Nos. 18-1323, 18-1460

IN THE

Supreme Court of the United States

JUNE MEDICAL SERVICES L.L.C., et al.,

Petitioners-Cross-Respondents,

v.

REBEKAH GEE, SECRETARY, LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS,

Respondent-Cross-Petitioner.

On Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit

JOINT APPENDIX

VOLUME VI

Travis J. Tu
CENTER FOR REPRODUCTIVE RIGHTS
199 Water Street
New York, NY 10038
(917) 637-3600
tjtu@reprorights.org

Counsel of Record for Petitioners-Cross-Respondents

Elizabeth B. Murrill
Solicitor General
LOUISIANA DEPARTMENT OF JUSTICE
1885 N. 3rd Street
Baton Rouge, LA 70802
(225) 326-6766
murrille@ag.louisiana.gov

Counsel of Record for Respondent-Cross-Petitioner

Petition for Writ of Certiorari Filed: April 17, 2019

Cross-Petition for Writ of Certiorari Filed: May 20, 2019

Certiorari Granted: October 4, 2019

TABLE OF CONTENTS

Page

VOLUME I

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

Page

VOLUME V

VOLUME VI

VOLUME VII

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

The following opinions, decisions, judgments, orders, and record documents have been omitted from the joint appendix because they appear in the appendix to the petition in Case No. 18-1323 as follows:

TABLE OF CONTENTS

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES, L.L.C., ET AL	CIVIL ACTION
VERSUS	NO. 14-525
KATHY KLIEBERT, ET AL	HON. JOHN W. DEGRAVELLES
	JUNE 29, 2015
	VOLUME VI OF VI

REDACTED

==========

BENCH TRIAL
HONORABLE JOHN W. DEGRAVELLES

==========

A P P E A R A N C E S

FOR THE PLAINTIFFS:

MORRISON & FOERSTER, LLP
BY: DIMITRA DOUFEKIAS, ESQUIRE
2000 PENNSYLVANIA AVENUE, NW, SUITE 6000
WASHINGTON, D.C. 20006

CENTER FOR REPRODUCTIVE RIGHTS
BY: ILENE JAROSLAW, ESQ.
ZOE LEVINE, ESQ.
DAVID BROWN, ESQ.
199 WATER STREET, 22ND FLOOR
NEW YORK, NEW YORK 10038

FOR THE DEFENDANT:

DUNCAN PLLC
BY: S. KYLE DUNCAN, ESQ.
1629 K. STREET, NW, SUITE 300
WASHINGTON, D.C. 20006

KITCHENS LAW FIRM, APLC
BY: J. MICHAEL JOHNSON, ESQ.
2250 HOSPITAL DRIVE, SUITE 248
BOSSIER CITY, LA 71111

ALLIANCE DEFENDING FREEDOM
BY: STEVEN ADEN, ESQ
440 1ST STREET, NW, SUITE 600
WASHINGTON, D.C. 20001

OFFICIAL COURT REPORTER: GINA DELATTE-RICHARD,CCR

UNITED STATES COURTHOUSE
BATON ROUGE, LOUISIANA 70801
(225)389-3564

I N D E X

PLAINTIFFS' WITNESSES:

EVA PRESSMAN

JUNE MEDICAL V. KLIEBERT 14-CV-525-JWD 06-29-15

THE COURT: GOOD MORNING. YOU MAY BE SEATED EVERYONE. I HOPE EVERYONE HAD A RESTFUL WEEKEND. WE ARE READY TO PROCEED.

I WANTED TO TAKE UP SOME PRELIMINARY MATTERS BEFORE WE PUT OUR REBUTTAL WITNESS ON. AND THE FIRST THING I WANTED TO DO WAS TO SORT OF REMIND EVERYONE WHAT I HAD MENTIONED EARLIER, WHICH IS I WOULD ASK THE PARTIES TO PLEASE KEEP THE COURT APPRIZED OF ANY ACTIVITY WHICH OCCURS IN CONNECTION WITH THE APPLICATIONS. AND THAT MEANS MORE THAN JUST LETTING ME KNOW IF AN APPLICATION HAS BEEN DENIED OR ACCEPTED. BUT IF THERE'S ANY FURTHER INQUIRIES FROM THE HOSPITAL ADMISSIONS COMMITTEE OR THE HOSPITAL, YOU KNOW, ANYTHING REALLY. JUST ANY ACTIVITY IN CONNECTION WITH ANY OUTSTANDING APPLICATIONS I WOULD APPRECIATE KNOWING ABOUT IT.

THE -- ANOTHER ISSUE OF COURSE IS THAT WE HAVE LOTS OF ACTIVITY GOING ON OUTSIDE THIS CASE IN THIS -- ON THIS ISSUE, SO IF THERE'S -- I EXPECT I'LL BE -- I'M TALKING ABOUT THE SUPREME COURT. I'M TALKING ABOUT THE CURRIER CASE AND I'M TALKING ABOUT THE COLE CASE. AND I'M GOING TO BE OUT OF THE COUNTRY FOR THREE WEEKS, ALTHOUGH, I WILL -- I WILL BE KEEPING UP WITH, YOU KNOW, THE PUBLICATIONS THAT I GET AND STUFF. BUT IT WOULD BE NICE IF THERE IS SOME ACTIVITY, EVEN IF I'VE ALREADY SEEN IT, TO LET ME KNOW ABOUT IT SO THAT I CAN BE

UP-TO-DATE ON ANY RECENT DEVELOPMENTS.

ANOTHER ISSUE, JUST TO SORT OF REMIND EVERYONE, IS THAT BOTH SIDES HAVE ASKED FOR THE TRANSCRIPT. MY COURT REPORTER IS GOING TO TRY TO GET THAT BY JULY THE 25TH. NOW, IT MAY BE THAT SHE GETS TO IT QUICKER, IT MAY BE THAT SHE DOESN'T GET TO IT THAT QUICKLY, BUT THAT'S THE TARGET AT THIS POINT. AND THEN EVERYONE WILL HAVE 30 DAYS FROM THAT DATE THAT THE TRANSCRIPT IS MADE AVAILABLE TO DO THE PROPOSED FINDINGS OF FACT AND CONCLUSIONS OF LAW TEN DAYS THEREAFTER TO DO A REPLY TO THE OTHER'S PROPOSED BRIEF.

IN TERMS OF THE FORM, I DON'T HAVE ANY PARTICULAR -- PARTICULAR FORM I MEAN -- I HAVEN'T HAD ONE IN THE LESS THAN A YEAR THAT I'VE BEEN ON THE BENCH WHERE I'VE HAD PROPOSED FINDINGS, SO I DON'T HAVE SOMETHING TO DIRECT YOU TO. ALTHOUGH, IF ANYBODY HAS ANY PREFERENCES LET ME KNOW ON HOW THEY WANT TO DO IT. I HELPED PREPARE PROPOSED FINDINGS IN ONE OF THE CASES RIGHT BEFORE I LEFT, WHICH I THOUGHT WAS -- I LIKED THE WAY IT LOOKED AND THAT WAS THE WAY THE COURT IN THAT CASE WANTED IT, SO I CAN DIRECT THE PARTIES TO THAT ONE IF YOU WOULD WANT ME TO DO THAT.

MR. DUNCAN: THAT WOULD BE GREAT.

THE COURT: OKAY. I'LL JUST, BY A MINUTE ENTRY OR SOMEHOW, THROUGH KRISTIE OR SOMEBODY, WE'LL LET YOU KNOW WHERE TO FIND THAT.

IN TERMS OF THE BRIEFING, OBVIOUSLY THE ISSUES ARE

VERY CLEAR BUT THERE'S ONE PARTICULAR ONE THAT SORT OF HAS DEVELOPED DURING THE COURSE OF THE TRIAL, ACTUALLY RIGHT BEFORE THE TRIAL, WHICH I'M VERY INTERESTED IN, I'M NOT QUITE SURE WHAT TO DO WITH, AND IT'S THE EFFECT OF SECRETARY KLIEBERT'S DECLARATION IN WHICH SHE SAYS, I THINK IT'S DOCTORS FOUR AND FIVE, BY HER WAY OF THINKING ARE -- MEET ACT 620. AND I KNOW ONE OF THOSE TWO, AND I'VE FORGOTTEN WHICH ONE, THE STIPULATION FROM THE HOSPITAL C -- FROM THE PARTIES IS THAT THE HOSPITAL C DOCTOR WILL TESTIFY THAT -- WAS IT FOUR OR FIVE THAT -- DO Y'ALL REMEMBER?

MS. DOUFEKIAS: IT WAS FIVE, YOUR HONOR.

THE COURT: FIVE, OKAY.

MR. DUNCAN: IT WAS FIVE. AND WE MIGHT -- I THINK WE MIGHT WANT TO AMEND THE RECORD JUST TO OMIT THE NAME OF THE HOSPITAL THAT YOUR HONOR JUST MENTIONED.

THE COURT: ALL RIGHT. I APOLOGIZE. OOPS. THAT'S AN OOPS MOMENT.

MR. DUNCAN: I DID IT TOO.

THE COURT: I'M ASKING MY COURT REPORTER ON THE MOTION OF THE COURT TO STRIKE REFERENCE TO THE HOSPITAL.

BUT IN ANY EVENT -- AND THIS WAS RAISED IMPLICITLY, MAYBE EXPLICITLY, DURING THE COURSE OF TESTIMONY AND ARGUMENT, WHAT HAPPENS -- WHAT IS THE EFFECT OF THAT DECLARATION? WHAT HAPPENS IF THERE'S A NEW GOVERNOR? WHAT HAPPENS IF SECRETARY KLIEBERT CHANGES HER MIND, ET CETERA?

LET'S SEE IF I HAVE ANYTHING ELSE ON MY LIST. OH, THE DEPOSITIONS DESIGNATIONS. I GOT AN E-MAIL OVER THE WEEKEND TO THE EFFECT THAT WHAT WAS MY PREFERENCE WITH RESPECT TO HOW TO FILE THOSE PORTIONS OF THE DEPOSITIONS UNDER SEAL WHICH NEED TO BE UNDER SEAL, AND I THINK THE BEST AND CLEANEST WAY TO DO IT IS JUST TO FILE A CONSENT, MOTION AND ORDER, SO THAT IT'S IN THE RECORD WITHOUT HAVING TO SEARCH FOR IT IN THE TRANSCRIPT AND THE CLERK'S CLEAR AND MS. CAUSEY IS CLEAR. SO WE'LL ASK YOU TO PLEASE DO THAT.

THEN I UNDERSTAND THAT THERE HAS BEEN OR WILL SHORTLY BE A DOCUMENT FILED CALLED, *LIST OF ADMITTED EXHIBITS*. YOU WANT TO ADDRESS THAT, MS. DOUFEKIAS?

MS. DOUFEKIAS: YOUR HONOR, WE PREPARED OVER THE WEEKEND ESSENTIALLY A LIST OF ALL OF THE EXHIBITS THAT WE HAVE THAT HAVE BEEN ADMITTED INTO THE RECORD, AS WELL AS A FEW ADDITIONAL EXHIBITS THAT THE PARTIES AGREED TO OVER THE WEEKEND. AND WE'VE SET UP THE PLEADING SO THAT IT'S THE EXHIBIT NUMBER AND WE'VE CROSS-REFERENCED IT IF IT'S A JOINT EXHIBIT WITH THE PLAINTIFFS' OR DEFENDANT'S EXHIBIT NUMBER THAT IT KIND OF BEGAN ITS LIFE IN THIS CASE AS.

WE'VE ALSO IDENTIFIED CONFIDENTIAL EXHIBITS, SO THIS LIST IS ALL OF THE EXHIBITS THAT THE PARTIES UNDERSTAND HAVE BEEN ADMITTED INTO EVIDENCE ONE WAY OR ANOTHER AND I GAVE A COPY TO MS. CAUSEY THIS MORNING. AND SO I THINK THAT UNLESS THE COURT'S RECORD REFLECTS ANYTHING THAT'S NOT CONSISTENT

WITH THIS LIST I WOULD SUGGEST AND MR. DUNCAN HAS AGREED THAT WE FILE THIS WITH THE RECORD OF THE COURT. I CAN ALSO FRANKLY READ THROUGH IT THE WAY WE DID IN THE VERY BEGINNING OF THE CASE.

THE COURT: I DON'T THINK YOU NEED TO DO THAT. I THINK THIS IS REALLY, REALLY HELPFUL AND I THINK JUST FILING IT IN THE RECORD WILL BE FINE.

MS. DOUFEKIAS: OKAY. AND THEN I HAD A FEW QUESTIONS ABOUT SOME OF THE THINGS YOU'VE ALREADY ADDRESSED OR I CAN WAIT UNTIL YOU'RE DONE WITH YOUR LIST.

THE COURT: NO, LET'S GO AHEAD. I'M DONE.

MS. DOUFEKIAS: MR. DUNCAN AND I SPOKE AT SOME POINT LAST WEEK AND WE WERE HOPING THAT WE MIGHT BE ABLE TO PREVAIL UPON THE COURT TO GIVE US 45 DAYS AS OPPOSED TO 30 TO FILE OUR FINDINGS OF FACT AND CONCLUSIONS OF LAW?

THE COURT: NO.

MS. DOUFEKIAS: OKAY.

THE COURT: THIS IS NOT ARBITRARY. IT DOESN'T MAKE ANY DIFFERENCE TO YOU, BUT THIS CASE IS ON THE LIST UNDER THE CIVIL JUSTICE REFORM ACT. DO YOU KNOW WHAT THAT IS?

MS. DOUFEKIAS: I DO, YOUR HONOR.

THE COURT: DO YOU KNOW, MR. DUNCAN, WHAT THAT IS?

MR. DUNCAN: IT VAGUELY RINGS A BELL, YOUR HONOR.

THE COURT: IT MEANS THAT WHILE THEY CAN'T FIRE ME FROM THIS JOB, IF IT GETS ON THE DREADED CJRA LIST

NONETHELESS, IT IS FROWNED UPON BECAUSE THE ACT IS INTENDED TO GET JUDGES TO DECIDE MOTIONS WITHIN A SPECIFIC PERIOD OF TIME, DUE DATE, DEADLINE FOR THIS MOTION AND THIS IS A MOTION, IT'S CATEGORIZED AS A MOTION, IS SEPTEMBER THE 30TH.

AM I RIGHT, MS. CAUSEY?

THE CLERK: RIGHT. AND YOU'VE ALREADY REPORTED IT ONCE.

THE COURT: AND I'VE ALREADY REPORTED IT ONCE. SO IT'S GOING TO PUT A BURDEN ON YOU, BUT IT WILL ALSO PUT A BURDEN ON ME. BECAUSE EVEN UNDER THE 30/10 DAYS, IF JULY 25TH IS INDEED THE DATE, IT'S GOING TO BE -- AND WHO KNOWS, I'LL JUST DO THE BEST I CAN AND WE'LL ALL DO THE BEST WE CAN. SO I WAS IN FACT -- I SHOULD HAVE SAID -- I WAS GOING TO SAY, DON'T ASK FOR AN EXTENSION ABSENT EXTRAORDINARY CIRCUMSTANCES FOR THE REASONS THAT I'VE JUST EXPLAINED. SO I REALLY DO APOLOGIZE FOR HAVING TO PUT THAT ADDITIONAL BURDEN ON YOU, BUT I'M GOING TO TRY TO RESOLVE -- HAVE THE DISTRICT COURT'S RULING ON THIS BY SEPTEMBER THE 30TH.

MS. DOUFEKIAS: UNDERSTOOD, YOUR HONOR. ONE ADDITIONAL QUESTION THAT I HAVE, BECAUSE I'M NOT SURE BEING ON THAT LIST AFFECTS THIS, BUT DOES THAT AFFECT THE PAGE LIMITATIONS?

THE COURT: AFFECT THE WHAT?

MS. DOUFEKIAS: THE PAGE LIMITATION FOR THE BRIEFS THAT --

THE COURT: OH, NO. NO. NO. I WILL ENTERTAIN A MOTION TO DISPENSE WITH WHATEVER PAGE LIMITATIONS THERE ARE. THIS IS AN EXTRAORDINARY CASE. SO, YOU KNOW, PLEASE DON'T GIVE ME 150 PAGE BRIEF, BUT YOU DON'T NEED TO FILE A SEPARATE MOTION TO EXTEND -- TO ENLARGE THE PAGE LIMITATION REQUIREMENT THAT THE COURT HAS.

MS. DOUFEKIAS: THANK YOU, YOUR HONOR. WE ALSO -- WE'VE SPOKEN WITH DEFENDANTS AND THE PARTIES HAVE AGREED TO THE FORM OF THE DEPOSITION DESIGNATIONS THAT I SENT TO THE COURT OVER THE WEEKEND. SO WE WILL FILE A CONSENT MOTION, AND WE ACTUALLY HAVE THAT READY TO GO TODAY. WE ALSO HAVE A CONSENT MOTION FOR FILING DR. DOE FIVE'S STIPULATION UNDER SEAL BECAUSE IT CONTAINS INFORMATION ABOUT THE HOSPITAL AND ABOUT THE DOCTOR. SO WE PLAN ON DOING THAT AS WELL THIS AFTERNOON.

THE COURT: ALL RIGHT. TERRIFIC.

MR. DUNCAN: MAY I ASK A QUICK QUESTION ABOUT THE FORM IN WHICH WE WILL RECEIVE THE COMPLETED TRANSCRIPT AND RECORD THAT WE WILL USE TO PREPARE OUR FINDINGS? I JUST -- I'M IGNORANT ABOUT THAT. HOW WILL WE GET THAT.?

THE COURT: THIS IS AN ASSUMPTION, WHICH AS I'VE SAID EARLIER IS DANGEROUS, BUT MY ASSUMPTION IS IT'S GOING TO BE POSTED ELECTRONICALLY ON THE DAY THAT IT'S MADE AVAILABLE.

MS. CAUSEY, IS THAT YOUR UNDERSTANDING?

AND, GINA, IS THAT RIGHT?

MR. DUNCAN: OKAY. WE'LL JUST -- WE'LL JUST DOWNLOAD IT; IS THAT RIGHT?

THE COURT: CORRECT.

ALL RIGHT. ANY OTHER PRELIMINARY MATTERS BEFORE WE PROCEED WITH TESTIMONY?

OKAY. THEN LET'S CALL THE REBUTTAL WITNESS.

MS. JAROSLAW: YOUR HONOR, THE PLAINTIFFS CALL DR. EVA PRESSMAN.

THE COURT: DR. PRESSMAN, COME FORWARD AND BE SWORN.

(WHEREUPON, EVA PRESSMAN, HAVING BEEN DULY SWORN, TESTIFIED AS FOLLOWS.)

DIRECT

BY MS. JAROSLAW:

Q GOOD MORNING, DOCTOR.

A GOOD MORNING.

Q PLEASE STATE AND SPELL YOUR NAME FOR THE RECORD.

A EVA KAREN PRESSMAN. P-R-E-S-S-M-A-N.

Q HOW ARE YOU EMPLOYED?

A I'M AN EMPLOYEE OF THE UNIVERSITY OF ROCHESTER IN ROCHESTER, NEW YORK.

Q AND WHAT'S YOUR POSITION THERE?

A I'M THE CHAIR OF OBSTETRICS AND GYNECOLOGY.

Q AND AS THE CHAIR OF THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, WHAT ARE YOUR DUTIES AND RESPONSIBILITIES?

A I AM RESPONSIBLE FOR RUNNING A DEPARTMENT OF

APPROXIMATELY 50 FACULTY MEMBERS WHO PARTICIPATE IN THE CARE OF WOMEN IN THEIR OBSTETRICS AND GYNECOLOGY NEEDS. WE HAVE ALL SPECIALTIES OF OBSTETRICS AND GYNECOLOGY AND DO RESEARCH, TEACHING AND COMMUNITY SERVICE.

Q DO YOU STILL SEE PATIENTS?

A I DO.

Q HOW OFTEN?

A THREE TO FOUR DAYS A WEEK.

Q AND YOU DO SURGERIES?

A YES.

Q ARE YOU BOARD CERTIFIED?

A I AM. I'M BOARD CERTIFIED IN OBSTETRICS AND GYNECOLOGY, AS WELL AS MATERNAL FETAL MEDICINE.

Q WHERE ARE YOU LICENSED TO PRACTICE MEDICINE?

A I'M CURRENTLY PRACTICE -- CURRENTLY LICENSED TO PRACTICE IN NEW YORK STATE.

Q WHAT'S YOUR EDUCATIONAL BACKGROUND?

A I WENT TO COLLEGE AT BROWN UNIVERSITY IN PROVIDENCE, RHODE ISLAND, MEDICAL SCHOOL AT DUKE UNIVERSITY IN DURHAM, NORTH CAROLINA AND RESIDENCY AND FELLOWSHIP AT JOHNS HOPKINS UNIVERSITY IN BALTIMORE, MARYLAND.

Q AFTER YOU GRADUATED FROM MEDICAL SCHOOL AND WENT TO JOHNS HOPKINS, WHAT DID YOUR RESIDENCY INVOLVE?

A MY RESIDENCY WAS IN OBSTETRICS AND GYNECOLOGY AND INVOLVED ALL ASPECTS OF BOTH OBSTETRICS AND GYNECOLOGY.

Q AND HOW LONG WAS THAT RESIDENCY?

A FOUR YEARS.

Q DURING THAT RESIDENCY DID YOU BECOME PROFICIENT IN THE FULL RANGE OF OBSTETRIC AND GYNECOLOGIC SURGERY?

A YES.

Q DID THAT INCLUDE SURGICAL ABORTION?

A IT DID, YES.

Q WHAT WAS THE EXTENT OF YOUR SURGICAL ABORTION PRACTICE AT JOHNS HOPKINS IN TERMS OF GESTATIONAL AGE?

