

State of Ohio, )  
 ) SS:  
County of Cuyahoga. )

- - -  
IN THE COURT OF COMMON PLEAS  
- - -

Teresa Saxton, Administratrix )  
of the Estate of Meesha Saxton, )  
Deceased, )  
 )  
Plaintiff, )  
 )  
vs. ) Case No. 355560  
 ) Judge Pokorny  
Doris A. Evans, M.D., )  
 )  
Defendant. )

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DEPOSITION OF DORIS A. EVANS, M.D.  
- - -

Deposition of DORIS A. EVANS, M.D., called by the  
Plaintiff for examination pursuant to the Ohio Rules of  
Civil Procedure, taken before Phyllis L. Englehart, RMR  
and Notary Public in and for the State of Ohio, at the  
offices of Weston, Hurd, Fallon, Paisley & Howley,  
2500 Terminal Tower, Cleveland, Ohio, on Tuesday,  
March 16, 1999 commencing at 11:00 a.m.

- - -  
FLOWERS, VERSAGI & CAMPBELL  
THE 113 ST. CLAIR BUILDING, STE. 505  
CLEVELAND, OHIO 44114  
(216) 771-8018

## I N D E X

WitnessCross

Doris A. Evans, M.D.

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## E X H I B I T S

Plaintiff'sMarked

A

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1 APPEARANCES:

2 On Behalf of the Plaintiff:

3 Donna Taylor-Kolis  
4 330 Standard Building  
5 Cleveland, Ohio 44113

6 On Behalf of the Defendant:

7 Deirdre G. Henry  
8 Weston, Hurd, Fallon, Paisley & Howley  
9 2500 Terminal Tower  
10 Cleveland, Ohio 44113

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DORIS A. EVANS, M.D.

having been first duly sworn, as hereinafter certified,  
was examined and testified as follows:

CROSS-EXAMINATION

By Ms. Kolis:

Q Dr. Evans, good morning. We have just been introduced, but for purposes of the record let me state that my name is Donna Kolis. I have been retained to represent the estate of Meesha Saxton. As you are aware, I initiated a lawsuit naming you as a defendant.

My purpose this morning is to ask you a series of questions, some by way, hopefully, of explanation of what's contained in your medical records and others by way of your medical knowledge regarding the issues of sickle cell. If at any time I ask you a question that you do not understand, can I secure an agreement from you that you will so indicate that you do not understand the question that I am asking?

A Yes.

Q Okay. At all times your answers must be verbal. Court reporters don't like to have to interpret our body language, so we do have to articulate our answers. Can I secure an agreement that you will

1 answer all questions in such fashion?

2 A Yes.

3 Q Additionally, there may come a point when I ask a  
4 question to which your attorney may object. You  
5 should wait to answer the question until she and I  
6 have resolved whatever our apparent differences are  
7 in that regard. Do you understand that instruction?

8 A Yes.

9 Q For the record, can you state your name and your  
10 professional address, please.

11 A Doris Anita Evans, 29001 Cedar Road, Suite 406,  
12 Lyndhurst, Ohio 44124.

13 Q This morning I was handed by your counsel a copy of  
14 what hopefully is your current curriculum vitae.  
15 Doctor, can you identify this document for me?

16 A It appears to be my curriculum vitae.

17 MS. KOLIS: I'd ask the court  
18 reporter that we mark this Plaintiff's Exhibit A.

19 (Plaintiff's Exhibit A  
20 marked for  
identification)

21 Q Doctor, inasmuch as I just received this, I haven't  
22 had an opportunity, obviously, to digest all the  
23 information, but let me ask you this initial  
24 question.

25 In your career, or since you began medical

1 training, have you had the opportunity to do any  
2 research or writing related to issues of sickle cell  
3 anemia?

4 A No.

5 Q Let's just briefly go through your background. Can  
6 you recite for me the training which led to your  
7 occupation as a physician beginning with college.

8 A I went to the University of Chicago and graduated  
9 from there in 1963. I then went to Case Western  
10 Reserve University School of Medicine and during  
11 which period I did a year's fellowship and graduated  
12 in 1968.

13 Subsequent to that I was an intern at the  
14 Children's Hospital of Philadelphia, a resident in  
15 pediatrics at Metro General Hospital and completed a  
16 pediatric cardiology fellowship in 1973 from Babies  
17 and Childrens Hospital in Cleveland, Rainbow Babies  
18 and Childrens.

19 Q Let me ask you a couple of questions about the  
20 information that you've just shared with me. You  
21 indicated that you did a fellowship, and I see from  
22 your CV it was with the NIH; is that correct?

23 A Yes.

24 Q Can you tell me what the nature of that fellowship  
25 was?

1 A I was investigating the Burkitt's lymphoma, cancer,  
2 using a mouse model and trying to determine whether  
3 phytohemagglutinin had any relationship to the  
4 development of this tumor.

5 Q As a result of that research, did you participate in  
6 the publication of any findings coming out of that?

7 A No.

8 Q Fair enough. Have you ever done any work with the  
9 American -- I don't even know what I'm saying this  
10 morning -- United States Department of Health and  
11 Human Services?

12 A I'm not sure I understand the question of any work  
13 with the --

14 Q Have you done any research for them or participated  
15 in any studies that were funded by the Department of  
16 Health and Human Services?

17 A I think so. That is, part of my career was as  
18 assistant dean at the School of Medicine in the  
19 early '70s, and we received a grant to allow the  
20 recruitment of students through a special program,  
21 and I believe that was funded through one entity of  
22 the United States Department of Health.

23 Q Appreciate the answer. Doctor, are you board  
24 certified in any specialties?

25 A Pediatrics.

1 Q When did you obtain your pediatric boards?

2 A I think it was 1973.

3 Q Has there been a requirement for you to become  
4 recertified since that time?

5 A There is no requirement.

6 Q I don't know what all the requirements are, so  
7 that's why I asked you the question. Do you  
8 currently have any teaching responsibilities?

9 A I have some teaching opportunities, and currently  
10 they are confined to helping in the training of a  
11 child psychoanalyst trainee who comes to our  
12 practice to observe mother-infant relationships, but  
13 I have also taught recently in the clinics at  
14 Rainbow Babies and Childrens Hospital.

15 Q Fair enough. Describe for me, if you will, your  
16 current practice.

17 A What aspects of the practice?

18 Q I guess I need to know, you're not a hospital-based  
19 physician, correct? You have your own independent  
20 medical practice, correct?

21 A That's correct.

22 Q All right. Where do you have privileges?

23 A Rainbow Babies and Childrens Hospital, Mt. Sinai  
24 Hospital and Meridia Hillcrest Hospital.

25 Q Are you an on-call pediatrician for any of those



1 facilities?

2 A I cover the emergency room periodically as a  
3 consulting pediatrician for Meridia Hillcrest.

4 Q So then I guess I gather from your answer that the  
5 nature of your particular medical practice is that  
6 you are a community-based pediatrician? People come  
7 to your office for well baby care and other  
8 illnesses?

9 A For comprehensive pediatric care.

10 Q Okay, fair enough. Doctor, during your career as a  
11 physician, have you had the opportunity to serve as  
12 a medical expert in any case?

13 A Legal case?

14 Q Yes. Let me withdraw it and make it simpler. Have  
15 you ever been retained to be a medical expert,  
16 either on behalf of a patient or a doctor?

17 A I think so, but I don't remember the particulars.  
18 It would have been in the early '80s, I think, when  
19 an attorney in town called and asked me to comment  
20 on something, and I remember reviewing a record but  
21 I haven't thought about it since then, and I don't  
22 remember the name or the case.

23 Q Did you give a deposition in that matter?

24 A No.

25 Q Other than the instant case which we're going to

1 talk about in a second, have you ever been sued for  
2 medical negligence before?

3 MS. HENRY: Objection. Go ahead  
4 and answer.

5 A I don't know what the grounds of the suit was, but  
6 the answer is yes.

7 Q You were sued previously. One time?

8 A Yes.

9 Q Do you know how that litigation terminated?

10 A It was dismissed after my deposition.

11 Q And do you know how long ago that was?

12 A 11 years. It was in 1987.

13 Q Here in Cuyahoga County?

14 A Yes.

15 Q In that particular instance, did that case involve a  
16 child with sickle cell?

17 A No.

18 Q Fair enough. Doctor, do you belong to the Academy,  
19 American Academy of Pediatrics?

20 A I do.

21 Q Do you have a current membership?

22 A Yes.

23 Q In preparation for today's deposition, Doctor, were  
24 you able to review medical records?

25 A I reviewed Meesha Saxton's medical record.

1 Q You reviewed your own personal office chart?

2 A Yes.

3 Q Have you had the opportunity to review Meesha  
4 Saxton's University Hospital records?

5 A The only University Hospital record I have is of her  
6 early admission in December of 1997.

7 Q At any time since I have filed this lawsuit or  
8 previous to that, were you able to review the  
9 medical records generated from her final illness at  
10 University Hospital?

