

THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MUMIA ABU-JAMAL,

Plaintiff

vs

JOHN KERESTES, Et. Al.,

Defendants

15cv967

TRANSCRIPT OF PROCEEDINGS - EVIDENTIARY HEARING DAY ONE
BEFORE THE HONORABLE ROBERT D. MARIANI
FRIDAY, DECEMBER 18, 2015; 9:00 A.M.
SCRANTON, PENNSYLVANIA

FOR THE PLAINTIFF:

Robert J. Boyle, Esq.
277 Broadway, Suite 1501
New York, New York 10007

-AND-

Bret D. Grote, Esq.
Abolitionist Law Center
P.O. Box 8654
Pittsburgh, Pennsylvania 15221

FOR THE DEFENDANT KERESTES:

Laura J. Neal, Esq.
Vincent R. Mazeski, Esq.
PA Department of Corrections
Chief Counsel's Office
1920 Technology Parkway
Mechanicsburg, Pennsylvania 17050

FOR THE DEFENDANT GEISINGER MEDICAL CENTER:

Suzanne Conaboy, Esq.
John B. Dempsey, Esq.
Myers, Brier & Kelly, LLP
425 Spruce Street, Suite 200
Scranton, Pennsylvania 18503

Proceedings recorded by machine shorthand, transcript
produced by computer-aided transcription.

KRISTIN L. YEAGER, RMR, CRR
CERTIFIED REALTIME REPORTER
235 N. WASHINGTON AVENUE
SCRANTON, PENNSYLVANIA 18503

I N D E X

Witnesses:	Direct	Cross	Redirect	Recross
Mumia Abu-Jamal (Affirmed)	45	88	103	--
Dr. Joseph Harris (Affirmed)	104,110	108	--	--

E X H I B I T I N D E X

For Plaintiff:	Identified	Admitted
Exhibit No. 1: Documents A9-A14,812	53	--
Document A-18	61	--
Document A-20	62	--
Document A-38	64	--
Document A-60	74	--
Document A-126	86	--
Document A-25	92	--
Documents 80-81	128	--
Document A-74	130	--
Document A-59	131	--
Document A-60	132	--
Document A-112	137	--
Document A-110	140	--
Document A-160	141	--
Document A-122	125	--
Document A-125-A-126	150	--
Exhibit Nos. 6-7	54	--
Exhibit No. 4	101	--
Exhibit No. 8	113,114	--
Exhibit No. 10	116	--
Exhibit No. 2	121,122	123
For Defendant:		
Exhibit No. 7	92	--
Exhibit No. 1 (409)	95	--
Exhibit No. 1 (755-757)	97	--
Exhibit No. 1 (728,731,734)	100	--

1 THE COURT: Good morning, everyone. Would counsel enter
2 their appearances here today, please, beginning with counsel
3 for the Plaintiff.

4 MR. BOYLE: Good morning, Your Honor. Robert Boyle, New York
5 City, for the Plaintiff Mumia Abu-Jamal. Good morning.

6 MR. GROTE: Good morning, Your Honor. Bret Grote,
7 Pittsburgh, Pennsylvania for Plaintiff Mumia Abu-Jamal.

8 THE COURT: For Defendants.

9 MS. NEAL: Good morning, Your Honor. Laura Neal, Chief
10 Counsel for Defendant Kerestes.

11 MR. MAZESKI: Good morning, Your Honor. Vince Mazeski for
12 Defendant Mazeski.

13 MR. DEMPSEY: Judge, good morning. Jack Dempsey, on behalf
14 of Geisinger Medical Center.

15 THE COURT: Very well.

16 MS. CONABOY: Suzanne Conaboy, Your Honor, also, on behalf
17 of Geisinger Medical Center.

18 THE COURT: Thank you. This is the matter of Mumia Abu-Jamal
19 V. John Kerestes, Et al. Before me, today, are two matters.

20 First is the objection of Mr. Abu-Jamal to the decision of
21 the Magistrate Judge in this case denying his request for a
22 Preliminary Injunction, with respect to his claims alleging
23 deliberate indifference and medical malpractice, with respect
24 to the medical care he submits he has been denied.

25 Also before me is the appeal of the Defendants from the

1 Magistrate's ruling entered November 23, 2015 in this year,
2 allowing the Plaintiff, Mr. Abu-Jamal to re-file his proposed
3 amended complaint in which he has amplified his complaint, and
4 in addition to that, added additional Defendants, including
5 Christopher Oppman, Director of Health Care Services of the
6 Department of Corrections, Dr. John Lisiak and Dr. Shaista
7 Khanum, both of whom are physicians associated with SCI
8 Hanover, the institution where Mr. Abu-Jamal is housed, as well
9 as Physician Assistant Scott Saxon, and, lastly, Chief Health
10 Care Administrator John Steinhart.

11 So those are the matters before me. As counsel know, from
12 my prior order, I've indicated that the first order of business
13 here ought to be taking up the appeal by the Department of
14 Corrections, which I'll use to describe the Defendants
15 generally, with respect to the Magistrate Judge's decision
16 allowing Mr. Abu-Jamal to amend his complaint on the basis that
17 the amendment was permissible because, in the interim period,
18 there had been full exhaustion of his grievance.

19 So with that, I'll turn to Ms. Neal. You can present your
20 arguments.

21 MS. NEAL: Thank you, Your Honor. As a practical matter,
22 Your Honor, the appeal that was filed asserts futility of the
23 amendment, and that argument is based, almost solely, on the
24 issue of failure to exhaust administrative remedies under
25 1997(a). So that is where the focus of my argument is going to

1 be this morning.

2 The grievance that was filed in this action clearly does
3 not meet the yardstick measure set forth in our grievance
4 policy. 1997(e)(a) provides that the claims must be exhausted,
5 prior to commencement of the action.

6 So our position is regardless of whether you couch the
7 proposed amended complaint as a supplement or an amendment,
8 it's clear from the language of the statute that it has to be
9 completed prior to commencement of the action, not prior to
10 filing a complaint. So it's clear from the wording of the
11 statute that it's looking at the time that you file your
12 action. It's not looking at whether something is a supplement
13 or whether it's an amendment.

14 It's clear from the procedural history of this that the
15 grievance that was filed in this was filed before the action
16 was commenced, it was received on April 13. The date of the
17 complaint which commenced this action was May 18. However, the
18 grievance process was not completed, in fact, they had not even
19 received the Superintendent's -- the second level appeal
20 decision prior to the time that they commenced the action.
21 As a result, they failed to exhaust.

22 As I said when we spoke briefly yesterday, there are
23 several practical and significant issues that are attended to
24 in 1997(e)(a). One is the issue of Judicial economy. As the
25 Supreme Court said in Woodford v. Ngo, administrative remedies

1 are required because it's necessarily contemplated that some
2 Plaintiffs are going to want to proceed directly into court.
3 They are not going to want to wade through an Administrative
4 Review process.

5 THE COURT: I want everyone to hear you, Ms. Neal. Go ahead.

6 MS. NEAL: So the language of 1997(e)(a), which requires
7 administrative exhaustion, furthers the interests of Judicial
8 economy, because the statute is intended to allow a Plaintiff
9 and to require a Plaintiff to go through an Administrative
10 Review Process, where they allow the agency with which they
11 have a complaint to review their complaint and fully respond to
12 it and develop an administrative remedy, prior to proceeding
13 into court.

14 THE COURT: And I don't dispute any of the policy
15 considerations that you're explaining, which underlie the
16 Prison Litigation Reform Act, but let's talk about the
17 specifics of this particular case.

18 First of all, is there any dispute here that Mr. Abu-Jamal,
19 in fact, timely filed his grievance and that he did, indeed,
20 file the two required appeals under ADM 804 to the
21 Superintendent, and then to the Secretary of the Office of
22 Inmate Grievance and Appeals, he did do that, did he not?

23 MS. NEAL: He did, Your Honor. However, as the Supreme Court
24 said in Woodford V. Ngo and as the Third Circuit has said in
25 Spruill V. Gillis, the grievance must meet all of the

1 procedural requirements set forth in the grievance policy.

2 The grievance policy very clearly states that you have to
3 request all forms of relief that you seek. That means that for
4 him to obtain the relief that he's seeking in the Preliminary
5 Injunction action and in his complaint, it had to have been
6 included in the grievance.

7 THE COURT: Well, let's look at the grievances. Do you have
8 those handy?

9 MS. NEAL: Yes, Your Honor.

10 THE COURT: Let's look at the first step of this process.
11 Mr. Abu-Jamal's grievance, the typewritten portion of it,
12 which, for the record, is document 28.2 begins by saying,
13 quote;

14 "This grievance is in regard to medical staff's failure to
15 properly diagnose and monitor my health, causing me to suffer a
16 diabetic shock on Monday, March 30. Staff should have provided
17 specialist care, further diagnostic testing and monitored
18 glucose levels."

19 And then the grievance goes on and describes what happened
20 to him as a traumatic near-death experience. And he's seeking,
21 among other things, a detailed plan to prevent any recurrence.

22 Now, this initial statement, "This grievance is in regard
23 to the medical staff's failure to properly diagnosis and
24 monitor my health, causing me to suffer a diabetic shock",
25 hat's a fairly broad statement, is it not?

1 MS. NEAL: Yes, it is, Your Honor.

2 THE COURT: Is it not broad enough to encompass the kinds of
3 claims that we know are at issue here, particularly, since we
4 all agree that Mr. Abu-Jamal has Hepatitis C.

5 MS. NEAL: If you assume it is broad enough and was intended
6 to encompass all of that -- and let me just take one quick step
7 back here, Your Honor. You're reading this as if it was crafted
8 by an unaided inmate Plaintiff. This, in fact, if you look at
9 the wording of the handwritten portion, was written and
10 assisted by Mr. Abu-Jamal's attorneys.

11 THE COURT: Well, the handwritten portion says his
12 handwriting has been hampered by his disability, and I'm
13 submitting the attached statement -- well, should it matter
14 whether he's counseled or not? The vast majority of prison
15 litigants are not counseled. Should it matter, in this
16 particular instance, that he has counsel?

17 MS. NEAL: If you look at the policy, and if you look at the
18 direction that's provided in the grievance, you have to
19 specifically state what it is that you're claiming about.
20 If you're going to apply a pleading standard and construe it
21 broadly, I would submit that that would, at most, only apply to
22 an unassisted inmate. In this case, Mr. Abu-Jamal had an
23 attorney helping him --

24 THE COURT: Do you have authority for that proposition?

25 MS. NEAL: I'm sorry?

1 THE COURT: Do you have authority for that proposition that
2 I should draw a distinction between those counseled and those
3 who are not?

4 MS. NEAL: No, Your Honor, what I'm saying is the policy
5 states that you have to specifically state what it is you're
6 complaining about. If you're going to broaden that and take
7 away the procedural default requirement that's set forth in
8 Spruill, and you're going to allow a liberal construction, I'm
9 saying that that would only, at the very most, if you were
10 going to do that -- which, under Spruill, I submit you could
11 not -- if you were going to do that, that would only apply for
12 someone who is not assisted in this case.

13 Mr. Abu-Jamal clearly had attorneys helping him with this
14 case.

15 THE COURT: So he's held to a heightened standard because he
16 has counsel?

17 MS. NEAL: He is held to the standards set forth in our
18 Grievance Policy, Your Honor.

19 THE COURT: You didn't answer my question. Is he held to a
20 higher standard because he has counsel?

21 MS. NEAL: If you're going to take away the procedural
22 default requirement set forth in Spruill, he would be.

23 THE COURT: Spruill stands for that proposition? That there
24 can be a difference in how you treat an inmate's grievance
25 based on whether or not he has counsel? Spruill doesn't stand

1 for that proposition.