A WE WENT UP TO 24 WEEKS OF GESTATION. ABORTION INCLUDED SURGICAL ABORTION, DILATION AND CURETTAGE, DILATION AND EVACUATION AND INDUCTION OF LABOR IN THE SECOND TRIMESTER.

Q AFTER YOUR RESIDENCY DID YOU HOLD OTHER POSITIONS AT JOHNS HOPKINS UNIVERSITY?

A AFTER FINISHING MY RESIDENCY AND FELLOWSHIP I BECAME THE DIRECTOR OF FETAL ASSESSMENT, THE ASSOCIATE DIRECTOR OF THE OB/GYN RESIDENCY PROGRAM AND THE ASSISTANT DIRECTOR OF OBSTETRICAL AND GYNECOLOGIC ULTRASOUND.

Q IN CONNECTION WITH THOSE POSITIONS DID YOU HAVE TEACHING RESPONSIBILITIES?

A I DID. I TAUGHT MEDICAL STUDENTS, RESIDENTS AND FELLOWS REALLY THROUGHOUT MY CAREER.

Q WHAT SUBJECTS DID YOU TEACH?

A REALLY MOST OBSTETRICS AND GYNECOLOGY. MY PRIME INTEREST IS IN HIGH RISK PREGNANCY. SO MUCH OF MY TEACHING IS

RELATED TO PREGNANCY AND PREGNANCY COMPLICATIONS.

Q AND WAS YOUR TEACHING BOTH IN THE CLASSROOM AND IN THE OPERATING ROOM?

A CLASSROOM, OPERATING ROOM, IN THE CLINIC, ON THE IN-PATIENT FLOORS, EVERYWHERE.

Q AND DID YOU SERVE WITH THE EMERGENCY DEPARTMENT DURING YOUR TENURE AT JOHNS HOPKINS UNIVERSITY?

A AS PART OF MY ON-CALL RESPONSIBILITIES I HAVE ATTENDED IN THE EMERGENCY ROOM FOR PATIENTS WITH OBSTETRICS OR GYNECOLOGIC COMPLAINTS.

Q WHAT PROFESSIONAL ORGANIZATIONS DO YOU BELONG TO?

A I'M A MEMBER OF THE AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY, THE SOCIETY FOR MATERNAL FETAL MEDICINE, THE ASSOCIATION FOR PROFESSORS OF OBSTETRICS AND GYNECOLOGY AND THE SOCIETY FOR REPRODUCTIVE INVESTIGATION.

Q AND HAVE YOU PUBLISHED APPROXIMATELY 70 RESEARCH ARTICLES IN PEER REVIEWED MEDICAL JOURNALS?

A APPROXIMATELY, YES.

Q AND HAVE YOU REVIEWED MORE THAN A DOZEN GRANTS FROM FOUNDATIONS FOR MEDICAL RESEARCH?

A FOUNDATIONS AND GOVERNMENTAL AGENCIES, YES.

Q AND WERE SOME OF THOSE GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH?

A YES.

Q AND WERE SOME OF THOSE GRANTS FROM THE UNITED STATES

DEPARTMENT OF AGRICULTURE?

A YES.

Q HAVE YOU MADE IN EXCESS OF 100 PRESENTATIONS AT NATIONWIDE MEDICAL CONFERENCES?

A YES.

Q I'D LIKE YOU TO LOOK AT PLAINTIFFS' EXHIBIT 94, WHICH IS IN EVIDENCE BY STIPULATION. WE'LL PULL THAT UP ON THE SCREEN SO THAT YOU CAN TAKE A LOOK AT IT. IF WE COULD SCROLL THROUGH THAT. AS WE SCROLL THROUGH PLAINTIFFS' EXHIBIT 94 DO YOU RECOGNIZE IT?

A IT'S MY CURRICULUM VITAE OR RESUMÉ.

Q AND DOES THAT CV ACCURATELY LISTS YOUR QUALIFICATIONS, PUBLICATIONS, RESEARCH GRANTS AND PRESENTATIONS?

A IT WAS ACCURATE AS OF THE DAY IT WAS GIVEN. THERE MIGHT BE A FEW MORE THINGS ADDED TO IT SINCE THEN.

Q I'D ALSO LIKE TO YOU SHOW YOU PLAINTIFFS' EXHIBIT 131 WHICH IS ALSO IN EVIDENCE BY STIPULATION AND WE'LL SCROLL THROUGH THAT. IF WE COULD GO TOWARDS THE LAST PAGE OF THE NARRATIVE WITH THE SIGNATURE? DO YOU RECOGNIZE PLAINTIFFS' EXHIBIT 131?

A YES, IT'S MY REPORT.

Q AND IS THAT THE EXPERT -- EXCUSE ME. IS THAT THE EXPERT REPORT THAT YOU WROTE IN CONNECTION WITH THIS CASE AND THAT YOU SIGNED AND SUBMITTED ON DECEMBER 15TH, 2014?

A YES.

Q FINALLY, I'D LIKE TO SHOW YOU PLAINTIFFS' EXHIBIT 147, WHICH BY STIPULATION IS ALSO IN EVIDENCE. AND DO YOU RECOGNIZE 147?

A YES.

Q AND IS PLAINTIFFS' EXHIBIT 147 A SUPPLEMENT OF SOURCES YOU RELIED ON FOR YOUR OPINIONS IN THIS CASE?

A YES.

Q AND DID YOU SIGN IT AND SUBMIT IT ON MARCH 5TH, 2015?

A YES.

Q ALL RIGHT. WE CAN TAKE THE DOCUMENTS DOWN. DR. PRESSMAN, FOR HOW MANY YEARS DID YOU SERVE AS AN ON-CALL OB/GYN FOR EMERGENCY DEPARTMENTS?

A I'VE BEEN TAKING CALL IN THE EMERGENCY DEPARTMENT SINCE MY RESIDENCY, SO MORE THAN 25 YEARS.

Q AND DURING THAT TIME DID YOU TREAT AND DIAGNOSE COMPLICATIONS OF MISCARRIAGE AND ABORTION IN THE EMERGENCY ROOM?

A MANY TIMES, YES.

Q DO YOU PRESENTLY HAVE HOSPITAL ADMITTING PRIVILEGES?

A YES.

Q WHERE?

A STRONG MEMORIAL HOSPITAL AND HIGHLAND HOSPITAL, BOTH IN ROCHESTER, NEW YORK.

Q ARE THOSE HOSPITALS AFFILIATED WITH THE UNIVERSITY OF ROCHESTER MEDICAL CENTER?

A YES.

Q DID YOU HAVE PRIVILEGES AT ANY OTHER HOSPITAL PREVIOUSLY?

A HOSPITALS AFFILIATED WITH HOPKINS UNIVERSITY, SO JOHNS HOPKINS HOSPITAL AND BAYVIEW HOSPITAL IN BALTIMORE, MARYLAND.

Q DO YOU CURRENTLY SERVE ON THE CREDENTIALS COMMITTEE OF THE UNIVERSITY OF ROCHESTER MEDICAL CENTER?

A I DO.

Q WHAT IS THE CREDENTIALS COMMITTEE?

A THE CREDENTIALS COMMITTEE IS A GROUP OF INDIVIDUALS WHO REVIEW APPLICATIONS FOR ADMITTING PRIVILEGES AT THE UNIVERSITY OF ROCHESTER HOSPITALS.

MS. JAROSLAW: YOUR HONOR, AT THIS TIME I TENDER DR. PRESSMAN AS AN EXPERT IN OBSTETRICS AND GYNECOLOGY, ABORTION CARE AND HOSPITAL CREDENTIALING.

THE COURT: ANY OBJECTIONS?

MR. ADEN: YOUR HONOR, NO OBJECTION WITH REGARD TO HER QUALIFICATIONS GENERALLY, WHICH ARE OBVIOUSLY EXTENSIVE. AND I'M NOT SURE IF THIS IS BY WAY OF OBJECTION TO THE QUALIFICATION OR BY WAY OF OBJECTION TO THE EVIDENCE LATER IN HER TESTIMONY, BUT SHE SUBMITTED THE SUPPLEMENTAL REPORT ON MARCH 15TH OF THIS YEAR, WHICH INCLUDED THE LIST OF BYLAWS FOR

HOSPITALS THAT SHE HAD REVIEWED TWO MONTHS AFTER HER DEPOSITION AND ONLY TWO WEEKS BEFORE TRIAL. I RECALL, YOUR HONOR, THAT DR. MARIER WAS NOT PERMITTED TO TESTIFY REGARDING ADMITTING PRIVILEGES, RULES AT HOSPITALS OTHER THAN HIS OWN, AND WE WOULD LIKE TO MOVE THAT THE COURT PRECLUDE THE WITNESS FROM TESTIFYING REGARDING ADMITTING PRIVILEGES, BYLAWS AT HOSPITALS OTHER THAN HER OWN WITH DUE RESPECT, SIR.

THE COURT: MRS. JAROSLAW?

MS. JAROSLAW: YOUR HONOR, THE REPORT WAS NOT SUBMITTED TWO WEEKS PRIOR TO TRIAL. IT WAS APPROXIMATELY THREE AND A HALF MONTHS PRIOR TO THIS TRIAL. ONE OF THE SOURCES CITED IN THE SUPPLEMENTAL REPORT WAS A SOURCE THAT DR. PRESSMAN WAS ASKED ABOUT DURING HER DEPOSITION. SHE WAS ASKED BY DEFENSE COUNSEL.

SO AS A RESULT WE SUPPLEMENTED HER REPORT TO INDICATE A RELIANCE ON THAT PARTICULAR REPORT AND THAT SHE MAY RELY ON IT IN HER TESTIMONY BECAUSE IT AROSE IN THE DEPOSITION.

WITH REGARD TO THE REST, WE ASKED DR. PRESSMAN TO REVIEW HOSPITAL BYLAWS AND TO READ THEM, AND GIVEN THAT WE HAVE A CONTINUING DUTY UNDER RULE 26 TO ADVISE COUNSEL OF WHAT MATERIALS WE PROVIDE TO THE EXPERTS WE PROVIDED THAT SUPPLEMENT IN ACCORDANCE WITH THE RULE.

MR. ADEN: YOUR HONOR, FORGIVE ME FOR MISSPEAKING. SHE IS RIGHT. IT WAS NOT TWO WEEKS BEFORE THIS TRIAL STARTED.

IT WAS TWO WEEKS BEFORE THE INITIAL TRIAL DATE IS WHAT I MEANT TO SAY AND I APOLOGIZE.

THE ADDITIONAL BYLAWS DID NOT COME UP IN THE DEPOSITION. AND I WOULD STIPULATE THAT SHE MAY SPEAK TO THE PERIODICAL THAT WAS DISCUSSED IN HER DEPOSITION, THAT'S NO PROBLEM. I'M SPECIFICALLY ADDRESSING THE BYLAWS. THANK YOU.

THE COURT: OKAY. SO THE OBJECTION IS TO THE USE OF ADDITIONAL ADMITTING PRIVILEGES THAT SHE HAS REVIEWED; IS THAT WHERE IT'S NARROWED DOWN TO NOW AT THIS POINT?

MR. ADEN: YES -- YES, YOUR HONOR. WE'RE ASKING THE COURT TO PRECLUDE THE WITNESS FROM MAKING REFERENCE TO ANY OF THE ADDITIONAL HOSPITAL BYLAWS LISTED IN HER SUPPLEMENTAL OF MARCH 13TH -- MARCH 15TH, 2015.

THE COURT: OKAY. WELL, YOU KNOW, I DON'T REMEMBER WHAT I DID WITH DR. MARIER, BUT WHATEVER I DID WITH DR. MARIER I'M GOING TO DO WITH THIS DOCTOR. SO I'LL TAKE IT UNDER ADVISEMENT UNTIL I FIGURE THAT OUT. BUT IF YOUR REPRESENTATION IS CORRECT, AND I DON'T DOUBT THAT IT IS, THEN THIS WITNESS WILL BE -- NOT BE PERMITTED TO TESTIFY REGARDING THESE ADDITIONAL BYLAWS.

MR. ADEN: THANK YOU, YOUR HONOR.

THE COURT: AND I'LL TAKE -- TO PLAY IT SAFE, IF YOU WANT TO QUESTION THE WITNESS ABOUT IT, MS. JAROSLAW, WHY DON'T YOU PUT IT ON PROFFER. IF IT TURNS OUT THAT I MADE SOME OTHER KIND OF RULING THEN I WILL CONSIDER THESE DOCUMENTS.

BUT IF MR. ADEN IS CORRECT AND, AGAIN, I DON'T DOUBT THAT HE IS, I WILL REMAIN CONSISTENT AND RULE THE SAME WAY WITH THIS DOCTOR AS I DID WITH THE PREVIOUS DOCTOR.

MS. JAROSLAW: YOUR HONOR, I DON'T BELIEVE WE'VE RUN AFOUL OF THE COURT'S RULING. IT WAS NOT OUR INTENT TO GO THROUGH THOSE ITEMS, ITEM BY ITEM OR BYLAW OR BY HOSPITAL IN DR. PRESSMAN'S TESTIMONY. THIS WAS JUST NOTICE OF THINGS THAT SHE HAD REVIEWED AS WERE REQUIRED TO PROVIDE. I THINK IT MIGHT BE CLEARER IF MR. ADEN WERE TO OBJECT TO A SPECIFIC QUESTION THAT HE THINKS MIGHT VIOLATE YOUR HONOR'S RULING, BUT I DON'T EXPECT TO GO INTO THE INDIVIDUAL BYLAWS THAT ARE LISTED.

THE COURT: OKAY. WELL THEN THE COURT -- I'M SORRY. GO AHEAD, MR. ADEN.

MR. ADEN: SORRY, YOUR HONOR. WITH DUE RESPECT TO MS. JAROSLAW, THAT I RECALL THE WITNESS DID NOT -- THE WITNESS TESTIFIED IN HER DEPOSITION THAT SHE HAD NOT REVIEWED AT THAT TIME THE BYLAWS OF OTHER HOSPITALS, AND I STAND CORRECTED IF I'M WRONG, BUT I THINK THAT'S WHAT SHE SAID IN DEPO.

THE COURT: ALL RIGHT. WELL, THE COURT'S RULING IS AS I JUST STATED. AND IT APPEARS THAT WE'RE NOT GOING TO HAVE A PROFFER BECAUSE YOU'RE NOT GOING TO ASK ANY QUESTIONS ABOUT THAT. SO --

MS. JAROSLAW: CORRECT.

THE COURT: -- UNLESS THERE'S SOMETHING ELSE THEN

WE'RE READY TO PROCEED.

BY MS. JAROSLAW:

Q DR. PRESSMAN, ARE YOU FAMILIAR WITH THE LOUISIANA LAW THAT WOULD REQUIRE ALL PHYSICIANS WHO PROVIDE ABORTIONS TO OBTAIN HOSPITAL ADMITTING PRIVILEGES?

A YES.

Q AND DO YOU HAVE AN OPINION ABOUT THE REASONABLENESS OF SUCH REQUIREMENT FROM YOUR EXPERIENCE AS A PHYSICIAN AND OB/GYN AND A MEMBER OF YOUR HOSPITAL'S CREDENTIALING COMMITTEE?

A I SEE NO REASON FOR SUCH A REQUIREMENT.

Q AND HAVE YOU REVIEWED THE EXPERT REPORTS SUBMITTED IN THIS CASE BY DR. ROBERT MARIER AND DR. DAMON CUDIHY?

A I HAVE.

Q FIRST OF ALL, IN REVIEWING THEIR REPORTS, DID EITHER EXPERT ADDRESS THE NECESSITY OF ADMITTING PRIVILEGES WITH RESPECT TO MEDICATION ABORTION?

A NO.

Q AND WITH REGARD TO BIRTH CONTROL, DR. CUDIHY TESTIFIED AT THIS TRIAL THAT BIRTH CONTROL PILLS CAUSE CANCER. IS THAT YOUR VIEW?

A NO.

MR. ADEN: OBJECTION, YOUR HONOR. MISSTATES THE RECORD. I DO NOT RECALL THAT DR. CUDIHY TESTIFIED THAT BIRTH CONTROL PILLS CAUSE CANCER AND I DO NOT BELIEVE THAT THAT IS

HIS PROFESSIONAL OPINION.

THE COURT: MY RECOLLECTION, WHICH COULD CERTAINLY BE WRONG, IS THAT HE -- HE TESTIFIED THAT BIRTH CONTROL PILLS ARE A CONTRIBUTING FACTOR -- HAVE AN ASSOCIATION WITH CANCER.

MR. ADEN: YES, YOUR HONOR. VERY DIFFERENT THING FROM CAUSATION, AS YOU KNOW.

THE COURT: ALL RIGHT. I'M GOING TO OVERRULE THE OBJECTION. BUT SUBJECT TO -- I UNDERSTAND THE ISSUE AND YOU CAN ANSWER THE QUESTION AS BEST --

YOU MIGHT WANT TO REPHRASE THE QUESTION, MS. JAROSLAW.

MS. JAROSLAW: YES, YOUR HONOR.

BY MS. JAROSLAW:

Q DR. PRESSMAN, WHAT IS YOUR VIEW WITH REGARD TO BIRTH CONTROL AND WHETHER IT CAUSES CANCER?

A IN MY OPINION, AND SUPPORTED BY THE MEDICAL LITERATURE, BIRTH CONTROL PILL -- THE ASSOCIATION BETWEEN BIRTH CONTROL PILLS AND CANCER IS GENERALLY IN A PREVENTATIVE MANNER RATHER THAN A CAUSATIVE MANNER. BIRTH CONTROL PILLS HAVE BEEN SHOWN TO DECREASE THE RISKS OF OVARIAN CANCER QUITE REGULARLY AND THE ASSOCIATIONS WITH INCREASES IN RISKS OF BREAST AND OVARIAN CANCERS HAVE NEVER BEEN CONFIRMED IN WELL-DONE STUDIES.

Q DURING HIS TESTIMONY DR. CUDIHY MADE A DISTINCTION BETWEEN PROGESTERONE AND PROGESTIN. WHAT IS THE DIFFERENCE

BETWEEN THEM?

A THEY'RE TWO DIFFERENT FORMS. PROGESTERONE IS THE GENERIC TERM. PROGESTIN IS ONE SYNTHETIC FORM OF A CHEMICAL THAT HAS THE SAME AFFECT IN THE BODY. THEY ACT QUITE SIMILARLY.

Q NOW, DR. CUDIHY ALSO TESTIFIED THAT CONTRACEPTION OTHER THAN NATURAL FAMILY PLANNING METHODS IS HARMFUL TO WOMEN'S HEALTH. IN YOUR VIEW WHAT IS THE ROLE OF CONTRACEPTION IN WOMEN'S HEALTH CARE?

A CONTRACEPTION HAS MANY BENEFITS. BOTH IN ALLOWING WOMEN TO PLAN THEIR FAMILIES AS WELL AS OTHER HEALTH BENEFITS WITH MANY FORMS OF CONTRACEPTION. THERE IS NO MEDICAL DOWNSIDE TO CONTRACEPTION.

Q AND IN YOUR VIEW IS IT A NECESSARY PART OF WOMEN'S HEALTH CARE?

A IT IS A NECESSARY PART FOR MANY WOMEN, YES.

Q DR. MARIER AND DR. CUDIHY ASSERTED THAT REQUIRING ABORTION PROVIDERS TO HAVE HOSPITAL ADMITTING PRIVILEGES, INCLUDING SURGICAL PRIVILEGES, IS BENEFICIAL TO WOMEN BECAUSE HOSPITALS PROVIDE A CREDENTIALING FUNCTION. AS A MEMBER OF THE CREDENTIALING COMMITTEE AT ROCHESTER, WHAT IS YOUR RESPONSE TO THAT ASSERTION?

A WELL, HOSPITAL CREDENTIALING COMMITTEES DO PROVIDE A FUNCTION OF REVIEWING A PHYSICIAN'S PAST EXPERIENCE AND TRAINING AND QUALIFICATIONS. IT IS NOT THE ONLY WAY TO OBTAIN

SUCH INFORMATION. MOST OF THAT INFORMATION IS READILY AVAILABLE ON STATE WEBSITES AND OTHER AVENUES. AND IT DOES NOT REALLY APPLY TO PHYSICIANS WHO HAVE NO INTENTION OF PROVIDING SERVICES IN A HOSPITAL. HOSPITAL CREDENTIALING IS MEANT TO THAT -- THAT -- PHYSICIANS THAT PLAN TO PRACTICE IN A HOSPITAL. NOT TO PHYSICIANS THAT PRACTICE OUT IN THE COMMUNITY.

Q NOW YOU MENTIONED THAT THERE ARE STATE WEBSITES THAT CREDENTIALING COMMITTEES RECEIVE INFORMATION FROM; IS THAT CORRECT?

A YES.

Q HAVE YOU SEEN THE STATE WEBSITE FOR THE LOUISIANA BOARD OF MEDICAL EXAMINERS?

A I HAVE, YES.

Q AND WHAT INFORMATION APPEARS TO BE PUBLICLY AVAILABLE BASED ON YOUR VIEW OF THE WEBSITE?

A THERE IS A SECTION ON LICENSURE AND THERE IS A SECTION ON COMPLAINTS THAT IS AVAILABLE TO THE PUBLIC, AS BEST I CAN TELL.

MR. ADEN: YOUR HONOR, I'M SORRY. I WOULD OBJECT TO THIS LINE OF QUESTIONING, BECAUSE I DO NOT RECALL THAT SHE ADDRESSED THE WEBSITE IN REFERENCE EITHER IN HER REPORT OR IN DEPOSITION.

THE COURT: MS. JAROSLAW?

