

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

NO. D-202-CV-2018-05696

TINA ADKINS, individually
and as Personal Representative
of the ESTATE of
KEISHA MARIE ATKINS,
and NICOLE ATKINS,

Plaintiff(s),

vs.

CURTIS BOYD, M.D. P.C. d/b/a
SOUTHWESTERN WOMEN'S OPTIONS,
CURTIS W. BOYD, Individually,
CARMEN LANDAU, Individually,
SHANNON CARR, Individually,
THE UNIVERSITY OF NEW MEXICO
BOARD OF REGENTS, THE UNIVERSITY
OF NEW MEXICO HEALTH SCIENCES
CENTER, LISA HOFLE, M.D.,
Individually, UNM MEDICAL GROUP,
INC., LILY BAYAT, M.D.,
Individually, and BRENDA PEREDA, M.D.,
Individually ,

Defendant(s).

ORAL AND VIDEOTAPED DEPOSITION OF
SHANNON CARR, M.D.
OCTOBER 21, 2019
9:14 A.M.
MICHAEL J. SEIBEL & ASSOCIATES
8500 MENAUL NE, SUITE A319
ALBUQUERQUE, NEW MEXICO

PURSUANT TO THE NEW MEXICO RULES OF CIVIL PROCEDURE,
this deposition was:

TAKEN BY: MR. JUSTIN HALL, ESQ.
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1

2 THE VIDEO TECHNICIAN: Today is Monday

3 the 21st of October, 2019. Time is approximately

4 9:14 a.m. We're on the record. My name is Brian

5 Padilla, videotaping for Paul Baca Court Reporters. The

6 court reporter is Belen Soto, also representing Paul

7 Baca Court Reporters.

8 We're here for the deposition of Shannon

9 Carr in the matter of Tina Adkins, Individually and As

10 Personal Representative of the Estate of Keisha Marie

11 Adkins and Nicole Adkins versus Curtis Boyd, MD PC,

12 doing business as Southwestern Women's Options, et al.

13 Today's deposition is being held at the

14 law offices of Michael J. Siebel located in Albuquerque,

15 New Mexico.

16 Counsel, please state your appearances and

17 who they represent.

18 MR. HALL: Justin Hall here for the

19 plaintiff.

20 MR. SIEBEL: Mike Siebel here for the

21 plaintiff.

22 MS. ROMANO: Carol Romano here for

23 Dr. Curtis Boyd, Southwestern Women's Options,

24 Dr. Shannon Carr and Dr. Carmen Landau.

25 THE VIDEO TECHNICIAN: Court reporter

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1 will please swear in the witness.

2 DR. SHANNON CARR

3 Being first duly sworn, testified as follows:)

4 EXAMINATION

5 BY MR. HALL:

6 **Q. Dr. Carr, how are you today?**

7 A. Great.

8 **Q. Would you please state your name again for the**

9 **record?**

10 A. Shannon Carr.

11 **Q. And Dr. Carr, you understand you're here for a**

12 **deposition?**

13 A. Yes.

14 **Q. And the deposition is as a result or stemming**

15 **from a lawsuit that's been filed against you by the**

16 **estate of Keisha Adkins.**

17 **Is that your understanding?**

18 A. Yes, sir.

19 **Q. And Keisha Adkins is one of your former**

20 **patients, correct?**

21 A. Correct.

22 **Q. And you have an attorney here in the deposition**

23 **with you?**

24 A. Yes.

25 **Q. And your attorney is sitting to your right?**

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1 A. Correct.

2 **Q. This deposition, just for ground rule sake,**

3 **it's my understanding that you may -- this may be your**

4 **second time to have been deposed; is that correct?**

5 MS. ROMANO: Form.

6 **Q (By Mr. Hall) Better way to ask that, have you**

7 **ever been deposed?**

8 A. Yes.

9 **Q. All right. And when was that deposition?**

10 A. May of -- you'd think it would be tattooed on

11 my brain -- I think it was May of -- we moved in -- May

12 of 2016.

13 **Q. Okay. And what was the deposition for?**

14 A. I was compelled to appear before the house

15 committee, select committee, on infant lives.

16 **Q. Okay. And where did that deposition take**

17 **place?**

18 A. Where?

19 **Q. Yes, ma'am.**

20 A. In Washington, D.C., in -- yeah.

21 **Q. And just for the purposes of the ground rules,**

22 **they're probably pretty similar, you're just going to be**

23 **giving verbal responses today.**

24 **You understand?**

25 A. Yes.

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1 **Q. And if you ask me to repeat a question, I will**

2 **be happy to do so. I'm not always the clear question**

3 **asker. So, if you would just ask me to repeat if you**

4 **don't understand. Fair enough?**

5 A. Fair.

6 **Q. All right. If you don't ask me to repeat a**

7 **question, I'll assume that you understood the question.**

8 A. Okay.

9 **Q. And if you need to take a break for any reason,**

10 **please ask to do so. This is not a marathon. Fair**

11 **enough?**

12 A. Fair.

13 **Q. All right. And just as a precaution, if you**

14 **would continue to make verbal responses as opposed to**

15 **head nods or head shakes.**

16 A. Um-hum.

17 **Q. If you would also answer yes or no in response**

18 **to a question that calls for that as opposed to a uh-huh**

19 **or an uh-uh.**

20 A. Um-hum.

21 **Q. Fair enough?**

22 A. Fair enough. There you have it. Yes.

23 **Q. And, again, the purpose of that is to make --**

24 A. Right.

25 **Q. -- our court record clear. Okay?**

1 A. I understand.

2 **Q. All right. Now, your appearance here today**
3 **was -- you were sent a subpoena duces tecum.**

4 **Did you bring any documents to the**
5 **deposition with you?**

6 A. I -- I personally have not brought any
7 documents with me.

8 (Exhibit Number 1, marked for
9 identification.)

10 **Q (By Mr. Hall) And I'm going to hand you what**
11 **I've previously marked as Exhibit Number 1 to your**
12 **deposition. And I'll represent to you that's a copy of**
13 **the video notice deposition duces tecum for your**
14 **deposition.**

15 MS. ROMANO: She's aware that I filed
16 objections to this.

17 **Q (By Mr. Hall) All right. And have you ever**
18 **seen this document before?**

19 A. (Witness reviews documents.)

20 I -- I don't believe this specific
21 document.

22 THE WITNESS: Is this the one that we had
23 filed?

24 MS. ROMANO: No. That's what we sent you
25 when we were notified that your deposition was going to

1 **Q (By Mr. Hall) All right. Would you agree to**
2 **supplement the production with your current curriculum**
3 **vitae?**

4 A. Yes.

5 **Q. All right. Based on this document, my**
6 **understanding is you currently live in Maine, correct?**

7 A. Yeah. This does not reflect that, but yes I do
8 currently live in Maine.

9 **Q. Yes, ma'am. Whereabouts is that?**

10 A. In -- the address is 28 Poor Farm Road,
11 P-O-O-R, Farm Road. The town is Bristol, B-R-I-S-T-O-L.
12 And the zip code's 04539.

13 **Q. And how long have you lived there?**

14 A. We moved back there in July of 2018, from
15 Albuquerque.

16 **Q. All right. And what was the reason for your**
17 **moving back to Maine?**

18 A. To relocate back to where we were prior to
19 being in Albuquerque, we had a home there.

20 **Q. And you're referring to "we," is that you and**
21 **your spouse?**

22 A. Yes.

23 **Q. All right.**

24 A. And two cats.

25 **Q. What's your spouse's name?**

1 be taken.

2 THE WITNESS: Okay.

3 Then if I did, it was online when -- I
4 have limited power at my house. So, I -- I -- I don't
5 know how to answer that question, actually.

6 **Q (By Mr. Hall) Just for the record, fair to say**
7 **that you did not bring any documents responsive to that?**

8 A. Correct. Yes. Correct.

9 (Exhibit Number 2, marked for
10 identification.)

11 **Q (By Mr. Hall) I'm going to hand you what I**
12 **marked as Exhibit Number 2.**

13 **Would you look at that?**

14 A. Um-hum.

15 **Q. Do you recognize that document?**

16 A. Yes.

17 **Q. What document is that?**

18 A. This is a old curriculum vitae of mine, not
19 up-to-date.

20 **Q. And do you have a more current CV or curriculum**
21 **vitae?**

22 A. Yes.

23 MS. ROMANO: I didn't -- I don't know if
24 I brought it, but I could look for it on here and email
25 it to you.

1 A. Mark Ward, W-A-R-D.

2 **Q. And what does Mr. Ward do for a living?**

3 A. He is a -- an ecologist.

4 **Q. All right. And how long have you been married?**

5 A. Five years. Together almost 20, technically.

6 **Q. All right. And have you ever lived in**
7 **New Mexico?**

8 A. In New Mexico?

9 **Q. Yes, ma'am.**

10 A. Yes.

11 **Q. When was the last time you lived in New Mexico?**

12 A. July of 2018.

13 **Q. All right. And what was your address here in**
14 **New Mexico?**

15 A. 3424 Campus Boulevard Northeast.

16 **Q. All right.**

17 A. In Albuquerque.

18 **Q. And that address is accurately reflected on**
19 **Exhibit Number 2?**

20 A. Yes, sir.

21 **Q. Now, with regard to your education, would you**
22 **please give us a brief summary of your education?**

23 A. Starting from what point?

24 **Q. High school, please.**

25 A. High school. Completed high school in -- at

- 1 Freeburg Community High School in Freeburg, Illinois.
- 2 **Q. What year was that?**
- 3 A. I graduated in 1984. Whew, that was back a
- 4 while. I like to forget those days. And then I went to
- 5 the University of Illinois in Champaign-Urbana for
- 6 approximately -- let me think about this --
- 7 approximately two -- two years -- one and a half to two
- 8 years. And then took a break from college.
- 9 **Q. What was your course of study when you were at**
- 10 **University of Illinois Champaign?**
- 11 A. Biomechanical engineering.
- 12 **Q. And what year was it that you took your break?**
- 13 A. I think I left in 1986.
- 14 **Q. Okay. And then you returned to school?**
- 15 A. I returned to school in 1991, to the University
- 16 of Maine at Farmington, Maine, to complete courses in
- 17 preparation to, hopefully, get into medical school.
- 18 **Q. And how long did you stay at University of**
- 19 **Maine at Farmington?**
- 20 A. I graduated May of 1994.
- 21 **Q. What was your degree?**
- 22 A. Biology.
- 23 **Q. Did you also obtain a degree in engineering?**
- 24 A. No.
- 25 **Q. And then where did you go to school after**

- 1 **graduating from University of Maine Farmington?**
- 2 A. To Burlington, Vermont, College of Medicine in
- 3 Burlington, Vermont.
- 4 **Q. And was that your medical school?**
- 5 A. Yeah. Yes.
- 6 **Q. And what year was that?**
- 7 A. I graduated in 2000.
- 8 **Q. Did you leave University of Maine in Farmington**
- 9 **in 1994 with your degree and then immediately enter**
- 10 **medical school at Burlington, Vermont?**
- 11 A. Yes.
- 12 **Q. Once you graduated medical school, where did**
- 13 **you go after that?**
- 14 A. I went to Maine Medical Center to -- to do my
- 15 residency program. Maine Medical Center in Portland,
- 16 Maine.
- 17 **Q. And if you could, just give us a brief summary**
- 18 **of those years.**
- 19 A. 2000 to 2004, it's a four-year residency.
- 20 **Q. And then where did you go?**
- 21 A. I -- we moved up to Bristol, Maine, the address
- 22 that I gave you before, to practice in a local hospital
- 23 there.
- 24 **Q. And so you obtained your Maine medical license?**
- 25 A. Yes.

- 1 **Q. And did you obtain that while you were a**
- 2 **resident or is that only something you obtained after?**
- 3 A. I can't recall specifically how it happened at
- 4 that time. But when you're a resident, you have a Maine
- 5 license. And there's a -- what happens is -- I believe
- 6 at the time like I didn't have to go through a lot of
- 7 hoops and jumping through things to get my actual Maine
- 8 license because I'd just come out of the residency.
- 9 Every state is different. But I don't
- 10 remember there me going through some large application
- 11 process to initiate having a Maine medical license. It
- 12 was there in place when I was a resident. And I think
- 13 as long as you stay in that state that that -- that
- 14 transition happens seamlessly.
- 15 **Q. When you were a resident, did you have hospital**
- 16 **privileges in Maine?**
- 17 A. Only at the resident -- the hospital where I
- 18 was training, Maine Medical Center.
- 19 **Q. When you were practicing in Bristol, Maine at**
- 20 **your medical practice, did you have hospital privileges?**
- 21 A. Yes. Yeah, that was it. At the time --
- 22 they've changed -- but at the time it was Miles Memorial
- 23 Hospital in Damariscotta, Maine -- and I can spell that
- 24 for you if you need me to. D-A-M-A-R-I-S-C-O-T-T-A.
- 25 **Q. And if you could, explain for the jury the**

- 1 **purpose of your having hospital privileges as a doctor.**
- 2 A. At Miles Memorial Hospital?
- 3 **Q. Yes, ma'am.**
- 4 A. Yeah. To deliver care to women who were in
- 5 need of hospital care. For example, in labor having a
- 6 baby, coming in for surgeries, day surgeries,
- 7 hysterectomies, what have you, who needed -- women who
- 8 needed inpatient care.
- 9 **Q. And when you say "inpatient care," you're**
- 10 **referring to care in a hospital?**
- 11 A. Correct.
- 12 **Q. All right. And what, if any, specialties did**
- 13 **you have in Maine when you were practicing as a doctor?**
- 14 A. None other than general obstetrics and
- 15 gynecology.
- 16 **Q. Did you say general?**
- 17 A. General obstetrics and gynecology, yeah. Low
- 18 risk stuff.
- 19 **Q. Okay.**
- 20 A. Tiny hospital.
- 21 **Q. And the abbreviation for that is typically**
- 22 **known as OBGYN?**
- 23 A. Yes.
- 24 **Q. And how long did you stay practicing as a**
- 25 **doctor in Bristol, Maine?**

1 A. In Damariscotta, I was there for -- let me
 2 think -- 2004 to 2011 -- seven years.
 3 **Q. And throughout the course of the seven years of**
 4 **your practicing medicine there did you obtain any other**
 5 **specialties or any specialties?**
 6 A. No.
 7 **Q. How about board certifications?**
 8 A. Board certification was in 2006 with the
 9 American College -- American Board of OBGYN. I did that
 10 in 2006.
 11 **Q. All right. And just so we're clear on the**
 12 **dates, you practiced medicine from approximately 2004,**
 13 **for seven years from 2004, so that would bring you up to**
 14 **2011?**
 15 (NOTE: Mr. Mark Riley enters room
 16 A. Yes.
 17 **Q. So, you remained practicing medicine there in**
 18 **Bristol, Maine --**
 19 A. Or Damariscotta.
 20 **Q. Damariscotta, is that the name of the hospital**
 21 **or the --**
 22 A. That's the name of the town. I traveled
 23 five miles to get across the township. They're small
 24 towns.
 25 **Q. Okay.**

1 A. So, yeah.
 2 **Q. So, from 2004 to 2011 you practiced medicine in**
 3 **Damariscotta --**
 4 A. Yes.
 5 **Q. -- right?**
 6 A. Yes. At Miles Memorial Hospital.
 7 **Q. Okay. And during the course of those seven**
 8 **years of practicing medicine there in Damariscotta,**
 9 **Maine, you did obtain a board certification?**
 10 A. Yes.
 11 **Q. And if you could again, for my sake, what was**
 12 **the board certification?**
 13 A. The American Board of Obstetricians and
 14 Gynecology -- Gynecologists.
 15 **Q. All right. 2011, where did you move from**
 16 **there?**
 17 A. I didn't move. I shifted my practice to
 18 St. Mary's Regional Medical Center in Lewiston, Maine.
 19 **Q. What was the town?**
 20 A. Lewiston, L-E-W-I-S-T-O-N.
 21 **Q. And St. Mary's Regional was a hospital there in**
 22 **Lewiston, Maine?**
 23 A. Yes.
 24 **Q. And who did you work for at that time?**
 25 A. It was a hospital-owned OBGYN practice, again

1 general obstetrics and gynecology.
 2 **Q. And how long did you stay there at St. Mary's**
 3 **Regional?**
 4 A. Through June of 2012.
 5 **Q. And I assume, obviously, that if you're working**
 6 **for a hospital you've got privileges --**
 7 A. Yes.
 8 **Q. -- at that hospital?**
 9 A. Yeah.
 10 **Q. Any other hospitals in Lewiston, Maine?**
 11 A. No. No.
 12 **Q. And in June of 2012, did you leave their**
 13 **employment?**
 14 A. Yes.
 15 **Q. What was the reason for that?**
 16 A. I had previously applied for a position in a
 17 family planning fellowship and was accepted at the
 18 University of New Mexico.
 19 **Q. And what was the reason for your applying for a**
 20 **family planning fellowship?**
 21 A. It was a career change that I wanted to make to
 22 focus more.
 23 **Q. What did you want to focus on?**
 24 A. Family planning.
 25 **Q. And how did you hear about the Family Planning**

1 **Fellowship at the University of New Mexico?**
 2 A. Not -- well, not -- just in general, the family
 3 planning fellowship. I had had former colleagues who
 4 had completed the fellowship and, you know, word of
 5 mouth in the community.
 6 **Q. And I take it that you made your application**
 7 **for the family planning fellowship before leaving**
 8 **St. Mary's Regional in Lewiston, Maine?**
 9 A. Yes. Yeah. Yeah.
 10 **Q. And you were accepted into the program. And**
 11 **once you were accepted, then you gave your notice at**
 12 **St. Mary's Regional?**
 13 A. Yes. And they knew that when I was hired. I
 14 said, "I'm applying for this fellowship. And should I
 15 get a position, I'll be leaving at about this time."
 16 Yeah.
 17 **Q. And can you explain for the jury what exactly**
 18 **the fellowship entailed? What was involved?**
 19 A. Yeah. So, the fellowship in family planning is
 20 a two-year program that focuses on contraception and
 21 abortion services. They also have a component of
 22 research training. And each program is different in how
 23 they structure that, you know, what kind of -- whether
 24 it's a master's in public health or some other way they
 25 funnel their fellows into a research training program.

1 There's a component of international work
2 whereby the fellows will travel somewhere outside of the
3 US for some degree of time. Each fellowship kind of
4 structures things differently, at least it was when I
5 was there.

6 And then there's the usual -- the clinical
7 work. You work with the residents and the medical
8 students and you serve as an attending on call for labor
9 and delivery. It's a fairly busy two years.

10 **Q. And was there any specific aspect about the**
11 **family planning fellowship at UNM that attracted you to**
12 **that program specifically?**

13 A. No. No, not specifically. I would say I --
14 again, it's a small community, and I -- you know, I
15 was -- I was told by some people who -- it was a -- it
16 was a new fellowship at the time. There had only been
17 one fellow prior to me. So, there was one -- one
18 fellow, and then I was the second fellow that they took,
19 so it was a new program. That -- that was -- that was a
20 nice idea just that I would be kind of at the beginning
21 of establishing, you know, helping establish what the
22 program's going to look like and grow into.

23 Moving out here. You know, a lot of
24 fellows or a lot of prospective fellows apply to a lot
25 of different programs. Being where I am and was in life

1 everybody.

2 **Q. All right. And the clinical work that you were**
3 **going to do, or you did do, at the Family Planning**
4 **Fellowship at the University of New Mexico, what was**
5 **that clinical work?**

6 A. It would range from general obstetrics and
7 gynecology to more specifically contraception and
8 abortion care.

9 **Q. All right. Did the clinic have a name?**

10 A. Center for Reproductive Health.

11 **Q. All right. And what -- and did you work for --**
12 **or work with Dr. Boyd at that Center for Reproductive**
13 **Health?**

14 A. No.

15 **Q. Did you work with Dr. Eve Espey at the Center**
16 **for Reproductive Health?**

17 A. Yes.

18 **Q. Do you recall the names of the residents that**
19 **you worked with at the Center for Reproductive Health**
20 **while you were completing the Family Planning Fellowship**
21 **at University of New Mexico?**

22 A. You could go back and look at the -- I don't --
23 specific names, they were the residents that happened to
24 be residents when I was there from 2012 to 2014. And
25 not all of them rotated through that clinic while I was

1 and not operating in a vacuum, I've got a partner with
2 me, right, it's like where would we like to go. We have
3 family here, and so this was one of the places that kind
4 of foot that bill, so . . .

5 **Q. And do you know who the founder or the creator**
6 **of the University of New Mexico Family Planning**
7 **Fellowship was at that time?**

8 A. At specifically UNM?

9 **Q. Yes, ma'am.**

10 A. Yeah. I'm sorry, I get UVN and UNM, I've got
11 two different colleges that are very the same in my
12 brain.

13 **Q. I'll try to say University of New Mexico.**

14 A. No, no, no, you're fine. I just want to -- it
15 was initiated -- I'm not sure -- I can't say for
16 certain, Dr. Eve Espey. I think Tony Ogburn was in
17 instrumental. I think they all worked together. I'm
18 not sure who actually was the one who put forth the
19 application to become a fellowship site. I believe it
20 was probably Eve Espey, ultimately.

21 **Q. And is Eve Espey an OBGYN doctor?**

22 A. Yes.

23 **Q. And is Tony Ogburn an OBGYN doctor?**

24 A. Yes. And he might not have been. I don't know
25 what his place in that is, you know, everybody knows

1 there. So, I, you know, couldn't speak to that
2 specifically.

3 **Q. Did Planned Parenthood have any involvement in**
4 **the Family Planning Fellowship at the University of New**
5 **Mexico?**

6 A. What -- that seemed to have evolved -- and I
7 don't know where they're at now with that -- over the
8 time I was there at the fellowship. There was not a
9 formalized arrangement when I started the fellowship.
10 Obviously, Planned Parenthood is in that community. And
11 towards the end of my time in the fellowship -- so that
12 would be probably spring of 2014 -- the New Mexico
13 Planned Parenthood, for lack of a better way to put it,
14 I don't know, taken over, absorbed, by Rocky Mountain
15 Planned Parenthood out of Colorado. And they started to
16 set up a more formalized arrangement of fellows and UNM
17 faculty coming to provide. Again, that was at the end
18 of my term, so I don't know -- it definitely was
19 something that changed while I was there, so yeah.

20 **Q. And who were the instructors from the**
21 **University of New Mexico at the Center for Reproductive**
22 **Health when you were there in the Family Planning**
23 **Fellowship?**

24 A. Yeah. The ones that would be overseeing me?

25 **Q. Yes, ma'am.**

1 A. Yeah. Um, we already said Eve Espey, Rameet
2 Singh. Those were the primary. Every once in a while
3 Dr. Ogburn would be there.

4 **Q. Was Dr. Ogburn a member of the University of
5 New Mexico faculty?**

6 A. Yes. Yeah.

7 **Q. Anybody else you can think of?**

8 A. No.

9 **Q. While you were in the family planning
10 fellowship at the Center for Reproductive Health, were
11 there any instructors that rotated in to assist and/or
12 to teach from Southwest Women's Options?**

13 A. Through that clinic?

14 **Q. Yes, ma'am.**

15 A. No.

16 **Q. I want to talk about some things on your CV,
17 your professional societies. Can you just give us a
18 brief rundown of -- of what those societies are that
19 you're a member of? And if you could, update us on any
20 societies that you've joined since this 2014 curriculum
21 vitae.**

22 A. So, you're referring to membership and
23 professional societies, that chunk of my -- just to be
24 clear?

25 **Q. Yes, ma'am.**

1 ethics. Committee on long acting reversible
2 contraception. So, they kind of establish, oftentimes
3 vague, but -- but guidelines, academic guidelines, by
4 which OBGYN's can take into account and practice by.

5 **Q. So, is it fair to say that ACOG is a
6 well-respected professional society in your --**

7 A. Yeah.

8 **Q. -- specialty?**

9 A. Yeah. Yeah. And they have that combination
10 with the ABOG, the American Board, you know, you're
11 boarded through the board and -- yeah.

12 **Q. So, they help set the standards for the board
13 certification that you obtained?**

14 A. I would -- I can't speak to the interworkings
15 of that, but I -- yes. I -- I think that they work in
16 tandem in that way, I would assume.

17 **Q. And as a junior fellow, you were on a course or
18 track of becoming a fellow for ACOG?**

19 A. Yeah. Yes. When you're -- when you're a
20 resident, oftentimes you -- you establish your
21 fellowship status as a resident, and you -- you become a
22 fellow after you pass your boards with ABOG, so yeah.

23 **Q. When you say "after you pass your boards with
24 ABOG" -- is that what you said?**

25 A. Yeah. American Board of OBGYN.

1 A. Yeah.

2 **Q. Are there any professional societies that
3 you've since become a member of since the drafting of
4 this CV in 2014?**

5 A. I'm thinking of who I pay dues to. I think
6 this covers it.

7 **Q. Okay.**

8 A. Yeah.

9 **Q. It says here that you were a Junior Fellow for
10 American College of Obstetrician and Gynecologists.
11 Can you tell me what the American College
12 of Obstetricians and Gynecologists is?**

13 A. The American College of Obstetricians/
14 Gynecologists -- ACOG is better, it's easier off the
15 tongue -- but they're -- they're -- they're basically
16 kind of a -- I would say the governing body of OBGYN in
17 terms of policies and practices and standard of care
18 sort of things. They -- they -- they put out the
19 monthly Green Journal. That's sort of the, if you will,
20 not comparing it to the New England Journal of Medicine
21 at all, but that -- that sort of level of literature.

22 And they have the committee structures.
23 They look at different aspects of OBGYN, underserved
24 populations. They look at, you know -- wow, I mean, you
25 could just look up all of the committees. Committee on

1 **Q. So, you're sort of a fellow in training. And
2 then once you pass your boards, you become a
3 full-fledged fellow of ACOG?**

4 A. Yeah. Once you jump through their hoops, yeah.

5 **Q. Okay.**

6 A. You've got to know. You -- you have to take --
7 you take written exams and you sit for oral boards. You
8 fly to Dallas, Texas and you get interrogated for
9 several hours and -- yeah, it's super fun.

10 **Q. Your current practice in Maine, where do you
11 work currently?**

12 A. I work at Maine General Hospital in Augusta,
13 Maine.

14 **Q. And what's the scope of your practice at Maine
15 General Hospital?**

16 A. I was hired there to practice office only
17 general OBGYN. I took the place of another woman who
18 had retired, just fulfilling that same role.

19 **Q. And when you say "office only," what are you
20 referring to?**

21 A. My primary role, unless called upon to do
22 otherwise, is to see women in -- women and families in
23 an office setting, not in a hospital setting.

24 **Q. Do you still -- or do you have hospital
25 privileges at Maine General Hospital?**

1 A. I do.

2 **Q. Even though you only have office only scope of**

3 **your work --**

4 A. Yeah.

5 **Q. -- you still have --**

6 A. Yes.

7 **Q. -- hospital privileges?**

8 A. Yes.

9 **Q. And what's the purpose of that?**

10 A. I'm sorry, of? Could you clarify it? Purpose

11 of?

12 **Q. Of maintaining hospital privileges?**

13 A. Yeah. It's important to do in the event that

14 I -- because I can do those things -- in the event that

15 my partners are busy, say, or if they need assistance on

16 a surgery and nobody else is available, or -- so kind of

17 a backstop, in a way, should they need assistance.

18 **Q. And how many partners do you have?**

19 A. Um, four other physicians. Yeah.

20 **Q. And at Maine General Hospital, do you currently**

21 **provide abortion services?**

22 A. No. In the -- in the context of -- I guess you

23 have to clarify what you mean by that, abortions.

24 **Q. Sure. Can you explain for the -- the jury what**

25 **exactly your understanding of abortion is or abortion**

1 **services?**

2 A. There's -- there's spontaneous abortion,

3 miscarriage. And, certainly, that is a necessary thing

4 for OBGYNs to do. A woman is having a miscarriage, and

5 assistance with passage through that, that period in her

6 clinical care. So, that is definitely within the scope

7 of practice.

8 Induced abortion meaning a woman is

9 pregnant and she wants to end the pregnancy. That is

10 not something that we do at that hospital.

11 **Q. Would it be fair to say the difference is**

12 **between spontaneous and elective abortion?**

13 A. I don't -- I don't -- elective, that -- that

14 term I feel is a little mischaracterized, meaning

15 it's -- it -- it's -- it sounds like cosmetic surgery a

16 little bit. But a woman chooses not to be pregnant

17 and -- for whatever medical or psychological reasons.

18 Induced abortion would be probably technically more

19 medically accurate.

20 **Q. And just so I understand, you do not provide**

21 **induced abortions in your current position with Maine**

22 **General Hospital?**

23 A. That's correct.

24 **Q. Do you refer patients out to clinics that do**

25 **provide induced abortions from your position at Maine**

1 **General Hospital?**

2 A. I have not yet. But I could if somebody came

3 to me pregnant and decided she didn't want to continue

4 the pregnancy. Maine is a small place. Everybody knows

5 where everything is. It's not a mystery.

6 **Q. Right. I'm going to hand you what I marked --**

7 **or what I'll mark as Exhibit Number 3 to your**

8 **deposition.**

9 (Exhibit Number 3, marked for

10 identification.)

11 **Q (By Mr. Hall) What I've handed you is Exhibit**

12 **Number 3.**

13 **Have you ever seen a -- that document?**

14 A. In -- not specifically, no.

15 **Q. And I'll represent to you that this is the code**

16 **of ethics --**

17 A. Um-hum.

18 **Q. -- that is associated with ACOG organization --**

19 A. Um-hum.

20 **Q. -- that I believe you testified you're a member**

21 **of --**

22 A. Um-hum.

23 **Q. -- if you would.**

24 **Is that fair to say?**

25 A. Yes. Yes.

1 **Q. And then with regard to this document, I'm just**

2 **going to read a few things and you can follow along with**

3 **me. And I'm going to ask you some questions about those**

4 **ethical cannons.**

5 **On the first page of Exhibit 3 it says**

6 **Ethical Foundations. The first sentence on**

7 **Roman numeral I it says: (Reading)**

8 **A Patient/Physician Relationship. The**

9 **welfare of the patient, beneficence, is**

10 **central to all considerations in the**

11 **patient/physician relationship.**

12 **Is that a statement that you agree with?**

13 A. Sure. Yes. Yes.

14 **Q. And that a -- a statement from ACOG that you**

15 **adhere to?**

16 A. Yes.

17 **Q. Okay. Roman numeral number II, if you'll skip**

18 **down, it says: (Reading)**

19 **Physician Conduct and Practice. The**

20 **obstetrician/gynecologist must deal**

21 **honestly with patients and colleagues.**

22 **And it has the word veracity in**

23 **parentheses. Do you agree with that statement?**

24 A. Yes.

25 **Q. And do you adhere to that statement?**

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1 A. Yes.

2 Q. It also says: (Reading)

3 This includes not misrepresenting him or

4 herself through any form of communication

5 in an untruthful, misleading or

6 deceptively manner.

7 Is that one of the ethical cannons that

8 you adhere to as a fellow of ACOG?

9 A. Yes.

10 Q. Okay. It says: (Reading)

11 Furthermore, maintenance of medical

12 competence through study, application and

13 enhancement of medical knowledge and

14 skills is an obligation of practicing

15 physicians.

16 Do you agree with that statement?

17 A. Yes.

18 Q. Do you adhere to that statement?

19 A. Yes.

20 Q. If you will, turning to the second page of

21 Exhibit Number 3 there's a specific code of conduct

22 listing. It says: (Reading)

23 Patient/Physician Relationship. Number

24 one, the patient/physician relationship is

25 a central focus of all ethical concerns,

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1 and the welfare of the patient must form

2 the basis of all medical judgment.

3 Do you agree with that statement?

4 A. Yes.

5 Q. Do you adhere to that statement?

6 A. Yes.

7 Q. Number two says: (Reading)

8 The obstetrician/gynecologist should serve

9 as the patient's advocate and exercise all

10 reasonable means to ensure that the most

11 appropriate care is provided to the

12 patient.

13 Do you agree with that statement?

14 A. Yes.

15 Q. And do you adhere to that statement?

16 A. Yes.

17 Q. Number three says: (Reading)

18 The patient/physician relationship has an

19 ethical basis and is built on

20 confidentiality, trust and honesty.

21 Do you agree with that statement?

22 A. Yes.

23 Q. And do you adhere to that statement?

24 A. Yes.

25 Q. Skipping down to No. 5 on Exhibit 3, the second

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1 page, the second sentence says: (Reading)

2 In obtaining informed consent for any

3 course of medical or surgical treatment

4 the obstetrician/gynecologist must present

5 to the patient or to the person legally

6 responsible for the patient pertinent

7 medical facts and recommendations

8 consistent with good medical practice.

9 Do you agree with that statement?

10 A. Yes.

11 Q. Do you adhere to that statement?

12 A. Yes.

13 Q. No. 6, skipping down: (Reading)

14 It is unethical to prescribe, provide or

15 seek compensation for therapies that are

16 of no benefit to the patient.

17 Do you agree with that statement?

18 A. Yes.

19 Q. Do you adhere to that statement?

20 A. Yes.

21 Q. Skipping down do Roman numeral number II under

22 Physician Conduct and Practice number one says:

23 (Reading)

24 The obstetrician/gynecologist should

25 recognize the boundaries of his or her

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1 particular competencies and expertise and

2 must provide only those services and use

3 only those techniques for which he or she

4 is qualified by education, training and

5 experience.

6 Do you agree with that statement?

7 A. Yes.

8 Q. All right. If you will, turn to the next page

9 under Roman numeral III, there's a subheading on the

10 ACOG Code of Professional Ethics that says Conflicts of

11 Interest. Number one, the second sentence says:

12 (Reading)

13 If there's an actual or potential conflict

14 of interest that could be reasonably

15 construed to affect significantly the

16 patient's care, the physician must

17 disclose the conflict to the patient.

