinafter certified, deposed and said
5 as follows:

6 EXAMINATION OF AMIR DAWOUD, M.D.

7 BY MR. MISHKIND:

8 Q. Doctor, good morning.

9 A. Good morning.

10 Q. Would you please state your name for
11 the record.

12 A. Amir Dawoud.

13 Q. As I understand it, you are an
14 anesthesiologist; true?

15 A. Yes, I am.

16 Q. Since you and I have never met before,
17 what I'd like to have you do initially is to just
18 tell me, first, by whom you are employed.

19 A. I am employed by Kamal Barsoum, Kamal
20 Barsoum, M.D., Inc. It's a private group of
21 anesthesiologists.

22 Q. Could you spell the last name.

23 A. Barsoum, B-A-R-S-O-U-M, and for that
24 incident, it's -- I'm employed by the Southeast
25 House Physicians as an independent contractor

1 with them.

2 Q. Let me just try to clarify a couple of
3 things that I understand you to have just told
4 me.

5 You are an anesthesiologist employed
6 by an anesthesiology group; true?

7 A. That's right.

8 Q. And the incident that you referenced
9 was the incident involving the baby, and you were
10 working as an independent contractor through
11 Southeast House Physicians?

12 A. That's right.

13 Q. And they provided coverage in terms of
14 house officers or house physicians at Bedford
15 Medical Center?

16 A. At night, yes, and the weekends.

17 Q. Do you still work from time to time
18 through Southeast House Physicians?

19 A. Occasionally, yes.

20 Q. Just to give me an idea, how do you
21 divide up your time in terms of who your employer
22 is?

23 A. Oh, it's like 80 to 90 percent in
24 anesthesia; like maybe ten percent or less into
25 the house physician.

1 Q. When you are working as an
2 anesthesiologist, are you working through M.L.
3 Barsoum?

4 A. Kamal, with a K, Kamal, K-A-M-A-L.

5 Q. Kamal Barsoum & Associates?

6 A. Barsoum.

7 Q. But my statement was accurate?

8 A. Yes.

9 **a.** You have on today a Bedford Medical
10 Center jacket with your name, and it says
11 Department of Anesthesiology. Does it say
12 anywhere on any of your signs or insignias that
13 you are employed by this --

14 A. Hospital.

15 Q. -- employed by this anesthesiology
16 group?

17 A. No.

18 Q. Would you agree that, based upon what
19 you have on, it appears as if you're employed by
20 the hospital?

21 MR. NORCHI: Objection. Go ahead.

22 A. It's a jacket, you know, supplied by
23 the hospital, but it doesn't mean that I'm
24 employed by the hospital.

25 Q. Are you an employee of Bedford Medical

1 Center?

2 A. No.

3 Q. Have you ever been an employee of
4 Bedford Medical Center?

5 A. No.

6 Q. The anesthesia services that you
7 provide, are they exclusively at Bedford Medical
8 Center?

9 A. Yes.

10 Q. Do you have a private office?

11 A. No.

12 Q. So when you see patients, it would be
13 here at the hospital?

14 A. Yes.

15 Q. I know that there's an office building
16 contiguous or connected to the hospital.

17 A. This is outpatient, but you mean the
18 office building for physician?

19 Q. Yes.

20 A. No, I don't have any office there.

21 Q. **So** your office is exclusively within
22 the hospital here?

23 A. Yes.

24 Q. **So** any mail that you receive would be
25 sent in care of Bedford Medical Center?

1 A. I have mail that comes to my house; I
2 have mail that comes to the hospital. That's all
3 the mail that I get.

4 Q. The corporation, or the group, the
5 anesthesia group that you are employed by, do
6 they have an office outside of the hospital?

7 A. There is an address at Dr. Barsoum's
8 house. That's where that corporation would be.

9 Q. And where is Dr. Barsoum's house?

10 A. In Pepper Pike.

11 Q. What street?

12 A. I can't recall that right now.

13 Q. Does Dr. Barsoum also provide
14 anesthesia services here?

15 A. Yes.

16 Q. Besides yourself and Dr. Barsoum, who
17 else are the anesthesiologists?

18 A. There is Dr. Bostelman and Dr.
19 Arslanian, and there's a Nurse Heil.

20 Q. When you're working for Southeast
21 House Physicians, are there other employees of
22 that group?

23 A. At that time?

24 Q. Yes.

25 A. No.

1 Q. How about now, are there other
2 employees of Southeast House Physicians?

3 A. During the shift it's only one. You
4 mean during the shift?

5 Q. No. Southeast House Physicians, is
6 this a medical professional group?

7 A. Yes. It depends on, you know, the
8 period. There's another anesthesiologist from my
9 group that works in the group, and we contract
10 somebody from outside, too, that comes, you know,
11 to that group.

12 Q. I presume that there would be some
13 type of document that would explain the
14 relationship between Southeast House Physicians
15 and Bedford Medical Center; true?

16 A. Right. You know, the hospital
17 contracted with the house -- Southeast Physician
18 for coverage. That's all. There's a contract
19 between them.

20 Q. Is there an office that Southeast
21 Physicians has, for example, that sees patients
22 outside of the hospital?

23 A. No.

24 Q. Who is the head of Southeast
25 Physicians?

1 A. Dr. Kamal Barsoum.

2 Q. Where are you originally from, sir?

3 A. Egypt.

4 Q. Were you educated here in the states
5 or in Egypt?

6 A. I finished my medical school in Egypt,
7 Alexandria, Egypt, and then I did training here.

8 Q. You're an anesthesiologist; true?

9 A. Yes.

10 Q. General anesthesiologist?

11 A. I do anesthesia and pain management.

12 Q. You're not a pediatric
13 anesthesiologist, are you?

14 A. No.

15 Q. Tell me, in terms of your current
16 time, how do you divide your services between
17 that which is provided for pain management and
18 that which is provided for general anesthesia?

19 A. I would say about 20 percent of my
20 time to pain management and the rest of the time
21 to anesthesia.

22 Q. When you're providing the pain
23 management, is it through Dr. Barsoum &
24 Associates?

25 A. That's right.

1 Q. And, again, I don't mean to belabor
2 the issue, but someone that sees you for pain
3 management would see you here at the hospital;
4 true?

5 A. Exactly, yes.

6 Q. You said that you have trained, after
7 finishing medical school in Egypt, you trained in
8 the U.S.?

9 A. Yes.

10 Q. Where did you do your training?

11 A. I did, after I finished my -- I had to
12 take my boards again here, you know, equivalent
13 for my board, and I did training a year
14 and-a-half in neurosurgery in Massachusetts as a
15 fellowship, and then I did two years of general
16 surgery in Harlem Hospital in New York, and then
17 I did two years of anesthesia in Brookdale,
18 Brooklyn, and came to Cleveland Clinic. I did a
19 year and-a-half at Cleveland Clinic.

20 Q How long have you been affiliated with
21 the anesthesia group that we've been referring
22 to?

23 A. Since January 1995.

24 Q. I should have asked you this at the
25 beginning, and I apologize: Have you ever had

1 your deposition taken before?

2 A. No.

3 Q. Thus far you're doing fine, but let me
4 just caution you on a couple items just so that
5 you and I are on the same page. If you don't
6 understand something that I'm asking after you
7 have heard the question completely, tell me you
8 don't understand. I'll try to rephrase it.

9 A. Okay.

10 Q. Also, I'll wait until you're done, so
11 please wait until I'm done as well so we don't
12 overlap each other.

13 A. All right.

14 Q. Hopefully my questions won't be too
15 convoluted or difficult to understand. I can
16 rephrase it, or I'll have the court reporter read
17 it back to you. Okay?

18 A. Okay.

19 Q. The reason I tell you this is that I
20 intend to rely on your testimony; it's under
21 oath, and I intend to rely on it for purposes of
22 the preparation of this case for trial. Okay?

23 A. That's right.

24 Q. You understand that?

25 A. I understand.

1 Q. Great. You have not had your
2 deposition taken before. Have you ever served as
3 an expert in terms of reviewing anesthesia
4 negligence cases?

5 A. No.

6 Q. Have you ever had the misfortune of
7 being sued?

8 A. No.

9 Q. As I understand it, in reviewing the
10 records, you provided the anesthesia services at
11 the time that Megan Kaschak was born; true?

12 A. Yes.

13 Q. And then you were called at the time
14 of the arrest?

15 A. Yes.

16 Q. I'm going to talk a little bit about
17 the birth, and then I'm going to go to the
18 arrest, okay, just to give you sort of a road
19 map.

20 Aside from the record that you have in
21 front of you, have you had an opportunity to
22 review any medical literature that would be
23 relevant to this case?

24 MR. NORCHI: You mean with respect to
25 his whole training, all the years of training, or

1 do you mean specific to this deposition, in
2 preparation for the deposition and review of the
3 medical records here?

4 MR. **MISHKIND**: Your latter statement.

5 Q. In other words, have you reviewed any
6 medical literature in the recent past that would
7 relate to any **of** the issues that are relevant to
8 the Kaschak case?

9 A. Like -- you know, just -- no. I don't
10 have any other, really, thing that I reviewed
11 other than this. For this case, no.

12 Q. So you have had a chance to take a
13 look at the baby's chart and the labor and
14 delivery; true?

15 A. Yes, I did.

16 Q. Putting that aside, have you seen any
17 deposition transcripts that have been taken in
18 this case?

19 A. **No.**

20 Q. Have you seen any summaries of any
21 depositions?

22 A. **No.**

23 Q. Have you been provided any type of
24 verbal summary of what anyone has testified to in
25 this case?

1 A. No.

2 MR. NORCHI: Objection, but go ahead.

3 A. No.

4 Q. Sherry Davenport was one of the nurses
5 that was in the newborn nursery when Megan
6 arrested, when the code was called. Do you know
7 Sherry?

8 A. I cannot recall the -- you know, the
9 names, I'm very bad with the names. I cannot
10 recall the person right now.

11 Q. Are you able to recall any of the
12 caregivers that were involved at the time that
13 the code was called?

14 A. No.

15 Q. Dr. Abu-Shaweesh was the
16 neonatologist; true?

17 A. I cannot recall anybody.

18 Q. Do you know Dr. Abu-Shaweesh?

19 A. No.

20 Q. Dr. Miller is a neonatologist that
21 came over from Rainbow -- or is on the staff
22 at --

23 A. I could know them, but I don't know
24 them personally, and I don't recall them that,
25 you know, vividly from that incident. I could

1 have talked to them, contacted them, but I don't
2 recall their names and I don't know them
3 personally that I can recall them right now.

4 Q. Let me just again caution you, I may
5 not have been framing the question very artfully,
6 but what you did was you started answering before
7 I finished, and you may have in fact given me an
8 answer to something I wasn't asking. So Mr.
9 Norchi doesn't want you to answer before I'm done
10 and either do I, okay?

11 A. Okay.

12 Q. I'm not criticizing; I just want to be
13 fair to you in terms of you understanding what
14 I'm asking.

15 I take it from what you said that,
16 while you may know certain of these people that
17 were involved, as you sit here right now, you're
18 not able to recall any specific conversations
19 that you may have had with any **of** the nurses or
20 the caregivers; is that true?

21 A. That's true.

22 Q. Let's talk first about the birth of
23 the baby. Take a look at the mom's records, if
24 you would. Tell me what type of anesthesia was
25 provided during the delivery.

1 A. I gave an epidural. This was for
2 labor.

3 Q. And you were present then at the time
4 that Megan was delivered?

5 A. Yes. But there was a neonatologist
6 present, too. So I didn't take care of the baby
7 at that time.

8 Q. That would have been Dr. Abu-Shaweesh,
9 at least according to the record?

10 A. Yes.

11 Q. Let me further try to understand what
12 you mentioned to me a moment ago. Do you know a
13 doctor, a neonatologist, by the name of Dr.
14 Abu-Shaweesh?

15 A. I don't know him personally.

16 MR. NORCHI: He wants to know if
17 you're familiar with the name. Do you know the
18 name Abu-Shaweesh?

19 A. Like -- you know, I know somebody --
20 that name would mean neonatologist?

21 Q. Yes.

22 A. No, I cannot recall that.

23 Q. Fair enough. Do you recall being
24 present at the time that the baby was born?

25 A. Yes.

1 Q. You recall it independently or you
2 just recall it because it reflects --

3 A. Because of the circumstance.

4 Q. I take it you don't recall giving the
5 epidural and being involved in some aspect of the
6 delivery process; true?

7 A. I recall giving the epidural, yes.

8 Q. You do recall that?

9 A. Yes.

10 Q. And what is it about giving the
11 epidural that you recall?

12 A. I recall that there's -- you know,
13 there was a -- this lady that's coming from, I
14 think, Columbus, she had, you know, a couple
15 hours' drive and her membranes were ruptured, and
16 I gave her an epidural. That's something that I
17 can recall about that case.

18 Q. You're able to picture the mom in your
19 mind's eye?

20 A. Vaguely, yes.

21 Q. Do you recall having any conversations
22 with mom at or around the time that the epidural
23 was given?

24 A. I don't recall exactly what the
25 conversation was, but, you know, I must have

1 talked to her, yes.