11 A I don't believe I have a complete copy of that  
12 record, so the answer is no.

13 Q Fair enough. Did you also review in preparation for  
14 the deposition the coroner's report that was issued  
15 in this matter?

16 A Yes.

17 Q Have you had an opportunity to discuss the findings  
18 contained in the coroner's report with Dr. Elizabeth  
19 Balraj?

20 A I've never spoken with her. I have spoke with the  
21 deputy coroner.

22 Q When did you speak with the deputy coroner?

23 A Before the issuance of the report.

24 Q Can you tell me what circumstances led you to have a  
25 conversation with the deputy coroner?

1 A After the child's death I was interested and  
2 concerned to know the cause of the death so that I  
3 might inform the parents and counsel them, and so  
4 really I placed several calls to the deputy coroner.

5 Q And some of those in fact are reflected in your  
6 office notes, I believe it's the telephone call  
7 section. Does that comport with your memory of your  
8 file?

9 A Yes.

10 Q Do you recall what deputy coroner you spoke with?

11 A I believe it was a Dr. Roth.

12 Q Okay, fair enough. Have you reviewed any medical  
13 literature in anticipation of questions that I might  
14 ask today?

15 A Not in depth.

16 Q Can I gather from your answer that you did do a  
17 review of literature?

18 A I have reviewed a publication of the United States  
19 Department of Health, I think, which represents a  
20 sort of comprehensive guide to the care of sicklers.

21 Q Is that publication number 6?

22 A I don't remember the number.

23 Q Why did you review that comprehensive guide?

24 A I actually -- I need to correct the answer.

25 Q Fair enough.

1 A In the course of the care of this patient, and I  
2 have many other patients or some other patients with  
3 hemoglobinopathies, I periodically review materials  
4 and so I have done so throughout.

5 Q All right. So that there's no confusion, and  
6 sometimes I don't ask incredibly specific questions,  
7 especially in a deposition forum, what I was trying  
8 to determine was whether or not since I filed this  
9 lawsuit you took it upon yourself to re-review the  
10 literature regarding the suggested manner of care  
11 for children with sickle cell.

12 A No, not for the purpose of your lawsuit.

13 Q So what you are indicating is that over time you  
14 have looked at this particular -- it's the  
15 Comprehensive Care Guide, I guess, for Sickle Cell  
16 in Newborns; is that the one that you're referring  
17 to?

18 A And other materials.

19 Q And other materials, over time just to familiarize  
20 yourself?

21 A Well, more to help parents and to learn about  
22 materials that might be helpful to parents, as I did  
23 in this case.

24 Q I don't know what time frame, I suppose, I want to  
25 use. Out over your career, can I gather that you

1 have had as patients in your pediatric practice  
2 children who had sickle cell?

3 A Yes.

4 Q What percentage of your patient population has had  
5 sickle cell over time? You can answer it any way  
6 you want to, in other words, if it increased over  
7 time or if you have no way of knowing.

8 A It's been rather steady, and I would say it's less  
9 than one percent.

10 Q Less than one percent of your practice.

11 A Or less.

12 Q Do you consider yourself to be, I don't like to use  
13 this word but I'll try to find one, do you consider  
14 yourself to have enough expertise in the care and  
15 treatment of sickle cell to retain these children as  
16 your patients?

17 A Yes.

18 Q Is there, in your opinion, a comprehensive sickle  
19 cell clinic in Cleveland?

20 A Yes.

21 Q And would that clinical program be run by Rainbow  
22 Babies and Childrens?

23 A I think -- I know there is one there, and I think  
24 there are probably others.

25 Q Have you ever referred any of your pediatric

1 patients to the care of those clinical programs?

2 A Yes.

3 Q Why, Doctor, did you not put Meesha Saxton on  
4 antibiotic prophylactic -- well, let me retract it  
5 and ask it this way. Why did you not put her on  
6 prophylactic penicillin?

7 A I thought it was dangerous to do so.

8 Q Explain to me your reasoning for believing that  
9 placing her on penicillin would have been dangerous.

10 A We're now in what's being called by many the  
11 postantibiotic era, which there has been the  
12 emergence of resistant microorganisms of many types,  
13 but particularly pneumococcal organisms are  
14 increasingly resistant and very hard to treat, even  
15 in the simple case of otitis media, middle ear  
16 infection. I worried about that in this child.

17 And also what's known as compliance with  
18 daily medication, for whatever reason it's being  
19 given, is very poor, and the population of sicklers  
20 has been studied with respect to that issue of  
21 incompliance, and most studies show that compliance  
22 is never more than 60 percent in a population. Poor  
23 compliance leads to the emergence of resistance in  
24 microorganisms.

25 I also have found in my experience with my

1 colleagues and with patients that blanket approaches  
2 sometimes lead to a false sense of security and the  
3 presentation of the child much too late in an  
4 illness course. And also the recommendation for  
5 penicillin prophylaxis is only one component of  
6 comprehensive care for children with  
7 hemoglobinopathies.

8 And again, in my experience, I think the  
9 other components are exceedingly important for the  
10 welfare of the child and of no less importance than  
11 how you might treat them with an antibiotic. So  
12 those are the summary reasons.

13 Q Well, let's evaluate or discuss, I guess, probably  
14 more in depth your reasoning. Since I don't have an  
15 assistant here, I'll try to keep my notes over here  
16 and do this logically.

17 Would you agree with me that all of the  
18 published literature promulgated by the American  
19 Academy of Pediatrics, the United States government  
20 Department of Health and Human Services indicates  
21 that children beginning at the latest the age of two  
22 months with sickle cell should receive twice daily  
23 prophylactic penicillin treatment?

24 A I haven't seen all of the literature, but I have  
25 seen a great deal of literature that does make that



1 recommendation.

2 Q Would you agree with me that the Ohio Department of  
3 Human Services also has established a protocol that  
4 children with sickle cell should be treated with  
5 penicillin?

6 A Yes.

7 Q Have you indicated in writing or orally to the Ohio  
8 Department of Human Services that you do not agree  
9 with their protocol that penicillin should be  
10 initiated in these children?

11 A No.

12 Q Who have you expressed this opinion to other than  
13 your patients?

14 A Colleagues.

15 Q Have you done any research or attempted to publish  
16 any papers contradicting these protocols?

17 A No. I've just tried to have a lot of respect for my  
18 many years of practice, reading, evaluation of  
19 outcomes of my patients, patients of my colleagues  
20 with whom I've come in contact.

21 Q Can you tell me what writing, and I suppose I'm  
22 calling it writing, and you may tell me there's a  
23 different answer, you have relied upon to believe  
24 that using penicillin will create a pneumococcal  
25 resistance?

1 A Oh, I can't give you the specific author. I mean I  
2 have many articles in my practice in which, you  
3 know, in the last two to three years it's become  
4 very apparent that overuse of antibiotics has led to  
5 the emergence of resistant strains, indiscreet use  
6 of antibiotics.

7 Q Have you had the opportunity, or did you in  
8 considering not recommending penicillin to your  
9 sickle cell patient, this one in particular, done  
10 any research that would confirm that there were poor  
11 outcomes associated with the use of penicillin via  
12 the mechanism of pneumococcal resistance?

13 A I'll need you to repeat the question.

14 Q I realize there was a lot in that question. In  
15 other words, you stated as your first reason for not  
16 placing Meesha Saxton on penicillin is that you had,  
17 I don't know if you used the word fear, a concern,  
18 I'll use that word, that she would develop  
19 pneumococcal resistance. Did I fairly hear that as  
20 your statement?

21 MS. HENRY: I think you asked her  
22 generally why she doesn't do it, and I think she  
23 said in this postantibiotic era many organisms  
24 become resistant to the antibiotics, specifically  
25 the pneumococcal.

MS. KOLIS: Okay.

Q If you want to answer generally, that's fine also.