18 Do you agree with that statement?

19 A. Yes.

20 Q. Do you adhere to that statement?

21 A. Yes.

22 Q. Number three: (Reading)

23 The obstetrician/gynecologist should

24 prescribe drugs, devices and other

25 treatment solely on the basis of medical

1 consideration and patient needs,
 2 regardless of any direct or indirect
 3 interest in or benefit from a
 4 pharmaceutical firm or other supplier.
 5 Do you agree with that?
 6 A. Yes.
 7 Q. You adhere to that?
 8 A. Yes.
 9 Q. If you'll now skip to the last page of
 10 Exhibit 3, Societal Responsibilities, Number 4 says:
 11 (Reading)
 12 The obstetrician/gynecologist must not
 13 knowingly offer testimony that is false.
 14 Do you agree with that statement?
 15 A. Yes.
 16 Q. Do you adhere to that statement?
 17 A. Yes.
 18 Q. Number 6: (Reading)
 19 Before offering testimony the
 20 obstetrician/gynecologist must thoroughly
 21 review the medical facts of the case and
 22 all available relevant information.
 23 Do you agree with that statement?
 24 A. Yes.
 25 Q. Do you adhere to that statement?

1 A. Yes.
 2 Q. Now, back in 2017 our understanding is that you
 3 were employed by Southwest Women's Options; is that
 4 correct?
 5 A. Correct.
 6 Q. And it's also our understanding that you had a
 7 contract with Southwest Women's Options; is that
 8 correct?
 9 A. Yes.
 10 Q. In 2017, did you have any other contracts with
 11 any other employers or agencies? And it's not a trick
 12 question, I -- I know have you a contract with Southwest
 13 Women's Options. I'm curious if you had any other --
 14 A. Right.
 15 Q. -- contracts or business relationships.
 16 A. No. No.
 17 Q. And my understanding is that back in 2017 you
 18 were providing what you referred to as induction
 19 abortions; is that correct?
 20 A. Yes. At that clinic, yeah.
 21 Q. And was that one of your sole responsibilities
 22 there at that clinic?
 23 A. It was one of my responsibilities at that
 24 clinic.
 25 Q. Did you also provide abortions at other

1 clinics?
 2 A. Yes.
 3 Q. What other clinics did you provide abortions
 4 at?
 5 A. Southwestern Women's Surgery Center in Dallas,
 6 Texas, owned by the same people.
 7 Q. Were the abortions that you were providing at
 8 Southwestern Surgery Center, were those part of the
 9 scope of your employment under your contract with
 10 Southwest Women's Options?
 11 A. Yes.
 12 Q. And as far as your travel to Dallas -- because
 13 my understanding, again, you were living in
 14 Albuquerque -- as far as your travel to Dallas for the
 15 purpose of performing abortions at Southwest Women's
 16 Surgical Center, were you compensated or reimbursed for
 17 those travel expenses?
 18 A. Yes.
 19 Q. And if you could, just briefly explain that
 20 process back in 2017.
 21 A. How -- how travel reimbursements took place?
 22 Q. Yes, ma'am.
 23 A. So, I would make my travel arrangements to go
 24 to Dallas, the air flight. In 2017 I had my own car in
 25 Dallas, so I didn't -- wasn't renting a car. So, it

1 was -- I believe at that time just -- just the air
 2 flight. And so I would -- after the travel took place I
 3 would submit those receipts to the -- the person doing
 4 the accounting and that reimbursement in Dallas.
 5 Q. And who was that person doing the accounting
 6 for reimbursement in Dallas?
 7 A. Nancy Cole.
 8 Q. And who was she employed by, if you know?
 9 A. Curtis Boyd.
 10 Q. And then would you be directly reimbursed from
 11 a check that Nancy Cole gave you, or how would that take
 12 place?
 13 A. Direct deposit.
 14 Q. And the checks that you -- well, they were
 15 direct deposit so you didn't receive a check.
 16 How would you keep track of your traveling
 17 expenses?
 18 A. Very carefully. I mean . . .
 19 Q. And do you know which one of the clinics was
 20 actually doing the reimbursing? In other words, was it
 21 Southwest Women's Options or was it Southwest Women's
 22 Surgical Center?
 23 A. Right. My understanding at that time was that
 24 that was coming through the Dall -- that the -- the
 25 flights were coming through the Dallas clinic.

1 Q. And were there other doctors at Southwest
2 Women's Options who were also engaging in the same
3 practice of providing abortion services in Dallas as
4 well as Albuquerque?

5 A. No. I was the only one at both.

6 Q. And were you specifically asked by your
7 employer to make those -- to provide those abortion
8 services in Dallas as well as New Mexico?

9 A. Yes.

10 Q. And who asked you to perform the services in
11 Dallas?

12 A. Dr. Boyd.

13 Q. And do you know the reason? Did he give you a
14 reason why he wanted you to travel to Dallas to help
15 with abortion services there?

16 A. I was -- I was needed there. There weren't
17 enough physicians to meet the needs of the women and
18 families.

19 Q. Do you know how many physicians or doctors were
20 providing abortion services in 2017 at Southwest Women's
21 Surgical Center?

22 A. In Dallas?

23 Q. Yes.

24 A. Sorry, I do -- okay.

25 Q. Yes, ma'am.

1 Q. And approximately how many abortions would you
2 do on one of your trips to Dallas?

3 A. Boy, that number would vary. The entire trip?

4 Q. Yeah. I guess it's better to back up a little
5 bit and say how long, typically, would your trips be in
6 Dallas when you were going there to work at the
7 Southwest Women's Surgery Center?

8 A. That -- that would change based on need. If --
9 I would say a typical week I would be there for three
10 clinical days. One day of which was spent assessing
11 women, informed consent, and performing the ultrasound
12 and the state mandated information. And then the next
13 two days would be performing procedures. That's --
14 that's a general gist.

15 Q. And was it your practice to refer women from
16 the Dallas clinic back to the New Mexico clinic if the
17 need arose?

18 A. Yes, if the need arose. If there was a patient
19 that was not -- typically that would be in the case that
20 a woman presented to our Dallas clinic that was beyond
21 the gestational age limit of Texas state law.

22 Q. And what was the gestational age limit of Texas
23 state law back in 2017?

24 A. Twenty-one weeks and six days.

25 Q. Okay. And would you refer that patient to the

1 A. At that time?

2 Q. Yes, ma'am.

3 A. I can't give you the exact number because it
4 would sometimes shift. I can tell you that -- again,
5 some just worked on weekends, so, I -- I don't -- I
6 can't give you an exact number. Under ten, I think.

7 Q. And how many doctors were employed at Southwest
8 Women's Options in 2017?

9 A. Three if you include myself.

10 Q. And who were those doctors, including yourself?

11 A. Shelley Sella, Carmen Landau and myself.

12 Q. And did you have a Texas medical license for
13 the purpose of providing abortion services at Southwest
14 Surgery Center?

15 A. Yes.

16 Q. Did either of your other fellow doctors at
17 Southwest Women's Options, did they have Texas licenses
18 as well?

19 A. I don't think so. I don't know for sure. I
20 don't believe so.

21 Q. And prior to your travel to Dallas to provide
22 abortion services, did you schedule the abortions
23 yourself or did someone else schedule the abortions?

24 A. That was all done. Somebody else scheduled
25 them, yes.

1 New Mexico clinic specifically to yourself as her
2 doctor, or would you refer her to Dr. Sella or
3 Dr. Landau?

4 A. I didn't refer to any -- not to myself because
5 I was working more in the Dallas clinic. I would
6 just -- what the process was, we couldn't -- we never
7 made that phone call ourselves. It was, "Here's the
8 information. Here are the contact numbers at the -- at
9 our Albuquerque clinic." They -- we couldn't make that
10 call for them, of course they needed to do that for
11 themselves. But we would provide them with complete
12 information should they decide to pursue that, you know,
13 their -- their abortion in Albuquerque.

14 Q. And did you have the opportunity, then, to
15 treat the same patient when you returned to Albuquerque
16 back in 2017?

17 A. I don't -- I don't recall a time that that
18 would have taken place.

19 Q. But do you recall having made referrals to the
20 Albuquerque clinic when you were working at the Dallas
21 clinic?

22 A. Yeah. Rarely, but yes. Again, if somebody was
23 beyond our gestational age limit in Texas, we would
24 offer them the information for our Albuquerque clinic so
25 that they could make that choice.

1 **Q. Was there a company policy regarding those**
2 **referrals? "Company" meaning Dr. Boyd's clinic and/or**
3 **Southwest Surgery Center?**

4 A. I -- could you clarify that? I don't -- I'm
5 not sure --

6 **Q. Sure. Let me be more specific. Thank you.**
7 **Was there a written policy in effect for**
8 **those types of referrals that you were making from the**
9 **Dallas clinic to the New Mexico clinic?**

10 A. I'm not aware of a policy. The -- because of
11 the great distance that these women would have -- and I
12 don't know if I'm answering your question -- but from my
13 end, from a medical end, we would screen them medically.
14 For example, take their blood pressure. Get their
15 medical history. Their -- you know, take their blood
16 count to see if there was significant anemia.

17 In other words, medically clear them as
18 far as like doing a once-over and saying, okay -- with
19 the caveat that once they got there they would have to
20 undergo further assessment and evaluation by the
21 Albuquerque clinic. So, I -- you know, from a medical
22 standpoint I wouldn't just say, "Oh, yeah, here's the
23 number. Go call," you know, it would be more of a -- a
24 medical assessment.

25 **Q. And the medical assessment you indicated**

1 patients might seek care there. But we did have
2 inpatient lab or limited lab just to check our age
3 status and blood count. We could do sexually
4 transmitted infection screening.

5 **Q. Did you provide overnight care to the patients**
6 **when they were at the Southwest Surgery Center?**

7 A. No.

8 **Q. And as far as your -- well, let me ask this.**
9 **If you have an understanding of the business**
10 **relationship between the Dallas clinic and the**
11 **New Mexico clinic, is it fair to say that -- that you**
12 **were both operating under the umbrella of Dr. Curtis**
13 **Boyd's clinic?**

14 A. That's the way I considered it. He owned both
15 clinics and -- yeah.

16 **Q. And as far as your compensation for work that**
17 **you did in both clinics, is it fair to say that your**
18 **understanding was that your contract with Southwest**
19 **Women's Options covered both of the work that you did at**
20 **the Dallas clinic as well as the New Mexico clinic?**

21 A. Yes.

22 **Q. And who was the medical director of the**
23 **Southwest Surgery Center in Dallas?**

24 A. Robin Wallace.

25 **Q. And who was the medical director of the**

1 **included providing a blood count or blood count**
2 **assessment?**

3 A. Yeah. Lab work just to see if they were
4 severely anemic, for example. Were there -- had the
5 patient had multiple prior C-sections, you know, kind of
6 a -- a general medical history.

7 **Q. And the lab work that you were having performed**
8 **for the patient, was that done in-house at Southwest**
9 **Surgery Center?**

10 A. Yes.

11 **Q. So, there was a medical lab at Southwest**
12 **Surgery Center?**

13 A. Yes -- excuse me, yes.

14 **Q. Did you have a similar facility at Southwest**
15 **Women's Options?**

16 A. Compared to?

17 **Q. Southwestern Surgery Center?**

18 A. In what regards?

19 **Q. Well, how did the clinics match up as far as**
20 **the services that you were able to provide, were they**
21 **very similar or were there differences?**

22 A. The services were similar. Again, given the
23 gestational age restriction in Texas, that was not an
24 issue in the Albuquerque clinic. So, they went beyond
25 21 weeks and six days, which is why some of those

1 **Southwestern Women's Options clinic in Albuquerque in**
2 **2017?**

3 A. I -- I believe Shelley Sella had been, yeah. I
4 believe Shelley Sella.

5 **Q. And Ms. Wallace, is she a OBGYN?**

6 A. She's a family medicine physician.

7 **Q. And Ms. Sella, what is her specialty?**

8 A. Obstetrician/gynecologist.

9 **Q. While you were working at the Southwestern**
10 **Surgery Center in Dallas, was Ms. Wallace your**
11 **supervisor there at the clinic?**

12 A. Yes.

13 **Q. And then same question for Southwest Women's**
14 **Options, was Dr. Sella your supervisor at Southwest**
15 **Women's Options?**

16 A. Yes.

17 THE WITNESS: Could we take a quick
18 restroom?

19 MS. ROMANO: Yeah, I was just going to
20 ask that. We've been going about an hour so --

21 THE VIDEO TECHNICIAN: Going off the
22 record. Time is 10:14 a.m.

23 (Off the record 10:14 a.m. to

24 THE VIDEO TECHNICIAN: We're back on the
25 record. Time is 10:36.

1 **Q (By Mr. Hall) Dr. Carr, before we took the**
 2 **break we were talking about one of the clinic**
 3 **supervisors, the clinic supervisor, Robin Wallace at**
 4 **Southwestern Women's Surgery Center.**
 5 **How long had you known Ms. Wallace?**
 6 A. I first became acquainted with her when I
 7 started working in the Dallas clinic.
 8 **Q. Which was approximately?**
 9 A. September 2014.
 10 **Q. And working with Robin Wallace did you come to**
 11 **find her fairly competent in the areas of her specialty**
 12 **of family medicine physician?**
 13 A. She was a -- a provider at that clinic, just as
 14 I was, and in that realm, yes.
 15 **Q. All right. And did she understand the abortion**
 16 **process fairly well?**
 17 A. Yes.
 18 **Q. And was she a competent abortion services**
 19 **provider?**
 20 A. Absolutely.
 21 **Q. Was she one of the better abortion service**
 22 **providers that you'd encounter?**
 23 A. I would have to say so, yeah. She's very good.
 24 **Q. And as far as her working in the industry of**
 25 **providing abortion services, fair to say that she had**

1 up to 21/6 in Texas.
 2 **Q. And what are the two types of surgical**
 3 **procedural abortions that were performed at that**
 4 **Southwest Women's Surgical Center?**
 5 A. Suction aspiration, some would say DNC. It --
 6 you know, people bandy those about -- but suction
 7 aspiration and dilatation -- standard dilatation
 8 evacuation.
 9 **Q. Standard dilatation?**
 10 A. Yes. Or dilation and evacuation for
 11 extractions.
 12 **Q. What's involved in that process?**
 13 A. The -- the D&E, that's the --
 14 **Q. The dilation -- standard --**
 15 A. Standard D&E.
 16 **Q. I think you said standard D&E.**
 17 A. Yeah. Which aspects in particular, just . . .
 18 **Q. Could you -- could you distinguish between the**
 19 **suction aspiration --**
 20 A. Right.
 21 **Q. -- and the standard dilation and extraction?**
 22 A. The suction aspiration, generally speaking, for
 23 gestational ages -- and different providers go to
 24 different gestational ages with that procedure -- but,
 25 basically, with a -- a suction aspiration, using a

1 **done it for quite sometime?**
 2 A. I would have to -- I don't know her background
 3 prior -- well, prior to coming to Dallas, so I couldn't
 4 speak to that.
 5 **Q. But as far as her providing abortion services,**
 6 **she was very competent?**
 7 A. Yes.
 8 **Q. All right. And her knowledge of the types of**
 9 **abortions and the types of procedures was very high?**
 10 A. Yes. Those pertinent to the work we were doing
 11 in that -- or they do in that clinic.
 12 **Q. All right. And those abortions services, just**
 13 **so we're clear on the record, that they were used to**
 14 **doing or it was common place to do at Southwest Women's**
 15 **Surgery Center, what were those abortion services?**
 16 A. Medication abortion and then procedural
 17 abortions up to, as I said, 21 weeks and six days.
 18 **Q. When you say "procedural abortion" and "medical**
 19 **abortion," will you please distinguish those two for the**
 20 **jury?**
 21 A. Yeah. A medication abortion, that being
 22 interrupting a pregnancy with the use of medications up
 23 to ten weeks gestational age. And then procedural
 24 being -- some call it surgical -- but surgical removal
 25 of a pregnancy throughout the gestational age spectrum

1 suction device to remove the pregnancy only, plus/minus
 2 some degree of cervical preparation, meaning cervical
 3 softening and dilation.
 4 And then the D&E procedure being cervical
 5 preparation -- and again, that can happen in different
 6 ways -- and then removing the pregnancy with both
 7 instrumentation, forceps, and also suction.
 8 **Q. What about induction abortions where the fetus**
 9 **is injected with digoxin and then -- and then delivered**
 10 **as a stillborn --**
 11 A. Um-hum.
 12 **Q. -- were -- was that type of abortion --**
 13 MS. ROMANO: You need to say "yes".
 14 **Q (By Mr. Hall) Was that a yes?**
 15 A. No, I was -- I was just going okay.
 16 **Q. Is that a type of abortion that was provided at**
 17 **Southwestern Women's Surgery Center?**
 18 A. No.
 19 **Q. And why not?**
 20 A. Not -- not necessary to do so at that clinic.
 21 **Q. And is that because the gestational age**
 22 **limitations imposed by law would not make it necessary**
 23 **to use that induction abortion procedure that I**
 24 **described?**
 25 A. That is correct.

1 Q. And are those the types of abortions that were
 2 provided at Southwest Women's Options in Albuquerque,
 3 New Mexico?
 4 A. Correct.
 5 Q. Was Robin Wallace knowledgeable about the
 6 process or procedure of the induction abortion that I
 7 described?
 8 A. I don't know. I mean, I don't -- I can't speak
 9 to her specific knowledge of that as we did not do that
 10 in the Dallas clinic, whether or not, you know --
 11 Q. And as far your staying in contact with
 12 Ms. Wallace, do you still do that to this day?
 13 A. Occasionally.
 14 Q. And is she still working at Southwest Women's
 15 Surgical Center?
 16 A. Yes.
 17 Q. Is she still the medical director or
 18 supervisor?
 19 A. Yes.
 20 Q. And as far as the standard of care for
 21 providing abortion services to the patients at Southwest
 22 Women's Surgical Center, in your opinion, was Robin
 23 Wallace knowledgeable about the standards of care?
 24 A. Yes.
 25 MS. ROMANO: If I could just interrupt

1 MS. ROMANO: Form.
 2 Q (By Mr. Hall) And so as far as communicating
 3 with the Dallas office when you were in New Mexico, how
 4 would you go about doing that? Would you use your cell
 5 phone?
 6 A. Yeah. When appropriate, yeah.
 7 Q. Were you on call by the Dallas clinic or the
 8 Albuquerque clinic?
 9 A. I -- yeah, I was on call for the Dallas clinic.
 10 Q. And as a result of being on call with the
 11 Dallas clinic did you use your cell phone?
 12 A. Yes.
 13 Q. Did you have a regular office at the Dallas
 14 clinic?
 15 A. Not a -- not per se, no.
 16 Q. And what did your on call duties entail at the
 17 Dallas clinic?
 18 A. The nurses would field the phone calls. If
 19 they had any questions with regard to patient phone
 20 calls in the middle of the night, they would call me.
 21 If there was a problem overnight or a patient perceived
 22 a problem overnight and she felt she needed to be
 23 evaluated, we would do that, we would have her come in
 24 at the clinic.
 25 Q. And is that something, then, that only occurred

1 for a second. You keep saying "Southwest," it's
 2 Southwestern. Did you talk to him about this -- this is
 3 off the record.
 4 (Off the record
 5 THE VIDEO TECHNICIAN: We're off the
 6 record. Time is 10:43.
 7 (Off the record 10:43 p.m.
 8 THE VIDEO TECHNICIAN: We're back on the
 9 record. Time is 10:44.
 10 MR. HALL: For administrative purposes I
 11 do want to make a note and an apology. Each time that I
 12 was saying Southwest I was referring to Southwestern as
 13 the correct title and name --
 14 MS. ROMANO: You don't have to apologize.
 15 MR. HALL: -- of Southwestern Surgical
 16 Center. So, for the record, that's what I meant when I
 17 was misstating Southwestern name, it's Southwestern
 18 Surgical Center.
 19 Q (By Mr. Hall) Now, as far as your employment
 20 with Southwestern Women's Options, did you have a cell
 21 phone that was provided to you by the clinic?
 22 A. No.
 23 Q. Did you seek reimbursements for cell phone
 24 service that you used in your regular employment there?
 25 A. No.

1 when you were working in the Dallas clinic?
 2 A. As opposed to what?
 3 Q. The Southwestern Women's Options in
 4 Albuquerque?
 5 A. Correct, yeah.
 6 Q. So, the on call duties were current with your
 7 Dallas clinic obligations, but not with the New Mexico
 8 clinic obligations?
 9 A. Correct. Not in -- I should clarify. In -- in
 10 the Albuquerque clinic as I was in the process of trying
 11 to come up to speed with their -- the ways that they do
 12 things at the Albuquerque clinic I would offer to take
 13 call. But I was never like the -- I was never the
 14 official person on call, like Dr. Landau or Dr. Sella
 15 would be the person on call or staying overnight when
 16 necessary. That was -- was not my role. I just wanted
 17 to stay in touch with what was happening with the
 18 patients, and so -- if it was appropriate. It just was
 19 so exceedingly rare that that happened, so . . .
 20 Q. So, fair to say that you were not on call in
 21 Albuquerque because the other two doctors, Dr. Sella and
 22 Dr. Landau, were the on call doctors?
 23 A. Correct.
 24 (Exhibit Number 4, marked for
 25 identification.)

1 Q (By Mr. Hall) I'm going to hand you what's
 2 marked as Exhibit Number 4 to your deposition.
 3 Can you identify that document?
 4 A. Yes. This is a contract with -- with Curtis
 5 Boyd's clinic.
 6 Q. And is that your contract with Curtis Boyd's
 7 clinic?
 8 A. It appears to be, yeah.
 9 Q. And Exhibit 4 appears to be unsigned.
 10 Do you have a signed copy of this
 11 contract?
 12 A. Likely.
 13 Q. If you look on the last page of Exhibit
 14 Number 4, it does have a blank or a space for the date
 15 of the signature of the contract.
 16 Would you know when this contract was
 17 signed?
 18 A. Not specifically. Some time before -- you
 19 know, in and around September of 2014, I would imagine.
 20 Q. And did this contract provide or designate the
 21 scope of your service that you were to be providing to
 22 Curtis Boyd's clinic?
 23 A. It appears to, yes.
 24 Q. And was this contract in effect throughout the
 25 entire course of your employment with Curtis Boyd's

1 Q. All right. And if your work production
 2 reimbursement rate exceeded that minimum yearly salary,
 3 you would be paid the higher of the two?
 4 A. Yes.
 5 Q. There were no bonuses for work at the clinic,
 6 correct?
 7 A. No. Nothing over and above the -- the work
 8 that I did, no. Yeah, no.
 9 Q. And the work product reimbursement rate is set
 10 out based on a schedule of payments. And I believe that
 11 schedule is reflected here on the second page of Exhibit
 12 Number 4.
 13 A. Yeah. Those tables, yeah.
 14 Q. And the tables, then, have a work product
 15 reimbursement rate for a series of different procedures?
 16 A. Yes.
 17 Q. All right. And those procedures are listed
 18 here in these two tables, correct?
 19 A. Yes.
 20 Q. And the two tables that are on the second page
 21 of Exhibit Number 4 reflect pay for SWSC Dallas.
 22 Is that pay for abortion services that you
 23 provided at Southwestern Surgical Center in Dallas,
 24 Texas?
 25 A. Yes.

1 clinic?
 2 A. Yes.
 3 Q. To your knowledge, are there any other
 4 contracts that you would have signed with Curtis Boyd's
 5 clinic other than the one that we see here in Exhibit
 6 Number 4.
 7 A. I don't recall if I signed an updated one at
 8 any point in time. That could very well be. This does
 9 appear to be the original one.
 10 Q. If you go back through your documents and find
 11 a contract that would have updated this contract that
 12 you had signed, would you please provide that to your
 13 attorney?
 14 A. Yes.
 15 Q. Short of -- of being aware of any other
 16 contracts, for our purposes this is the only contract
 17 that we're aware of. Fair enough?
 18 A. Yes.
 19 Q. With regard to the compensation for this
 20 contract, it appears as if there were essentially a
 21 minimum salary fee structure that could be supplanted by
 22 a work production reimbursement rate. In other words,
 23 your work production reimbursement rate could exceed
 24 your yearly minimum salary. Fair enough?
 25 A. Correct.

1 Q. And then the second table on page 4 says pay
 2 for SWO Albuquerque.
 3 Is that a payment structure that was meant
 4 to apply to your work at Southwestern Women's Options in
 5 Albuquerque?
 6 A. Correct.
 7 Q. And of the work that you did at both clinics,
 8 then, would they be added together to create your
 9 complete or total work production reimbursement rate?
 10 A. Yes.
 11 Q. And for any number of the years -- you worked
 12 from 2014 through 2017 --
 13 A. I -- my last trip to Dallas was June -- God,
 14 the move back to Maine really screwed me up -- I made a
 15 trip to Dallas -- my last trip to Dallas was the end of
 16 June of this year, 2019.
 17 Q. All right. Then is it fair to say, then, that
 18 you were working for Curtis Boyd at Southwestern Women's
 19 Surgical Center in Dallas up through June of 2019?
 20 A. Correct.
 21 Q. So, if your employment started sometime around
 22 September of 2014, it would have lasted a duration
 23 through June 2019?
 24 A. Correct.
 25 Q. So, that's approximately five years of work?

1 A. Correct.

2 **Q. During that five years of work, then, did this**
3 **contract apply to all of the work production**
4 **reimbursement rate calculations?**

5 A. Yes. And I -- I will say, I -- there might
6 have been a time where the compensation schedule
7 changed, whereby -- and I can't honestly say up or
8 down -- but that we were reimbursed differently. Quite
9 frankly, I didn't pay attention to that too much, I was
10 just doing the work. So, that could have changed.

11 **Q. During the five years that you were employed by**
12 **Curtis Boyd's clinic, did you ever -- did your payment**
13 **structure ever not exceed the minimum salary**
14 **compensation?**

15 A. So, let me rephrase your question to see if I'm
16 thinking of it the right way.

17 **Q. Please.**

18 A. Did I ever exceed my minimum base salary?

19 **Q. That's correct.**

20 A. Yes.

21 **Q. Did you exceed it in every year that you worked**
22 **for Curtis Boyd's clinic?**

23 A. I don't think in the last year or so. I'd have
24 to go back and look. Like last year I don't think I
25 did. I -- I -- yeah. There were a couple of years that

1 **the higher rate of compensation than the minimum salary**
2 **base?**

3 A. I believe so. I think those are the only two
4 years. I'd have to go back and look, but yeah.

5 **Q. How about in 2017, did you receive the higher**
6 **rate of compensation than your minimum salary?**

7 A. I don't know that I did. 2000 -- it -- I don't
8 recall. There was a period at which -- I really don't
9 want to misspeak this.

10 **Q. Understood.**

11 A. It's just in -- was in relation to my
12 compensation in either the late spring -- I think it was
13 in the late spring of 2017 -- because I was no longer
14 going to be working in the Albuquerque clinic in any
15 major way, Curtis -- we changed my compensation to not
16 be based on a minimum base salary, but rather to be by a
17 production only. So, thereby, there wouldn't be any
18 minimum base salary to exceed, in other words. In other
19 words, I wasn't guaranteed a minimum base salary as
20 of -- of that time. And I can't -- I can't tell you
21 exactly when -- I think it was 2017.

22 **Q. And you said "the late spring," approximately**
23 **what month would that be?**

24 A. I -- maybe April -- or I -- sometime -- it's
25 always hot in Dallas, so I can't -- I remember it was

1 I did, yes, when I first started.

2 **Q. So, let me be clear for the record, as clear as**
3 **I can be.**

4 **In 2014, based on your best recollection,**
5 **were you paid the minimum salary, or did you receive the**
6 **higher compensation of the work production reimbursement**
7 **rate?**

8 A. Since I started in September of 2014, that --
9 that was basically towards the end of that year, right?
10 So, there was nothing -- I wasn't able to do that,
11 right? So, the first full year would have been 2015?

12 **Q. Yes, ma'am.**

13 A. So, I believe in 2015 I did.

14 **Q. All right. So, in 2014, since you started late**
15 **in the year, you did only receive your minimum salary**
16 **compensation?**

17 A. Correct. To the best of my knowledge, yeah.

18 **Q. And to the best of your knowledge, in 2015 you**
19 **did exceed the minimum salary compensation with your**
20 **work production reimbursement rate?**

21 A. Correct.

22 **Q. Stated another way, in 2015 you received higher**
23 **rate of compensation than the minimum salary?**

24 A. Correct.

25 **Q. All right. And in 2016, did you also receive**

1 warm out, but that doesn't, you know, that doesn't say
2 much.

3 **Q. And was there an event or an incidence or a**
4 **reason why the salary structure would have changed in**
5 **late spring of 2017?**

6 A. No, I -- well, I -- you would have to get more
7 of a specific answer from Curtis. But the thinking was,
8 was that I had by that time decided that I was going to
9 be moving back to Maine, and that my presence in the
10 Albuquerque clinic was going to be too difficult to
11 maintain from that -- that -- getting here, right? And
12 that my focus should be let's not have you in the
13 Albuquerque clinic anymore, let's just -- I really
14 need -- they've always needed me more in the Dallas
15 clinic.

16 And so they had taken on another physician
17 in the Albuquerque clinic to start learning the --
18 orienting towards that clinic, and that I was no longer
19 really necessary to -- it wasn't, you know, necessary
20 to -- for me to be there. And that had been ongoing
21 since my arrangement with them, was I going to be in the
22 Albuquerque clinic or the Dallas clinic while always the
23 Dallas clinic was where the great need for me to be was.

24 So, at that point in time I -- my
25 understanding is that all of the Dallas doctors, except

1 for Robin Wallace maybe, I don't know -- I don't know
2 how -- are on a pay schedule such as I have described,
3 meaning pay per procedure. So, he wanted me -- to shift
4 me to that compensation schedule as were all the other
5 Dallas physicians and not have a minimum base salary.

6 **Q. In other words, you always had the pay per
7 procedure compensation option if it exceeded your
8 minimum salary according to this contract?**

9 A. Correct.

10 **Q. But you're saying in 2017, when you left your
11 duties at Albuquerque, the Albuquerque clinic, you
12 switched solely to a pay per procedure compensation
13 plan?**

14 A. Yes. To -- to -- to reflect how the other
15 Dallas physicians were being compensated. To keep it
16 clean.

17 **Q. And did you sign a new contract to commemorate
18 the new terms of your --**

19 A. I must have and --

20 **Q. -- employment with Curtis Boyd?**

21 A. -- I don't recall. I probably did. I can't
22 recall that specifically.

23 **Q. Will you search through your documents to find
24 the contract, if it does exist?**

25 A. Um-hum.

1 **Albuquerque; is that correct?**

2 A. I do not remember her full name. I'm blanking,
3 and I don't even remember if she was there in the early
4 2017. I don't remember when she started coming on or
5 was thinking of coming on as I was working in the Dallas
6 clinic more than the Albuquerque clinic. Yeah, I don't
7 know.

8 **Q. Just for a point of reference, it's our
9 understanding that you had treated Keisha Adkins at the
10 Southwestern Women's Options clinic in late January and
11 early February of 2017; is that correct?**

12 A. That's correct.

13 **Q. And so your transfer or move to the Dallas
14 Southwestern Women's Surgical Center would have been
15 after your treatment of Keisha Adkins in Albuquerque; is
16 that correct?**

17 A. No.

18 **Q. Can you please explain?**

19 A. I started working at both clinics in September
20 of 2014, primarily at the Dallas clinic and then less at
21 the -- at the Albuquerque clinic.

22 **Q. Were you still living in Albuquerque --**

23 A. Yes.

24 **Q. -- when you -- when you transferred to do more
25 work at the Dallas clinic than the Albuquerque clinic?**

1 **Q. Is that a yes?**

2 A. Yes. Yeah.

3 **Q. And who was the new physician that was brought
4 on in 2017 at the Southwestern Women's Options clinic in
5 Albuquerque?**

6 A. (No response.)

7 **Q. Let me ask you first, do you know who the new
8 physician was that was brought on at the Albuquerque
9 clinic?**

10 A. Yes.

11 **Q. And can you identify that physician by their
12 name?**

13 MS. ROMANO: The physicians aren't on
14 there.

15 THE WITNESS: Oh. Yeah, no.

16 MS. ROMANO: Off the record for a second.

17 THE VIDEO TECHNICIAN: Going off the
18 record. Time is 11:02.

19 (Off the record 11:02 a.m. to 11:05 a.m.)