2 MS. NEAL: No, Your Honor, Spruill says that you have to
3 apply the procedural requirements set forth in the Grievance
4 Policy.

5 THE COURT: And if we do that -- let's just stay with the
6 grievances for a moment. If you look at the next step, after
7 the initial grievance was denied, this is, in fact, a
8 handwritten grievance by Mr. Abu-Jamal, and in it, and I won't
9 read the whole thing, but if you look at the handwritten
10 portion, in addition to saying that the medical records
11 indicate a failure to treat hyperglycemia, No. 3 says, "This
12 delay in diagnostic care caused me serious harm, as in
13 suffering adverse reactions from skin rash treatment and its
14 underlying cause."

15 Now, that's even more specific, isn't it? And that isn't,
16 by any stretch of the imagination, a lawyer's statement. So now
17 you have a situation where he has made his claim broadly at
18 Step 1, and more specifically, at Step 2. And we know that one
19 of the issues in this case, if we get to the preliminary
20 hearing, is going to be whether or not that underlying skin
21 condition is symptomatic of his Hepatitis C; isn't that true?

22 MS. NEAL: That is correct, if we got that far, Your Honor.
23 But as I said, it requires that you request the relief that you
24 want. He is not requesting Hepatitis C treatment.

25 THE COURT: Are you asking him to be a physician? He's

1 asking here for, "this delay in diagnostic care caused me
2 serious harm". Now, you don't expect him to diagnose his own
3 conditions, do you?

4 MS. NEAL: Your Honor, what I'm saying is, he's asking for
5 that relief now. At this point, at the time that he filed this,
6 his assertion is it was intended to encompass everything. The
7 Hepatitis C issue wasn't on anyone's radar. If you look at the
8 documents that they submitted in support of their preliminary
9 injunction motion, the hepatitis C wasn't even on anyone's
10 radar until well until July.

11 THE COURT: There's an allegation in the complaint by the
12 Plaintiffs that his Hepatitis C was known as early as July of
13 2012.

14 MS. NEAL: That is correct. So, therefore, I would submit he
15 should have been requesting the treatment for it in this
16 grievance clearly.

17 There are inmates all across the state, there's a class
18 action, as you may know, out in the Eastern District right now,
19 where inmates have filed grievances, pro se inmates, without
20 the assistance of counsel, who have clearly stated, I want
21 treatment for my Hepatitis C, I want Harvoni, I want Sovaldi.
22 These are uneducated, for the most part, unassisted inmates
23 who, very clearly, are stating what they want.

24 Mr. Abu-Jamal did not do that. What it's clear Mr.
25 Abu-Jamal was complaining about in his grievance was

1 hyperglycemia, but aside from that --

2 THE COURT: He's also talking about a failure, here, in
3 diagnosing his condition, which we know not only included his
4 becoming unconscious and being taken to the hospital, but as
5 well, a skin rash that broke out in sufficient severity to
6 cause him to suppurate, to have oozing from the lesions on his
7 body.

8 Now, when that happens, and someone says, I need diagnostic
9 care, are you telling me that's not enough?

10 MS. NEAL: I'm saying, if you're going to request a specific
11 type of diagnostic care, certainly, you should be requesting
12 it. If your contention is, which is his contention here today,
13 I don't want what you're offering me, I'm not happy with
14 the --

15 THE COURT: That's a different issue. My issue right now is,
16 is your quarrel with whether or not he exhausted?

17 MS. NEAL: My quarrel, Your Honor, is, if you take what
18 you're putting forth, which is that all of this was connected
19 together in this grievance, it's clear he didn't exhaust that
20 grievance process until well after the time that he commenced
21 the action.

22 So by the time he filed the complaint in this matter, it's
23 clear that he had not gotten the final review response back.

24 THE COURT: But is that within his control?

25 MS. NEAL: That's absolutely within his control. It's

1 measured as of the time that you file your grievance --

2 THE COURT: July 6, he files his final appeal. He has done
3 all he has to do, isn't that true?

4 MS. NEAL: He has to wait to get the decision back from
5 SOIGA. The case law is clear on that.

6 THE COURT: As far as what he must do actively. His final
7 appeal was filed July 6. There was no more appeals to file,
8 isn't that true?

9 MS. NEAL: That's true, Your Honor.

10 THE COURT: So at this point, he's got to wait for a
11 response. And that response comes from DOC, and he can't do
12 anything to expedite that, isn't that true?

13 MS. NEAL: That is correct. But he can control when he files
14 his complaint that commences the action, which he did not wait
15 until he got the decision back from SOIGA --

16 THE COURT: This failure to exhaust lies in not waiting for
17 a decision, isn't that your allegation?

18 MS. NEAL: That is correct.

19 THE COURT: And the failure to exhaust comes, because after
20 he filed his July 6 grievance, the Department of Corrections
21 then sends this to the Bureau of Health Care Services, and then
22 they, in turn, ultimately, give it back to the appropriate
23 Grievance Officer, and the grievance is denied, and that takes
24 about 80 days, as I read the calendar in this case.

25 MS. NEAL: That wasn't procedurally how it happened. He

1 filed the grievance, he got a decision from the initial
2 Grievance Review Officer, then, he filed an appeal to the
3 Superintendent and got an appeal decision back from the
4 Superintendent.

5 Then, he filed an appeal to the Secretary's Office of
6 Inmate Grievances and Appeals, that was referred to the Bureau
7 of Health Care Services, and he got a response back through the
8 Secretary's Office of Inmate Grievances and Appeals.

9 THE COURT: After it was first pitched out to the Bureau of
10 Health Care Services?

11 MS. NEAL: That is correct.

12 THE COURT: So the lack of exhaustion that you're talking
13 about is essentially his not waiting for this delayed response
14 that he ultimately received after the matter went to the Bureau
15 of Health Care Services. Isn't that the lack of exhaustion
16 here, in your mind?

17 MS. NEAL: The failure to exhaust is commencing the action
18 before he got that decision back.

19 THE COURT: You're not answering my question, you're not
20 answering my question. Read it back, please.

21 (At this time the reporter read back the referred-to
22 portion of the record.)

23 THE REPORTER: "THE COURT: So the lack of exhaustion that
24 you're talking about is essentially his not waiting for this
25 delayed response that he ultimately received after the matter

1 went to the Bureau of Health Care Services. Isn't that the lack
2 of exhaustion here, in your mind?"

3 MS. NEAL: You're correct, and that is what I'm saying, that
4 he didn't get that final review decision back, prior to the
5 time that he commenced the action. That is what I'm saying is
6 the failure to exhaust.

7 THE COURT: All right, now, there's no question, is there,
8 that, as of the time of the Magistrate Judge's decision in this
9 case, which permits the filing of his amended and supplemental
10 complaint, as of that time, Grievance 561400, which was the
11 number that DOC assigned the original grievance, had been
12 exhausted?

13 MS. NEAL: As of the time that he filed the new -- prior to
14 the time that he filed the second proposed amended complaint.
15 It had not been exhausted, as of the time he filed his proposed
16 amended and supplemental complaint.

17 THE COURT: The question was, as of the Magistrate's ruling
18 on November 23, 2015, had the grievance been exhausted?

19 MS. NEAL: Yes. I'm sorry, Your Honor, yes.

20 THE COURT: Now, in light of that fact -- and we all agree
21 that, as of November 23, the grievance had already been
22 exhausted -- is there any dispute that the Grievant -- pardon
23 me -- the Plaintiff in this case, if he so chose, could effect
24 a voluntary dismissal of this current complaint, under Rule 41,
25 and file a new complaint alleging exactly what he's already

1 alleged today? Could he not do that?

2 MS. NEAL: He could do that, if you assume that all of the
3 requests for relief and the Defendants identified in this
4 action and the facts underlying this action were encompassed
5 within this grievance.

6 My assertion is the facts were not encompassed within it.
7 The Defendants, most unquestionably --

8 THE COURT: We know that he exhausted that grievance. You
9 can quarrel with the scope of the grievance, you can quarrel
10 with to whom it extends, but we know that grievance was and is
11 exhausted.

12 So my question was, with that grievance having been
13 exhausted, there's no doubt, is there, that Mr. Abu-Jamal could
14 file a new complaint alleging his -- making the same
15 allegations today, he could literally withdraw that complaint,
16 under Rule 41, either, under A-1 or A-2 of Rule 41 and file a
17 new complaint?

18 MS. NEAL: He could, Your Honor, yes.

19 THE COURT: All right, now, if that's the case, if that is
20 the case, as it clearly is, tell me what purpose is served by
21 my dismissal of this entire case, only to have the Plaintiff
22 bring it again today or on Monday as a new civil action to a
23 different term and number, what is the value of that?

24 MS. NEAL: The value of that, Your Honor, is in upholding
25 all of the principles that underlie the requirement of

1 administrative exhaustion. It discourages Plaintiffs from
2 running straight into court, without first completing the
3 Administrative Review Process, without first allowing the
4 administrative agency to fully develop an administrative record
5 for --

6 THE COURT: But we've already agreed that this grievance is
7 exhausted. If he wants to file suit on that again, he can. He
8 could do it via a new complaint. So why are we exalting form
9 over substance here?

10 MS. NEAL: This is not a matter of form over substance, Your
11 Honor. As I said, this is upholding the principle. It's
12 discouraging running into court, which Mr. Abu-Jamal did,
13 commencing an action before you complete the grievance process.
14 It furthers the principle of allowing the administrative agency
15 to fully review and respond to an individual's complaint,
16 before they run into Federal Court and commence an action.
17 It furthers the principle of allowing --

18 THE COURT: Your client has had time, during the pendency of
19 this case, to know the nature of his complaint. Your argument
20 suggests that we're in the dark as to what his complaint is or
21 what his condition is. And the difficulty that I'm having with
22 that is -- and this is from his affidavit, Mr. Abu-Jamal's
23 affidavit done May 12, 2015.

24 Now, he has come out of the hospital on March 30. On May
25 12, he asserts, and if this is factually disputed, we're going

1 to have a hearing on this, boils erupted on his lower
2 extremities, and when medical staff saw these lesions, he was
3 transported again to the hospital, this time to Geisinger
4 Medical Center.

5 Then , at Geisinger Medical Center, we have the Geisinger
6 dermatologists prescribing steroid wraps and so on and so
7 forth, and there was no Hepatitis C workup, at that time, but
8 when he returned to SCI Mahanoy May 19, 2015 -- this is
9 information your people had -- the medical staff applied
10 Vaseline to his lower extremities to assist with the healing of
11 numerous lesions.

12 And then by June 15, the scaling and itching on his skin
13 returned with increasing intensity, which became constant,
14 according to his sworn under oath affidavit. He says he
15 informed the faculty of his skin symptoms, that his counsel
16 submitted a request, DOC counsel, to perform tests to see
17 whether or not the condition was caused by Hepatitis.

18 And on July 31, 2015, he was told by medical staff that SCI
19 Mahanoy had a Hepatitis C viral load test performed and it
20 revealed an active Hepatitis C infection.

21 Now, if all that is true -- and you can tell me it's not,
22 and we'll have a hearing on this -- but if all that is true,
23 it's hard for me to accept the proposition that you need to go
24 through the exhaustion procedure again, when you have all this
25 information at your fingertips, as early as May of 2015.