2 Q. Can you tell me, in generalities, what
3 you recall talking with her about, if you have a
4 recollection of any conversation with her?

5 A. No, I don't recall.

6 Q. You said that you must have, because
7 before you give an epidural, you're going to talk
8 with the patient; true?

9 A. That's true.

10 Q. You have a certain routine?

11 A. Yes.

12 Q. You don't have any reason to believe
13 that you didn't follow that routine, do you?

14 A. No.

15 Q. Aside from your custom and practice of
16 following a certain routine and the fact that the
17 record shows that you gave an epidural, do you
18 have any other recollection of being involved at
19 the time that the baby was delivered beyond what
20 you have told me?

21 A. No.

22 Q. What was the baby's condition at the
23 time of birth, according to the record, or
24 according to your recollection, whatever you need
25 to rely on?

1 MR. NORCHI: Object to the question,
2 but go ahead. The record speaks for itself. And
3 if he has no recollection --

4 A. I cannot recall, but if I would read
5 the notes, I will tell you, but it's nothing -- I
6 can't give you an expert opinion about that,
7 because I will read you the same record what's in
8 there.

9 Q. When you say you can't give me an
10 expert's opinion, you don't know whether the
11 baby's condition, based upon the Apgars and based
12 upon the initial labs that were drawn, whether or
13 not the baby was in any extremes or whether the
14 baby was --

15 A. Yes. From the record, it looks like
16 the baby was okay.

17 Q. Now, once the baby was delivered, was
18 the neonatologist in charge of the care,
19 according to what you understood?

20 MR. NORCHI: Care of the baby?

21 A. The care of the baby.

22 Q. Once the baby was born, the
23 neonatologist took over the primary
24 responsibility for the care of the baby?

25 A. Exactly, yes.

1 Q. Do you have any recollection of
2 assessing mom immediately after the delivery in
3 terms of what her condition was?

4 A. Yes.

5 Q. Tell me about that, please.

6 A. Her blood pressure was 130 over 70;
7 pulse was 80; respirations 16.

8 Q. And are those normal?

9 A. Normal.

10 Q. Do you have an independent
11 recollection of talking with mom after the
12 delivery, before we get to the event that brought
13 you back into the picture?

14 A. No.

15 Q. Fair enough. Now, this delivery was
16 about what time in the evening on the 24th?

17 A. 1910. That would be 7:10.

18 Q. This is January 24th; true?

19 A. Yes.

20 Q. Were you working under the umbrella of
21 Southeast Physicians or were you working under
22 the umbrella Dr. Barsoum?

23 A. When we -- it's under the umbrella of
24 the house, house physician. The house physician
25 job is to provide anesthesia for the epidural.

1 Q. Is this something, again, that would
2 be specified in some type of policy or procedure
3 from the hospital?

4 A. I cannot say that, what is exactly,
5 you know, but --

6 MR. NORCHI: Do you know? He's asking
7 if you know there's a particular document that
8 specifies what the relationships are between
9 these entities that we're talking about. Is
10 there a document?

11 Q. Actually, more specifically, I'm
12 talking about in terms of the house officer
13 providing the anesthesia.

14 A. Yes.

15 Q. Would there be some type of a document
16 or policy or procedure that would specify who
17 provides what?

18 A. Yes.

19 Q. You provided the anesthesia services,
20 and then you would have signed the anesthesia
21 record at the time of the delivery; true?

22 A. Yes.

23 Q. And your name is on there and it's
24 timed; true?

25 A. Yes.

1 Q. After that, what likely would you have
2 done at 7:00 p.m. or so on the 24th, or what do
3 you remember doing?

4 A. I don't remember doing particular
5 things, but I have to take good care of the, you
6 know, any house problems like, you know, any
7 patient that's in trouble, like I go and see him,
8 or they need any help of any patient, I would
9 help them.

10 Q. Any recollection of what you did that
11 evening in terms of other patients or what other
12 emergencies might have existed?

13 A. No.

14 Q. Do you know how many other deliveries
15 were being attended to late afternoon, early
16 evening, on the 24th?

17 A. I cannot recall right now.

18 Q. Did you, by chance, maintain any type
19 of private notes on any paper that would not
20 otherwise be reflected in the medical charts,
21 sir?

22 A. No, I don't.

23 Q. The next time that you knew anything
24 about mom or the baby was when you responded to
25 an overhead call?

1 A. Yes.

2 MR. MISHKIND: Would you please mark
3 this as Plaintiffs' Exhibit 1.

4 - - - - -

(Thereupon, PLAINTIFFS' Deposition
5 Exhibit 1 was mark'd for purposes
of identification.)

6 - - - - -

7 Q. In front of you, doctor, is a page
8 from the hospital record which the court reporter
9 has been so kind to put an exhibit sticker on
10 it. I think it says Plaintiffs' Exhibit 1;
11 true?

12 A. Yes.

13 Q. Is that a page from the hospital
14 record that had some handwriting by you?

15 A. Yes.

16 Q. As it relates to the code, is there
17 anything else that you have authored or written
18 in the hospital record aside from that page?

19 A. No.

20 MR. MISHKIND: I'm going to take
21 Exhibit 1 back and, Mr. Norchi, if you would be
22 so kind as to let him look at the original
23 perhaps.

24 MR. NORCHI: Okay.

25 Q. Doctor, before we talk specifically

1 about this, I want to ask you a couple other
2 questions, so don't focus in on the exhibit.

3 Have you seen the autopsy on the
4 baby?

5 A. No.

6 Q. Have you seen any of the records from
7 Rainbow Babies and Children's Hospital?

8 A. No.

9 Q. Have you any information from any
10 sources other than Mr. Norchi, who, my guess,
11 would be your attorney?

12 MR. NORCHI: I am. He responded to
13 the code under these circumstances, and we are
14 including him, we are embracing Dr. Dawoud, if
15 you will. He did respond to an emergency room.

16 Q. Other than conversations you had then
17 with your attorney, have you had any
18 conversations with any caregivers as it relates
19 to the events that ensued after the code during
20 the transfer to Rainbow or once the baby was
21 transferred to Rainbow?

22 A. No.

23 Q. The orders that were written in the
24 chart, you have seen those; true?

25 A. I have now.

1 Q. Well, you have seen the orders. There
2 aren't a lot of orders. You have seen the orders
3 that were written after the delivery of the
4 baby?

5 A. I saw them when I reviewed it now, but
6 at that time when I went to see the patient, I
7 didn't, you know.

8 Q. I'm not suggesting that you would have
9 looked at the orders before going to see the
10 patient, but the specific order I'm referencing,
11 I think you had just turned to an 8:10 p.m. order
12 that starts with Ampicillin. Do you see that at
13 the top there?

14 A. Yes, I do.

15 Q. Then it continues on. That's not an
16 order that you wrote, is it?

17 A. No.

18 Q. I believe that's an order by Dr.
19 Abu-Shaweesh. Are you able to confirm that for
20 me?

21 A. Confirm his signature?

22 Q. Well, let's start with that.

23 A. No, I cannot confirm his signature.

24 Q. Does this appear to be an order by the
25 neonatologist, regardless of who it is?

1 A. From the kind of order, it could be a
2 neonatologist, yes.

3 Q. That order indicates that the child,
4 the baby, Megan, was to be on continuous pulse
5 oximetry and CP, cardiopulmonary, monitors. Do
6 you see that?

7 A. Yes.

8 Q. Do you know why such an order was
9 given by Dr. Abu-Shaweesh?

10 A. No, I don't.

11 Q. Do you know whether Megan had pulse
12 oximetry connected to her at any time during the
13 late evening or early morning hours prior to your
14 arrival on the scene?

15 A. I cannot comment on that.

16 Q. Can you tell me whether Megan was
19 connected to pulse oximetry or cardiopulmonary
18 monitors when you arrived?

19 A. At that time, they were resuscitating
20 the baby and they were checking the baby, but I
21 do not recall exactly what was on the baby.

22 Q. So as to the clinical indications for
23 cardiopulmonary monitoring, you're not able to
24 tell me what those were; is that true, or do you
25 know?

1 A. I cannot understand the question.

2 Q. Do you know what the clinical
3 indications were for having the baby on
4 cardiopulmonary monitors?

5 A. I don't know. I don't know why he
6 requested that.

7 Q. Do you know the clinical indications
8 for why continuous pulse oximetry overnight was
9 part of the order by Dr. Abu-Shaweesh?

10 A. No.

11 Q. Fair enough. Again, if you have a
12 basis, because of your training and experience
13 and involvement, tell me. If you don't, I'm
14 going to accept your answer.

15 A. I don't know exactly for this
16 particular patient why he requested a pulse
17 oximetry, but as a general, you know, when you
18 request somebody to be on pulse oximeter, because
19 if there's any difficulty in respiration, the
20 baby is not, you know, delivering well and his
21 condition is not stable, so you need a monitor to
22 see that.

23 Q. I take it from what you just said that
24 cardiopulmonary monitoring, along with pulse
25 oximetry, is of value in arriving at early

1 recognition of an apneic event; true?

2 A. Not for just apneic event, just for
3 the condition of the baby.

4 Q. And, certainly, if the baby stops
5 breathing and is connected to cardiopulmonary
6 monitoring or pulse oximetry, that will provide
7 valuable information in terms of early
8 recognition; true?

9 A. It can.

10 Q. Also, if the child becomes bradycardic
11 and is properly connected to cardiopulmonary
12 monitoring and pulse oximetry, that can also
13 provide valuable information for early
14 intervention; true?

15 A. It can.

16 Q. The type of cardiopulmonary monitors
17 that are used at this hospital or were used back
18 in 1997, can you just describe for me, since I
19 wasn't there and you have seen these type of
20 monitors used, there are multiple leads that are
21 connected?

22 A. Yes, they are.

23 Q. Can you sort of explain to me --

24 A. Usually the EKG is about three leads
25 connected to the chest, one on the right arm,

1 left arm and the leg or, you know, proximate to
2 the one on the left leg. The pulse oximeter is a
3 cord that has attachment to a finger or a toe,
4 and there is a blood pressure cuff that usually
5 has a tube that goes to the machine.

6 Q. And then there's certain alarms or
7 certain parameters that are set on the machines;
8 true?

9 A. Yes.

10 Q. And whose responsibility is it, as you
11 understand it, to set the parameters for the
12 machines?

13 A. The nurses usually do that.

14 Q. And if the respirations or the heart
15 rate or the blood pressure falls above or below
16 the parameters that are set, what type of
17 indication is there, if any, from the monitors?

18 A. I cannot understand that.

19 Q. Sure. If the child's condition, by
20 way of respirations, pulse, blood pressure, falls
21 above or below the parameters that are set on the
22 machines, what happens?

23 A. It alarms.

24 Q. And what's the purpose of the alarms?

25 A. To indicate that this limit is not met

1 or is exceeded or below that.

2 Q. Whose responsibility is it to check to
3 make sure that the alarms are, and the monitors,
4 for that matter, the alarms and the monitors
5 themselves are in proper operation?

6 A. Usually the nurses do that.

7 Q. If Megan was on the CP monitor with
8 pulse oximetry at the time that she arrested,
9 what should have happened by way of the alarms?

10 A. The alarm would have gone off.

11 Q. To your knowledge, from anything that
12 you have learned other than conversations with
13 Mr. Norchi, do you have any way to tell me that
14 any alarm sounded at the time that Megan
15 arrested?

16 A. I cannot tell.

17 Q. Let me flip that question over and ask
18 you whether anyone told you, any of the
19 caregivers told you, that the baby was in fact
20 connected to the cardiopulmonary monitor and the
21 pulse oximetry at the time that she arrested?

22 A. I cannot recall that, no.

23 Q. If the baby stops breathing and is on
24 the cardiopulmonary monitor with the pulse
25 oximetry, in 1997, do you know whether the

1 equipment at Bedford were sensitive enough to be
2 able to recognize central obstructive or mixed
3 apneas when they occur?

4 MR. NORCHI: In January of 1997. Go
5 ahead. If you recall, that's fine.

6 A. The pulse oximeter would not
7 differentiate between central obstructive or
8 anything. It would indicate if the oxygen level
9 in the blood is at that level or lower than that
10 level, and will alarm if it goes below a certain
11 level.

12 Q. If a baby stops breathing, what, from
13 a hemodynamic standpoint, would you expect to see
14 relative to the pulse oximeter?

15 A. It will -- the pulse oximeter will
16 drop, the reading is going to drop, and the light
17 will alarm.

18 Q. In a neonate that is on pulse
19 oximetry, what's the low level for alarm
20 purposes?

21 A. Around 85.

22 Q. And is the standard of care
23 essentially, once the baby's pulse oximetry
24 alarms indicating the oxygen saturation has
25 fallen below the prescribed limit, to assess and

1 manage the airway?

2 A. Yes.

3 Q. And to provide appropriate
4 ventilation?

5 A. Yes.

6 Q. And to provide appropriate treatment
7 to manage circulation?

8 A. Yes.

9 Q. Essentially, the ABC's of
10 cardiopulmonary resuscitation; true?

11 A. Yes.

12 Q. Failing to do that would be below
13 accepted standards of care; true?

14 A. Yes.

15 Q. Believe it or not, I am going to
16 eventually ask you about your note. I promise it
17 will be in a couple more minutes, okay.