What evidence did you rely upon in choosing not to follow the penicillin protocol that there were later adverse outcomes in children who had been on penicillin?

A There are many published reports about children in daycares with untreatable, untypable sometimes, pneumococcal organisms. I mean it's just general knowledge that those resistant organisms are out there.

Recently one of the hematologists at Babies and Childrens gave a talk in which he raised this concern with respect to the population of sicklers, the risk of development of these resistant organisms.

Q What's the risk of death in a child who is a sickler under the age of five from pneumococcal infections?

A I think it approaches 25 percent mortality.

Q Do you know what the statistical data indicates is the reduction in that percentage in a child who is on prophylactic penicillin?

A I don't think there's specific data related to the way you asked the question. There have been general studies and some in Jamaica, some in the United

1 States, some looking at using penicillin alone, some  
2 looking at using penicillin with pneumococcal  
3 vaccine.

4 But generally my knowledge would be that  
5 when this first was recommended back in the mid to  
6 late '80s, there was a demonstration of a reduction  
7 in the occurrence rate of pneumococcal infections.

8 Q You don't recall the specific rate?

9 A They were different in different studies.

10 Q In the United States study, do you know what the  
11 published data said in terms of the percentage  
12 reduction in morbidity and mortality?

13 A It was significant, but I don't recall the number.

14 Q If I told you it was 87 percent, does that refresh  
15 your memory as to what the published data was?

16 A No.

17 Q Okay, fair enough. If you don't remember, that's  
18 fine.

19 Now, you indicated that someone in  
20 hematology at U.H. recently gave a talk on the  
21 subject of pneumococcal resistance. Did I hear that  
22 correctly?

23 A Gave a talk on sickle cell anemia.

24 Q Who was that physician?

25 A Dr. Brian Berman.

1 Q I take it that you attended this lecture after  
2 Meesha Saxton died?

3 A The lecture was after Meesha Saxton died.

4 Q I'm just trying to get a time reference. Because it  
5 was very recently, is that what you're saying?

6 A It was in October of '98, I think.

7 Q The second prong of your reasoning in not generally  
8 prescribing penicillin prophylaxis is that  
9 compliance is very poor; that's what I thought I  
10 heard you say.

11 A Poor.

12 Q Did you glean that from reading? Is that where you  
13 learned that information?

14 A Yes, and from my own experience.

15 Q How do you evaluate what parents will be compliant  
16 versus those who would not be compliant?

17 A I think it's very difficult to know when in an  
18 individual case. I am guided, I think all of my  
19 practice is, by the summation of my experience.  
20 Very hard to know in a given case.

21 Q Are you indicating that you make a decision which  
22 children who have sickle cell would receive  
23 penicillin --

24 A No, I'm not saying that.

25 Q You just don't prescribe prophylactic penicillin in

1           sickle cell children, so I'm absolutely clear on  
2           that?

3       A     Yes.

4       Q     And what you're trying to tell me is that one of the  
5           reasons that came into your formulation of not doing  
6           it is that you believed that compliance would be  
7           very poor?

8       A     I believe that compliance is poor. It's documented  
9           in the literature that it is poor. It's documented  
10          in my experience on other matters that it's poor,  
11          and the relationship between poor compliance and the  
12          development of resistant organisms, that's been  
13          shown. That is, partially taking a course of  
14          antibiotics changes the organism.

15      Q     Okay. Just assume that I accept that perhaps there  
16           would be some emergence of resistance in poor  
17           compliance. Let me ask you this question. Do you  
18           have a specific recollection of Mr. and Mrs. Saxton?

19      A     Yes.

20      Q     You met with both of them, correct?

21      A     Uh-huh, yes.

22      Q     On a number of occasions?

23      A     Yes.

24      Q     Did they strike you as parents who were concerned  
25           about their child's medical condition?

1 A Of course.

2 Q From the notes that you have and from what you can  
3 remember independent of the notes, did these parents  
4 appear to be people who understood instructions that  
5 you gave them regarding the care and treatment of  
6 their own child?

7 A They appeared to understand.

8 Q Did they, based upon your records and your  
9 independent recollection, follow instructions which  
10 you gave them?

11 A Much of the time.

12 Q Can you cite me an incident, or an instance I guess  
13 would be a better word, that you recall that for  
14 some reason they didn't follow your instructions?

15 A Uh-huh.

16 Q Why don't you tell me about those.

17 A There were a couple of occasions. I would need to  
18 look at the chart for the dates.

19 Q You may, certainly.

20 A But there were a couple of occasions in which they  
21 were not timely in reporting an illness and that  
22 despite instruction to the contrary on numerous  
23 occasions.

24 Q Did you feel that they put their child at risk?

25 A Oh, yes, by doing that I felt that, as I would with

1 any parent.

2 Q Your third prong reason for not initiating  
3 penicillin prophylaxis is that, if I heard you  
4 correctly, you had indicated that people became --  
5 I'm paraphrasing it -- I think what you were trying  
6 to communicate was that using penicillin gave  
7 parents a sense of complacency about disease  
8 processes and therefore presentation of illnesses  
9 occurred much too late. Am I sort of paraphrasing  
10 the thought?

11 A Yes.

12 Q What do you base that on?

13 A Experience with other disease entities where certain  
14 recommendations are made that result in what I've  
15 said.

16 Q Can I gather that you wouldn't have any experience  
17 on presentation much too late in sickle cell because  
18 of penicillin because you never put kids on  
19 penicillin?

20 A And because I provide excellent care to them  
21 otherwise.

22 Q All right. Let me ask you a few questions  
23 specifically about the autopsy. When you reviewed  
24 it -- did you review it before you gave it to the  
25 parents?



1 A Yes.

2 Q In fact, you had told them you would obtain a copy  
3 and sit down and talk with them; is that correct?

4 A I did do that.

5 Q Right. And they met with you?

6 A Yes.

7 Q What was your conversance at that point in time with  
8 Waterhouse-Friderichsen syndrome?

9 A I believe I'm quite conversant with it. I've had  
10 patients with it.

11 Q Do you know what causes it?

12 A Many entities cause it.

13 Q Give me your list of the things that cause it.

14 A Any illness that can make you very, very sick and  
15 put you in extremis can end up with the syndrome.  
16 Viruses can do that, autoimmune diseases can do  
17 that, and certainly bacterial infections can do  
18 that.

19 Q In speaking with the deputy county coroner, were you  
20 made aware of their probable opinion of the etiology  
21 of this finding?

22 A When I spoke with her last, Dr. Roth, she felt that  
23 the child probably had a viral disease. And then  
24 when the report came, there was this conclusion of  
25 Waterhouse-Friderichsen syndrome.

1 Q Did you specifically make a note somewhere that  
2 Dr. Roth thought it was viral in nature?

3 A I don't know. I don't think so. I don't have it  
4 here.

5 Q If Dr. Balraj is called to testify in this case and  
6 indicates that the most likely entity based upon  
7 tests that they performed was bacterial, would you  
8 be disputing that contention?

9 A I don't know on what basis I would dispute it. I  
10 would want to see the tests for sure.

11 Q What tests would you have assumed that they would  
12 have performed to, first of all, rule in or exclude  
13 a virus?

14 A Well, they could have done a rap panel looking for  
15 respiratory syncytial virus. There are many  
16 antibiotic tests to be done to detect viruses.  
17 There are certain morphologic tissue pathological  
18 findings that would suggest a virus, and I think  
19 that's indicated here in part of the conclusion, the  
20 list of diagnoses on the post report.

21 Q What listing on the post report suggests virus to  
22 you?

23 A Acute and chronic bronchiolitis.

24 Q You in fact managed a hospitalization of Meesha in  
25 early December; is that right?

1 A Yes.

2 Q Do you recall what your discharge diagnosis was for  
3 that hospitalization?

4 A Pneumonia and maybe bronchiolitis. I'm not sure.

5 Q She had some findings in the lung during that  
6 hospitalization, correct?

7 A Uh-huh.

8 Q Your treatment regimen was antibiotic medication at  
9 that time?

10 A Part of the treatment regimen was an antibiotic.

11 Q I'm sorry, I didn't mean to exclude anything else.  
12 But in fact you had prescribed an antibiotic?

13 A Yes.

14 Q And the child was discharged with an antibiotic,  
15 correct?

16 A Yes.

17 Q Amoxicillin, I believe? I don't know if I'm correct  
18 but --

19 A You are correct.

20 Q And there were discharge instructions that the child  
21 should take that antibiotic for 14 days. Do you  
22 recall that?