MS. JAROSLAW: YOUR HONOR, IT'S TO REBUT THE

TESTIMONY OF DR. MARIER AND CUDIHY. YOU SAID THAT HOSPITAL ADMITTING PRIVILEGES ARE NECESSARY FOR CREDENTIALING. IT WAS ALWAYS CLEAR THAT DR. PRESSMAN WOULD ADDRESS CREDENTIALING FROM HER CREDENTIALING EXPERIENCE THAT WAS DISCLOSED IN HER REPORT. SO SHE'S JUST ELABORATING ON HOW A CREDENTIALING COMMITTEE, SUCH AS ONE THAT SHE IS SITTING ON, WOULD OBTAIN INFORMATION. AND THE POINT IS THAT THIS INFORMATION IS PUBLICLY AVAILABLE.

THE COURT: ALL RIGHT. I'LL OVERRULE THE OBJECTION.

BY MS. JAROSLAW:

Q IN ADDITION DO MALPRACTICE INSURANCE CARRIERS ALSO PROVIDE CREDENTIALING INFORMATION?

A MALPRACTICE INSURANCE CARRIERS GO THROUGH THEIR OWN CREDENTIALING PROCESS, SO THAT IN ORDER TO OBTAIN MALPRACTICE INSURANCE THE CARRIER WILL LOOK AT MANY OF THE SIMILAR THINGS THAT A HOSPITAL CREDENTIALING COMMITTEE WOULD LOOK AT.

Q NOW ARE THERE FACTORS OTHER THAN CLINICAL COMPETENCY THAT GO INTO THE DECISION OF WHETHER OR NOT TO GRANT ADMITTING PRIVILEGES?

A YES. HOSPITAL ADMITTING PRIVILEGES ARE BASED PRIMARILY ON THE PLAN FOR THE PHYSICIAN TO PROVIDE SERVICES IN THAT HOSPITAL. IN GENERAL, HOSPITAL ADMITTING PRIVILEGES ARE NOT PROVIDED TO PHYSICIANS WHO NEVER INTEND TO PROVIDE SERVICE IN A HOSPITAL. IN ADDITION, THE DEPARTMENT CHAIRS WILL DECIDE WHETHER THEY NEED ANOTHER PROVIDER OF A CERTAIN SPECIALTY ON

THEIR HOSPITAL STAFF. IF THEY HAVE ENOUGH PROVIDERS PROVIDING CERTAIN SERVICES THEY TEND NOT TO GIVE ADDITIONAL HOSPITAL PRIVILEGES TO PREVENT COMPETITION FOR THE PROVIDERS THAT ARE ALREADY THERE.

Q NOW IS THERE ANY BENEFIT WHETHER TO PATIENTS, A PHYSICIAN OR A HOSPITAL, IS THERE ANY BENEFIT FOR A POSITION -- FOR A PHYSICIAN WHO PRACTICES EXCLUSIVELY IN A CLINIC OR OFFICE SETTING TO GET ADMITTING PRIVILEGES?

A NO.

Q WHY NOT?

A MANY PROVIDERS, PEDIATRICIANS, INTERNISTS, FAMILY PRACTICE DOCTORS, WHO HAVE NO INTENTION OF PROVIDING CARE IN A HOSPITAL DO NOT GET HOSPITAL PRIVILEGES. THERE'S NO -- THERE'S A COST ASSOCIATED WITH IT. THERE'S A LOT OF DOCUMENTS TO OBTAIN AND THERE'S NO BENEFIT TO THEM OR THEIR PATIENTS TO HAVE SUCH PRIVILEGES.

Q NOW IN YOUR EXPERIENCE AS A MEMBER OF THE CREDENTIALING COMMITTEE, DO HOSPITALS VERIFY THE ABILITY OF PHYSICIANS WHO APPLIED FOR PRIVILEGES; DO THEY VERIFY THEIR ABILITY TO CARE FOR PATIENTS IN THE HOSPITAL?

A THEY VERIFY THEIR ABILITY TO DO SURGICAL PROCEDURES IF CREDENTIALING IS REQUIRED -- IS REQUESTED FOR THOSE PROCEDURES. SO IF I APPLIED FOR HOSPITAL PRIVILEGES TO DO C-SECTIONS, SOMEONE WILL ASK ME HOW MANY C-SECTIONS I'VE DONE, WHAT MY OUTCOMES HAVE BEEN, HAVE THERE BEEN ISSUES. BUT IF I

DON'T APPLY TO DO C-SECTIONS IN THAT HOSPITAL NO ONE WILL ASK ME THOSE QUESTIONS.

Q IF A PHYSICIAN WHO PERFORMS EXCLUSIVELY ENOUGH PROCEDURES APPLIED FOR ACTIVE ADMITTING AND SURGICAL PRIVILEGES AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER, BASED ON YOUR EXPERIENCE WHAT WOULD HAPPEN?

A IF THEY INTENDED TO PROVIDE THOSE SERVICES AT THE HOSPITAL THEIR BACKGROUND WOULD BE REVIEWED AND THEY WOULD BE GIVEN PRIVILEGES BASED ON WHAT THEY WERE DEEMED COMPETENT TO DO. IF THEY HAD APPLIED FOR JUST ADMITTING PRIVILEGES COMPETENCE IN THEIR SURGICAL TECHNIQUES WOULD NEVER BE ASSESSED.

Q DO YOU AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER HAVE SOMETHING CALLED REFER AND FOLLOW PRIVILEGES?

A WE DO.

Q AND WHAT IS THAT?

A THOSE ARE INTENDED TO IMPROVE COMMUNICATION BETWEEN REFERRING PHYSICIANS AND THE HOSPITAL AND MOSTLY TO PROVIDE SUPPORT TO PATIENTS WHO ARE ADMITTED TO THE HOSPITAL IN THAT THEIR REFERRING OUTSIDE PROVIDERS CAN FOLLOW THEIR HOSPITAL COURSE AND OBTAIN CONCURRENT INFORMATION AS THE HOSPITAL {SIC} REMAINS IN THE HOSPITAL. THEY'RE NOT REALLY INTENDED FOR THAT PHYSICIAN TO PROVIDE ANY CARE IN THE HOSPITAL. THEY'RE REALLY MEANT AS A WAY FOR THE HOSPITAL TO EASILY PROVIDE INFORMATION BACK TO THAT PHYSICIAN, SO THAT WHEN THE PATIENT IS DISCHARGED

FROM THE HOSPITAL THE PROVIDER WILL HAVE MORE INFORMATION.

THEY DO PROVIDE A WAY FOR THE HOSPITAL TO GET MORE CONCURRENT INFORMATION FROM THAT PROVIDER AS WELL WHEN HE OR SHE COMES IN O ROUND ON THAT PATIENT.

Q IN YOUR EXPERIENCE ARE THE DEFINITIONS OF ACTIVE ADMITTING PRIVILEGES, SURGICAL PRIVILEGES, CONSULTING PRIVILEGES, COURTESY PRIVILEGES AND REFER AND FOLLOW PRIVILEGES, ARE THOSE CATEGORIES DIFFERENT AMONG DIFFERENT HOSPITALS?

A THEY CAN BE, YES.

Q ARE THEY DEFINED IN EACH HOSPITAL'S BYLAWS?

A THEY ARE.

Q DO YOU AGREE WITH DRS. MARIER AND CUDIHY THAT BY REQUIRING PHYSICIANS WHO PERFORM ABORTION IN AN OFFICE OR CLINIC SETTING TO HAVE PRIVILEGES THAT THAT WILL ENSURE CONTINUITY OF CARE FOR THEIR PATIENTS?

A IT ACTUALLY DOESN'T ENSURE CONTINUITY OF CARE. CONTINUITY OF CARE IS THE GOAL FOR ALL PROVIDERS REFERRING PATIENTS TO THE HOSPITAL IN ANY CIRCUMSTANCE, WHETHER THEY HAVE PRIVILEGES OR NOT.

Q AND CAN PHYSICIANS WHO DO IN-OFFICE OR IN-CLINIC SURGERIES PROVIDE CONTINUITY OF CARE WITHOUT ADMITTING PRIVILEGES?

A YES.

Q CAN YOU EXPLAIN THAT?

A IF A PATIENT WHO IS FOLLOWED IN AN OUTPATIENT SETTING NEEDS TO GO TO THE HOSPITAL FOR ANY REASON THE PHYSICIAN CAN PROVIDE THAT INFORMATION ABOUT THE CARE THAT WAS RENDERED IN THE OFFICE SETTING EITHER BY PHONE OR BY PAPER RECORDS THAT FOLLOW THE PATIENT OR BY FAX OR BY ELECTRONIC MEANS. I OFTEN REFER PATIENTS TO HOSPITALS WHERE I DON'T HAVE PRIVILEGE AND SIMPLY PROVIDE THAT INFORMATION IN WHATEVER WAY IS MOST CONVENIENT FOR THE PROVIDER THAT'S RECEIVING THE PATIENT.

Q AND HAVE YOU DONE THAT WITH REGARD TO HOSPITALS EVEN OUTSIDE NEW YORK STATE?

A YES. I OFTEN HAVE MY PREGNANT PATIENTS WHO ARE TRAVELING AROUND THE COUNTRY OR EVEN AROUND THE WORLD CALL WITH THE NEED TO GO TO A HOSPITAL. AND I WILL CONTACT THE EMERGENCY ROOM OR THE OBSTETRICS SERVICE AT THE HOSPITAL WHERE THEY ARE RECEIVING CARE TO GIVE THE INFORMATION THAT WOULD BE HELPFUL.

Q AND EVEN THOUGH YOU DON'T HAVE ANY KIND OF PRIVILEGES, INDEED YOU'RE NOT EVEN KNOWN AT THESE HOSPITALS, THEY'LL TAKE YOUR CALL?

A OF COURSE.

Q HOW DO YOU CONTACT THE HOSPITAL IF YOU HAVE NO CONNECTION TO IT?

A I -- IF THE PATIENT HAS A NUMBER I'LL USE THAT. IF NOT, I'LL LOOK UP THE HOSPITAL ON THE WEBSITE AND GET

CONNECTED TO WHOEVER I NEED TO BE CONNECTED.

Q AND GENERALLY SPEAKING WHO DO YOU GET CONNECTED TO; IN WHAT ROLE?

A SO, OFTEN I'LL LOOK TO SPEAK TO THE PROVIDERS THAT ARE CARING FOR THE PATIENT OR IF IT'S AN EMERGENCY ROOM TO THE TRIAGE AREA WHERE THE PATIENT WILL FIRST BE SEEN.

Q AND DO YOU FIND THAT YOU CAN EFFECTIVELY COMMUNICATE THE NECESSARY PATIENT INFORMATION TO THE EMERGENCY ROOM THAT IS OUT OF TOWN OR PERHAPS EVEN OUT OF THE COUNTRY?

A YES.

Q DO YOU AGREE WITH DR. CUDIHY THAT IF A PATIENT WERE TO PRESENT IN THE EMERGENCY ROOM AND HER DOCTOR DIDN'T HAVE PRIVILEGES THAT SHE WOULD SUFFER CONSIDERABLE DELAY IN RECEIVING CARE?

A NO.

Q ARE YOU FAMILIAR WITH THE TERM, "TRANSFER AGREEMENTS"?

A YES.

Q WHAT ARE TRANSFER AGREEMENTS AND WHEN ARE THEY APPROPRIATE?

A SO ANY MEDICAL SETTING NEEDS TO HAVE A PLAN FOR WHAT WOULD HAPPEN IF A PATIENT WITH AN EMERGENCY WERE TO -- IF AN EMERGENCY WERE TO HAPPEN IN THEIR SETTING. SO THIS IS TRUE FOR EMERGENCIES RELATED TO PROCEDURES, BUT IT'S ALSO TRUE FOR EMERGENCIES THAT MIGHT JUST HAPPEN BECAUSE THERE ARE SICK

PATIENTS THAT COME TO YOUR OFFICE. AND SO A TRANSFER AGREEMENT IS A PLAN FOR GETTING A PATIENT WHO HAS AN EMERGENT NEED TO THE BEST SETTING TO TAKE CARE OF THAT EMERGENCY.

Q AND IN YOUR OPINION IS HAVING A TRANSFER AGREEMENT SUFFICIENT TO ENSURE CONTINUITY OF CARE FOR PATIENTS IN AN EMERGENCY?

A YES.

Q IN YOUR OPINION DOES IT CONSTITUTE PATIENT ABANDONMENT FOR A PHYSICIAN WITHOUT ADMITTING PRIVILEGES TO TRANSFER THE CARE OF HIS OR HER PATIENT TO A HOSPITAL?

A NO.

Q WHAT IS PATIENT ABANDONMENT?

A ABANDONMENT IS THE REFUSAL TO CONTINUE TO FOLLOW OR TREAT A PATIENT. IT REALLY HAS NOTHING TO DO WITH THE TRANSFER OF CARE. THE TRANSFER OF CARE IN MEDICINE HAPPENS ON A DAILY BASIS. THERE ARE MANY THINGS THAT ARE BETTER HANDLED BY SOMEONE WITH DIFFERENT EXPERTISE THAN THE ORIGINAL PHYSICIAN AND TRANSFERRING THE PATIENT TO THAT PHYSICIAN IS CONTINUITY OF CARE, NOT ABANDONMENT OF CARE.

Q HOW DO THE RISKS OF COMPLICATION FROM ABORTION COMPARE WITH THE RISKS OF SUCTION D&CS THAT ARE PERFORMED SUBSEQUENT TO A MISCARRIAGE?

A OFTEN SUCTION D&CS SUBSEQUENT TO A MISCARRIAGE ARE RISKIER THAN ELECTIVE ABORTION.

Q AND WHY IS THAT?

A BECAUSE THERE'S AN INCREASED RISK OF INFECTION, THE CERVIX AND UTERUS TEND TO BE SOFTER WHICH LEADS TO INCREASED RISK OF LACERATIONS AND UTERINE PERFORATION.

Q WHAT IS THE RISK OF ABORTION RELATIVE TO THE RISK OF CHILD BIRTH?

A IT'S MUCH LOWER.

Q HOW DO THE RISKS OF ABORTION COMPARE WITH THE RISKS OF OTHER GYNECOLOGICAL PROCEDURES?

A IT'S ONE OF THE SAFEST PROCEDURES WE DO. IT'S A VERY LOW RISK PROCEDURE.

Q WOULD YOU CHARACTERIZE ABORTION AS AN INVASIVE PROCEDURE LIKE DR. CUDIHY HAS?

A IT IS PUTTING INSTRUMENTS INTO A CAVITY THAT IS NOT USUALLY INSTRUMENTED. SO IT IS INVASIVE IN THAT SENSE. IT ACTUALLY DOESN'T INVOLVE ANY CUTTING, SO IT'S NOT SURGERY IN THE TRUE SENSE OF THE WORD.

Q SO IN TYPICAL FIRST TRIMESTER ABORTIONS THAT ARE PERFORMED WITH A SUCTION D&C THERE ARE NO INCISIONS MADE ON THE BODY?

A THAT'S CORRECT.

Q WHAT SURGICAL PROCEDURES ARE SIMILAR IN INVASIVENESS AND POTENTIAL COMPLICATIONS TO ABORTION?

A THERE ARE OTHER OUTPATIENT PROCEDURES THAT ARE ALSO -- INVOLVE EITHER SMALL INCISIONS OR NO INCISIONS; THINGS LIKE COLONOSCOPY OR LIPOSUCTION OR TOOTH EXTRACTIONS.

Q AND IN YOUR VIEW DOES COLONOSCOPY HAVE A HIGHER RISK THAN FIRST TRIMESTER ABORTION?

A IT'S OF SIMILAR RISK AT LEAST.

Q AND WHAT ABOUT WITH REGARD TO LIPOSUCTION?

A LIPOSUCTION HAS A SIGNIFICANTLY HIGHER RISK.

Q AND WHY IS THAT?

A THERE ARE MANY BLOOD VESSELS IN THE ADIPOSE TISSUE BELOW THE SKIN THAT IS REMOVED DURING LIPOSUCTION, SO SIGNIFICANT BLEEDING CAN OCCUR AND IT'S ACTUALLY QUITE DIFFICULT TO CONTROL THAT BLEEDING, UNLIKE BLEEDING THAT FOLLOWS TERMINATION OF PREGNANCY WHERE WE CAN USE MEDICATIONS TO HELP THE UTERUS CONTRACT AND STOP THE BLEEDING.

Q WHAT ABOUT DENTAL SURGERY?

A DENTAL SURGERY IS ASSOCIATED WITH RISKS OF BLEEDING AND INFECTION OF SIMILAR RISK TO TERMINATION OF PREGNANCY.

Q ARE MOST ABORTIONS PERFORMED IN OFFICE OR CLINIC SETTING OR AS AN IN-PATIENT IN THE HOSPITAL?

A THE VAST MAJORITY OF ABORTIONS ARE PERFORMED IN AN OFFICE OR CLINIC SETTING.

Q WHY?

A IT IS MORE ACCESSIBLE, MORE CONVENIENT FOR PATIENTS, MUCH LESS COSTLY AND THERE'S ACTUALLY A LOWER RISK OF COMPLICATIONS IN MOST OF THE STUDIES THAT I'VE LOOKED AT.

Q WHEN A PATIENT RECEIVES GENERAL ANESTHESIA, WOULD THAT BE IN A HOSPITAL SETTING?

A YES.

Q WHAT ARE THE RISKS ASSOCIATED WITH GENERAL ANESTHESIA DURING AN ABORTION?

A THERE ARE SIGNIFICANT CARDIOVASCULAR AND RESPIRATORY RISKS TO GENERAL ANESTHESIA AND -- BUT GENERAL ANESTHESIA IS ACTUALLY SIGNIFICANTLY MORE RISKY THAN THE ABORTION PROCEDURE.

Q WITH REGARD TO RECOVERY TIME, HOW DOES THE RECOVERY TIME COMPARE IN THE CLINIC OR OFFICE SETTING VERSUS THE HOSPITAL SETTING?

A GENERALLY OUTPATIENT PROCEDURES HAVE A MUCH SHORTER RECOVERY TIME. MOST OF THAT IS RELATED TO THE USE OF GENERAL ANESTHESIA IN THE IN-PATIENT SETTING.

Q NOW WITH RESPECT TO ABORTIONS PERFORMED IN OFFICES OR CLINICS, WHAT LEVEL OF ANESTHESIA IS GENERALLY USED?

A GENERALLY ORAL MEDICATIONS SUCH AS IBUPROFEN AND VALIUM AS WELL AS LOCAL ANESTHESIA IN THE CERVIX.

Q AND WHAT LOCAL ANESTHESIA WOULD NUMB THE CERVIX?

A TYPICALLY IT'S LIDOCAINE, WHICH IS THE SAME THING THAT DENTISTS USE.

Q AND DR. CUDIHY ASSERTED THAT IT IS BETTER TO USE GENERAL ANESTHESIA IN A D&C PROCEDURE BECAUSE THE QUOTE, "UTERINE RELAXATION," UNQUOTE THAT OCCURS DURING GENERAL ANESTHESIA IS AN ADVANTAGE. DO YOU AGREE WITH DR. CUDIHY?

A I DISAGREE. UTERINE RELAXATION IS ACTUALLY A RISK. IT INCREASES THE RISK OF UTERINE PERFORATION AND INCREASES THE

RISK OF BLEEDING FOLLOWING A PROCEDURE. YOU WANT THE UTERUS TO BE ABLE TO CONTRACT TO STOP THE BLEEDING.

Q DR. CUDIHY TESTIFIED THAT THE USE OF GENERAL ANESTHESIA FOR A D&C WOULD BE PREFERABLE BECAUSE IT KEEPS THE PATIENT COMPLETELY STILL MAKING ABORTIONS SAFER. DO YOU AGREE WITH HIM?

A NO. I'VE DONE HUNDREDS OF ABORTIONS AND I'VE NEVER HAD A PROBLEM WITH A PATIENT NOT BEING ABLE TO KEEP STILL.

Q NOW HAVE YOU HAD SOME PATIENTS REQUEST TO HAVE THE PROCEDURE UNDER GENERAL ANESTHESIA?

A YES. THERE ARE CERTAIN CIRCUMSTANCES WHERE GENERAL ANESTHESIA MIGHT BE ADVISED. PATIENTS WHO HAVE HAD PREVIOUS SEXUAL ASSAULT WHO MIGHT NOT BE ABLE TO TOLERATE PELVIC EXAMS IN GENERAL MIGHT BENEFIT FROM NOT BEING AWAKE AT ALL DURING THE PROCEDURE. THERE ARE SOME UNDERLYING MEDICAL CONDITIONS WHERE THE CONTROL OF GENERAL ANESTHESIA TO PROTECT THE AIRWAY MIGHT BE BENEFICIAL.

Q DR. CUDIHY ASSERTED THAT A D&C FOR MISCARRIAGE IS SAFER THAN INDUCED ABORT -- INDUCED ABORTION; DO YOU AGREE?

A I DISAGREE.

Q AND WHY IS INFECTION MORE COMMON IN A MISCARRIAGE?

A IN A MISCARRIAGE THE BODY HAS ALREADY TRIED TO EXPEL THE PREGNANCY TISSUE, SO SOME OF THE TISSUE MAY HAVE COME OUT, SOME OF IT MAY STILL BE IN, THE UTERUS MIGHT BE -- THE CERVIX MIGHT BE SLIGHTLY OPEN. ALL OF THAT ALLOWS THE NORMAL

BACTERIA THAT ARE PRESENT IN THE VAGINA TO ENTER THE UTERINE CAVITY AND CREATE ADENITIS FOR INFECTION.

Q WITH INDUCED ABORTION DO PATIENTS TYPICALLY RECEIVE PROPHYLACTIC ANTIBIOTICS BEFORE THEY LEAVE THE OFFICE OR CLINIC?