20 THE VIDEO TECHNICIAN: We are back on the
21 record. Time's 11:05.

22 **Q (By Mr. Hall) After an off-the-record
23 discussion with your counsel it's my understanding that
24 you do not recall the name of the physician that was
25 brought on at the Southwestern Women's Options clinic in**

1 A. I always did more work at the Dallas clinic,
2 and I always was living -- I lived in Albuquerque the
3 whole time.

4 **Q. And let me ask it this way. When you changed
5 your compensation structure in late spring 2017, were
6 you still living in Albuquerque, New Mexico?**

7 A. Correct.

8 **Q. Did the rates for the specific procedures that
9 you were being paid, pursuant to this contract that is
10 Exhibit 14 -- or Exhibit 4, did they change when you
11 changed your compensation package in late spring of
12 2017?**

13 A. I don't know.

14 **Q. If you did sign a new contract, would those
15 rates, if they did change, be reflected in the new
16 contract?**

17 A. I would imagine, yes. Yeah.

18 **Q. Were the rates in your contract defined by
19 gestational age of the fetus?**

20 A. Yes.

21 **Q. All right. And looking at Exhibit Number 4,
22 the second page, the yearly salary minimum base pay was
23 how much money? And that's a yearly salary is my
24 understanding; is that correct?**

25 A. Correct.

1 MS. ROMANO: I -- I don't really see how
 2 that's relevant. And if she doesn't want to disclose
 3 it -- well, I'm going to leave it up to her. I'm not
 4 going to instruct her one way or the other.
 5 MR. HALL: All right. It's relevant.
 6 MS. ROMANO: How is it relevant?
 7 **Q (By Mr. Hall) Go ahead.**
 8 MS. ROMANO: How is it relevant?
 9 MR. HALL: It's relevant because it is
 10 with regard to her compensation, and it goes
 11 specifically to her character as a witness. And it goes
 12 to her financial compensation and what her motives were
 13 with regard to treating Keisha Adkins.
 14 MS. ROMANO: Well, I could understand if
 15 maybe you want to ask her what her compensation would be
 16 for a procedure with the fetus gestational age 20 to
 17 24.6 weeks, or even 21.6 weeks, but I don't see how her
 18 overall compensation is relevant.
 19 MR. HALL: Are you instructing her not to
 20 answer? Because it is relevant. And it also goes to
 21 potential punitive damages issues. I mean, she's got a
 22 sliding scale contract.
 23 So, I'll ask the question again.
 24 MS. ROMANO: Okay.
 25 **Q (By Mr. Hall) With regard to your physician**

1 **(Reading)**
 2 **Day one or two with or without D-I-G.**
 3 **What was the -- is that a reference to the**
 4 **digoxin?**
 5 A. Yes.
 6 **Q. And what was your pay structure for that type**
 7 **of abortion?**
 8 A. That was not an abortion, that's a procedural
 9 category to perform cervical readiness for an abortion.
 10 I don't know.
 11 **Q. So, the first category is surgical readiness?**
 12 A. Lam insertion, placing cervical osmotic
 13 dilators for cervical dilation.
 14 **Q. And that's something that you do with the aid**
 15 **of an ultrasound, correct?**
 16 A. Not always, no.
 17 **Q. All right. But you did receive compensation**
 18 **for the insertion of laminaria?**
 19 A. Yes.
 20 **Q. All right. You just don't recall what that**
 21 **compensation was?**
 22 A. Nope.
 23 **Q. Okay. Moving on to the second category it**
 24 **says, "through 11.6 weeks LNP."**
 25 **What was your compensation for the**

1 **employment with Curtis Boyd clinics, what was your**
 2 **yearly salary minimum base pay per year?**
 3 MS. ROMANO: Although there's a question
 4 pending, I'd like to confer with her. I'm not going
 5 to -- I don't know the answer, so it's not -- I'm not
 6 going to feed her information.
 7 MR. HALL: She either knows the answer or
 8 she doesn't. If you're making objection as to form, you
 9 can make it and we can take up the issue as to whether
 10 or not it's relevant at a later time.
 11 MS. ROMANO: All right. I'm just asking
 12 for a break.
 13 MR. HALL: Okay.
 14 THE VIDEO TECHNICIAN: All right. Going
 15 off the record. Time is 11:10.
 16 (Off the record 11:10 a.m. to
 17 THE VIDEO TECHNICIAN: We are back on the
 18 record. Time's 11:12.
 19 **Q (By Mr. Hall) Okay. You've had an opportunity**
 20 **to confer with counsel, do you have an answer to the**
 21 **question?**
 22 A. To the best of my recollection, my base salary
 23 was -- I think it was 225,000 per year.
 24 **Q. And then as per the pay for the Southwestern**
 25 **Surgical Center, Dallas, that first category, it says:**

1 **procedure? I assume that's an abortion procedure?**
 2 A. Yes.
 3 **Q. What was your compensation for that abortion**
 4 **procedure at the Southwestern Women's Surgery Center in**
 5 **Dallas?**
 6 A. I don't know.
 7 **Q. Was it less than \$100? More than \$100?**
 8 A. I honestly don't know. I never -- don't know.
 9 **Q. Did you have a way of tracking the number of**
 10 **abortion services you provided to women that were in**
 11 **that gestational age period up through 11.6 weeks?**
 12 A. That was -- we filled out a log every day when
 13 we were doing procedures, and that log went to the
 14 person who kept track of them for compensation. I
 15 didn't keep them.
 16 **Q. And the procedure log that you filled out every**
 17 **day, is that something that you kept --**
 18 A. No.
 19 **Q. -- yourself or someone else kept that**
 20 **information?**
 21 A. The -- someone else kept that.
 22 **Q. All right. And who kept that information in**
 23 **the Southwestern Surgical Center Dallas clinic in 2017?**
 24 A. I don't know.
 25 **Q. Did you manually input information into the**

1 log?
 2 A. I -- handwritten.
 3 Q. Much better way of saying that than what I
 4 said.
 5 You -- you wrote into the log the number
 6 of procedures related to abortion services for
 7 11.6 weeks, LNP?
 8 A. Yes.
 9 Q. And then what did you do with the log at the
 10 end of the workday?
 11 A. I -- it was removed from a binder and taken to
 12 whoever was tallying those for our compensation.
 13 Q. And do you know who it was that was tallying
 14 the number of procedures that you performed while
 15 working at the Southwestern Women's Surgical Center in
 16 Dallas?
 17 A. I don't specifically, no.
 18 Q. Would it have been Robin Wallace?
 19 A. No.
 20 Q. Would it have been the woman that you were
 21 turning your reimbursement information into for your
 22 trips to Dallas?
 23 A. It -- it could have been Nancy Cole.
 24 Q. And looking at the third category on Exhibit
 25 Number 4, page 2, for your pay per procedure

1 compensation plan, what was the rate of pay that you
 2 would have received according to this contract for
 3 abortion services of gestational ages 12 to 13.6 weeks,
 4 LNP?
 5 A. I don't know.
 6 Q. Was the pay for that 12 to 13.6-week abortion
 7 service, was that higher than the previous category,
 8 through 11.6 weeks LNP?
 9 A. I would assume so, otherwise they wouldn't have
 10 a separate category.
 11 Q. Is it fair to say, then, that each one of the
 12 pay per procedure compensations increased as the
 13 gestational age of the fetus increased?
 14 A. Yes.
 15 Q. And then what would the highest compensation
 16 have been according to this salary scale?
 17 A. I don't know.
 18 Q. If we had the actual numbers that -- let me ask
 19 this.
 20 Were the numbers actually written into the
 21 contract at the time that you signed it?
 22 A. Yes.
 23 Q. And those numbers have since been removed?
 24 A. It looks -- apparently.
 25 Q. Did you remove those numbers?

1 A. No.
 2 Q. And would it help us to understand what your
 3 work production reimbursement rate would be per
 4 gestational age procedure if we actually had access to
 5 an unadulterated copy of Exhibit Number 4?
 6 MS. ROMANO: Object to form.
 7 THE WITNESS: Yeah, I'm sorry, I don't --
 8 I don't understand the question.
 9 Q (By Mr. Hall) Sure. Since you don't recall
 10 what your compensation rates were for the abortion
 11 procedures listed or identified here in your contract,
 12 would it help us to actually have the contract without
 13 the information redacted to answer the questions that
 14 I'm asking you about your compensation rate?
 15 A. It would, only in that -- I mean, it changed
 16 from -- from the amount of patients that we would see on
 17 any given day or week. If you're wanting to know my
 18 gross take home pay at the end of a given year, yeah.
 19 Q. Well, let's start there. Do you recall what
 20 your gross take home pay was for --
 21 A. No.
 22 Q. -- the year 2015?
 23 A. No.
 24 Q. And the reason I ask 2015 is you indicated your
 25 recollection was that you did receive a higher rate of

1 pay than your base minimum salary in 2015?
 2 A. Correct.
 3 Q. You just don't recall what your base rate -- I
 4 mean, your higher compensation would have been in
 5 2015 --
 6 A. No.
 7 Q. -- correct?
 8 But, certainly, it was north of or more
 9 than \$225,000?
 10 A. Correct.
 11 MR. RILEY: Hang on. Would you read the
 12 question back?
 13 (Record read back.)
 14 THE WITNESS: Correct.
 15 Q (By Mr. Hall) And I assume your tax returns
 16 would reflect what your compensation was for the year
 17 2015 from Curtis Boyd clinics?
 18 A. Correct.
 19 Q. And your tax records would reflect accurately
 20 what your income was for 2016 as well?
 21 A. Correct.
 22 Q. Do you recall what your income rate or what
 23 your income was for 2016?
 24 A. No.
 25 Q. Do you know if the compensation rates for the

1 abortion services by gestational age differed from one
 2 doctor to another back when you worked at Curtis Boyd's
 3 clinic?
 4 A. In which clinic?
 5 Q. Either the Southwestern Surgical Center or the
 6 Southwestern Options clinic?
 7 A. I -- I was not aware of -- I -- yeah. I can't
 8 presume anything. I would presume that they were the
 9 same.
 10 Q. All right.
 11 A. But I don't know.
 12 Q. Okay. And as it relates to the difference
 13 between the two clinics, it looks like there's similar
 14 abortion gestational ages in both of those categories on
 15 the second page; is that correct?
 16 A. Correct.
 17 Q. And so for the abortion procedures that you
 18 were performing at the Dallas clinic through 11.6 weeks
 19 gestational age, would that be the same compensation
 20 rate for the abortion services you were providing at
 21 Southwestern Options in Albuquerque?
 22 A. I don't recall if they were the same.
 23 Q. In other words, were you getting paid more in
 24 Dallas for the same abortion procedure that you could --
 25 A. I don't know.

1 Q. -- or would perform in Albuquerque?
 2 A. I don't know.
 3 Q. For the abortion services you provided in the
 4 Albuquerque clinic, did the compensation increase as the
 5 gestational age increased? Similar to your compensation
 6 in Dallas?
 7 A. Yes.
 8 Q. And so would it be fair to say that the highest
 9 rate of compensation for an abortion procedure would
 10 have been in Albuquerque, New Mexico for the gestational
 11 age 20 to 24.6 weeks?
 12 A. Yes.
 13 Q. Is it accurate to say that Keisha Adkins, when
 14 she presented to the Southwestern Women's Options
 15 clinic, that her gestational age was in the highest pay
 16 category of 20 to 24.6 weeks?
 17 A. Correct. I believe so, yeah.
 18 Q. Do you have an understanding as we sit here of
 19 what your compensation rate was for a gestational age
 20 abortion procedure of a 20 to 24-week fetus?
 21 A. No.
 22 Q. Do you have a ballpark of that number? In
 23 other words, was it higher than \$500?
 24 A. I honestly don't know.
 25 Q. Was it \$1,000?

1 A. I honestly don't know.
 2 Q. What was the highest rate of pay -- or strike
 3 that.
 4 What was the highest compensation you
 5 received from Curtis Boyd's clinic as a result of the
 6 year, any year, worth of work that you did at the Curtis
 7 Boyd clinic?
 8 A. I'll need some clarification. Which clinic?
 9 Q. My understanding is that you got paid
 10 collectively for all the work that you did, both at the
 11 Dallas and the --
 12 A. Yeah, okay.
 13 Q. -- Albuquerque clinic?
 14 A. Yeah.
 15 Q. What is the lowest rate of pay that you
 16 received in any given year while working for Curtis
 17 Boyd?
 18 A. I'd have to look at my tax returns. I don't
 19 recall.
 20 Q. Was it more than 500,000 or less than 500,000?
 21 A. Less.
 22 Q. Was it more than 400,000 or less than 400,000?
 23 A. Less.
 24 Q. Was it more than 300,000 or less than 300,000?
 25 A. Less, yeah. Yeah, there -- there's your

1 ballpark. About as good as I can get.
 2 Q. So, if the minimum salary was 225,000, you
 3 received in a higher rate of compensation per the work
 4 production reimbursement rate somewhere in the ballpark
 5 of less than 300,000 --
 6 A. Um-hum.
 7 Q. -- is that correct?
 8 A. Yes.
 9 Q. My understanding, according to the contract,
 10 that the clinic also paid for your medical licenses in
 11 both New Mexico and Texas?
 12 A. Correct.
 13 Q. Did you have your own apartment in Dallas for
 14 your travel to the Dallas clinic?
 15 A. There was a -- a rented apartment for
 16 contracted physicians, the physicians that were flying
 17 in to provide services.
 18 Q. And did you keep clothing at that rented
 19 apartment, or did you take your clothes every time?
 20 A. Because I was there so much I -- I kept some
 21 things there, yes.
 22 (Exhibit Number 5, marked for
 23 identification.)
 24 Q. (By Mr. Hall) I'm going to hand you what's
 25 marked as Exhibit Number 5.

1 With regard to Exhibit Number 5, you ever
 2 seen that document before?
 3 A. No.
 4 Q. This appears to be an initiative sponsored by
 5 ACOG, which is the organization that you're a fellow of.
 6 Is that fair to say?
 7 A. Correct.
 8 Q. Okay. And with regard to the Safe Motherhood
 9 Initiative, it appears to be directed specifically to
 10 maternal safety bundle for venous thromboembolism. Fair
 11 enough?
 12 A. Yes.
 13 Q. And just for the sake of our court reporter,
 14 venous thromboembolism is referenced throughout as the
 15 abbreviated VTE. If I say VTE, that's what I'm
 16 referring to. Fair enough?
 17 A. Correct. Okay. Yeah.
 18 Q. It looks like on a chart of the third page of
 19 Exhibit Number 5, pregnancy-related mortality in the
 20 United States for a given period of time, 1987 to 2010,
 21 recognized VTE as one of the leading causes of
 22 pregnancy-related death in the U.S. Fair enough?
 23 A. Yes.
 24 Q. Would you agree with these representations of
 25 the pregnancy-related mortality rate in the United

1 Q. All right. And with regard to hypertensive
 2 disorder pregnancy, you would agree with those declines
 3 in the rate of pregnancy-related mortality in the United
 4 States?
 5 A. Yeah. They've gone up again, but -- as you can
 6 see -- but yeah.
 7 Q. And it looks as though infection was also a
 8 leading cause of pregnancy-related mortality in the U.S.
 9 from 1987 to 2010; is that accurate?
 10 A. Um-hum. Yes.
 11 Q. And you agree with those numbers?
 12 MS. ROMANO: Form. Foundation.
 13 THE WITNESS: Um, yeah, I'm not sure
 14 what --
 15 Q (By Mr. Hall) And just for clarity sake,
 16 foundation, you as a gynecologist, as an OBGYN, are
 17 familiar with the pregnancy-related mortality rates in
 18 United States, correct?
 19 A. In what capacity? I mean, I know that these
 20 are leading causes, yeah.
 21 Q. Right. In your capacity as a practicing OBGYN?
 22 A. Yes.
 23 Q. All right. And with regard to Example No. 3,
 24 all of the pregnancy-related mortality incidences
 25 listed, fair to say, that these are all risks to

1 States?
 2 A. Is -- you're -- you're on page -- I'm sorry?
 3 Q. I'm -- you can look at Example No. 4 as well.
 4 A. Okay.
 5 Q. Pregnancy associated mortality in New York
 6 City.
 7 A. Yeah.
 8 Q. More specifically, would you agree, generally,
 9 that those are accurate levels of mortality for
 10 pregnancy-related deaths?
 11 A. Yeah, I think that's reasonable.
 12 Q. All right. And that's Example No. 3 on the
 13 third page, the mortality rates in the United States,
 14 correct?
 15 A. Correct. Yeah.
 16 Q. So, it looks like if we're looking at Example
 17 No. 3, which is the pregnancy-related mortality rate in
 18 the United States, that hemorrhage was one of the
 19 leading causes of pregnancy-related death in the United
 20 States from '87 to '90. Fair enough?
 21 A. Yes.
 22 Q. And that that number declined in 2006 to 2010?
 23 A. 2006 -- yes.
 24 Q. And you agree with that?
 25 A. That seems reasonable.

1 pregnant mothers in the United States?
 2 MS. ROMANO: Form.
 3 THE WITNESS: Um --
 4 Q (By Mr. Hall) In other words, these types of
 5 pregnancy-related mortality incidences, these are all
 6 risks that current -- your current patients face on a
 7 regular basis?
 8 MS. ROMANO: Form.
 9 THE WITNESS: I'm not -- so pregnant
 10 women -- when women are pregnant, there is a risk of
 11 pregnancy -- of being pregnant and delivering. And yes,
 12 these are risks associated with that.
 13 Q (By Mr. Hall) And associated with pregnancy
 14 there's risks of hemorrhage which could lead to death,
 15 correct?
 16 A. Correct.
 17 Q. And there's risks of hypertensive disorder that
 18 during the pregnancy could lead to death?
 19 A. Correct.
 20 Q. And there's risks of infection for a pregnant
 21 woman that could lead to her death?
 22 A. Correct.
 23 Q. And there's risk of thrombo -- thrombotic
 24 pulmonary embolism that could lead to her death?
 25 A. Correct.

1 Q. Looking at Example No. 5 it says at the top of
 2 the page, VTE prophylaxis.
 3 Would you agree that VTE is a leading
 4 cause of maternal mortality and severe morbidity?
 5 A. Correct.
 6 Q. Would you also agree that maternal death from
 7 VTE is amenable to prevention?
 8 MS. ROMANO: Form.
 9 THE WITNESS: Correct.
 10 Q (By Mr. Hall) Meaning that VTE as a cause of
 11 maternal death is a cause that can be prevented --
 12 MS. ROMANO: Form.
 13 Q (By Mr. Hall) -- correct?
 14 A. Not always, no.
 15 Q. But it is amenable to prevention, you can stop
 16 it or prevent it?
 17 MS. ROMANO: Form.
 18 THE WITNESS: Possibly.
 19 Q (By Mr. Hall) If you'll turn to Example No. 8
 20 on Exhibit Number 5, it says that: (Reading)
 21 The Agency for Health Care Research and
 22 Quality define VTE as the number one
 23 patient safety practice for hospitalized
 24 patients.
 25 I assume they're referring to the

1 pregnant patients should be routinely evaluated for VTE?
 2 A. For risk of, yes.
 3 Q. If you'll turn to Example No. 9, says here,
 4 Venous Thromboembolism Prevention Safety Bundle, then it
 5 has readiness. The first bullet point says: (Reading)
 6 Use of standardized thromboembolism risk
 7 assessment tool for VTE during outpatient
 8 prenatal care.
 9 In your current practice as an OBGYN, do
 10 you have a standardized VTE risk assessment tool that
 11 you use?
 12 A. I'm doing outpatient clinic work only, so I
 13 don't participate in hospital care. And I'm not aware
 14 of it -- an assessment tool specifically.
 15 Q. And this says -- have you ever used a VTE risk
 16 assessment tool throughout the course of your work in
 17 hospitals as an OBGYN?
 18 A. I don't recall using a specific tool.
 19 Q. All right. How about as an abortion provider,
 20 did you use a VTE risk assessment tool while you were
 21 working as an abortion provider?
 22 A. Not a formalized tool.
 23 Q. When you say "not a formalized tool," what do
 24 you mean?
 25 A. Ask what the risks of -- history of -- if

1 prophylaxis or the prevention of it. Would you agree
 2 that VTE prophylaxis is the number one patient safety
 3 practice for hospitalized patients?
 4 A. Not necessarily, but I don't know.
 5 Q. Can you explain your answer?
 6 A. Well, I just -- I don't know if it's the number
 7 one. I don't do that, you know, I don't do that kind of
 8 work. I'd have to see more data on that. Certainly
 9 falls are another patient safety issue that are big.
 10 Screening for intimate partner violence, you know, is
 11 that number one? I don't know. If I take this at face
 12 value . . .
 13 Q. Based on your experience as an OBGYN practicing
 14 for well over a decade, do you recognize VTE as one of
 15 the patient safety practices that should be exercised
 16 for hospitalized patients?
 17 MS. ROMANO: Form.
 18 THE WITNESS: Yes.
 19 Q (By Mr. Hall) And this particular study says
 20 that: (Reading)
 21 Safe practices published by the National
 22 Quality Forum recommend routine evaluation
 23 of hospitalized patients for the risk of
 24 VTE.
 25 Do you agree with that, that hospitalized

1 patients have had history of VTE, or a VTE, meaning an
 2 actual thromboembolic event versus a DVT, or difficulty
 3 with their periods, bleeding a lot, family history.
 4 Q. So, what you're describing is an informal risk
 5 assessment that you would do as a physician for your
 6 patients?
 7 A. Yes.
 8 Q. Is that something you employ, this informal
 9 risk assessment, with regard to your treatment of Keisha
 10 Adkins?
 11 MS. ROMANO: Form.
 12 THE WITNESS: Within the context of
 13 getting her medical history.
 14 Q (By Mr. Hall) So, is that yes that you did --
 15 A. Yes. That I -- yeah.
 16 Q. -- that you did employ an informal risk
 17 assessment tool?
 18 A. Yeah.
 19 Q. And you mentioned DVT, will you define what
 20 you're referring to when you mention DVT?
 21 A. DVT, history of a deep venous thrombosis,
 22 generally which occurs in the lower extremities.
 23 Q. So, did you do a DVT informal risk assessment
 24 of Keisha Adkins as well?
 25 A. Just in the extent of -- of the physical exam.

1 She's a young healthy woman.

2 **Q. And you did that in the course of your medical**

3 **history when you examined her?**

4 A. Yeah.

5 **Q. Is that yes?**

6 A. Yes.

7 **Q. And that was in January -- on January 31st of**

8 **2017?**

9 A. Yes.

10 **Q. And did you make record or note of your**

11 **informal risk assessment of Keisha Adkins for DVT?**

12 A. No.

13 **Q. Did you make a note and/or a written assessment**

14 **of your informal risk assessment for VTE as it pertains**

15 **to Keisha Adkins?**

16 A. No, not -- just in context of a normal exam and

17 history taking.

18 **Q. So, if we were to look back in her medical**

19 **records, there's nothing in her medical history and/or**

20 **your notes that would reflect this informal risk**

21 **assessment for either DVT or VTE?**

22 A. Not to my recollection.

23 **Q. Did Keisha Adkins display any signs of either**

24 **DVT or VTE when you did your informal risk assessment?**

25 A. No.

1 **Q. Fair to say, then, that you did not have a**

2 **concern that Keisha Adkins had either DVT or VTE?**

3 A. No.

4 **Q. Is that correct?**

5 A. Correct.

6 **Q. Because if you would have found those in your**

7 **assessment, you would have notated that in the medical**

8 **records?**

9 A. Correct.

10 **Q. It says here on Example 10 of Exhibit 5 where**

11 **it says readiness that: (Reading)**

12 **Thromboembolism prophylaxis is a Joint**

13 **Commission quality measure.**

14 **What is the Joint Commission?**

15 A. That's a governmental agency that is, I

16 believe, commissioned by certain hot -- health care

17 institutions that come in periodically and assess a

18 facility's -- yeah -- safety and quality measures.

19 **Q. Is that something that applies to the**

20 **outpatient work that you currently do in your current**

21 **employment?**

22 A. In Maine?

23 **Q. Yes, ma'am.**

24 A. Yes. I believe they -- they do do Joint

25 Commission there.

1 **Q. All right.**

2 A. I'm pretty sure.

3 **Q. How about in the hospitals that you worked in**

4 **in Maine, did they also adhere to the Joint Commission**

5 **or were they under the guidelines of the Joint**

6 **Commission?**

7 A. I can't say specifically. I don't remember.

8 **Q. How about the Southwestern Women's Options,**

9 **were they operating under the guidelines of the Joint**

10 **Commission?**

11 A. I don't know. They had state inspections,

12 certainly, I don't believe a Joint Commission, though.

13 You could ask the administrators about that.

14 **Q. So, the Joint Commission has guidelines for**

15 **both hospitals as well as outpatient clinics --**

16 A. Okay. Yeah.

17 **Q. -- is that correct?**

18 A. I don't know.

19 **Q. Currently, though, the outpatient clinic that**

20 **you work in does adhere to the guidelines of the Joint**

21 **Commission, correct?**

22 A. To clarify, I don't work in an outpatient

23 clinic, I work in a hospital and do outpatient care

24 only. I don't do inpatient admissions unless I'm called

25 upon to do so. My primary job is seeing women and their

1 families in an outpatient office setting side by side

2 with my colleagues who do the inpatient work as well.

3 I'm a relief valve --

4 **Q. All right.**

5 A. -- for the office.

6 **Q. And then do you adhere to or comply with any**

7 **aspects of the Joint Commission currently where you**

8 **work?**

9 A. I -- I imagine I do, if we're -- I think they

10 just had a Joint Commission. They came through

11 recently, right before I started.

12 **Q. And this readiness information here from this**

13 **ACOG handout indicates that: (Reading)**

14 **The Joint Commission states that all**

15 **patients should receive VTE prophylaxis or**

16 **have documentation as why no VTE**

17 **prophylaxis was given.**

18 **Do you agree that under the Joint**

19 **Commission that your patient should receive a VTE**

20 **prophylaxis or you should document why they did not**

21 **receive it?**

22 A. For hospital admission, yeah, sure.

23 **Q. If you look at Example No. 12, there's a**

24 **recommendation that the Joint Commission measures should**

25 **be extended to obstetric population.**

1 Fair to say -- well, let me ask, do you
 2 agree with that recommendation?
 3 A. Yes.
 4 **Q. And that's a recommendation made by ACOG,**
 5 **correct?**
 6 A. Well, appears to be, yeah.
 7 **Q. And ACOG states that: (Reading)**
 8 **All patients should be assessed for VTE**
 9 **risk multiple times in pregnancy.**
 10 **You agree with that?**
 11 A. That's fair.
 12 **Q. And do you do that as a OBGYN for your pregnant**
 13 **patients?**
 14 A. Yes. Not using a specific tool as referenced
 15 before. But during the course of prenatal care, sure.
 16 **Q. And then do you document the VTE risk**
 17 **assessment for your patients?**
 18 A. No, not as a specific line item.
 19 **Q. If you'll turn to Example 13: (Reading)**
 20 **ACOG states that VTE risk assessment tools**
 21 **should be applied to every patient.**
 22 **Do you agree with that?**
 23 A. Yes.
 24 **Q. And that would apply to pregnant patients who**
 25 **are seeking an abortion, correct?**

1 A. As a risk assessment?
 2 **Q. Yes, ma'am.**
 3 A. No. In other words, if you're saying that
 4 every prenatal patient that comes in to see me in my
 5 current practice do I order lower extremity Dopplers or
 6 spinning spiral CT scan of their chest, no.
 7 **Q. When would you employ those types of diagnostic**
 8 **tools?**
 9 A. Should they become symptomatic or something on
 10 physical exam. For example, a woman who's got a single
 11 swollen red calf and it has some pain, that would prompt
 12 investigation for venous thrombosis in the lower
 13 extremity.
 14 **Q. Okay. Did Keisha display -- Keisha Adkins**
 15 **display any of those signs or indications of VTE that**
 16 **would have caused you to sought lower extremity Doppler**
 17 **examination?**
 18 A. No, not to my recollection.
 19 MS. ROMANO: Can I ask a question off the
 20 record?
 21 THE VIDEO TECHNICIAN: Going off the
 22 record. Time is 11:53.
 23 (Off the record 11:53 a.m.)
 24 THE VIDEO TECHNICIAN: We're back on the
 25 record. Time is 11:53.

1 A. Yes.
 2 **Q. And it says here that: (Reading)**
 3 **The risk assessment tools are based on**
 4 **recommendations from major societal**
 5 **guidelines, one of those is ACOG.**
 6 **Do you see that?**
 7 A. Yes.
 8 **Q. Do you know what risk assessment tools that**
 9 **they're recommending based on ACOG's societal**
 10 **guidelines?**
 11 A. No. Generally, it's -- not the tools, no, I
 12 don't.
 13 **Q. Generally, is -- some -- do you have some**
 14 **understanding, generally, of what risk assessment tools**
 15 **they're referring to?**
 16 A. Not specifically.
 17 **Q. What risk assessments tools do you employ with**
 18 **regard to your pregnant patients?**
 19 A. Again, family history. Personal history.
 20 Physical exam. Risk factors such as pre-existing
 21 hypertension, obesity, diabetes.
 22 **Q. What about any blood work?**
 23 A. No.
 24 **Q. What about diagnostic examinations like**
 25 **ultrasound or CT scans?**

1 MR. HALL: Let's take a lunch break.
 2 THE VIDEO TECHNICIAN: We're going off
 3 the record. The time is 11:54.
 4 (Off the Record at 11:54 a.m. to 1:11 p.m.)
 5 THE VIDEO TECHNICIAN: We are back on the
 6 record. Time is 1:11.
 7 **Q (By Mr. Hall) Dr. Carr, looking back in**
 8 **Exhibit Number 5 one of the things that we touched on**
 9 **was in Example 13, "the VTE risk assessment tool should**
 10 **be applied to every patient."**
 11 **And my question was, does that also**
 12 **include the patients that are seeking abortion services**
 13 **at clinics like Southwestern Women's Options?**
 14 A. I would say yes and no. I mean, you know, I --
 15 I think that -- again, we -- I don't know of a formal
 16 tool that we have applied in our clinics. We do an exam
 17 and we take a history, and I don't -- that would -- I
 18 would be interested to know what was in the tool
 19 specifically for -- yeah. So, I don't think for every
 20 patient, no.
 21 **Q. And you said "no formal tool," you're referring**
 22 **to the VTE risk assessment tool referenced in this**
 23 **document?**
 24 A. Correct.
 25 **Q. All right. And those -- there's no formal VTE**

1 risk assessment tool applied in either the Southwestern
2 Women's Options or the Southwestern Women's surgical
3 Center, correct?

4 A. If you're talking about a formalized piece of
5 paper tool checklist, no. Not that I'm aware of.

6 Q. How about a protocol for assessing potential
7 VTE risks?

8 A. Not a protocol. Again, a physical exam and
9 a -- and a history, a medical history and family
10 history.

11 Q. And that's for both clinics?

12 A. Yes.
13 (Exhibit Number 6, marked for
14 identification.)

15 Q. (By Mr. Hall) Okay. I'm going to hand you
16 what's marked as Exhibit Number 6. And I'll represent
17 that's a composite of the medical records.

18 MS. ROMANO: I don't -- well, like -- did
19 you Bates these?

20 MR. SIEBEL: No, we did not Bates them,
21 but they're produced -- printed in the same order that
22 were produced to us.

23 MS. ROMANO: I know. I messed up mine.

24 MR. HALL: And there's a few things that
25 are chronologically out of place, but we'll -- we'll

1 work through it.

2 Q. (By Mr. Hall) Now, if you'll look at the
3 second page of Exhibit Number 6, can you tell us what
4 exactly this form is?

5 A. This would be a medical intake form for
6 initiating -- a intake form for somebody seeking
7 abortion services.

8 Q. And who filled out this document, if you know?

9 A. I see my initials as having reviewed. It
10 appears that I've reviewed this document with the
11 patient. I -- I don't know. That -- that's not my
12 writing in terms of past surgery, et cetera.

13 Q. All right. And I see midway down on the second
14 page of Exhibit Number 6 that there's a place that says
15 initials, and there's some scribbled lines there.

16 Is that what you're referring to in the
17 middle of the document as representing your initials on
18 the document?

19 A. Correct.

20 Q. All right. And your initials are SNC?

21 A. Yes.

22 Q. And that scribbled line next to heart RR --
23 heart rate or a 1635 number looks like initials, and
24 that's your initials right there, correct?

25 A. Correct.

1 Q. And at the top of the page it identifies the
2 date of January 31st, 2017. Is that the initial intake
3 date for Ms. Adkins?

4 A. Yes.

5 Q. And then it identifies surgeon, and it has the
6 name Landau/Carr.

7 Is that identifying yourself as -- as well
8 as Dr. Landau?

9 A. Yes.

10 Q. And were you both assigned as the surgeons for
11 Keisha Adkins?

12 A. We were -- when -- when I was in the
13 Albuquerque clinic, there was always another physician
14 there. And in that case, generally speaking, they would
15 put both of our names on these forms to indicate that we
16 would both be participating in the care.

17 Q. So, then you would be responsible for the
18 medical care that Keisha Adkins received while a patient
19 of Southwestern Women's Options?

20 A. Correct.

21 Q. It also identified counselor medical assistant
22 as Italia Aranda.

23 Who is that?

24 A. She's one of our counselors.

25 Q. All right. And was she specifically assigned

1 to Ms. Adkins' case?

2 A. It appears -- I -- I'm -- I can only make a
3 presumption that her name is on this and that she spoke
4 with Keisha on this day. I don't know if that's -- in
5 other words, yes, this -- I don't know if that's her
6 handwriting as far as the -- the medical intake.

7 Q. And do you know who was responsible for taking
8 Ms. Adkins' vital signs?

9 A. There's some initials after that, I don't know
10 who that is. I mean, I don't -- I can't -- I -- yeah.

11 Q. And is that the standard course of care for
12 patients that first present to the clinic, that they
13 have their vital signs taken?

14 A. Yes.

15 Q. And is that something that you use in the
16 course of your treatment of a patient?

17 A. Yes. And my own assessment when I examine
18 them, yeah.

19 Q. And it's my understanding that you go about the
20 business or the task of identifying the gestational age
21 of the pregnancy.

22 Did you do that in this case?

23 A. Yes.

24 Q. Is that something that you would have done on
25 January 31st, the first day that she presented to the

1 clinic, or would you have done that on a subsequent day?
 2 A. We establish gestational age at our clinic on
 3 the first day.
 4 **Q. All right. And does this document reflect the**
 5 **assessment of the gestational age of the fetus?**
 6 A. I am not seeing it on this -- this one here.
 7 **Q. All right. Toward the bottom of that page it**
 8 **looks like there's some prescription medications that**
 9 **are identified, one of which is oxycodone, and two more,**
 10 **promethazine and then Ibuprofen.**
 11 **Are those prescriptions that were made for**
 12 **Ms. Adkins on this date?**
 13 A. It looks -- well, this is -- they were for
 14 February 1 it looks like, so . . .
 15 **Q. All right. So, are those medications that she**
 16 **would have received the following day?**
 17 A. Presumably, yes.
 18 **Q. All right. And as far as pregnancy**
 19 **complications, is that your handwriting there where it**
 20 **says "none reported"?**
 21 A. No.
 22 **Q. Other than your initials --**
 23 A. Oh, can I just -- you just -- I didn't see
 24 this. Yeah. So, it says here -- just looking at this
 25 for the first time in a long time -- so sonogram 24.3,

1 so that would be 24 weeks and three days. That -- you
 2 had referred to something by gestational age, and I just
 3 didn't see that there.
 4 **Q. And is that an assessment that was made by**
 5 **yourself?**
 6 A. Yes. Reviewing ultrasound images.
 7 **Q. All right. And even though -- well, let me**
 8 **ask.**
 9 **Is that your handwriting where it says**
 10 **24.3?**
 11 A. No.
 12 **Q. But that's consistent with your assessment of**
 13 **the sonogram for Keisha Adkins, correct?**
 14 A. Correct.
 15 **Q. Do you see your initials anywhere else on this**
 16 **page other than in the center of the middle of the page?**
 17 A. No.
 18 **Q. How about to the far right of the middle of the**
 19 **page, are those your initials as well?**
 20 A. Well, yeah, that -- that line (indicating)?
 21 **Q. Yes, ma'am.**
 22 A. Yes.
 23 **Q. And the line, just for the record, starts with**
 24 **the word heart and then RRR to the far left --**
 25 A. Yes.