1 MS. NEAL: Your Honor, I think that the -- well, I don't
2 think -- the thing that we're struggling with here is a desire
3 to address some serious allegations and some serious claims.
4 The problem with this is, Your Honor, that 1997(e)(a) clearly
5 says that you can't do that. Woodford V. Ngo --

6 THE COURT: Have you read Cano v. Taylor?

7 MS. NEAL: I'm sorry, Your Honor?

8 THE COURT: Have you read Cano v. Taylor?

9 MS. NEAL: No, ,I haven't, Your Honor.

10 THE COURT: This is a decision of the Ninth Circuit, and at
11 739 F3d. 1220, it says -- it holds that;

12 "Claims that arose as a cause of action, prior to the
13 filing of the initial complaint, may be added to a complaint
14 via an amendment, as long as they are administratively
15 exhausted prior to the amendment."

16 Now, I would suggest to you, this case -- although, it's a
17 Ninth Circuit not the Third Circuit -- this case is squarely on
18 point and would allow what Magistrate Judge Mehalchick did in
19 this case, that is, allowing the amended complaint.

20 MS. NEAL: Your Honor, that's clearly not permitted in this
21 jurisdiction.

22 THE COURT: Do you have specific Third Circuit precedent
23 contrary to the Ninth Circuit's holding in Cano v. Taylor?

24 MS. NEAL: Ahmed v. Dragovich, Your Honor, clearly says that
25 you cannot complete the exhaustion process, after the time that

1 you file your complaint. You can't cure the defect through an
2 amendment. You have to do exactly what it is that you're
3 concerned about doing. You have to dismiss the action and start
4 over.

5 THE COURT: Let me have Ahmed. Do you have a copy of it
6 there?

7 MS. NEAL: I don't have a copy with me, Your Honor, it was
8 referenced in my brief.

9 THE COURT: Mr. Moen, get me that case, please. What's the
10 cite, do you know?

11 MS. NEAL: I don't have it at hand, Your Honor.

12 THE COURT: Never mind, let's continue. I'm not aware -- I
13 will tell you right now -- I'm not aware of precedent contrary
14 to Cano v. Taylor. You can continue.

15 MS. NEAL: What I was saying, Your Honor, is that Woodford
16 v. Ngo -- and I don't know the date of the Ninth circuit
17 opinion --

18 THE COURT: 2014.

19 MS. NEAL: -- Woodford v. Ngo says that you have to -- it's
20 a mandatory pre-condition. The District Court can't disregard
21 that clear language in 1997(e). And allowing the Plaintiff to
22 attempt to cure a fatal flaw after the time that the action is
23 commenced is clearly not permitted.

24 THE COURT: The rationale of Cano and other cases that I
25 have here -- and I'm not going to cite every case at my

1 fingertips, of which there are many -- the rationale of those
2 cases, at least, in part, is premised on the proposition that
3 the Prison Litigation Reform Act cannot be read as if the
4 Federal Rules of Civil Procedure don't exist and don't apply to
5 it.

6 Now, there are abilities to amend under Rule 15, and I
7 think they've been met here.

8 MS. NEAL: The cases that I discuss in my brief say that you
9 can't cure it through an amendment. Now, there is a difference.
10 If you look at Rhodes v. Robinson, the Ninth Circuit case that
11 Boone v. Nose --

12 THE COURT: Cano v. Taylor is decided after Rhodes v.
13 Robinson and expands upon it, so I'm not interested in hearing
14 about Rhodes v. Robinson. Is there anything else?

15 MS. NEAL: No, Your Honor.

16 THE COURT: Thank you. Counsel.

17 MR. GROTE: Would the Court still like the citation for
18 Ahmed v. Dragovich? I have that, if you would. It's 297 F3d.
19 201.

20 THE COURT: 297, F3d. 201?

21 MR. GROTE: Correct, 201.

22 MR. GROTE: I'll be brief, Your Honor. I think your
23 questioning did precisely the necessary job of elucidating the
24 issues that this Court must decide.

25 First is, what is the date from which to measure exhaustion

1 of the administrative remedies? And we propose it is the date
2 that the amended complaint raising the new claims was filed. So
3 it was the first time these claims were brought in court, they
4 needed to have complied with the Prison Litigation Reform Act's
5 exhaustion requirement, which was re-filed November 24, as the
6 record that has been discussed demonstrates, that medical care
7 grievance had been fully exhausted.

8 THE COURT: Let me ask you the same question I asked Ms.
9 Neal. Could you discontinue this lawsuit today under Rule 41
10 and file it on Monday?

11 MR. GROTE: We could file it today.

12 THE COURT: Or today. You could do that?

13 MR. GROTE: Absolutely.

14 THE COURT: So the argument that Ms. Neal made, on behalf of
15 the Defendants, is that that's not useful here because they
16 haven't had a chance to use the investigatory inquiry
17 procedures of the grievance procedure to find out what,
18 precisely, Mr. Abu-Jamal's grievance is.

19 They're alleging, essentially, that the grievance doesn't
20 say enough. Now, what do you say to that?

21 MR. GROTE: The grievance policy requires notice pleading.
22 He put them on notice of what the issues were. As Your Honor
23 pointed out, Mr. Abu-Jamal needed a diagnostic inquiry into the
24 underlying cause that resulted in his severe hyperglycemia, his
25 skin rash-related condition so --

1 THE COURT: In Ms. Neal's view, there should have been a
2 specific statement that, I've got Hepatitis C and it's not
3 being treated. What's wrong with that?

4 MR. GROTE: That is a grater degree of specificity than is
5 in the DCM-804. Prison officials need to be put on notice of
6 what the issues are, and Mr. Abu-Jamal, at that time, was still
7 searching for the cause of his myriad health problems, which
8 later became apparent that it was the act of Hepatitis C.

9 He had no indication from the medical staff who were
10 responsible for his care at SCI Mahanoy that his Hepatitis C
11 was active. Whenever he was informed in January 2012, he was
12 given no education as to what symptoms to look for, and there
13 was absolutely no follow-up care until July, whenever
14 this -- July 2015 -- when this workup was done, after repeated
15 requests from Mr. Abu-Jamal and from counsel, etc.

16 So Defendants' standard that they are looking to interpret
17 as a gloss under their own policy would require a greater
18 degree of specificity than the notice pleading that is required
19 under the terms of the policy, and would also require a
20 remarkable degree of medical knowledge and acumen for Mr.
21 Abu-Jamal or anybody who is a layperson to be able to diagnose.

22 THE COURT: But she says Mr. Abu-Jamal has the advantage, if
23 you will, of having educated, informed and competent counsel,
24 and, somehow, that should factor into this.

25 MR. GROTE: I'm aware of no legal authority as to how he

1 should be subjected to a different standard than the notice
2 pleading and giving them opportunity to address the issues that
3 are the cause of the grievance.

4 THE COURT: Are you familiar with Cano v. Taylor?

5 MR. GROTE: Absolutely.

6 THE COURT: Do you know a Third Circuit precedent to the
7 contrary?

8 MR. GROTE: No, I do not.

9 THE COURT: What about the case that Ms. Neal cited?

10 MR. GROTE: Ahmed v. Dragovich? That case stands for the
11 proposition that a claim that is brought cannot be exhausted
12 after that claim -- that specific claim is brought, right. So
13 if you bring an excessive force claim, you're in the midst of
14 the administrative grievance process, then, two months later
15 you get a final review on that specific claim, you can't amend
16 the complaint because now the excessive force claim is
17 exhausted. That's not at issue in this case.

18 The claims that were brought in May were 1st, 5th and 14th
19 Amendment cases, based on Mr. Abu-Jamal not being able to
20 communicate with family and attorneys while he was held at
21 Geisinger Medical Center.

22 The claims that were initially proposed in the August 2003
23 Motion for leave to amend are distinct claims that were fully
24 exhausted -- we argued, at that time, because of the delay in
25 the response, but regardless of the issue on the DOC compliance

1 with their own timeliness requirements, there's no dispute that
2 the medical care claim -- or medical care claim grievance has
3 now been exhausted and was exhausted prior to the filing of the
4 November complaint.

5 THE COURT: Do you see a purpose in me ordering you to
6 discontinue this lawsuit and bring another one, alleging the
7 same thing you've alleged?

8 MR. GROTE: Not a legitimate purpose. I think it would be
9 dilatory and it would prevent us from being able to get to the
10 urgent medical issues that our client want to have addressed by
11 this Court and is in need of having addressed, in order to get
12 the treatment that he's entitled to.

13 THE COURT: I know I've asked you this question before, but
14 tell me again.

15 There's a policy argument being made by Ms. Neal that,
16 Look, you're not allowing us to deal with this issue through
17 the grievance procedure by allowing Mr. Abu-Jamal to amend his
18 complaint, add these Defendants and add these claims.

19 MR. GROTE: A couple responses to that. One is, his initial
20 grievance said, You need to find what the underlying cause is,
21 and we are prepared to present evidence that it has become
22 apparent that it is Hepatitis C, and they're still not
23 addressing it.

24 The second is the grievance process is not the process for
25 obtaining medical care, so I find it unusual that the

1 Department of Corrections is stating that we need a grievance
2 to be filed, prior to our being able to determine the validity
3 of a request for medical treatment.

4 The grievance system is a system for raising complaints
5 when there has been a deficiency within conditions or policies
6 affecting incarcerated people within the Department of
7 Corrections.

8 The Bureau of Health Care Services are the ones that
9 administer health care. Mr. Abu-Jamal has been in the infirmary
10 since April, he has seen medical staff prior to that, he and
11 counsel have continually raised an array of issues, pertaining
12 to his medical care, including, repeatedly requesting Hepatitis
13 C initial testing, workup and treatment. These claims have been
14 considered, all the way up to the head of the Department of
15 Corrections medical staff, and they have been rejected. They're
16 not providing the relief.

17 So I don't think that there is any merit to this argument
18 that the grievance process is going to do anything to further
19 consideration of the claims at issue in front of this Court.

20 THE COURT: Is there anything else you want to add?

21 MR. GROTE: No, not unless there are any further questions.

22 THE COURT: There are not. Thank you.

23 MS. NEAL: Your Honor, may I have rebuttal?

24 THE COURT: You may.

25 MS. NEAL: Your Honor, you asked Mr. Grote what purpose

1 would be served by dismissing this action, only to have him
2 file the action tomorrow or later today.

3 Because the exhaustion process has to be completed, we
4 necessarily will be able to file for summary judgment on
5 exhaustion farther down the road. At that point, the action
6 still must be dismissed, which only serves to further the
7 expenditure of Judicial resources, only to have the same
8 result. It makes more sense and results in a cleaner procedural
9 history for a case if you dismiss at the earlier point and
10 allow the party to complete the grievance process and then file
11 their complaint.

12 It's clear from the case law that dismissal is mandatory,
13 which means that, we're going to get exhaustion farther down
14 the road, eventually. It makes more sense to do it now rather
15 than to proceed on with a Preliminary Injunction Motion and
16 additional discovery and pleadings, only to do the same thing.

17 THE COURT: So if I'm understanding you correctly here, the
18 thesis of your argument is, you're so sure you're going to be
19 successful on the exhaustion argument, we ought not to go any
20 further. Is that what you're telling me?

21 MS. NEAL: That is correct, Your Honor.

22 THE COURT: I understand your argument.

23 MS. NEAL: Further, Your Honor, there is Third Circuit
24 precedent, Oriyaki, requires and states very clearly that you
25 cannot cure the defect through an amendment, and you can't

1 complete the grievance process after the time that you file
2 your complaint.

3 So I would submit that's much more persuasive than the
4 Ninth Circuit case that you referred to, Your Honor.

5 THE COURT: What is the name of that case?

6 MS. NEAL: Oriyaki, 165 Federal Appendix 991. And that was
7 actually cited by Magistrate Judge Mehalchick in her Report and
8 Recommendation.

9 THE COURT: I'm familiar with the case. That's a Federal
10 Appendix case, non-precedential? That is correct, Your Honor,
11 but neither is the Ninth Circuit case.