18 Megan sustained severe hypoxic injury
19 to her brain; true?

20 A. I cannot comment on that.

21 Q. According to the record and according
22 to the information that I have, she did sustain
23 severe hypoxic injury to her brain. I'm going to
24 ask you, for purposes of the next couple of
25 questions, to assume that to be true. If I'm

1 wrong, then I'll fall flat on my face based upon
2 the hypothetical, okay?

3 A. Okay.

4 Q. As an anesthesiologist, in a situation
5 where a baby stops breathing, can you explain to
6 me under what circumstances, assuming there is
7 prompt recognition of the cessation of breathing
8 and appropriate ABC's of resuscitation provided,
9 under what circumstances would that child still
10 sustain severe hypoxic injury to the brain?

11 **MR. NORCHI:** Objection.

12 A. I cannot -- it's too many things. Let
13 me -- I cannot understand the whole thing. You
14 have a lot of things coming together.

15 **MR. NORCHI:** Plus he's here as a fact
16 witness to talk about what he did. I understand
17 you're trying to get into -- there's an area that
18 is permissible, certainly, in this type of
19 deposition as to what he knew at the time when he
20 was treating this infant, but, you know, you're
21 getting into the realm of neonatology, causation,
22 a whole bunch of issues where he's not adequately
23 reviewed any records to comment on that. It's
24 just an unfair area of inquiry.

25 **MR. MISHKIND:** You know I like to be

1 fair in my questions.

2 MR. NORCHI: That's true. I
3 understand that.

4 Q. Let me just ask you a few questions on
5 this point. I'm not trying to take you out into
6 areas you're not prepared to testify to or
7 perhaps qualified to based upon your training and
8 experience. I want to try and understand, as an
9 anesthesiologist, what has to happen in order for
10 a baby to sustain severe hypoxic injury to the
11 brain at the time that the baby stops breathing.

12 MR. NORCHI: I'm just going to
13 object. If you don't feel qualified or prepared
14 to talk about that, don't.

15 A. Yes. I cannot.

16 Q. Do you know how long the baby needs to
17 go, a neonate needs to go, from the time that
18 there is the recognition of the apnea before the
19 baby will sustain a severe hypoxic injury without
20 adequate or effective resuscitation?

21 A. No, I don't know exactly during that
22 time.

23 Q. According to the records that are
24 before you, Megan had an IV, I believe an IV
25 infusion pump and an IV, that had been started

1 about 10:00 p.m. on the date of her birth. If
2 you could just take a glance at that and see if
3 I'm accurate.

4 MR. NORCHI: Can you direct him to
5 where in the record that is? We're not quite
6 there yet.

7 A. Right. I don't know. IV started on
8 the right hand on second attempt per Dr.
9 Abu-Shaweesh at -- that was at 2105.

10 Q. Can you tell, from what you have
11 reviewed, what was infusing or what was in the IV
12 that was started at I guess that would be 9:05?

13 A. Yes, it would be 9:05. It doesn't say
14 right here. Let me see in the order. It's -- it
15 appears that there's a hep flush. That is like a
16 hep lock. It doesn't -- it doesn't appear to be
17 that there's an IV solution running.

18 Q. In fact, according to the record,
19 would you agree with me that there doesn't seem
20 to be any infusion of any agents, if you will, or
21 any --

22 A. Right.

23 Q. -- medications prior to the code and
24 the interventions that were provided? Is that
25 accurate?

1 A. From what I see right there, yeah. I
2 cannot pick up something that quickly that -- it
3 says there is an IV fluid running, but it could
4 be, you know, if we have to go into details,
5 there may be something there.

6 Q. What you have looked at is the
7 progress notes and then you went to the orders?

8 A. Orders.

9 Q. And the medications?

10 A. And the medication chart, yes.

11 Q. There's nothing in there that would
12 suggest that, other than the IV infusion pump and
13 the IV being connected, that there was infusing;
14 true?

15 A. Yes. There is antibiotic to be
16 infused, and that's what they connected to the
17 pump when they infused this medication, but
18 usually there is hep lock, and that means that
19 there's a little bit extension to where the
20 intravenous is so they can inject the medication
21 through.

22 Q. Nothing that indicated any dextrose
23 was being provided to the baby, for example?

24 A. I cannot see that.

25 Q. As an anesthesiologist, doctor, are

1 you familiar with the concept or the phenomenon
2 of apparent life-threatening events?

3 A. No.

4 Q. Have you ever heard that concept
5 before?

6 A. No.

7 Q. Are you familiar with **SIDS** or near
8 **SIDS**?

9 A. Yeah. I hear about that, but I'm not
10 an expert about that. No, I cannot give you an
11 expert opinion about that.

12 Q. **So** if I asked you whether apnea is the
13 most common presenting symptom of apparent
14 life-threatening events and cyanosis usually
15 accompanies that event, would you be able to
16 confirm or to refute that as being accurate?

17 A. I cannot comment on that.

18 Q. What happens to a newborn that does
19 not have an airway established in a timely manner
20 with efficient ventilation when the newborn or
21 the neonate stops breathing? What happens to the
22 body?

23 A. The heart will start slowing down and
24 it may stop.

25 Q. And what happens, if the heart slows

1 down, to the body, to the organs?

2 A. It decreases the oxygen supply to the
3 body and the organs, yes.

4 Q. And when there's decreased oxygen
5 supply, is that referred to as inadequate or
6 decreased perfusion to the organs?

7 A. Yes.

8 Q. And what happens to the organs when
9 there's decreased oxygen or decreased perfusion?

10 A. They -- there's toxic material that
11 can accumulate in the blood.

12 Q. And what does that result in if this
13 process is not reversed in a timely manner?

14 A. It can cause damage to the organ, yes.

15 Q. And can lead to severe hypoxic injury
16 to the brain?

17 A. It can.

18 Q. Do you have an opinion as to the most
19 likely mechanism or cause of why Megan stopped
20 breathing in this case?

21 A. No.

22 Q. Are there any etiologies or mechanisms
23 that you considered as to potential or possible
24 causes?

25 MR. NORCHI: Meaning what his guessing

1 was at the time?

2 MR. MISHKIND: Well --

3 MR. NORCHI: He doesn't have an
4 opinion. Now you're asking him to guess.

5 Q. I'm asking you whether you have
6 anything within a differential that may not
7 necessarily arise to a probability, but did you
8 consider within the differential as to what were
9 some of the potential mechanisms or causes for
10 this baby of roughly 12 hours of life to stop
11 breathing?

12 MR. NORCHI: Objection. You can
13 answer.

14 A. I don't know anything offhand that,
15 you know, can cause that right away, but --

16 Q. Did you consider any etiologies as
17 possible causes?

18 A. I cannot speculate on something that I
19 don't know.

20 Q. That's fair enough if you don't.
21 Based upon your knowledge and experience and
22 training and presented with what you were
23 presented with, did you have any thoughts as to
24 potential etiologies within your mind?

25 A. No.

1 Q. Certainly not all babies that
2 experience a cardiorespiratory arrest suffer a
3 hypoxic ischemic encephalopathy; true?

4 A. True.

5 Q. Certainly if there's a delay in
6 resuscitative efforts following a
7 cardiorespiratory arrest, a neonate can suffer
8 hypoxic ischemic encephalopathy; true?

9 A. True.

10 MR. NORCHI: Objection. Go ahead.

11 Q. Now I'm going to move back to the
12 exhibit which I promised I would do.

13 Where were you when you responded to
14 the overhead call?

15 A. I was in a room provided by the
16 hospital to -- you know, accommodation room in
17 the hospital.

18 Q. Where is that accommodation room
19 located?

20 A. Second floor.

21 Q. And I take it that if you're not
22 seeing patients in the middle of the night,
23 there's a cot in there so that you can lay down?

24 A. Yes.

25 Q. Do you have a beeper on?

1 A. Yes.

2 Q. Were you napping at the time that you
3 got the call?

4 A. I was in bed, yes.

5 Q. How long had you been in the
6 accommodation room?

7 A. I cannot recall how long it was I was
8 there.

9 Q. Can you tell me what time it was that
10 you heard the overhead call based upon your
11 record or any independent recollection you might
12 have?

13 A. I remember quite well that I heard the
14 overhead page and I jumped right away because it
15 was -- I'm familiar to hear code blue in the
16 nursery and I responded quickly.

17 Q. So the overhead call that you heard, I
18 take it, woke you out of your sleep; true?

19 A. Yes. I was like -- yes, I heard it
20 right away, yes.

21 Q. I'm not suggesting that you didn't.
22 But before the overhead page, overhead call
23 occurred, you were getting some rest?

24 A. Yes.

25 Q. And, in fact, you were asleep; true?

1 A. It may not be asleep. I may be just
2 napping, but not completely asleep, because I
3 heard the overhead page right away.

4 Q. And this is on the second floor that
5 the accommodation room is?

6 A. Yes.

7 Q. Was there anyone else in that room
8 with you?

9 A. No.

10 Q. The nursery is on the fourth floor?

11 A. Yes.

12 Q. Tell me, if you would, how you got
13 from the second floor to the fourth floor to the
14 nursery.

15 A. There is a corridor that I walked
16 through, then take an elevator to the fourth
17 floor.

18 Q. Being that I'm not real familiar with
19 the layout of the hospital, I take it that you
20 would be responding as quickly as you possibly
21 can; true?

22 A. Yes.

23 Q. Now long, given the circumstances of
24 you responding from the accommodation room, would
25 it take physically to get down the hall to the

1 elevator and then up to the fourth floor?

2 A. Maximum would be a minute and-a-half.

3 Q. When you arrived, were there other
4 people present?

5 A. Yes.

6 Q. Who was present?

7 A. I cannot recall.

8 Q. Do you remember, doctor, the process
9 of being awakened by the call and physically
10 going down the hall to the elevator and up to the
11 fourth floor?

12 A. Yes. That I remember very vividly
13 because, as I said, it doesn't happen that often.

14 Q. When you arrived, there were other
15 people present; you just don't know specifically
16 who they were?

17 A. Who they were, right. But at least
18 two nurses was there, maybe more, but I don't
19 remember.

20 Q. Do you know Dr. Loret de Mola?

21 A. No, I don't.

22 Q. I believe she --

23 MR. NORCHI: He.

24 Q. I believe he is an obstetrician. Does
25 that help at all?

1 A. I know there is a house doctor for Ob.
2 He could be there.

3 Q. Do you know whether a house doctor by
4 any name was there prior to your arrival?

5 A. He would -- he's closer to me than --

6 MR. NORCHI: No. He's asking for your
7 recollection. Do you remember another physician
8 being present at the baby's bedside at the time
9 of your arrival.

10 A. I cannot recall.

11 Q. Now, you started to say that he would
12 be closer than you. Where would the Ob. house
13 officer be situated?

14 A. Fourth floor.

15 Q. But you don't have an independent
16 recollection of whether the Ob. house officer was
17 there before you arrived; true?

18 A. I cannot recall that, no.

19 Q. Do you have a recollection at some
20 time during your involvement that an Ob. house
21 officer did come on the scene?

22 A. I cannot recall, no.

23 Q. Referring to Plaintiffs' Exhibit 1,
24 the reference to a code blue on the fourth floor
25 at 6:30 a.m., do you see that?

1 A. Yes.

2 Q. That's in your handwriting; true?

3 A. Yes.

4 Q. Where did you get the time of 6:30
5 a.m.?

6 A. From my watch.

7 Q. When you heard the call, the overhead
8 page, in the process of running or moving very
9 quickly to the elevator, you looked at your
10 watch?

11 A. Yes, or, you know -- yes. It's like
12 when you're going through -- when you start to
13 write your note, you remember what time was it.

14 Q. I'm not suggesting that you didn't
15 look at the time, so don't infer that I'm
16 questioning you on it. I'm just wondering, that
17 6:30 time frame would have been gathered by
18 looking at your watch; true?

19 A. Yes.

20 Q. When you made your note, which was
21 made at 7:00 a.m., you reflected back at having
22 looked at your watch at 6:30; true?

23 A. Yes.

24 Q. Was the time of 6:30 when you arrived
25 in the nursery or when you recall hearing the

1 overhead page?

2 A. Right now, I cannot exactly say, you
3 know.

4 Q. Would it be your custom and practice
5 where you are recounting events that occurred, if
6 you say that you responded to an overhead call,
7 would you reflect the time as to when you heard
8 the call as opposed to the time that you
9 physically arrived at the room?

10 A. Usually the time that I arrived there.

11 Q. Now, you indicate in your note that
12 the baby, or the patient, was unresponsive, blue
13 in color, no respirations, and a heart rate in
14 the 20s.

15 A. Yes.

16 Q. Is that historical, or is that what
17 you observed when you arrived?

18 A. That's when I arrived, that's what the
19 nurses told me, you know, what is the heart rate
20 at that time, and I assessed the patient that she
21 was blue and without breathing.

22 Q. And at that point you observed chest
23 compressions being performed?

24 A. Yes.

25 Q. Are you able to tell me who it was

1 that was doing the chest compressions?