23 A That wasn't my instruction. My instruction was for  
24 them to take it for ten days.

25 Q She came to you a couple days after the discharge,

1 correct?

2 A Yes.

3 Q And you told them to continue the antibiotic but  
4 only through ten days, correct?

5 A For ten days.

6 Q Did you suspect that the child had a viral illness  
7 in that hospitalization?

8 A Yes. I think we all did.

9 Q Were there some tests that you could have performed  
10 at that time to indicate for yourself whether or not  
11 that was a viral illness?

12 A Viral illness is the cause of the vast majority of  
13 infectious illnesses, but she did have tests in the  
14 hospital. She had blood cultures which were  
15 negative; that is, they didn't grow any bacteria.

16 Q Do blood cultures sometimes not grow bacteria even  
17 when there's bacterial infection?

18 A That's right.

19 Q Is that perhaps even more true when the child has  
20 been given a dose of antibiotics prior to the blood  
21 draw?

22 A Yes.

23 Q Do you know if there was a blood --

24 A But --

25 Q I'm sorry, did you want to amplify your answer?

1 A (The witness shook her head.)

2 Q Mr. and Mrs. Saxton met with you early in your  
3 course of care with Meesha simply to have a meeting  
4 to discuss comprehensive care for sickle cell  
5 children. Do you agree with that?

6 A I requested that they meet with me.

7 Q Right.

8 A And they both came to meet with me.

9 Q That's part of your responsibility as a physician  
10 who is caring for a sickle cell child, correct?

11 A I think it's my duty.

12 Q The state says it's your duty to, don't they?

13 A The guidelines for comprehensive care require  
14 education for the parents.

15 Q So your meeting would have been for that  
16 comprehensive care?

17 A Yes.

18 Q At that time, do you recall whether or not they  
19 brought with them a book which they had received  
20 from, I'm going to call it the Sickle Cell Society?

21 A It's the American Sickle Cell Anemia Association,  
22 and yes, they did.

23 Q And they questioned you at that time about when you  
24 were going to place Meesha on penicillin; do you  
25 recall that?

1 A Yes.

2 Q Do you recall what response you gave them?

3 A The same one I've given you.

4 Q You just told them that you wouldn't be doing that?

5 A I don't do it, I didn't do it. I gave them the  
6 options of people who did do it, namely the clinic  
7 at Babies and Childrens Hospital, but I did explain  
8 fully to them the approach that I took and had  
9 always taken, the outcomes I had had with patients,  
10 and they subscribed to that approach.

11 Q Okay. I just want to make sure I understand this.  
12 When you say you discussed options with them, are  
13 you indicating that you recommended that there were  
14 other places where their child could receive  
15 treatment?

16 A Absolutely.

17 Q Did you write that note in your chart?

18 A I just say I explained options. I don't write  
19 everything in the chart. It's not possible to do  
20 that.

21 Q Okay, I'm just asking.

22 A But the chart says I mentioned options to them.

23 Q You have your chart in front of you, correct?

24 A Yes.

25 Q I'm going to ask you a couple questions. You

1 received some correspondence from the Ohio  
2 Department of Health, am I correct?

3 A Uh-huh. I think so. I think you're talking about  
4 the report that came with the newborn screening  
5 test.

6 Q Initially the child was diagnosed with sickle cell  
7 because of a newborn screening test?

8 A Yes.

9 Q And you were listed as the pediatrician, so that's  
10 how they ended up sending you a report?

11 A I didn't know these patients, but that's correct.

12 Q On November 30th, 1995, the Department of Health  
13 sent you a correspondence. Can you find yours? If  
14 you can't, I'll let you borrow mine.

15 A It's here.

16 Q It's this one.

17 A Okay.

18 Q I'm going to say what the sum and substance is, and  
19 if you could just agree with it. Essentially  
20 they're indicating that the confirmatory blood test  
21 has not been performed yet, correct?

22 A That's correct.

23 Q And eventually that was at the Cleveland Clinic?

24 A Through the American Sickle Cell Anemia Association.

25 Q Right. But that test in fact, though, was performed

1 to confirm that she had sickle cell. Now, in this  
2 letter they're indicating, of course, the case  
3 treatment should include a referral to a regional  
4 sickle cell center or an information session.

5 We talked, you have had your information  
6 session with the family, correct?

7 A Yes.

8 Q I believe that was January; would that be right?

9 A I'll look at the date. I think that sounds right.

10 I had two sessions actually, and with the mother for  
11 a very long time on 12-21-95, and then I asked that  
12 there be a follow-up visit with the mother and the  
13 father.

14 Q So dad could be there, too?

15 A Yes.

16 Q Once again, then, they say as well as penicillin  
17 therapy if hemoglobin -- my copy is cut off. Does  
18 it say hemoglobin disease? I've got a hole right  
19 through there.

20 A Odd way to say it, but yes, that's what it says.

21 Q It wouldn't really make sense, but that's the way  
22 they say it, hemoglobin disease, right?

23 A Uh-huh.

24 Q Then they sent you another letter on December 21st  
25 asking you to file a specific report with them, and



1 I'm going to show you my copy.

2 MS. HENRY: What date?

3 MS. KOLIS: December 21st, 1995.

4 Q It says, "Review of case management system file  
5 shows final diagnosis and treatment has not been  
6 reported to the Bureau of Public Health labs. This  
7 is required by the rules of Public Health Council  
8 3701-45 OAC." It says, "We must now insist you  
9 complete this questionnaire."

10 This is what I had in the file you sent me.  
11 Did you complete the questionnaire and then send it?

12 A I don't know. I usually do. I do a lot of them,  
13 but I don't remember if that was done or not.

14 Q Have you actually reviewed the Ohio Department of  
15 Health protocol guidelines on prophylactic  
16 penicillin for sickle cell children?

17 A I have not recently reviewed that, but I am  
18 conversant with it, as many other guidelines about  
19 this subject.

20 Q And have you committed to writing to the Ohio  
21 Department of Health --

22 A No.

23 Q -- that you will not be following penicillin  
24 protocols?

25 A (Witness shook her head.)

1 Q In the materials which you supplied to me there was  
2 a letter, and I'd like to talk to you just a little  
3 bit about this letter. It's the memo to Dr. Avner,  
4 am I pronouncing that name correctly, Ellis Avner?

5 A Yes.

6 Q You might want to find yours because I have a couple  
7 questions.

8 A I didn't write that letter.

9 Q I know you didn't.

10 MS. HENRY: I'm not exactly sure  
11 where it would be in here.

12 A I have it. I'm not sure it's in the chart.

13 MS. HENRY: Oh, here it is.

14 A I know the letter, though.

15 MS. HENRY: Why don't you let me  
16 see it a moment.

17 MS. KOLIS: Sure.

18 A I'm sure I have it.

19 MS. HENRY: Do you need to look at  
20 it, or are you familiar with it?

21 MS. KOLIS: I'm not going to  
22 probably nitpick about any language, but just as a  
23 point of reference.

24 Q What is your relationship to, I'll read upside-down,  
25 Dr., is that Andrew Hertz? Is he a doctor, the

1 medical director?

2 A He's a pediatrician.

3 Q A pediatrician. What is your relationship to him?

4 In other words, why were you on the cc list?

5 A Oh, he runs the Nurse on Call service.

6 Q Tell me what the Nurse on Call service is.

7 A It's a group of nurses who receive first call, and  
8 their obligation is, using sets of accepted and  
9 published protocols, to guide parents in what should  
10 happen with the reason for their call.

11 Q Here is why I'm confused, and I'm sure you'll be  
12 able to clarify it for me pretty quickly. He is the  
13 chairman of the department of, he being Dr. Avner,  
14 is the chairman department of pediatrics at RBC.

15 A That's correct.

16 Q Dr. Hertz works for whom?

17 A For him indirectly. He's hired by the department of  
18 pediatrics.

19 Q Okay. The Nurse on Call service is employed by  
20 whom?

21 A Well, I employ it. That is, we pay for the Nurse on  
22 Call service.

23 Q See, this is what I'm confused about. The Saxtons  
24 were, their child was a patient of your practice,  
25 correct?