A TYPICALLY, YES. THAT WOULD ALSO DECREASE THE RISK OF INFECTION.

Q DR. CUDIHY STATED THAT A PROBLEM IN INDUCED ABORTION IS THAT DILATION IS AN AGGRESSIVE PROCESS BECAUSE THE CERVIX IS FIRMLY CLOSED. DO YOU AGREE WITH THAT?

A DILATION IS NOT AN AGGRESSIVE PROCESS. IT IS DONE OFTEN WITH PREMEDICATION WITH EITHER -- WITH EITHER PILLS LIKE MISOPROSTOL OR WITH LAMINARIA, WHICH ARE OSMOTIC DILATORS, THAT ARE PUT INTO THE CERVIX PRIOR TO THE PROCEDURE AND THE DILATION ITSELF THAT'S DONE IN -- DURING THE PROCEDURE IS DONE IN A VERY SLOW AND GRADUAL WAY TO AVOID ANY TRAUMA TO THE CERVIX.

Q NOW DR. CUDIHY ASSERTED IN HIS REPORT THAT THE USE OF A TENACULUM IN AN INDUCED ABORTION IS RISE FOR RISK OF TEARING THE CERVIX WHICH WOULD REQUIRE SUTURING IN A HOSPITAL. DO YOU AGREE WITH THAT ASSESSMENT?

A I DO NOT. WE DO USE TENACULUMS IN ABORTIONS AS WELL AS MANY OTHER GYNECOLOGIC PROCEDURES TO HOLD THE CERVIX STILL WHILE WE TRY TO PASS SOMETHING THROUGH IT. WE DO IT FOR PLACEMENT OF IUDS, FOR ENDOMETRIAL BIOPSIES, FOR SOMETIMES

CERVICAL BIOPSIES IF YOU'RE TRYING TO GET TO A PART OF THE CERVIX THAT'S DIFFICULT TO SEE WITHOUT MANIPULATING THE CERVIX IN SOME WAY. WHILE THE TENACULUM DOES PUT TWO SMALL HOLES IN THE CERVICAL TISSUE, THOSE HOLES GENERALLY DO NOT CAUSE EXCESSIVE BLEEDING AND TEARING IS REALLY QUITE UNUSUAL. IF A TEAR OR BLEEDING OCCURS AND THE BLEEDING CAN'T BE STOPPED WITH SIMPLE PRESSURE ON THE CERVIX PUTTING A STITCH IN THE CERVIX DOES NOT REQUIRE A HOSPITAL -- HOSPITALIZATION.

Q DR. CUDIHY, CLAIMS THAT ANOTHER REASON HE BELIEVES IT'S BETTER TO DO A D&C IN A HOSPITAL OPERATING ROOM IS THAT THE O.R. IS A STERILE ENVIRONMENT AND THE UTERUS IS A STERILE CAVITY AND, THEREFORE, THE PROCEDURE MUST BE DONE IN A STERILE ENVIRONMENT OF THE OPERATING ROOM. DO YOU AGREE WITH THAT?

A I DO NOT. I THINK A CLEAN MEDICAL FACILITY IS NECESSARY. I THINK STERILE INSTRUMENTS ARE NECESSARY. AND WHILE THE UTERUS IS A STERILE ENVIRONMENT, THE VAGINA WHICH YOU GO THROUGH IS NOT. SO WE CONSIDER PROCEDURES THROUGH THE VAGINA CLEANED CONTAMINATED CASES ACTUALLY NOT STERILE CASES BECAUSE THE VAGINA CAN'T REALLY BE STERILIZED.

Q IS IT COMMONPLACE FOR PATIENTS TO PRESENT TO THE EMERGENCY DEPARTMENT AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER HAVING NOT BEEN UNDER THE CARE OF ANY PHYSICIAN, LET ALONE ONE WITH ADMITTING PRIVILEGES?

A YES, IT'S QUITE COMMON.

Q AND WAS THAT YOUR EXPERIENCE AT JOHNS HOPKINS AS

WELL?

A YES.

Q DOES SUCH A PATIENT RECEIVE A LESSER QUALITY OF CARE THAN A SIMILARLY SITUATED PATIENT WHO HAS A DOCTOR WHO DOES HAVE ADMITTING PRIVILEGES?

A NO.

Q AND IS IT COMMONPLACE IN YOUR EXPERIENCE FOR THE EMERGENCY DEPARTMENT TO ENCOUNTER PATIENTS WHO PRESENT AFTER A MISCARRIAGE?

A YES.

Q AND ARE EMERGENCY DEPARTMENT PHYSICIANS CAPABLE OF EVALUATING AND TREATING PATIENTS EXPERIENCING COMPLICATIONS OF MISCARRIAGE?

A YES.

Q ARE THEY CAPABLE OF EVALUATING AND TREATING PATIENTS EXPERIENCING COMPLICATIONS OF ABORTION?

A YES.

Q AND HAVE YOU AS THE ON-CALL OB/GYN AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER BEEN ASKED TO EXAMINE PATIENTS WHO PRESENTED TO THE EMERGENCY ROOM AFTER HAVING HAD AN ABORTION?

A YES.

Q WHAT ARE THE MOST COMMON COMPLAINTS THAT YOU ENCOUNTER AND HOW DO YOU TREAT THEM?

A MOST COMMONLY WE SEE PATIENTS FOR CRAMPING OR BLEEDING. MOST OF THE TIME IT'S ACTUALLY NORMAL SEQUELAE AND

THEY JUST NEED REASSURANCE. SOME OF THE TIME THEY MIGHT NEED TREATMENT FOR -- TO DECREASE THE BLEEDING, TO TREAT INFECTION IF ONE IS PRESENT. VERY RARELY WOULD THEY NEED SURGICAL INTERVENTION.

Q ARE MOST PATIENTS WHO PRESENT AFTER AN ABORTION TREATED IN THE EMERGENCY DEPARTMENT OR ADMITTED TO THE HOSPITAL?

A TREATED IN THE EMERGENCY DEPARTMENT.

Q AND THEN RELEASED?

A YES.

Q IN YOUR EXPERIENCE ARE PATIENTS WHO'VE RECENTLY HAD AN ABORTION COME TO THE EMERGENCY DEPARTMENT ANY LESS CAPABLE OF PROVIDING THEIR MEDICAL HISTORY THAN ANY OTHER PATIENT IN THE EMERGENCY ROOM?

A NO.

Q NOW PUTTING ASIDE ABORTION, ARE PATIENTS REFERRED TO THE EMERGENCY DEPARTMENT FOR MANAGEMENT OF COMPLICATIONS FROM OTHER OUTPATIENT OB/GYN PROCEDURES?

A YES.

Q AND CAN YOU GIVE SOME EXAMPLES?

A SO, PATIENTS MIGHT HAVE COMPLICATIONS AFTER LABOR AND DELIVERY, THEY MIGHT HAVE COMPLICATIONS AFTER A HYSTERECTOMY OR A LAPAROSCOPY. WE SEE PATIENTS WITH COMPLICATIONS AFTER MANY SURGICAL PROCEDURES.

Q AND ARE EMERGENCY ROOM PHYSICIANS EQUIPPED TO

DIAGNOSE AND TREAT SUCH PATIENTS AND BRING IN THE NECESSARY SPECIALISTS?

A YES.

Q IF AN OB/GYN WERE TO INJURE A PATIENT'S BLADDER OR BOWEL DURING GYNECOLOGIC SURGERY, WOULD THAT OB/GYN BE THE APPROPRIATE PHYSICIAN TO REPAIR THE INJURY?

A GENERALLY, NO. GENERALLY YOU'D WANT A UROLOGIST TO REPAIR THE BOWEL OR A GENERAL SURGEON -- EXCUSE ME, A UROLOGIST TO REPAIR THE BLADDER OR A GENERAL SURGEON TO REPAIR THE BOWEL.

Q IF A PHYSICIAN PERFORMING SURGERY IN A MEDICAL OFFICE OR CLINIC HAS A TRANSFER AGREEMENT, THAT IS A PROTOCOL TO TRANSFER PATIENTS TO A LOCAL HOSPITAL IN THE EVENT OF A MEDICAL EMERGENCY, IS THAT SUFFICIENT TO ENSURE CONTINUITY OF CARE FOR THE PATIENT?

A YES. AS --

Q I'M SORRY?

A AS LONG AS THE INFORMATION ABOUT THE PROCEDURE GOES WITH THE PATIENT AT THE SAME TIME.

Q ARE YOU FAMILIAR WITH THE MEDICAL LITERATURE SHOWING THAT THE RISKS OF ANY COMPLICATION OF ABORTION MAJOR AND MINOR IS LESS THAN ONE PERCENT?

A YES.

Q NOW IN REFERENCE TO THAT STATISTIC DR. MARIER CITED A RECENT CALIFORNIA RESEARCH STUDY THAT CAME OUT THIS YEAR IN

OBSTETRICS AND GYNECOLOGY TO SUPPORT HIS CLAIM THAT ABORTION COMPLICATIONS ARE UNDER-REPORTED; ARE YOU FAMILIAR WITH THAT ARTICLE?

A YES.

Q I'D LIKE TO SHOW YOU NOW PLAINTIFFS' EXHIBIT 195 WHICH IS IN EVIDENCE BY STIPULATION. WE'LL BRING IT UP ON THE SCREEN. WOULD YOU LIKE TO SEE A PAPER COPY AS WELL?

A I THINK I'M OKAY.

Q OKAY. IS THAT THE ARTICLE THAT YOU'RE REFERRING TO?

A YES.

Q WHAT IS IT ENTITLED?

A *INCIDENCE OF EMERGENCY DEPARTMENT VISITS AND COMPLICATIONS AFTER ABORTION.*

Q AND WHO IS THE LEAD AUTHOR? AND FEEL FREE TO SPELL IT.

A I WILL SPELL IT. IT'S DR. U-P-A-D-H-Y-A-Y.

Q IF WE COULD SCROLL DOWN TO THE BOTTOM OF THE FIRST PAGE, DOES IT INDICATE WHAT PUBLICATION THIS -- THIS ARTICLE WAS PUBLISHED IN?

A IT WAS PUBLISHED IN ACTUALLY OBSTETRICS AND GYNECOLOGY I THINK ELECTRONICALLY IN 2014 AND THEN PAPER VERSION IN 2015.

Q AND HAVE YOU SEEN BOTH VERSIONS?

A YES.

Q ARE THEY THE SAME?

A YES.

Q WHAT IS THE PUBLICATION, *OBSTETRICS AND GYNECOLOGY?*

A IT IS A WELL REGARDED PEER REVIEWED JOURNAL THAT DEALS WITH OBSTETRICS AND GYNECOLOGY.

Q NOW THIS ARTICLE EXAMINES PATIENTS WHO WERE COVERED BY MEDI-CAL; CORRECT?

A YES.

Q WHAT IS YOUR UNDERSTANDING OF WHY THIS STUDY USED MEDI-CAL PATIENTS IN TRACKING COMPLICATIONS FROM ABORTION?

A THE USE OF MEDI-CAL, WHICH IS THE CALIFORNIA VERSION OF MEDICAID, ALLOWED DATA TO BE COLLECTED NOT ONLY FROM THE PROCEDURES WHICH ARE COVERED BY THIS INSURANCE PLAN, BUT ALSO BY THE EMERGENCY ROOM VISITS THAT WERE ALSO COVERED BY THIS INSURANCE PLAN. IT ALLOWED FAIRLY COMPLETE DATA FOR PATIENTS WHO MIGHT PRESENT TO THE EMERGENCY ROOM AFTER A TERMINATION PROCEDURE.

Q AND JUST TO BE CLEAR, MEDI-CAL IN CALIFORNIA COVERS ELECTIVE INDUCED ABORTION?

A YES.

Q AND IN TERMS OF THE FOLLOW-UP, MEDI-CAL COVERS THAT AS WELL; CORRECT?

A YES.

Q SO IF AN INDIGENT PATIENT PRESENTS THEIR MEDI-CAL CARD FOR THE PROCEDURE AND FOR THE FOLLOW-UP, THOSE RECORDS WILL BE KEPT UNDER THE SAME MEDI-CAL NUMBER; CORRECT?

A YES.

Q AND, THEREFORE, THERE'S LESS LOSS TO FOLLOW-UP; CORRECT?

A THE DATA WOULD BE QUITE COMPLETE, YES.

Q HOW MANY ABORTIONS WERE IN THIS SAMPLE SIZE; DO YOU RECALL?

A ALMOST 55,000.

Q AND WHAT PROPORTION OF THOSE ABORTIONS WERE PERFORMED IN AN OFFICE OR CLINIC AS OPPOSED IT A HOSPITAL?

A I BELIEVE IT WAS 97 PERCENT.

Q SO 97 PERCENT IN AN OFFICE OR CLINIC AND 3 PERCENT IN A HOSPITAL?

A YES.

Q WHICH HAD THE HIGHER COMPLICATION RATE?

A THE HOSPITAL COMPLICATION RATE WAS I THINK AROUND 4 PERCENT -- WHILE THE OFFICE AND CLINIC SETTING WAS SIGNIFICANTLY LESS. PART OF THAT MIGHT BE DUE TO HIGHER RISK PATIENTS BEING CARED FOR IN THE HOSPITAL.

Q AND WHAT WERE THE FINDINGS OF THAT STUDY WITH REGARD TO THE INCIDENCE OF POST ABORTION COMPLICATIONS GENERALLY?

A SO WHILE ABOUT 6 PERCENT OF PATIENTS PRESENTED TO THE EMERGENCY ROOM WITHIN SIX WEEKS OF AN ABORTION, THE VAST MAJORITY OF THOSE PRESENTATIONS WERE NOT ABORTION COMPLICATIONS. LESS THAN 1 PERCENT WERE FOUND TO BE ACTUAL ABORTION COMPLICATIONS. AND MOST OF THOSE COMPLICATIONS WERE

ACTUALLY INCOMPLETE ABORTION FOLLOWING MEDICATION ABORTION, WHICH IS A KNOWN -- AN EXPECTED OUTCOME WITH MEDICATION ABORTION THAT A CERTAIN PERCENT OF PATIENTS WILL NOT HAVE A COMPLETE ABORTION FOLLOWING MEDICATION ABORTION.

Q SO OF THE 6 PERCENT OF ABORTION PATIENTS WHO HAVE MEDI-CAL IN CALIFORNIA, 6 PERCENT PRESENTED TO THE EMERGENCY ROOM; CORRECT?

A YES.

Q BUT TO BE CLEAR, THE STUDY SAYS THAT ONLY 1 PERCENT GOT A -- OR LESS THAN 1 PERCENT GOT A DIAGNOSIS RELATED TO THE ABORTION PROCEDURE?

A GOT A DIAGNOSIS OF A COMPLICATION OF THE ABORTION PROCEDURE. THE OTHERS WERE UNRELATED REASONS TO GO TO THE EMERGENCY ROOM, WITHIN SIX WEEKS THEY WERE HIT BY A CAR OR HAD SOME OTHER INJURY. OR THEY WERE NORMAL SEQUELAE OF AN ABORTION, THE NORMAL BLEEDING AND CRAMPING THAT MIGHT FOLLOW AN ABORTION PROCEDURE, NEEDING JUST REASSURANCE AND NOT TREATMENT OF ANY SORT.

Q IN YOUR EXPERIENCE IS THAT FAIRLY COMMON?

A YES.

Q AND FINALLY, THERE HAS BEEN TESTIMONY FROM DRS. MARIER AND CUDIHY THAT THE ADMITTING PRIVILEGES REQUIREMENT IN LOUISIANA FOR PHYSICIANS WHO PERFORM ABORTIONS ADVANCES THE INTEREST OF WOMEN'S HEALTH. IS THAT YOUR VIEW AND WHY?

A NO. I THINK IT ACTUALLY ONLY WILL RESTRICT CARE AND

NOT ADVANCE WOMEN'S HEALTH AT ALL.

MS. JAROSLAW: I HAVE NO FURTHER QUESTIONS, YOUR HONOR?

THE COURT: CROSS-EXAMINATION?

MR. ADEN: YES, YOUR HONOR. MAY I PROCEED, YOUR HONOR?

THE COURT: YES, YOU MAY.

CROSS-EXAMINATION

BY MR. ADEN:

Q GOOD MORNING, DR. PRESSMAN. HOW ARE YOU?

A VERY WELL, THANK YOU.

Q THANK YOU FOR COMING ALL THE WAY DOWN FROM NEW YORK FOR THIS. I'M STEVE ADEN. I'M ONE OF THE ATTORNEYS FOR THE DEFENDANT IN THIS CASE, SECRETARY KLIEBERT AND I'LL HAVE -- HOPEFULLY, I'LL BE ABLE TO BE AS BRIEF AS MS. JAROSLAW WAS. BEGINNING WITH A FEW PRELIMINARY QUESTIONS ABOUT YOUR EXPERIENCE WITH ELECTIVE INDUCED ABORTION AND YOUR OB PRACTICE IF YOU DON'T MIND, ABORTION IS NOT CURRENTLY A REGULAR PART OF YOUR PRACTICE; RIGHT?

A THAT IS CORRECT.

Q AND IT HASN'T BEEN ESSENTIALLY SINCE YOUR DAYS AT JOHNS HOPKINS; CORRECT?

A IT HAS ALWAYS BEEN A PART OF MY PRACTICE, BUT IT'S NOT THE MAJOR PART OF MY PRACTICE.

Q YES, MA'AM. THANK YOU. AND YOU -- WHEN YOU WERE

DOING IT REGULARLY YOU PRACTICED IT IN BOTH THE IN-PATIENT AND THE OUTPATIENT SETTING; CORRECT?

A YES.

Q DID YOU DO ANY IN A PHYSICIAN OFFICE?

A YES.

Q YOUR SCHOLARLY FOCUS, AS MS. JAROSLAW DISCUSSED, WOULD YOU AGREE THAT IT IS IN HIGH RISK OBSTETRICS?

A YES.

Q AND WITH REGARD ALSO TO PREGNANCY COMPLICATIONS?

A YES.

Q YOU'VE HAD, ACCORDING TO MY COUNT, ONE PUBLICATION ON THE DECISION WHETHER TO HAVE AN ABORTION; RIGHT?

A THERE ARE --

Q THAT WAS THE -- I'M SORRY. IT MAY HELP IF I'M MORE SPECIFIC. THAT WAS ALONG WITH RESPECT I THINK TO DOWN SYNDROME?

A YES. THAT IS NOT THE ONLY PUBLICATION ON ABORTION PROCEDURES.

Q THAT'S RIGHT. THEN THERE WAS ONE PUBLICATION ON SECOND TRIMESTER MEDICATION ABORTION; RIGHT?

A I'M NOT SURE THAT I WOULD PHRASE IT THE SAME WAY. PERHAPS YOU CAN TELL ME MORE SPECIFIC.

Q I'M SORRY. AGAIN, THAT WAS A PUBLICATION ON *INDUCTION OF SECOND TRIMESTER ABORTION VIA MEDICATION* IF I RECALL.

A YES.

Q HAVE YOU EVER PUBLISHED ON THE RATE OF ABORTION COMPLICATIONS?

A NO.

Q HAVE YOU EVER PUBLISHED ON THE REPORTING OF ABORTION COMPLICATIONS BY PROVIDERS?

A NO.

Q AND YOU'VE NEVER PUBLISHED ON STATE REGULATION OF ABORTION; RIGHT?

A NO.

Q HAVE YOU ENGAGED IN ANY SCHOLARSHIP REGARDING ADMITTING PRIVILEGES OR -- I'M SORRY. ADMITTING PRIVILEGES, POLICIES OR BYLAWS?

A NO.

Q NOW, DR. PRESSMAN, YOU TESTIFIED THAT YOU REVIEWED THE EXPERT REPORT OF DEFENDANT'S EXPERT DR. DAMON CUDIHY; DO YOU RECALL THAT?

A YES.

Q AND YOU ALSO, ACCORDING TO YOUR REPORT I BELIEVE, REVIEWED THE EXPERT REPORT OF THE PLAINTIFFS' EXPERT DR. CHRISTOPHER ESTES; DID YOU NOT?

A YES.

Q IN PREPARING YOUR REPORT DID YOU HAVE ANY INFORMATION ABOUT THE NUMBER OF ABORTION CLINICS IN LOUISIANA?

A I DON'T THINK I HAD SPECIFIC INFORMATION, NO.

Q I'M SORRY?

A I DID NOT HAVE SPECIFIC INFORMATION ON THE NUMBER OF ABORTION CLINICS IN LOUISIANA.

Q AND YOU DID NOT KNOW HOW MANY ABORTION PROVIDERS THERE WERE IN THE STATE OF LOUISIANA, DID YOU?

A NO.

Q DID YOU REVIEW ANY LAWS OF THE STATE LOUISIANA BESIDES ACT 620?

A NO.

Q DID YOU REVIEW ANY STATISTICS OR OTHER DATA CONCERNING ABORTION COMPLICATION RATES IN LOUISIANA?

A SPECIFIC TO LOUISIANA?

Q YES, MA'AM.

A NO.

Q DID YOU REVIEW ANY REPORTS FROM LOUISIANA CONCERNING THE SAFETY RECORDS OF PARTICULAR ABORTION PROVIDERS?

A NO. I MEAN I THINK WHEN I LOOKED AT THE WEBSITE FOR COMPLAINTS I LOOKED FOR THE PROVIDERS THAT I KNEW AND DID NOT FIND THEM.

Q NOW YOU AGREE THAT NON-MEDICATION ABORTION IS A FORM OF SURGERY; RIGHT, OTHER THAN MEDICATION ABORTION? THAT WAS A POORLY PHRASED QUESTION AND I WITHDRAW IT. LET ME TRY AGAIN. YOU AGREE THAT ELECTIVE INDUCED ABORTION, OTHER THAN BY MEDICATION, IS A FORM OF SURGERY; RIGHT?