1 **Q. -- and then your initials appear twice on that**
 2 **page.**
 3 **What are you signing off on in each one of**
 4 **those initials?**
 5 A. I'm -- an exam. That -- that I've -- that --
 6 that I've reviewed this information. But specifically
 7 that I've done an exam.
 8 **Q. All right. Is there anything on here to**
 9 **indicate that you made an examination of the VTE risk**
 10 **factors or assessment?**
 11 A. Not specifically, no.
 12 **Q. Turning to the next page of Exhibit Number 6,**
 13 **which is the third page, this looks like a pre --**
 14 **pre-entered or pretyped information. It doesn't have a**
 15 **surgeon's signature on it.**
 16 **What does this page reflect?**
 17 A. That looks like that might be my initials at
 18 the bottom. I -- I don't -- let's see -- hang on a
 19 second, it's been a while since I've seen these -- 1/31,
 20 we didn't do anything that day, so I'm not -- I'm not
 21 clear as to why that is in the packet or in
 22 this (indicating).
 23 **Q. All right.**
 24 A. Yeah.
 25 **Q. So, of all the items, the line items,**

1 **identified on this page that has your initials at the**
 2 **bottom, none of those procedures or administration of --**
 3 **of drugs were made on that day, correct?**
 4 A. I'd -- I'd really have to look through this
 5 whole -- again, if this is -- if there's any out of
 6 order piece, I wouldn't want to misspeak --
 7 **Q. Sure.**
 8 A. -- about what occurred. Those are standing --
 9 standing orders for -- yeah, for the induction process.
 10 **Q. When you say "induction process," what are you**
 11 **referring to?**
 12 A. Well, I -- I can't speak to that, because this
 13 looks like it's also -- it's been a long time since I've
 14 seen these orders. It looks like it also can pertain to
 15 D&E. So, if a patient had a D&E, they might have
 16 undergone the D&E that day. So, I -- I -- you know,
 17 it's --
 18 **Q. Okay.**
 19 A. Yeah, I -- yeah.
 20 **Q. All right.**
 21 A. Well, it doesn't appear that -- again, if she
 22 didn't -- that's her medical history -- we signed papers
 23 on the first day. And her first day -- again, I just
 24 don't want to misspeak if these are out of order, I want
 25 to see what --

- 1 **Q. Sure. We're going to go through --**
 2 A. -- we did on the 31st.
 3 **Q. -- we're going to go through the documents.**
 4 A. Okay.
 5 **Q. So, if we need to go back and correct and look**
 6 **at that piece of paper again --**
 7 A. Okay.
 8 **Q. -- after we go through the -- the medical**
 9 **records, we can do that.**
 10 A. Um-hum.
 11 **Q. Turn to the next page.**
 12 A. Okay.
 13 **Q. It says Curtis Boyd, MD PC at the top --**
 14 A. Yeah.
 15 **Q. -- and it says medical history.**
 16 **Do you see that?**
 17 A. Yes.
 18 **Q. And this form right here, what is this?**
 19 A. This appears to be a -- a medical question -- a
 20 medical history questionnaire form reviewing pregnancy
 21 history. And -- let's see -- well, mostly it looks like
 22 pregnancy history, at least on this form. Indicates
 23 she's had one prior abortion. No other pregnancies.
 24 Yeah.
 25 **Q. And is that the patient's handwriting, or is**

- 1 **that your handwriting, do you know?**
 2 A. Judging from -- I don't know. But it looks
 3 like it might be Keisha's, because it looks like that's
 4 the same right, you know, but . . .
 5 **Q. And if you -- and if turn to the next page, is**
 6 **that a continuation of the medical history form?**
 7 A. Yes, sir. That's -- yeah. Yeah. Okay. Yeah.
 8 **Q. And that's all self-reported information from**
 9 **the patient?**
 10 A. Yes. Yes. So, we reviewed this and then she
 11 signs and I sign --
 12 **Q. And that was all completed on January 31st,**
 13 **2017?**
 14 A. Correct.
 15 **Q. And that's the first date that you had an**
 16 **opportunity to interact with Keisha Adkins?**
 17 A. Yes.
 18 **Q. Did you know Keisha Adkins prior to**
 19 **January 31st, 2017?**
 20 A. No, I did not.
 21 **Q. Were you aware of Keisha Adkins' pregnancy**
 22 **prior to January 31st, 2017?**
 23 A. No, I was not.
 24 **Q. Were you aware of her desire to have an**
 25 **abortion prior to your meeting her on January 31st,**

- 1 **2017?**
 2 A. No.
 3 **Q. All right. Do you know how Keisha Adkins came**
 4 **to your clinic?**
 5 A. I don't recall. A lot of people -- I think
 6 she -- she lived in Albuquerque, right? So, she
 7 probably was able to find us somehow. Yeah, she lived
 8 in Albuquerque. So, I don't know specifically how she,
 9 you know, crossed our door threshold.
 10 **Q. If you turn to the next page --**
 11 A. Yes.
 12 **Q. -- again, Curtis Boyd, MD, PC is at the top of**
 13 **the page, and this looks like a consent form.**
 14 **Can you explain to us what this consent**
 15 **form is?**
 16 A. This is a consent form to place cervical
 17 osmotic dilators, this top part, in order to prepare the
 18 cervix for abortion. The second part, digoxin
 19 injection, that's the consent form by which we review
 20 the process and risks of injecting digoxin into the
 21 pregnancy to affect fetal demise.
 22 **Q. And what type of abortion is Keisha Adkins**
 23 **being assessed for at this point?**
 24 A. A -- an induction abortion.
 25 **Q. And is that a decision you made as her**

- 1 **physician? In other words, which type of abortion she**
 2 **was to receive?**
 3 A. Um-hum. Um-hum.
 4 **Q. Is that yes?**
 5 A. Yeah, it is a -- it's per what the clinic does
 6 in terms of gestational age, at her gestational age.
 7 The -- we would proceed with induction.
 8 **Q. Why wouldn't you not proceed with a D&E**
 9 **abortion for a gestational age of 24 weeks?**
 10 A. This is what the clinic did. Some people do
 11 that, some people do inductions. It's clinic specific.
 12 And decision made by the group, I suppose, which -- at
 13 which gestational age.
 14 **Q. When you're saying "the group," who are you**
 15 **referring to?**
 16 A. Dr. Boyd, Dr. Selle, Dr. Landau.
 17 **Q. All right. My understanding, though, is that**
 18 **you're her physician and that you're meeting with her on**
 19 **January 31st.**
 20 A. Um-hum.
 21 **Q. Are you the physician that is making a**
 22 **recommendation of the type of abortion that Keisha**
 23 **Adkins is to receive at the clinic?**
 24 A. No. I'm going by what the clinic -- the
 25 internal clinical policy is, is at 24 weeks we started

1 doing inductions.

2 **Q. So, "internal clinic policy," you're referring**
3 **to a policy of Curtis Boyd, MD, PC?**

4 A. Or a practice protocol. I don't know if it's a
5 matter of semantics, but they decided that we would do
6 induction starting at 24 weeks.

7 **Q. Are induction abortions the policy or protocol**
8 **for the clinic for any gestational age prior to**
9 **24 weeks?**

10 A. Pardon me?

11 **Q. Let me say it a different way.**

12 **Is 24 weeks when the clinic has a policy**
13 **of recommending induction abortions?**

14 A. Yes. I--

15 **Q. So, are all the abortions that are recommended**
16 **for gestational ages prior to 24 weeks, are they all D&E**
17 **procedures?**

18 A. I can't say that for certain. You can
19 certainly do those by induction too.

20 **Q. But what was the policy of your clinic at that**
21 **time?**

22 A. We would typically recommend D&E prior to
23 24 weeks.

24 **Q. And that was actually a written policy or**
25 **protocol?**

1 A. I believe so. I don't know, I'd have to check
2 that.

3 **Q. And did you go over these two consent forms**
4 **with Keisha Adkins prior to her signing the document?**

5 A. Yes. I reviewed consent with her, yeah.

6 **Q. All right. And when you say "reviewed**
7 **consent," what did you actually do?**

8 A. I reviewed the risks of whatever procedures we
9 do. They've already had that discussion with one of our
10 staff, and then we review it again with them. And then
11 we sign together.

12 **Q. And is that your signature at the bottom of**
13 **this dilator digoxin injection --**

14 A. Yes.

15 **Q. -- consent form?**

16 A. Yes.

17 MR. RILEY: Point of information,
18 Counsel, your previous question said "these two consent
19 forms," if I understood it correctly. As I understand
20 this one here, what's the other one that you referred to
21 in your question?

22 MR. HALL: I'm referring to the single
23 page that has a dilator consent and a digoxin injection
24 consent.

25 MR. RILEY: One page, two consents?

1 MR. HALL: Yes, sir.

2 MR. RILEY: Thank you. Appreciate it,
3 Counsel.

4 **Q (By Mr. Hall) As a part of the digoxin**
5 **injection consent -- well, strike that.**

6 **Toward the bottom of this page there's a**
7 **pledge by Keisha Adkins where she put her name, and it**
8 **appears as though she signed off to language that says:**
9 **(Reading)**

10 **I will not leave the Albuquerque/Santa Fe**
11 **area or the care of Curtis Boyd, MD PC**
12 **until I'm discharged by medical staff.**

13 **Did you counsel her about that?**

14 A. Yes. We review it, as does the staff. In the
15 setting of it's important for them not to go far because
16 she's undergoing this procedure.

17 **Q. And do you counsel patients -- and,**
18 **specifically, did you counsel Keisha Adkins that she was**
19 **not to leave the care of your clinic until she was**
20 **discharged by your medical staff?**

21 A. Yeah.

22 **Q. Yes?**

23 A. Yeah, yes. Sorry. I mean, I don't do it that
24 officially, but, yeah, I mean, they know that they're
25 under our care.

1 **Q. And if you will turn to -- past that next page**
2 **on to the progress notes -- that page right**
3 **there (indicating).**

4 A. Um-hum.

5 **Q. This progress note is dated January 31st, 2017**
6 **at 1630, is the start time.**

7 A. Um-hum.

8 **Q. Are your initials on this document?**

9 A. Yes.

10 **Q. What is this document?**

11 MS. ROMANO: You went two pages.

12 MR. HALL: Yeah, I skipped the immediate
13 next page.

14 MS. ROMANO: Okay.

15 THE WITNESS: Yeah. This is -- this one
16 I guess is a little out of order, because
17 that's (indicating) the next one -- so, this is:
18 (Reading)

19 Patient meet today. Return at 7 a.m.

20 tomorrow -- the next day -- for Lams,
21 digoxin and mifepristone.

22 I'd have to look through this. This is --
23 the time is 1630, so this is possibly when she came back
24 to confirm that the digoxin injection was effective. I
25 can't say for sure, but that's -- unless I met her later

1 in the afternoon.

2 **Q (By Mr. Hall) All right. So, this progress**
3 **note indicates that she came to the clinic at 4:30 in**
4 **the afternoon?**

5 A. No. It indicates that I wrote that at 4:30 in
6 the afternoon. So, I'd have to get a little bit more
7 chronology here. This is the day that I met her,
8 "Patient meet today," meaning I met her.

9 **Q. And --**

10 A. No, that wouldn't have been a dig check. I
11 must have -- I must have met her in the afternoon,
12 that's probably why. Because -- yeah -- yeah -- I must
13 have -- maybe I met her in the afternoon. I really
14 can't say but . . .

15 **Q. The start time for your prognosis note shows**
16 **4:30 in the afternoon, and there is no end time.**

17 **Is there a reason for that?**

18 A. No, I can't say.

19 **Q. And you believe as we sit here looking at these**
20 **documents that that may be a time that she returned to**
21 **the clinic?**

22 A. No. Actually, in looking at this -- because
23 she got her digoxin the following day -- so I must have
24 met her in the -- I can't say I must have -- but that
25 for whatever reason there's a note there saying she was

1 met today at that -- that time.

2 **Q. And what's the purpose of your progress notes?**

3 A. I'm not -- that specific one I'm not sure,
4 because I have -- I have this other -- these other
5 documentation things that I -- well, here -- so, yeah.
6 So, if I did her exam around 1635, right, that was --
7 and this was timed 1630, so that's -- maybe that's just
8 what I'm writing there, that I've -- I -- I'm meeting
9 her that day.

10 **Q. And your progress notes are for the purpose of**
11 **keeping track of the procedures that you perform with a**
12 **patient?**

13 A. Sometimes, yeah. Or just -- or just like this,
14 "patient meet today." Maybe because there was no where
15 for me to put -- I honestly can't say. But that's when
16 I met her, at 16 -- looks like around 1630 hours on
17 January 31st.

18 **Q. And it appears from this progress note that**
19 **you're instructing her to return the following morning**
20 **at 7:00 in the morning?**

21 A. Yes.

22 **Q. And her -- the purpose of her return would be**
23 **for the insertion of the laminaria?**

24 A. Yes. And to perform the digoxin injection
25 and -- and possibly give her mifepristone -- let's see

1 here.

2 **Q. If you'll turn to the next page, there's**
3 **another consent form.**

4 **Is this a consent form that you went over**
5 **with Keisha Adkins?**

6 A. Yeah, with regards to sedation for procedures.

7 **Q. And the sedation was for the purpose of pain**
8 **management?**

9 A. Yeah. Yes, pain management and -- yeah.

10 **Q. And is your signature -- or I'm sorry, are your**
11 **initials indicated at the bottom of the page next to**
12 **physician?**

13 A. Yes.

14 **Q. All right. And it says, "Witness. Staff**
15 **person."**

16 **Do you know whose initials those are?**

17 A. No.

18 MS. ROMANO: If he asks you whose
19 initials they are and you know who it is, don't give the
20 name, just say a medical assistant or a nurse or
21 whatever.

22 THE WITNESS: Okay.

23 **Q (By Mr. Hall) But just looking at those**
24 **initials, you can't tell from the initials who that**
25 **assistant is, correct?**

1 A. Correct. I can't.

2 **Q. If you'll turn to the next page, there's**
3 **another informed -- it says informed consent at the top,**
4 **another consent form.**

5 **Is this a document that you went over with**
6 **Keisha Adkins?**

7 A. Yes. Yeah.

8 **Q. And this appears to be a three-page document --**

9 A. Yes.

10 **Q. -- is that correct?**

11 A. Correct, yes.

12 **Q. And this document is for consent to actually**
13 **perform the termination or the abortion procedure,**
14 **correct?**

15 A. Correct.

16 **Q. And on the third page of this document, are**
17 **those your initials at the bottom of the page indicating**
18 **the provider's signature?**

19 A. Yes.

20 **Q. If you'll turn to the second page of those**
21 **three pages, in the middle of the page it says**
22 **infection, and it reads: (Reading)**

23 **Infections usually respond to antibiotics,**
24 **but in a few cases hospitalization is**
25 **necessary. Very rarely a severe infection**

1 **may lead to infertility.**
 2 **Did you go over that risk or complication**
 3 **factor with Keisha Adkins?**

4 A. Yes.

5 **Q. Did you inform her at that time that an**
 6 **infection could result that could lead to her death?**

7 A. Yes.

8 **Q. If you turn to the third page, it says:**
 9 **(Reading)**

10 **I understand that my physician and/or**
 11 **counselor will answer any questions or**
 12 **concerns I have, and I will ask such**
 13 **questions before leaving the clinic. If I**
 14 **have concerns or complications after**
 15 **leaving, I agree to call the clinic**
 16 **immediately.**

17 **Did you go over that with Keisha Adkins?**

18 A. Yes.

19 MS. ROMANO: I'm sorry, can we go off the
 20 record for a second?

21 THE VIDEO TECHNICIAN: Going off the
 22 record. Time is 1:40 p.m.

23 (Off the record 1:40 p.m. to 1:57 p.m.)

24 THE VIDEO TECHNICIAN: We're back on the
 25 record. Time is 1:57 p.m.

1 A. She's the clinic administrator.

2 **Q. All right. And is that for the Southwestern**
 3 **Women's Options in Albuquerque?**

4 A. Yes.

5 **Q. All right. And she sent you these documents by**
 6 **email?**

7 A. No.

8 **Q. How did she send them to you?**

9 A. Mail.

10 **Q. And when did you receive them?**

11 A. I -- sometime last week.

12 **Q. Are these documents that you requested from**
 13 **Joan?**

14 A. No.

15 **Q. All right. Do you know why it is that she sent**
 16 **them to you?**

17 A. She sent them to me in the context of
 18 preparation -- just that was part of, I believe, our
 19 record. It must have been at -- at the -- at the
 20 Albuquerque clinic. In preparation, just this is what
 21 we have for you to review before you get deposed.

22 **Q. Do you know if these documents were maintained**
 23 **by Joan at the Albuquerque clinic?**

24 A. I -- I assume so. I can't presume -- I presume
 25 they were with Keisha's record.

1 **Q (By Mr. Hall) I believe prior to our break or**
 2 **at the time we took our break there were three documents**
 3 **produced to counsel from your attorney, Ms. Carr.**
 4 **They're --**

5 MS. ROMANO: Doctor.

6 **Q (By Mr. Hall) I mean Dr. Carr.**

7 MS. ROMANO: Oh, I thought you were
 8 referring to me.

9 **Q (By Mr. Hall) And as a result I don't believe**
 10 **that these three documents were included in the medical**
 11 **records that we had received previously.**

12 **Is that fair to say?**

13 A. Yeah. I don't know what you had received
 14 versus those documents.

15 **Q. Were these documents generated by yourself?**

16 A. Two of them were, yeah, at the time of -- of
 17 the incident.

18 MS. ROMANO: But you mean when did she
 19 get -- I just got them from her.

20 THE WITNESS: Yeah.

21 MS. ROMANO: When did you get them?

22 THE WITNESS: Joan had sent them to me.

23 MS. ROMANO: Recently?

24 THE WITNESS: Um-hum.

25 **Q (By Mr. Hall) Who is Joan?**

1 **Q. And you said two of these documents were**
 2 **drafted by yourself?**

3 A. Yes.

4 **Q. All right. Can you identify which of the two**
 5 **documents you drafted?**

6 A. Those two (indicating).

7 MR. HALL: We're going to attach these
 8 two documents as Exhibit 7 and 8 to your deposition.
 9 (Exhibit Number 7, marked for
 10 identification.)

11 (Exhibit Number 8, marked for
 12 identification.)

13 MR. RILEY: Are they the 2:30 p.m. and
 14 9:45 a.m. documents?

15 **Q (By Mr. Hall) They are. They're the 2:30 p.m.**
 16 **and 9:45 a.m. documents. Exhibit Number 7 is the**
 17 **2:30 p.m. document on February 4th, 2017. And Exhibit 8**
 18 **is the February 6th, 2017, 9:45 a.m. document.**

19 **Looking at Exhibit Number 7, did you**
 20 **generate this document?**

21 A. Yes.

22 **Q. And how did you generate the document?**

23 A. Extemporaneous notes after a phone call with
 24 Tina Adkins.

25 **Q. And when did that telephone call take place?**

1 A. The -- as stated there, approximately 2:30 p.m.
2 on the 4th.

3 **Q. And what was the purpose of the phone call?**

4 A. To reach out to -- to Keisha's mother.

5 **Q. And why did you document the phone call?**

6 A. Because I wanted to document the phone call
7 given that I knew that this was a horrible loss for her
8 and her family, and that it could be that this would
9 result in some kind of litigation. And I just felt like
10 it was an important thing to do.

11 **Q. And you signed off on this document?**

12 A. Yes.

13 **Q. Had you seen this document prior to Joan
14 forwarding it to you?**

15 A. Not since I wrote it.

16 **Q. Were you instructed by anyone to make this
17 phone call?**

18 A. Nope.

19 **Q. Were you instructed by anyone to document the
20 phone call?**

21 A. Nope.

22 **Q. And Exhibit Number 8, was this another document
23 that you generated?**

24 A. Correct.

25 **Q. And you did it on your computer?**

1 A. Yeah, I guess -- yeah, some computer.

2 **Q. And did you save the document onto a laptop or
3 onto a computer system at the office? How did this
4 get -- how did this get archived?**

5 A. That, I don't know.

6 **Q. How would you have inputted this information or
7 made this document?**

8 A. On a computer. I don't know what computer.
9 What day was this? The 6th. So, yeah, I -- on a
10 computer. I don't know if it was my personal computer
11 or a work computer. Yeah.

12 **Q. How is it that the office manager, Joan, would
13 have come into contact with this document?**

14 A. I would have probably given her a copy.

15 **Q. When did you give her a copy?**

16 A. I don't -- after the phone call was made.

17 **Q. And how did you give her a copy of it?**

18 A. I -- I don't know.

19 **Q. And she didn't ask you to document the phone
20 call?**

21 A. No.

22 **Q. No one at the office asked you to document the
23 phone call?**

24 A. No. I'm a physician, I document phone calls
25 when -- yeah.

1 **Q. And this is how you document all phone calls?**

2 A. No.

3 **Q. Only phone calls as it regards or relates to
4 patients?**

5 A. Well, many times there's electronic medical
6 records. For example, in my practice in Maine, and
7 there's a module to -- you can document a phone call.
8 So, this is how I did this one.

9 **Q. Is there a computer database at the
10 Southwestern Women's Options where you would be able to
11 input this information and it would be uploaded to their
12 system?**

13 A. No.

14 **Q. So, this had to be manually or physically
15 emailed by yourself directly to Joan?**

16 A. Or printed off and given to her.

17 **Q. Do you recall how or which way you did it?**

18 A. No. Maternal deaths are rare, and this was
19 tragic. And I knew that it could very well lead to
20 something like this, and so what do I do.

21 **Q. All right. Going back to Exhibit Number 6, and
22 specifically before we took that break we were looking
23 at the informed consent for termination of pregnancy.
24 And I'll pick up, actually, on page 1 of 3, the first
25 page of it. It says, toward the bottom of the page in**

1 **the last paragraph, the second sentence: (Reading)**
2 **The risk of complications related to a**
3 **termination of pregnancy increase as the**
4 **pregnancy advances.**

5 **Is that information that you communicated
6 to Keisha?**

7 A. Yes.

8 **Q. And could you explain for the jury why it is
9 that the risk of complications related to a pregnant --
10 a termination of pregnancy increase as the pregnancy
11 advances?**

12 A. Yeah. I mean, if you take it to extremes -- an
13 early first trimester aspiration abortion, very simple
14 procedure. Just like having a DNC. The maternal
15 physiology is not yet set in that later pregnancy state.
16 Whereby, for example, you get later on in pregnancy -- I
17 don't know if you all have had kiddos, but there's risks
18 of -- as you get closer to term problems with diabetes,
19 problems with hypertension, problems with the pregnancy
20 itself. The way it's growing. The way the placenta's
21 operating.

22 So, there's just more -- more -- more
23 things that can go wrong the further along you get in a
24 pregnancy, in general. Right? So, that's whether or
25 not you are going to deliver a child or have an abortion

1 procedure. So, that just -- it -- it kind of goes
2 without saying.

3 But it goes for saying, that complications
4 in pregnancy are -- the rates are higher as you get
5 closer to term and have a delivery than they are earlier
6 in pregnancy because the -- the pregnant -- the fetus,
7 the baby, whatever you want, is bigger. It's drawing
8 more physiologic load on the mother. The mother's body
9 is changing. It's just a very different scenario.

10 **Q. So, as the gestational age of the fetus**
11 **increases, so do the risks of performing the abortion?**

12 A. Yeah. That's fair. The risks are -- absolute
13 risk low, but yeah. Sure.

14 (Exhibit Number 9, marked for
15 identification.)

16 **Q (By Mr. Hall) I'm handing you what I marked as**
17 **Exhibit Number 9.**

18 A. Okay.

19 **Q. Have you ever seen this document before?**

20 A. Probably, I -- yeah. I mean, it looks like a
21 consent that we would use for an abortion procedure.

22 **Q. And this appears to be the informed consent, or**
23 **at least it's titled similarly to Exhibit Number 6 as**
24 **informed consent?**

25 A. Correct. There's that -- okay.

1 **Q. There are a few differences. One I wanted to**
2 **point out at the bottom of the first page of**
3 **Exhibit 9 --**

4 A. Okay.

5 **Q. -- it says: (Reading)**

6 No guarantees or assurances have been made
7 to me as a result -- as to the results
8 that may be obtained.

9 **Do you see that?**

10 A. Yes.

11 **Q. (Reading)**

12 The risk of terminating a pregnancy
13 gradually increases through the course of
14 pregnancy. These comparative risks become
15 approximately equal at 16 to 18 weeks and
16 increase so that pregnancy termination at
17 18 weeks and above involves a greater risk
18 than carrying the pregnancy to term.

19 A. I'm not familiar with that verbiage.

20 **Q. And I'll represent to you that that verbiage**
21 **does not appear in the other conformed sent (sic) that**
22 **Ms. Adkins signed.**

23 A. Correct.

24 **Q. Do you know -- or do have any knowledge as to**
25 **when this informed consent that is Exhibit 9 was drafted**

1 **and/or if it was ever used by Southwestern Women's**
2 **Options?**

3 A. No, I don't.

4 **Q. Do you agree with the statement which is the**
5 **last sentence of that additional paragraph on Exhibit**
6 **Number 9 that: (Reading)**

7 The comparative risks become approximately
8 equal at 16 to 18 weeks of pregnancy and
9 increase so that pregnancy termination at
10 18 weeks and above involves a greater risk
11 than carrying the pregnancy to term.

12 MR. RILEY: Object to form.

13 THE WITNESS: I -- I -- I am not familiar
14 with that statistic. And sitting here today I would not
15 agree with that.

16 **Q (By Mr. Hall) Do you believe that that**
17 **statistic is inaccurate?**

18 MR. RILEY: Counsel, may I have a
19 continuing objection to the exhibit?

20 MR. HALL: Yes.

21 MR. RILEY: Thank you. So I don't have
22 to interrupt. Thank you.

23 THE WITNESS: My feeling is that it's a
24 mischaracterized risk. I don't -- yeah.

25 **Q (By Mr. Hall) Do you believe it's inaccurate?**

1 A. I -- I don't know. But I -- my sense is I --
2 that it's -- it is not correct.

3 **Q. Do you know who drafted this document, Exhibit**
4 **Number 9?**

5 A. No.

6 **Q. Is this an informed consent that you ever used**
7 **as an employee of Southwestern Women's Options?**

8 A. I don't know.

9 **Q. Is it possible that you could have used this**
10 **informed consent throughout the course of your**
11 **employment with Southwestern Women's Options?**

12 A. Possible.

13 **Q. Looking back at the informed consent that**
14 **Keisha Adkins signed in Exhibit Number 6. If you'll**
15 **turn to the third page of the informed consent, toward**
16 **the top of the page in what I believe is the second**
17 **paragraph, it says in the last sentence: (Reading)**

18 If I have concerns or complications after
19 leaving, I agree to call the clinic
20 immediately.

21 **Did you communicate that information to**
22 **Keisha Adkins?**

23 A. Yes. I let -- now again, not that formally,
24 said it -- you know, I have my own way of saying that.
25 But yes, in so many words.

1 Q. Okay. Do you recall how you would have said
2 it -- said that information or communicated that
3 information to Keisha Adkins?

4 A. Not specifically. But it's more in the --
5 not -- in the tone of we're -- there's somebody always
6 available to you 24/7. If you have any questions or
7 concerns while you're not here in the clinic, please
8 give us a call. Somebody's always available for you.

9 Q. And did you give her your telephone number at
10 that time?

11 A. Not my personal number, no.

12 Q. Which number, if any, did you give to her?

13 A. I don't give them personally any numbers. They
14 get numbers to call in by the staff, you know, what's
15 the appropriate number to call.

16 Q. And are those telephone calls forwarded to you
17 or are they forwarded to someone else?

18 A. Those are forwarded to -- they had a staff
19 member taking phone calls, and then they would be
20 forwarded to the physician on call.

21 Q. In 2017, back at the time Keisha Adkins was
22 receiving care from Southwestern Women's Options, who
23 was the staff person that was on point or designated to
24 take the phone calls?

25 A. I don't know.

1 Q. Would that information be reflected in any of
2 the medical intake forms or medical history that was
3 filled out by Keisha Adkins?

4 A. I don't think so. I don't -- they do have a --
5 I believe a log of phone calls when they are -- when
6 phone calls occur in the middle of the night. It
7 wouldn't be, necessarily, in this medical record.

8 Q. It says here on the third page of the informed
9 consent form that Keisha Adkins signed, says: (Reading)

10 However, should hospitalization be
11 necessary, I understand that I will be
12 responsible for any charges.

13 Did you communicate that to Keisha Adkins?

14 A. Probably not specifically that point, no.

15 Q. What would you have communicated about the
16 responsibility of fees or charges for hospitalization?

17 A. I wouldn't have -- I wouldn't have said
18 anything about that. I would have -- that's more in the
19 context of if we need help from an inpatient facility,
20 the hospital that we would transfer care.

21 Q. And did you inform her of the possibility of
22 your transferring her care to a hospital?

23 A. Yeah, we always do.

24 Q. Did you advise her of specific instances in
25 which you would transfer her to a hospital?

1 A. Only examples. Because you can't cover all --
2 you can't cover everything. But, yeah.

3 Q. What examples were those?

4 A. We talk about excessive bleeding, because we
5 don't have a blood bank at the clinic. If they need a
6 transfusion, if there was -- that would be one.
7 Infection would be one. Any clinical situation that we
8 didn't feel prepared to address. You can't cover all
9 your bases. People understand bleeding more than
10 anything, so that's the one example I always give.

11 Q. What about VTE?

12 A. I probably don't express that one or didn't
13 express that one in my general discussion with the
14 patients. But it's covered under any medical condition
15 that we cannot address and care for appropriately or
16 adequately here.

17 MS. ROMANO: But you're not including
18 informed consent discussions?

19 Q (By Mr. Hall) If you're --

20 MR. HALL: Again, if you want to make an
21 objection on the record, you can make it as to form.

22 MS. ROMANO: Okay.

23 THE WITNESS: What I'm saying is when I
24 talk about the possibility -- or when I talked about the
25 possibility of hospital transfer, it was always in the

1 context of things that we can't -- we're not equipped to
2 manage in our clinic. And I give an example generally
3 of hemorrhage, because that's what people can hang their
4 hat on as far as, oh, I'm bleeding too much. They don't
5 have a blood bank. We have to go to the hospital. But
6 I would also say there are other -- there are things
7 that can happen that we're not equipped to manage here.

8 Q (By Mr. Hall) Do you have a list of the things
9 that you communicate that would make up this list of
10 things that your clinic is not equipped to manage?

11 A. No.

12 Q. Is infection something that your clinic is
13 equipped to manage?

14 A. Up to a point.

15 Q. What do you mean by that?

16 A. Well, if the patient is persistently febrile
17 or -- or seemingly going down a path of sepsis or some
18 more advanced infection and not getting better, then we
19 would transfer.

20 Q. When you say "febrile," what are you referring
21 to?

22 A. A fever.

23 Q. And "sepsis," what do you mean by that?

24 A. It's a physio -- systemic physiologic response
25 where the -- where the blood pressure is going down.

1 And it's a systemic response. It's -- they're getting
 2 systemically ill from an infection.

3 **Q. And so do you diagnose sepsis at your clinic?**

4 A. No. It can have a general sense of that.

5 **Q. So, how would you know if someone had developed**
 6 **an infection to the point of sepsis that required a**
 7 **transfer outside of the clinic if you don't diagnose**
 8 **sepsis?**

9 A. I -- you -- the early signs of sepsis are --
 10 are fever, tachycardia, low blood pressure, poor urine
 11 output in the setting of an exposure to a potential
 12 infection.

13 **Q. And do you monitor those things in the clinic**
 14 **for purpose of making an analysis of whether someone has**
 15 **sepsis?**

16 A. Yeah.

17 **Q. How do you do that?**

18 A. Vital signs. Monitoring the patient. Seeing
 19 how they look, their appearance. Their -- yeah.

20 **Q. And do you record urine output?**

21 A. I don't know. We don't specifically -- I don't
 22 think we did that specifically there. Made sure they
 23 were -- oftentimes they would have urinary catheters in,
 24 so in those cases yes.

25 **Q. Do you have a protocol for identifying the**

1 **early signs of sepsis?**

2 A. I don't know.

3 **Q. To your knowledge, in 2017, did you have a**
 4 **protocol at Southwestern Women's Options for identifying**
 5 **the early signs of sepsis?**

6 A. A specific written protocol, not to my
 7 knowledge.

8 **Q. In 2017, did you train the staff to identify or**
 9 **recognize early signs of sepsis?**

10 A. They were trained to alert us to signs and
 11 symptoms that were -- were concerning.

12 **Q. Who trained them?**

13 A. I don't know.

14 **Q. How were they trained?**

15 A. I don't know.

16 **Q. Did you train them?**

17 A. No.

18 **Q. Did Dr. Landau train them?**

19 A. I don't know.

20 **Q. Did Dr. Boyd train them?**

21 A. I don't know.

22 **Q. Did Dr. Selle train them?**

23 A. I don't know.

24 **Q. How about early signs of sepsis protocol used**
 25 **in the Southwestern Women's Surgical Center clinic in**

1 **Dallas?**

2 A. Um-hum.

3 **Q. Were there any?**

4 A. I would have to go back and see if there was
 5 actually a written document.

6 **Q. As we sit here today, are you familiar with a**
 7 **written protocol for early warning or detection --**
 8 A. I can't recall.