12 THE COURT: Yes, it is. This is not an appendix case.

13 MS. NEAL: There are other Third Circuit cases and other
14 Middle District cases that have held the same thing.

15 THE COURT: I don't understand -- I think that *Cano v.*
16 *Taylor* is on point, and we will look at your cases to be
17 sure -- but I don't understand what purpose is served by me
18 dismissing this case today, knowing full well, as you do, as
19 Mr. Grote knows, as Mr. Boyle knows, that they're going to file
20 it again Monday.

21 MS. NEAL: The purpose that's served, Your Honor, is
22 complying with the clear language of 1997(e)(a), that's the
23 clearest purpose.

24 THE COURT: There's been exhaustion here. We both know that,
25 don't we?

1 MS. NEAL: Your Honor, one of the things --

2 THE COURT: Do we know there's been exhaustion here?

3 MS. NEAL: No. A completion of the grievance process --

4 THE COURT: Let me ask my question. I'm interested in your
5 answer, but I want my question heard.

6 There is no doubt that Mr. Abu-Jamal has filed his
7 grievances in this case and has gotten an answer. How can you
8 stand there and tell me there hasn't been exhaustion?

9 MS. NEAL: Because exhaustion requires more than just going
10 through the route. You have to also --

11 THE COURT: Requires more than what?

12 MS. NEAL: Going through the route, the grievance process.
13 You have to also clearly identify the individuals you're
14 complaining about.

15 THE COURT: You're quarreling with the substance, the
16 content of the grievance, are you not? You're saying it's not
17 broad enough, it doesn't say enough, it doesn't identify the
18 persons -- you're quarreling with the content of the grievance?

19 MS. NEAL: I am, Your Honor.

20 THE COURT: But that's a different question than whether
21 there's been exhaustion. I thought we understood each other at
22 the beginning that there was exhaustion here.

23 MS. NEAL: No, Your Honor.

24 THE COURT: Now, you're telling me it's not exhaustion?

25 MS. NEAL: Exhaustion requires complying with all of the

1 procedural requirements, it's not just taking it through the
2 three levels. It's doing it properly.

3 THE COURT: You changed your position between your first
4 argument and now. Do you want me to read it back?

5 MS. NEAL: Your Honor, I apologize. I'm not trying to be
6 difficult, what I am trying to do is make sure we both
7 understand each other clearly.

8 THE COURT: I understand you.

9 MS. NEAL: My position is you have to comply with all of
10 those requirements. It means having to request the relief and
11 identify the Defendants. And he, most definitely, has not
12 identified any of the individuals who were named in this
13 action. Certainly not Mr. Kerestes, certainly not Mr. Oppman,
14 certainly not Mr. Steinhart.

15 THE COURT: It all relates to the absence of a diagnosis and
16 what he claims, and what he asserts, what he asserts was a lack
17 of diagnosis and medical care.

18 Now, if you're telling me that, in the course of
19 exhausting, he needs to be precisely specific as to who is at
20 fault for the absence of the diagnosis and the absence of the
21 medical care, that, in my view, is a tortured view of what's
22 required of an inmate under the grievance system.

23 MS. NEAL: The grievance policy requires that you identify
24 the individuals involved, and he hasn't done that. He didn't
25 name anyone in that -- it's not a tortured requirement, because

1 Spruill and Woodford both say that you have to apply the
2 language of the grievance policy.

3 I understand where you're coming from on this, Your Honor,
4 you want to hear the serious allegations. But when 1997(e)(a)
5 was written, and as it has been applied since then, there are
6 other very serious allegations that are alleged in actions, but
7 the Courts have all acknowledged that you have to dismiss the
8 action, if they haven't completed the grievance process,
9 regardless of the types of allegations that are made in the
10 complaint.

11 THE COURT: But they have completed the grievance process,
12 Ms. Neal, we have already established that as to that
13 grievance, 516400, the exhaustion procedure -- the grievance
14 process has been completed. We have already established that,
15 you've agreed to that. It was exhausted.

16 MS. NEAL: It was completed but not prior to the
17 commencement of the action. I know at this point --

18 THE COURT: I understand that point. Any other rebuttal?

19 MS. NEAL: No, Your Honor.

20 THE COURT: Thank you. My thinking is that the appropriate
21 approach here is to go right into the factual issues involved,
22 in connection with the Preliminary Injunction, unless there's
23 an objection to that.

24 MS. NEAL: Your Honor, I would request a ruling on the issue
25 of exhaustion, before we move forward with the evidentiary

1 hearing.

2 THE COURT: You want a ruling right now?

3 MS. NEAL: Yes, Your Honor, I do.

4 THE COURT: Do you?

5 MR. BOYLE: No objection.

6 MR. GROTE: No objection.

7 THE COURT: All right, we will take a short recess then.

8 (At this time a recess was taken.)

9 THE COURT: I apologize for the delay. But the Defendants
10 have asked for a bench ruling and the Plaintiffs have expressed
11 their absence of objection to that approach.

12 Now, earlier in the proceedings, I made clear that, in my
13 view, the Ninth Circuit decision in *Cano v. Taylor* allows this
14 case to proceed on the basis of the amended complaint that was
15 approved by the Magistrate Judge, and in the oral argument that
16 followed, there was assertions that there were cases that were
17 contrary to that, and I asked for citations and I was given
18 those, and we have looked at those cases.

19 And it is my view that they do not directly contradict *Cano*
20 *v. Taylor*, that they were factually distinguishable, and in
21 many cases, procedurally distinguishable, as well.

22 While I reserve the right, Counsel, to file an extended
23 opinion, in the event there's an appeal here, let me just tell
24 you why I'm ruling how I'm ruling.

25 First of all, with respect to *Ahmed v. Dragovich*, we begin

1 with facts that are clearly different than those that I have
2 before me here. First of all, Ahmed failed to file an appeal of
3 his April 8, 1998 grievance to the final stages of prison
4 review, within the period prescribed by the applicable
5 regulation at that time, and, in fact, he didn't do so until
6 two months after the Court permitted him to file his lawsuit
7 IFP.

8 In addition to that, the Statute of Limitations on Ahmed's
9 claim had expired, by the time he sought to amend his
10 complaint. Clearly, not a fact in existence in this case.

11 In addition to that, Mr. Ahmed failed to timely appeal the
12 dismissal of his case by the District Court. In the course of
13 that, he admitted he did not file the necessary second step in
14 the Administrative Grievance Process within the time required.
15 Although, he did argue under the Nyhuis case that he had
16 engaged in substantial compliance and thus his grievance should
17 have been deemed exhausted or allowed to proceed.

18 That argument was rejected. The rejection, basically, was
19 in the following language with the Third Circuit, some of which
20 has been, I think, the basis for the arguments by the
21 Defendants here.

22 "Whatever the parameters of substantial compliance referred
23 to in the Nyhuis case, it does not encompass a second-step
24 appeal five months late nor the filing of a suit before
25 administrative exhaustion, however late, has been completed."

1 The Third Circuit wrote;

2 "It follows that Ahmed cannot cure the defect in his action
3 by the proffered amendment to his complaint."

4 Now, in this case, unlike Ahmed, exhaustion was completed
5 before the amended complaint was filed in this case on November
6 24, 2015. In addition, the Ahmed case was one where the
7 dismissal was for failure to exhaust, with an attempt to amend
8 his complaint after, after the entry of dismissal against him.
9 None of those facts are present in this case.

10 But more importantly and, perhaps, of greater significance
11 in this case is this. In Ahmed, the Plaintiff brought excessive
12 force claims in Federal Court, which had not been exhausted at
13 the time of the filing. He then sought to file an amended
14 complaint, once his excessive force claims had been
15 administratively exhausted.

16 Our case, again, is factually distinguishable. Mr.
17 Abu-Jamal did not bring his 8th Amendment medical care claims
18 in his original complaint, he only added the 8th Amendment
19 claims to his action in this Court via an amended and
20 supplemental complaint on November 24, once those claims had
21 been exhausted. Again, in my view, Ahmed is distinguishable.

22 Defendants cite Oriyaki v. U.S. Oriyaki brought suit in
23 2001 of April of that year. He didn't begin the Administrative
24 Review process until May of 2001. His administrative remedies
25 were not exhausted prior to the initiation of suit.

1 Now, once again, in our case, Mr. Abu-Jamal's grievance was
2 filed in April and accepted by the DOC and didn't file suit
3 until May of 2015.

4 So, again, in our case, we have the situation, as I
5 mentioned before, Mr. Abu-Jamal did not file his 8th Amendment
6 claim via the supplemental complaint until he had first
7 exhausted that claim via the grievance procedure, including, I
8 might add, the delayed receipt of his answer from DOC to the
9 final grievance appeal that he made.

10 Oriyaki, on the other hand, didn't even begin the grievance
11 process before he filed suit. That distinguishes, in my view,
12 distinguishes this case from this one, where again, Abu-Jamal
13 began the process and full exhaustion occurred before the
14 supplemental complaint was filed, as allowed by Magistrate
15 Judge Mehalchick.

16 And, in fact, it doesn't even appear, from my reading of
17 Oriyaki, that the Plaintiff in Oriyaki even attempted to file
18 an amended action in that suit. But more than that, following
19 the decision in Ahmed by 11 years and following the decision in
20 Oriyaki by 7 years, we have the Third Circuit decision, the
21 Third Circuit decision in Boone v. Nose, admittedly, a Federal
22 Appendix decision, as I remarked in connection with one of the
23 cases that counsel for the Defendant cited.

24 In that case, Boone amended and supplemented his complaint
25 to expand upon his original allegations and to add newer

1 developments and additional Defendants, and that's at 530
2 Federal Appendix at 113.

3 Now, in a footnote to that quote, the circuit said, and I
4 quote;

5 "The later complaint may be considered a supplement, as
6 well as an amendment, because it included allegations about
7 conduct taking place after the original complaint was filed.

8 Under the Prison Litigation Reform Act prisoners may file
9 supplemental complaints, if the claims in question;

10 "1. Have truly accrued since the beginning of the suit;

11 "And;

12 "2. Are exhausted pursuant to 42 USC 1997(e)(a), before the
13 supplement is filed."

14 Now, here again, in our case, we have Mr. Abu-Jamal's
15 complaints, beginning with his grievance indicating the failure
16 to treat hyperglycemia and asserting a failure and delay in
17 diagnostic care that caused him serious harm, with respect to
18 adverse reactions for his skin rash, and he indicates that this
19 failure to give diagnostic care to determine the underlying
20 cause is the basis for his grievance.

21 What we have, here, ladies and gentlemen, is Mr.
22 Abu-Jamal's medical claims as ongoing in nature since the date
23 of the filing of his initial grievance. He originally aggrieved
24 in April of 2015 about the medical staff's failure to treat and
25 diagnose his ailments and their symptoms. His medical

1 conditions were, apparently, so serious that shortly thereafter
2 in May, they resulted in his hospitalization at Geisinger
3 Medical Center and continued treatment thereafter, that he
4 alleges has either been ineffective or administered without a
5 proper diagnosis and analysis of his condition, including his
6 Hepatitis C, which SCI Mahanoy has been and is indisputably
7 aware of, and for which he claims no adequate treatment has
8 been administered.

9 Therefore, consistent with *Cano v. Taylor*, which I've
10 quoted before, and once again says;

11 "Claims that arose as a cause of action prior to the filing
12 of the initial complaint may be added to a complaint via an
13 amendment, as long as they are administratively exhausted,
14 prior to the amendment."

15 Based on my reading of the cases that I just discussed,
16 based on my reading of and the application of *Cano v. Taylor*, I
17 find that exhaustion has occurred in this case, and the
18 Magistrate Judge did not err in allowing the amended complaint
19 to be filed on November 24, 2015.