A I WOULD CALL IT A PROCEDURE RATHER THAN SURGERY.

IT'S A TECHNICAL DIFFERENCE, BUT SURGERY INVOLVES CUTTING AND THIS DOES NOT INVOLVE -- FIRST TRIMESTER ABORTION DOES NOT INVOLVE CUTTING.

Q AND I THINK IT'S YOUR BELIEF THAT IT'S SAFE TO PERFORM A SECOND TRIMESTER ABORTION IN AN OFFICE SETTING?

A IT CAN BE, YES.

Q YOU TESTIFIED EARLIER THAT THE, I THINK YOU SAID THE VAST MAJORITY OR WORDS TO THAT EFFECT, OF ABORTIONS ARE PERFORMED IN AN OFFICE OR A CLINICAL SETTING; DO I RECALL THAT CORRECTLY?

A YES.

Q DO YOU HAPPEN TO KNOW WHAT THE BREAKDOWN ON THOSE FIGURES IS BETWEEN OFFICE-BASED SETTINGS AND CLINICAL SETTINGS?

A I KNOW FOR CALIFORNIA BECAUSE IT'S IN THAT JOURNAL ARTICLE IT WAS 97 PERCENT. I DON'T KNOW FOR LOUISIANA.

Q 97 PERCENT ARE PERFORMED IN OFFICES OR CLINICAL SETTINGS; RIGHT?

A YES.

Q AND THEN THE OTHER 3 PERCENT WOULD BE IN HOSPITALS; CORRECT?

A YES.

Q WOULD YOU AGREE WITH ME THAT OF THAT 97 PERCENT THE VAST MAJORITY OF THOSE ARE PERFORMED IN A CLINICAL SETTING AND NOT IN AN OFFICE?

A I'D HAVE TO LOOK AT THE ARTICLE, BUT IT WASN'T FAIRLY WELL BALANCED. IF YOU COULD PUT UP THE ARTICLE I CAN TELL YOU SPECIFICALLY.

Q ARE YOU FAMILIAR WITH *TE LINDE'S OPERATIVE GYNECOLOGY 10TH EDITION*?

A YOU DON'T WANT TO PUT UP THE ARTICLE?

Q I'M SORRY?

A CAN YOU PUT UP THE ARTICLE SO I CAN TELL YOU SPECIFICALLY?

Q SURE. THIS IS PLAINTIFFS' EXHIBIT 184 AND SPECIFICALLY ALLOW ME TO DIRECT YOU TO PAGE 783 OF PLAINTIFFS' EXHIBIT 184.

MR. ADEN: YOUR HONOR, THIS HAS BEEN ADMITTED INTO EVIDENCE.

A MY SCREEN IS BLANK.

THE COURT: I HAVE NOTHING ON MINE YET EITHER.

MR. ADEN: OH, YOU KNOW WHAT, I CAN DO THAT ON THE ELMO.

MS. JAROSLAW: YOUR HONOR, I BELIEVE THE WITNESS ASKED TO SEE THE ARTICLE ON THE MEDI-CAL STUDY TO GET THE BREAKDOWN BETWEEN CLINICS AND OFFICE SETTINGS AND THAT IS NOT BEFORE THE WITNESS NOW.

MR. ADEN: YOU KNOW WHAT, SHE DID, YOUR HONOR. AND I'M SORRY BUT I DID -- I'D PREFER TO ASK HER ABOUT A STATISTIC THAT'S IN TE LINDE'S, SO IF I MAY PROCEED I WILL GO AHEAD AND

DO THAT?

THE COURT: OKAY. I'M GOING TO ALLOW YOU TO GO FORWARD.

AND I'LL LET YOU TAKE THAT UP, MS. JAROSLAW, ON REDIRECT IF YOU WOULD LIKE.

MS. JAROSLAW: THANK YOU.

MR. ADEN: AGAIN, I DON'T KNOW IF THERE'S A WAY THAT I CAN ZOOM IN ON THIS?

THE COURT: YOU CAN ZOOM IN ON IT AND ZOOM OUT.

MR. ADEN: THERE IT IS. ALL RIGHT.

BY MR. ADEN:

Q I'M GOING TO ASK YOU TO -- FIRST OF ALL, BEFORE I ASK YOU TO DO THIS, DO YOU CONSIDER *TE LINDE'S OPERATIVE GYNECOLOGY 10TH EDITION* TO BE AN AUTHORITATIVE TREATISE IN THE FIELD OF GYNECOLOGICAL SURGERY SUCH AS YOU PRACTICE?

A NO INDIVIDUAL TEXT IS AN AUTHORITATIVE TREATISE.

Q I'M SORRY, DOCTOR. WITH RESPECT TO AUTHORITATIVE TREATISE?

A NO INDIVIDUAL TEXT IS AN AUTHORITATIVE TREATISE.

Q ALL RIGHT. I RESPECT THAT. DO YOU CONSIDER IT GENERALLY AUTHORITATIVE IN THE FIELD IN WHICH YOU PRACTICE?

A NO. IT'S A WELL RESPECTED TEXTBOOK, BUT THAT'S ALL IT IS.

Q OKAY. DO YOU KNOW WHO DAVID GRIMES IS -- DR. DAVID GRIMES?

A I KNOW OF HIM, YES.

Q ARE YOU AWARE THAT THIS CHAPTER WAS ORIGINALLY AUTHORED BY DR. GRIMES?

A I WOULD HAVE TO LOOK AT THE EDITION TO KNOW THAT FOR A FACT BUT IF THAT'S WHAT YOU SAY I WOULD BELIEVE THAT.

Q ALLOW ME TO START THEN BY REFERRING YOU TO PAGE 776 WHICH IS ON THE OVERHEAD. DO YOU SEE THE FOOTNOTE ON THE BOTTOM LEFT WHERE IT SAYS -- DO YOU SEE THAT, WHERE IT SAYS, UPDATED --

A YES.

Q -- FROM A CHAPTER BY DAVID A. GRIMES?

A YES.

Q DO YOU CONSIDER DR. GRIMES AN AUTHORITY IN THE FIELD OF ABORTION PRACTICE?

A HE'S AN EXPERT IN THE FIELD.

Q NOW, DOCTOR, TAKING YOU TO PAGE 783 ONCE AGAIN -- AND I HOPE THAT YOU CAN READ THAT BECAUSE --

A I CAN. THANK YOU.

Q WOULD YOU READ THE HIGHLIGHTED SENTENCE FOR US? AND I WILL SCROLL BACK UP TO THE TOP OF THE NEXT COLUMN FOR YOU AS YOU GO.

A MAY I START AT THE SENTENCE BEFORE?

Q I WOULD PREFER THAT YOU START AT THE HIGHLIGHTED SENTENCE, IF YOU DON'T MIND. AND YOUR COUNSEL MAY TAKE YOU TO THE SENTENCE BEFORE THAT ON REDIRECT IF SHE'D LIKE.

A THAT'S FINE. "MOST ABORTIONS TAKE PLACE SAFELY IN FREE-STANDING CLINICS, 93 PERCENT, AND PHYSICIAN'S OFFICES 2 PERCENT."

Q THANK YOU, DOCTOR. DO YOU HAVE ANY REASON TO DISAGREE WITH THOSE FIGURES, DR. PRESSMAN?

A THEY'RE QUITE OUTDATED.

Q ARE YOU AWARE OF MORE CURRENT RESEARCH REGARDING THE SITE OF THE PROVISION OF ELECTIVE INDUCED ABORTION?

A I WOULD REFER TO THE CALIFORNIA ARTICLE THAT WE SPOKE ABOUT EARLIER.

Q DOCTOR, APART FROM THE FIVE OUTPATIENT CLINICS THAT OFFER ELECTIVE INDUCED ABORTION IN LOUISIANA ARE YOU AWARE OF ANY PROVIDER WHO PERFORMS IN AN OFFICE-BASED SETTING IN THE STATE?

A I'M NOT AWARE OF SUCH A PROVIDER.

Q WOULD YOU AGREE WITH ME THEN THAT WHEN WE'RE TALKING ABOUT ELECTIVE INDUCED ABORTION IN LOUISIANA, FOR THE MOST PART WE'RE REALLY TALKING ABOUT AN OUTPATIENT CLINICAL PRACTICE?

A I HAVE NOT --

MS. JAROSLAW: OBJECTION.

THE COURT: I'M SORRY, WAS THAT AN OBJECTION?

MS. JAROSLAW: YES, YOUR HONOR. THERE'S NO FOUNDATION. THE WITNESS HAS SAID SHE'S NOT FAMILIAR WITH THE PRACTICE OF ABORTION SPECIFIC TO THE STATE OF LOUISIANA.

THE COURT: ALL RIGHT.

YOU WANT TO REPHRASE THE QUESTION?

MR. ADEN: I WILL, YOUR HONOR.

BY MR. ADEN:

Q BASED ON YOUR KNOWLEDGE AND THE RESEARCH THAT YOU'VE REVIEWED ABOUT THE NUMBER -- THE RELATIVE NUMBER OF ABORTIONS THAT ARE PERFORMED IN AN OFFICE-BASED SETTING VERSUS A CLINICAL SETTING, WOULD YOU AGREE WITH ME THAT WHEN WE'RE TALKING ABOUT ABORTION, WE'LL START WITH LOUISIANA IF YOU KNOW, WE'RE REALLY GENERALLY TALKING ABOUT AN OUTPATIENT CLINICAL PRACTICE RATHER THAN AN OFFICE-BASED PRACTICE?

A I HAVE NO KNOWLEDGE OF SPECIFICS TO LOUISIANA. I DO HAVE KNOWLEDGE OF SPECIFICS TO CALIFORNIA IF I COULD LOOK AT THAT ARTICLE.

Q AND, AGAIN, MS. JAROSLAW CAN TALK TO YOU ABOUT THAT ON REDIRECT. AND WOULD YOU AGREE WITH ME, DOCTOR, THAT SURGICAL ABORTION DOES PRESENT RISKS OF COMPLICATIONS THAT SHOULD BE TREATED IN THE HOSPITAL?

A RARELY, YES.

Q AND THAT THOSE COMPLICATIONS MAY INCLUDE SEVERE HEMORRHAGE? GO AHEAD.

A I WAS WAITING FOR THE END OF THE QUESTION.

Q THOSE COMPLICATIONS THAT SHOULD BE TREATED IN A HOSPITAL MAY INCLUDE SEVERE HEMORRHAGE?

A SEVERE HEMORRHAGE MAY REQUIRE HOSPITAL TREATMENT,

YES.

Q AND THEY MAY INCLUDE DAMAGE TO INTERNAL ORGANS CAUSED BY UTERINE PERFORATION?

A YES.

Q LIKEWISE, WOULD YOU AGREE WITH ME THAT INCOMPLETE ABORTION ACCOMPANIED BY SEVERE HEMORRHAGE OR SEVERE INFECTION SHOULD ALSO BE TREATED IN A HOSPITAL SETTING?

A IF THE INFECTION OR HEMORRHAGE WERE SEVERE THEN HOSPITAL TREATMENT MIGHT BE REQUIRED.

Q SURE. DOCTOR, ARE ALL ER PHYSICIANS COMPETENT TO PERFORM A D&C PROCEDURE IF NEEDED TO EVACUATE RETAINED FETAL PARTS?

A NO.

Q SO IN THAT EVENT THE ER DEPARTMENT WOULD HAVE TO RELY ON THE ON-CALL OB/GYN; RIGHT?

A YES. OR FAMILY MEDICINE PROVIDERS. SOME FAMILY MEDICINE PROVIDERS ARE --

Q AND WOULDN'T THAT RESULT IN A DELAY IN TREATMENT FOR THE PATIENT IN THOSE CIRCUMSTANCES?

A NO, THAT'S THE STANDARD TREATMENT.

Q I UNDERSTAND WHAT YOU'RE SAYING IN THAT REGARD. BUT WOULDN'T YOU AGREE WITH ME THAT THERE IS A DELAY IN TREATMENT IF THE ER HAS TO CALL THE ON-CALL OB OR THE ON-CALL FAMILY DOCTOR WHO HAS COMPETENCY TO PERFORM THE D&C?

A NO, THAT'S THE STANDARD TREATMENT. THE PATIENT

PRESENTS TO THE EMERGENCY DEPARTMENT, SHE'S EVALUATED BY THE ER PHYSICIAN AND ANYTHING THAT THE ER PHYSICIAN CAN'T HANDLE THEMSELVES THEY CALL THE ON-CALL PHYSICIAN, THAT'S THE STANDARD OF CARE.

Q NOT TO BE PEJORATIVE BUT THE OB DOESN'T SHOW UP INSTANTANEOUSLY IN THE ER; RIGHT?

A IT WOULD DEPEND ON THE CIRCUMSTANCES. BUT, NO, THERE WOULD BE SOME TIME BETWEEN THE PHONE CALL AND THE ARRIVAL, YES.

Q AND IF THE PHONE CALL IS MADE SOMETIMES THEY'RE NOT AVAILABLE; RIGHT?

A NO, THAT IS NOT TRUE.

Q YOU'VE NEVER HAD AN ON-CALL OB -- STRIKE THAT. THERE IS SOME TIME THOUGH BETWEEN THE CALL MADE TO THE ON-CALL PHYSICIAN, WHETHER IT'S AN OB OR --

A YEAH, AS THERE WOULD BE IN A HEART ATTACK OR A STROKE OR ANY OTHER EMERGENCY CONDITION, YES.

Q DOCTOR, I'M GOING TO HAVE TO ASK YOU, I'M AFRAID, TO ANSWER YES OR NO TO A YES OR NO QUESTION.

MS. JAROSLAW: OBJECTION, YOUR HONOR.

THE COURT: I THINK SHE ANSWERED IT. I UNDERSTAND THE ANSWER.

MR. ADEN: I'M SORRY, WHAT WAS YOUR RULING?

THE COURT: I UNDERSTAND THE ANSWER THAT SHE GAVE.

MR. ADEN: YOUR HONOR --

THE COURT: GO AHEAD AND ASK IT AGAIN.

MR. ADEN: I WOULD PREFER THAT THE WITNESS ANSWER YES OR NO TO YES OR NO QUESTIONS, BUT THAT'S THE COURT'S DISCRETION.

THE COURT: WELL, HERE'S THE DEAL, DOCTOR, IF YOU CAN ANSWER WITH A YES OR NO. YOU CAN ANSWER WITH A YES OR NO, BUT YOU HAVE THE RIGHT TO GIVE AN EXPLANATION TO YOUR ANSWER. SO I'M GOING TO LET MR. ADEN ASK THE QUESTION AGAIN. IF IT CAN BE ANSWERED WITH A YES OR NO ANSWER IT WITH A YES OR NO AND IF YOU FEEL THE NEED TO GIVE FURTHER EXPLANATION YOU HAVE A RIGHT TO DO THAT.

THE WITNESS: THANK YOU.

MR. ADEN: THANK YOU, YOUR HONOR.

BY MR. ADEN:

Q DOCTOR, ARE ALL ER PHYSICIANS COMPETENT TO PERFORM REPAIR OF A PERFORATED UTERUS?

A NO.

Q ONCE AGAIN, IF THE ER PHYSICIAN WERE NOT COMPETENT TO PERFORM THAT PROCEDURE THAT WOULD ALSO RESULT IN THE SAME TIME DELAY THAT WE TALKED ABOUT A COUPLE OF MINUTES AGO WITH RESPECT TO A D&C, RIGHT; TO CALL THE ON-CALL OB TO DO THAT PROCEDURE?

A I CAN'T ANSWER THAT WITH A YES OR NO.

Q WELL, THEN GO AHEAD AND ANSWER.

A IT'S NOT A DELAY TO CALL THE APPROPRIATE PROVIDER TO

CARE FOR A PATIENT. IT IS THE STANDARD OF CARE IN THE EMERGENCY DEPARTMENT TO CALL THE PROVIDER THAT WOULD BEST CARE FOR THE PATIENT.

Q I UNDERSTAND. AND I DID NOT MEAN DELAY TO CONNOTE THAT IT WAS PREJUDICIAL TO THE PATIENT, SO FORGIVE ME IF THAT'S HOW THE WORD CAME OFF. LET ME USE THE TERM, "PASSAGE OF TIME." THERE IS SOME PASSAGE OF TIME, RIGHT, IN ORDER TO CALL THE OB AND TO GET THE OB INTO THE ER WARD?

A YES. CAN I EXPLAIN FURTHER?

Q HUH?

A MAY I EXPLAIN FURTHER?

THE COURT: YOU HAVE THE RIGHT TO EXPLAIN FURTHER, MA'AM.

THE WITNESS: THAT SAME PASSAGE OF TIME OCCURS WITH EVERY REFERRING SERVICE TO THE EMERGENCY DEPARTMENT. SUCH AS WHEN A PATIENT PRESENTS WITH A CARDIOLOGIST -- WITH A HEART ATTACK THERE IS NOT A CARDIOLOGIST SITTING IN THE EMERGENCY DEPARTMENT WAITING FOR THAT PATIENT.

BY MR. ADEN:

Q BUT IF THE PATIENT'S OUTPATIENT SURGICAL PROVIDER HAD ADMITTING PRIVILEGES AT THE HOSPITAL THAT PATIENT WOULD BYPASS THE ER, WOULD SHE NOT?

A RARELY.

Q WOULD SHE NOT BE ADMITTED TO A BED -- TO A ROOM IN THE HOSPITAL AND THEREBY BYPASS THE ER ORDINARILY?

A IF SHE HAS A RUPTURED -- A UTERINE PERFORATION YOU WOULD NOT WANT HER TO GO TO A BED ON A HOSPITAL FLOOR. YOU WOULD WANT HER TO GO THROUGH THE EMERGENCY DEPARTMENT INTO THE OPERATING ROOM WHEN THE OPERATING ROOM TEAM WAS ASSEMBLED.

Q WHAT IF SHE HAD SEVERE BLEEDING?

A THE EMERGENCY ROOM WOULD STILL BE THE BEST PLACE TO CARE FOR THAT PATIENT.

Q NOW, DOCTOR, I'D LIKE TO TURN TO THE SUBJECT OF COMPLICATIONS IF I MAY. DO YOU AGREE WITH THE PLAINTIFFS' EXPERT, DR. ESTES, THAT WHERE HE SAYS, QUOTE, "FIRST TRIMESTER SURGICAL ABORTIONS ARE TECHNICALLY NEARLY IDENTICAL TO DIAGNOSTIC OR THERAPEUTIC DILATION AND CURETTAGE, D&C, ON A NON-PREGNANT WOMAN AND SURGICAL COMPLETION OF A SPONTANEOUS MISCARRIAGE"?

A IF YOU'RE ASKING ABOUT THE TECHNICAL PROCEDURE THE ANSWER IS YES.

Q YOU --

A IF YOU'RE ASKING ABOUT THE COMPLICATIONS THE ANSWER WOULD BE NO.

Q I UNDERSTAND. AND I RECALL TESTIMONY ABOUT THAT EARLIER. YOU SAID THERE WERE SOME DIFFERENCES WITH RESPECT TO THE COMPLICATIONS BETWEEN THE TWO THAT YOU FELT WERE THERE; RIGHT?

A YES.

Q AND FURTHER DO YOU AGREE WITH DR. ESTES WHEN HE

SAYS, QUOTE, "SURGICAL ABORTION IS SIMILAR TO OTHER GYNECOLOGICAL PROCEDURES THAT HE PROVIDES TO HIS PATIENTS IN TERMS OF RISKS, INVASIVENESS, INSTRUMENTATION AND DURATION." LET ME STOP THERE AND SAY, YOU DON'T AGREE WITH HIM WITH RESPECT TO RISKS, RIGHT, AS YOU'VE JUST TESTIFIED?

MS. JAROSLAW: OBJECTION TO THE FORM.

BY MR. ADEN:

Q DO YOU UNDERSTAND THE QUESTION?

A I THINK SO.

Q OKAY. GO AHEAD.

A I WOULD HAVE TO KNOW WHICH SPECIFIC PROCEDURES YOU WERE REFERRING TO.

Q FAIR ENOUGH. I'LL WITHDRAW THAT. DO YOU AGREE WITH ME THAT FOR WOMEN WHOSE EMERGENT SYMPTOMS OCCUR OUTSIDE OF REGULAR CLINIC OR OFFICE OPERATING HOURS WHEREVER THE ABORTION TOOK PLACE, THAT THOSE WOMEN CAN'T BE SAFELY TREATED IN THAT OFFICE OR CLINIC SETTING WHERE THEY OBTAINED THEIR INITIAL ABORTION PROCEDURE?

A PATIENTS CANNOT BE TREATED IN A CLINIC THAT IS CLOSED, THAT IS TRUE.

Q AND IF THERE IS NO -- EVEN IF THE CLINIC IS OPEN OR THE OFFICE IS OPEN, BUT THERE IS NO PHYSICIAN WITH SURGICAL PRIVILEGES THERE OR PRIVILEGES COMPETENT TO MANAGE THE COMPLICATIONS, LIKEWISE, SHE CAN'T BE TREATED FOR THOSE COMPLICATIONS IN THAT SETTING, CAN SHE?

A MOST COMPLICATIONS OF ABORTION DO NOT REQUIRE SURGICAL TREATMENT, SO PERHAPS DEPENDING ON WHAT THE COMPLICATIONS WERE SHE COULD BE TREATED.