1 A Yes.

2 Q And when the child would get ill, they were given a  
3 phone number which they would call?

4 A My number.

5 Q Right. They weren't calling University Hospital.  
6 They were calling you, Dr. Doris Evans, correct?

7 A Yes.

8 Q So this service works for a number of doctors and  
9 not for the hospital directly; is that right?

10 A Yes. Well, I don't know technically, you know, in  
11 terms of that line of hiring, but we hire them, we  
12 pay for them to do the initial triaging of phone  
13 calls.

14 Q Who formulates the protocol that the on-call nurses  
15 should follow?

16 A It's -- I don't remember the name of the author of  
17 the protocol, but it is a nationally used protocol  
18 that Dr. Hertz was responsible for gathering. He  
19 didn't compose it or write it himself. It's an  
20 established set of protocols for taking call.

21 Q I realize that this is after the fact development,  
22 but I wanted to try to see if I understood what  
23 happened here.

24 It says, "This is a follow-up on the events  
25 surrounding the unfortunate death of a young child

1 with sickle cell disease after speaking with an  
2 after-hours advice center nurse." How did this  
3 situation come to the attention of Dr. Hertz, if,  
4 and only if, you know?

5 A I was concerned that the Saxtons -- I was concerned  
6 with how the call was handled.

7 Q I guess I'll ask you why you were concerned, and  
8 then I'll ask my questions about the note.

9 A The note?

10 Q First of all, why were you concerned about how the  
11 call was handled?

12 A I felt the child should have been directed to the  
13 emergency room or the parents put in touch with the  
14 doctor.

15 Q I'm going to call you a subscriber to this service.  
16 Would that define your relationship as a subscriber  
17 to the Nurse on Call service?

18 A Yes, it would.

19 Q I gather from having reviewed your chart in some  
20 detail that what happens is after these on-call  
21 contacts are made you receive a printout --

22 A Yes.

23 Q -- of the conversation where they fax them to your  
24 office at some point?

25 A Yes.

1 Q That's how you know what contacts were made?

2 A Yes.

3 Q Now, in this particular instance on the 24th, if you  
4 want to look at it, it's fine, I have a feeling you  
5 probably know what it says, can you tell what advice  
6 was given to the Saxtons?

7 MS. HENRY: From that.

8 Q From the note. What did you infer the advice was  
9 from the note?

10 MS. HENRY: Just from the note.

11 A Call your sickle cell doctor.

12 Q Hadn't they just called their sickle cell doctor?

13 A Yes.

14 Q Were you ever able to or did you speak with the  
15 nurse who took this call?

16 A I didn't speak with the nurse. I spoke with  
17 Dr. Hertz.

18 Q So you've never had a direct conversation with the  
19 nurse who took this call?

20 A No.

21 Q And your feelings were that the child should have  
22 been directed immediately to an emergency room? Or,  
23 I'm sorry, what did you feel the appropriate advice  
24 was?

25 A What I said previously was that the child should

1 have been directed to the emergency room immediately  
2 or immediately to the doctor.

3 Q Doctor, do you have an opinion to a reasonable  
4 degree of medical probability as to whether or not  
5 the on-call nurse's failure to refer Meesha directly  
6 to the hospital given the reported fever of 104  
7 caused or contributed to the child's death?

8 MS. HENRY: Objection.

9 Q You may answer, though.

10 A I think -- I don't know the answer to your question,  
11 but my thought is that, and I had instructed the  
12 parents, that children with chronic debilitating  
13 illness of the type she had needed immediate  
14 attention, and it's certainly true that giving  
15 immediate attention has improved outcome.

16 Q So you will not be rendering an opinion as to the  
17 conduct of the on-call nurse?

18 A I thought that the advice that should have been  
19 given was that the child should have gone to the  
20 emergency room or the physician, myself, be  
21 contacted immediately, which they do. That wouldn't  
22 have been an exception to get the doctor on the  
23 line.

24 Q Do you know if this nurse tried to get you that  
25 evening?

1 A No, but had she, she would have been able to.

2 Q After Meesha died, did you have a conversation with  
3 Mrs. Saxton about this telephone call?

4 A I went to the hospital when they called me saying  
5 she was in extremis. I went as quickly as I humanly  
6 possibly could get there to the hospital. The  
7 Saxtons had a refrain question, and that was why  
8 didn't the nurse help me. And that's the sense in  
9 which I discussed that with the Saxtons.

10 Q Do you have a specific recollection or do you recall  
11 generally, whichever it is, that the Saxtons were  
12 told by the advice nurse -- is that an appropriate  
13 name to call this person, an advice nurse?

14 A Yes.

15 Q That they should give her Tylenol and call back if  
16 the fever didn't go down?

17 A I don't recall that.

18 Q Fair enough, fair enough. So the person you spoke  
19 with then was Dr. Hertz and no one else?

20 A That's my recollection.

21 Q Have you ever had the opportunity to review a copy  
22 of the protocols that these advice nurses work from?

23 A No.

24 Q Did you ask to see a copy of the protocols after  
25 this event so you could determine what advice should



1 have been given pursuant to the protocols by the  
2 nurse?

3 A I didn't ask that. I asked that Dr. Hertz review  
4 the situation and correct the approach to this kind  
5 of situation. It didn't matter what the protocol  
6 said, because clearly it didn't guide the nurse.

7 Q So you don't know whether or not actually the  
8 protocol would have indicated a direct call to the  
9 doctor; you just know that's not what happened?

10 A Yes.

11 Q Fair enough. Doctor, do you have an opinion sitting  
12 here today, to a reasonable degree of medical  
13 probability, whether or not Meesha Saxton could have  
14 avoided this fulminate illness if she had been on  
15 prophylactic penicillin?

16 A No, in my view the record, whether it be the autopsy  
17 record or the clinical picture, as I understand it  
18 from the limited history I have about it, nothing  
19 tells me that this could have been prevented.

20 Q Are you basing that on your belief that this was a  
21 virus?

22 A I'm basing it on the belief that it isn't clear what  
23 caused her death.

24 Q Okay. Do you recall if at some point from the time  
25 Meesha became your patient till the time of her

1 death that you indicated to the parents that you  
2 would consider placing her on penicillin at a later  
3 time?

4 A No.

5 Q So you never told them that?

6 A No, I don't -- if I understand your question, is  
7 your question did I ever indicate that I would at  
8 some future time consider penicillin prophylaxis?

9 Q Correct.

10 A No.

11 Q Before the illness of December 3rd, I think it's  
12 December 3rd -- it's December 1st through 3rd,  
13 sorry, of 1996, did Meesha have any illnesses that  
14 concerned you?

15 A Yes.

16 Q Which illnesses were those?

17 A She came in in April of '96 with a history of a  
18 cold, symptoms, and the exam suggested that she had  
19 a sinusitis, that is, she had mucopurulent  
20 rhinorrhea. She was prescribed treatment which  
21 included an antibiotic, amoxicillin, decongestant  
22 and salt water nose spray.

23 She came in a week later with a history of  
24 fever of 100.2 and some vomiting and diarrhea, and  
25 at that time she was still on the antibiotic.

1                   And then in July of '96 she had another  
2                   febrile illness in which she had a pharyngitis and  
3                   symptoms of a cold and was treated again with  
4                   amoxicillin. After that she remained well until her  
5                   December hospitalization.

6       Q           Periodically over the time that she was your  
7                   patient, did you evaluate her spleen?

8       A           Yes.

9       Q           Okay.

10      A           Every time.

11      Q           I would assume so, but I'm not really good -- as you  
12                   say, if people don't write things out, I can't  
13                   always tell what they've actually done.

14                   So it would be your testimony that you did  
15                   evaluate her spleen each and every visit that she  
16                   had, whether it was well baby or ill; is that fair?

17      A           Uh-huh.

18      Q           What would you say was the situation with her  
19                   spleen?

20      A           Her spleen demonstrated what it always does in  
21                   children with sickle cell anemia, it became  
22                   palpable.

23      Q           Did it change in any way from the first visit to the  
24                   time that she passed away in terms of increasing or  
25                   decreasing in palpable size, I guess is not a real

1 artful way of asking it?

2 A I don't know. Though I examined it in every case, I  
3 didn't make a note about it in every case, but in  
4 July of '96 she still had a palpable spleen. She  
5 was nine months old then, and I recorded it as one  
6 centimeter soft below the midclavicular line, and  
7 that's my last specific note about her spleen in the  
8 office.