20 Now, counsel, that's the end of that for today. Let's get
21 into the Preliminary Injunction.

22 Now, if there's an appeal here, Mr. Boyle, by you, from the
23 denial of the Preliminary Injunction, the burden is on you.
24 Let's move.

25 MR. BOYLE: Thank you, Your Honor. Before calling the first

1 witness, I had a conversation with Defense counsel concerning
2 some exhibits, which we would like to move into evidence, which
3 may make the presentation of the witnesses go much smoother.

4 THE COURT: Very well.

5 MR. BOYLE: Plaintiff would be moving in what we have -- in
6 the Court's binder is -- behind binder no. 1, as Plaintiff's
7 Exhibit No. 1, which are excerpts from Mr. Abu-Jamal's medical
8 records. And we have expressed no objection to the Defendants
9 offering -- I don't know what their exhibit number is -- but
10 also excerpts from Mr. Abu-Jamal's medical records.

11 THE COURT: Are there objections to these exhibits?

12 MS. NEAL: No, Your Honor.

13 MR. BOYLE: Plaintiff would move Plaintiff's Exhibit No. 1
14 into evidence, which is medical records, and has no objection
15 to Defendant's introduction of their medical records, as well.

16 THE COURT: Very well. All right, so my understanding is
17 then we do not have, number one, any question as to the
18 authenticity of these documents nor as to their admissibility
19 under any rule of evidence, is that right?

20 MR. BOYLE: None from Plaintiff, Your Honor.

21 MS. NEAL: That is correct, Your Honor.

22 THE COURT: Proceed. If you have an opening statement, keep
23 it brief, but if you wish, you can make it.

24 (At this time Plaintiff's Exhibit No. 1 was admitted into
25 evidence.)

1 MR. BOYLE: Your Honor, Plaintiff submits that the
2 Magistrate Judge erred when she refused to issue the
3 Preliminary Injunction requiring that the Department of
4 Corrections treat Mr. Abu-Jamal's Hepatitis C. What we will
5 present to the Court is evidence both of irreparable harm and a
6 likelihood of success on the merits.

7 We will convey to the Court that the Defendants have been
8 fully aware that Mr. Abu-Jamal has a chronic active Hepatitis C
9 infection, that they refused to treat it, and that he has
10 suffered pain and a threat to his very life out of that failure
11 to treat.

12 We will be demonstrating this through evidence from several
13 witnesses. First, the Court will hear from Mr. Abu-Jamal, who
14 will describe his -- the development of the symptoms, which go
15 back to the late summer of 2014, how they worsened,
16 particularly, the skin condition, how he demanded medical care,
17 how it led to, at least, two periods of hospitalization, one at
18 Schuylkill, one at Geisinger Medical Center, and how it was not
19 until August of 2015 that the Defendants actually did what's
20 called a viral load test to determine that he had, in fact, an
21 active case of Hepatitis C. And this was after demands by Mr.
22 Abu-Jamal, through counsel, that such tests be performed.

23 He will testify, primarily, concerning the skin condition,
24 but there are also conditions which weren't readily apparent to
25 him because they appear in blood work. Most notably, he has

1 suffered from anemia of chronic disease, that, despite
2 batteries of tests, both at Schuylkill, at Mahanoy itself and
3 at Geisinger, the Department has been unable to determine the
4 underlying cause of that anemia.

5 And we will submit, and our expert, who I will summarize in
6 a moment, will opine is a direct result of the Hepatitis C. He
7 also developed Type 2 diabetes in early 2015 that was untreated
8 and led to an episode of him being unconscious on March 30th of
9 2015 and being rushed to the hospital.

10 Mr. Abu-Jamal will also describe some of the quote, unquote
11 treatment he did receive, which we will submit to the Court was
12 merely palliative but not a treatment for the underlying
13 disease. And he will describe his current condition at Mahanoy,
14 where he remains -- 16 months after developing the skin rash --
15 he remains in the infirmary at Mahanoy, still has to have
16 ultraviolet treatments once a week, Vaseline wraps, for a
17 condition that has not resolved.

18 What we will call, Your Honor -- and there will be other
19 evidence, as well -- our expert Dr. Joseph Harris who will
20 opine that Mr. Abu-Jamal's Hepatitis C should be treated, and
21 that's the appropriate standard of care. It's the appropriate
22 standard of care for two reasons, the evidence will show.

23 One, because now there is a drug that has a 90 to 95
24 percent cure rate for people with his genotype, that is,
25 genotype 1a, and that has become, we will submit to the Court,

1 the standard of care.

2 But the Court would not necessarily have to reach that
3 issue, because our expert will also opine that, in the highest
4 priorities for treatment under standards of care are
5 individuals with chronic Hepatitis C infection, but who also
6 suffer from what he will describe as severe extra hepatic
7 manifestations of Hepatitis C.

8 In Mr. Abu-Jamal's case, the skin condition, the anemia,
9 the diabetes all call for treatments, and he will opine would
10 likely resolve, if the Hepatitis C were treated. We will also
11 have -- he will also opine that there is a likelihood of
12 fibrosis, if not cirrhosis, in his liver, and for all of these
13 reasons, it falls below not only the standard of care but the
14 standard under the 8th Amendment, which we understand requires
15 irreparable harm and likelihood of success on the merits that
16 he be given this treatment.

17 We will also be calling, Your Honor, to give a complete
18 picture of the effect of the disease on Mr. Abu-Jamal, two of
19 his most frequent visitors, Dr. Suzanne Ross, who is a
20 psychologist, and Dr. Johanna Fernandez, who is a professor at
21 City University, who have seen him for years and who observed
22 the effects of the, most notably, the skin condition, but as we
23 later learned the results of the Hepatitis C, in their
24 interactions with him, from approximately August of 2014 up
25 until the present.

1 They will describe the way his skin looked, his demeanor,
2 the way it affected his ability to even have conversations,
3 because we think it's important that the Court get that whole
4 picture, in terms of how it would go to irreparable harm and
5 the need for injunctive relief.

6 So, essentially, Your Honor, subject to whatever might come
7 up in the course of the hearing, that is our case, and we are
8 ready to proceed. Thank you.

9 THE COURT: Thank you. Ms. Neal, do you wish to present an
10 opening statement?

11 MS. NEAL: In essence, Your Honor, this is a dispute between
12 physicians. There is no dispute and can be no dispute that Mr.
13 Abu-Jamal's skin condition is resolving. There is no dispute,
14 and you heard Mr. Boyle state, that Mr. Abu-Jamal has been
15 receiving treatment for the skin condition. In fact, he remains
16 in the infirmary where he is seen by medical staff on a daily
17 basis and physicians on a weekly basis.

18 The fact of the matter is that this boils down to a dispute
19 between the experts retained by the Plaintiff as to whether or
20 not the skin condition is extra hepatic with the specialist,
21 the hepatologist and the dermatologist that the Department has
22 consulted and engaged in the treatment process over whether
23 that's, in fact, the case.

24 Our experts who have reviewed it and have reviewed the
25 tests and had the tests done have said it is not extra hepatic,

1 they are unrelated.

2 The skin condition is resolving, the other conditions that
3 have been put forward, the anemia, have been found to be
4 unrelated. The fact of the matter is that when this all comes
5 down, Your Honor, this is a question about whether Mr.
6 Abu-Jamal should get the very best form of treatment right now
7 for his Hepatitis C condition.

8 There is not going to be any evidence sufficient to show
9 that the Court should issue a mandatory injunction for this
10 treatment, because there is no imminent risk. There is, at very
11 best, Your Honor, a possibility of a harm in the future. The
12 statistics will show, and our expert Dr. Cowan will testify to
13 this, that the likelihood of progression, from fibrosis to
14 cirrhosis, is very small for anyone, even off of medication,
15 even without any form of medication.

16 Given that, Your Honor, and the very high, high hurdle that
17 the Plaintiff must meet to obtain a mandatory injunction, even
18 in light of the Prison Litigation Reform Act, which requires
19 that you take into account the impact on the public and our
20 administrative processes. He simply can't meet that burden, he
21 hasn't met that burden. Thank you.

22 THE COURT: Thank you very much.

23 MR. DEMPSEY: Your Honor, would the Court hear from me for
24 just one second, so the record is clear as to why Geisinger is
25 not participating?

1 THE COURT: Sure.

2 MR. DEMPSEY: Your Honor, my name is Jack Dempsey. With
3 Suzanne Conaboy, we represent Geisinger Medical Center.
4 Geisinger, Judge, is also a Defendant in this action, but the
5 Court is here today on the Preliminary Injunction request, and
6 to be very clear, there is no request for Preliminary
7 Injunctive relief against Geisinger.

8 Mr. Boyle, in his opening comments to the Court, used the
9 phrase Defendants in a way that sounded more sweeping than I'm
10 sure he intended. In point of fact, there is no claim in this
11 case that the care Mr. Abu-Jamal received at Geisinger, which
12 ended in May, was anything other than appropriate.

13 And so we will move, in this case, for dismissal of
14 Geisinger. But we understand, Judge, that is not for today, and
15 so we are here present, on behalf of Geisinger, which
16 continues, at this point, to be a party, and so we expect not
17 to participate actively. We would, Judge, ask for copies of the
18 exhibits, which it sounds like Mr. Boyle has provided to the
19 Department of Corrections. I would like to have a copy, if I
20 may.

21 THE COURT: You certainly can.

22 MR. DEMPSEY: Thank you, Judge.

23 THE COURT: And I understand Geisinger's position.

24 MR. DEMPSEY: Thank you.

25 THE COURT: Thank you. Has Mr. Dempsey's comments generated

1 any request or any need to comment, Mr. Boyle?

2 MR. BOYLE: No, Your Honor.

3 THE COURT: Ms. Neal?

4 MS. NEAL: No, Your Honor.

5 THE COURT: All right, proceed.

6 MR. GROTE: Plaintiffs call Mumia Abu-Jamal.

7 M U M I A A B U J A M A L IS CALLED BY WAY OF
8 VIDEOCONFERENCE, AND HAVING DULY AFFIRMED, TESTIFIED AS
9 FOLLOWS:

10 THE WITNESS: I so affirm.

11 THE CLERK: Thank you. Please be seated.

12 DIRECT EXAMINATION

13 BY MR. GROTE:

14 Q. State your name for the record, please.

15 A. Mumia Abu-Jamal.

16 Q. When were you born?

17 A. April 24, 1954.

18 Q. How old are you today?

19 A. Sixty-one years.

20 Q. Where were you born?

21 A. Philadelphia, Pennsylvania.

22 Q. Are you currently incarcerated?

23 A. I am.

24 Q. Where at?

25 A. SCI Mahanoy.

1 Q. How long have you been at SCI Mahanoy?

2 A. Since December of 2011.

3 Q. Where were you, prior to your arrival at SCI Mahanoy?

4 A. SCI Greene in Western Pennsylvania.

5 Q. How long were you at SCI Greene?

6 A. Since January of 1995.

7 Q. Were you incarcerated prior to that, as well?

8 A. Indeed, I was.

9 Q. How long have you been incarcerated?

10 A. Almost 30 years.

11 Q. While you were at SCI Greene and prior to SCI Greene, what
12 were your conditions of confinement?

13 A. Up until December of 2011, I've been confined to solitary
14 confinement on death row at SCI Huntingdon and SCI Greene.