Q BUT YOU HEARD IN MY QUESTION THE PREDICATE THAT THERE WOULD HAVE TO BE A PHYSICIAN IN THE CLINIC WHO IS COMPETENT TO MANAGE THOSE COMPLICATIONS? AND I'M SAYING IF THERE -- IF THE CLINIC IS OPEN BUT THE PHYSICIAN IS NOT THERE THEN SHE CAN'T BE TREATED THERE; CORRECT?

A IT DEPENDS WHAT THE TREATMENT IS. MANY NURSE PRACTITIONERS OR NURSES CAN ADMINISTER TREATMENT THAT WOULD BE EFFECTIVE FOR MANY COMPLICATIONS.

Q NOW WOULD YOU AGREE THAT WHEN SEVERE HEMORRHAGE OCCURS SOMETIMES THE APPROPRIATE TREATMENT MAY INCLUDE BLOOD PRODUCTS; RIGHT?

A YES.

Q AND WOULD YOU AGREE THAT OUTPATIENT SURGICAL CENTERS ARE NOT GENERALLY EQUIPPED TO INTERVENE IN THOSE CIRCUMSTANCES WITH BLOOD TRANSFUSIONS BECAUSE THEY LACK BLOOD PRODUCTS ON HAND; RIGHT?

A THAT IS TRUE.

Q NOW --

A THE MAIN STATE OF TREATMENT FOR BLEEDING FROM THE UTERUS IS TO GET THE UTERUS TO CONTRACT. BLOOD PRODUCTS MIGHT STILL BE NECESSARY BUT IF YOU CAN STOP THE BLEEDING YOU CAN OFTEN AVOID THE NEED FOR BLOOD PRODUCTS.

Q RIGHT. BUT NOT ALWAYS?

A NOT ALWAYS.

Q I'M GOING TO USE A TERM THAT I DO NOT UNDERSTAND, AND YOU FORGIVE FOR ME THAT, BUT YOU DO I THINK. IN SUCH CIRCUMSTANCES WOULD APPROPRIATE TREATMENT INCLUDE POSSIBLY UTERINE ARTERY EMBOLIZATION?

A WOULD YOU LIKE ME TO DESCRIBE WHAT THAT IS?

Q IF I HAD MY TABER'S WITH ME I COULD, BUT I DON'T I'M AFRAID, SO I'LL PASS TO THE NEXT QUESTION. DO YOU KNOW WHAT THAT TERM MEANS?

A I DO. I COULD EXPLAIN IT TO YOU IF YOU'D LIKE.

Q I'D LOVE THAT. THANK YOU.

A SO UTERINE ARTERY EMBOLIZATION IS AN INTERVENTIONAL RADIOLOGY TECHNIQUE WHERE CATHETERS ARE PLACED INTO THE FEMORAL ARTERIES AND THREADED UP TO THE UTERINE ARTERIES AND THEN COILS OR GEL OR OTHER OBJECTS TO OBSTRUCT THE BLOOD FLOW IN THE UTERINE ARTERIES ARE PLACED SO THAT THE BLOOD FLOW TO THE UTERUS IS DECREASED AND THEREFORE THE BLEEDING FROM THE UTERUS IS DECREASED.

Q THANK YOU VERY MUCH. AND THAT PROCEDURE IS TYPICALLY PERFORMED BY AN OPERATIVE RADIOLOGIST?

A INTERVENTIONAL RADIOLOGIST.

Q THANK YOU. GENERALLY SPEAKING, EMERGENCY ROOM PHYSICIANS ARE NOT COMPETENT TO PERFORM THAT PROCEDURE ON A PATIENT; RIGHT?

A NO. JUST AN INTERVENTIONAL RADIOLOGIST. THAT COULD BE PERFORMED IN EITHER AN IN-PATIENT OR AN OUTPATIENT SETTING.

Q NOW, DOCTOR, YOU SAID IN YOUR REBUTTAL REPORT, THIS IS PARAGRAPH 31, THAT DR. CUDIHY, QUOTE, "EXAGGERATES THE RISKS OF D&CS," CLOSED QUOTE. IS THAT YOUR OPINION?

A IF I MIGHT -- I WOULD LIKE TO SEE THE REPORT, PLEASE.

Q I'D BE HAPPY TO PROVIDE THAT FOR YOU.

A AND THEN PERHAPS THE PART OF DR. CUDIHY'S REPORT THAT I WAS REFERRING TO.

MR. ADEN: MS. DECKER THAT IS PLAINTIFFS' EXHIBIT 131, I BELIEVE, WHICH IS IN EVIDENCE. IF YOU'RE HAVING TROUBLE LOCATING THAT I CAN USE THE ELMO.

THE COURT: WAIT, HANG ON. ARE WE HAVING SOME TECHNICAL ISSUES? WHAT'S THE --

MS. DECKER: YEAH, I THOUGHT I HAD THEM SOLVED, BUT I'M SORRY. THE SCREEN IS NOT COMING ON.

THE COURT: IS IT POSSIBLY ON OUR END? MS. CAUSEY IS SAYING NO. IT'S GOT TO BE ON YOUR END.

MS. DECKER: I BELIEVE THAT'S ENTIRELY LIKELY. OKAY. THERE WE GO.

THE COURT: SOMETHING JUST POPPED UP.

BY MR. ADEN:

Q THANK YOU. NOW WE'RE GOING TO PARAGRAPH 31.

A COULD I SEE DR. CUDIHY PARAGRAPH 36 AS WELL, PLEASE?

Q I WASN'T PLANNING --
A MAYBE IT'S --
Q I WASN'T PLANNING TO GO THERE, BUT --
A MAYBE -- I WOULD JUST --
Q IF IT'S REQUIRED TO REFRESH YOUR MEMORY ABOUT THE RISKS THAT DR. CUDIHY DISCUSSED I'D BE HAPPY TO DO THAT?
A I'D LIKE TO REFRESH MY MEMORY ABOUT WHAT DR. CUDIHY WAS DISCUSSING. IT MIGHT NOT BE PARAGRAPH 36, I THINK THAT REFERS TO SOMETHING BELOW, SO PROBABLY SOMETHING BELOW PARAGRAPH 36.
Q IT LOOKED LIKE IT WAS PARAGRAPH 36 OF DR. CUDIHY'S REPORT IF I'M NOT MISTAKEN.
A LET'S GO ONE PARAGRAPH UP, PLEASE.
Q ONE PARAGRAPH WHICH WAY, MA'AM?
A UP, 35.
Q THIRTY-FIVE.
A MAYBE BEFORE THAT.
Q DOES THAT HELP REFRESH YOUR RECOLLECTION ABOUT YOUR TESTIMONY WITH REGARD TO DR. CUDIHY'S TESTIMONY ON THE RISKS OF D&CS?
A NOT SPECIFICALLY, BUT GENERALLY, YES.
Q OKAY. NOW DR. CHRISTOPHER ESTES STATED IN HIS REPORT THAT, QUOTE, "ABORTION IS A VERY SAFE PROCEDURE, THE OVERALL HOSPITALIZATION RATE IS APPROXIMATELY POINT 3 PERCENT CITING HENSHAW AND FINER." DO YOU RECALL THAT?

A I DO RECALL SOMETHING TO THAT EFFECT, NOT THAT SPECIFIC STATEMENT.

Q DO YOU HAVE ANY REASON TO QUESTION THAT FIGURE, THE POINT 3 PERCENT?

A I THINK THAT'S SIMILAR TO THE FIGURE THAT WAS IN THE CALIFORNIA STUDY, SO NO.

Q WOULD YOU AGREE WITH ME THAT THAT FIGURE SUGGESTS THAT THE HOSPITAL RATE -- HOSPITALIZATION RATE FOR ELECTIVE ABORTION SUCH AS PLAINTIFFS' PRACTICE WOULD BE LESS THAN ONE PATIENT OUT OF 100?

A IT IS LESS THAN ONE PATIENT OUT OF 100. IT'S PROBABLY LESS THAN ONE PATIENT OUT OF 1,000.

Q I WANT TO MAKE SURE I UNDERSTAND THIS. POINT 3 PERCENT IS ONE-THIRD OF 1 PERCENT; CORRECT?

A YES.

Q SO 1 PERCENT WOULD BE ONE PATIENT OUT OF 100 WOULD IT NOT?

A YES.

Q AND POINT 3 PERCENT WOULD BE ROUGHLY ONE PATIENT OUT OF 300; RIGHT?

A THREE PATIENTS OUT OF 1,000, YES.

Q OKAY. DO YOU KNOW HOW MANY ABORTIONS OCCUR ANNUALLY IN THE STATE OF LOUISIANA?

A I DO NOT.

Q IF I WERE TO PRESENT TO YOU THAT STATE DEPARTMENT --

STATE HEALTH DEPARTMENT STATISTICS FOR 2013 SAY THE FIGURE WAS 9,976 WOULD YOU HAVE ANY REASON TO DOUBT THAT FIGURE?

A NO.

Q WOULD YOU AGREE WITH ME THEN THAT THE HOSPITALIZATION RATE OF POINT 3 PERCENT WOULD ANTICIPATE THE HOSPITALIZATION OF ABOUT 30 PATIENTS A YEAR?

MS. JAROSLAW: OBJECTION, YOUR HONOR. COUNSEL IS MISCHARACTERIZING WHAT THE POINT 3 PERCENT REPRESENTS.

THE COURT: YEAH, THINK Y'ALL --

MR. ADEN: SHE CAN DO THE MATH, YOUR HONOR.

THE COURT: WELL, I KNOW. THAT'S WHAT I WANT TO DO BECAUSE I HEARD HER SAY THREE OUT OF 1,000 AND I HEARD YOU SAY ONE -- THREE OUT OF -- ONE IN 300. SO --

MR. ADEN: YES, SIR. THAT'S WHY I ASKED HER ABOUT -- AND, AGAIN, A LOT OF US WENT TO LAW SCHOOL BECAUSE OF MATH.

THE COURT: WE'LL STIPULATE TO THAT. ABSOLUTELY.

BY MR. ADEN:

Q LET ME TRY AGAIN, DOCTOR. POINT 3 PERCENT IS ROUGHLY -- IS JUST SHORT OF ONE-THIRD OF ONE PERCENT; RIGHT?

A IT'S THREE OUT OF 1,000. FOR 9,000 ABORTIONS IT WOULD BE 27 PATIENTS. I ACTUALLY MAJORED IN MATH.

Q OKAY. GREAT.

THE COURT: ONE OF US.

BY MR. ADEN:

Q I SO RESPECT THAT. 27, I'LL TAKE THAT. THANK YOU.

A BUT I DON'T KNOW IF THAT POINT 3 PERCENT REFERS SPECIFICALLY TO LOUISIANA, SO IT MAY NOT APPLY.

Q UNDERSTOOD. NOW AS A DOCTOR YOU BELIEVE THAT ABORTION SHOULD NOT BE REGULATED UNDER LAW ANYMORE THAN ANY OTHER MEDICAL PROCEDURE; RIGHT?

A I THINK THE LAWS THAT REGULATE THE SAFETY OF MEDICAL CARE SHOULD APPLY TO ALL PATIENTS FOR ALL PROCEDURES.

Q EQUALLY?

A EQUALLY.

Q SO IT SHOULDN'T BE REGULATED BY LAW ANY LESS THAN ANY SIMILAR MEDICAL PROCEDURE; RIGHT?

A EQUALLY. SO --

Q I'LL TAKE THAT. ARE YOU AWARE THAT LOUISIANA LAW REQUIRES PHYSICIANS WHO PERFORM SURGERIES IN AMBULATORY SURGICAL CENTERS TO HAVE ADMITTING -- TO HAVE SURGICAL ADMITTING PRIVILEGES IN A HOSPITAL IN THEIR COMMUNITY?

MS. JAROSLAW: OBJECTION, YOUR HONOR.

THE COURT: WHAT'S THE OBJECTION?

MS. JAROSLAW: THIS WITNESS HAS NO EXPERTISE IN LOUISIANA ASTCS OR WHAT PROCEDURES ARE REQUIRED IN ASTCS.

THE COURT: WHAT'S YOUR RESPONSE?

MR. ADEN: I'M TESTING HER OPINION THAT ABORTION SHOULD BE REGULATED THE SAME AS OTHER PROCEDURES.

THE COURT: OKAY. I OVERRULE THE OBJECTION.

BY MR. ADEN:

Q DO YOU UNDERSTAND THE QUESTION, DOCTOR?

A PLEASE REPEAT?

Q ARE YOU AWARE THAT LOUISIANA LAW REQUIRES DOCTORS WHO PERFORM SURGERIES IN AMBULATORY SURGICAL CENTERS TO HAVE SURGICAL ADMITTING PRIVILEGES IN A HOSPITAL IN THEIR COMMUNITY?

A I'M AWARE OF IT FOR OTHER STATES. I DON'T KNOW THAT I'M AWARE OF IT SPECIFICALLY FOR LOUISIANA, BUT I AM AWARE OF THAT PROVISION.

Q OKAY. AND YOU ACKNOWLEDGE THAT IN AMBULATORY SURGICAL CENTERS NOT ONLY COMPLEX SURGERIES LIKE CARDIAC OR PULMONARY SURGERIES ARE PERFORMED BUT ALSO SURGERIES THAT ARE LESS COMPLEX AND LESS RISKY?

A THERE IS A RANGE OF PROCEDURES THAT ARE PERFORMED IN AMBULATORY SURGERY CENTERS.

Q SUCH AS COLONOSCOPIES; RIGHT?

A NOT COLONOSCOPIES.

Q IN AMBULATORY SURGICAL CENTER SETTINGS?

A USUALLY THOSE ARE IN DOCTOR'S OFFICES.

Q DOCTOR, I'D LIKE TO TURN YOU NOW TO YOUR TESTIMONY REGARDING ADMITTING PRIVILEGES, IF I MAY. YOU HAVE ADMITTING PRIVILEGES AT TWO HOSPITALS IN ROCHESTER NEW YORK; RIGHT?

A YES.

Q WHEN WERE THOSE APPOINTMENTS OBTAINED?

A STRONG MEMORIAL HOSPITAL IN 1999. I CAN'T REMEMBER WHICH YEAR FOR HIGHLAND HOSPITAL.

Q THAT'S ALL RIGHT. DID YOU ENCOUNTER ANY RESISTANCE IN YOUR APPLICATION FOR STAFF ADMISSION AND CREDENTIALING AT THOSE TWO HOSPITALS BASED UPON YOUR PRIOR PERFORMANCE OF ELECTIVE INDUCED ABORTION?

A NOT SPECIFICALLY, NO.

Q DO YOU RECALL ANYONE STATING IN WRITING OR VERBALLY THAT YOU OUGHT NOT TO BE GRANTED THOSE PRIVILEGES BECAUSE OF YOUR PERFORMANCE OF THOSE -- THAT PROCEDURE?

A ARE YOU ASKING IF I MET RESISTANCE TO OBTAIN PRIVILEGES TO SPECIFICALLY PERFORM THOSE PROCEDURES OR ADMITTING PRIVILEGES IN GENERAL?

Q IN GENERAL.

A NO.

Q AND YOU'RE CURRENTLY A MEMBER OF THE CREDENTIALING COMMITTEE OF TWO HOSPITALS; RIGHT?

A YES.

Q SO YOU'RE IN A POSITION TO REVIEW AND RECOMMEND THE GRANTING OF PRIVILEGES YOURSELF; CORRECT?

A CORRECT.

Q AND, AGAIN, DID YOU EXPERIENCE ANY OPPOSITION TO YOUR APPOINTMENT TO THOSE COMMITTEES BASED ON YOUR PERFORMANCE OF ELECTED INDUCED ABORTION?

A NO.

Q I THINK YOU TESTIFIED A LITTLE EARLIER THAT YOU DON'T KNOW -- MAYBE IT WASN'T EXACTLY ASKED THIS WAY SO I WILL ASK IT. DO YOU KNOW HOW MANY PHYSICIANS AT PRESENT ARE PROVIDING ABORTIONS IN LOUISIANA?

A NO.

Q AND SO YOU WOULDN'T KNOW HOW MANY OF THEM HAVE ADMITTING PRIVILEGES I PRESUME?

A I KNOW THAT THERE ARE TWO PHYSICIANS THAT HAVE ADMITTING PRIVILEGES THAT CAME UP IN DISCUSSIONS WITH MY LEGAL COUNSEL.

Q WELL, DON'T TELL US ABOUT WHAT YOUR COUNSEL TOLD YOU IF THAT'S ALL RIGHT. FAIR ENOUGH. AND YOU DON'T -- DO YOU KNOW WHETHER THE REMAINING PHYSICIANS HAVE APPLIED FOR ADMITTING PRIVILEGES?

A MY UNDERSTANDING IS THAT THEY HAVE QUITE SOME TIME AGO, BUT HAVE NOT BEEN GIVEN A RULING.

Q NOW, DOCTOR, YOUR REPORT RESPONDED IN PART TO THE EXPERT REPORT BY DR. ROBERT MARIER; RIGHT?

A YES.

Q AND SPECIFICALLY YOU RESPONDED TO PARAGRAPH 7 OF HIS REPORT IN WHICH HE SUMMARIZES HIS OPINION THAT ACT 630 {SIC} INSURES QUALITY OF CARE FOR FOUR REASONS; DO YOU REMEMBER THAT?

A I DO.

Q LET'S PULL UP DEFENDANT'S EXHIBIT 146, PLEASE.

THAT'S THE DR. MARIER'S REPORT AND I BELIEVE THIS IS IN EVIDENCE. LET'S GO TO PARAGRAPH 22. AND FOR CONTEXT IF YOU DON'T MIND, DOCTOR, I'LL START WITH THE THIRD LINE DOWN.

A YOU'LL START, MEANING YOU'LL READ IT OR YOU WANT ME TO READ IT?

Q I'M SORRY. THIS IS -- I'M REFERRING TO THE ADMITTED REBUTTAL EXPERT REPORT WHICH DOESN'T APPEAR TO BE THE SAME REPORT. THAT'S THE DECLARATION. THIS IS THE REBUTTAL REPORT DATED JANUARY 21ST, 2015. THANK YOU. PARAGRAPH 22.

THE COURT: WHAT'S THE EXHIBIT NUMBER? I'M SORRY?

MS. DECKER: I'M SORRY, YOUR HONOR. DEFENDANT'S 150.

THE COURT: OKAY. THANK YOU.

MR. ADEN: THANK YOU.

BY MR. ADEN:

Q ALL RIGHT. BEGINNING THE THIRD LINE DOWN, DOCTOR. IF YOU'LL READ WITH ME JUST TO SET THE CONTEXT OF WHAT DR. MARIER IS SAYING ABOUT ADMITTING PRIVILEGES. "AS I STATED IN MY DECLARATION DATED DECEMBER 1ST, 2014, THE REQUIREMENT OF ADMITTING PRIVILEGES FOR ABORTION PROVIDERS SERVES TO ENSURE QUALITY OF CARE BECAUSE IT, A, PROVIDES AN EVALUATION MECHANISM FOR PHYSICIAN COMPETENCY, B, SERVES TO ENABLE CONTINUITY OF CARE, C, SERVES TO ENHANCE COMMUNICATION BETWEEN PHYSICIANS AND TO OPTIMIZE THE TRANSFER OF PATIENT INFORMATION IN SERVICE OF COMPLICATION MANAGEMENT AND D, SERVES TO SUPPORT

THE ETHICAL DUTY OF CARE FOR THE OPERATING PHYSICIAN TO PREVENT PATIENT ABANDONMENT." DID I READ THAT CORRECTLY?

A YES.

Q AND THAT'S WHAT -- IN PART, THAT WAS WHAT YOU WERE RESPONDING TO THE OPINION OF DR. MARIER; RIGHT?

A YES.

Q NOW, I BELIEVE YOU AGREE WITH DR. MARIER AS TO HIS FIRST POINT THAT ADMITTING PRIVILEGES CAN SERVE THE FUNCTION OF PROVIDING AN EVALUATION MECHANISM FOR PHYSICIAN COMPETENCY GENERALLY?

A THEY ARE ONE WAY TO DO SO, YES.

Q AND YOU AGREE WITH DR. MARIER ON THIS POINT IN PART BECAUSE THE PROCESS OF EVALUATION FOR ADMITTING PRIVILEGES USUALLY INVOLVES REVIEW OF A PRACTITIONER'S PAST, THEIR TRAINING AND THEIR PRACTICE PRIOR TO THAT POINT IN TIME; RIGHT?

A YES. USUALLY SPECIFICALLY RELATED TO WHAT THEY PLAN TO DO IN THE HOSPITAL.

Q AND IN THAT REVIEW YOU MIGHT UNCOVER THINGS THAT WOULD REVEAL COMPETENCE OR INCOMPETENCE; CORRECT?

A YES.

Q IN FACT, IN YOUR OWN REVIEW OF CREDENTIALING APPLICATIONS FOR THE UNIVERSITY OF ROCHESTER'S SYSTEM, YOU WERE LOOKING FOR THINGS LIKE MALPRACTICE CLAIMS, PATIENT COMPLAINTS, COMPLAINTS TO STATE OR LOCAL HEALTH DEPARTMENTS,

PEER REVIEWS AND REVIEWS BY PRIOR SUPERVISORS; CORRECT?

A YES. MANY OF THOSE THINGS WE GET FROM THE STATE SPECIFICALLY.

Q THANK YOU. BUT WHEN IT COMES TO OUTPATIENT ABORTION -- THANK YOU VERY MUCH, YOU JUST DON'T THINK THAT HAVING ADMITTING PRIVILEGES IS RELATED TO COMPETENCE IN THAT CASE; RIGHT?

A NOT NECESSARILY. IF THE PROVIDER IS NOT APPLYING FOR PRIVILEGES TO DO ABORTIONS IN THE HOSPITAL THAT ASPECT OF THE CARE HE OR SHE HAS DELIVERED IN THE PAST MIGHT NOT BE REVIEWED.