9 Q But as you have indicated, you would expect to find  
10 that finding in sickle cell?

11 A Sure, through about two years of age.

12 Q Now, when she was hospitalized in December, early  
13 December, was it your understanding that  
14 hem/oncology was going to admit and attend  
15 initially?

16 A Yeah. They didn't know who the doctor was  
17 initially.

18 Q Well, they did know but they just couldn't reach  
19 you; isn't that correct?

20 A No, it wouldn't be correct that they couldn't reach  
21 me. I wasn't out of town.

22 Q When I said couldn't reach you, let's make this easy  
23 for you, or for me it's probably the easiest, this  
24 is a page of the University Hospital records, to  
25 make it easier. And this is the scenario of paging

1 and trying to reach different people. Would you  
2 agree with that?

3 A Yeah. I wasn't on call is what this says.

4 Q Exactly. But they were going to admit her under the  
5 hem/oncology service. Do you know Dr. Levy?

6 A Yes.

7 Q What kind of doctor is Dr. Levy?

8 A A good one I think, but she's also a pediatrician.

9 Q That's her specialty, pediatrics?

10 A Yes.

11 Q Do you know if hem/oncology had an opportunity to  
12 see her during that hospitalization?

13 A See Dr. Levy?

14 Q No, I'm sorry, to see the patient, Meesha.

15 A Oh, yeah. I think Dr. Berman rounded on the  
16 patient.

17 Q Did Dr. Berman ever send you a consult note?

18 A No.

19 Q Did any doctor during this hospitalization, to your  
20 recollection, suggest to you or ask you why this  
21 child was not on penicillin?

22 A No, no one asked me why she wasn't. One of the  
23 house officers asked me should she be or could they  
24 start it on discharge, should they start it on  
25 discharge, and I explained to them the same thing

1 I've told you.

2 Q They expressed concern about that?

3 A No.

4 Q Do you remember who you spoke with?

5 A No, I don't remember her name. I can see her face,  
6 but I don't remember her name.

7 Q And then you were contacted, so you came in on the  
8 2nd; is that right?

9 A Uh-huh. I spent an hour with the parents.

10 Q Would you do me a favor? I'm not accusing you of  
11 anything that I'm not guilty of myself, which is  
12 handwriting that I might have to read. Is this your  
13 note?

14 A Yes.

15 MS. HENRY: What date are we on?

16 MS. KOLIS: December 2nd.

17 Q If you could, just for the record, read your note  
18 into the record.

19 A It says "PMD note. 12-2-96, 10:40 p.m., number,"  
20 meaning problem number, "SS disease. Hematocrit  
21 7-31-96 28, history reviewed, labs reviewed. Prior  
22 medical history, has done very well on our office  
23 protocol of calling at onset of any fever with visit  
24 within 8 to 12 hours of the call."

25 Q Can I interrupt you just for one second. When

1           you're writing "has done very well," you're  
2           referring to the patients have done well with  
3           following your protocol of informing you of  
4           illnesses; is that accurate?

5       A       I meant on the whole, yes.

6       Q       Fair enough. Go ahead.

7       A       "Note of Binet. This illness --" doesn't seem to  
8           make much sense -- oh, "this illness," and it should  
9           say comma, or colon rather, "child ill 36 hours  
10          before mother called. Physical exam: Alert,  
11          active. Spleen two centimeters, firm at left  
12          midclavicular line. Chest clear with transmitted  
13          rhonchi.

14                   "A, assessment pneumonia. Planned  
15          discharge with afebrile for 24 hours. Suggest  
16          discharge on amoxicillin or Cefzil. Note: Treated  
17          by me for febrile illnesses in April '96 and 7-96.  
18          Treatment amoxicillin. I see this child at least  
19          every three months. Following this discharge I'll  
20          see her within two days. I'll do hemogram every six  
21          months and folate at least once yearly and ferritin  
22          at least yearly and treat with folate and iron as  
23          needed. Please put child on service of Doris Evans,  
24          M.D. Thanks," and my signature and phone number.

25       Q       Thank you very much for reading that. I was pretty

1 close to having read every part of it. You were  
2 indicating at that point when you palpated her  
3 spleen the size had increased since the summer; is  
4 that right?

5 A The correct interpretation of that would be that it  
6 was two centimeters below. It doesn't mean it was  
7 increased. When you have respiratory -- it doesn't  
8 mean the total size of the spleen is increased.  
9 When you have increased respiratory effort, you will  
10 depress your organs.

11 Q Fair enough.

12 MS. KOLIS: Doctor, I don't have  
13 any further questions for you.

14 MS. HENRY: We would like to read  
15 it, if you don't mind.

16 MS. KOLIS: No problem. I'll waive  
17 the seven-day reading requirement, since even if she  
18 read it and signed it, I wouldn't be reading it in  
19 seven days.

20 (Deposition concluded)

21 (Signature not waived)

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Doris A. Evans, M.D.

Notary Public

My commission expires \_\_\_\_\_

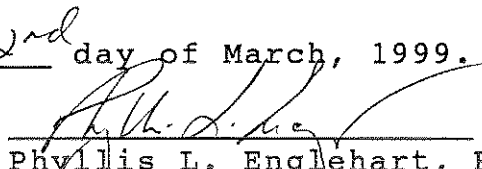
1 State of Ohio, )  
2 County of Cuyahoga, ) SS: CERTIFICATE

3 I, Phyllis L. Englehart, RMR and Notary Public in  
4 and for the State of Ohio, duly commissioned and  
5 qualified, do hereby certify that the within named  
6 witness, Doris A. Evans, M.D., was by me first duly sworn  
7 to testify the truth, the whole truth, and nothing but  
8 the truth in the cause aforesaid; that the testimony then  
9 given by her was by me reduced to computerized stenotypy  
10 in the presence of said witness, afterward transcribed,  
11 and that the foregoing is a true and correct transcript  
12 of the testimony so given by her as aforesaid.

13 I do further certify that this deposition was  
14 taken at the time and place in the foregoing caption  
15 specified and completed without adjournment.

16 I do further certify that I am not a relative,  
17 counsel, or attorney of either party, or otherwise  
18 interested in the event of this action.

19 IN WITNESS WHEREOF, I have hereunto set my hand  
20 and affixed my seal of office at Cleveland, Ohio, on  
21 this 2nd day of March, 1999.

22   
23 Phyllis L. Englehart, RMR and Notary Public  
24 in and for the State of Ohio.  
25 My commission expires June 23, 2001.

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1996-present Clinical Professor of Pediatrics  
1985-1996 Associate Clinical Professor of Pediatrics  
1986 Interim Associate Dean for Student Affairs  
1982-85 Assistant Clinical Professor of Pediatrics  
1982-84 Co-preceptor, Phase I Clinical Science  
1974-1982 Assistant Professor of Pediatrics  
1974-83 Assistant Professor Epidemiology  
1973-74 Assistant Dean for Student Affairs  
1973-74 Senior Instructor in Pediatrics  
1972-73 Assistant to the Dean for Student Affairs

***Hospital Appointments (alphabetical)***

- ♦ Booth Memorial Hospital  
Staff Member 1974-89
- ♦ Cleveland Metro Health Center  
Visiting Assistant 1971-87
- ♦ Forest City Hospital  
Staff Member 1974-78
- ♦ Health Hill Hospital  
Provisional Staff Member 1983-85
- ♦ Meridia Hillcrest Hospital  
Staff Member 1975-78; 1983-*present*
- ♦ Mt. Sinai Medical Center  
Staff Member 1977-*present*
- ♦ Saint Luke's Hospital  
Staff Member 1982-1990
- ♦ University Hospitals of Cleveland  
Assistant Pediatrician 1973-*present*

***Additional Institutional Appointments***

- 1982-present ***Doris A. Evans, M.D., Inc.***, (dba Evans, Machlup, Coutinho and Associates), President
- 1987 Interim Pediatrician ***MacDonald House Hospital***
- 1984-1986 ***Saint Luke's Hospital***, Director, Inpatient Pediatrics
- 1983-1985 ***Mayfield City School System***, Pediatrician
- 1982-1984 ***Hough Norwood Family Health Care Centers***  
Pediatrician, Part time
- 1974-1982 ***The Glenville Health Association***
  - ♦ 1977-82 Executive Director
  - ♦ 1974-82 Practicing Pediatrician
  - ♦ 1974-79 Director of Pediatrics
  - ♦ 1974-78 M.I.G.H.T. Medical Group, Inc.  
President and Business Manager
  - ♦ 1976-77 Interim Director
- 1966-67 ***National Institutes of Health, Cancer Institute***  
Fellow (LOA from CWRU School of Medicine)
- 1965 ***Allergy Foundation of America***, Fellow