15 Q. Can you briefly give a description of what you mean by
16 solitary confinement?

17 MS. NEAL: Objection; relevance.

18 THE COURT: Mr. Grote, how is that relevant here?

19 MR. GROTE: Just to define what the term meant to the
20 Court, but we can proceed.

21 THE COURT: I think I understand. Sustained.

22 BY MR. GROTE:

23 Q. When you arrived at SCI Mahanoy, did you receive a medical
24 workup shortly thereafter?

25 A. I received a physical, what they call a physical.

1 Q. Did you learn anything, as a result of this physical?

2 A. I believe I was informed that I have Hepatitis C.

3 Q. Did medical staff explain to you what it meant to be
4 positive for Hepatitis C?

5 A. No.

6 Q. Were you informed of any symptoms of Hepatitis C to watch
7 for?

8 A. No.

9 Q. To your knowledge, was there any follow up?

10 A. No.

11 Q. Did you request any?

12 A. No. I didn't feel ill or sick or anything, no.

13 Q. So that's why you didn't request any?

14 A. That's about right.

15 Q. Mr. Abu-Jamal, how much do you weigh currently?

16 A. 225 pounds.

17 Q. What is your usual weight?

18 A. Between 270 and 275 pounds.

19 Q. Prior to January of 2014, how would you characterize your
20 own health?

21 A. Give me a date again, please.

22 Q. January 2014.

23 A. I would say I was healthy, prior to that. I was -- I
24 considered myself healthy, worked out.

25 Q. Did you have a history of skin conditions?

1 A. Very, very intermittent and small; very little.

2 Q. When you say, intermittent, what is the frequency you mean
3 by the term, intermittent?

4 A. Once, maybe, twice a year, I might complain to a nurse
5 about an itching area on my arm or my neck, something like
6 that.

7 Q. Did you have a history of diabetes, prior to this time?

8 A. No, no, no, no.

9 Q. Did you have any history of anemia that you were aware of?

10 A. Not to my knowledge, no.

11 Q. In 2014, did your health change?

12 A. Oh yeah, oh yeah.

13 Q. Can you describe how it changed?

14 A. I would say, roughly, around the summertime of 2014, I
15 began developing what I thought was a rash behind my knees. I
16 could feel it when I was out walking in the yard, and it got
17 progressively worse.

18 Q. How did it get progressively worse?

19 A. I bought, in the commissary, an anti-bacterial cream, and
20 when I applied it, it didn't seem to help, it seemed to worsen
21 and increase the swelling and the pain and other symptoms of
22 that area.

23 Q. Did you experience any other changes to your health, any
24 other symptoms, around this time?

25 A. I would say that would be my primary concern at that

1 period, unless you indicate something specific.

2 Q. What was your -- can you describe your general energy
3 level around the late summer 2014?

4 A. I began to gradually dissipate, but before that, I was
5 full of energy.

6 Q. Did you go to sick call, when you first noticed these
7 symptoms?

8 A. It took me a while to decide, but when I did, I did, and I
9 told them about the knees and any of my other concerns.

10 Q. Did your condition improve?

11 A. Briefly, it did. They gave me a cream, I think it was
12 Triamcinolone, but I'm not sure, it was a steroid cream. And
13 after a few weeks, the rash behind my knees vanished.

14 Q. Do you recall around what month this was?

15 A. I know it was the summer of 2014, I can't recall the date.

16 Q. So you said that it improved. Did the skin condition
17 return?

18 A. It did, it did.

19 Q. Can you describe that, please?

20 A. Well, it came back, and I would notice it most forcefully
21 in the shower, because of the incessant itching. When it came
22 back, it was over the back of my knees, the back of my thighs,
23 my back, the center of my back, and my arms. It was spreading,
24 clearly.

25 Q. And was this later in the summer or when was this that it

1 came back?

2 A. I think it was later in the summer of 2014.

3 Q. Were you having any issues with fatigue, at that time?

4 A. I was, and if I can explain.

5 Q. Please.

6 A. This itching was constant, so I would wake up in the
7 middle of the night, you know, scratching, so yeah, I was
8 fatigued and tired, because I'm used to sleeping all night
9 through.

10 Q. So throughout the rest of 2014, through December, can you
11 describe how your health progressed with these various symptoms
12 and any others that you had?

13 A. Everything just seemed to get worse and worse, no matter
14 what cream or drug or medication was described. Nothing eased
15 or cured the problem.

16 Q. If I can direct your attention and the Court's attention
17 to Exhibit 1, document A-3.

18 A. I see it.

19 Q. If you see towards the bottom, at the bottom of this
20 document, it says that you had severe eczema. Were you informed
21 that you had severe eczema?

22 MS. NEAL: Your Honor, I'm sorry, I do not have an A-3 in
23 my exhibit packet from Plaintiff. If they can direct me to the
24 Bates stamp number page, I can find it in my own exhibit.

25 THE COURT: That's true, Ms. Neal. My packet, as well, goes

1 from A-2 to A-4.

2 MR. BOYLE: You're missing A-3.

3 MR. DEMPSEY: Your Honor, also, we don't have this exhibit.

4 THE COURT: Show it to Ms. Neal.

5 THE CLERK: Yes, sir.

6 MR. GROTE: I apologize, Your Honor.

7 THE COURT: You can continue.

8 THE WITNESS: I think you asked was I informed that I had
9 severe eczema by the doctor here.

10 BY MR. GROTE:

11 Q. Yes, that was the question.

12 A. Yes, yes, I was. It appears I was given some cream, some
13 Bactrim or something.

14 Q. How, overall, did you feel around the end of 2014? How
15 would you describe your health overall?

16 A. Poor and getting worse.

17 Q. Were you in the infirmary or general population at this
18 time?

19 A. I think I was in population, but I can't be sure. I've
20 been in and out of the infirmary so long that my memory is
21 truncated and difficult to, you know, use with any precision.

22 Q. Do you recall having blood work done at this time?

23 A. I don't, actually.

24 Q. If I can direct your attention to January of this year
25 2015, did you experience any changes in your condition at this

1 time, around this time?

2 A. I can only say, generally, that while there may have been
3 better periods and worse periods, this was all a bad period.

4 Q. When you say bad, was your condition getting worse?

5 A. Yes.

6 Q. How so?

7 A. Continued itching. I don't see -- I can't read this
8 doctor's writing down there, but whatever they gave me, it
9 didn't work like the first time.

10 Q. And where, on your body, did it itch?

11 A. My knees, behind my knees, my torso, my chest, my back, my
12 neck, my arms, and it was spreading to my thighs.

13 Q. Where, on your body, was the skin rash around this time,
14 January 2015 or early 2015.

15 A. I believe, most of the areas I've mentioned.

16 Q. The ones you mentioned as being itchy was also ones where
17 the skin rash was present?

18 A. Absolutely, yeah.

19 Q. Do you recall if blood was taken at this time?

20 A. Are you talking about January?

21 Q. Sorry, I apologize. In January, February of 2015, was
22 blood taken?

23 A. I believe so.

24 Q. Were you ever told any results from the blood work that
25 you recall?

1 A. Not that I recall.

2 Q. If I can direct your attention to documents A-9 through
3 A-14.

4 A. I see them.

5 Q. Now, document A-9 indicates that you tested a glucose
6 level of 419 with blood collected March 6. Do you recall your
7 blood being taken around March 6?

8 A. I don't have an independent recollection of it, but it
9 obviously was done. I certainly don't recall being told about
10 it.

11 Q. But nobody informed you that your glucose level was 419?

12 A. No.

13 Q. If I could direct your attention to document 812. In
14 February of 2015, did anybody inform you that your glucose
15 level tested abnormally at 167?

16 A. I do not.

17 Q. And at document A-14, earlier in February, were you told
18 that your glucose level had tested abnormal at 106?

19 A. No.

20 Q. Prior to 2015, had you ever, to your knowledge, had
21 abnormal glucose levels?

22 A. Not to my knowledge, no.

23 Q. Do you recall discussions with doctors at SCI Mahanoy
24 about your skin condition in early 2015?

25 A. Yeah, I do.

1 Q. And what did they tell you about your skin condition?

2 A. They told me it was severe eczema and they couldn't
3 determine the cause thereof.

4 Q. Did they tell you if they had ever seen cases similar to
5 yours?

6 A. Two doctors said they had never seen cases as severe as
7 mine. Dr. Khanum and Dr. Lisiak.

8 Q. Both doctors working at Mahanoy?

9 A. That is correct.

10 Q. By March of 2015, how much of your body would you say was
11 estimated -- or was covered by the skin rash? If you can just
12 describe the parts, again, as it progressed.

13 A. It's easy to say what parts were not covered, that is to
14 say, my face, most of my hands and my feet were not covered,
15 but my trunk, my thighs, back of my thighs, front of my lower
16 extremities, my entire torso, front and back, shoulder, neck,
17 back of my ears, my arms.

18 Q. Can you describe, how did your skin look?

19 A. It didn't look like skin. When I went on a visit, I would
20 try to joke with people and say it was dinosaur skin. One of
21 the doctors here said it looked like elephant skin. It didn't
22 look like skin.

23 It was swollen, scarred, hairless, extremely dark,
24 hyperpigmentation. Didn't look like human skin to me.

25 MR. GROTE: We would like to enter into evidence pictures

1 in the exhibit binder at Exhibit 6 and 7, and we would like to
2 show these to Mr. Abu-Jamal by holding them up to the camera,
3 if possible, to ask if they were accurate reflections of his
4 condition at this time.

5 THE COURT: Any objection?

6 MS. NEAL: I don't think he has laid the proper foundation
7 for that, Your Honor.

8 THE COURT: Well, you can ask Mr. Abu-Jamal if they're fair
9 and accurate representations of what he looked like, at the
10 time the photographs were taken. That would be a sufficient
11 foundation. Do you have anything else you would like him to
12 inquire on, Ms. Neal?

13 MS. NEAL: The date on which they were taken and where.

14 THE COURT: Fine. Go ahead.

15 MR. DEMPSEY: Your Honor, I respectfully request a copy of
16 these exhibits.

17 THE COURT: You'll get all of the exhibits that are
18 introduced into evidence.

19 MR. GROTE: Do we hold them up in front of the camera
20 there, because he doesn't have these pictures there?

21 THE COURT: I'm not sure. Ask your foundational questions,
22 Mr. Grote.

23 BY MR. GROTE:

24 Q. Mr. Abu-Jamal, are these photographs being held up to the
25 camera now accurate representations of your skin condition at

1 that time?

2 A. Yes.

3 THE COURT: Indicate, if you would, for the record, please,
4 who took those photographs and when.

5 MR. GROTE: These photographs were taken sometime in March
6 or April in the visiting room at SCI Mahanoy. I'm not
7 specifically sure who took those pictures.

8 THE COURT: Do you have an objection?

9 MS. NEAL: I would object to the pictures, frankly, Your
10 Honor, as irrelevant. The question, today, is whether he's at
11 imminent risk of harm now. These pictures are so far back in
12 time that there's been no assertion that Mr. Abu-Jamal looks
13 like that now, and, additionally, they're purely inflammatory
14 and prejudicial.

15 There's no probative weight as to the Preliminary
16 Injunction that's before the Court today.

17 THE COURT: All right, so what I hear is a changing basis
18 for your objection. First of all, do you have a foundation
19 objection to their introduction?

20 MS. NEAL: I'm sorry. No, Your Honor.

21 THE COURT: All right, you're claiming they're irrelevant
22 because they were taken at a time that, in your view, is not
23 representative of his condition now?

24 MS. NEAL: That is correct, Your Honor.

25 THE COURT: Overruled.

1 BY MR. GROTE:

2 Q. In addition to the rash and the itchiness that you've
3 described January, February and March of 2015, what other
4 health symptoms do you recall having at that time, if any?

5 A. The loss of energy that I had mentioned. The loss of
6 energy wasn't just the loss of physical energy, it was the loss
7 of mental energy. The term I've used, I was wool gathering a
8 lot, because I was not sleeping, and I was trying to, like, go
9 to the gym, do what I needed to do throughout the day, read,
10 write. Because I was not sleeping as I was before, I noticed a
11 lot of mental loss, dissipation.