9 **Q. -- of sepsis?**

10 **You don't recall?**

11 A. I don't recall.

12 **Q. Do you have a computer system in place to help**
 13 **assess the early warning signs of sepsis?**

14 A. No.

15 **Q. Can you give us an understanding of who could**
 16 **potentially be -- who could potentially contract sepsis?**
 17 **In other words, is it just the patients of the clinic or**
 18 **can anyone contract sepsis? Is it that common?**

19 A. I don't know how common it is. I'm not an
 20 internist. But it -- elderly people. People with
 21 chronic illness. Well, I mean, it's not -- it's not --
 22 it's not always infection specific, it's -- like I said,
 23 it's a systemic response. People with cancer.

24 **Q. Go ahead.**

25 A. No, go ahead.

1 **Q. Can blood tests help assess the early warning**
 2 **signs or detect signs of sepsis?**

3 A. They can be one of the indicators.

4 **Q. Does the clinic use -- or back in 2017, did the**
 5 **clinic use blood tests to help identify signs of sepsis?**

6 A. If we had concern that a patient was ill beyond
 7 the point that we should be taking care of them or
 8 didn't have the facility to do so, we would transfer
 9 them to the hospital. And there they would do a more
 10 full workup in terms of blood work and diagnostics,
 11 radiology tests and so forth.

12 **Q. Is it fair to say, then, that in 2017**
 13 **Southwestern Women's Options was not equipped with the**
 14 **capabilities of doing the blood work that would help you**
 15 **assess whether someone had contracted sepsis?**

16 MS. ROMANO: Form.

17 THE WITNESS: We had the ability to draw
 18 blood and draw many different tests. However, in a
 19 hospital you can get the results much faster. It could
 20 be a waste of time from -- if there's concern about a
 21 medical condition that requires transfer to a hospital,
 22 expediting that transfer is more important than getting
 23 blood that's going to take several hours to get a return
 24 on.

25 **Q (By Mr. Hall) Is contraction of sepsis**

1 something that requires speedy test results?
 2 MS. ROMANO: Form.
 3 THE WITNESS: Um-hum.
 4 **Q (By Mr. Hall) Is that true?**
 5 A. Generally.
 6 **Q. Is that a yes?**
 7 A. Yes.
 8 **Q. Why?**
 9 A. Because that condition can advance rather
 10 quickly. And so physicians that are capable of
 11 supporting a patient that may have that diagnosis need
 12 to have their answers quickly.
 13 **Q. Would you say that time for the assessment is**
 14 **critical?**
 15 A. Um-hum.
 16 MS. ROMANO: Is that a yes?
 17 THE WITNESS: Yes.
 18 **Q (By Mr. Hall) Were there any methods or means**
 19 **of enhancing communication between the medical staff at**
 20 **Southwestern Women's Options to help with the early**
 21 **detection of sepsis?**
 22 MS. ROMANO: I'm sorry, would you read
 23 that question?
 24 (Record read back.)
 25 MS. ROMANO: Form.

1 THE WITNESS: I -- I -- to clarify, I
 2 don't understand the question.
 3 **Q (By Mr. Hall) Sure. Was there communication**
 4 **system set up for the medical staff to help assess**
 5 **whether or not the patient was exhibiting signs of**
 6 **sepsis?**
 7 A. I don't know what specific communication was --
 8 yeah.
 9 **Q. Was there a centralization of medical notes**
 10 **and/or records to help alert doctors and/or physicians**
 11 **at Southwestern Women's Options of the risks or the**
 12 **threat of sepsis?**
 13 A. The medical record went with her.
 14 **Q. When you say "went with her," what do you mean?**
 15 A. What we had as -- a transfer summary. Whatever
 16 they -- whatever they received at UNM was what we sent,
 17 and our own verbal communications.
 18 **Q. Do you use vital signs in the assessment of**
 19 **sepsis?**
 20 A. Yes.
 21 **Q. Which signs are important to you?**
 22 A. Blood pressure. Heart rate. Respiratory rate.
 23 Oxygen saturation. Temperature.
 24 **Q. And in the medical records for Southwestern**
 25 **Women's Options, did you record the respiration rate of**

1 the patients that you were treating?
 2 A. Yes.
 3 **Q. Where did you record that information?**
 4 MS. ROMANO: Do you mean her personally?
 5 MR. HALL: Yes, ma'am.
 6 **Q (By Mr. Hall) Well, let me ask it generally.**
 7 **Do you know where the respiration rate for**
 8 **the patients was recorded in the medical records?**
 9 A. Yeah. In the record -- in the records, yeah.
 10 **Q. I'm going to have you turn to one of the**
 11 **medical records in Exhibit Number 6, that is the record**
 12 **that's -- has February 3rd, 2017 at the top of it.**
 13 A. Okay.
 14 **Q. Can you show us on this document, which is the**
 15 **medication card for Keisha Adkins from February 3rd,**
 16 **2017, where the respiration rate is recorded?**
 17 MS. ROMANO: Form.
 18 THE WITNESS: This particular --
 19 **Q (By Mr. Hall) Actually, this looks like a**
 20 **medication recording.**
 21 **If you would, turn two more pages. This**
 22 **looks like a vital sign chart.**
 23 A. Um-hum.
 24 **Q. Can you show us where the respiration rate for**
 25 **Keisha Adkins was recorded on February 3rd, 2017?**

1 A. No. I don't see respirations recorded here.
 2 **Q. How about urine output?**
 3 A. No. Don't see it.
 4 MS. ROMANO: I'm sorry, how about what?
 5 THE WITNESS: Urine output.
 6 **Q (By Mr. Hall) So, two of the vital signs that**
 7 **you would use to measure the onset or the recognition of**
 8 **sepsis are not recorded on this particular chart; is**
 9 **that correct?**
 10 MS. ROMANO: Form.
 11 THE WITNESS: That's correct.
 12 **Q (By Mr. Hall) With regard to the blood**
 13 **pressure, a vital sign, what rate would you consider to**
 14 **be a possible indication of the onset of sepsis?**
 15 A. You can't take any one of those things in -- in
 16 isolation.
 17 **Q. Right.**
 18 A. It's a general clinical picture.
 19 **Q. How about the heart rate, can you take the**
 20 **heart rate in isolation?**
 21 A. No.
 22 **Q. Okay. So, what factors would you consider the**
 23 **onset of sepsis amongst those vital signs that are**
 24 **recorded on this February 3rd, 2017 chart?**
 25 MS. ROMANO: Form.

1 THE WITNESS: I wasn't concern for
2 sepsis.
3 **Q (By Mr. Hall) And why not?**
4 A. Because this was all in -- what I see here is
5 a -- is a vital sign record of a young woman who was
6 laboring. And I don't see anything here that raises my
7 suspicion that she is developing sepsis.
8 **Q. So, there's no information on this sheet in**
9 **Exhibit Number 6 from February 3rd, 2017, that indicates**
10 **to you that this person may be developing sepsis?**
11 A. Nothing in her clinic demeanor as I was
12 checking on her and looking at her throughout the day
13 made me think that this woman was developing sepsis.
14 **Q. But I asked in -- specifically with regard to**
15 **the vital signs --**
16 A. Um-hum.
17 **Q. -- recorded on this page.**
18 A. Um-hum.
19 **Q. Nothing on this page of February 3rd, 2017,**
20 **would indicate to you that Keisha Adkins was developing**
21 **sepsis; is that correct?**
22 A. Not specifically, no.
23 **Q. Would you be concerned that sepsis was a**
24 **potential diagnosis for Keisha Adkins looking at these**
25 **vital signs?**

1 A. At what point?
2 **Q. At any point?**
3 A. Nope. Not specifically.
4 **Q. You mentioned her clinical demeanor not -- not**
5 **being indicative of someone with sepsis, what were you**
6 **referring to when you said that?**
7 A. She remained alert and oriented, conversant,
8 pleasant. Again, it's a clinical picture, I can't point
9 to one thing.
10 **Q. How was her breathing?**
11 A. It was regular and fine up until 1520 hours.
12 That is when -- that's when our concern was raised for
13 her condition.
14 **Q. And where is it indicated on this chart that**
15 **her respiratory rate became a concern?**
16 A. Her -- her oxygenation, not her respiratory
17 rate.
18 **Q. All right. And what about her oxygen rate led**
19 **you to believe that you had concern for her?**
20 A. Oxygenation, not rate.
21 At that point it was -- if you'll see the
22 third line up, it says 89, that's 89 percent.
23 **Q. Is it fair to say, then, that all of the**
24 **O2 saturation vital signs recordings prior to the 1520**
25 **recording of 89 did not give you concern for Keisha**

1 **Adkins?**
2 A. Correct.
3 **Q. How about the oxygen saturation prior to 1520**
4 **combined with the high temperature, the high pulse rates**
5 **and the high blood pressure?**
6 MS. ROMANO: Form.
7 THE WITNESS: Regard to the blood
8 pressure, the blood pressure was not high. The pulse
9 rates can be interpreted in the context of a laboring
10 woman. And the oral temperature -- well, you see on
11 this chart some measure -- some readings that are 100 --
12 well, let's see, the highest here is 100.9. We can see
13 that in labor induction as a transient pyrexia from
14 misoprostol administration. You'll see it actually went
15 down after that. So, yes, we do watch temperatures very
16 closely given the misoprostol that we administer. So,
17 the -- yeah.
18 **Q (By Mr. Hall) So, the pulse rate at 11:30 at**
19 **132 did not give you any concern for Keisha Adkins?**
20 A. We were watching it closely. I don't like to
21 see pulse rates high. But, again, you can get that in
22 laboring woman when they're laboring, working hard,
23 anxious and so forth. So, we absolutely, that's --
24 that's -- sure.
25 **Q. So, when you developed a concern at 3:20 in the**

1 **afternoon which is 1520 --**
2 A. Uh-huh.
3 **Q. -- did you immediately transfer her to the**
4 **hospital?**
5 A. Shortly thereafter, but not -- yeah, shortly
6 thereafter.
7 **Q. What does "shortly thereafter" mean?**
8 A. I don't know. I'd have to look at the record
9 of when she -- when the ambulance arrived and when she
10 arrived at the ER.
11 **Q. So, are you familiar with modern early warning**
12 **systems?**
13 A. Modern early warning systems? Not
14 specifically, no.
15 **Q. At 1520 or 3:20 in the afternoon, did you**
16 **suspect that Keisha Adkins may be developing sepsis?**
17 A. No. I was concerned that she -- the first
18 thing I thought about was a cardiopulmonary event.
19 **Q. And what are you referring to when you say**
20 **"cardiopulmonary event"?**
21 A. A pulmonary embolus or an amniotic fluid
22 embolus. That's the -- I mean, again, sepsis is a
23 constellation of symptoms that can develop from multiple
24 different individual conditions. My -- my concern was
25 potentially a pulmonary embolus, some cardiopulmonary

1 event. Could have been -- did she have a -- you could
2 list any of them, the heart, you know, heart stuff, lung
3 stuff. She had decrease in her O2 saturations that was
4 not responsive to basic measures.

5 **Q. Are you familiar with modern early obstetric**
6 **warning symptoms?**

7 A. Vaguely, but not specifically, no. I know of
8 the acronym.

9 **Q. When you say that you were concerned at 3:20**
10 **with pulmonary embolism, are you referring to something**
11 **that includes VTE?**

12 A. Yes. I mean, that's not the first -- I mean,
13 that's not the first thing like, oh, my God, she's got a
14 pulmonary embolus. But her oxygen saturation dropped.
15 And we got it up just by this, a little bit. But it
16 just wasn't enough, and it just was not -- yeah, it
17 certainly was a sign for her to be transferred.

18 **Q. All right. And who made the decision to**
19 **transfer her to a hospital?**

20 A. Myself and Dr. Landau.

21 **Q. And at what time did you make that decision?**

22 A. I don't know. Sometime after that.

23 **Q. Would you say that Keisha Adkins was in an**
24 **urgent condition?**

25 A. Yes.

1 **Q. At 3:20 in the afternoon, were you acting in an**
2 **urgent way to transfer Keisha Adkins to a hospital?**

3 A. After assessment. I was -- yeah, after
4 assessment.

5 **Q. What do you mean "after assessment"?**

6 A. I was called to the bedside, and -- with
7 Dr. Landau, and we evaluated her. Listened to her heart
8 and her lungs and watched her oxygen saturation. I
9 believe she was administered albuterol in the event that
10 it was some restrictive airway, reactive airways. And
11 because that didn't respond, we decided to transfer her.

12 **Q. And at that time were you considering that she**
13 **be transferred to save as much time as possible? To get**
14 **her to the hospital as quickly as possible?**

15 A. Could you clarify?

16 MS. ROMANO: Form.

17 **Q (By Mr. Hall) At 3:20 in the afternoon, were**
18 **you considering transferring her because she needed**
19 **urgent care?**

20 A. After a period of assessment, yes.

21 **Q. And how long did your assessment take?**

22 A. I don't recall. Not long. It felt very short
23 to me.

24 **Q. Would you agree that time was critical for**
25 **Keisha Adkins at 3:20 in the afternoon?**

1 MS. ROMANO: No -- form -- I'm sorry,
2 form.

3 THE WITNESS: No. I would say after
4 assessment. So, maybe -- maybe half hour of -- of
5 trying some measures. I don't know. Again, it would be
6 the time of when I -- myself and Dr. Landau assessed her
7 and the call to make the ambulance. I don't know when
8 that call was made.

9 **Q (By Mr. Hall) Do you know how long it took you**
10 **and Dr. Landau to assess Keisha Adkins?**

11 A. Not even a half hour, probably.

12 **Q. So, would it be fair to say, then, that you**
13 **could have or would have transferred Keisha Adkins at**
14 **3:00 -- 4:00 in the afternoon?**

15 A. I -- I don't know. I would have -- I'd have to
16 look at the record, the ambulance record, and the time
17 to ER arrival. It felt very short to me.

18 **Q. Did you make any assessments regarding how**
19 **urgently Keisha Adkins needed advanced or hospital care?**

20 A. I'm sorry, what was the start of that question?

21 **Q. Did you -- did you make any assessments as to**
22 **how quickly Keisha Adkins needed hospitalization?**

23 MS. ROMANO: Form.

24 THE WITNESS: Yeah. I still don't know.

25 I'm -- like in my own mind did I feel like she was --

1 **Q (By Mr. Hall) Yeah. How quickly did you think**
2 **she needed to be transferred to hospital?**

3 MS. ROMANO: I'm sorry, I'm lost. At
4 that time?

5 **Q (By Mr. Hall) How quickly did you think Keisha**
6 **Adkins needed to be transferred to the hospital?**

7 MS. ROMANO: Form.

8 THE WITNESS: Anytime we transfer
9 somebody to a hospital it should be quickly. We
10 wouldn't have them roller skate over there. I'm not
11 quite sure what you mean, because it's by ambulance.
12 So, when -- when we're transferring somebody, it's --
13 it's urgent, you know. And I don't mean to be flip, but
14 I guess maybe I'm not quite understanding you -- your
15 question.

16 **Q (By Mr. Hall) No, I understood your answer.**
17 **(Exhibit Number 10, marked for**
18 **identification.)**

19 **Q (By Mr. Hall) I'll hand you what's marked**
20 **Exhibit Number 10.**

21 **Looking at the first page of Exhibit**
22 **Number 10, do you know who Jess is?**

23 A. Not specifically, no.

24 **Q. Was there a woman that worked at your clinic**
25 **named Jess?**

1 A. Uh. Yes, I believe so.
 2 **Q. All right. Was Jess responsible for receiving**
 3 **telephone calls from patients?**
 4 A. I don't know.
 5 **Q. Do you recall Keisha Adkins having called into**
 6 **the clinic on February 2nd, 2017 at 2113?**
 7 A. I was not -- I -- was I aware of the call?
 8 **Q. Yes, ma'am.**
 9 A. I might have been made aware the next day. I
 10 guess that was at night, so I don't -- I didn't take
 11 that call myself.
 12 **Q. Is that telephone call documented in your**
 13 **medical records? And that would be what we have as**
 14 **listed Exhibit Number 6.**
 15 A. Yeah.
 16 MS. ROMANO: Can you tell me where you
 17 got these?
 18 MR. SIEBEL: The answering service. The
 19 answering service produced it.
 20 MS. ROMANO: You never disclosed it to
 21 us.
 22 MR. SEIBEL: Yeah. We sent it to you.
 23 MS. ROMANO: When?
 24 MR. SEIBEL: Three weeks ago.
 25 MS. ROMANO: Never got it.

1 THE WITNESS: I guess -- so somebody
 2 called at what -- what was the -- you said Keisha
 3 called?
 4 **Q (By Mr. Hall) It was a telephone call --**
 5 A. From?
 6 **Q. -- on February 2nd, 2017 at 2313 to your**
 7 **answering service.**
 8 A. 23 -- so 11 something at night?
 9 **Q. That's correct.**
 10 A. On the 2nd?
 11 **Q. Yes. And is that reflected anywhere in your**
 12 **medical records?**
 13 A. I know at one point they kept a separate log of
 14 phone calls that were received at night. I don't know
 15 if this would have made it in here (indicating).
 16 (Witness reviews documents.)
 17 I see this telephone check-in, that was a
 18 check-in at 1948 hours on the 2nd. "Spoke with patient.
 19 States no concerns. Will call." Okay. Not seeing
 20 anything specific. The 2nd, that would have been her
 21 second day with us -- the night of the second day.
 22 (Witness review documents.)
 23 I'm sorry, I'm just -- just reading
 24 through here. No, I don't see anything in -- in this
 25 exhibit, no. Not obvious anyway.

1 **Q. All right. How about a telephone call from**
 2 **Tina Adkins' (sic) mother on February 3rd, 2017 at**
 3 **6:17 a.m.?**
 4 MS. ROMANO: Form.
 5 **Q (By Mr. Hall) Is there any record of that in**
 6 **your medical file for Keisha Adkins?**
 7 A. No, I did not see that.
 8 **Q. Is it important for your clinic to keep an**
 9 **accurate medical record for the patient?**
 10 A. An accurate medical record, correct. Some of
 11 these calls can be mother checking in seeing how she's
 12 doing. Has my daughter made it there or not, you know,
 13 the -- so I don't know the nature of the call. Some of
 14 them are not medical but . . .
 15 **Q. But you do record information concerning the**
 16 **content of telephone calls?**
 17 A. I assume they do. I don't know if all of them
 18 are.
 19 **Q. As a matter of fact, you have a telephone**
 20 **check-in progress note that has blanks on it --**
 21 A. Um-hum.
 22 **Q. -- indicating the location for notes to be**
 23 **taken --**
 24 A. Um-hum.
 25 **Q. -- is that correct?**

1 A. Correct.
 2 **Q. And you instruct your assistants to record**
 3 **important information for the medical file?**
 4 A. Correct.
 5 **Q. And if a patient were experiencing medical**
 6 **troubles, you would want your assistant to record that**
 7 **information?**
 8 A. Yes, and -- yeah.
 9 **Q. And they -- you would expect your assistants to**
 10 **record that type of information in the telephone**
 11 **check-in progress notes?**
 12 A. Either that or it would be reflected in a
 13 subsequent chart note if the patient came in.
 14 **Q. But here in her -- in Keisha Adkins' medical**
 15 **records there's only one telephone check-in progress**
 16 **note, and it doesn't even reflect that these telephone**
 17 **calls were made --**
 18 A. Okay.
 19 **Q. -- that's correct?**
 20 A. Apparently.
 21 **Q. If you'll turn to the second page of Exhibit**
 22 **Number 10 there was a telephone call apparently made to**
 23 **your clinic by the Office of Medical Investigator (sic),**
 24 **Rebecca.**
 25 **Do you recall having received any**

1 information concerning that phone call?
 2 A. No.
 3 **Q. If you'll look at the second-to-last page of**
 4 **Exhibit Number -- actually, the third-to-last page of**
 5 **Exhibit Number 10, there's a highlight at the top that**
 6 **says: (Reading)**
 7 **Patient passed 2/3. Needing to discuss**
 8 **death certificate.**
 9 **Do you recall receiving a phone**
 10 **conversation with anyone to discuss the death**
 11 **certificate?**
 12 A. No.
 13 **Q. Any notes in your file regarding discussions of**
 14 **the death certificate?**
 15 A. No.
 16 **Q. Would you agree as the primary care physician**
 17 **for Keisha Adkins at Southwestern Women's Options that**
 18 **it was your responsibility to ensure that accurate**
 19 **information was recorded in her medical record file?**
 20 MS. ROMANO: Form.
 21 THE WITNESS: I'm part of the team
 22 that -- that tries to assure that.
 23 **Q (By Mr. Hall) And you're responsible to make**
 24 **sure that information is recorded in her medical file,**
 25 **correct?**

1 A. Correct.
 2 **Q. And if medical information was not recorded in**
 3 **her medical file, it would be your responsibility to**
 4 **find out why --**
 5 MS. ROMANO: Form.
 6 **Q (By Mr. Hall) -- is that correct?**
 7 A. Partially mine, yeah.
 8 **Q. Did you undertake any investigation to find out**
 9 **why this medical file is inaccurate or not completely**
 10 **accurate?**
 11 MS. ROMANO: Form.
 12 THE WITNESS: No.
 13 **Q (By Mr. Hall) If you will turn now to the**
 14 **medication card for February 2nd, 2017. It's about in**
 15 **the middle of the medical records that are attached to**
 16 **the Exhibit 6. The top time says 7:10 in the morning.**
 17 **Do you see that?**
 18 A. Yes.
 19 MS. ROMANO: Hold on. Okay.
 20 **Q (By Mr. Hall) Can you -- let me ask you**
 21 **specifically. With regard to this medication list, is**
 22 **this an accurate list of the medications that were given**
 23 **to Keisha Adkins on February 2nd, 2017?**
 24 MS. ROMANO: Form and foundation.
 25 THE WITNESS: To the best of my

1 knowledge, yeah.
 2 **Q (By Mr. Hall) Okay. And you've reviewed**
 3 **Keisha Adkins' medical file, correct?**
 4 A. Yes.
 5 **Q. And you were prescribing medications for Keisha**
 6 **Adkins while she was a patient of yours at the clinic,**
 7 **correct?**
 8 A. Correct.
 9 **Q. And you were checking to make sure that those**
 10 **medications were administered to Keisha Adkins, correct?**
 11 MS. ROMANO: Form.
 12 THE WITNESS: I was not always physically
 13 present when they were given, but I was noting when they
 14 were -- what she was getting and when and how much.
 15 **Q (By Mr. Hall) And so as far as you're**
 16 **concerned -- well, let me ask you. As far you're**
 17 **concerned, is this an accurate list of the medications**
 18 **that you were prescribing for Keisha Adkins on**
 19 **February 2nd, 2017?**
 20 A. Correct, yes. This is her first day of
 21 induction, yes.
 22 **Q. Okay. And the medications that were given to**
 23 **her included pain management medications, correct?**
 24 A. Correct.
 25 **Q. And some of those include oxycodone?**

1 A. Correct.
 2 **Q. As well as fentanyl?**
 3 A. Correct.
 4 **Q. Can you tell us what medication is being**
 5 **described as NS?**
 6 A. That was -- that would be her IV -- in her IV,
 7 normal saline.
 8 **Q. Okay. And she also received directly after**
 9 **receiving fentanyl something called Versed.**
 10 **Will you tell us what Versed is?**
 11 A. Midazolam, it's a sedative.
 12 **Q. And what is fentanyl?**
 13 A. Narcotic analgesia.
 14 **Q. So, that's a pain medication?**
 15 A. Correct. Often used commonly in -- in
 16 procedures such as this or, you know, in the ER and so
 17 forth.
 18 **Q. So, at approximately 7:32 in the morning Keisha**
 19 **Adkins received both a narcotic for pain management as**
 20 **well as a sedative called Versed?**
 21 A. Correct.
 22 **Q. And the sedative was for the purpose of her**
 23 **what? What was the reason for that?**
 24 A. Well, to help -- to help manage and cope with
 25 the labor process and with pain. So, to help -- yeah,

1 keep her calm and -- and manage her pain through --
2 throughout the labor.

3 **Q. Fair to say that taking a combination of**
4 **fentanyl and Versed she may not be alert?**

5 MS. ROMANO: Form. Foundation.

6 THE WITNESS: No. We titrate these
7 medications to affect, so we're not trying to snow
8 people.

9 **Q (By Mr. Hall) Okay.**

10 A. Yeah.

11 **Q. All right. And then approximately 17 minutes**
12 **later she received another dose of Versed?**

13 A. Correct.

14 **Q. And then a minute after that she received**
15 **another dose of fentanyl?**

16 A. A minute after that -- she received another
17 dose of fentanyl 7:50 which was 18 minutes after.

18 **Q. Oh, I was referring to minute after Versed.**
19 **She received Versed at 7:49; is that**

20 **correct?**

21 A. Correct.

22 **Q. And then she received fentanyl at 7:50?**

23 A. Correct.

24 **Q. Approximately a minute after receiving the**
25 **Versed?**

1 **sent home at that time?**

2 A. Yeah. That looks like that, yeah. So, her
3 cervix was not favorable to proceed at that point in
4 time, so we decided -- right -- so she came back that
5 afternoon. Miso on arrival the next day -- it looks
6 like she did, yeah. So, I'm just -- I'm just trying to
7 read my handwriting.

8 **Q. And it looks like you had actually scheduled**
9 **her to return the next day? At 7 a.m. on the**
10 **February 3rd?**

11 A. Right. So, she must have come back. And it
12 says, "Patient reports uncomfot" -- she came back in
13 afternoon because she was feeling uncomfortable.

14 **Q. When you say "the afternoon," you're referring**
15 **to returning the afternoon of February 2nd?**

16 A. Correct. It looks like my -- this note is at
17 1610 hours. And at that time she was uncomfortable with
18 contractions and she came back. I removed the laminaria
19 and gauze that were placed earlier that morning. Her
20 cervix did not still seem favorable at that time to
21 proceed with induction, so, I put in -- hold on a
22 second, this is really -- this is a crappy copy -- four
23 total of laminaria and two gauze. I gave her
24 mifepristone at that point in time, because that can
25 help with the cervical ripening process. And then said

1 A. Correct.

2 **Q. And it looks like there's a break in the**
3 **medication that she received, if you look over the**
4 **progress notes.**

5 **Let me ask you first, is that your**
6 **handwriting --**

7 A. Yeah.

8 **Q. -- on the progress notes?**

9 A. Yeah.

10 **Q. All right. What is your first progress note on**
11 **February 2nd, 2017, at the top of the page, indicate?**

12 A. Uh, let me look at that. 7:55 mild cramping.
13 So this is likely when I first saw her in the morning.
14 Ate well. Negative traum, meaning she did not rupture
15 her membranes overnight. The lams and -- the laminaria
16 and the gauze were removed. The lams were pinched
17 meaning her cervix had kind of pinched them a little
18 bit, like they weren't coming out, they just -- they
19 were not stuck, but just had a little hourglass
20 appearance and they were tight. Her cervix was still
21 1 centimeter long. The fetal vertex was not applied,
22 meaning it wasn't far down in the pelvis. It looks like
23 I placed five more laminaria and two gauze. Observe in
24 recovery I think it says.

25 **Q. And then is it fair to say that the patient was**

1 return in the morning -- the next morning.

2 **Q. And what instructions, if any, did you give her**
3 **for that evening?**

4 A. Standard instructions. Call if you have any
5 concerns, you feel like you're laboring, you're
6 bleeding, in a lot of pain. Yeah. Fever. Any
7 concerns. I mean, we pretty -- we leave it wide open,
8 you know, if they have any concerns, they should call.
9 Specifically for me, labor, you know, onset of
10 contractions, you really feel like the labor is
11 progressing or . . .

12 **Q. And it appears as though, from Exhibit**
13 **Number 10, that the answering service did indicate that**
14 **Keisha called in that night at 2313, correct?**

15 A. Apparently.

16 **Q. And if that's accurate, do you recall having**
17 **received any information about that telephone call?**

18 A. I don't recall any information about that call.

19 **Q. And then Keisha did return the next morning at**
20 **6:45; is that correct?**

21 A. Correct.

22 **Q. And we're both now looking at the medication**
23 **page for February 3rd, 2017?**

24 A. Correct.

25 **Q. And are these your notes to the right-hand side**

1 of the medication chart?

2 A. The top one is -- looks like Dr. Landau. The
3 middle one is mine, and the bottom one is Dr. Landau.

4 **Q. Okay. So, fair to say that you were both
5 treating Keisha Adkins on February 3rd, 2017?**

6 A. Correct.

7 **Q. All right. Based on your understanding of the
8 patient's history, what was happening the morning of
9 February 3rd, 2017?**

10 A. What was happening with regards to?

11 **Q. To her treatment that morning?**

12 A. Okay. I'm just going to look this over. So,
13 this might indicate here that -- I can't say that this
14 was -- I'm going to read what I'm reading here, but,
15 generally, they don't come in before 7:00. So, perhaps
16 due to that -- what had transpired in that phone call:

17 (Reading)

18 Patient brought into the clinic after
19 reporting strong cramping times one to two
20 hours. Lams and gauze were removed.

21 She must have -- it says previous rupture
22 of membrane. So, she probably rup -- you know, broke
23 her water. The cervical exam showed the cervix to be
24 long, the vertex. And she was then sent to our laboring
25 room to continue with the labor.

1 **Q. All right. And then at 10:15 in that same
2 morning, is that where you picked up her care?**

3 A. Yeah. We were both doing procedures at that
4 point in time. So, it was, you know, if I was doing a
5 procedure, Carmen would check it and vice versa --
6 Dr. Landau.

7 So, at 10:15 contractions. Is a little
8 more comfortable. Her cervix was unchanged. Mild
9 tachycardia. Continue misoprostol, and just gave her
10 some fluids.

11 **Q. And when you say "mild tachycardia," you're
12 referring to increased heart rate?**

13 A. Correct.

14 **Q. And then she continued to receive a regular
15 course of medication throughout that day, correct?**

16 A. Yes. It looks like that's what occurred, yeah.

17 **Q. At 12:56 in the afternoon -- I believe you
18 indicated that that is Dr. Landau's handwriting,
19 correct?**

20 A. Correct.

21 **Q. Can you interpret for us what Dr. Landau is
22 recording there?**

23 A. Yes. It says cervix is unchanged. Continue
24 misoprostol and start adding some Pitocin to her IV
25 fluids to help initiate some contractions. We would --

1 and with the consideration of sending her home again,
2 replacing lams and sending her home if needed.

3 **Q. Okay.**

4 A. That's the contingent plan should she not go
5 into labor.

6 **Q. All right. So, as of 12:56 Dr. Landau was
7 considering a plan that would return her to her house?**

8 A. Yeah. Or wherever she was staying at the time,
9 yeah. Yeah.

10 **Q. And do you have any specific recollection of
11 Keisha Adkins at 12:56 or approximately 12:56, on
12 February 3rd, 2017?**

13 A. 12:56? No.

14 **Q. If you look at the next page, looks like a
15 continuation of the medication chart --**

16 A. Correct.

17 **Q. -- with a progress note at 1704.**

18 **Is that your handwriting or Dr. Landau?**

19 A. That's Dr. Landau.

20 **Q. All right. What's your understanding of what
21 Dr. Landau's recording about Keisha Adkins at 5:00?**

22 A. So, during that interim time, after that
23 progress note, we continued to administer medications
24 and then got called in at -- it would have been at or
25 shortly after that low saturation was noted.

1 **Q. Is it fair to say, looking at this progress
2 note and based on your understanding of -- of how
3 treatment was administered for patients like Keisha
4 Adkins, that the last time Keisha Adkins was seen by a
5 doctor was 12:56, meaning that there was a gap between
6 12:56 and 5:04 in the afternoon?**

7 A. No.

8 MS. ROMANO: Form.

9 THE WITNESS: No. We saw her when that
10 low oxygen saturation number was noted.

11 **Q (By Mr. Hall) Why did you not make a note of
12 the times you checked up on or saw Keisha Adkins in
13 between 12:56 in the afternoon and 5:04 in the
14 afternoon?**

15 A. We were tending to her at that time.

16 **Q. But there's no progress report to note or
17 indicate that, why is that?**

18 A. Let's see. So, 12:56, that's 1:00. At 1520
19 hours, that's when the low saturation rate was noted.
20 So, this is likely a late entry, and this is a
21 continuation of what we were seeing at the time. So,
22 not -- we were not documenting we were rather attending
23 to Keisha. And this is -- this does not reflect -- the
24 fact that there's no note there doesn't reflect that we
25 weren't seeing her. We were called to the bedside when

1 that low oxygen saturation reading was obtained.
 2 **Q. So, it's your testimony, then, that when she**
 3 **had a low oxygen saturation reading at 3:20, you were**
 4 **tending to Ms. Adkins but not recording that information**
 5 **in the progress notes --**

6 MS. ROMANO: Form.

7 **Q (By Mr. Hall) -- is that correct?**

8 A. Correct. And this appears to be a summary from
 9 that -- that time.

10 **Q. All right. Does it make reference to -- looks**
 11 **like it does make reference to 1520 in the progress**
 12 **note?**

13 A. Yes.

14 **Q. But that's not your progress note, correct?**

15 A. Correct. I believe I had -- I had gone, not in
 16 the ambulance, but to the emergency department to meet
 17 the physicians there and to transfer care.

18 **Q. And what time would that have been?**

19 A. I don't know. Sometime after 1520 and before
 20 she . . .

21 **Q. Did you contact the UNMH emergency department**
 22 **prior to your arrival at the emergency department?**

23 A. I didn't personally. One of our staff or
 24 Dr. Landau did. I -- I don't know who made that initial
 25 call.

1 she was in the -- her labor progress and our assessment
 2 of her and need for transfer. Basically like you would
 3 if you're transferring any patient. This is what
 4 happened. This is where we're at.

5 **Q. Did you bring any documentation with you to**
 6 **your -- to your -- to UNMH emergency room?**

7 A. I -- I didn't personally, I don't believe.
 8 They sent whatever they did in the ambulance. I -- I
 9 just got in the car and followed the car to the -- I
 10 mean, it's less than half mile up the street, so, yeah.