Q WHAT IF THEY'RE APPLYING FOR PRIVILEGES TO MANAGE THE COMPLICATIONS OF ELECTIVE ABORTION IN THE HOSPITAL?

A THAT'S NOT A SPECIFIC PRIVILEGE SO THEY WOULDN'T -- THEY WOULD BE APPLYING FOR ADMITTING PRIVILEGES OR SURGICAL PRIVILEGES. SO THERE'S NOT A CHECKBOX ON THE FORM THAT SAYS COMPLICATIONS OF ABORTIONS.

Q THAT'S TRUE. BUT THERE MAY BE A CHECKBOX ON THE FORM THAT SAYS DILATION AND CURETTAGE; RIGHT?

A YES. IF THE PHYSICIAN PLANS TO DO THOSE IN THE HOSPITAL.

Q AND THAT'S ONE WAY OF MANAGING THE COMPLICATIONS OF OUTPATIENT SURGICAL ABORTION; RIGHT?

A IT'S NOT ACTUALLY WHAT THE LOUISIANA LAW ASKS ABOUT THOUGH --

Q DOCTOR --

A -- IT JUST ASKS ABOUT ADMITTING PRIVILEGES.

Q I'M SORRY, DOCTOR, THAT'S A YES OR NO QUESTION AND I'M AFRAID YOU'RE NOT RESPONDING TO MY QUESTION.

MS. JAROSLAW: OBJECT, YOUR HONOR. THE WITNESS IS RESPONDING THE BEST SHE CAN.

THE COURT: OKAY. LET'S JUST ASK THE QUESTION AGAIN.

MR. ADEN: THANK YOU, YOUR HONOR.

BY MR. ADEN:

Q DOES AN OUTPATIENT PROVIDER OF SURGICAL PROCEDURES EVER INTEND TO USE -- WHO HAS ADMITTING PRIVILEGES, EVER INTEND TO USE THOSE PRIVILEGES IN THE HOSPITAL?

MS. JAROSLAW: OBJECTION TO THE FORM.

BY MR. ADEN:

Q DO YOU UNDERSTAND MY QUESTION?

THE COURT: OVERRULED.

YOU MAY ANSWER IT IF YOU UNDERSTAND IT.

A SO, MANY OUTPATIENT PROVIDERS OF SURGICAL PROCEDURES ALSO HAVE AN IN-PATIENT PRACTICE OF THOSE PROCEDURES. SO THOSE PROVIDERS WOULD INTEND TO USE THOSE PRIVILEGES IN THE HOSPITAL.

BY MR. ADEN:

Q BUT SOME DO NOT; RIGHT?

A GENERALLY THERE AREN'T PROVIDERS WITH SURGICAL

PROCEDURES IN A HOSPITAL THAT NEVER INTEND TO USE THEM, NO. WHY WOULD YOU BOTHER TO GET THEM?

Q BUT IT'S DIFFERENT FOR ELECTIVE ABORTION PROVIDERS; RIGHT?

A NO.

Q OKAY. I'M ASKING THIS QUESTION BECAUSE I THINK THAT BOTH YOU AND DR. ESTES USED THE PHRASE, "INTEND TO EMPLOY THE ADMITTING PRIVILEGES." I BELIEVE YOU STATED IN YOUR REPORT THAT ADMITTING PRIVILEGES ARE NOT USEFUL FOR AN OUTPATIENT DOCTOR WHO DOES NOT INTEND TO EMPLOY THEM IN THE HOSPITAL; IS THAT CORRECT?

A YES.

Q MY QUESTION --

A PROVIDERS GET ADMITTING PRIVILEGES WHEN THEY PLAN TO ADMIT PATIENTS.

Q SHOULDN'T AN OUTPATIENT PROVIDER OF SURGICAL PROCEDURES WHO KNOWS THAT THERE IS A 0.3 PERCENT RISK OF COMPLICATIONS REQUIRING HOSPITALIZATION EXPECT TO SOMETIMES HAVE TO PROVIDE MANAGEMENT CARE IN THE HOSPITAL SETTING FOR THAT PROCEDURE?

A NO.

Q WHY NOT?

A BECAUSE THERE NEEDS TO BE A PROCESS FOR THOSE PATIENTS THAT NEED TO BE ADMITTED TO BE ADMITTED. IT DOESN'T NECESSARILY NEED TO INVOLVE THE ABORTION PROVIDER. THE SAME

AS WITH A PERSON WHO DOES COLONOSCOPIES DOESN'T ADMIT THE PATIENT WHO HAS A PERFORATED BOWEL. THOSE PATIENTS GET ADMITTED TO ANOTHER PHYSICIAN'S SERVICE. MOST PATIENTS -- MOST PHYSICIANS WHO PROVIDE COLONOSCOPY IN AN OUTPATIENT SETTING DON'T HAVE ADMITTING PRIVILEGES.

Q LET'S TALK ABOUT COLONOSCOPY BRIEFLY. AS I UNDERSTAND IT, THE COLONOSCOPY PROCEDURE CARRIES A RISK OF PERFORATION OF THE BOWEL; RIGHT?

A YES.

Q AND THAT PERFORATION WOULD HAVE TO BE RESECTED OR REPAIRED BY A GENERAL SURGEON OR A SPECIALIST SURGEON; RIGHT?

A MANY TIMES. IF IT'S A SMALL BOWEL PERFORATION THEN THOSE CAN BE MANAGED EXPECTANTLY.

Q THAT'S NOT WITHIN THE COMPETENCY TYPICALLY OF A GASTROENTEROLOGIST, IS IT?

A NOT TYPICALLY, NO. BUT -- YES.

Q WHEN A PROVIDER OF SURGICAL ELECTIVE ABORTION HAS A PATIENT EXPERIENCE A COMPLICATION SUCH AS RETAINED PRODUCTS OF CONCEPTION, IS THE SURGICAL MANAGEMENT OF THAT COMPLICATION WITHIN THE ABORTION PROVIDER'S COMPETENCE?

A YES, BUT IT CAN USUALLY BE HANDLED WITHIN THE CLINIC.

Q SO THERE'S NO REASON IF IT'S WITHIN HIS COMPETENCE THAT HE COULDN'T MANAGE THE COMPLICATION IN THE HOSPITAL SETTING EMPLOYING ADMITTING PRIVILEGES; RIGHT?

A EXCEPT IT'S MUCH MORE EXPENSIVE FOR THE PATIENT IN HEALTHCARE SYSTEM TO DO SO.

Q ARE YOU AWARE THAT THERE HAS BEEN TESTIMONY IN THIS CASE THAT ONE OF THE DOE DOCTORS INADVERTENTLY PERFORATED A PATIENT'S UTERUS AND THAT THAT COMPLICATION WAS MANAGED BY ANOTHER DOE DOCTOR WHO EMPLOYED THAT DOCTOR'S ADMITTING PRIVILEGES TO ADMIT THE PATIENT TO THE HOSPITAL?

A NOT SPECIFICALLY, NO.

Q NOW, LET'S TALK ABOUT DR. MARIER'S SECOND PURPOSE; THE "B" OF HIS A THROUGH D. YOU AGREE WITH DR. MARIER THAT ADMITTING PRIVILEGES CAN SERVE THE FUNCTION OF PROMOTING CONTINUITY OF CARE, DON'T YOU?

A YES. SO IF I ADMIT A PATIENT TO MYSELF I ALREADY KNOW EVERYTHING THAT I KNOW. BUT IF I ADMIT A PATIENT -- IF I SEND A PATIENT TO BE ADMITTED BY SOMEONE ELSE, THEN THE FACT THAT I HAVE ADMITTING PRIVILEGES DOESN'T NECESSARILY ENHANCE THAT COMMUNICATION.

Q AND CONTINUITY OF CARE MEANS, AMONG OTHER THINGS, THE TRANSFER OF INFORMATION ABOUT THE PATIENT FROM ONE DOCTOR TO ANOTHER; RIGHT?

A YES. BUT ADMITTING PRIVILEGES ARE NOT REQUIRED AS WE DISCUSSED EARLIER.

Q IT WOULD REALLY MOVE THINGS ALONG A LITTLE FASTER IF YOU WOULD ANSWER YES OR NO TO MY YES OR NO QUESTIONS, BUT --

MS. JAROSLAW: OBJECTION, YOUR HONOR.

THE COURT: SHE HAS THE RIGHT, I'VE TOLD HER SPECIFICALLY, THE LAW ALLOWS HER TO GIVE AN EXPLANATION IF SHE CHOOSES.

MR. ADEN: THANK YOU.

BY MR. ADEN:

Q AND THIS INFORMATION COULD INCLUDE THEIR MEDICAL HISTORY AND THE NATURE OF THE COMPLICATION; RIGHT?

A I'M AFRAID YOU STARTED THAT QUESTION IN THE MIDDLE. I'M NOT QUITE SURE WHERE THE START OF THE QUESTION IS.

Q I ASKED YOU A MOMENT AGO IF CONTINUITY OF CARE CAN MEAN TRANSFER OF INFORMATION ABOUT THE PATIENT FROM ONE DOCTOR TO ANOTHER; RIGHT?

A YES.

Q NOW I'M ASKING YOU IF THAT INFORMATION WHICH NEEDS TO BE TRANSFERRED MAY INCLUDE, FOR EXAMPLE, THEIR MEDICAL HISTORY AND THE NATURE OF THE COMPLICATION; RIGHT?

A YES.

Q AND THAT'S IMPORTANT, AT LEAST IN PART, BECAUSE IT ALLOWS APPROPRIATE ASSESSMENT AND TREATMENT OF THE PATIENT, DOES IT NOT?

A ACCURATE MEDICAL HISTORY IS IMPORTANT FOR MAKING AN ACCURATE DIAGNOSIS, YES.

Q AS WELL AS THE NATURE OF THE COMPLICATION; RIGHT?

A IF THE PROVIDER KNOWS THE NATURE OF THE COMPLICATION.

Q SURE. WHEN ANOTHER DOCTOR HAS TO TAKE OVER CARE OF A PATIENT, IT'S OFTEN IMPORTANT THAT THE DOCTOR BE ABLE TO COMPLICATE WITH THE REFERRING PHYSICIAN; RIGHT?

A THAT COMMUNICATION IS USUALLY TERMED, "A HANDOFF" AND IT CAN HAPPEN IN MANY WAYS AND IT HAPPENS MANY TIMES A DAY IN EVERY MEDICAL FACILITY.

Q AND THAT'S TO PROVIDE THE HISTORY OF THE PATIENT; RIGHT?

A IT'S TO PROVIDE INFORMATION AS TO WHAT HAS HAPPENED TO THE PATIENT SO FAR AND WHAT THE EXPECTED PLANS FOR THE PATIENT GOING FORWARD ARE.

Q SURE. AND THAT ALLOWS THE PHYSICIAN TAKING OVER THE CARE TO MAKE THE MOST APPROPRIATE DECISIONS REGARDING HER CARE; RIGHT?

A YES.

Q AND THAT COMMUNICATION BETWEEN THE PATIENT'S ORIGINAL DOCTOR AND THE TREATING DOCTOR IN THE HOSPITAL IS IMPORTANT TO ENSURING THE BEST CARE POSSIBLE FOR HER; IS IT NOT?

A COMMUNICATION IS IMPORTANT, YES.

Q IN FACT, I THINK YOU WOULD AGREE WITH ME THAT MISCOMMUNICATION BETWEEN THOSE TWO DOCTORS CAN BE A SOURCE OF ERROR THAT MAY RESULT IN PATIENT HARM; RIGHT?

A YES.

Q FOR EXAMPLE, DANGEROUS MEDICATION ERRORS WOULD BE AN

EXAMPLE; CORRECT?

A AN EXAMPLE OF AN ERROR OR AN EXAMPLE OF A MISCOMMUNICATION?

Q AN EXAMPLE OF AN ERROR THAT CAN RESULT IN PATIENT HARM.

A YES.

Q AND AREN'T INFORMATION GAPS LIKE THOSE BETWEEN OUTPATIENT DOCTORS AND ER PHYSICIANS A RECOGNIZED PROBLEM IN HEALTHCARE?

A INCOMPLETE INFORMATION IS A RECOGNIZED PROBLEM IN HEALTHCARE, YES. NOT SPECIFIC TO THOSE TWO PROVIDERS.

Q NOW, AS I UNDERSTAND IT THERE ARE THREE FACTORS THAT CONTRIBUTE TO BETTER COMMUNICATION IN THAT KIND OF TRANSFER SETTING. VERBAL AGREEMENT -- I'M SORRY, VERBAL COMMUNICATION BETWEEN THE DOCTORS, WRITTEN COMMUNICATION BETWEEN THEM AND ELECTRONIC COMMUNICATION FROM THE REFERRING PROVIDER TO THE ER; WOULD YOU AGREE WITH THAT GENERALLY?

A THOSE AREN'T FACTORS. THOSE ARE METHODS OF COMMUNICATION.

Q SURE. THANK YOU. BUT EVEN WHEN AN OUTPATIENT PHYSICIAN HAS ADMITTING PRIVILEGES, THAT DOESN'T NECESSARILY MEAN THAT HE OR SHE EMPLOYS THE SAME ELECTRONIC MEDICAL RECORD SYSTEM AS THE HOSPITAL; RIGHT?

A YES.

Q SO THE ELECTRONIC MEDICAL RECORDS IN THE OUTPATIENT

OR OFFICE FACILITY MAY NOT BE ABLE TO THE ER; RIGHT?

A YES.

Q REGARDLESS OF WHETHER THE PHYSICIAN HAS ADMITTING PRIVILEGES?

A YES.

Q SO WOULD YOU AGREE THAT IN MOST CIRCUMSTANCES THE COMMUNICATION WE'RE SPEAKING OF WOULD BE VERBAL OR WRITTEN BETWEEN THE DOCTORS?

A ELECTRONIC COMMUNICATION BETWEEN DIFFERENT MEDICAL RECORDS IS GETTING BETTER AND BETTER. SO MOST IS PROBABLY VERBAL OR WRITTEN BUT ELECTRONIC IS GAINING MARKET SHARE.

Q FAIR ENOUGH. IF A PATIENT GOES FROM A DOCTOR WHO DOESN'T HAVE ADMITTING PRIVILEGES AT A HOSPITAL TO THE CARE OF ONE IN THE HOSPITAL LIKE AN ER DOCTOR, THE CONTACT INFORMATION FOR THE OUTPATIENT DOCTOR SHOULD ACCOMPANY THE PATIENT IN THE FORM OF HER RECORDS; RIGHT?

A IT CAN BE OBTAINED BY THE ER PHYSICIANS IN SEVERAL WAYS. IT CAN BE GIVEN TO THE ER PHYSICIANS BY THE PATIENT. IT CAN BE GIVEN TO THE ER PHYSICIANS IN THE FORM OF WRITTEN DOCUMENTS WITH THAT SAME CONTACT INFORMATION, OR IT CAN BE OBTAINED BY LOOKING UP THAT PROVIDER ON THE INTERNET OR IN THE PHONE BOOK OR WHATEVER MEANS YOU HAVE AVAILABLE TO YOU.

Q I'M SURE THAT'S ALL TRUE. BUT DO YOU RECALL TESTIFYING IN DEPOSITION THAT IF A PATIENT GOES FROM A DOCTOR WHO DOESN'T HAVE ADMITTING PRIVILEGES AT A HOSPITAL TO THE

CARE OF ONE IN THE HOSPITAL, SUCH AS AN ER DOCTOR, THE CONTACT INFORMATION SHOULD ACCOMPANY THE PATIENT IN THE FORM OF HER RECORDS?

A I THINK I WOULD EMPHASIZE THE RECORDS SHOULD ACCOMPANY THE PATIENT. THE RECORDS WOULD ALSO CONTAIN THE CONTACT INFORMATION.

Q THANK YOU FOR THAT. DOES THAT HAPPEN OFTEN?

A YES.

Q BUT IF IT IS THE CASE THAT THE OUTPATIENT PHYSICIAN HAS PRIVILEGES AT THE HOSPITAL THE HOSPITAL WILL ALREADY HAVE HIS OR HER CONTACT INFORMATION ON FILE; RIGHT?

A YES.

Q SO IN SUCH CASES --

A THE HOSPITAL MAY ALSO HAVE INFORMATION ON REGULAR REFERRING PROVIDERS WHO DON'T HAVE PRIVILEGES AS WELL.

Q SO IN A CASE LIKE THAT, WOULD YOU AGREE THAT HOSPITAL ADMITTING PRIVILEGES MANDATE THE STANDARDS OF ACCESSIBILITY AND AVAILABILITY OF THE OUTPATIENT DOCTOR?

A YES. THEY DON'T NECESSARILY IMPROVE THEM, BUT THEY DO MANDATE THEM.

Q ARE YOU AWARE THAT DR. CUDIHY TESTIFIED LAST WEEK IN COURT THAT OF THE 20 OR MORE PATIENTS HE HAS SEEN IN THE ER IN THE COURSE OF HIS CAREER WHO HAD COMPLICATIONS FROM AN OUTPATIENT ELECTIVE ABORTION NONE HAVE COME IN WITH THEIR RECORDS?

A NOT SPECIFICALLY, BUT I WOULD BELIEVE THAT THAT WOULD BE TRUE IF HE SAID IT.

Q LIKEWISE, WOULD IT SURPRISE YOU TO KNOW THAT DR. CUDIHY TESTIFIED LAST WEEK THAT OF THOSE 20 OR MORE INDUCED ABORTION PATIENTS THAT HE'S SEEN IN THE ER, THE PROVIDER OF THE ABORTION HAS NEVER TELEPHONED HIM TO DISCUSS THE PATIENT?

A DID HE TELEPHONE THE PROVIDER?

Q I DON'T REMEMBER ASKING HIM THAT QUESTION, BUT I IMAGINE HE DID. I DON'T KNOW. ISN'T IT THE STANDARD OF CARE FOR A PHYSICIAN PROVIDING OUTPATIENT ELECTIVE ABORTION PROCEDURES TO BE REASONABLY AVAILABLE TO COMMUNICATE WITH THE ER ABOUT THE PATIENT'S CONDITION WHEN SHE'S REFERRED THERE BY THE DOCTOR?

A IT IS THE STANDARD OF CARE OF ALL MEDICAL PRACTITIONERS TO BE REASONABLY AVAILABLE.

Q SO IN THE CIRCUMSTANCES THAT DR. CUDIHY TESTIFIED ABOUT WHERE SHE DIDN'T COME IN WITH HER MEDICAL RECORDS AND HE DIDN'T GET A PHONE CALL FROM THE ABORTION PROVIDER, WOULD YOU AGREE THAT THE STANDARD OF CARE WAS NOT UPHELD?

A NO. IF DR. CUDIHY CALLED THE PROVIDER AND THEY WERE NOT AVAILABLE THEN THE STANDARD OF CARE WOULD NOT HAVE BEEN UPHELD. IF HE DIDN'T, THEN NOT NECESSARILY SO.

Q IS IT APPROPRIATE FOR AN OUTPATIENT ABORTION PROVIDER TO WAIT FOR A PHONE CALL FROM THE ER TO DISCUSS THE

PATIENT'S CONDITION AND HISTORY?

A IT IS APPROPRIATE FOR THE ER TO CONTACT A PROVIDER WHO HAS MORE INFORMATION ABOUT A PATIENT.

Q IT CERTAINLY IS, BUT I'LL RESTATE -- I'LL REPEAT MY QUESTION. IS IT APPROPRIATE FOR THE ABORTION PROVIDER TO WAIT FOR THAT PHONE CALL OR SHOULD THEY TAKE PROACTIVE STEPS TO COMMUNICATE WITH THE ER?

A IT WOULD DEPEND ON THE CIRCUMSTANCE. IF THE PATIENT WENT DIRECTLY FROM THE ABORTION PROVIDER'S --

Q YES.

A -- OFFICE TO THE EMERGENCY ROOM, THEN INFORMATION SHOULD ACCOMPANY THAT PATIENT.

Q I APOLOGIZE. I WAS TALKING ABOUT DIRECT PATIENT TRANSFER AND I SHOULD HAVE BEEN MORE SPECIFIC ABOUT THAT.

A BUT COMMUNICATION IS A TWO-WAY BEHAVIOR. IT REQUIRES EFFORTS ON BOTH PARTS.

Q NOW, NOT ALL EMERGENCY DEPARTMENTS ALWAYS HAVE AN OB/GYN SPECIALIST ON CALL; RIGHT?

A THAT'S TRUE. WHICH IS WHY THE TRANSFER AGREEMENT IS SO IMPORTANT, BECAUSE YOU WOULD WANT TO SEND YOUR PATIENTS TO THE HOSPITAL WHERE THEY COULD GET THE CARE THEY NEEDED.

Q SURE. BECAUSE IF THE ER DOESN'T HAVE AN OB ON CALL, THE PATIENT WOULD HAVE TO BE TRANSFERRED SOMEWHERE ELSE; RIGHT?

A POTENTIALLY, YES.

Q AND IN SOME CIRCUMSTANCES THAT WOULD RESULT IN A DELAY IN THE PATIENT GETTING THE PROPER SPECIALIST CARE SHE NEEDS; RIGHT?

A POTENTIALLY.

Q NOW, IN PATIENT TRANSFER FROM AN OUTPATIENT SETTING TO A HOSPITAL SETTING SUCH AS AN EMERGENCY ROOM, IF THE OUTPATIENT PHYSICIAN WERE TO FOLLOW THE PATIENT INTO THE HOSPITAL SETTING BY EMPLOYING HIS OR HER ADMITTING PRIVILEGES IN THAT CASE ADMITTING PRIVILEGES WOULD PROMOTE CONTINUITY OF CARE FOR THE PATIENT, WOULD THEY NOT?