12 I call it wool gathering. I would be sitting for hours
13 thinking about things to do but lacking the energy to get up
14 and do them.

15 Q. Did this affect your memory, at all?

16 A. I'm certain that it has affected my memory remarkably.

17 Q. Did you have other symptoms at this time?

18 A. I remember frequent urination, pains in my feet. I would
19 say that kind of covers it.

20 Q. Did you have experience with swelling at this time?

21 A. I can't relate it in terms of date, but I know when I was
22 taking medications prescribed by the medical staff,
23 Cyclosporine, Clindamycin, Prednisone, every time I would go up
24 to the sick call window to receive medication, they give you a
25 cup of water, you drink with the medication to make sure you

1 take the medication, I would turn around and walk out, maybe,
2 15, 20 feet to the doorway because there's a line, right, by
3 the time I got to that doorway, I could feel myself swelling.

4 I would feel it in my arms, like there was a coat on me, I
5 would feel it around my waist, I felt it everywhere, and it
6 just continued. I remember thinking about it and saying, Well,
7 the doctors know what they're doing. But it felt like I had
8 three coats on instead of one, and I began walking around like
9 lifting my chest so I could breath easier.

10 That swelling continued every time I took those
11 medications.

12 Q. When you say, so you could breathe easier, did you have
13 difficulty breathing?

14 A. I don't think it was conscious, and I look back and see
15 myself and how others have described me, and I recognize now
16 that, or months later that, what I was doing was kind of
17 elevating my chest to ease my breathing. So that I could like,
18 you know, do what I had to do during a day.

19 But the swelling was remarkable. Virtually, from the top
20 of my head to my feet.

21 Q. And you mentioned difficulty sleeping. Why were you having
22 difficulty sleeping?

23 A. I had difficulty sleeping because of the incessant
24 itching. I would wash up, put on the Triamcinolone cream across
25 my back, chest, bottom, legs, thighs, arms, and I would go to

1 sleep. And by 2:30 in the morning, I would be hit by a wave, a
2 wave of itching that would not stop. So it woke me up. I would
3 scratch myself -- I know I shouldn't scratch myself, I had been
4 told that by the doctors, but I would put on that cream and it
5 would do nothing to dissipate or ease the itching.

6 The only thing that gave me a moment's peace, and only a
7 moment, was to scratch, because it felt like -- and I would
8 literally scratch myself bloody. I could not sleep.

9 Q. I would direct your attention to March 30, 2015. What, if
10 anything, happened that day?

11 A. I believe that's the day I reported to the infirmary and
12 told one of the doctors there that I felt very weak, and I
13 believe I later learned, let me say that, because I don't have
14 an independent memory of this, I learned that I fell down and I
15 was taken to the hospital.

16 I don't remember going to the hospital, I don't remember
17 falling out, I only remember waking up in the hospital.

18 MR. GROTE: May I have a moment, Your Honor.

19 BY MR. GROTE:

20 Q. What hospital did you wake up in?

21 A. Schuylkill Medical Center.

22 Q. What were you told about what had happened?

23 MS. NEAL: Objection; hearsay.

24 THE COURT: Mr. Grote.

25 MR. GROTE: I'm asking what he was told by medical staff

1 who were contracted with the Department of Corrections to
2 provide treatment, so what he was informed by staff, as part of
3 the care he received in being told about his medical condition.

4 THE COURT: Still hearsay; sustained.

5 BY MR. GROTE:

6 Q. What did you understand to be the cause of your losing
7 consciousness that day?

8 MS. NEAL: Objection. It's still hearsay.

9 THE COURT: He hasn't asked for anyone's statement to him.
10 Overruled. Go ahead.

11 THE WITNESS: I was informed that I was diabetic, and
12 shockingly so, and that it would change --

13 MS. NEAL: Objection. He's now giving the statement that --

14 THE COURT: I understand. Mr. Grote, you're going to have
15 to rephrase your question so as to elicit Mr. Abu-Jamal's
16 understanding without, also, eliciting hearsay statements from
17 persons who are not Defendants in this case and, therefore,
18 those statements which would be admissions against interest.

19 BY MR. GROTE:

20 Q. Mr. Abu-Jamal, I'm going to ask you about your
21 understanding of your condition at that time, and if you could
22 answer that question without stating anything that was said by
23 anybody else or, you know, whether anybody informed you of this
24 Do you understand?

25 A. I do.

1 Q. What did you understand to be the cause of your losing
2 consciousness that day?

3 A. Diabetes that had sent my blood sugar to very dangerous
4 levels.

5 Q. Prior to being hospitalized on March 30, had you ever been
6 told your blood sugar was abnormal?

7 A. No.

8 Q. I'm going to direct your attention to document A-18.

9 A. I see it.

10 Q. The progress notes for March 30 indicates that you weighed
11 184 pounds. Is that an accurate representation of how much you
12 weighed at that time?

13 A. Yes.

14 Q. Can you state, again, what is your usual -- what was your
15 usual weight, prior to this time?

16 A. 270, 275.

17 Q. So had you been losing weight?

18 A. I had been losing weight, yeah. Yeah, I thought a lot of
19 it came from me working out.

20 Q. Can you describe what it felt like to have lost so much
21 weight?

22 A. I felt foreign in my body, I felt like -- I felt -- well,
23 I felt weak and, like, I was in the wrong body almost.

24 Q. How long were you in the hospital?

25 A. I believe, to the first of April, but in my mind, I guess,

1 because I slept so much and I kept going in and out, didn't
2 seem longer than a day, but I'm told it was two or three days.

3 Q. I'd direct your attention to document A-20.

4 A. I see it.

5 Q. If you could take a moment and review the provision and
6 final diagnosis on that document.

7 A. Oh, okay. I see it, although, I don't understand a lot of
8 these terms.

9 Q. Did you understand, at Schuylkill Medical Center, that you
10 had diabetes mellitus, new onset, type undetermined.

11 A. Yes.

12 Q. Did you understand that you had suffered acute kidney
13 injury?

14 A. Yes.

15 Q. Did you understand that you were suffering from anemia
16 pneumocytic?

17 A. Yes.

18 Q. Did you understand that you had experienced encephalopathy
19 secondary to hyperglycemia.

20 A. I learned that later, reading documents, but I think that
21 explains my wool-gathering period. My mind was not clear.

22 Q. Were you still suffering from the skin rash, at the time
23 that you went to the hospital?

24 A. Oh, yes, yes, yes.

25 Q. When you returned to SCI Mahanoy from Schuylkill Medical

1 Center, where were you housed?

2 A. I'm fairly certain I was in the infirmary.

3 Q. What symptoms did you experience, after your episode that
4 required hospitalization at Schuylkill Medical Center?

5 A. Extreme weakness. I remember waking up the next day, when
6 I got to Mahanoy, and the confusion extended to me -- you know,
7 I woke up in the infirmary at Mahanoy, and I thought I was
8 still at the hospital. I mean, it doesn't look the same, but
9 something in my mind kind of told me I was still at the
10 hospital.

11 I remember trying to get up to go to the bathroom, and I
12 noticed I didn't have shackles on my ankles, so I must have
13 been back at the prison. I tried to get up, I sat on the side
14 of my bed, stood up, and my feet just went like this
15 (indicating), and I slid down to the floor.

16 I could not walk one step. I couldn't rise because my arms
17 were too weak, I couldn't walk because my legs were too weak,
18 so I tried to pull myself using my hands to the toilet, and I
19 couldn't, I just simply didn't have the strength. So I laid
20 there. I laid there. Maybe 20, 25, 30 minutes until one of the
21 prison workers came by and alerted somebody, and the worker and
22 a guard came in and a nurse and helped me up, but that's my
23 first memory of coming back from Schuylkill Medical Center.

24 Q. You expressed that you felt extreme weakness and
25 tiredness. Do you recall how long that lasted, upon your return

1 from the hospital?

2 A. How about too long. I can't tell you how many days, how
3 many weeks, even how many months, but it lasted. It lasted, it
4 lasted. There wasn't one day.

5 Q. Upon your return to SCI Mahanoy, when you were in the
6 infirmary, do you recall how you spent your time, when you were
7 in the infirmary?

8 MS. NEAL: Objection; relevance.

9 THE COURT: How is it relevant?

10 MR. GROTE: It shows the impact of the episode of diabetic
11 shock and the other ongoing conditions he had on his ability to
12 perform daily activities and just life functions.

13 THE COURT: I'll allow it.

14 THE WITNESS: I slept a lot, I slept a lot. I woke for
15 food, medications, and, you know, when somebody came by and,
16 you know, wanted to talk or something, but I did a lot of
17 sleeping.

18 I didn't do much reading, writing, I didn't
19 have -- literally, my hand could not hold the pen to write
20 properly, so I think more than anything, I probably slept.

21 BY MR. GROTE:

22 Q. I'm going to direct your attention to document A-38. Do
23 you see the note from April 11, where it indicates;

24 "No longer has blood in his urine."

25 Do you recall having blood in your urine?

1 A. No, I actually don't. I don't see it, actually.

2 Q. There's a couple entries for 4/11.

3 A. I see it here, yeah.

4 Q. Were you ever informed that you had had blood in your
5 urine?

6 A. If I was, I don't recall.

7 Q. Was your mobility affected -- your ability to walk
8 affected at this time?

9 A. Oh, yeah, yes.

10 Q. Can you describe how?

11 A. I'm trying to think back to that time. I believe this was
12 the period where I tried to -- Dr. Lisiak asked me to try to
13 walk, so I tried to walk as much as I could, but I really had
14 incredible pain in my knees, and I remember discussing it with
15 him and other nurses.

16 But the pain was like nothing else, it was like each step
17 was a painful episode.

18 Q. Did you use anything to assist you in getting around and
19 for mobility?

20 A. Back in the infirmary, you're asking?

21 Q. Or whenever you would go elsewhere in the prison.

22 A. In the infirmary, I didn't use anything, but Dr. Lisiak,
23 any time I went for a visit or left the unit, I would have to
24 use a wheelchair.

25 Q. I'm sorry, go on.

1 A. I objected, but he said, Look, I don't want you falling
2 off the unit, so, you know, he was the physician in charge,
3 that was the rule. So every time I went to a visit, and I can't
4 say how long this lasted, but every time I went to a visit, I
5 was in a wheelchair.

6 Q. Can you describe what that experience was like?

7 A. Painful. I didn't know wheelchairs were painful until I
8 began sitting in them. Painful to your backside, your whole
9 body, you know, painful to me, but also, I think, painful to
10 friends and family that came up to see me, seeing me in that
11 condition.

12 Q. What was the condition of your skin, after you had
13 returned from the hospital?

14 A. Unchanged and worsening, I think.

15 Q. What treatment, if any, were you given for your skin
16 condition at this time?

17 A. Only thing I can think of is, maybe, Triamcinolone cream,
18 Aristocort. That's all I can think of.

19 Q. Were these effective?

20 A. No, no, no.

21 Q. Do you recall occasions around April, May of 2015 when you
22 would have told medical staff that you were doing, quote, fine
23 or good.

24 A. I probably said that a lot. Often, because I wanted to be
25 fine, I wanted to be better.

1 Q. Can you just describe what you meant by those responses?

2 A. If you check my record, I know what you'll find is me
3 saying, I'm fair to minimum. For me, that's, you ain't where
4 you want to be and you want to be better, but you're fair and
5 you're getting there, you're working towards that. You ain't
6 good and you could be worse. But you're fair, you're fair. Fair
7 to minimum.