2 A. I cannot recall exactly the person.

3 Q. Now, you mentioned that, as well as
4 bagging, that was unefficient or inefficient?

5 A. Unefficient -- inefficient. What I'm
6 saying is, you know, the babies sometimes,
7 they -- they have soft tissue and the bag is not
8 efficient to deliver enough oxygen to them. So I
9 went to the next step right away.

10 Q. **So** what you observed, in terms of what
11 was ongoing in terms of bagging when you arrived
12 and assessed the baby, you determined that the
13 ventilation was inefficient?

14 A. No. It was the bagging was not
15 sufficient enough, so I reverted to another
16 method of delivering oxygen to the baby.

17 Q. And that was to intubate the baby?

18 A. Yes.

19 Q. And to manage the airway in that
20 manner?

21 A. Right.

22 Q. **Do** you know how long the baby had been
23 inefficiently ventilated prior to your arrival?

24 A. No, I don't.

25 Q. The standard equipment that's

1 maintained in the nursery for codes would include
2 equipment for airway management?

3 A. Yes.

4 Q. And that would include an Ambu bag as
5 well as appropriate tubing?

6 A. Yes.

7 Q. And whose responsibility is it to
8 check the equipment to make sure that all of the
9 equipment necessary to assess and maintain the
10 airway is in proper condition?

11 A. There is a cart, there is a crash
12 cart, that's checked by the nurses and the
13 pharmacy, and they -- there is a routine to check
14 that and make sure that it has enough supply in
15 there.

16 Q. That's to be done on a daily basis?

17 A. I don't know. The nurses, you know --
18 the nurse supervisor and nurses take care of
19 that.

20 Q. We can certainly agree that it's
21 important to have the equipment properly
22 functioning in order to provide rapid ventilation
23 of a patient during the code; true?

24 A. Yes.

25 Q. Did Cheryl Davenport, who was the

1 nurse that was present when the code occurred,
2 did she ever share with you the fact that the
3 corrugated tubing fell off when she attempted to
4 use the Ambu bag?

5 A. I don't recall that she shared that
6 with me.

7 Q. Are you able to tell me whether anyone
8 indicated to you, other than Mr. Norchi, that
9 Cheryl Davenport had difficulty with the
10 corrugated tubing and the Ambu bag?

11 A. No.

12 Q. Would you agree that if the corrugated
13 tubing falls off of the Ambu bag, then the
14 ventilation to the baby is going to be
15 inefficient?

16 A. But that's -- you can connect the tube
17 right away and you can ventilate. It happens all
18 the time with anesthesia machines and anesthesia
19 bags that we have corrugated tubes there and it
20 happens to disconnect and we connect it back
21 again and start ventilating right away.

22 Q. Did Cheryl Davenport share with you
23 that when the tubing fell off, her hands were
24 shaking so much that she couldn't secure the
25 tubing to the Ambu bag?

1 MR. NORCHI: Objection. Asked and
2 answered. He's already told you that he doesn't
3 recall talking to her about any of that. But go
4 ahead.

5 MR. MISHKIND: I'm now giving him a
6 different question.

7 A. No, I cannot recall anything.

8 Q. If one is not able to secure the
9 tubing when it falls off, would you agree that
10 there would be inadequate ventilation to the baby
11 at that time?

12 A. Yes, it would be, but this is very
13 simple action. I don't know if that would be
14 difficult, you know, for anybody.

15 Q. You would expect that a nursery,
16 trained nursery, a newborn nursery nurse, would
17 be able to secure the tubing and to provide
18 appropriate resuscitation to a baby that has
19 stopped breathing; true?

20 A. Yes.

21 Q. That's vital, is it not?

22 A. It is vital, yes.

23 Q. Was bagging being done, or when you
24 arrived, did you attempt to do the bagging?

25 A. There was resuscitation going on when

1 I arrived. I remember the chest compression. I
2 don't remember exactly what the bagging -- how
3 they were doing it. But I took a bag and started
4 ventilating the patient.

5 Q. And let me just make sure I verbalize
6 what you're telling me. You remember
7 independently chest compressions being done;
8 true?

9 A. Yes.

10 Q. As to who was doing them, that you
11 can't say; accurate?

12 A. Accurate.

13 Q. You remember taking the Ambu bag and
14 attempting to ventilate the baby; true?

15 A. That's true.

16 Q. And that's when you determined that
17 your attempt to ventilate the baby and to help
18 the baby's breathing through the Ambu bag was
19 inefficient?

20 A. Yes.

21 Q. Are you able to say that someone was
22 attempting to ventilate the baby before you
23 arrived?

24 A. Yes, they were.

25 Q. And can you tell me who that was?

1 A. No. I cannot remember.

2 Q. And as to whether or not the
3 corrugated tubing had fallen off or whether it
4 was connected at the time you arrived, do you
5 have any recollection of that?

6 A. No.

7 Q. So when you arrived, there wasn't any
8 mouth-to-mouth resuscitation being done?

9 A. I don't recall that at all.

10 Q. Certainly, if that was what was going
11 on when you arrived, would you have noted that in
12 your record?

13 A. I don't have to recall it in my
14 record, but I would have noted it.

15 Q. And Cheryl Davenport never shared with
16 you that she resorted to mouth-to-mouth
17 resuscitation when she couldn't get the
18 corrugated tubing back on the Ambu bag?

19 A. No, she didn't say, or I don't recall
20 that she told me.

21 Q. Fair enough. Do you know where else
22 the overhead call for the code blue was heard in
23 the hospital other than where you were on the
24 second floor?

25 A. Usually it would be heard along most

1 of the hospital. There are areas in the hospital
2 that don't get that call, but usually it's on
3 overhead, so -- but I don't -- I cannot say
4 exactly which room that gets it and which room
5 doesn't.

6 Q. Do you know for a fact whether the
7 overhead call for code blue was heard on the
8 fourth floor adjacent to the newborn nursery?

9 A. It's heard all over the hospital. You
10 know, I heard it on the second floor. I don't
11 know why wouldn't it be on the fourth floor, too.

12 Q. Did Cheryl Davenport share with you
13 that she learned after the code that the alarms
14 were not heard, that the code was not heard, on
15 the nursery floor?

16 A. No, she didn't.

17 Q. Would you expect, if the system is
18 working properly, that the code would be heard on
19 the floor where the newborn nursery is located?

20 A. Yes.

21 Q. And, obviously, the sooner trained and
22 qualified people arrive to assist, the better the
23 baby's chances are to be appropriately
24 resuscitated; true?

25 A. Yes.

1 Q. There's some indication in the record
2 that after the code and after the baby was
3 resuscitated that there was some seizure
4 activity. Do you recall seeing any seizure
5 activity?

6 A. No.

7 Q. Do you know what would cause seizure
8 activity post-cardiorespiratory arrest?

9 A. Either could be there's --

10 MR. NORCHI: Don't guess. If you feel
11 comfortable, fine, but there are other physicians
12 who can testify about that.

13 Q. Go ahead. You were in the process of
14 answering.

15 A. There could be a problem with the baby
16 beforehand that could continue afterwards. You
17 know, there's seizure activity beforehand, and
18 that shows up.

19 Q. If there isn't any indication of
20 seizure activity prior to the code, seizure
21 activity occurs during the immediate post-code
22 period, from an anesthesia standpoint, what do
23 you understand to be the explanation for
24 post-arrest seizure activity?

25 A. I don't know the whole causes of it,

1 no.

2 Q. Do you know some of the possible
3 explanations for post-arrest seizure activity?

4 MR. NORCHI: Objection to the
5 possibilities.

6 Q. In a neonate.

7 MR. NORCHI: Note my objection.

8 A. You know, it's -- it's very wide
9 open. I cannot just summarize it in just a few
10 things.

11 Q. Can you give me some of the major
12 potential causes that you understand to be
13 possible in a neonate that experiences a
14 cardiorespiratory arrest and then has seizure
15 activity, from a pathophysiological standpoint?

16 A. There's maldefects in the baby. It
17 could be maldefects in the baby. It could be
18 abnormal metabolism in the baby. There's a lot
19 of different things that can cause seizure
20 activities. I cannot just pinpoint --

21 Q. Would you agree that an ischemic
22 encephalopathy or a deprivation of oxygen to the
23 brain on a prolonged basis can also result in
24 seizure activity?

25 A. It can. It can.

1 Q. Certainly you can't rule that out as
2 being one of the causes in this case, can you?

3 MR. NORCHI: Objection.

4 Q. You can answer the question.

5 MR. NORCHI: If you can answer the
6 question, you can answer the question.

7 Q. Can you rule out a hypoxic injury as
8 being an explanation for --

9 A. It's not the sole cause for that. I
10 mean, there's a lot of other causes that can be
11 cause of that. I cannot say that this is the
12 cause of it.

13 Q. I'm not suggesting that you're saying
14 to a probability. I'm just saying, can you rule
15 it out as being a possible cause, that being a
16 hypoxic injury leading to seizure activity? Can
17 you rule that out?

18 MR. NORCHI: I'm just going to object
19 because it lacks logic. You can't rule it in or
20 rule it out. He can't rule out a lot of things.
21 That's just an unfair question.

22 MR. MISHKIND: If he tells me he can't
23 rule it out, he can't say one way or another
24 whether the hypoxic injury was the cause of the
25 seizure activity in this case, then I'll accept

1 that.

2 A. I cannot say.

3 Q. You can reverse it and say I can tell
4 you to a certainty that the seizure activity was
5 not caused by a hypoxic injury; true?

6 A. True.

7 Q. Do you have any evidence that you're
8 aware of to suggest that there was any type of a
9 metabolic disorder that caused this baby to stop
10 breathing?

11 A. I don't.

12 Q. Do you know of any metabolic condition
13 that caused or contributed to the inability to
14 efficiently bag the baby when you arrived?

15 A. No.

16 Q. Now let's talk about when you realized
17 that the bagging was not efficiently ventilating
18 the baby. What was it clinically that you saw
19 that caused you to conclude that?

20 A. The baby wasn't pinking right away and
21 the heart rate is not improving.

22 Q. And at what time -- how many minutes
23 into your --

24 A. Seconds.

25 Q. Within seconds. So at that point, you

1 have still got a baby that is cyanotic; true?

2 A. Yes.

3 Q. That has a very minimal heart rate?

4 A. That's right.

5 Q. Very significant bradycardia?

6 A. Yes.

7 Q. And you then proceeded to do what a
8 reasonable and prudent physician would do in
9 terms of managing the airway, and that is to
10 intubate the baby?

11 A. Yes.

12 Q. The 3.5 ET, is that an appropriate
13 size endotracheal tube for a neonate?

14 A. That's right.

15 Q. Did you have to calculate the size, or
16 was that right on the crash cart?

17 A. That's -- if the baby is not like
18 premature or very small to the size, that's the
19 standard, is 3.5.

20 Q. Was that on the crash cart, or did you
21 have to have someone get it for you, if you
22 recall?

23 A. No. It was right away. It was given
24 to me right away.

25 Q. Do you have a recollection of who it

1 was that gave it to you?

2 A. No.

3 Q. Did you do the intubation on your own,
4 or were you assisted?

5 A. No. On my own.

6 Q. Were you satisfied with the response
7 that the intubation caused?

8 A. Yes.

9 Q. Heart rate responded quickly?

10 A. Yes.

11 Q. Now, the baby then became somewhat
12 tachycardic?

13 A. No. That's the usual heart rate for a
14 baby.

15 Q. **So** it was within normal limits at the
16 point in time that you efficiently and
17 effectively ventilated the baby?

18 A. Yes.

19 Q. Are you able to tell me, based upon
20 what you observed and the time periods that you
21 learned, how long the baby had gone, how long
22 Megan had gone, without being effectively
23 ventilated?

24 A. From the response to the intubation,
25 and the baby came right away, that means that it

1 hasn't been too long, but I cannot exactly say
2 the period of time, but, you know, because of the
3 good response that I got, that means that it
4 wasn't that long before that baby was
5 resuscitated.

6 Q. Are you able to give me an opinion, in
7 terms of minutes, as to how long the baby had
8 been without appropriate management of the airway
9 and without effective ventilation of the airway?

10 A. Minutes, no, I cannot tell you by
11 minutes, but it doesn't look like it's a long
12 period because the baby responded quite well
13 quickly.

14 Q. Certainly a baby can respond quite
15 quickly and have the heart rate that you were
16 able to accomplish and still, depending upon how
17 long the baby had gone without oxygen, without
18 breathing, still can sustain an injury to various
19 organs; true?

20 A. I cannot account for that.

21 Q. Is it because you don't know how long
22 it would take to cause, for example, a hypoxic
23 ischemic encephalopathy?

24 A. Yes. I'm not an expert in that.

25 Q. Fair enough. Now, the neonatologist,

1 you have a note here, took over at 7:00 a.m.?

2 A. Yes.

3 Q. Would that be Dr. Miller?

4 A. Most probably it would be, yes.

5 Q. Tell me what you were doing from the
6 time that you intubated the baby until 7:00 a.m.

7 A. Ventilating the baby with a bag.

8 Q. And the oxygen saturation, you were
9 able to pick that up to a hundred percent?

10 A. Yes.

11 Q. **So** once you got involved and realized
12 that what was taking place before you arrived was
13 not efficiently oxygenating the baby, your steps,
14 your maneuvers, were successful; true?