***honors and awards***

- 1998 ♦Eleanor M.Hosley Memorial Award (Hanna Perkins School and Cleveland Center for Research in Child Development)
- 1995 ♦YWCA Women of Achievement Award
- 1993 ♦Yard Selected for first Annual Forest Hill Historic Preservation Society Garden Tour
- 1987
  - ♦Outstanding Physician, Cleveland Magazine
  - ♦Distinguished Woman in Science, Shaw High School
  - ♦Best Yard Award, Forest Hill Homeowner's Association
- 1983
  - ♦Womenspace Award for Outstanding Achievement
- 1982
  - ♦Distinguished Service, City Council of Cleveland
  - ♦Outstanding Service, Cuyahoga County Commissioners
  - ♦Candace Award, National Coalition of 100 Black Women
- 1981
  - ♦Womenspace Award for Outstanding Achievement

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*honors and awards (ct'd.)*

- 1979
  - ♦Glenville Health Association Trustee's Award for Exemplary Service and Achievements
- 1976
  - ♦Outstanding Young Woman of America
- 1975
  - ♦Greater Cleveland Growth Association Award for Contributions to the Greater Cleveland Community
  - ♦Distinguished Service Award, Cleveland State University
  - ♦Middleton H. Lambright Society, Inc. Service Award
  - ♦Outstanding Achievement, National Council of Negro Women
- 1974
  - ♦Woman of the Year, Eta Phi Beta Sorority
  - ♦Woman of the Year, National Association of Negro Business and Professional Women's Club
- 1973
  - ♦City of Cleveland, Appreciation Award for Work with Minority Medical Students
- 1968
  - ♦Lubrizol Foundation Award for Excellence in Patient Care Case Western Reserve University, School of Medicine
- 1961
  - ♦Dean's List Standing, The University of Chicago

*grants*

- 1978-82
  - ♦National Health Service Corps Contract for Physicians and Dentists, **Bureau of Health Manpower**, U.S. Government
- 1979-82
  - ♦General Support Purposes, The Glenville Health Association, **City Block Grant**, **City of Cleveland**
  - ♦Mental Health Services at the Glenville Health Association **United Way Services**

*grants (ct'd.)*

1974-82

- ♦M.I.G.H.T. (Movement for Improved Glenville Health Today), Startup and Operating Support, Glenville Health Association, **Robert Wood Johnson Foundation**

1981

- ♦Technical Assistance and Program Development (Surgery and Ob-Gyn) for the Glenville Health Association, **the Cleveland Foundation**

1980-81

- ♦Development of a Parenting Skills Educational Program at the Glenville Health Association, **the Gund Foundation**

1972-74

- ♦ Improving Opportunities for Minorities in Medicine, Grant #DO8PE0046-01, U.S. **Bureau of Health Manpower Education (co-investigator, Edgar B. Jackson, Jr., M.D.)**

1966-67

- ♦An Investigation of Burkitt's Lymphoma, **National Institutes of Health, Cancer Institute**

*licensure and board certification*

1980 Supervised Examination for Recertification (Topics)  
successful completion

1974 American Board of Pediatrics, Diplomate, by written and oral  
examination, #16856

1968 Ohio State Medical Board  
FLEX, #35-03-0913

1966-67 National Board of Medical Examiners  
Parts I and II successfully completed, Part III not  
taken

*professional service*

**Professional Societies**

1974-present

- ♦American Academy of Pediatrics,  
Fellow (F.A.A.P.)

- ♦Northern Ohio Pediatric Society

1973-present

*professional service (ct'd.)*

***Professional Societies (ct'd.)***

- ♦Cleveland Medical Association  
1973-87
- ♦Cleveland Academy of Medicine  
1973-76
- ♦Alumni Cabinet, the University of Chicago  
1971-76
- ♦Middleton H. Lambright Society, Inc.,  
President

***Advisory Groups***

- 1990-92
  - ♦Health Commission, City of Cleveland
- 1989-90
  - ♦Mayoral (Michael White) Health and Human  
Services Task Force, City of Cleveland
- 1986
  - ♦Gubernatorial (Richard Celeste - Ohio) Citizen's  
Committee to Monitor Programs for the  
Mentally Retarded
- 1976-78
  - ♦Task Force on Problems Related to Minority Medical  
Education, Vice Chairperson (Chairperson,  
June, 1977), Association of American Medical  
Colleges
- 1977
  - ♦Task Force to Assess Minority Medical Student  
Program at Wayne State University

***Committees***

***Case Western Reserve University School of Medicine***

- 1994-*present*
  - Minority Advisory Committee to the Dean
- 1986-92
  - Committee on Students
- 1989-90 Search Committee for Dean and Vice President  
School of Medicine
- 1988 Ad Hoc Committee on Human Values
- 1976-82 Admissions Advisory Committee
- 1973-77 Medical Alumni Association  
Secretary-Treasurer, 1976-77

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*professional service (ct'd.)*

*Committees (ct'd.)*

*Case Western Reserve University School of Medicine (ct'd.)*  
1972-77 Committee on Students

*Department of Pediatrics, Case Western Reserve University School of Medicine*

1992-95 Search Committee for Director, Department of Pediatrics and Director of Pediatrics at University Hospitals

*Hospitals*

1996-present

- ♦Appointment, Promotions and Tenure Committee, Rainbow Babies and Children's Hospital

1990-92

- ♦Interdepartmental Communications Task Force Rainbow Babies and Children's Hospital

1989(Jan)-90(Dec)

- ♦Collaborative Management Committee, Mac 3, University Hospitals of Cleveland
- ♦Pediatric Clinical Advisory Committee, Co-chair, 1989-90 Rainbow Babies and Children's Hospital Subsequently renamed:

Interdepartmental Communications Task Force

1988-90 Peer Review Committee, Saint Luke's Hospital

1989 Ad Hoc Committee for Primary Care Unit Design

*community (boards and committees)*

*For Profit Corporations*

1998 -present

- ♦KeyBank, Director CRA Line of Business Board

1996-1998

- ♦KeyBank, Director and Trust Committee

1992-96

- ♦Society National Bank, Director and Executive Committee

1986-92 Ameritrust Development Bank

- ♦Credit and Asset Review Committee 1986-92
- ♦Audit Committee 1989-92, Chairperson

1974-92 Ameritrust Corporation (formerly Cleveland Trust)/ Ameritrust Company National Association

- ♦Director, 1974-92
- ♦Audit Committee, 1975-86 (Chairperson 1983-86)
- ♦Loan Review Committee 1975-80
- ♦Public Policy Committee 1980-83, 1989



*community (boards and committees) (ct'd.)*

***For Profit Corporations (ct.'d.)***

- ♦Credit Committee 1988-90
- ♦Corporate Risk Policy Committee 1990-92
- ♦Consumer Committee 1991-92, Chairperson
- ♦Executive Committee, multiple terms

***Nonprofit Corporations***

1994-present

- ♦Chair, Owen L. Heggs Golf Memorial Committee

1993-1994

- ♦Executive Committee of 1994 Billy Graham Crusade

1992-present

- ♦Distribution Committee (Vice Chair, 1994-95)  
the Cleveland Foundation:  
three subcommittees:
  - Civic Affairs and Economic Development
  - Cultural Affairs, Chair 1994-**present**
  - Investment and Development(1992-96)
  - Nominating, Chair, 1999

1991-1996

- ♦Ombudsteam on Sexual Misconduct,  
Presbytery of the Western Reserve (1991-96)
- ♦Cuyahoga Community College, Trustee (1991-96)  
Academic and Student Affairs Committee  
(Chair, 1995)  
Management Committee
- ♦Salvation Army, Trustee (1991-1994)
- ♦Trustee, WVIZ Public T.V., Channel 25 (1991-94)

1989-present Fairmount Presbyterian Church

- ♦Co-chair Evangelism Council 1996-1998
- ♦Director, Capital Stewardship Campaign, 1995-96
- ♦Pipe Organ Committee, 1995-96
- ♦Elder 1995-1998; Deacon 1990-1993
- ♦Council of Mission for Church Life 1990-93
- ♦Chairperson, Assimilation Committee 1992
- ♦Vice-Chair, APNC, 1993
- ♦Committee on Race Relations, 1989-1993
- ♦Mission Study 1989-90