11 **Q. So, all of the patient history that you would**
 12 **have relayed to Dr. Hofler would have come from your**
 13 **memory?**

14 A. Yes.

15 **Q. And as far as the vital signs, did you**
 16 **communicate those vital signs to Dr. Hofler?**

17 A. I don't know that I did, specifically. More
 18 that she had a fairly sudden drop in her O2 stats.

19 **Q. When you arrived at University of New Mexico**
 20 **Hospital, did you talk with Dr. Pereda?**

21 A. Not that I can recall.

22 **Q. Did you talk with Dr. Bayat?**

23 A. I don't recall -- maybe her. I don't remember.
 24 I remember Dr. Hofler, she came down to the emergency
 25 department.

1 **Q. Do you know when that initial call would have**
 2 **been made?**

3 A. No, not specifically. Sometime after 1520
 4 hours. (Reading)

5 EMS called for transport. Presbyterian, I
 6 guess, had declined care. Spoke with
 7 Dr. Hofler at UNMH who has agreed to
 8 accept her to their service.

9 **Q. Do you know why Dr. Okun at Presbyterian**
 10 **declined to care for Keisha Adkins?**

11 A. I can't speak for her, it's speculation.

12 **Q. Do you know if Dr. Landau spoke with Dr. Okun?**

13 A. I don't.

14 **Q. Did you ever speak with Dr. Hofler about Keisha**
 15 **Adkins' care prior to your arrival at University**
 16 **New Mexico Hospital?**

17 A. No.

18 **Q. Did you speak to Dr. Hofler once you arrived at**
 19 **University of New Mexico Hospital?**

20 A. Yes.

21 **Q. What did you -- what time was that?**

22 A. Don't know.

23 **Q. What did you communicate to Dr. Hofler?**

24 A. I communicated her clinical course during her
 25 time with us at our clinic, and the indication -- where

1 **Q. Did you talk with Dr. Singh?**

2 A. I don't recall Dr. Singh.

3 **Q. How about Dr. Thaxton?**

4 A. I believe -- I don't -- I don't -- I might have
 5 talked to Dr. Thaxton, but I was primarily communicating
 6 with Dr. Hofler. In other words, the family planning
 7 team was involved. I don't -- Dr. Hofler was the
 8 accepting physician. So, whoever I discussed with -- I
 9 was primarily communicating with her, because she was
 10 going to be the primary physician assuming her care.

11 **Q. And did you give Dr. Hofler your diagnosis**
 12 **and/or what you believe was wrong with Keisha Adkins?**

13 MR. RILEY: Object --

14 THE WITNESS: I don't recall.

15 MR. RILEY: Excuse me. Object to form.

16 **Q (By Mr. Hall) Did Dr. Hofler, at the time you**
 17 **met with her, indicate what she believed the medical --**
 18 **Keisha Adkins' medical condition was?**

19 A. No. I don't believe we had enough information.

20 **Q. Did Dr. Hofler ever indicate to you what she**
 21 **believed Keisha Adkins' diagnosis was?**

22 A. No. We didn't have enough information. She
 23 had just arrived in the emergency department.

24 **Q. How long did you remain at the emergency**
 25 **department?**

1 A. I don't remember.

2 **Q. To this day, have you discussed Keisha Adkins**
3 **diagnosis with Dr. Hoffer?**

4 A. "To this day," meaning in a -- I mean, we
5 certainly would have -- I don't specifically remember
6 any specific instances. But because we were both taking
7 care of her, certainly -- and certainly in the immediate
8 aftermath we would have likely talked about the case.
9 But I don't operate in a vacuum, so, yeah.

10 **Q. And did Dr. Hoffer indicate to you what she**
11 **believed Keisha Adkins cause of death was?**

12 A. I don't recall.

13 **Q. Do you recall telling Dr. Hoffer what you**
14 **believe Keisha Adkins' cause of death was?**

15 A. I don't recall specifically. My -- always my
16 impression was, was that it was probably a
17 thromboembolic event, just given the way it presented
18 and the suddenness of it.

19 **Q. Did you review any of the diagnostic tests that**
20 **were performed by UNMH's emergency room -- emergency**
21 **department?**

22 A. I can't recall specifically. I -- but I --
23 this is what I will say, I was in the ER for a while,
24 and I believe I saw the plain chest film. In -- like
25 they -- they -- they posted it in the emergency

1 department, you know, down there where they could get
2 the images up electronically. And I think I saw that.
3 Or was it the -- I don't know. I feel like I saw one of
4 her chest imaging studies that was done immediately when
5 she got there. And that was it.

6 **Q. All right. And you don't recall how long you**
7 **stayed there at UNMH emergency department?**

8 A. I don't recall how long. It might have been a
9 couple of hours.

10 **Q. Do you recall what you saw in the plain chest**
11 **film and the CT scan that you saw?**

12 A. It -- again, I feel like I'm speculating my own
13 self. I feel like I saw a pulmonary edema or florid
14 pulmonary edema, like a -- like they were -- like the
15 lungs had a lot of white in them, if I remember. But I
16 didn't sleep much after that night, so I might -- I
17 really wish I could tell you more specifically.

18 **Q. In Exhibit Number 6 there's both an operative**
19 **note form and a post procedure form and they're left**
20 **blank. And I assume that's because Keisha Adkins did**
21 **not finish her course of treatment at Southwestern**
22 **Women's Options?**

23 A. Correct.

24 MS. ROMANO: I'm sorry, what page are we
25 on?

1 MR. HALL: The operative note and post
2 procedure note.

3 THE WITNESS: Right.

4 **Q (By Mr. Hall) If you'll turn to the transport**
5 **form itself right after the post procedure form.**

6 A. Um-hum.

7 MS. ROMANO: Is that a yes?

8 THE WITNESS: Oh, yes, I'm turning to it.

9 **Q (By Mr. Hall) It has -- at the top the date is**
10 **January 31st, 2017. I assume that the transport form is**
11 **filled out in the initial medical documents -- when the**
12 **initial medical record documents are filled out?**

13 A. I would make that assumption, I suppose.

14 **Q. Then actually below that on the same page it**
15 **says, "transport call" which occurred on February 3rd,**
16 **2017.**

17 **Do you see that?**

18 A. Yes.

19 **Q. The time of the call is 4:26?**

20 A. Correct.

21 **Q. And the writing here on the transport call, is**
22 **any of that in your writing?**

23 A. No.

24 **Q. Is that Dr. Landau's writing?**

25 A. I believe so.

1 **Q. There is a reporting on this transport call of**
2 **respiratory -- I assume that's a respiratory rate at 26?**

3 A. Correct.

4 **Q. And would you agree with me that that's the**
5 **first time that Keisha Adkins' respiratory rate is**
6 **recorded throughout her medical records from**
7 **Southwestern Women's Options?**

8 A. Yes. The actual rate, correct.

9 **Q. There's another reference to Dr. Okun at the**
10 **bottom of the transport call form. And just to**
11 **summarize it says, "Patient not appropriate for Pres."**
12 **I assume that's for Presbyterian Hospital.**

13 **Does that give you any indication of the**
14 **reason why Dr. Okun declined care for Keisha Adkins?**

15 A. No, I can't speculate on that.

16 **Q. If you'll turn to the physician certification**
17 **for Medicaid patient -- which I believe is just two**
18 **documents later -- it identifies patient name Keisha**
19 **Adkins with a Medicaid number.**

20 **Do you see that?**

21 A. Yes.

22 **Q. At the bottom of the form, which is dated**
23 **January 31st, there's physician signature.**

24 **Are those your initials?**

25 A. Correct.

1 **Q. You indicated on this form with an X -- well,**
 2 **let me ask. Did you indicate on this form with an X**
 3 **that this pregnancy has a profound negative impact upon**
 4 **the mental health of this woman? Is that your marking**
 5 **on that page?**

6 A. No, that probably would have been Keisha's. I
 7 mean, they make a determination as to -- as to why
 8 they're undergoing the procedure.

9 **Q. So, you believe that it's Keisha who marked**
 10 **that her pregnancy was going to have a profound negative**
 11 **impact upon her own mental health?**

12 A. Either her or the counselor she was working
 13 with, and then I signed off on that reason. I mean,
 14 just to say that I don't make Xs that way.

15 **Q. Okay. Would you have conferred or confirmed**
 16 **with Keisha Adkins that that was the reason for her**
 17 **proceeding with the abortion?**

18 A. Sure. Yes.

19 **Q. Did you make a mental assessment of Keisha**
 20 **Adkins as it related to her -- her mental health?**

21 A. In what way?

22 **Q. In reference to the pregnancy having a profound**
 23 **negative impact upon her mental health?**

24 A. This -- she stated that this would have a
 25 profound impact -- a profound impact on the mental

1 health and her life. And I don't -- if you're asking
 2 for a formal medical mental assessment or psychological
 3 assessment, no. Just like I don't do that for a patient
 4 that I would be doing, necessarily, any procedure. I
 5 don't make a formal psychological assessment unless
 6 there are red flags for psychosis or, you know, some
 7 other obvious . . .

8 **Q. So, then your testimony is that this document**
 9 **here reflects self-assessment from Keisha Adkins?**

10 A. Yes.

11 **Q. If you would turn to --**

12 MS. ROMANO: I think we need a break.
 13 It's been like two hours.

14 MR. HALL: We can take a break. We're
 15 going to have to finish document. We're almost through,
 16 but --

17 MS. ROMANO: I know.

18 MR. HALL: -- we can take a break.

19 THE VIDEO TECHNICIAN: Going off record.
 20 the time is 3:18.

21 (Off the record 3:18 p.m to 3:36 p.m.)

22 THE VIDEO TECHNICIAN: We're back on the
 23 record. Time is 3:36.

24 **Q (By Mr. Hall) Dr. Carr, I wanted to look at**
 25 **the January 31st 20-minute interview document for Keisha**

1 **Adkins, if you could turn in Exhibit 6.**

2 A. I don't know what you're looking for. How far
 3 in?

4 **Q. It's just past the referral information toward**
 5 **the back.**

6 A. Okay. I know what you're talking about. Yeah,
 7 I know what that looks like. There it is.

8 **Q. Dr. Carr, it looks like there was an interview**
 9 **conducted of Keisha Adkins on January 31st, 2017, that**
 10 **was commemorated with a typewritten note.**

11 A. Um-hum.

12 **Q. Fair to say?**

13 A. Yeah. Yes.

14 **Q. The time of the interview, it looks like it was**
 15 **20 minutes. I assume that's the length of the**
 16 **interview?**

17 A. Yes.

18 **Q. All right. Did you conduct this interview?**

19 A. Yes.

20 **Q. Is that your signature toward the bottom of the**
 21 **page?**

22 A. Yes.

23 **Q. And where did you conduct this interview?**

24 A. They would happen at one of a couple places.
 25 Either in one of the exam rooms on that first day or in

1 a counsel room, depending upon what was open and
 2 available.

3 **Q. All right. And who attended this interview**
 4 **with yourself and Ms. Adkins?**

5 A. It's unclear from this. But my recollection
 6 was that I -- I met Keisha alone, and I think it was in
 7 one of our clinic rooms. My indication there that she's
 8 accompanied by her mother and her boyfriend, it's just
 9 that -- meaning that they're in the clinic somewhere
 10 but -- but that it was just Keisha and I.

11 **Q. All right.**

12 A. Which is typically how I would do things
 13 so . . .

14 **Q. Was Keisha's mother, Christina, or her**
 15 **boyfriend invited to attend the meeting?**

16 A. Typically the counselors would go over that
 17 before I meet with Keisha, like do you -- would you like
 18 your mother or your boyfriend here, and they'll say yes
 19 or no, so . . .

20 **Q. But from looking at your notes here -- well,**
 21 **let me ask this.**

22 **Did you type these notes yourself?**

23 A. I -- yeah. Oops there's a typo there it looks
 24 like.

25 **Q. And when would you have typed these notes?**

1 A. The day I met her.
 2 **Q. And the day you met her was January 31st?**
 3 A. Correct. So, there is a typo there, "Christina
 4 has been taking birth control pills and continued" --
 5 that should be Keisha. I must have -- just for the
 6 record.
 7 **Q. And in your interview with Keisha Adkins, did
 8 you confirm directly with Christina, her mother, that
 9 she was very supportive of her decision to have an
 10 abortion?**
 11 A. With Christina?
 12 **Q. Yes.**
 13 A. No. That would have been through Keisha.
 14 **Q. You indicated here in your notes that Keisha
 15 re-presented to the Center for Reproductive Health --**
 16 A. Okay.
 17 **Q. -- and she was too far into the pregnancy to be
 18 cared for at that facility.**
 19 **What is your -- what are you communicating
 20 there?**
 21 A. I -- I believe that would have meant -- in
 22 other words, they would have potentially conducted a D&E
 23 for her had she been not as far as along as she was. I
 24 can't speculate as to what their reasons were, but that
 25 would -- that would be my -- my assumption.

1 **Q. And do you have any personal knowledge of the
 2 protocols for abortion procedures at the Center for
 3 Reproductive Health?**
 4 A. Not at that time, no. No.
 5 **Q. You had done a fellowship there at Center for
 6 Reproductive Health --**
 7 A. Um-hum.
 8 **Q. -- and it -- and that was sometime prior to
 9 your working here at the clinic?**
 10 A. Correct.
 11 **Q. At that time when you had done your intern --
 12 I'm sorry, your fellowship at the Center for
 13 Reproductive Health, were you familiar with their
 14 protocols or procedures for abortions at that time?**
 15 A. Yes. Yeah. But as far as it would affect me,
 16 correct. Yeah.
 17 **Q. Did they have a gestational age cutoff for
 18 performing abortions for their patients at the Center
 19 for Reproductive Health when you were participating in
 20 your fellowship there?**
 21 MR. RILEY: Object to form.
 22 THE WITNESS: Not specifically that I'm
 23 aware of. We -- we did D&Es. And I don't -- I don't
 24 recall what the gestational age limit would have been
 25 for doing D&Es at -- in their clinic setting. I never

1 had to do one there in that clinic because I never had
 2 somebody that far along. So, you know . . .
 3 **Q (By Mr. Hall) Did they perform induction
 4 abortions in the second and third trimester at the
 5 Center for Reproductive Health when you were
 6 participating in their fellowship?**
 7 MR. RILEY: Object to form.
 8 THE WITNESS: No.
 9 **Q (By Mr. Hall) Do you know why they did not do
 10 that?**
 11 MR. RILEY: Object to form.
 12 THE WITNESS: No.
 13 **Q (By Mr. Hall) Was this interview conducted
 14 after you had done your medical examination of Keisha?**
 15 A. No. I generally talk to people before I
 16 examine them, get to know them. Get a sense of who they
 17 are.
 18 **Q. So, then your evaluation of the patient for the
 19 purpose of determining if they're a candidate for an
 20 abortion at the Southwestern Women's Options clinic is
 21 based upon this interview alone?**
 22 A. No, it -- no, the medical assessment and
 23 everything gets taken into account as far as their
 24 candidacy to have a procedure there, and their -- and
 25 their clarity in their decision.

1 **Q. Do you have any notes in the interview that you
 2 conducted of Keisha Adkins?**
 3 A. No.
 4 **Q. Any notes of the medical exam that you did on
 5 Keisha Adkins?**
 6 A. It'd be reflected in the chart.
 7 **Q. Other than what's reflected in the chart, do
 8 you have any independent or separate notes from your
 9 examination of Keisha Adkins?**
 10 A. No.
 11 **Q. The last sentence of the third paragraph says
 12 that: (Reading)**
 13 **I have interviewed and examined the
 14 patient, and I have examined the
 15 ultrasound reports.**
 16 **Are those all things that you would have
 17 done subsequent to this 20-minute interview?**
 18 A. Well, it -- yeah. So, this is kind of like a
 19 summary statement saying I've -- I've talked with her.
 20 I've met with her. I've kind of gotten to know her.
 21 I've looked at the ultrasound. I agree with the
 22 gestational age assessment. I've examined her. I've
 23 reviewed her health history. And now this is what she's
 24 asking for us -- from us to do so . . .
 25 **Q. So, the time --**

1 A. And --
2 **Q. -- the time duration listed at the top of the**
3 **document of 20 minutes would just reflect the amount of**
4 **time that you spent interviewing Keisha Adkins; is that**
5 **correct?**

6 A. Yeah, that's fair. And this being a summary --
7 obviously, a summary document.

8 **Q. You indicated here that it was your: (Reading)**
9 **Professional opinion that being forced to**
10 **continue the pregnancy would cause**
11 **substantial and irreversible harm to**
12 **Keisha Adkins' physical health.**
13 **What are you referring to there?**

14 A. Well, more so that -- that continuing a
15 pregnancy is -- takes its toll on women in a physical
16 way. And that per her own wishes, in wishing to end the
17 pregnancy, that she's made a conscious decision to not
18 be pregnant and not go through with the pregnancy and
19 not to parent. And that would change her path in life,
20 and that's not something that she wanted to do.

21 **Q. As a medical physician, do you have a specific**
22 **irreversible harm to her physical health that you can**
23 **identify that you're basing this decision on?**

24 A. I would say that not necessarily, no, not
25 irreversible harm. Irreversible changes to her physical

1 **Q. So, in your interview and your assessment of**
2 **Keisha Adkins is it fair to say that you do not have a**
3 **specific incidence of irreversible harm that you believe**
4 **she would have incurred to her mental health had she**
5 **carried the baby to term?**

6 A. I think that it's possibility that it could
7 have, sure.

8 **Q. It's a possibility, but certainly not something**
9 **that was definitely going to happen?**

10 A. Correct.

11 **Q. Now, as far as accessing her mental health, is**
12 **it fair to say that you did not make a formal assessment**
13 **of Keisha Adkins' mental health?**

14 A. Correct. I'm not a psychiatrist, so no.

15 **Q. And you didn't employ the DSM or any other**
16 **criteria for the purpose of assessing her mental health?**

17 A. No.

18 **Q. Now, you also indicated here that: (Reading)**
19 **Being forced to continue the pregnancy**
20 **would cause substantial and irreversible**
21 **harm to her family's health.**
22 **What were you referring to there?**

23 A. Meaning that having an unwanted pregnancy and
24 baby, that it affects the whole family. It could be
25 that her mother Tina would have to assume care for this

1 health having, you know, gone through labor and
2 childbirth.

3 **Q. So, you're saying that there was irreversible**
4 **harm to her physical health is inaccurate?**

5 A. I would say more to her -- her future and
6 mental well-being, yeah. That would be more of a --
7 more of a modifier for that than her physical health,
8 correct.

9 **Q. So, then there was no irreversible harm to her**
10 **physical health for carrying the child to term?**

11 A. Correct.

12 **Q. Now, is it your testimony that she would have**
13 **sustained substantial and irreversible harm to her**
14 **mental health if she were forced to continue the**
15 **pregnancy?**

16 A. It could be, yeah, if she were forced to
17 parent.

18 **Q. Can you give us an example of what irreversible**
19 **harm would occur to Keisha's mental health if she were**
20 **to carry the baby to term?**

21 A. That would just be speculation of -- of
22 parenting at a young age with -- as a single mom and
23 financially not stable, depression, anxiety. That would
24 be speculation as to any forward affects on her mental
25 health. It's possible.

1 child. I didn't know specifically the relationship with
2 the boyfriend. So, it could be a chaotic and disruptive
3 situation for the family to have a child at this point.

4 **Q. Did you take the opportunity to interview**
5 **either Christina or her boyfriend to determine if in**
6 **deed there was a risk of irreversible harm to Keisha**
7 **Adkins' family health?**

8 A. No.

9 **Q. So, your statement here is just based sheer --**
10 **sheerly on speculation?**

11 A. You could say that.

12 **Q. You also indicated here that: (Reading)**
13 **Being forced to continue the pregnancy**
14 **would result in substantial and**
15 **irreversible harm to Keisha Adkins'**
16 **safety.**

17 **What are you referring to there?**

18 A. Again, knowing -- or not knowing her -- the
19 support that -- she said that she had support at the
20 time. A young single mom not really making it
21 financially, she's at risk for domestic partner violence
22 and poor social outcomes in general. Not continuing
23 education.

24 **Q. Did you make an assessment to determine if her**
25 **boyfriend was physically violent toward her?**

1 A. Nope.

2 **Q. So, then, you were just merely speculating**

3 **about substantial and irreversible harm to Keisha's**

4 **safety?**

5 A. Yeah. Speculation and -- and her expressing

6 wishes that she didn't want to be pregnant.

7 **Q. You also indicated that: (Reading)**

8 **If Keisha were forced to continue the**

9 **pregnancy, it would cause substantial and**

10 **irreversible harm to her well-being.**

11 **What were you referring to?**

12 A. To her overall prospects in life. If she,

13 again, wanted to get more education, not just work at

14 Applebee's for the rest of her life. You know, I -- I

15 can't know what she's wanting to do with her life, but

16 certainly having a child changes the calculus of what a

17 young Latino woman is able to do in this country.

18 **Q. And also having a child could actually enhance**

19 **her well-being?**

20 A. Sure.

21 **Q. So, as far as your professional opinion that**

22 **her carrying the baby to term would cause irreversible**

23 **harm to her well-being, that was just mere speculation.**

24 A. Based on the fact that she's at my abortion

25 clinic wishing not to be pregnant, that's true.

1 **Q. Did you refer her out to any counselors to**

2 **counsel with regarding her opportunities to keep the**

3 **baby?**

4 A. No. In our clinic if people --

5 MS. ROMANO: There's no question pending.

6 THE WITNESS: Okay. All right. I was

7 going to clarify, but all right. Okay.

8 **Q (By Mr. Hall) No. And I appreciate you**

9 **clarifying, would you do so?**

10 A. I was just going to say if -- if in the process

11 of intake of our patients if we and/or the patients have

12 any concern about clarity in decision as to whether or

13 not to go forward with an abortion, we do not. And we

14 do give referrals to -- to counseling agencies that can

15 help with that.

16 **Q. And who do you refer folks out to?**

17 A. I -- I don't recall.

18 **Q. Is there a procedure or policy or protocol for**

19 **referring patients out for counseling regarding whether**

20 **or not to have an abortion?**

21 A. There's not a protocol, it's during the time of

22 intake. Again, if patients express non-clarity in their

23 decision as to whether to go forward. It's -- it's

24 their -- it's their choice.

25 **Q. I think it's just two pages prior to the**

1 **20-minute interview form that we've been talking about**

2 **is the referral information, and it's a one-page**

3 **document.**

4 A. Okay.

5 **Q. Is this your handwriting on this document?**

6 A. No.

7 **Q. And is this referral information regarding**

8 **the -- the genesis of how you received her as a patient?**

9 MR. RILEY: Object to form.

10 THE WITNESS: I -- I -- I don't know. It

11 looks like it's a simple question that she heard about

12 our office from the UNM Reproductive Health Clinic.

13 **Q (By Mr. Hall) Okay. Have you ever seen this**

14 **document before?**

15 A. Not to my knowledge. But probably along the

16 line of looking at papers. But it doesn't -- no.

17 **Q. Do you know if Keisha Adkins had seen or been a**

18 **patient of UNM Reproductive Health prior to coming to**

19 **your clinic?**

20 A. Well, it appears from the statement two pages

21 out that -- that she did say that during my interview

22 with her, so . . .

23 **Q. And did you follow up with UNM Reproductive**

24 **Health to confirm whether or not she was a patient?**

25 A. No.

1 **Q. Do you know as we sit here if Keisha Adkins --**

2 **who Keisha Adkins had been treated by at UNM**

3 **Reproductive Health?**

4 A. No.

5 MR. RILEY: Object to form.

6 (Exhibit Number 11, marked for

7 identification.)

8 (Discussion off the record.)

9 **Q (By Mr. Hall) I'm going to hand you what's**

10 **marked as Exhibit Number 11.**

11 MS. ROMANO: What is this from? Can you

12 tell me what this is, and how it's relevant to this

13 deposition?

14 MR. HALL: Yeah. This is a declaration

15 of a plaintiff doctor in Texas, Ms. Robin Wallace, and

16 her affidavit regarding abortion procedures and where

17 they're to occur.

18 THE WITNESS: And, again, how is this

19 related to this case?

20 **Q (By Mr. Hall) Robin Wallace the medical**

21 **director, your supervisor, at Southwestern Women's**

22 **Surgical Center.**

23 A. Yes. And how is this related to this case?

24 **Q. Her testimony regarding abortion procedures and**

25 **where they're to be conducted.**

1 **Have you ever seen this declaration of**
 2 **Dr. Wallace?**
 3 A. No.
 4 MS. ROMANO: Well, I'm going to object to
 5 it being used as she's never seen it before. And
 6 Dr. Wallace is in Texas, which is totally different than
 7 New Mexico.
 8 **Q (By Mr. Hall) Dr. Wallace was your -- is**
 9 **your -- was your supervisor back in 2017 for all**
 10 **abortion procedures that you provided in the Dallas**
 11 **clinic, correct?**
 12 A. She was the medical director, correct.
 13 **Q. All right. And she was your supervisor,**
 14 **correct?**
 15 A. Correct. It's completely irrelevant.
 16 **Q. Is there any difference in the standard of care**
 17 **for providing abortion services between Texas and**
 18 **New Mexico?**
 19 MS. ROMANO: Form. Foundation.
 20 THE WITNESS: I'd need to know more
 21 specifics of what you're referring to as far as the
 22 procedure goes.
 23 **Q (By Mr. Hall) Sure. Regard to -- with regard**
 24 **to your providing abortion services as a medical doctor**
 25 **in the state of Texas versus state of New Mexico --**

1 A. Um-hum.
 2 **Q. -- is there any difference in the standard of**
 3 **care that you provide to the patients in either the**
 4 **Texas clinic or the New Mexico clinic?**
 5 MS. ROMANO: Foundation. You're asking
 6 for an expert opinion. She can't give one.
 7 **Q (By Mr. Hall) You can answer the question.**
 8 MR. RILEY: Join.
 9 MS. ROMANO: Thank you.
 10 **Q (By Mr. Hall) Are you a licensed medical**
 11 **doctor in both Texas and --**
 12 A. Yes, I am. Oh, yeah.
 13 **Q. Are you a licensed medical doctor in both the**
 14 **state of Texas and the state of New Mexico?**
 15 A. Yes, I am.
 16 **Q. Are you familiar with the standard of care for**
 17 **abortion patients in both the state of Texas and the**
 18 **state of New Mexico?**
 19 A. I'm familiar with proper performing of
 20 abortions in both states, yes. Standard of care is not
 21 necessarily everybody does everything the exact way, but
 22 yes. Just like everybody doesn't do a hysterectomy the
 23 same way, but yes.
 24 **Q. And with regard to the abortions that you**
 25 **provided in both Texas and New Mexico you applied the**

1 **same standards to your patients --**
 2 A. Generally speaking, yes.
 3 **Q. -- in both states?**
 4 A. Correct, generally.
 5 **Q. All right. If you would turn to page 8 of**
 6 **Exhibit Number 11?**
 7 MS. ROMANO: I'd like a standing
 8 objection to any questions with regard to this document,
 9 please.
 10 MR. HALL: Sure.
 11 MR. RILEY: Foundation. This -- the
 12 document I have is signed by Jane Doe.
 13 MS. ROMANO: Correct.
 14 THE WITNESS: Yeah.
 15 MR. RILEY: What does Jane Doe have to do
 16 with this case?
 17 MS. ROMANO: Yeah. Who is Jane Doe?
 18 (Discussion off the record.)
 19 **Q (By Mr. Hall) All right. I'm going to go**
 20 **ahead and attach this as Exhibit Number 12. Let me**
 21 **attach it to yours.**
 22 (Exhibit Number 12, marked for
 23 identification.)
 24 **Q (By Mr. Hall) If you would, turn to page 5.**
 25 A. Of the new exhibit?

1 **Q. Of Exhibit Number 12, please.**
 2 MR. RILEY: Are these proposed findings
 3 of fact, the next exhibit?
 4 MR. HALL: Yes. It's Exhibit 12.
 5 MS. ROMANO: Again, what's the relevance?
 6 This is -- it has nothing to do with this case.
 7 MR. HALL: I'm just --
 8 MR. SIEBEL: It's judicial estoppel on
 9 this case, because -- we can argue judicial estoppel,
 10 because your clients, through their center, testified
 11 differently in two different matters.
 12 MR. RILEY: Is there -- Counsel, can you
 13 show us any connection to the Southwest Women's --
 14 MR. HALL: Sure. That's what I'm doing.
 15 **Q (By Mr. Hall) I'm showing you paragraph**
 16 **number 15 on page number 5. Direct your attention to**
 17 **Robin Wallace's identification here in the findings of**
 18 **fact as the medical director of Southwestern Women's**
 19 **Surgery Center in Dallas in the same case referenced in**
 20 **Exhibit Number 11, which identifies her as Jane Doe in**
 21 **the declaration of a plaintiff in the case of Whole**
 22 **Women's Health versus Kim Paxton.**
 23 MS. ROMANO: How do we know that's her?
 24 MR. HALL: Because she's identified in
 25 the same litigation under finding of fact and

1 conclusions of law as the medical director of
 2 Southwestern Women's Surgery Center in Dallas.
 3 MS. ROMANO: Okay. But -- stop. What's
 4 res judicata? I mean, I know what it is, but how is
 5 this res judicata?
 6 MR. SIEBEL: It's not res judicata, it's
 7 judicial estoppel.
 8 MS. ROMANO: I'm sorry, judicial --
 9 MR. SIEBEL: But, again, the -- the
 10 concept of judicial estoppel doesn't -- doesn't allow a
 11 plaintiff to take -- a litigant to take a position in
 12 one case which is directly in contradiction of the
 13 position in the other case.
 14 MS. ROMANO: This has nothing to do
 15 with --
 16 MR. SIEBEL: Yes, it does, because it's
 17 the standard of care.
 18 MS. ROMANO: No, this is one person.
 19 MR. SIEBEL: Well, this is --
 20 MS. ROMANO: This is one person.
 21 MR. SIEBEL: -- his lawsuit. This is
 22 Southwest Center lawsuit --
 23 MR. RILEY: Hold on.
 24 MR. SIEBEL: -- look at the caption.
 25 MR. RILEY: Hold on.

1 MS. ROMANO: I've never seen it before.
 2 I don't -- I don't see Southwest in this caption.
 3 MR. RILEY: Counsel, that's my position.
 4 That this is about --
 5 MS. ROMANO: Women's Health versus Kim
 6 Paxton.
 7 MR. SIEBEL: We're entitled to ask about
 8 it, and here it is right here (indicating).
 9 MS. ROMANO: What Robin Wallace said is
 10 totally irrelevant to what's going on here.
 11 MR. HALL: No, it establishes the
 12 standard of care.
 13 MR. SIEBEL: And she's the supervisor --
 14 MS. ROMANO: No, it doesn't.
 15 MR. SIEBEL: Yes, it does. She's
 16 testified to what the standard of care is in this.
 17 MS. ROMANO: So, she's your expert?
 18 MR. SIEBEL: Well, she's made statements
 19 about the standard of care. We -- we are entitled to --
 20 to know what Southwest/Curtis Boyd said in one lawsuit
 21 regarding the standard of care when he litigated it in
 22 another case.
 23 MS. ROMANO: He didn't litigate this
 24 case.
 25 MR. SIEBEL: Yes, he did.

1 MS. ROMANO: Show me where it says
 2 anything about Curtis Boyd.
 3 MR. SIEBEL: It -- look in findings of
 4 facts and the conclusions of law.
 5 MS. ROMANO: All right. This -- first of
 6 all, this is sort of an ambush because you know I've
 7 never seen this before. Dr. Carr has never seen this
 8 before. How are we supposed to ask questions?
 9 MR. SIEBEL: Plaintiffs: Southwestern
 10 Women's Options. Paragraph 1, findings of fact and
 11 conclusions of law in this situation. They asserted
 12 this and --
 13 MS. ROMANO: Paragraph 1 --
 14 MR. SIEBEL: They asserted that they're
 15 plaintiffs in this case --
 16 MR. HALL: Paragraph No. 8.
 17 MR. SIEBEL: Paragraph No. 8, the
 18 parties, Southwestern Surgery -- Surgery Center.
 19 MS. ROMANO: Okay. This isn't
 20 Southwestern Surgery Center.
 21 MR. SIEBEL: Do we know that yet?
 22 Because I haven't seen any documents that says -- you've
 23 got a supervisor in both situations with a lady being
 24 paid out of the same corporation.
 25 MS. ROMANO: I don't understand.

1 MR. RILEY: No, no, wait. You've not
 2 established --
 3 MR. HALL: Oh, yeah. No, we --
 4 MR. RILEY: Whoa, whoa. Hold on.
 5 MR. HALL: We've established through her
 6 testimony.
 7 MR. RILEY: You've not established that
 8 this entity in New Mexico is the same as that entity, or
 9 you haven't established that Robin Wallace had any
 10 authority over this. What you established is when this
 11 witness went to Dallas, she was subject to Robin
 12 Wallace --
 13 MR. HALL: And you've got --
 14 MR. RILEY: -- but not -- hang on -- not
 15 under the capacity here, unless I missed something. But
 16 I didn't --
 17 MR. HALL: You did.
 18 MR. RILEY: I don't think I did.
 19 MR. HALL: You did.
 20 MS. ROMANO: Okay. This witness said
 21 nothing -- had nothing to do with this. If you want to
 22 make an argument about judicial estoppel, you can do
 23 that. But not with --
 24 MR. SIEBEL: Well, we're --
 25 MS. ROMANO: -- this witness.