15 A. Yes.

16 Q. Do you recall anything, by way of
17 looking at your note or anything else in the
18 hospital record, in terms of what people were
19 doing from this 6:30 a.m. up until 7:00 a.m. when
20 Dr. Miller arrived?

21 A. You know, we intubated the baby. We
22 have to tape the tube into the baby and make sure
23 that the breath sounds are equal, and that's done
24 after we, you know, we established an airway, the
25 baby is pinking and everything. We tape it up

1 and we listen to the lungs, and then we keep on
2 breathing the baby until, you know, somebody take
3 over for that. Either they got a ventilator for
4 the baby or, you know, another person going to
5 take over for the ventilation.

6 Q. When the neonatologist took over, what
7 was the mechanism of ventilation at that time?

8 A. As I recall, we were bagging him until
9 the ventilator comes up.

10 Q. Did the ventilator come up about the
11 same time that the neonatologist arrived?

12 A. I cannot recall exactly when.

13 Q. Does the record, at least from what
14 you have seen, indicate when the baby was placed
15 on the ventilator?

16 A. No, nothing that I see here that I can
17 pick up that.

18 Q. When you were doing the bagging
19 initially with the Ambu bag, there would be the
20 corrugated tubing that I referred to before;
21 correct?

22 A. Yes.

23 Q. And that corrugated tubing then would
24 be connected to what for the delivery of oxygen?

25 A. Oxygen supply.

1 Q. And essentially then that would be one
2 hundred percent oxygen?

3 A. Yes.

4 Q. If the corrugated tubing is not
5 connected to the Ambu bag, then the reservoir of
6 oxygen that's being provided would certainly be
7 less than a hundred percent; true?

8 A. Yes. It would be 21 percent, room
9 air.

10 Q. And certainly 21 percent room air
11 would not be adequate to resuscitate a baby that
12 is in cardiorespiratory arrest; true?

13 A. It wouldn't be as good as a hundred
14 percent, yes.

15 Q. It certainly would be preferable to
16 have a hundred percent being provided by Ambu bag
17 with appropriate corrugated tubing connected to
18 the machines; true?

19 A. Yes.

20 Q. And, obviously, it would be preferable
21 to intubate the baby sooner than later if in fact
22 the bagging is not efficient in terms of pinking
23 up the baby; true?

24 A. Yes.

25 Q. Cyanosis, is that a late stage when a

1 baby is experiencing apnea?

2 A. No.

3 Q. How long does it take for a baby to
4 become cyanotic?

5 A. A baby becomes blue right away if it's
6 not breathing.

7 Q. Do you know how long this baby was
8 blue before you arrived?

9 A. No.

10 Q. Doctor, I'm almost done. In fact, I
11 may be done. I'm going to give you an
12 opportunity to tell me whether there's anything
13 else as it relates to your involvement from the
14 time you got summoned by the overhead page in the
15 accommodation room on the second floor up until
16 7:00 a.m. when neonatology took over. Is there
17 anything else that you recall that we have not
18 talked about?

19 A. No.

20 Q. No conversations after 7:00 a.m. with
21 any of the caregivers?

22 A. I could have, but I don't recall it at
23 all.

24 MR. MISHKIND: Doctor, I have no
25 further questions for you. Thank you very much.

1 MR. NORCHI: Doctor, you have the
2 right to read the transcription of your testimony
3 today. I would suggest you take that opportunity
4 to review your transcript.

5 THE WITNESS: Okay.

6 (Deposition concluded at 11:50 o'clock a.m.)

7 (Signature not waived.)

8 - - - - -

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 CERTIFICATE

2 State of Ohio,

SS:

3 County of Cuyahoga.

4

5 I, Karen M. Patterson, a Notary Public
6 within and for the State of Ohio, duly
7 commissioned and qualified, do hereby certify
8 that the within named AMIR DAWOUD, M.D. was by me
9 first duly sworn to testify to the truth, the
10 whole truth and nothing but the truth in the
11 cause aforesaid; that the testimony as above set
12 forth was by me reduced to stenotypy, afterwards
13 transcribed, and that the foregoing is a true and
14 correct transcription of the testimony.

10

11 I do further certify that this deposition
12 was taken at the time and place specified and was
13 completed without adjournment; that I am not a
14 relative or attorney for either party or
15 otherwise interested in the event of this action.

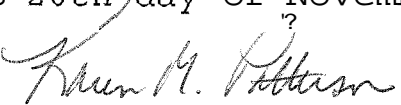
13

14 IN WITNESS WHEREOF, I have hereunto set my
15 hand and affixed my seal ~~of~~ office at Cleveland,
16 Ohio, on this 20th day of November 2000.

15

16

17


Karen M. Patterson, Notary Public
Within and for the State of Ohio

18

My commission expires October 7, 2004.

19

20

21

22

23

24

25

November 15, 2000

1

1

AFFIDAVIT

2

3

4

I have read the foregoing transcript from
page 1 through 65 and note the following
corrections:

5

PAGE

LINE

REQUESTED CHANGE

6

41

15

was unfamiliar

7

8

9

10

11

12

13

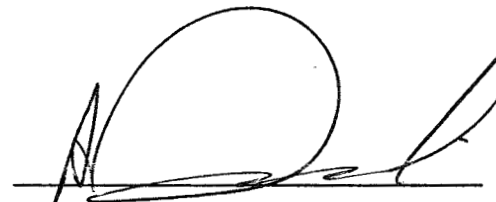
14

15

16

17

18



AMIR DAWOUD, M.D.

19

20

Subscribed and sworn to before me this

21

— 5

day of

1998 2000

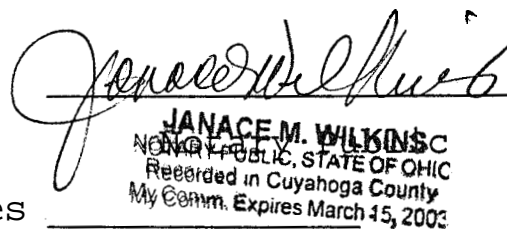
22

23

24

25

My commission expires



JANACE M. WILKINS
NOTARY PUBLIC, STATE OF OHIO
Recorded in Cuyahoga County
My Comm. Expires March 15, 2003

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

I N D E X

EXAMINATION OF AMIR DAWOUD, M.D.

BY MR. MISHKIND: 3 6

PLAINTIFFS' Deposition

Exhibit 1 was mark'd 23 4

A	54:2,2 61:24 64:20 afternoon 22:15 afterwards 54:16 66:8 again 10:1,12 15:4 21:1 27:11 49:21 age 3:1 agents 35:20 ago 16:12 agree 5:18 35:19 48:20 49:12 50:9 55:21 ahead 5:21 14:2 19:2 31:5 40:10 50:4 54:13 air 63:9,10 airway 32:1 37:19 47:19 48:2,10 58:9 60:8,9 61:24 al 1:4,8 alarm 30:10,14 31:10,17,19 alarms 29:6,23,24 30:3,4,9 31:24 53:13 Alexandria 9:7 almost 64:10 along 27:24 52:25 already 50:2 Ambu 48:4 49:4,10 49:13,25 51:13,18 52:18 62:19 63:5 63:16 amir 1:11,14 3:1,6 3:12 66:6 67:3 Ampicillin 25:12 and-a-half 10:14,19 43:2 anesthesia 4:24 6:6 7:5,14 9:11,18,21 10:17,21 12:3,10 15:24 20:25 21:13,19,20 49:18 49:18 54:22 anesthesiologist 3:14 4:5 5:2 8:8 9:8,10,13 33:4 34:9 36:25 anesthesiologists 3:21 7:17 anesthesiology 4:6 5:11,15 another 8:8 44:7 47:15 56:23 62:4 answer 15:8,9 27:14 39:13 56:4 56:5,6 answered 50:2 answering 15:6 54:14 antibiotic 36:15	anybody 14:17 50:14 anyone 13:24 30:18 42:7 49:7 anything 22:23 23:17 30:11 31:8 39:6,14 50:7 61:16,17 64:12,17 anywhere 5:12 Apgars 19:11 apnea 34:18 37:12 64:1 apneas 31:3 apneic 28:1,2 apologize 10:25 apparent 37:2,13 appear 25:24 35:16 APPEARANCES 2:1 appears 5:19 35:15 appropriate 32:3,6 33:8 48:5 50:18 58:12 60:8 63:17 appropriately 53:23 area 33:17,24 areas 34:6 53:1 arise 39:7 arm 28:25 29:1 around 17:22 31:21 arrest 12:14,18 40:2,7 54:8 55:14 63:12 arrested 14:6 30:8 30:15,21 arrival 26:14 44:4,9 47:23 arrive 53:22 arrived 26:18 43:3 43:14 44:17 45:24 46:9,10,17 46:18 47:11 50:24 51:1,23 52:4,7,11 57:14 61:12,20 62:11 64:8 arriving 27:25 Arslanian 7:19 artfully 15:5 aside 12:20 13:16 18:15 23:18 asked 10:24 37:12 50:1 asking 11:6 15:8,14 21:6 39:4,5 44:6 asleep 41:25 42:1,2 aspect 17:5 assess 31:25 48:9 assessed 46:20 47:12 assessing 20:2 assist 53:22	assisted 59:4 Associates 5:5 9:24 assume 32:25 assuming 33:6 attachment 29:3 attempt 35:8 50:24 51:17 attempted 49:3 attempting 51:14 51:22 attended 22:15 attorney 24:11,17 66:12 authored 23:17 autopsy 24:3 Avenue 1:20 2:13 awakened 43:9 aware 57:8 away 39:15 41:14 41:20 42:3 47:9 49:17,21 57:20 58:23,24 59:25 64:5 a.m. 1:22 44:25 45:5 45:21 61:1,6,19 61:19 64:16,20 65:6	B babies 24:7 40:1 47:6 baby 4:9 15:23 16:6 16:24 18:19 19:13,14,16,17,20 19:21,22,24 22:24 24:4,20 25:4 26:4 26:20,20,21 27:3 27:20 28:3,4 30:19,23 31:12 33:5 34:10,11,16 34:19 36:23 39:10 46:12 47:12,16,17,22 49:14 50:10,18 51:14,17,22 54:2 54:15 55:16,17,18 57:9,14,18,20 58:1,10,17 59:11 59:14,17,21,25 60:4,7,12,14,17 61:6,7,13,21,22 61:25 62:2,4,14 63:11,21,23 64:1 64:3,5,7 baby's 13:13 18:22 19:11 31:23 44:8 51:18 53:23 back 11:17 20:13 23:21 28:17 40:11 45:21 49:20 52:18 bad 14:9 bag 47:7 48:4 49:4 49:10,13,25 51:3 51:13,18 52:18 57:14 61:7 62:19 63:5,16 bagging 47:4,11,14 50:23,24 51:2 57:17 62:8,18 63:22 bags 49:19 Barsoum 3:19,20 3:23 5:3,5,6 7:13 7:16 9:1,23 20:22 Barsoum's 7:7,9 based 5:18 19:11,11 33:1 34:7 39:21 41:10 59:19 basis 27:12 48:16 55:23 became 59:11 Beeker 2:3 become 64:4 becomes 28:10 64:5 bed 41:4 bedford 1:7,20 2:9 4:14 5:9,25 6:4,7 6:25 8:15 31:1 bedside 44:8 beeper 40:25 before 1:16 3:16 11:1 12:2 15:6,9 18:7 20:12 23:25 25:9 34:18,24 37:5 41:22 44:17 51:22 60:4 61:12 62:20 64:8 beforehand 54:16 54:17 beginning 10:25 behalf 2:2,9 being 3:3 12:7 16:23 17:5 18:18 22:15 36:13,23 37:16 42:18 43:9 44:8 46:23 50:23 51:7 52:8 56:2,8 56:15,15 59:22 63:6,16 belabor 10:1 believe 18:12 25:18 32:15 34:24 43:22,24 below 29:15,21 30:1 31:10,25 32:12 Besides 7:16 better 53:22 between 8:14,19 9:16 21:8 31:7 beyond 18:19 birth 12:17 15:22 18:23 35:1
----------	--	--	---	---