A SO A PROVIDER CAN ALWAYS FOLLOW A PATIENT INTO THE EMERGENCY ROOM JUST LIKE ANY OTHER PERSON CAN FOLLOW A PATIENT INTO THE EMERGENCY ROOM. I'M NOT SURE WHAT YOU'RE ASKING.

Q I'LL REPHRASE. IN PATIENT TRANSFER FROM AN OUTPATIENT SETTING TO A HOSPITAL SETTING LIKE AN EMERGENCY ROOM, IF THE OUTPATIENT PHYSICIAN WERE TO ADMIT THE PATIENT INTO THE HOSPITAL SETTING BY EMPLOYING HIS OR HER ADMITTING PRIVILEGES, IN THAT CASE THE ADMITTING PRIVILEGES WOULD PROMOTE CONTINUITY OF CARE FOR THE PATIENT, WOULD THEY NOT?

A YES. AS I SAID, IF I REFER A PATIENT TO MYSELF THE CONTINUITY OF CARE IS EXCELLENT.

MR. ADEN: YOUR HONOR, I NEED TO ASK ABOUT THE CONFIDENTIAL NATURE OF A CERTAIN EXHIBIT. I BELIEVE IT IS DEFENDANT'S EXHIBIT 108. IS THAT ONE ON THE CONFIDENTIAL LIST? I THINK IT IS. THAT IS A DEFICIENCY REPORT.

THE COURT: DO Y'ALL HAVE A LIST? I MEAN I CAN FIND IT UP HERE. WHAT IS THE NUMBER?

MR. ADEN: 108; DEFENDANT'S 108.

MS. JAROSLAW: YOUR HONOR, IT IS CONFIDENTIAL AND I'LL NOTE THAT IT'S A DOCUMENT THAT THIS WITNESS HAS NOT SEEN BEFORE.

THE COURT: ALL RIGHT. LET'S SEE.

THAT'S DEFENSE 108? IS THERE A JOINT EXHIBIT OR ONLY A DEFENSE EXHIBIT NUMBER? WHAT IS IT?

MR. ADEN: IT'S A DEFICIENCY REPORT, YOUR HONOR.

THE COURT: OH, I SEE. OKAY.

MR. ADEN: YOUR HONOR, IN VIEW OF THAT I THINK I WILL HANDLE IT WITH A HYPOTHETICAL, IF THAT'S ALL RIGHT?

THE COURT: SURE.

MR. ADEN: THANK YOU.

BY MR. ADEN:

Q DOCTOR, IF AN OUTPATIENT ABORTION CLINIC HAS A TRANSFER AGREEMENT TO TRANSFER A PATIENT TO THE HOSPITAL IN EMERGENT CIRCUMSTANCES SHOULD THAT AGREEMENT BE IN WRITING?

A USUALLY, YES.

Q IF IT IS ONLY VERBAL BETWEEN TWO PHYSICIANS, IS THAT WITHIN THE STANDARD OF PRACTICE?

A I'M NOT SURE WHAT THE STANDARD IS EVERYWHERE.

Q ARE THERE CONCERNS WITH A VERBAL TRANSFER AGREEMENT THAT THE TERMS OF THAT TRANSFER AGREEMENT MAY NOT BE PROPERLY

UNDERSTOOD?

A YES.

Q THEY MAY BE FORGOTTEN; RIGHT?

A YES.

Q IS A VERBAL TRANSFER AGREEMENT IN YOUR PROFESSIONAL OPINION SUFFICIENT TO PROVIDE CONTINUITY OF CARE?

A NO.

Q SO IF AN OUTPATIENT ABORTION PROVIDER LACKED A WRITTEN TRANSFER AGREEMENT THAT WOULD NOT BE SUFFICIENT TO PROVIDE CONTINUITY OF CARE, WOULD IT?

A IT MIGHT NOT BE.

Q NOW, I BELIEVE, DOCTOR, THAT YOU DON'T HAVE ANY SPECIFIC FAMILIARITY WITH THE HEALTH SYSTEMS IN LOUISIANA; RIGHT?

A THAT'S CORRECT.

Q AND I THINK YOU ALSO TESTIFIED WHEN MS. JAROSLAW WAS ASKING YOU THE QUESTIONS, THAT YOU RECOGNIZE THAT ADMITTING PRIVILEGES VARY FROM HOSPITAL TO HOSPITAL IN GENERAL, DO THEY NOT?

A THEY CAN, YES.

Q AND THE DELINEATION OF PRIVILEGES DEPENDS UPON THE DOCTOR WHO HAS THE PRIVILEGES AND THEIR COMPETENCY; RIGHT?

A OR THEIR DESIRES.

Q THANK YOU. ARE YOU AWARE WHO HAS THE ULTIMATE AUTHORITY TO DETERMINE WHETHER A PARTICULAR ABORTION

PROVIDER'S HOSPITAL PRIVILEGES COMPLY WITH ACT 620?

A I AM NOT.

MS. JAROSLAW: OBJECTION.

THE COURT: WHAT'S THE OBJECTION?

MS. JAROSLAW: IT'S A LEGAL CONCLUSION, YOUR HONOR. HOW WOULD SHE KNOW IN LOUISIANA HOW THESE THINGS ARE GOVERNED?

THE COURT: I UNDERSTAND. SHE SAID NO, SO -- I THINK SHE ANSWERED THE QUESTION.

MR. ADEN: I'M NOT GOING TO FOLLOW-UP, YOUR HONOR.

BY MR. ADEN:

Q NOW, DR. PRESSMAN, BEFORE YOU DRAFTED YOUR INITIAL EXPERT REPORT THAT WAS DATED DECEMBER 15TH OF 2014, I BELIEVE YOU HAD NOT REVIEWED ANY OF THE ADMITTING PRIVILEGE POLICIES OF LOUISIANA HOSPITALS; RIGHT?

A I BELIEVE THAT'S CORRECT.

Q AND SUBSEQUENT TO THAT YOU REVIEWED SOME; CORRECT?

A YES, THOUGH, I THOUGHT WE WEREN'T SUPPOSED TO TALK ABOUT THAT.

Q WAS YOUR TESTIMONY EARLIER THIS MORNING BASED IN PART UPON YOUR REVIEW OF THOSE HOSPITALS' BYLAWS?

A I THOUGHT I WASN'T SUPPOSED TO TALK ABOUT THAT.

THE COURT: AND I'M CONFUSED AS TO THE "THAT."

MR. ADEN: LET ME EXPLAIN, YOUR HONOR. YOU GRANTED MY OBJECTION, AS I UNDERSTAND IT, AND YOU INVITED MS. JAROSLAW TO GIVE A PROFFER WHICH I DID NOT HEAR, BUT THE WITNESS ALSO

TESTIFIED GENERALLY ABOUT HER KNOWLEDGE WITH RESPECT TO ADMITTING PRIVILEGES AND I AM SIMPLY ASKING HER IF HER EARLIER TESTIMONY ACTUALLY DID RELY UPON THOSE OTHER HOSPITALS' BYLAWS THAT SHE REVIEWED SUBSEQUENT TO HER REPORT OR NOT SO THAT WE'LL KNOW.

THE COURT: WHEN YOU SAY, "EARLY TESTIMONY" HER EARLY TESTIMONY LASTED AN HOUR. I'M NOT SURE WHAT, "EARLY TESTIMONY" YOU'RE TALKING ABOUT. THAT'S MY CONCERN. IF YOU COULD NARROW IT --

MR. ADEN: SURE.

THE COURT: -- THEN MAYBE I'LL UNDERSTAND WHAT THE QUESTION IS AND I'LL UNDERSTAND WHAT HER ANSWER IS.

MR. ADEN: OKAY. THANK YOU.

IF I MAY HAVE JUST A MOMENT TO REVIEW MY NOTES I MAY BE ABLE TO NARROW IT DOWN A LITTLE BIT MORE.

YOUR HONOR, MAY I HAVE JUST ONE MOMENT TO CONSULT WITH CO-COUNSEL?

THE COURT: SURE. NO PROBLEM.

MR. ADEN: THANK YOU, YOUR HONOR.

THE COURT: YOU BET.

MR. ADEN: I THINK THAT WILL EXPEDITE MATTERS SOMEWHAT SUBSTANTIALLY.

BY MR. ADEN:

Q NOW, DOCTOR, YOUR HOSPITAL HAS SOMETHING CALLED REFER AND FOLLOW-UP PRIVILEGES; DOES IT NOT?

A YES.

Q CAN A PHYSICIAN WHO ENJOYS REFER AND FOLLOW-UP PRIVILEGES ADMIT PATIENTS TO THE HOSPITAL?

A NO.

Q THEN WOULD YOU AGREE WITH ME THAT REFER AND FOLLOW-UP IS NOT REALLY A FORM OF ADMITTING PRIVILEGES; CORRECT?

A CORRECT.

Q AND YOU DON'T HAPPEN TO KNOW WHETHER REFER AND FOLLOW-UP PRIVILEGES ARE OFFERED GENERALLY BY OTHER INSTITUTIONS?

A SOME. I DON'T KNOW HOW MANY.

Q YOU'LL BE HAPPY TO KNOW THOSE ARE ALL OF THE QUESTIONS I HAVE FOR YOU. THANK YOU, FOR YOUR TIME.

A THANK YOU.

THE COURT: REDIRECT?

MS. JAROSLAW: YES, YOUR HONOR.

REDIRECT

BY MS. JAROSLAW:

Q DR. PRESSMAN, DO YOU RECALL ON CROSS-EXAMINATION BEING ASKED ABOUT A TRANSFER AGREEMENT?

A YES.

Q IF AN OUTPATIENT ABORTION PROVIDER REDUCED AN ORAL TRANSFER AGREEMENT TO WRITING WOULD THAT SOLVE ANY CONCERNS ABOUT THE TRANSFER AGREEMENT?

A YES. IT WOULD BE AVAILABLE FOR REFERENCE.

Q NOW, WAS YOUR TESTIMONY ON DIRECT EXAMINATION BASED ON YOUR EXPERIENCE AT JOHNS HOPKINS UNIVERSITY OF ROCHESTER MEDICAL CENTER AND YOUR EXPERIENCE ON THE CREDENTIALS COMMITTEE AT THE UNIVERSITY OF ROCHESTER MEDICAL CENTER?

A YES. ALL OF MY PREVIOUS EXPERIENCES FACTORS INTO MY TESTIMONY.

Q NOW, ARE YOU AWARE THAT SOME HOSPITAL PRIVILEGE APPLICATIONS ASK PHYSICIANS HOW MANY PATIENTS DO YOU EXPECT TO ADMIT TO THE HOSPITAL IN THE NEXT YEAR; CORRECT?

A I DON'T KNOW IF IT SPECIFICALLY ASKS HOW MANY BUT THERE IS THE QUESTION ABOUT WILL YOU ADMIT PATIENTS TO THE HOSPITAL, YES.

Q AND IF AN ABORTION PROVIDER DOES NOT TYPICALLY HAVE PATIENTS ADMITTED TO A HOSPITAL IN A GIVEN YEAR, WOULD YOUR CREDENTIALING COMMITTEE SEE A NEED TO GRANT THEM ADMITTING PRIVILEGES?

A NO. THE CREDENTIALING CYCLE IS USUALLY TWO OR THREE YEARS, BUT OVER THAT PERIOD OF TIME IF THERE HAVE BEEN NO ADMISSIONS TO THE HOSPITAL THERE WOULD BE THE SUGGESTION THAT ADMITTING PRIVILEGES WERE NO LONGER REQUIRED.

Q WOULD YOU AGREE THAT IN THE CREDENTIALING DECISIONS REGARDING DOCTORS' PRIVILEGES THAT THERE IS SOME SUBJECTIVE COMPONENT TO THE DECISION?

A YES.

Q NOW, DO YOU RECALL YOU WERE ASKED A SERIES OF QUESTIONS AS TO WHETHER YOU HAD ANY DIFFICULTY OBTAINING SURGICAL AND ADMITTING PRIVILEGES BECAUSE, AMONG OTHER THINGS, YOU PROVIDE ABORTIONS; REMEMBER BEING ASKED THAT?

A I DO.

Q IN YOUR VIEW, IS IT EASIER FOR PHYSICIANS -- LET ME WITHDRAW THAT. IN YOUR VIEW, DO PHYSICIANS PRACTICE IN A MORE FRIENDLY ENVIRONMENT, FRIENDLY TO ABORTION, IN NEW YORK STATE THAN IN LOUISIANA?

A YES.

Q AND WHAT ARE SOME OF THE DIFFERENCES?

A ABORTION IS PART OF GENERAL MEDICAL CARE IN NEW YORK STATE. THE ABORTION LAWS ALLOW ABORTION UP UNTIL 24 WEEKS. THE MEDICAID INSURANCE COVERS ABORTION. ALMOST ALL INSURANCE COVERS ABORTION.

Q AND DID THE LEGISLATURE MAKE LAWS THAT APPLY SPECIFICALLY TO ABORTION PROVIDERS BUT NOT OTHER PHYSICIANS?

A I'M NOT SURE WHAT THAT --

MR. ADEN: OBJECTION, YOUR HONOR.

MS. JAROSLAW: I'LL WITHDRAW THAT.

BY MS. JAROSLAW:

Q IS IT FAIR TO SAY THAT THE ENVIRONMENT FOR DOCTORS TO HAVE AN ABORTION PRACTICE IN NEW YORK IS LESS HOSTILE THAN IT IS IN LOUISIANA?

MR. ADEN: YOUR HONOR, I BELIEVE I HAVE AN OBJECTION

TO THIS LINE OF QUESTIONING. THE WITNESS HAS ALREADY STATED THAT SHE HAS NO KNOWLEDGE OF THE PROVISION ON OUTPATIENT ABORTION IN LOUISIANA.

THE COURT: I HEARD THAT TESTIMONY. I'LL LET HER ANSWER THE QUESTION, THOUGH.

A COULD YOU REPEAT THAT?

BY MS. JAROSLAW:

Q SURE. YOU'VE BEEN PRACTICING IN NEW YORK STATE FOR A NUMBER OF YEARS; CORRECT?

A SIXTEEN YEARS.

Q OKAY. IN YOUR EXPERIENCE IS IT -- IS THERE A GREAT DEAL OF EXPERI- -- I'M SORRY. IS THERE A GREAT DEAL OF HOSTILITY OR DIFFICULTY DIRECTED -- I'M SORRY. LET ME WITHDRAW THAT. IN YOUR EXPERIENCE DO ABORTION PROVIDERS IN NEW YORK STATE FACE DAILY HARASSMENT AND THREATS?

A NO.

Q IF A HOSPITAL DID NOT ACT ON AN APPLICATION FOR PRIVILEGES, THAT IS NEITHER APPROVED THE APPLICATION OR DENIED IT, WOULD THAT BE DE-FACTO DENYING THE PHYSICIANS PRIVILEGES?

A IN THE UNIVERSITY OF ROCHESTER IF AN APPLICATION IS NOT ACTED ON WITHIN 90 DAYS IT IS CONSIDERED WITHDRAWN.

Q NOW, MOST OB/GYNS CANNOT PERFORM UTERINE ARTERY EMBOLIZATION EVEN IF THEY HAVE FULL SURGICAL AND ADMITTING PRIVILEGES; CORRECT?

A THAT'S CORRECT. IT'S A RADIOLOGY PROCEDURE.

Q AND DO YOU RECALL BEING ASKED A SERIES OF QUESTIONS REGARDING DELAY OR PASSAGE OF TIME BETWEEN THE TIME AN EMERGENCY DEPARTMENT PHYSICIAN CONTACTS A SPECIALIST AND THE TIME A SPECIALIST ARRIVES?

A YES.

Q NOW, IF A TREATING PHYSICIAN HAS ADMITTING PRIVILEGES, BUT THAT PHYSICIAN ISN'T PRESENTLY IN THE HOSPITAL WOULD THERE ALSO BE A PASSAGE OF TIME BETWEEN THE EMERGENCY DEPARTMENT CALLING THAT PHYSICIAN AND THAT PHYSICIAN ARRIVING AT THE HOSPITAL?

A YES.

Q I'D LIKE TO TURN NOW TO PLAINTIFFS' EXHIBIT 195. THAT'S THE MEDI-CAL ARTICLE THAT YOU LOOKED AT PREVIOUSLY. NOW, DO YOU RECALL BEING ASKED ON CROSS-EXAMINATION WHAT THE BREAKDOWN IS IN PERCENTAGE BETWEEN ABORTIONS PROVIDED IN THE HOSPITAL VERSUS THE CLINIC?

A YES.

Q AND DO YOU RECALL SAYING THAT IF YOU SAW THIS STUDY YOU WOULD BE ABLE TO ANSWER THAT QUESTION?

A YES. AT LEAST FOR THE 55,000 PATIENTS IN THE STUDY. IF YOU COULD SCROLL DOWN, PLEASE. ONE MORE PAGE, PLEASE. SO IN THIS STUDY, LOOKING AT THE PART OF THE TABLE THAT SAYS, "SITE OF PROCEDURE," IT SAYS, "THAT 56 PERCENT OF THE ABORTIONS WERE PERFORMED IN OUTPATIENT CLINICS AND 41 PERCENT ESSENTIALLY WERE PERFORMED IN PHYSICIAN'S OFFICES OR GROUPS."

SO SLIGHTLY MORE IN CLINICS, BUT NOT THE SAME AS REPORTED IN THE TEXTBOOK THAT RELIED ON 1999 DATA.

Q NOW, DO YOU RECALL IN REFERENCE TO THAT TEXTBOOK YOU WERE ASKED SPECIFICALLY ABOUT A STATISTIC OF 0.3 PERCENT FOR COMPLICATIONS?

A YES.

Q I'D LIKE TO SHOW YOU NOW SOMETHING ON PAGE 7 OF THE MEDI-CAL STUDY AND THIS WAS PUBLISHED IN THE LAST FEW MONTHS; CORRECT?

A YES. NOW, IN THIS -- DOES THIS STUDY HAVE A 0.3 PERCENT RATE OF COMPLICATIONS OR IS IT SOME OTHER NUMBER?

MS. JAROSLAW: WE NEED TO SCROLL DOWN.

A LOOKING AT THE VERY BOTTOM OF THE PAGE, THE RATE OF MAJOR COMPLICATIONS AMONGST ALL 45 -- 54,911 ABORTIONS WAS .23 PERCENT.

Q AND THAT'S EVEN LOWER THAN THE TREATISE YOU WERE SHOWN ON CROSS-EXAMINATION; CORRECT?

A YES.

Q IF A PHYSICIAN TOLD THE CREDENTIALING COMMITTEE AT ROCHESTER THAT HE OR SHE WAS APPLYING FOR ADMITTING AND SURGICAL PRIVILEGES AT THE ROCHESTER MEDICAL CENTER, BUT THAT PHYSICIAN HAD NO INTENTION TO ADMIT PATIENTS OR ACTUALLY PERFORM SURGERY THERE, WOULD THE CREDENTIALING COMMITTEE GRANT SURGICAL PRIVILEGES TO THAT DOCTOR?

A NO, THEY WOULD RECOMMEND REFER AND FOLLOW-UP

PRIVILEGES.

Q WHY WOULDN'T SURGICAL PRIVILEGES BE APPROPRIATE IN THAT CASE?

A BECAUSE SURGICAL PRIVILEGES ARE MEANT FOR PROVIDERS WHO PLAN TO PERFORM SURGERIES AT THAT HOSPITAL.

Q AND FOR PROVIDERS WHO EXCLUSIVE PERFORM SURGERIES IN THE OFFICE OR IN A CLINIC SETTING THERE'S NO NEED; IS THAT CORRECT?

A THAT IS CORRECT.

MS. JAROSLAW: JUST ONE MOMENT, YOUR HONOR, PLEASE. I HAVE NO FURTHER QUESTIONS.

THE COURT: THANK YOU, MA'AM. YOU MAY STAND DOWN. ANY OTHER EVIDENCE ON REBUTTAL?

MS. JAROSLAW: THE PLAINTIFFS REST, YOUR HONOR.

THE COURT: ANY OTHER BUSINESS BY EITHER SIDE?

MS. JAROSLAW: NOT BY THE PLAINTIFFS, YOUR HONOR.

MR. DUNCAN: I DON'T THINK SO, YOUR HONOR. NO.

THE COURT: ALL RIGHT. WELL, JUST A POINT OF PERSONAL PRIVILEGE I VERY, VERY MUCH ENJOYED, AND I HATE TO SAY IT, I MEAN OBVIOUSLY THIS IS A VERY IMPORTANT, A VERY DIFFICULT ISSUE, BUT WHEN I SAY "ENJOYED," I ENJOYED WATCHING VERY FINE TRIAL LAWYERS WORK. AND THIS WAS AN EXTREMELY WELL BRIEFED -- HAS BEEN AN EXTREMELY WELL BRIEFED, EXTREMELY WELL TRIED CASE ON BOTH SIDES. SO THE COURT APPRECIATES IT AND THANKS YOU FOR THAT.

SO IF THERE'S ANYTHING -- IF THERE IS NOTHING FURTHER, THEN WE WILL ADJOURN AND WE'LL AWAIT THE POST-TRIAL BRIEFING.

MS. JAROSLAW: THANK YOU, YOUR HONOR.

MR. DUNCAN: THANK YOU, YOUR HONOR.

REPORTER'S NOTE: (WHEREUPON COURT WAS ADJOURNED.)

C E R T I F I C A T E

I CERTIFY THAT THE FOREGOING IS A CORRECT TRANSCRIPT FROM THE RECORD OF THE PROCEEDINGS IN THE ABOVE-ENTITLED NUMBERED MATTER.

S:/GINA DELATTE-RICHARD

GINA DELATTE-RICHARD, CCR

OFFICIAL COURT REPORTER