1 MR. SIEBEL: Yes. We're entitled to
 2 discovery.
 3 MS. ROMANO: This speaks for itself.
 4 It's not relevant to her and the care she provided in
 5 this case.
 6 MR. HALL: If you want to make objection
 7 to form, you can do that and take it up with the court
 8 at a later time.
 9 MS. ROMANO: What -- what's the point?
 10 You're going to show her this and say, "Does it say
 11 this?"
 12 "Yes, it say this."
 13 It speaks for itself, why do you want
 14 harass her about it?
 15 MR. HALL: I'm not harassing her. I'm
 16 exploring a relevant avenue of the standard of care in
 17 this case. And her company has already made a -- taken
 18 a position on it and it's relevant in this case,
 19 so . . .
 20 MR. RILEY: I want to recess for a
 21 minute.
 22 MS. ROMANO: Yeah.
 23 THE VIDEO TECHNICIAN: Going off the
 24 record. Time is 4:08.
 25 (Off the record 4:08 p.m. to 4:23 p.m.)

1 THE VIDEO TECHNICIAN: We're back on the
 2 record. Time is 4:23.
 3 **Q (By Mr. Hall) All right. Dr. Carr, I wanted**
 4 **to ask you some questions about Exhibit Number 11.**
 5 MS. ROMANO: Is that the case in Texas?
 6 MR. HALL: Yes, that's the --
 7 MS. ROMANO: All right. I'm going to --
 8 MR. HALL: -- Declaration of Plaintiff
 9 Jane Doe.
 10 MS. ROMANO: I'm going to instruct her
 11 not to answer. I'm going to file a motion for
 12 protective order on this. And also it was never
 13 provided to us and it's highly inappropriate. It --
 14 it's Texas legislation, has nothing to do with this
 15 case.
 16 MR. HALL: Sworn testimony.
 17 MS. ROMANO: I don't care.
 18 MR. HALL: And we'll leave the --
 19 MS. ROMANO: It's not sworn testimony in
 20 this case.
 21 MR. HALL: And we'll leave the deposition
 22 open and -- and, obviously, the opportunity for Dr. Carr
 23 to fly back here from Maine to complete the deposition
 24 once we have the judge rule on the issue.
 25 MR. SIEBEL: And I think this is -- is

1 clearly discoverable. We're just -- we can ask her
 2 questions about the opinions that are expressed in this
 3 case that were judicially found. And in Texas -- she
 4 just stated, that there was no difference between Texas
 5 and New Mexico law when it came back with abortion
 6 procedures. I think we're entitled to discovery in this
 7 situation under this matter to know the nature and
 8 extent of knowledge of what's going on.
 9 So, we can ask her a couple of questions
 10 and then we can refer back to this. I think we're
 11 entitled to under -- to know this. This is stuff that
 12 we are entitled to know. It is reasonably calculated to
 13 lead to the discovery of admissible evidence that we are
 14 entitled to fully cross-examine our witnesses in this
 15 situation.
 16 And I want to make it a record that we are
 17 being denied that in this situation --
 18 MS. ROMANO: Well --
 19 MR. SIEBEL: -- because you are
 20 instructing your client not to answer as to relevant
 21 information -- hold on -- in this particular case.
 22 The additional thing is Boyd has testified
 23 in -- in -- in this particular case himself. Her boss
 24 and her supervisor in both situations have testified in
 25 this case regarding standards of care and which have

1 been judicially determined as of this point as to what
 2 you can and can't do with regard to a -- an induction
 3 abortion.
 4 MS. ROMANO: In Texas.
 5 MR. SIEBEL: But she just testified there
 6 was no difference --
 7 MS. ROMANO: I don't --
 8 MR. SIEBEL: -- so we're entitled to that
 9 cross-examination.
 10 MS. ROMANO: Okay. You were supposed to
 11 have given this stuff to us.
 12 MR. SIEBEL: No. This is public record,
 13 and your client had this the whole time.
 14 MS. ROMANO: My client?
 15 MR. SIEBEL: Your client, yes. Curtis
 16 Boyd is your client, and he has this case in his
 17 possession since it -- since before I ever got into this
 18 case. And you have not provide this to me.
 19 MS. ROMANO: This witness didn't. She
 20 didn't have it --
 21 MR. SIEBEL: I understand that, but it's
 22 her boss.
 23 MR. RILEY: I appreciate your advocacy, I
 24 do. But which of you is handling the deposition?
 25 MR. HALL: I am.

1 MR. RILEY: Okay. Then I would ask, and
 2 I think it's only fair to all the parties here,
 3 including the witness and counsel, that one attorney
 4 handle it.
 5 MR. HALL: Sure.
 6 MR. RILEY: So, I -- that as always the
 7 affect when two attorneys that appears to be an
 8 advantage.
 9 MR. HALL: So, Dr. Carr has testified in
 10 the case.
 11 MR. RILEY: So, hang --
 12 MR. HALL: She worked directly under
 13 Robin Wallace.
 14 MR. RILEY: Okay. Let me -- I want to
 15 give you a chance.
 16 MR. HALL: Sure.
 17 MR. RILEY: But I want to -- so you'll
 18 handle the deposition and the objections.
 19 MS. ROMANO: He already said it.
 20 MR. RILEY: That's okay.
 21 MS. ROMANO: He already told us she
 22 testified about Dr. Wallace.
 23 MR. RILEY: All right. I believe at --
 24 an issue in the case is the law that ultimately has --
 25 is the controlling law as to the legality of the

1 procedures in this case, which I believe is controlled
 2 by New Mexico law, not Texas law.
 3 So, I understand counsel is going to file
 4 a motion for protective order on this issue. And if she
 5 does, on behalf of the University we're going to join
 6 that motion. But it is, I believe, her motion to file
 7 but we will join it. Because I believe at the center of
 8 this issue is something that we're going to be looking
 9 at down the road. And I think that once that's decided,
 10 I don't believe this line of questioning will be
 11 allowed. I understand we have a difference of opinion
 12 on that, but I believe it's central to at least one or
 13 more of the claims in the case, and perhaps one or more
 14 of the defenses.
 15 Also, we had asked for exhibits, and this
 16 wasn't disclosed to us. We're not charged with
 17 knowledge of this, and I've never seen this before. And
 18 it would be very difficult for anyone to get prepared on
 19 this in five minutes or ten minutes, there's too much
 20 behind it. It looks like it was a rather complicated
 21 suit.
 22 Finally, my position is, I don't believe
 23 there's been a sufficient nexus shown between
 24 Ms. Wallace and Women's Southwest Options. I appreciate
 25 you showing a nexus with the Texas entity, but from my

1 standpoint not New Mexico.
 2 So, that's the position I've seen. I'm
 3 open to any other points you want to make on behalf
 4 of -- consider them irrational matter.
 5 MR. HALL: Out of consideration to the
 6 witness Dr. Carr, her traveling back here to resume the
 7 deposition from Maine would be a significant
 8 inconvenience.
 9 And for the sake of resolving the issue,
 10 You guys can object to it. You guys can file a motion.
 11 But preventing us from asking questions to what is
 12 clearly a discoverable issue concerning the opinion of
 13 her supervisor for the company that she was employed by
 14 in 2017, that she was being compensated by, that she was
 15 performing abortion services for, to not allow her to
 16 testify about whether or not she agrees with the
 17 opinions of Dr. Wallace, her direct supervisor, as it
 18 pertains to the type of abortion that was provided to
 19 Keisha Adkins at the time of her death, I think is
 20 extremely relevant. And I think it's going to prejudice
 21 Dr. Carr to bring her back to New Mexico to resume the
 22 deposition.
 23 So, I would just urge you for Dr. Carr's
 24 sake to let us finish this portion of the deposition.
 25 It is relevant. We've established it's relevant. And

1 no offense to Mr. Riley, he did come to the deposition
 2 late. We've gone over documents extensively to prove
 3 the connection between Dr. Carr's employer, who is
 4 essentially Curtis Boyd. And Curtis Boyd runs both
 5 clinics, and Robin Wallace was her direct supervisor.
 6 So, Dr. Wallace's opinions about induction abortion are
 7 highly relevant, and the care and the procedure of how
 8 they're done is highly relevant to this case.
 9 MS. ROMANO: Okay. Well, for the record,
 10 again, you're missing -- even if the standard of care is
 11 the same in Texas and New Mexico, what you're missing is
 12 the gestational age. Dr. Wallace has never performed an
 13 abortion on a fetus that's 24.6 weeks, so she can't
 14 possibly have an opinion on that. She's talking about
 15 whether to do a D&E versus an induction abortion from
 16 three page -- all of three pages I read in this. So,
 17 no, it's not relevant, for the record.
 18 But more important, in all fairness, she
 19 has the right to be adequately prepared for an important
 20 deposition like this, and how could she do that when you
 21 shove these gigantic documents in her face that she's
 22 never seen before?
 23 MR. HALL: It's your client's documents.
 24 It's his litigation.
 25 MS. ROMANO: It's not this witness's

1 documents.
 2 MR. HALL: But it's your client.
 3 MS. ROMANO: It's not this witness's --
 4 MR. HALL: It's a codefendant --
 5 MS. ROMANO: -- document.
 6 MR. HALL: It's a codefendant in this
 7 case.
 8 MS. ROMANO: It doesn't matter.
 9 MR. HALL: It's your client.
 10 MS. ROMANO: They're separate parties.
 11 MR. HALL: It's your client.
 12 MS. ROMANO: They're separate parties.
 13 MR. HALL: She's had equal opportunity
 14 and access to this information. It's public record.
 15 MS. ROMANO: Well, if you had disclosed
 16 to us that you were going to be asking about it at this
 17 deposition, then, yes, she probably could have gotten
 18 access to it and read it and been prepared.
 19 But this is -- and you're ambushing.
 20 MR. HALL: There's not --
 21 MS. ROMANO: What you're doing --
 22 MR. HALL: There's not ambushing.
 23 MS. ROMANO: -- is ambushing. She's not
 24 going to answer the questions.
 25 Would you rather answer questions or not?

1 THE WITNESS: No.
 2 MR. HALL: All right. I'm going to go
 3 ahead and proceed with questions, and you guys can
 4 object and instruct her not to answer as to each
 5 question.
 6 MS. ROMANO: Okay.
 7 **Q (By Mr. Hall) Would you agree with the**
 8 **statement that: (Reading)**
 9 **An alternative means of terminating a**
 10 **pregnancy in the second trimester other**
 11 **than D&E is an induction of labor.**
 12 A. Correct. I'll answer.
 13 **Q. Would you agree that: (Reading)**
 14 **The induction cannot take the place of a**
 15 **D&E as a means of avoiding --**
 16 **Well, let me strike that. (Reading)**
 17 **The process can take several hours or days**
 18 **and requires hospitalization.**
 19 **That "process" being induction abortion,**
 20 **would you agree with that statement?**
 21 A. I'm not going to answer that question.
 22 **Q. Why not?**
 23 A. I'm not going to answer that question.
 24 **Q. In your opinion, does an induction abortion**
 25 **require hospitalization?**

1 A. I'm not going to answer that question.
 2 **Q. And why not?**
 3 A. I'm choosing not to answer that question.
 4 **Q. On what basis?**
 5 A. On the basis that I'm not going to answer that
 6 question. It's -- you're talking about this document
 7 that I've just seen out of context, and I'm not
 8 answering that question.
 9 **Q. Irrespective of the document, you do conduct**
 10 **induction abortions, correct?**
 11 A. I --
 12 **Q. You have conducted them?**
 13 A. I have conducted them.
 14 **Q. In your opinion, do you believe that an**
 15 **induction abortion should be conducted in a hospital**
 16 **setting?**
 17 A. Not necessarily.
 18 **Q. Why not?**
 19 A. It's not necessary.
 20 **Q. Why not?**
 21 A. It's not necessary.
 22 **Q. Why is hospitalization not necessary? Why is**
 23 **hospital setting for induction abortion not necessary?**
 24 A. I'm done answering questions about this.
 25 **Q. You're done -- I'm not asking you any questions**

1 **about Robin Wallace, I'm asking with regard to --**
 2 A. Because induction of labor can take place
 3 outside of a hospital setting safely.
 4 **Q. So, it's your opinion that induction abortions**
 5 **do not require hospitalization --**
 6 A. No.
 7 **Q. -- is that correct?**
 8 A. Inductions do not necessarily require
 9 hospitalization.
 10 **Q. Do you have any medical literature that you're**
 11 **relying on for your opinion?**
 12 A. Not that comes to mind. I could find some.
 13 **Q. So, your opinion is based on your experience --**
 14 A. Um-hum.
 15 **Q. -- is that correct?**
 16 A. Yes.
 17 **Q. Would you agree that Dr. Wallace oversees all**
 18 **the clinical and medical care at Southwestern Women's**
 19 **Surgical Center?**
 20 A. Yes.
 21 **Q. Would you agree that Dr. Wallace trains the new**
 22 **physicians at Southwestern Surgical Center?**
 23 A. Uh, yes.
 24 **Q. Would you agree that Dr. Wallace provides**
 25 **oversight and guidance for all clinical providers,**

1 nurses and counselors at the Southwestern Women's
 2 Surgical Center?
 3 A. Yes.
 4 Q. If Dr. Wallace, Dr. Robin Wallace, had
 5 testified that she believes the process of induction
 6 abortion can take several hours or days and requires
 7 hospitalization, would you agree or disagree with
 8 Dr. Wallace?
 9 MS. ROMANO: She's already answered that
 10 question, that it doesn't necessarily require
 11 hospitalization.
 12 Q (By Mr. Hall) She can answer.
 13 A. I already answered that question.
 14 Q. Would you agree with Dr. Wallace if she said
 15 that induction abortion did require hospitalization?
 16 A. If we were having a conversation and she said
 17 it requires hospitalization, maybe in Texas.
 18 Q. Do you believe that there's a different
 19 standard of care for induction abortion in the state of
 20 New Mexico?
 21 A. I--
 22 MS. ROMANO: Objection.
 23 THE WITNESS: This is not about standard
 24 of care. What I'm saying is she's talking about -- in
 25 this deposition that I've just been given that she's

1 talking about in this particular setting, this is what
 2 her statement is. I cannot speculate what she believes
 3 or what she says. Induction can take place out of a
 4 hospital setting.
 5 Q (By Mr. Hall) So, then you would disagree with
 6 Dr. Wallace; is that correct?
 7 A. I would have a discussion with her about it.
 8 Q. But you would disagree with her?
 9 MS. ROMANO: She already answered.
 10 THE WITNESS: I answered the question.
 11 MR. HALL: I don't believe she did
 12 but . . .
 13 Q (By Mr. Hall) And, again, take this at face
 14 value, I'm representing to you that Dr. Wallace --
 15 A. Yeah, but face value does not include nuances
 16 in abortion care and induction or D&E. And to take this
 17 at face value places me in a position to talk about this
 18 standard of care that you keep talking about, which is
 19 not -- we're not talking about standard of care, we're
 20 talking about accepted clinical practice which can be
 21 different in two different states in two different
 22 clinical settings at two different gestational ages.
 23 We're kind of doing apples and oranges here a little
 24 bit.
 25 MS. ROMANO: Plus you're asking questions

1 about an affidavit from Jane Doe.
 2 Q (By Mr. Hall) Do you believe -- do you believe
 3 that there's a difference in -- what did you refer to it
 4 as? Not the standard of care, what did you say?
 5 A. Accepted clinical practice.
 6 Q. Do you believe there's a difference in accepted
 7 clinical practice as it pertains to induction abortion
 8 between the state of Texas and the state of New Mexico?
 9 A. I don't know what it is in the State of Texas.
 10 I don't do induction abortions in the state of Texas.
 11 Q. You are medically licensed in the state of
 12 Texas?
 13 A. Correct.
 14 Q. Have you ever done an induction abortion in the
 15 state of Texas?
 16 A. No.
 17 Q. How did you learn to do induction abortions?
 18 MS. ROMANO: I'm sorry, I didn't hear
 19 that.
 20 Q (By Mr. Hall) How did you learn to do
 21 induction abortions?
 22 A. Beginning in my residency we would do induction
 23 abortions in my training.
 24 Q. And that was in Maine?
 25 A. Yes.

1 Q. When you were in Maine learning how to do
 2 induction abortions, were those abortions conducted in
 3 outpatient clinic or in hospital?
 4 A. In a hospital.
 5 MS. ROMANO: That's where her residency
 6 was.
 7 THE WITNESS: Correct.
 8 Q (By Mr. Hall) Did you do any induction
 9 abortions in the state of New Mexico in a hospital?
 10 A. I can't recall specifically. At UNM when I was
 11 a fellow? I can't recall specifically.
 12 Q. Is it accurate to say that Southwestern Women's
 13 Options does not diagnose sepsis?
 14 A. Again, that is a clinical constellation of
 15 signs and symptoms. They -- patients would not
 16 necessarily be in our care at the time that a final
 17 diagnosis of sepsis was made, unless it was fulminate
 18 sepsis, which to my knowledge has not happened there.
 19 Q. So, is it accurate to say that Southwest --
 20 Southwestern Women's Options does not diagnose sepsis?
 21 A. No. I -- I think that they could,
 22 preliminarily. But it's a preliminary diagnosis. Yeah,
 23 again, that's more of an -- an end game sort of
 24 diagnosis that would be made with imaging, lab work and
 25 so forth that would occur in a hospital.

1 **Q. Would a patient need to be in a hospital to**
 2 **have an accurate diagnosis of sepsis?**
 3 MS. ROMANO: Form. Foundation.
 4 THE WITNESS: A final diagnosis, I
 5 can't -- I -- I don't know. I mean, you can -- you can
 6 potentially make that clinical, again, if it was a
 7 fulminate case, potentially. But if I had to give an
 8 answer, yes.
 9 **Q (By Mr. Hall) When you worked at Southwestern**
 10 **Women's Options, is it -- was it accurate to say that**
 11 **Southwestern Women's Options did not treat sepsis?**
 12 A. Correct.
 13 **Q. Is it your testimony that Keisha Adkins did not**
 14 **have sepsis while she was at the Southwestern Women's**
 15 **Options outpatient clinic?**
 16 MS. ROMANO: Form and foundation.
 17 MR. RILEY: Join.
 18 THE WITNESS: I -- I can't make that
 19 determination. She was in respiratory distress, was the
 20 diagnosis upon leaving our clinic. Acute respiratory
 21 distress.
 22 **Q (By Mr. Hall) Is it your testimony that**
 23 **Southwestern Women's Options is not a hospital?**
 24 A. Correct.
 25 **Q. Is it your testimony that Southwestern Women's**

1 **Options is an outpatient clinic?**
 2 A. Correct.
 3 **Q. Would it be accurate to say that prior to**
 4 **Keisha Adkins' abortion at Southwestern Women's Options**
 5 **that you were aware that abortion by induction posed a**
 6 **risk of infection to Keisha Adkins?**
 7 A. As with all patients.
 8 **Q. So, you would agree with that?**
 9 A. Yes.
 10 **Q. Would you agree that prior to the abortion**
 11 **procedure provided to Keisha Adkins at Southwestern**
 12 **Women's Options that you were aware that digoxin**
 13 **injection posted -- posed a risk of infection to Keisha**
 14 **Adkins?**
 15 A. Yes. I thought we were almost done.
 16 **Q. Would you agree that a doctor is never allowed**
 17 **to needlessly endanger anyone?**
 18 MR. RILEY: Object to form.
 19 MS. ROMANO: I object to form. I'm
 20 not -- I'm not letting you do the reptile thing so . . .
 21 **Q (By Mr. Hall) Go ahead. You can answer the**
 22 **question.**
 23 MS. ROMANO: Okay. All right. Answer
 24 this question, then we're taking a break.
 25 MR. HALL: I mean, you can instruct her

1 not to answer if you'd like, but it's a legitimate
 2 question.
 3 MS. ROMANO: And I said let her answer
 4 this question then we're taking a break.
 5 **Q (By Mr. Hall) Is a doctor ever allowed to**
 6 **needlessly endanger anyone?**
 7 A. You're talking about reckless practice?
 8 **Q. No, my question was --**
 9 A. It sounds like reckless practice. That you
 10 would knowingly endanger a patient, that you would pose
 11 or would put them in harm's way knowingly is what you're
 12 asking?
 13 **Q. Is a doctor ever allowed to needlessly endanger**
 14 **anyone?**
 15 MS. ROMANO: She answered the question.
 16 THE WITNESS: I answered the question.
 17 There's needlessly that that -- that modifier doesn't
 18 make sense to me.
 19 MS. ROMANO: Okay. She answered the
 20 question, so we're taking a break.
 21 MR. HALL: She hasn't answered the
 22 question.
 23 MS. ROMANO: Yes, she answered the
 24 question.
 25 **Q (By Mr. Hall) Is a doctor ever allowed to**

1 **unnecessarily endanger anyone?**
 2 A. Knowingly, no.
 3 MS. ROMANO: Okay. Break.
 4 THE VIDEO TECHNICIAN: Going off the
 5 record. Time's 4:45.
 6 (Off the record 4:45 p.m. to 4:48 p.m.)
 7 THE VIDEO TECHNICIAN: We are back on the
 8 record. Time is 4:48.
 9 **Q (By Mr. Hall) Dr. Carr, you come back from a**
 10 **break with your attorney, and I wanted to ask you**
 11 **another question.**
 12 **Is a doctor ever allowed to make a choice**
 13 **that needlessly endangers her patient?**
 14 A. Is the doctor ever allowed to make a choice to
 15 needlessly endanger a patient?
 16 MS. ROMANO: Object to form.
 17 THE WITNESS: That question seems
 18 mischaracterized. That a doctor would make a choice to
 19 endanger a patients is what you're saying. That that
 20 choice would be -- that a doctor would do that, to put a
 21 patient in harms way knowingly?
 22 **Q (By Mr. Hall) Yes. Can a doctor ever make a**
 23 **choice that needlessly endangers her patient?**
 24 A. I just on -- I really just from my practice and
 25 I just don't understand how that question can even be a

1 question. A doctor does not make a choice to knowingly
2 endanger a patient. That's the answer to the question.

3 **Q. Okay. So, can a doctor make a choice that**
4 **needlessly endangers the person?**

5 MS. ROMANO: She just answered.

6 THE WITNESS: I just answered it. Can
7 they? Can they not? A doctor shouldn't make a choice
8 to needlessly endanger a patient.

9 **Q (By Mr. Hall) All right. Must a doctor follow**
10 **the rules of a differential diagnosis?**

11 MS. ROMANO: Form. I'm sorry, what did
12 you say?

13 **Q (By Mr. Hall) Must a doctor follow the rules**
14 **of a differential diagnosis?**

15 MS. ROMANO: Form.

16 THE WITNESS: There are no rules of
17 differential diagnosis. A differential diagnosis is a
18 list potential diagnoses that a physician must evaluate
19 on the basis of their merit and the clinical
20 presentation of a patient. It's not a set of rules,
21 it's a list of potential diagnoses.

22 **Q (By Mr. Hall) Is a doctor obligated to follow**
23 **differential diagnosis in order to determine what her**
24 **patient -- what her patient's diagnosis is?**

25 MS. ROMANO: Form.

1 THE WITNESS: A doctor should -- should
2 consider differential diagnoses when -- based with a
3 given clinical situation.

4 **Q (By Mr. Hall) When there are two available**
5 **ways to accomplish the same benefit, if a doctor chooses**
6 **the less safe way to achieve the same benefit, is that**
7 **doctor needlessly endangering a patient?**

8 MS. ROMANO: Object to form.

9 THE WITNESS: I think that there's more
10 taken to context. You should, given the -- given the
11 patient -- the patient's wishes and so forth, you would
12 want to advise them for a safe approach.

13 **Q (By Mr. Hall) Is a doctor --**

14 A. Sometimes that is not a clear-cut choice.

15 **Q. If there are two different ways to accomplish**
16 **the same benefit, must the doctor choose the safest**
17 **way --**

18 MS. ROMANO: Form.

19 **Q (By Mr. Hall) -- to accomplish the benefit for**
20 **the patient?**

21 MS. ROMANO: Form.

22 THE WITNESS: The patient -- the patient
23 should be guided towards the safest benefit that would
24 achieve their goals, or safest approach.

25 **Q (By Mr. Hall) Because you would agree, Doctor,**

1 **that safer is better?**

2 MS. ROMANO: Form and foundation.

3 THE WITNESS: Safe is what we attempt to
4 do, yes, as doctors.

5 **Q (By Mr. Hall) And the second safest way is not**
6 **good enough, would you agree with that?**

7 MS. ROMANO: Form. Foundation.

8 THE WITNESS: Sometimes it's not that
9 clear-cut.

10 **Q (By Mr. Hall) Would you agree with that**
11 **statement?**

12 A. If there's a very clear-cut difference between
13 two approaches, I don't -- yes. But it's not always
14 that clear-cut.

15 **Q (By Mr. Hall) I'm going to hand you what I'll**
16 **mark as Exhibit Number 13.**

17 (Exhibit Number 13, marked for
18 identification.)

19 (Discussion off the record.)

20 **Q (By Mr. Hall) I'm going to hand you what I'll**
21 **mark as Exhibit Number 14.**

22 (Exhibit Number 14, marked for
23 identification.)

24 **Q (By Mr. Hall) I'll give you a chance to look**
25 **through those.**

1 A. (Witness reviews documents.)

2 **Q. If you would, turn to the first page after the**
3 **counseling rooms. There are two pictures one, right**
4 **after the other, of what appears to be two different**
5 **room.**

6 Are those both pictures taken inside the
7 Southwestern Women's Options here in Albuquerque?

8 A. They appear to be, yes.

9 **Q. Are those representative of the counseling**
10 **rooms provided in the clinic?**

11 A. Yes.

12 **Q. If you look at next block -- and these pictures**
13 **have been provided to us under these subject headings,**
14 **that's why they're grouped that way.**

15 The next set of photographs, if you would
16 look at the first one, is that a photograph of one of
17 the surgery rooms or one of the ultrasound rooms?

18 A. That appears to be a procedure room.

19 **Q. Okay. And is -- is that also known as surgery**
20 **room?**

21 A. I don't -- I don't know. I call it procedure
22 room but . . .

23 **Q. Sure. Do the procedure rooms have numbers?**

24 A. I believe they do.

25 **Q. Do you know which of the numbers of procedure**

1 rooms that depicts?
 2 A. No.
 3 **Q. If you turn to the next page. Is that also one**
 4 **of the procedure rooms at Southwestern Women's Options?**
 5 A. Yeah, it appears to be.
 6 **Q. And if you'll turn to the third picture, what**
 7 **does that picture depict?**
 8 A. That looks like a procedure room.
 9 **Q. And are all these procedure room that we've**
 10 **looked at all located inside Southwestern Women's**
 11 **Options?**
 12 A. Yes.
 13 **Q. And are they all three separate rooms inside of**
 14 **the Southwestern Women's Options?**
 15 A. Yes.
 16 **Q. How many different procedure rooms are there?**
 17 A. Four.
 18 **Q. And if I'll look at the next picture, is that**
 19 **the fourth procedure room?**
 20 A. I have lost count of the pages. So, the fourth
 21 page in?
 22 **Q. Yes, ma'am.**
 23 A. I don't know which one's which. But yes,
 24 that's the -- yeah.
 25 **Q. That's another procedure room?**

1 A. Appears to be, yeah.
 2 **Q. If you'll turn to the next page, what does that**
 3 **picture depict?**
 4 A. Huh -- which room is that -- well, there's a --
 5 this -- this room actually doesn't -- or at least it's
 6 depicted in a way that doesn't look -- well, there's an
 7 ultrasound machine so it looks like it's in a sonogram
 8 room. But I don't -- I'm lost on the perspective.
 9 **Q. How many ultrasound machines does the**
 10 **Southwestern Women's Options clinic have in it?**
 11 A. I don't know.
 12 **Q. In 2017, is that your answer also, that you're**
 13 **not sure how many machines they have?**
 14 A. It might have been three.
 15 **Q. The last picture there that you described as an**
 16 **ultrasound, is that a separate room specifically for**
 17 **ultrasound?**
 18 A. Correct. But again, I -- this picture gives me
 19 pause, because the perspective of it doesn't look
 20 familiar to me for some reason. I don't know where the
 21 door is. It just doesn't look the same.
 22 **Q. If you'll turn to the next set of photographs**
 23 **there identified as ultrasound machines. I believe**
 24 **there are four different pictures depicted.**
 25 A. Okay.

1 **Q. Fair to say that those are all four ultrasound**
 2 **machines located at -- at the Southwestern Women's**
 3 **Options clinic?**
 4 A. Unless they're the same machine, yeah. Yes,
 5 those are -- those look like familiar ones that they
 6 would have there.
 7 **Q. Okay. And if you'll turn to the next block of**
 8 **photographs that are identified as emergency equipment.**
 9 **What does that first picture depict?**
 10 A. A cabinet with an AED sticker on it.
 11 **Q. Okay. All right. And the next photograph?**
 12 A. That looks as though -- what might be the
 13 contents of that cabinet, an AED machine.
 14 **Q. And the third picture, what does it depict?**
 15 A. A bag -- a bag mask valve device.
 16 **Q. That for the -- is that also an oxygen cannula,**
 17 **or what is that?**
 18 A. It's a bag mask device. There's a mask.
 19 **Q. Used for administering oxygen?**
 20 A. Correct.
 21 **Q. If you'll turn to the next page, what is that?**
 22 A. That looks like a -- an endotracheal cannula
 23 for intubating someone.
 24 **Q. Okay.**
 25 A. A patient.

1 **Q. And is that something that you were familiar**
 2 **with at the Southwestern Women's Options clinic?**
 3 A. Familiar with its existence, yes.
 4 **Q. Okay. And the next page?**
 5 A. That looks like the AED machine, maybe the back
 6 of it.
 7 **Q. Okay. And the next page?**
 8 A. That looks like the front of the AED machine.
 9 **Q. Okay. If you'll turn to the next page, what is**
 10 **that?**
 11 A. Paddle -- that -- that doesn't ring a bell for
 12 me. I don't know what that is.
 13 **Q. If you'll look at the next page, you recognize**
 14 **that picture?**
 15 A. That looks like a -- part of -- it -- that --
 16 that might be a -- an emergency -- portable emergency
 17 thing that carries medicine if that's what's in here
 18 (indicating), and then there's medications for emergency
 19 situations, overdose, cardiac, allergic reaction.
 20 There's a Benadryl syringe there. There's a hodgepodge
 21 of things.
 22 **Q. Kind of like a portable emergency tool box?**
 23 A. I suppose.
 24 **Q. Is that something that you're familiar with**
 25 **being located at the Southwestern Women's Options?**

- 1 A. I have not had to access it, but know that it's
2 there -- or was there.
- 3 **Q. All right. And the next picture, what does
4 that depict?**
- 5 A. That looks like specific medications for
6 emergency situations, anaphylaxis.
- 7 **Q. You know --**
- 8 A. Like for a drug reaction, possibly.
- 9 **Q. Are you familiar with those items being located
10 at the Southwestern Women's Options clinic?**
- 11 A. I know that they existed, yes.
- 12 **Q. Okay. And the next page?**
- 13 A. Same sort of thing, emergency medications for
14 reversal of a benzodiazepine and -- and a bezebagel,
15 when somebody's heart rate's going down, they're getting
16 bezebagel.
- 17 **Q. Do you know where those items are stored at the
18 Southwestern Women's Options clinic?**
- 19 A. I would assume in the -- in the emergency cart.
- 20 **Q. Is that the tool box that we saw earlier?**
- 21 A. Perhaps. I just -- I can't -- yeah. I --
22 that's an odd picture. I don't -- yeah. It doesn't
23 show definitive drawers. I -- I -- it's an odd picture,
24 so . . .
- 25 **Q. If you'll turn to the next set of photographs.**

- 1 **Can you identify that first picture?**
- 2 A. That looks like the lab area at the clinic in
3 Albuquerque.
- 4 **Q. Okay. And what sorts of lab equipment are
5 located in the lab?**
- 6 A. You want me to name what's on the shelves?
- 7 **Q. Please.**
- 8 A. Okay. I see Ziploc bags. Those (indicating)
9 are emesis basins. Face shields. I can't tell what
10 those (indicating) are there. There's another basin.
11 There are bottles, I'm not sure what those are used for.
12 This (indicating) looks pretty spiffed up. There's a
13 sink for washing hands and processing tissue. And
14 basins for tissue, I suppose. There's a sharps
15 container in what looks like is a dirty area there.
- 16 **Q. What is the dirty area used for?**
- 17 A. I'm not sure, specifically.
- 18 **Q. Did you have an occasion to work in the lab?**
- 19 A. No. I mean, I -- I -- I was in the lab, but
20 oftentimes just in between taking care of patients. I
21 didn't actually work in the lab.
- 22 **Q. And what are the sorts of procedures that would
23 be carried out in the lab?**
- 24 A. Processing tissue. Processing blood specimens.
25 Autoclaving instruments. Wrapping instruments.

- 1 **Q. You reference blood specimens, what were you
2 referring to?**
- 3 A. Patients would have their blood tested for
4 their blood type and for Rh factor and -- what blood
5 type and Rh factor, and hemoglobin level. Pregnancy
6 tests, I guess.
- 7 **Q. Okay. And the next photograph?**
- 8 A. That looks like a -- an autoclaving machine.
- 9 **Q. What is that machine used for?**
- 10 A. Sterilizing instruments.
- 11 **Q. Turn to the next page, what does that
12 photograph depict?**
- 13 A. That looks like a -- a -- what would be wrapped
14 up in a sterile fashion for an early aspiration
15 procedure or placing laminaria dilators.
- 16 **Q. And what is an early aspiration procedure?**
- 17 A. Meaning an early abortion that would just
18 require aspiration, up to some gestational age. I don't
19 recall what the -- what it went up to but --
- 20 **Q. And is that what the reference is in writing at
21 the bottom of the photograph that says "early lam pack"?**
- 22 A. Correct.
- 23 **Q. If you'll turn to the next page, is that just
24 another photograph of the same thing?**
- 25 A. I don't know. Looks like they're pretty

- 1 similar, yeah.
- 2 **Q. All right. If you'll turn to the next page.
3 Looks like, essentially, the same set of tools?**
- 4 A. Yeah. The instrumentation. I mean, that looks
5 like the exact same photograph.
- 6 **Q. All right. If you'll turn the next page, what
7 does that photograph depict?**
- 8 A. Let's see. Advance pack. That would be -- I'm
9 trying to remember how they pack things. That would be
10 for a standard D&E procedure. That's -- yeah, that
11 would -- yeah.
- 12 **Q. So, those are the instruments required for a
13 D&E procedure?**
- 14 A. The basic ones, yes. Other ones we would call
15 for as -- as the procedure indicated.
- 16 **Q. In you'll turn to the next page, looks like
17 essentially a photograph of the same set of equipment?**
- 18 A. Yeah.
- 19 **Q. All right. If you'll turn to the next page,
20 this section is called monitoring devices.
21 Can you tell us what is depicted in that
22 picture?**
- 23 A. That looks a -- an oxygen saturation monitor.
- 24 **Q. Is that the type of equipment that you would
25 have had in the Southwestern Women's Options clinic in**

1 2017?