bit 12:16 36:19 Blaine 1:20 blood 20:6 29:4,15 29:20 31:9 38:11 blue 41:15 44:24 46:12,21 52:22 53:7 64:5,8 board 10:13 boards 10:12 body 37:22 38:1,3 born 12:11 16:24 19:22 Bostelman 7:18 bradycardia 58:5 bradycardic 28:10 brain 32:19,23 33:10 34:11 38:16 55:23 breath 61:23 breathing 28:5 30:23 31:12 33:5 33:7 34:11 37:21 38:20 39:11 46:21 50:19 51:18 57:10 60:18 62:2 64:6 Brookdale 10:17 Brooklyn 10:18 brought 20:12 building 2:12 6:15 6:18 bunch 33:22 B-A-R-S-O-U-M 3:23	12:23 13:8,11,18 13:25 17:17 38:20 56:2,25 cases 12:4 causation 33:21 cause 38:14,19 39:15 54:7 55:19 56:9,11,12,15,24 60:22 66:8 caused 57:5,9,13,19 59:7 causes 38:24 39:9 39:17 54:25 55:12 56:2,10 caution 11:4 15:4 center 1:8,20 4:15 5:10 6:1,4,8,25 8:15 central 31:2,7 certain 15:16 18:10 18:16 29:6,7 31:10 certainly 28:4 33:18 40:1,5 48:20 52:10 56:1 60:14 63:6,10,15 certainty 57:4 CERTIFICATE 66:1 certified 3:4 certify 66:6,10 cessation 33:7 chance 13:12 22:18 chances 53:23 charge 19:18 chart 13:13 24:24 36:10 charts 22:20 check 30:2 48:8,13 checked 48:12 checking 26:20 Cheryl 48:25 49:9 49:22 52:15 53:12 chest 28:25 46:22 47:1 51:1,7 child 26:3 28:10 33:9 Children's 24:7 child's 29:19 circulation 32:7 circumstance 17:3 circumstances 24:13 33:6,9 42:23 Civil 3:3 clarify 4:2 Cleveland 1:21 2:7 2:14 10:18,19 66:14 Clinic 10:18,19 clinical 26:22 27:2	27:7 clinically 57:18 closer 44:5,12 Co 2:3 code 14:6,13 23:16 24:13,19 35:23 41:15 44:24 48:23 49:1 52:22 53:7,13,14,18 54:2,20 codes 48:1 color 46:13 Columbus 17:14 come 44:21 62:10 comes 7:1,2 8:10 62:9 comfortable 54:11 coming 17:13 33:14 comment 26:15 32:20 33:23 37:17 commission 66:18 commissioned 66:6 common 1:1 37:13 completed 66:11 completely 11:7 42:2 compression 51:1 compressions 46:23 47:1 51:7 concept 37:1,4 conclude 57:19 concluded 65:6 condition 18:22 19:11 20:3 27:21 28:3 29:19 48:10 57:12 confirm 25:19,21 25:23 37:16 connect 49:16,20 connected 6:16 26:12,17 28:5,11 28:21,25 30:20 36:13,16 52:4 62:24 63:5,17 consider 39:8,16 considered 38:23 contacted 15:1 contiguous 6:16 continue 54:16 continues 25:15 continuous 26:4 27:8 contract 8:9,18 contracted 8:17 contractor 3:25 4:10 contributed 57:13 conversation 17:25 18:4 conversations 15:18 17:21	24:16,18 30:12 64:20 convoluted 11:15 cord 29:3 corporation 7:4,8 correct 62:21 66:9 corridor 42:15 corrugated 49:3,10 49:12,19 52:3,18 62:20,23 63:4,17 cot 40:23 counsel 1:19 county 1:2 66:3 couple 4:2 11:4 17:14 24:1 32:17 32:24 court 1:1 11:16 23:8 coverage 4:13 8:18 CP 26:5 30:7 crash 48:11 58:16 58:20 criticizing 15:12 cuff 29:4 current 9:15 custom 18:15 46:4 cuyahoga 1:2 66:3 cyanosis 37:14 63:25 cyanotic 58:1 64:4	depends 8:7 deposed 3:4 deposition 1:11,14 11:1 12:2 13:1,2 13:17 23:4 33:19 65:6 66:10 67:6 depositions 13:21 deprivation 55:22 describe 28:18 details 36:4 determined 47:12 51:16 dextrose 36:22 different 50:6 55:19 differential 39:6,8 differentiate 31:7 difficult 11:15 50:14 difficulty 27:19 49:9 direct 35:4 disconnect 49:20 disorder 57:9 divide 4:21 9:16 doctor 3:8 16:13 23:7,25 36:25 43:8 44:1,3 64:10 64:24 65:1 document 8:13 21:7 21:10,15 doing 11:3 22:3,4 47:1 51:3,10 61:5 61:19 62:18 done 11:10,11 15:9 22:2 48:16 50:23 51:7 52:8 61:23 64:10,11 down 37:23 38:1 40:23 42:25 43:10 Dr 7:7,9,13,16,18 7:18 9:1,23 14:15 14:18,20 16:8,13 20:22 24:14 25:18 26:9 27:9 35:8 43:20 61:3 61:20 drawn 19:12 drive 17:15 drop 31:16,16 duly 3:3 66:5,7 during 8:3,4 15:25 24:19 26:12 34:21 44:20 48:23 54:21
C calculate 58:15 call 22:25 40:14 41:3,10,17,22 43:9 45:7 46:6,8 52:22 53:2,7 called 1:15 3:2 12:13 14:6,13 came 10:18 14:21 59:25 cardiopulmonary 26:5,17,23 27:4 27:24 28:5,11,16 30:20,24 32:10 cardiorespiratory 40:2,7 55:14 63:12 care 6:25 16:6 19:18,20,21,24 22:5 31:22 32:13 48:18 caregivers 14:12 15:20 24:18 30:19 64:21 cart 48:11,12 58:16 58:20 case 1:6 11:22			D D 67:1 daily 48:16 damage 38:14 date 1:21 35:1 Davenport 14:4 48:25 49:9,22 52:15 53:12 dawoud 1:11,14 3:1 3:6,12 24:14 66:6 67:3 day 1:21 66:14 de 43:20 decreased 38:4,6,9 38:9 decreases 38:2 Defendant 2:9 Defendants 1:9 delay 40:5 deliver 47:8 delivered 16:4 18:19 19:17 deliveries 22:14 delivering 27:20 47:16 delivery 13:14 15:25 17:6 20:2 20:12,15 21:21 25:3 62:24 Department 5:11 depending 60:16	E E 67:1 each 11:12 early 22:15 26:13 27:25 28:7,13

educated 9:4 effective 34:20 60:9 effectively 59:17,22 efficient 37:20 47:8 63:22 efficiently 57:14,17 59:16 61:13 efforts 40:6 Egypt 9:3,5,6,7 10:7 either 15:10 54:9 62:3 66:12 EKG 28:24 elevator 42:16 43:1 43:10 45:9 embracing 24:14 emergencies 22:12 emergency 24:15 employed 3:18,19 3:24 4:5 5:13,15 5:19,24 7:5 employee 5:25 6:3 employees 7:21 8:2 employer 4:21 encephalopathy 40:3,8 55:22 60:23 endotracheal 58:13 enough 16:23 20:15 27:11 31:1 39:20 47:8,15 48:14 52:21 60:25 ensued 24:19 entities 21:9 epidural 16:1 17:5 17:7,11,16,22 18:7,17 20:25 equal 61:23 equipment 31:1 47:25 48:2,8,9,21 equivalent 10:12 ESQ 2:4,11 essentially 31:23 32:9 63:1 established 37:19 61:24 et 1:4,8 58:12 etiologies 38:22 39:16,24 Euclid 2:13 evening 20:16 22:11,16 26:13 event 20:12 28:1,2 37:15 66:12 events 24:19 37:2 37:14 46:5 eventually 32:16 ever 6:3 10:25 12:2 12:6 37:4 49:2 everything 61:25 evidence 57:7 exactly 10:5 17:24	19:25 21:4 26:21 27:15 34:21 46:2 47:2 51:2 53:4 60:1 62:12 examination 1:16 3:2,6 67:3 example 8:21 36:23 60:22 exceeded 30:1 exclusively 6:7,21 exhibit 23:3,5,9,10 23:21 24:2 40:12 44:23 67:7 existed 22:12 expect 31:13 50:15 53:17 experience 27:12 34:8 39:21 40:2 experiences 55:13 experiencing 64:1 expert 12:3 19:6 37:10,11 60:24 expert's 19:10 expires 66:18 explain 8:13 28:23 33:5 explanation 54:23 56:8 explanations 55:3 extension 36:19 extremes 19:13 eye 17:19	Rat 33:1 flip 30:17 floor 40:20 42:4,10 42:13,13,17 43:1 43:1 44:14,24 52:24 53:8,10,11 53:15,19 64:15 fluid 36:3 flush 35:15 Focus 24:2 follow 18:13 following 18:16 40:6 follows 3:5 foregoing 66:9 forth 1:21 66:8 fourth 42:10,13,16 43:1,11 44:14,24 53:8,11 frame 45:17 framing 15:5 from 4:17 8:8,10 9:2 12:20 14:21 14:25 15:15 17:13 18:15 19:15 21:3 23:8 23:13,18 24:6,9 26:1 27:23 29:17 30:11 31:12 34:17 35:10 36:1 42:13,24 45:6 54:22 55:15 59:24 61:5,19 62:13 64:13 front 12:21 23:7 functioning 48:22 further 16:11 64:25 66:10	23:20 25:9 27:14 31:16 32:15,23 34:12 40:11 43:10 45:12 49:14 50:25 52:10 56:18 62:4 64:11 gone 30:10 59:21 59:22 60:17 good 3:8,9 22:5 60:3 63:13 Great 12:1 group 3:20 4:6 5:16 7:4,5,22 8:6,9,9 8:11 10:21 guess 24:10 35:12 39:4 54:10 guessing 38:25	Hopefully 11:14 hospital 5:14,20,23 5:24 6:13,16,22 7:2,6 8:16,22 10:3,16 21:3 23:8 23:13,18 24:7 28:17 40:16,17 42:19 52:23 53:1 53:1,9 61:18 hours 17:15 26:13 39:10 house 3:25 4:11,14 4:14,18,25 7:1,8,9 7:21 8:2,5,14,17 20:24,24,24 21:12 22:6 44:1,3,12,16 44:20 HOWARD 2:4 hundred 61:9 63:2 63:7,13,16 hypothetical 33:2 hypoxic 32:18,23 33:10 34:10,19 38:15 40:3,8 56:7 56:16,24 57:5 60:22
		F	H	I
	face 33:1 fact 15:7 18:16 30:19 33:15 35:18 41:25 49:2 53:6 63:21 64:10 Failing 32:12 fair 15:13 16:23 20:15 27:11 34:1 39:20 52:21 60:25 fall 33:1 fallen 31:25 52:3 falls 29:15,20 49:13 50:9 familiar 16:17 37:1 37:7 41:15 42:18 far 11:3 feel 34:13 54:10 fell 49:3,23 fellowship 10:15 few 34:4 55:9 fine 11:3 31:5 54:11 finger 29:3 finished 9:6 10:11 15:7 finishing 10:7 first 3:3,18 15:22 66:7	gathered 45:17 gave 16:1 17:16 18:17 59:1 general 9:10,18 10:15 27:17 generalities 18:2 gets 53:4 getting 33:21 41:23 give 4:20 12:18 18:7 19:6,9 37:10 55:11 60:6 64:11 given 15:7 17:23 26:9 42:23 58:23 giving 17:4,7,10 50:5 glance 35:2 go 5:21 12:17 14:2 19:2 22:7 31:4 34:17,17 36:4 40:10 50:3 54:13 goes 29:5 31:10 going 12:16,17 18:7	hall 42:25 43:10 hand 35:8 66:14 hands 49:23 handwriting 23:14 45:2 Hanna 2:12 happen 34:9 43:13 happened 30:9 happens 29:22 37:18,21,25 38:8 49:17,20 Harlem 10:16 having 17:21 27:3 45:21 head 8:24 hear 37:9 41:15 heard 11:7 37:4 41:10,13,17,19 42:3 45:7 46:7 52:22,25 53:7,9 53:10,14,14,18 hearing 45:25 heart 29:14 37:23 37:25 46:13,19 57:21 58:3 59:9 59:13 60:15 Heil 7:19 help 22:8,9 43:25 51:17 hemodynamic 31:13 hep 35:15,16 36:18 her 17:15,16 18:1,3 18:4 20:3,6 26:12 32:19,23 35:1 49:23 50:3 hereinafter 3:4 hereunto 66:13 him 16:15 22:7 23:22 24:14 35:4 39:4 50:5 62:8 historical 46:16	idea 4:20 identification 23:5 immediate 54:21 immediately 20:2 important 48:21 improving 57:21 inability 57:13 inadequate 38:5 50:10 Inc 3:20 incident 3:24 4:8,9 14:25 include 48:1,4 including 24:14 independent 3:25 4:10 20:10 41:11 44:15 independently 17:1 51:7 indicate 29:25 31:8 46:11 62:14 indicated 36:22 49:8 indicates 26:3 indicating 31:24 indication 29:17 54:1,19 indications 26:22 27:3,7 inefficient 47:4,5 47:13 49:15 51:19 inefficiently 47:23 infant 33:20