1966-present National Association for the Advancement of  
Colored People (N.A.A.C.P.), Life Member, April, '90

1987 Capital Budget Advisory Committee to the  
School Board Superintendent, Cleveland

*community (boards and committees, ct'd.)*

***Nonprofit Corporations (ct'd.)***

- 1982-86 Hanna Perkins School, Trustee,  
vice-president, 1986
- 1984-85 Cleveland Health Education Museum, Trustee
- 1983-85 Heart Health in the Young Subcommittee
- 1983-84 Committee on Health Care for the Indigent,  
Federation for Community Planning
- 1982-83 Long Range Planning Committee, Glenville  
Health Association
- 1978-82 Cleveland Urban Area Health Education Center
  - ♦Personnel Committee, 1979-82
  - ♦Audit Committee 1979-82
  - ♦Education Committee 1979-82
- 1977-82 Group Health Plan of Northeast Ohio
  - ♦Medical Advisory Committee
  - ♦Executive Committee
  - ♦Finance Committee
- 1974-82 Glenville Health Association, Ex-officio Trustee
- 1976-80 Citizen's League
- 1972-79 Fund Raising Committee National Medical  
Association
- 1977-78 Institute for Child Advocacy, Trustee
- 1976-78  
Metropolitan Health Planning Corporation
  - ♦Committee on Maternal and Child Health
- 1977-78 Urban League
- 1976-77 Dermatology Foundation of America
- 1973-77 Sickle Cell Medical Advisory Committee of  
Cleveland Academy of Medicine
- 1972-76 Cleveland Chapter of CAP (Caring About People)
- 1963-65 Congress of Racial Equality

***educational activities (summary of major teaching activities)***

- 1999- ♦In Office Infant Observation for Hanna Perkins/CCRCD  
Trainees
- 1994-present
  - ♦MAP for Health Careers Enhancement Program for  
Minorities (HCEM)
- 1993-1998 Preceptor 10 hours/month Rainbow Babies and  
Childrens Hospital Ambulatory Clinic
- 1992
  - ♦MAP for Health Careers Enhancement Program for  
Minorities (HCEM)
  - ♦MAP for CWRU first year medical student

*educational activities (summary of major teaching activities) (ct'd.)*

- ♦Core Clerkship Ambulatory Rotation for CWRU third year medical student
- ♦Mentorship for Laurel High School Student
- 1991
  - ♦MAP for HCEM
  - ♦Attending 6W Rainbow Babies and Childrens Hospital
- 1990
  - ♦MAP for HCEM
  - ♦Attending 6W Rainbow Babies and Childrens Hospital
- 1989
  - ♦Instructional Videotaping on subjects of :
    1. Importance of Team Work and Communication
    2. Live Demonstration of History Taking and Physical ExaminationDone at the invitation of the Audiovisual Dept. UH and Rainbow Babies and Childrens Hospital
  - ♦Attending at Mt. Sinai Hospital
- 1986-1989
  - ♦Discussion Leader for weekly psychosocial rounds at Saint Luke's Hospital, Department of Pediatrics
- 1982-87
  - ♦Attending, 2-4 weeks each year, Mt. Sinai Hospital, Department of Pediatrics
- 1983-86
  - ♦Instructor, at the practice of Evans and Machlup, for the Behavioral Pediatric Rotation for Rainbow Babies and Childrens Hospital
- 1984
  - ♦Co-instructor, instructional videotaping on the subject of Techniques in Interviewing and Examination, Phase I Clinical Science, Educational Media Department, Case Western Reserve University, School of Medicine
- 1982-84
  - ♦Co-preceptor, Phase I Clinical Science, Case Western Reserve University School of Medicine
  - ♦Instructor, Fundamentals of Pediatric Cardiology at Mt. Sinai Medical Center
- 1974-82
  - ♦Director of Phase III Ambulatory Clerkship in Pediatrics at the Glenville Health Association
- 1975
  - ♦Co-attending at Rainbow Babies and Childrens Hospital, 6W

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*educational activities (summary of major teaching activities) (ct'd.)*

1973

- ♦Instructor, Pediatric Cardiology Clinic, Rainbow Babies and Childrens Hospital

*publications*

*(Peer Reviewed)*

Evans, D. A. and Jackson, E.B., Deans of Minority Student Affairs in Medical Schools. Journal of Medical Education, Volume 51, 197-99, 1976.

Evans, D. A. et al. Traditional Criteria as Predictors of Minority Student Success in Medical School. Journal of Medical Education, Volume 50, 934-39, 1975.

Evans, D. A., Digoxin Maintenance Therapy-Once a Day in Infants and Older Children. Proceedings of the 3rd Annual RB&C Science Day, 1973. Rainbow Babies and Childrens Hospital

Evans, D. A., The Natural History of Simple Ventricular Septal Defect (Abstract). Pediatric Research, Volume 7, 302, 1973.

Evans, D. A., The Lymphocyte Stimulation Test in Penicillin Hypersensitivity. Journal of Allergy, Volume 39, 340-46, 1967.

Evans, D. A., The Lymphocyte Stimulation Test in Penicillin Hypersensitivity (Abstract). Clinical Research, Volume 4, 267, 1966.

*(Non-peer Reviewed)*

Evans, D. A. A Crying Child's Tears - Whose Are They? Case Western Reserve University Medical Alumni Bulletin, Volume LIV #3, 19-20, Fall, 1990.

Evans, D. A., Set Example on Apartheid. Cleveland Plain Dealer, April 28, 1985.

Evans, D. A. and Machlup, M. R., Kid-Care, A biweekly column, Sun Press Newspaper, University Heights, OH, 1984-87.

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*publications (ct'd.)*

***Non-peer Reviewed (ct'd.)***

Evans, D. A., Doctor, He's so Bad. 24th Ward News, Cleveland, OH, February 16, 1980.

Evans, D. A. Human Reclamation and Community Restoration: the Engagement of the Glenville Health Association and St. Aloysius Church. St. Aloysius Church Magazine Cleveland, OH, 1976.

*invited papers/workshops/short courses, etc.*

***Speeches*** (note, only recent speeches listed)

1997 ♦ Panel leader and speaker, City Club Cleveland Bicentennial speech on Issues in Health Care Delivery and Societal Health

1994 ♦ "Medical Ethics," Fairmount Presbyterian Church

1993

♦ "The State of Child Health in the U.S."  
United Cultural Society, Laurel School  
February 5, 1992. Shaker Heights, OH

1992

♦ "What's Happening in America? How Close is Los Angeles? Central City Realities Today."  
Adult Education Forum, Fairmount Presbyterian Church  
June 21, 1992. Cleveland Heights, OH

♦ "Who Am I ?"

Minority Recognition Ceremony, Black Faculty, Staff and Administrators Organization, Case Western Reserve University  
May 1, 1992. Cleveland, OH

♦ "Spend on Children and Save the Nation"

Cleveland Chapter of the Ohio Society of CPA's  
The Union Club  
February 18, 1992. Cleveland, OH

1991

- ♦ "Child Health"  
Panel Discussant  
Adult Education Series  
Fairmount Presbyterian Church  
October 20, 1991. Cleveland Hts., OH
- ♦ "For the Lack of Love Alone, the Plight of the American Child Today"  
Executive MBA Class, Weatherhead School  
Case Western Reserve University  
April 19, 1991. Cleveland, OH
- ♦ "Power in Health Systems, Who Has It and Who Should?"  
Adult Education Series  
Fairmount Presbyterian Church  
January 27, 1991. Cleveland Hts., OH

1990

- ♦ "The Math Path to Medicine"  
Second Annual Greater Cleveland Sonia Kovalevsky  
High School Mathematics Day. Cleveland State  
University. November 17, 1990

### ***Workshops***

1993

- ♦ "When Children Use Racial Slurs"  
Workshop Co-leader  
Unity Conference  
Cleveland State University  
January 29, 1993

### ***Interviews***

1993 ♦ "Serving little patients and big boards"  
Interviewed by Corporate Cleveland magazine, June,  
1993

1990

- ♦ "I didn't do it, Dispelling the Myth of the Terrible 2's"  
Interviewed by Outreach, magazine of Saint Luke's  
Hospital Association, Volume 3 #2, 10-11, 13.  
Fall, 1990. Cleveland, OH