2 A. That looks similar, if not the same one. But
3 yeah.

4 **Q. All right. If you'll turn to the next page?**

5 A. A better photograph, yes.

6 **Q. Essentially the same machine? The oxygen
7 saturation machine?**

8 A. Yeah. I think -- I don't know if those also
9 do -- but that -- yeah, that would be oxygen saturation.
10 And I think it was a -- I think you could do blood
11 pressure on that one too, and -- and pulse.

12 **Q. If you'll turn to the next picture, what does
13 that depict?**

14 A. That's a machine that monitors blood pressure
15 and also oxygen saturation, pulse.

16 **Q. Is that a machine that you had available in the
17 Southwestern Women's Options?**

18 A. I believe so.

19 **Q. Turn to the last page in that section. Looks
20 like the same machine depicted in a different
21 photograph?**

22 A. Appears to be.

23 **Q. Okay. Last section is entitled, Labor
24 Monitoring Rooms Recovery and Recovery Annex.
25 Can you tell us what that first photograph**

1 **photograph, what does that picture depicts?**

2 A. Wow, they changed the floors. Well, that looks
3 like a room where women would come in in the morning
4 prior to procedures or recovery. I guess that's --
5 that's recovery. They just -- they changed the floor
6 since I've been there, I believe. Yeah. I think that's
7 the recovery area.

8 **Q. All right.**

9 A. Yeah.

10 **Q. And --**

11 A. It looks different.

12 **Q. -- when would that room be used?**

13 A. Typically pre or post procedures whether they
14 be early abortions, medication abortions after D&Es or
15 after an induction was complete.

16 **Q. And if you'll turn to the next photograph, what
17 is that picture?**

18 A. That depicts the laboring bays, yeah.
19 They're -- yeah.

20 **Q. So, are those laboring bays located in one
21 room?**

22 A. Yes.

23 **Q. How many laboring bays were there in that room?**

24 A. Well, that's what you had asked me before. I
25 think there were three, three or four. I don't know.

1 is?

2 A. That appears to be one of the beds in the -- in
3 the laboring room.

4 **Q. How would that room have been used as it
5 pertained to the treatment of Keisha Adkins?**

6 A. She would have been in that room during a
7 process of -- excuse me -- attempting to induce the
8 labor.

9 **Q. And on the known days of her treatment,
10 January 31st through February the 3rd, how many of those
11 days would she have been in a room like this?**

12 A. Part of two of those days, the second and the
13 third.

14 **Q. So, that would have been on February 2nd, 2017
15 and February 3rd, 2017?**

16 A. Correct.

17 **Q. All right. And as far as this specific room,
18 can you tell from looking at this photograph which one
19 of the laboring room that this is?**

20 A. Well, there's two walls there, so it's on one
21 of the ends, yeah.

22 **Q. And how many laboring rooms were there at the
23 Southwestern Women's Options clinic?**

24 A. There were, I think, three.

25 **Q. All right. If you'll turn to the next**

1 **Q. And if you'll look at the last photograph, what
2 does that depict?**

3 A. Let's see -- that looks -- that looks like a
4 recovery area. I'm sorry, but they've done some
5 renovations since I was there last, but that looks like
6 a -- the recovery area.

7 **Q. All right. Are there any rooms in Southwestern
8 Women's Options clinic that are not depicted in these
9 photographs?**

10 A. Administrative. Although, these are the
11 clinical care areas. Yeah.

12 **Q. So, just the administrative office?**

13 A. Yeah.

14 **Q. How about the library? Is there a library
15 located inside the clinic?**

16 A. Yeah, there's a little officey library place in
17 the back.

18 **Q. Is that part of the administrative room or is
19 that somewhere else?**

20 A. That's in the back of the clinic.

21 **Q. Anything else that's not depicted in those
22 photographs that you can recall and remember?**

23 A. Bathrooms. Sometimes woman would labor in the
24 restrooms, you know.

25 **Q. How many restrooms were there?**

1 A. One for the -- yeah -- one for the -- no, there
2 was one up front and then there's one back in the back
3 next to the laboring bay room. And there is a -- a
4 small kind of area where the doctors would sleep if they
5 were being on call with a bathroom.

6 **Q. And how about the -- the area where family
7 members waited, was that --**

8 A. The waiting room.

9 **Q. -- a separate room?**

10 A. Yeah. There was a waiting room outside the
11 clinical administrative rooms.

12 **Q. Fair to say that -- that room is not depicted
13 here in these photographs?**

14 A. Yeah, I don't believe so.

15 **Q. Anything else that you can recall?**

16 A. The kitchen, the staff kitchen area.

17 MS. ROMANO: How much longer?

18 MR. HALL: We don't have that much.

19 **Q (By Mr. Hall) Okay. I marked an exhibit on
20 the second page of a multi-page exhibit with an Exhibit
21 Number 13. I'm going to remark the entire exhibit in
22 its entirety as Exhibit Number 15. And I do apologize.
23 (Exhibit Number 15, marked for
24 identification.)**

25 MR. HALL: I'll withdraw Exhibit

1 MS. ROMANO: No, I'm consulting with my
2 client.

3 MR. HALL: Okay. I can ask her that
4 question.

5 THE WITNESS: This doesn't look familiar
6 to me.

7 **Q (By Mr. Hall) All right.**

8 MS. ROMANO: Well, again, I'm going to
9 object. You can't come in here and give us stuff that
10 we've never seen before. And don't say it's -- your
11 client has it.

12 MR. HALL: Yeah. It's my understanding
13 that you have this in another case.

14 MS. ROMANO: Well, I don't. And I didn't
15 represent them in the other case, so I do not have it.
16 And if you were going to use it in this case,
17 professionally you should have given it to us.

18 If you can't answer questions because
19 you've never seen it before, just say I can't answer
20 because I've never seen it before.

21 THE WITNESS: Okay.

22 MR. HALL: Okay. I believe Mr. Riley has
23 a copy of this document, and you guys never asked for
24 this in discovery.

25 MS. ROMANO: Well, how does Mr. Riley

1 Number 13 just so we don't get confused. It's the
2 second page of Exhibit 15 that I just handed her.

3 MR. RILEY: Apologize, what was the
4 photos?

5 MR. HALL: Photos was Exhibit --

6 MR. SIEBEL: 14.

7 MR. HALL: -- 14.

8 MS. ROMANO: Can you tell us what this
9 is? Is that one of the policies and procedures or?

10 MR. HALL: I believe this is one of the
11 policies and procedures.

12 MR. SIEBEL: Introduced in the AG's
13 stuff.

14 MS. ROMANO: From the AG's stuff?

15 MR. SIEBEL: Yeah. God bless -- the AG's
16 stuff. You never gave to me, so I -- oh, we just got it
17 from the other case.

18 MS. ROMANO: Have you ever seen this
19 document before?

20 MR. HALL: I'll ask her that question.

21 **Q (By Mr. Hall) Can you identify --**

22 MS. ROMANO: I'm talking to my client.
23 I'm speaking to my client. Have you ever have you ever
24 seen this before?

25 MR. HALL: Are you taking the deposition?

1 have a copy?

2 MR. SIEBEL: He asked for it in
3 discovery.

4 MS. ROMANO: So, that's the way you
5 operate? One party asks for discovery and you give it
6 to them and not the other parties?

7 MR. HALL: It would be in his discovery
8 production.

9 MR. SIEBEL: Well, he can copy you in on
10 it.

11 MS. ROMANO: Oh, okay. I got it. So you
12 produced that?

13 MR. RILEY: No.

14 MR. SIEBEL: We produced it, but we have
15 no obligation to produce copies to you.

16 MS. ROMANO: What?

17 MR. SIEBEL: We produced it.

18 MR. HALL: Let's go off the record.

19 THE VIDEO TECHNICIAN: Going off the
20 record. Time is 5:20.

21 (Off the record 5:17 p.m. to 5:21 p.m.)

22 THE VIDEO TECHNICIAN: We're back on the
23 record. Time is 5:21.

24 **Q (By Mr. Hall) Dr. Carr, it's my understanding
25 that the exhibit I've handed you, Exhibit Number 15, is**

1 a policy and procedure from Southwestern Women's Surgery
2 Center.

3 Have you ever seen this document before?

4 A. It does not look familiar to me.

5 Q. Okay. Are these policies and procedures, just
6 at a glance, consistent with the policies and procedures
7 that you were adhering to when you worked for
8 Southwestern Women's Options?

9 A. I'd have to read them.

10 Q. Okay. And I really only want to focus on the
11 general considerations at the top of the first page, but
12 you're welcome to look at the entire document.

13 A. What is this in a context of? Is this like --
14 this -- is this a standalone document? Is it -- because
15 this is talking about post abortion care. Is -- is
16 responsible -- Southwestern Women's Surgery Center --
17 says it's Surgery Center, it's not Southwestern Women's
18 Options, so I'm not sure about where this is from,
19 Albuquerque or Dallas. Is responsible for any calls
20 from patients who have had an abortion at the center.
21 So is this from Dallas or is this from Albuquerque?

22 Q. This is from Southwestern Women's Surgery
23 Center, it appears.

24 A. From Dallas?

25 Q. Could be Dallas, that's correct.

1 person or by telephone.

2 Is that one of the policy and procedures
3 that you adhere to as an employee of the Southwestern
4 Women's Options?

5 A. To the best of my ability, yeah.

6 Q. It says here that: (Reading)

7 If a patient's complaint is not handled to
8 her satisfaction, her anxiety is very
9 likely to cause her to contact another
10 physician or to appear at an emergency
11 room with one of the local hospitals where
12 her problem may not be managed in the same
13 way that it would be at the center.

14 Do you know what the distinction is
15 between the reference to problems being handled
16 differently at Southwestern Women's Surgery Center than
17 a hospital?

18 A. So, in the context of Texas, because this
19 seems -- that's my understanding of that statement, is
20 that because abortion is such a stigmatized procedure
21 and often -- what this is getting at, I believe, is if
22 you -- if you're talking to a patient on the phone and
23 she has a concern and she doesn't feel like her concern
24 is being adequately addressed by that person who is
25 working at the abortion clinic, that because of that she

1 A. Okay. And that's pertinent to this how? In
2 Albuquerque? All right. What's -- what's the point
3 here?

4 Q. You've produced this -- your company has
5 produced this to the New Mexico Attorney General as a
6 representation of the company's policies, and that would
7 be in the state of New Mexico.

8 A. Okay.

9 Q. I just wanted to ask you a question about the
10 second paragraph at the very top.

11 A. Okay. Let me read that.

12 (Witness reviews documents.)

13 Okay.

14 MR. RILEY: I'm sorry, Counsel, for the
15 record, what paragraph are you looking at?

16 MR. HALL: Second paragraph on the top of
17 the first page.

18 MR. RILEY: This is Exhibit 15?

19 MR. HALL: Yeah.

20 THE WITNESS: Okay.

21 Q (By Mr. Hall) It indicates: (Reading)
22 As with all complaints that might be a
23 signal of a threat to the patient's health
24 and an accurate record should be made of
25 each contact with the patient whether in

1 might go to some other facility where nobody knows her
2 history and because of abortion stigma have to face
3 providers who will be judging her and perhaps not
4 managing her in a way that is appropriate. That to me
5 is what this is getting at.

6 Basically what this is saying to a staff
7 member is try to address the patient's concern. If
8 necessary, they call a physician. The physician can
9 address it. They can bring her into the clinic, you
10 know. So, it's offering the services that we can
11 provide her, you know, on a phone call, if she needs to
12 come to the clinic, come into the clinic.

13 So, we're trying not to blow off people's
14 concerns, I guess is what this is saying, in such a way
15 that would make them seek care at a place that would not
16 be appropriate for their clinical situation, that being
17 an abortion.

18 (Exhibit Number 16, marked for
19 identification.)

20 Q (By Mr. Hall) I'm going to hand you what's
21 marked as Exhibit Number 16. We had talked earlier in
22 your deposition about phone numbers being provided to
23 the patients for the purpose of their calling in with
24 concerns or complaints or issues. At the bottom of
25 Exhibit Number 16 on the left-hand side there's an

1 answering service number.
 2 A. Um-hum.
 3 **Q. Is that one of the numbers that was given to**
 4 **the patients for the purpose of making those phone**
 5 **calls?**
 6 A. I assume so. I've never called it, so I assume
 7 so. At that time anyway.
 8 **Q. All right. And this looks like a procedure**
 9 **that's given to the patients for the purpose of**
 10 **instructing them how to conduct themselves after dilator**
 11 **insertion?**
 12 A. Appears to be, yes.
 13 **Q. Are you -- have you ever seen this document?**
 14 A. Probably in a different form I -- yeah.
 15 **Q. On the right-hand side of Exhibit Number 16,**
 16 **toward the bottom, it says: (Reading)**
 17 **We will see you here in our office if**
 18 **necessary. Do not go to the emergency**
 19 **room.**
 20 **And it has further instructions:**
 21 **(Reading)**
 22 **Call our phone number below with any**
 23 **concerns and we will take care of you no**
 24 **matter the time, day or night.**
 25 **What was the reason why Southwestern**

1 **Women's Options were using this type of information to**
 2 **instruct their patients not to go to the emergency room?**
 3 A. Because we're caring for them at our clinic.
 4 So, the point being is if you have a concern, call us.
 5 If we feel after assessment or in the clinic that they
 6 would need to go on the UNM emergency room, we would
 7 send them.
 8 But, again, to just have a patient who's
 9 in the process of an abortion to just show up in a
 10 emergency department is not good medicine. We are
 11 taking care of the patient. It would be as if the UNM
 12 clinic, if they were doing an abortion and a patient had
 13 a laminaria insertion, and they -- they wouldn't say to
 14 them, you know, oh, in the middle of the night don't go
 15 to the -- the Boyd clinic, right? It's we're taking
 16 care of her.
 17 **Q. What if a patient had a medical need that was**
 18 **an emergency and required emergency medical care, would**
 19 **they still be instructed not to go to the emergency**
 20 **room?**
 21 A. The -- I think that's a hypothetical -- well,
 22 it is a hypothetical. I think that if the concern was
 23 great enough, that that recommendation would be made.
 24 Certainly a physician would be called about that.
 25 **Q. But the recommendation would be made through**

1 **your offices and not directly -- not with the patient**
 2 **going directly to an emergency room?**
 3 A. I'm sorry, could you restate that?
 4 **Q. The consideration or the referral would be made**
 5 **through your offices and not with the patient going to**
 6 **the emergency room on their own, correct?**
 7 A. Yes, in an ideal situation. If -- well, I'm
 8 not even talking about an ideal situation. If a patient
 9 called and they had an emergent need and it was felt
 10 that her care would be better delivered at an emergency
 11 room, then she would be directed to go there after
 12 consulting a physician.
 13 In other words, not abortion related, or
 14 it would be like, for example -- I don't know what would
 15 be, I have a massive headache. I don't -- I don't know,
 16 you know. So, it's a hypothetical and so case by case.
 17 **Q. Were patients instructed on what was considered**
 18 **an emergent need so that they can make the distinction**
 19 **between calling the clinic and going directly to the**
 20 **emergency room?**
 21 A. Not a specific list, I don't think anyway. I
 22 mean, the signs of -- of labor and so forth we certainly
 23 would review with them.
 24 **Q. What would be the type of emergent need that**
 25 **would result in a patient of Southwestern Women's**

1 **Options making the correct decision to go to the**
 2 **emergency room?**
 3 A. I -- it's a hypothetical, I can't -- it's -- I
 4 couldn't speculate on that.
 5 **Q. Did you ever encounter any situations where a**
 6 **patient was referred directly to the emergency room**
 7 **after making a call in to the clinic after hours?**
 8 A. I can't recall any situations like that.
 9 (Exhibit Number 17, marked for
 10 identification.)
 11 **Q (By Mr. Hall) I'm going to hand you what's**
 12 **marked Exhibit Number 17.**
 13 A. There we go, there's a list.
 14 **Q. Have you ever seen this document before?**
 15 A. Probably in passing, not specifically, no.
 16 **Q. All right. You said a moment ago "there you**
 17 **go, there's a list," what were you referring to?**
 18 A. Well, you said that there was things that we
 19 gave patients a list to call, warning -- things that
 20 they should call us for.
 21 **Q. Okay. And is this the list that -- to the best**
 22 **of your recollection, is this the list of reasons that**
 23 **were given for a patient of yours to call into the**
 24 **clinic?**
 25 A. I would assume so, yes.

1 **Q. Do any of these -- would any of these reasons**
 2 **justify the client or the patient calling an emergency**
 3 **room directly?**
 4 A. Not necessarily, no. Point being, again, we're
 5 taking care of this patient, we know her clinical
 6 course. So, to show up as a cold call emergency room
 7 door without first consulting with us would not
 8 necessarily be good care. So, that's why we ask them to
 9 call us first.
 10 **Q. A little bit further down Exhibit Number 17 it**
 11 **says: (Reading)**
 12 **It is rare to have an emergency, but**
 13 **important to be prepared.**
 14 **It says here that: (Reading)**
 15 **Abortion is a private matter and some**
 16 **women would prefer no one else know.**
 17 **What is -- what's being referenced there?**
 18 A. That abortion carries a huge stigma. And some
 19 women don't want other people to know that she's having
 20 an abortion, and she wants to hide it and keep it very
 21 private to herself. And so that's what that's referring
 22 to, that -- that portion of that statement.
 23 **Q. And would it be fair to say that abortion is**
 24 **such a private matter that sometimes women won't even**
 25 **report it to the members of their own family?**

1 A. Yes.
 2 **Q. All right. So, there is an emergency plan**
 3 **that's provided by Southwestern Women's Options and it's**
 4 **contained in Exhibit Number 17, would you agree?**
 5 A. Yes.
 6 **Q. And that emergency plan first indicates that a**
 7 **patient should call Curtis Boyd, MD PC office; is that**
 8 **correct?**
 9 A. It appears so, yeah.
 10 **Q. And was that the -- the case of the emergency**
 11 **plan as you understood it back in 2017?**
 12 A. Yes. They're talking about having quick ways
 13 of expediting care. Like people come from out of town,
 14 and so how do you get to the office? Who's going to
 15 take you, et cetera?
 16 **Q. All right.**
 17 A. That's what this is getting at.
 18 **Q. And the other emergency plan considerations,**
 19 **the next one, is to, as you indicated, determine who's**
 20 **going to drive you to the clinic --**
 21 A. Um-hum.
 22 **Q. -- is that correct?**
 23 A. Correct.
 24 **Q. And then the next one is make sure you have**
 25 **directions about how to reach the clinic, and I assume**

1 **that means telephone numbers?**
 2 A. That might be directions. That's like map
 3 directions, I guess.
 4 **Q. All right. Then it says: (Reading)**
 5 **Directions how to reach the nearest**
 6 **hospital.**
 7 **And then it says: (Reading)**
 8 **If instructed by Curtis Boyd -- Curtis**
 9 **Boyd's nurse after hours.**
 10 A. Yes.
 11 **Q. Is that your understanding of the emergency**
 12 **plan back in 2017?**
 13 A. Yes. If they were instructed to go to a
 14 hospital, then how to get -- what that nearest hospital
 15 would be to where they're staying.
 16 **Q. And is it fair to say, then, that the nurse at**
 17 **Curtis Boyd, MD PC would be making that decision of**
 18 **whether to refer a patient to a hospital?**
 19 A. I can't speculate on that. But I would -- I
 20 know what I would know from my time there is that that
 21 call would be made by a physician, and maybe the nurse
 22 would call the patient back. But that would be run by a
 23 physician --
 24 **Q. All right.**
 25 A. -- before that call would be made.

1 **Q. And were you on call as a physician at**
 2 **Southwestern Women's Options for the purpose of making**
 3 **the decisions about whether or not a client or a patient**
 4 **should be referred directly to a hospital?**
 5 A. No.
 6 **Q. Who was, if anybody, on call for that purpose?**
 7 A. Drs. Sella and Landau took calls.
 8 **Q. And why is it that you were not on call for**
 9 **that purpose, if you know?**
 10 A. Because I was still in a mode of orientation to
 11 the clinic and not -- yeah, orientation to the clinic
 12 and still learning how things were done there.
 13 **Q. So, you worked at the clinic from September of**
 14 **2014 until September of 2017?**
 15 A. Something like that, yeah. On and off. My
 16 focus was primarily in Dallas, or my job.
 17 **Q. Okay. So, in that three-year period of time is**
 18 **it accurate to say that you were still in a period of**
 19 **orientation and not one of the go-to doctors for the on**
 20 **call protocol?**
 21 A. Correct.
 22 **Q. At the bottom of the page it says: (Reading)**
 23 **Remember, any complications can be treated**
 24 **at Curtis Boyd, MD PC -- any complications**
 25 **that can be treated at Curtis Boyd, MD PC**

1 **will be done so at no additional charge.**
2 **What does that refer to?**
3 A. Well, I can give you just an example. What
4 they're saying there is -- let me see -- let's say that
5 a woman during a D&E procedure had a lot of bleeding,
6 had a hemorrhage, right, that can be handled by
7 medications and maneuvers we can do in that clinic.
8 Right. So, you'd call that a complication, a
9 hemorrhage, technically. But it was handled at the
10 clinic. So, that's what -- what they're saying there.
11 And then let's say it got to be a point
12 where the bleeding wasn't adequately controlled by the
13 maneuvers and medications we had at that clinic and we
14 decided, no, we need to transfer because this bleeding
15 is getting to be a point where a transfusion may be
16 indicated or more, you know, more -- longer assessment,
17 observation, transfusion, possible. So, that's like one
18 example.
19 **Q. So, the -- the total cost of the abortion would**
20 **include any complications -- or the treatment of**
21 **complications --**
22 A. Yeah.
23 **Q. -- that could be handled at the Curtis Boyd**
24 **clinic?**
25 A. Correct.

1 **Q. And patients were instructed: (Reading)**
2 **If we can't address the complication here**
3 **at the clinic, then you will have**
4 **additional charges assessed by the**
5 **hospital or emergency room.**
6 A. Correct.
7 **Q. Any distinction made for patients who were on**
8 **Medicaid?**
9 A. With regard to what?
10 **Q. The additional cost of hospitalization or**
11 **emergency care?**
12 A. I'm sorry, clarify. "Additional," I'm not
13 understanding.
14 **Q. With regard to Medicaid as an insurance**
15 **provider for hospitalization and emergency room care,**
16 **was there any explanation given to the patients that**
17 **their hospitalization or emergency room would be covered**
18 **by Medicare?**
19 A. Medicaid.
20 **Q. Medicaid, that's what I meant, excuse me.**
21 A. I -- I guess I'm still not understanding the
22 direction of the question. If a patient needed to be
23 hospitalized, we were not taking into consideration
24 payment structure at that point in time. Right? I
25 mean, if they needed hospitalization, they needed

1 hospitalization.
2 **Q. It would be outside of the scope of the fees**
3 **that they'd already paid to your clinic, correct?**
4 A. I would assume so, yeah.
5 (Exhibit Number 18, marked for
6 identification.)
7 **Q (By Mr. Hall) I'm handing you what's marked as**
8 **Exhibit Number 18.**
9 **Have you ever seen this document before?**
10 A. Probably. I mean, the questions look familiar
11 to me. I mean, I -- I can't say for sure.
12 **Q. Would this be consistent with one of the intake**
13 **forms that are given to new patients when they arrive at**
14 **the clinic?**
15 A. This looks more like a -- a record of -- to me,
16 that when patients are coming from out-of-state for
17 example or are calling to make an appointment, that
18 these are things that the phone intake staff go over the
19 patient. In other words, we're trying to get a sense of
20 what's going on with the pregnancy and the woman prior
21 to her coming, particularly if they're coming from a
22 long distance. Not necessarily, but particularly. In
23 other words, we want to know what's going on with the
24 pregnancy prior to them presenting to our clinic to
25 initiate a procedure.

1 **Q. And it has final instructions here on Exhibit**
2 **Number 18 that include: (Reading)**
3 **For this to be a safe outpatient procedure**
4 **we rely on the patient following**
5 **instructions and showing up.**
6 **Is that accurate?**
7 A. Yeah. Yes, I mean.
8 **Q. And indeed this is an outpatient procedure? In**
9 **other words, any abortion service provided at the clinic**
10 **here in Albuquerque, the Southwestern Women's Options**
11 **clinic, is an outpatient procedure, correct?**
12 A. Correct.
13 **Q. It also indicates here that doctors will review**
14 **the answers to these questions.**
15 **Is that an indication that doctors such as**
16 **yourself would have reviewed the answers to the medical**
17 **questions that were answered by the patient?**
18 A. The ones above?
19 **Q. Yes, ma'am.**
20 A. Yeah. I mean, this would be part of the
21 chart -- yeah. In other words, again, particularly for
22 women who were coming and families who are coming from
23 long distances, this would be -- what it said on top,
24 fetal indications, this is for pregnancies that have
25 unfortunate fetal anomalies. So, in other words, this

1 person is coming because something is wrong with the
2 pregnancy and they're wishing to terminate the
3 pregnancy.

4 So, yes, these would be reviewed and on
5 the chart so that we would know, for example, do we need
6 to get tissues? Do we need to get any other testing?
7 Who's the -- who are the people that we contact after
8 this is done? Who are your point persons at home?

9 **Q. And the final instructions on number one also**
10 **indicates that: (Reading)**

11 **You need to designate someone to accompany**
12 **you who is clean and sober enough to get**
13 **you to the clinic for treatments during**
14 **the day and in the middle of the night in**
15 **an emergency.**

16 **You see that?**

17 A. Yes.

18 **Q. Is that something that was regularly**
19 **communicated to the patients as part of their intake?**

20 A. Yeah. As needed, yeah. We certainly have a
21 drug problem and so . . .

22 **Q. And if there was an emergency regarding the**
23 **abortion procedure, then they would need to have**
24 **transportation in the middle of the night to get to the**
25 **clinic --**

1 A. Not specifically, no. She -- again, I
2 consulted with whoever the physician was on call that
3 night, and I offered to come in just -- again, just to
4 continue to orient to the -- to the clinic there.
5 She -- she had to have her procedure that night for some
6 reason, either she was laboring or something. I --
7 yeah. So, I don't remember the specifics.

8 **Q. And what was -- do you recall what it is -- the**
9 **emergency was that prompted her being received or seen**
10 **in the clinic that night?**

11 A. No, I don't remember what the initial complaint
12 was when she called.

13 **Q. Okay.**

14 A. A lot of times it is that they feel like the
15 pregnancy is coming out and so we have them come in.
16 That's probably one of the more common reasons that
17 people would come in the middle of the night.

18 MR. HALL: All right. I'm going to take
19 a brief break and speak with Mr. Siebel, and I think we
20 are --

21 MS. ROMANO: He's got questions.

22 MR. HALL: -- almost done. Let me make
23 sure before I pass the witness.

24 THE VIDEO TECHNICIAN: Going off the
25 record. Time is 5:49.

1 A. Um-hum.

2 **Q. -- is that correct?**

3 A. Correct.

4 **Q. Because if there was an emergency, you would**
5 **address that emergency at the Southwest Women's Options**
6 **clinic in Albuquerque, New Mexico, correct?**

7 A. Yes.

8 **Q. Now, were you ever on call for emergencies at**
9 **the clinic while you worked at the Southwestern Women's**
10 **Options clinic in Albuquerque?**

11 A. Not -- not by myself, no. There were -- there
12 were nights where I say, well, I'll -- I will kind of
13 take call with oversight from whoever was on there, but
14 I never was the primary call person for emergencies.

15 **Q. During your employment and work in the**
16 **Southwestern Women's Options clinic in Albuquerque, did**
17 **you ever have an occasion to go to the clinic to meet a**
18 **patient in the event of an emergency?**

19 A. One time that I remember.

20 **Q. When was that?**

21 A. I don't remember when.

22 **Q. Was it before or after your treatment of Keisha**
23 **Adkins in February of 2017?**

24 A. It would have been before.

25 **Q. And do you recall the nature of the emergency?**

1 (Discussion off the record.)

2 THE VIDEO TECHNICIAN: We're back on the
3 record, 5:49.

4 MR. RILEY: Because of the time and the
5 length of this what I'm inclined to do is reserve our
6 right to depose later for the witness's peace of mind.

7 MS. ROMANO: Thank you.

8 MR. RILEY: I believe it can be done via
9 telephone or by a videoconference. Does that upset
10 anybody at this point?

11 MR. HALL: No, that's fine.

12 THE VIDEO TECHNICIAN: Going off the
13 record. Time is 5:50.

14 (Off the record time five 5:50 p.m. to 5:55 p.m.)

15 THE VIDEO TECHNICIAN: We're back on the
16 record. Time is 5:55.

17 MR. HALL: And we will pass the witness.

18 MR. RILEY: As indicated previously, due
19 to the lateness of the hour, we'll reserve our right to
20 notice the deposition or ask questions, however you look
21 at the procedure. It'll be our position we'll do that
22 at a different date. And for the doctor's comfort level
23 we will do that by either a videoconference or a
24 telephonic deposition. It is not our plan to have you
25 travel back out for purposes of either continuing with

1 the deposition or a new deposition.
 2 THE WITNESS: Thank you.
 3 MR. RILEY: Any -- no objection?
 4 MS. ROMANO: Oh, no, no objection, I'm
 5 sorry. We're going to read and sign.
 6 MR. RILEY: Okay. Thank you.
 7 THE VIDEO TECHNICIAN: This concludes
 8 today's deposition with Dr. Shannon Carr. We're going
 9 off the record. Time is 5:56.
 10 (Deposition concluded at 5:56 a.m.)
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1 STATE OF NEW MEXICO
 2 COUNTY OF BERNALILLO
 3 SECOND JUDICIAL DISTRICT
 4 NO. D-202-CV-2018-05696
 5 TINA ADKINS, individually
 6 and as Personal Representative
 7 of the ESTATE of
 8 KEISHA MARIE ATKINS,
 9 and NICOLE ATKINS,
 10 Plaintiff(s),
 11 vs.
 12 CURTIS BOYD, M.D. P.C. d/b/a
 13 SOUTHWESTERN WOMEN'S OPTIONS,
 14 CURTIS W. BOYD, Individually,
 15 CARMEN LANDAU, Individually,
 16 SHANNON CARR, Individually,
 17 THE UNIVERSITY OF NEW MEXICO
 18 BOARD OF REGENTS, THE UNIVERSITY
 19 OF NEW MEXICO HEALTH SCIENCES
 20 CENTER, LISA HOFLE, M.D.,
 21 Individually, UNM MEDICAL GROUP,
 22 INC., LILY BAYAT, M.D.,
 23 Individually, and BRENDA PEREDA, M.D.,
 24 Individually,
 25 Defendant(s).
 REPORTER'S CERTIFICATE
 I, BELEN A. SOTO, RMR, CCR #106, DO HEREBY CERTIFY
 that on OCTOBER 21, 2019, the deposition of DR. SHANNON CARR
 was taken before me at the request of PLAINTIFFS, and sealed
 original thereof retained by:
 Mr. Justin K. Hall, Esq.
 LAW OFFICE OF JUSTIN K. HALL, P.C.
 328 West Interstate 30, Suite 2
 Garland, Texas 75043
 (972)226-1999
 EMAIL: jkhal@justinkhall.com

1 DEPONENT SIGNATURE/CORRECTION PAGE
 2 If there is any typographical errors to your
 3 deposition, indicate them below:
 4 PAGE LINE
 5 _____ Change to _____
 6 _____ Change to _____
 7 _____ Change to _____
 8 _____ Change to _____
 9 Any other changes to your deposition are to be listed
 10 below with a statement as to the reason for such change.
 11 PAGE LINE CORRECTION REASON FOR CHANGE
 12 _____
 13 _____
 14 _____
 15 _____
 16 _____
 17 _____
 18 _____
 19 I, DR. SHANNON CARR, do hereby certify that I have read
 20 the foregoing transcript of my deposition taken OCTOBER 21,
 21 2019, as transcribed, and that it is a true and correct
 22 record of my testimony given at the time, except as to any
 23 corrections submitted.
 24 _____
 25 DATE SIGNED DR. SHANNON CARR

1 I FURTHER CERTIFY that copies of this certificate
 2 have been mailed or delivered to all counsel, and parties to
 3 the proceedings not represented by counsel, appearing at the
 4 taking of the deposition.
 5 I FURTHER CERTIFY that examination of this
 6 transcript and signature of the witness was requested by the
 7 witness and all parties present. On
 8 _____, a letter was mailed or delivered to
 9 MS. CAROL ROMANO, ESQ., regarding obtaining signature of the
 10 witness, and corrections, if any, were appended to the
 11 original and each copy of the deposition.
 12 I FURTHER CERTIFY that the cost of the original
 13 and one copy of the deposition, including exhibits, to MR.
 14 JUSTIN K. HALL, ESQ. is \$_____
 15 I FURTHER CERTIFY that I did administer the oath
 16 to the witness herein prior to the taking of this
 17 deposition; that I did thereafter report in stenographic
 18 shorthand the questions and answers set forth herein, and
 19 the foregoing is a true and correct transcript of the
 20 proceeding had upon the taking of this deposition to the
 21 best of my ability.
 22 I FURTHER CERTIFY that I am neither employed by
 23 nor related to nor contracted with (unless excepted by the
 24 rules) any of the parties or attorneys in this case, and
 25 that I have no interest whatsoever in the final disposition

1 of this case in any court.
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BELEN A. SOTO, RMR
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