infer 45:15	5:4,5 9:1	let's 15:22 25:22	management 9:11	minutes 32:17
information 24:9	IKaren 1:17 66:5,17	57:16	9:17,20,23 10:3	57:22 60:7,10,11
28:7,13 32:22	Ikaschak 1:4 12:11	level 31:8,9,10,11	48:2 60:8	misfortune 12:6
infused 36:16,17	13:8	31:19	managing 58:9	mishkind 2:3,4 3:7
infusing 35:11	keep 62:1	life 39:10	maneuvers 61:14	13:4 23:2,20
36:13	KEVIN 2:11	life-threatening	manner 37:19	33:25 39:2 50:5
infusion 34:25	Ikind 23:9,22 26:1	37:2,14	38:13 47:20	56:22 64:24 67:4
35:20 36:12	Iknew 22:23 33:19	light 31:16	many 22:14 33:12	mixed 31:2
initial 19:12	Iknew 5:22 6:15 8:7	like 3:17 4:23,24	57:22	Mola 43:20
initially 3:17 62:19	8:10,16 10:12	13:9 16:19 19:15	map 12:19	mom 17:18,22 20:2
inject 36:20	13:9 14:6,8,18,23	22:6,7 33:25	mark 23:2	20:11 22:24
injury 32:18,23	14:23,25 15:2,16	35:15 41:19	mark'd 23:5 67:7	moment 16:12
33:10 34:10,19	16:12,15,16,17,19	45:11 58:17	Massachusetts	mom's 15:23
38:15 56:7,16,24	16:19 17:12,14,25	60:11	10:14	monitor 27:21 30:7
57:5 60:18	19:10 21:5,6,7	likely 22:1 38:19	material 38:10	30:20,24
inquiry 33:24	22:6,6,14 25:7	limit 29:25 31:25	matter 30:4	monitoring 26:23
insignias 5:12	26:8,11,25 27:2,5	limits 59:15	Maximum 43:2	27:24 28:6,12
intend 11:20,21	27:5,7,15,17,20	listen 62:1	may 15:4,7,16,19	monitors 26:5,18
interested 66:12	29:1 30:25 33:20	literature 12:22	36:5 37:24 39:6	27:4 28:16,20
intervention 28:14	33:25 34:16,21	13:6	42:1,1 64:11	29:17 30:3,4
interventions 35:24	35:7 36:4 39:14	little 12:16 36:19	maybe 4:24 43:18	more 21:11 32:17
intravenous 36:20	39:15,19 40:16	located 40:19 53:19	mean 5:23 6:17 8:4	43:18
intubate 47:17	43:15,20 44:1,3	lock 35:16 36:18	10:1 12:24 13:1	morning 3:8,9
58:10 63:21	45:11 46:3,19	logic 56:19	16:20 56:10	26:13
intubated 61:6,21	47:6,22 48:17,17	long 10:20 34:16	Meaning 38:25	Moscarino 2:10
intubation 59:3,7	50:13,14 52:21	41:5,7 42:23	means 36:18 59:25	most 37:13 38:18
59:24	53:6,10,11 54:7	47:22 59:21,21	60:3	52:25 61:4
involved 14:12	54:17,25 55:2,8	60:1,4,7,11,17,21	mechanism 38:19	mouth-to-mouth
15:17 17:5 18:18	57:12 60:2,21	64:3,7	62:7	52:8,16
61:11	61:21,24 62:2,4	look 13:13 15:23	mechanisms 38:22	move 40:11
involvement 27:13	64:7	23:22 45:15	39:9	moving 45:8
44:20 64:13	knowledge 30:11	60:11	medical 1:7,20 4:15	much 49:24 64:25
involving 4:9	39:21	looked 25:9 36:6	5:9,25 6:4,7,25	multiple 28:20
ischemic 40:3,8	K-A-M-A-L 5:4	45:9,22	8:6,15 9:6 10:7	must 17:25 18:6
55:21 60:23		looking 45:18 61:17	12:22 13:3,6	M.D 1:11,14 3:1,6
issue 10:2	L	looks 19:15	22:20	3:20 66:6 67:3
issues 13:7 33:22	labor 13:13 16:2	Loret 43:20	medication 36:10	M.L 5:2
items 11:4	labs 19:12	lot 25:2 33:14 55:18	36:17,20	N
IV 34:24,24,25 35:7	lacks 56:19	56:10,20	medications 35:23	N 67:1
35:11,17 36:3,12	lady 17:13	low 31:19	36:9	name 3:10,22 5:10
36:13	last 3:22	lower 31:9	Megan 12:11 14:5	16:13,17,18,20
J	late 22:15 26:13	lungs 62:1	30:7,14 32:18	21:23 44:4
jacket 5:10,22	63:25	L.P.A 2:3	34:24 38:19	named 66:6
January 10:23	later 63:21	M	59:22	names 14:9,9 15:2
20:18 31:4	latter 13:4	M 1:17 66:5,17	membranes 17:15	napping 41:2 42:2
job 20:25	lawful 3:1	machine 29:5	mentioned 16:12	near 37:7
jumped 41:14	lay 40:23	machines 29:7,12	47:3	necessarily 39:7
just 3:17 4:2,3,20	layout 42:19	29:22 49:18	Merit 1:17	necessary 48:9
11:4,4 12:18 13:9	lead 38:15	63:18	met 3:16 29:25	need 18:24 22:8
15:4,12 17:2	leading 56:16	made 45:20,21	metabolic 57:9,12	27:21
25:11 27:23 28:2	leads 28:20,24	mail 6:24 7:1,2,3	metabolism 55:18	needs 34:16,17
28:2,18 33:24	learned 30:12	maintain 22:18	method 47:16	negligence 12:4
34:4,12 35:2 42:1	53:13 59:21	48:9	MICHELLE 1:4	neonate 31:18
43:15 45:16 51:5	least 16:9 43:17	maintained 48:1	middle 40:22	34:17 37:21 40:7
55:9,9,20 56:14	62:13	major 55:11	might 22:12 41:11	55:6,13 58:13
56:18,21	left 29:1,2	make 30:3 48:8,14	Miller 14:20 61:3	neonatologist 14:16
K	leg 29:1,2	51:5 61:22	61:20	14:20 16:5,13,20
K 5:4	less 4:24 63:7	maldefects 55:16	mind 39:24	19:18,23 25:25
Kamal 3:19,19 5:4	let 4:2 11:3 15:4	55:17	mind's 17:19	26:2 60:25 62:6
	16:11 23:22	manage 32:1,7	minimal 58:3	62:11
	30:17 33:12 34:4	47:19	minute 43:2	neonatology 33:21
	35:14 51:5			

64:16 neurosurgery 10:14 never 3:16 52:15 New 10:16 newborn 14:5 37:18,20 50:16 53:8,19 next 22:23 32:24 47:9 night 4:16 40:22 norchi 2:11 5:21 12:24 14:2 15:9 16:16 19:1,20 21:6 23:21,24 24:10,12 30:13 31:4 33:11,15 34:2,12 35:4 38:25 39:3,12 40:10 43:23 44:6 49:8 50:1 54:10 55:4,7 56:3,5,18 65:1 normal 20:8,9 59:15 Notary 1:18 66:5 66:17 note 32:16 45:13,20 46:11 55:7 61:1 61:17 noted 52:11,14 notes 19:5 22:19 36:7 nothing 19:5 36:11 36:22 62:16 66:7 notice 1:19 November 1:12 66:14 nurse 7:19 48:18 49:1 50:16 nursery 14:5 41:16 42:10,14 45:25 48:1 50:15,16,16 53:8,15,19 nurses 14:4 15:19 29:13 30:6 43:18 46:19 48:12,17,18	63:20 Occasionally 4:19 occur 31:3 occurred 41:23 46:5 49:1 occurs 54:21 October 66:18 off 30:10 49:3,13,23 50:9 52:3 offhand 39:14 office 2:5 6:10,15 6:18,20,21 7:6 8:20 66:14 officer 21:12 44:13 44:16,21 officers 4:14 offices 1:19 often 43:13 Oh 4:23 ohio 1:2,18,21 2:7 2:14 3:2 66:2,5 66:14,17 okay 11:9,17,18,22 12:18 15:10,11 19:16 23:24 32:17 33:2,3 65:5 once 19:17,22 24:20 31:23 61:11 one 8:3 14:4 28:25 29:2 50:8 56:2,23 63:1 ongoing 47:11 only 8:3 open 55:9 operation 30:5 opinion 19:6,10 37:11 38:18 39:4 60:6 opportunity 12:21 64:12 65:3 opposed 46:8 order 25:10,11,16 25:18,24 26:1,3,8 27:9 34:9 35:14 48:22 orders 24:23 25:1,2 25:2,9 36:7,8 organ 38:14 organs 38:1,3,6,8 60:19 original 23:22 originally 9:2 other 7:21 8:1 11:12 13:5,10,11 18:18 22:11,11,14 24:1,10,16 30:12 36:12 43:3,14 49:8 52:23 54:11 56:10 otherwise 22:20 66:12 out 34:5 41:18 56:1	56:7,15,17,20,20 56:23 outpatient 6:17 outside 7:6 8:10,22 over 14:21 19:23 20:6 30:17 53:9 61:1 62:3,5,6 64:16 overhead 22:25 40:14 41:10,14,17 41:22,22 42:3 45:7 46:1,6 52:22 53:3,7 64:14 overlap 11:12 overnight 27:8 own 59:3,5 oximeter 27:18 29:2 31:6,14,15 oximetry 26:5,12 26:17 27:8,17,25 28:6,12 30:8,21 30:25 31:19,23 oxygen 31:8,24 38:2,4,9 47:8,16 55:22 60:17 61:8 62:24,25 63:2,6 oxygenating 61:13 o'clock 1:22 65:6	63:8,10,14,16 performed 46:23 perfusion 38:6,9 perhaps 23:23 34:7 period 8:8 54:22 60:2,12 periods 59:20 permissible 33:18 person 14:10 47:2 62:4 personally 14:24 15:3 16:15 pharmacy 48:13 phenomenon 37:1 physically 42:25 43:9 46:9 physician 4:25 6:18 8:17 20:24,24 44:7 58:8 physicians 3:25 4:11,14,18 7:21 8:2,5,14,21,25 20:21 54:11 pick 36:2 61:9 62:17 picture 17:18 20:13 Pike 7:10 pinking 57:20 61:25 63:22 pinpoint 55:20 place 61:12 66:11 placed 62:14 Plaintiff 2:2 plaintiffs 1:5,15 23:3,4,10 44:23 67:6 PLEAS 1:1 please 3:10 11:11 20:5 23:2 Plus 33:15 point 34:5 46:22 57:25 59:16 policy 21:2,16 possibilities 55:5 possible 38:23 39:17 55:2,13 56:15 possibly 42:20 post-arrest 54:24 55:3 post-cardiorespir... 54:8 post-code 54:21 potential 38:23 39:9,24 55:12 practice 18:15 46:4 preferable 63:15,20 premature 58:18 preparation 11:22 13:2 prepared 34:6,13 prescribed 31:25	present 16:3,6,24 43:4,6,15 44:8 49:1 presented 39:22,23 presenting 37:13 pressure 20:6 29:4 29:15,20 presume 8:12 primary 19:23 prior 26:13 35:23 44:4 47:23 54:20 private 3:20 6:10 22:19 probability 39:7 56:14 probably 61:4 problem 54:15 problems 22:6 procedure 3:3 21:2 21:16 proceeded 58:7 process 17:6 38:13 43:8 45:8 54:13 professional 8:6 progress 36:7 prolonged 55:23 promise 32:16 promised 40:12 prompt 33:7 proper 30:5 48:10 properly 28:11 48:21 53:18 provide 6:7 7:13 20:25 28:6,13 32:3,6 48:22 50:17 provided 3:2 4:13 9:17,18 12:10 13:23 15:25 21:19 33:8 35:24 36:23 40:15 63:6 63:16 provides 21:17 providing 9:22 21:13 proximate 29:1 prudent 58:8 Public 1:18 66:5,17 pulse 20:7 26:4,11 26:17 27:8,16,18 27:24 28:6,12 29:2,20 30:8,21 30:24 31:6,14,15 31:18,23 pump 34:25 36:12 36:17 purpose 29:24 purposes 11:21 23:5 31:20 32:24 pursuant 1:19 put 23:9 Putting 13:16
---	--	---	---	--

p.m 22:2 25:11 35:1	23:8,14,18 32:21 35:5,18 41:11 52:12,14 54:1 61:18 62:13 records 12:10 13:3 15:23 24:6 33:23 34:23 recounting 46:5 reduced 66:8 reference 44:24 referenced 4:8 referencing 25:10 referred 38:5 62:20 referring 10:21 44:23 reflect 46:7 reflected 22:20 45:21 reflects 17:2 refute 37:16 regardless 25:25 Registered 1:17 relate 13:7 relates 23:16 24:18 64:13 relationship 8:14 relationships 21:8 relative 31:14 66:12 relevant 12:23 13:7 rely 11:20,21 18:25 remember 22:3,4 41:13 43:8,12,19 44:7 45:13 51:1,2 51:6,13 52:1 rephrase 11:8,16 reporter 1:17 11:16 23:8 request 27:18 requested 27:6,16 reservoir 63:5 resorted 52:16 respect 12:24 respiration 27:19 respirations 20:7 29:14,20 46:13 respond 24:15 60:14 responded 22:24 24:12 40:13 41:16 46:6 59:9 60:12 responding 42:20 42:24 response 59:6,24 60:3 responsibility 19:24 29:10 30:2 48:7 rest 9:20 41:23 result 38:12 55:23 resuscitate 63:11	resuscitated 53:24 54:3 60:5 resuscitating 26:19 resuscitation 32:10 33:8 34:20 50:18 50:25 52:8,17 resuscitative 40:6 reverse 57:3 reversed 38:13 reverted 47:15 review 12:22 13:2 65:4 reviewed 13:5,10 25:5 33:23 35:11 reviewing 12:3,9 right 4:7,12 7:12 8:16 9:25 11:13 11:23 14:10 15:3 15:17 22:17 28:25 35:7,8,14 35:22 36:1 39:15 41:14,20 42:3 43:17 46:2 47:9 47:21 49:17,21 57:20 58:4,14,16 58:23,24 59:25 64:5 65:2 road 12:18 room 24:15 40:15 40:16,18 41:6 42:5,7,24 46:9 53:4,4 63:8,10 64:15 roughly 39:10 routine 18:10,13,16 48:13 rule 56:1,7,14,17,19 56:20,20,23 Rules 3:3 running 35:17 36:3 45:8 ruptured 17:15	50:17 see 6:12 10:3 22:7 25:6,9,12 26:6 27:22 31:13 35:2 35:14 36:1,24 44:25 62:16 seeing 40:22 54:4 seem 35:19 seen 13:16,20 24:3 24:6,24 25:1,2 28:19 62:14 sees 8:21 10:2 seizure 54:3,4,7,17 54:20,20,24 55:3 55:14,19,24 56:16 56:25 57:4 sensitive 31:1 sent 6:25 served 12:2 services 6:6 7:14 9:16 12:10 21:19 set 1:21 29:7,11,16 29:21 66:8,13 severe 32:18,23 33:10 34:10,19 38:15 shaking 49:24 share 49:2,22 53:12 shared 49:5 52:15 Sherry 14:4,7 shift 8:3,4 shows 18:17 54:18 SIDS 37:7,8 signature 25:21,23 65:7 signed 21:20 significant 58:5 signs 5:12 simple 50:13 since 3:16 10:23 28:18 sir 9:2 22:21 sit 15:17 situated 44:13 situation 33:4 size 58:13,15,18 Skylight 2:5 sleep 41:18 slowing 37:23 slows 37:25 small 58:18 soft 47:7 sole 56:9 solution 35:17 some 8:12 17:5 21:2 21:15 23:14 39:9 41:23 44:19 54:1 54:3 55:2,11 somebody 8:10 16:19 27:18 62:2 someone 10:2 51:21 58:21	something 11:6 15:8 17:16 21:1 36:2,5 39:18 sometimes 47:6 somewhat 59:11 sooner 53:21 63:21 sort 12:18 28:23 sounded 30:14 sounds 61:23 sources 24:10 Southeast 3:24 4:11 4:18 7:20 8:2,5 8:14,17,20,24 20:21 speaks 19:2 specific 13:1 15:18 25:10 specifically 21:11 23:25 43:15 specified 21:2 66:11 specifies 21:8 specify 21:16 speculate 39:18 spell 3:22 SS 66:2 stable 27:21 staff 14:21 stage 63:25 standard 31:22 47:25 58:19 standards 32:13 standpoint 31:13 54:22 55:15 start 25:22 37:23 45:12 49:21 started 15:6 34:25 35:7,12 44:11 51:3 starts 25:12 state 1:18 3:10 66:2 66:5,17 statement 5:7 13:4 states 9:4 statute 1:16 stenotypy 66:8 step 47:9 steps 61:13 sticker 23:9 still 4:17 33:9 58:1 60:16,18 stop 37:24 39:10 57:9 stopped 38:19 50:19 stops 28:4 30:23 31:12 33:5 34:11 37:21 street 2:6 7:11 successful 61:14 sued 12:7 suffer 40:2,7 sufficient 47:15
----------------------------	---	--	--	---

<p>suggest 36:12 57:8 65:3</p> <p>suggesting 25:8 41:21 45:14 56:13</p> <p>Suite 2:5,12</p> <p>summaries 13:20</p> <p>summarize 55:9</p> <p>summary 13:24</p> <p>summoned 64:14</p> <p>supervisor 48:18</p> <p>supplied 5:22</p> <p>supply 38:2,5 48:14 62:25</p> <p>sure 29:19 30:3 48:8,14 51:5 61:22</p> <p>surgery 10:16</p> <p>sustain 32:22 33:10 34:10,19 60:18</p> <p>sustained 32:18</p> <p>sworn 3:4 66:7</p> <p>symptom 37:13</p> <p>system 53:17</p> <hr/> <p>T</p> <p>tachycardic 59:12</p> <p>take 10:12 13:12 15:15,23 16:6 17:4 22:5 23:20 27:23 34:5 35:2 40:21 41:18 42:16,19,25 48:18 60:22 62:2,5 64:3 65:3</p> <p>taken 1:16 11:1 12:2 13:17 66:11</p> <p>taking 51:13 61:12</p> <p>talk 12:16 15:22 18:7 23:25 33:16 34:14 57:16</p> <p>talked 15:1 18:1 64:18</p> <p>talking 18:3 20:11 21:9,12 50:3</p> <p>tape 61:22,25</p> <p>tell 3:18 9:15 11:7 11:19 15:24 18:2 19:5 20:5 26:16 26:24 27:13 30:13,16 35:10 41:9 42:12 46:25 49:7 51:25 57:3 59:19 60:10 61:5 64:12</p> <p>telling 51:6</p> <p>tells 56:22</p> <p>ten 4:24</p> <p>terms 4:13,21 9:15 12:3 15:13 20:3 21:12 22:11 28:7 47:10,11 58:9</p>	<p>60:7 61:18 63:22</p> <p>testified 13:24</p> <p>testify 34:6 54:12 66:7</p> <p>testimony 11:20 65:2 66:8,9</p> <p>Thank 64:25</p> <p>their 15:2</p> <p>themselves 30:5</p> <p>thing 13:10 33:13</p> <p>things 4:3 22:5 33:12,14 55:10,19 56:20</p> <p>think 17:14 23:10 25:11</p> <p>thoughts 39:23</p> <p>three 28:24</p> <p>through 4:10,18 5:2 9:23 36:21 42:16 45:12 51:18</p> <p>time 4:17,17,21 7:23 9:16,20,20 12:11,13 14:12 16:3,7,24 17:22 18:19,23 20:16 21:21 22:23 25:6 26:12,19 30:8,14 30:21 33:19 34:11,17,22 39:1 41:2,9 44:8,20 45:4,13,15,17,24 46:7,8,10,20 49:18 50:11 52:4 57:22 59:16,20 60:2 61:6 62:7,11 64:14 66:11</p> <p>timed 21:24</p> <p>timely 37:19 38:13</p> <p>tissue 47:7</p> <p>today 5:9 65:3</p> <p>toe 29:3</p> <p>together 33:14</p> <p>told 4:3 18:20 30:18 30:19 46:19 50:2 52:20</p> <p>top 25:13</p> <p>Tower 2:5</p> <p>toxic 38:10</p> <p>trained 10:6,7 50:16 53:21</p> <p>training 9:7 10:10 10:13 12:25,25 27:12 34:7 39:22</p> <p>transcribed 66:9</p> <p>transcript 65:4</p> <p>transcription 65:2 66:9</p> <p>transcripts 13:17</p> <p>transfer 24:20</p> <p>transferred 24:21</p> <p>treating 33:20</p> <p>treatment 32:6</p>	<p>Treu 2:10</p> <p>trial 11:22</p> <p>trouble 22:7</p> <p>true 3:14 4:6 8:15 9:8 10:4 12:11 13:14 14:16 15:20,21 17:6 18:8,9 20:18 21:21,24 23:11 24:24 26:24 28:1 28:8,14 29:8 32:10,13,19,25 34:2 36:14 40:3,4 40:8,9 41:18,25 42:21 44:17 45:2 45:18,22 48:23 50:19 51:8,14,15 53:24 57:5,6 58:1 60:19 61:14 63:7 63:12,18,23 66:9</p> <p>truth 66:7,7,7</p> <p>try 4:2 11:8 16:11 34:8</p> <p>trying 33:17 34:5</p> <p>tube 29:5 49:16 58:13 61:22</p> <p>tubes 49:19</p> <p>tubing 48:5 49:3,10 49:13,23,25 50:9 50:17 52:3,18 62:20,23 63:4,17</p> <p>turned 25:11</p> <p>two 10:15,17 43:18</p> <p>type 8:13 13:23 15:24 21:2,15 22:18 28:16,19 29:16 33:18 57:8</p> <hr/> <p>U</p> <p>UHHS 1:7 2:9</p> <p>umbrella 20:20,22 20:23</p> <p>under 1:16 11:20 20:20,21,23 24:13 33:6,9</p> <p>understand 3:13 4:3 11:6,8,15,24 11:25 12:9 16:11 27:1 29:11,18 33:13,16 34:3,8 54:23 55:12</p> <p>understanding 15:13</p> <p>understood 19:19</p> <p>unefficient 47:4,5</p> <p>unfair 33:24 56:21</p> <p>unresponsive 46:12</p> <p>until 11:10,11 61:6 61:19 62:2,8 64:15</p> <p>use 49:4</p> <p>used 28:17,17,20</p>	<p>usual 59:13</p> <p>usually 28:24 29:4 29:13 30:6 36:18 37:14 46:10 52:25 53:2</p> <p>U.S 10:8</p> <hr/> <p>V</p> <p>Vaguely 17:20</p> <p>valuable 28:7,13</p> <p>value 27:25</p> <p>various 60:18</p> <p>ventilate 49:17 51:14,17,22</p> <p>ventilated 47:23 59:17,23</p> <p>ventilating 49:21 51:4 57:17 61:7</p> <p>ventilation 32:4 37:20 47:13 48:22 49:14 50:10 60:9 62:5,7</p> <p>ventilator 62:3,9,10 62:15</p> <p>verbal 13:24</p> <p>verbalize 51:5</p> <p>very 14:9 15:5 43:12 45:8 50:12 55:8 58:3,5,18 64:25</p> <p>vital 50:21,22</p> <p>vividly 14:25 43:12</p> <p>vs 1:6</p> <hr/> <p>W</p> <p>W 2:6</p> <p>wait 11:10,11</p> <p>waived 65:7</p> <p>walked 42:15</p> <p>want 15:9,12 24:1 34:8</p> <p>wants 16:16</p> <p>wasn't 15:8 28:19 52:7 57:20 60:4</p> <p>watch 45:6,10,18 45:22</p> <p>way 29:20 30:9,13 56:23 61:16</p> <p>Wednesday 1:12</p> <p>weekends 4:16</p> <p>well 11:11 25:1,22 27:20 39:2 41:13 47:3 48:5 60:12</p> <p>went 25:6 36:7 47:9</p> <p>were 4:9 9:4 12:13 14:12 15:17 16:3 17:15 19:12 20:20,21 22:15 24:23 25:3 26:19 26:20,24 27:3 28:17 31:1 35:24</p>	<p>39:8,22 40:13 41:2,23,25 43:3 43:14,16,17 49:23 51:3,24 52:23 53:14 54:13 59:4 59:6 60:15 61:5,8 61:14,18 62:8,18</p> <p>we're 21:9 35:5</p> <p>we've 10:21</p> <p>WHEREOF 66:13</p> <p>while 15:16</p> <p>whole 12:25 33:13 33:22 54:25 66:7</p> <p>wide 55:8</p> <p>witness 1:15 33:16 65:5 66:13</p> <p>woke 41:18</p> <p>wondering 45:16</p> <p>words 13:5</p> <p>work 4:17</p> <p>working 4:10 5:1,2 7:20 20:20,21 53:18</p> <p>works 8:9</p> <p>wouldn't 53:11 63:13</p> <p>write 45:13</p> <p>written 23:17 24:23 25:3</p> <p>wrong 33:1</p> <p>wrote 25:16</p> <hr/> <p>X</p> <p>X 67:1</p> <hr/> <p>Y</p> <p>yeah 36:1 37:9</p> <p>year 10:13,19</p> <p>years 10:15,17 12:25</p> <p>York 10:16</p> <hr/> <p>I</p> <p>1 23:3,5,10,21 44:23 67:7</p> <p>10:00 35:1</p> <p>10:20 1:22</p> <p>11:50 65:6 1239:10 13020:6 14222:13 151:12 1620:7 16602:6 191020:17 199510:23 199728:18 30:25 31:4</p> <hr/> <p>2</p> <p>2nd 2:6</p>
--	--	---	--	---

<p> 20 9:19 20s 46:14 20th 66:14 2000 1:12 66:14 2004 66:18 , 21 63:8,10 2105 35:9 216 2:8,15 23 67:7 24th 20:16,18 22:2 22:16 241-2600 2:8 <hr/> 3 <hr/> 3 67:4 3.5 58:12,19 359360 1:8 <hr/> 4 <hr/> 4 67:7 44 1:20 44113 2:7 44115 2:14 <hr/> 6 <hr/> 6 67:4 6:30 44:25 45:4,17 45:22,24 61:19 621-1000 2:15 630 2:12 660 2:5 <hr/> 7 <hr/> 7 66:18 7:00 22:2 45:21 61:1,6,19 64:16 64:20 7:10 20:17 70 20:6 <hr/> 8 <hr/> 8:10 25:11 80 4:23 20:7 85 31:21 <hr/> 9 <hr/> 9:05 35:12,13 90 4:23 </p>				
--	--	--	--	--