8 For me, it's interchangeable to saying, I'm good, or, I'm
9 fine. Fair to minimum.

10 Q. If I can direct your attention to May 12, 2015, what, if
11 anything, happened that day? Excuse me. Can I also direct your
12 attention to document A-45?

13 A. A-45. Is this elevated blood pressure or --

14 MS. NEAL: Objection.

15 MR. GROTE: I'll ask the questions.

16 BY MR. GROTE:

17 Q. It's docket number at the top, 51 of 111.

18 A. I see it.

19 Q. And at the bottom, it talks about on 5/12/15, about
20 halfway down a little more;

21 "Had acute changes in skin after showering."

22 Do you recall that?

23 A. I do, yeah, yes, yes.

24 Q. Can you describe what happened on that day?

25 MS. NEAL: Your Honor, I'm going to object to these leading

1 questions. Mr. Grote is reading the document into the record
2 and then asking Mr. Abu-Jamal to agree to it.

3 THE COURT: I don't think Mr. Grote is prohibited from
4 making reference to a notation in a document we have already
5 agreed is in evidence. Obviously, the question has to be more
6 than, really, an affirmation of what it says, but it certainly
7 can be a spring board for a question by Mr. Grote.

8 So Mr. Grote, obviously, when you make reference to some
9 statement in the medical records that has been admitted, I
10 would expect the question directed to Mr. Abu-Jamal that asks
11 something beyond what this says.

12 MR. GROTE: Understood, Your Honor.

13 THE COURT: Before we go any further, ladies and gentlemen,
14 are you cold? All right, I apologize. Let's see if we can do
15 something about it, Mr. Gaughan. Let's continue.

16 BY MR. GROTE:

17 Q. Mr. Abu-Jamal, can you describe what happened May 12,
18 2015?

19 A. That was the morning I was in my cell at the infirmary.
20 The cell has a shower in it. I remember taking a shower, and
21 towards the end of the shower, I was washing my lower legs, I
22 felt what seemed to be a sloughing of skin. I had never felt
23 that before, so I was concerned. I looked, I immediately got
24 out of the shower, and I looked again, and instead of the
25 sloughing skin, I saw bubbles on my skin, big blisters,

1 actually, from my knees to my ankles, on the front part of my
2 lower legs.

3 I pushed the button in the cell to contact the desk and
4 alert medical staff. Dr. Lisiak came in, Brenda, the infectious
5 disease nurse, came in, and they saw my legs.

6 Q. What did your legs look like?

7 A. Subjectively they looked horrible. They looked like a
8 field of skin bubbles, blisters. From a quarter-inch to some
9 bigger, and they covered the complete area from my knees down
10 to my feet. It wasn't pretty.

11 Q. Do you still have marks on your legs from those lesions?

12 A. I do, I do. They're more like scars or lesions from that
13 day.

14 Q. Where did you go that day?

15 A. I went to SCI Geisinger(sic), I was transported in, I
16 guess, about an hour. So SCI Geisinger -- not SCI Geisinger --
17 Geisinger Medical Center.

18 Q. What did you understand was the reason you were taken to
19 Geisinger?

20 A. I think, the blisters and lesions, but also my skin
21 condition overall, which was worsening and not getting better
22 by the treatment at SCI Mahanoy.

23 Q. What happened, while you were at Geisinger Medical Center?

24 A. The dermatologist controlled the case, a Dr. Prickett.
25 They took me up to a room and assigned what they called a 4x4

1 treatment. Wet wipes, they used Triamcinolone cream or
2 Aristocort, every four hours, they would cleanse my body, cover
3 it with this steroid cream, wrap it in wet gauze from my
4 ankles up to my neck, and then wrap it with dry gauze. It might
5 have been wet gauze, dry gauze, but both of them, and my whole
6 body was covered in these bandages.

7 Q. And how long were you at Geisinger?

8 A. From the 12th to the 19th, I believe.

9 Q. Did you receive this steroid wrap the entire time you were
10 there?

11 A. No, I believe -- I went up on a Tuesday, I believe, and I
12 think three or four days into it, they stopped, so maybe a
13 Thursday or Friday, they stopped, and they went to -- instead
14 of the 4x4, and that's every four hours, morning and night,
15 they would change it. Instead of the 4x4, they changed it to
16 Vaseline 12x12, meaning, 9:30 in the morning, 9:30 at night,
17 twelve hours in between.

18 And they applied the same wrapping, but not over the
19 steroid cream. It's Vaseline.

20 Q. Did that help the skin?

21 A. Yeah, yeah. I discovered that it lifted the rash -- or I
22 say, suppressed the rash.

23 Q. Why do you say it suppressed?

24 A. Because I don't feel that they cured it, they suppressed
25 it, I think, the steroid and the wraps working together, you

1 know, being constantly on my body, inhibited the eruption of
2 rashes on my skin.

3 Q. Were any tests conducted, while you were at Geisinger?

4 A. Oh, my goodness, every day, there were tests, there were
5 blood tests, there were three and four and sometimes five vials
6 of blood, they have a little something, I don't know, a little
7 something that they would use to extract blood from your
8 fingers. I don't know what the instrument is called.

9 They did, at least, two biopsies, did an endoscopy,
10 colonoscopy, seemed like all they did was tests at Geisinger.

11 Q. Where were the biopsies taken from at Geisinger?

12 A. Geisinger's biopsies were under my right arm and then
13 under my left arm to check for lymphoma, I believe.

14 Q. And prior to going to Geisinger, had any biopsies been
15 conducted at Mahanoy?

16 A. Two had been conducted of my forearms, my right forearm
17 and left forearm, by Dr. Saxon.

18 Q. Prior to those skin biopsies being taken by Dr. Saxon, had
19 anybody recommended that a biopsy be taken?

20 A. Yes.

21 MS. NEAL: Objection; leading and hearsay .

22 THE COURT: Just a moment, sir.

23 MS. NEAL: Leading and hearsay.

24 THE COURT: I don't think it's leading. Read the question
25 back.

1 (At this time the reporter read back the referred-to
2 portion of the record.)

3 THE REPORTER: "QUESTION: Prior to those skin biopsies
4 being taken by Dr. Saxon, had anybody recommended that a biopsy
5 be taken?"

6 THE COURT: Overruled.

7 THE WITNESS: Dr. Weinstein had recommended that these
8 biopsies be taken.

9 BY MR. GROTE:

10 Q. Who is Dr. Weinstein?

11 A. We called him a consulting physician, an outside physician
12 who was helping on the case.

13 Q. Who was he consulting with?

14 A. He was consulting with you, co-counsel and myself.

15 Q. Now, were you told of the results from the tests taken at
16 Geisinger and the skin biopsies taken at SCI Mahanoy?

17 A. Say again, please.

18 Q. Were you told of the results of the skin biopsies at SCI
19 Mahanoy and the tests taken at Geisinger Medical Center?

20 A. Yeah, after sometime, I learned the results of the
21 biopsies, both at Mahanoy and Geisinger.

22 Q. What did you learn about those results?

23 MS. NEAL: Objection; hearsay.

24 THE COURT: Is this a situation where you're directing
25 questions that would have been addressed by officials at SCI

1 Mahanoy or physicians there?

2 MR. GROTE: Yes, that's how they would have been --

3 THE COURT: Rephrase your question and direct it to that.

4 Overruled.

5 BY MR. GROTE:

6 Q. What did you understand were the results of the tests that
7 were taken at Geisinger and the skin biopsies at Mahanoy?

8 A. That all of them were negative for cancer or lymphoma, and
9 the arm biopsies or forearm biopsies indicated eczema with
10 psoriasis.

11 Q. Did you understand, at this time, in May --

12 THE COURT: From whom -- did that come from the doctors at
13 SCI Mahanoy? That's the question I want answered.

14 MR. GROTE: Some of the tests were conducted by Geisinger
15 but how the information got to him?

16 THE COURT: How it was relayed to him.

17 MR. GROTE: You want me to ask him that?

18 THE COURT: Yes.

19 BY MR. GROTE:

20 Q. Was that information about those test results relayed to
21 you by doctors at SCI Mahanoy?

22 A. That is correct.

23 THE COURT: Thank you.

24 BY MR. GROTE:

25 Q. In May 2015, did you understand yourself to be suffering

1 from anemia?

2 A. Yes.

3 Q. While you were at Geisinger Medical Center, did the
4 subject -- was Hepatitis C addressed, in any way?

5 A. It was noted, and, you know, doctors would ask, like, when
6 we were talking, they would say, You're Hepatitis C positive,
7 right? But other than this kind of discussion, there was no
8 further discussion.

9 Q. Was it your understanding that a Hepatitis C workup should
10 be conducted?

11 A. Yes, yes, yes, under Dr. Weinstein's consultation. He
12 certainly said that was necessary to find out the state of the
13 Hepatitis C.

14 MS. NEAL: Objection.

15 THE COURT: That answer went beyond the scope of your
16 question and your objection is sustained.

17 MR. BOYLE: One moment, Your Honor.

18 BY MR. GROTE:

19 Q. If I can direct your attention to document A-60.

20 MS. HENDERSON: Your Honor, would it be possible to --

21 MR. GROTE: Your Honor, the witness has to use the
22 bathroom.

23 THE COURT: Sure. This might be a good time for a break for
24 the same purpose for everyone else. Fifteen minutes, will that
25 do it?

1 THE WITNESS: Fine, thank you, sir.

2 (At this time a recess was taken.)

3 THE COURT: Mr. Grote, are you ready to proceed?

4 MR. GROTE: Yes, Your Honor.

5 BY MR. GROTE:

6 Q. I'd like to direct your attention to A-60, Mr. Abu-Jamal.

7 A. Yes, sir.

8 Q. If I can direct your attention about three-quarters down
9 the page.

10 A. I see it.

11 Q. Did you ever have a Hepatitis C workup following your
12 release from Geisinger? Or let me rephrase, please.

13 In May 2015, did you have a workup for Hepatitis C upon
14 release from Geisinger?

15 A. I did not.

16 Q. Did you learn what a Hepatitis C workup was?

17 A. After discussion on the matter, yes.

18 Q. What was your understanding of what a Hepatitis C workup
19 would consist of?

20 A. It would determine whether the disease was active in your
21 blood stream and the level or level of the virus in your
22 system, viral load.

23 Q. After your release from Geisinger, were requests made for
24 you to obtain a Hepatitis C workup?

25 A. Yes.

1 Q. By whom?

2 A. By myself and by my counsel, you.

3 Q. When you returned from Geisinger to SCI Mahanoy, can you
4 describe your condition?

5 A. Upon return, I was, apparently, rash-free, the rash had
6 dissipated from most of my body.

7 Q. Did you remain rash-free?

8 A. No, no. I can't tell you how much time it was, but it
9 makes sense that several weeks thereafter, I began feeling and
10 then seeing a resurgence of the rash.

11 Q. Can you describe what your skin looked like, when the rash
12 returned?

13 A. Yes. When it returned, it looked like it had been before I
14 went to Geisinger.

15 Q. Where, on your body, did the rash return?

16 A. On my chest, on my back, on my backside, my thighs, my
17 arms, my neck, my ears, top of my head, yeah, lower legs, as
18 well.

19 Q. Where, in the prison, were you housed at this time?

20 A. In the infirmary, in another cell in the infirmary.

21 Q. Did you have visits at this time?

22 MS. NEAL: Objection.

23 THE COURT: Just a minute. What's the relevance of the
24 question, whether he had visits?

25 MR. GROTE: His mobility and moving to and from visits and

1 his condition on those visits.

2 THE COURT: All right let's not get too far in the visits
3 then. He had visits, let's move on.

4 MR. GROTE: Yes, Your Honor.

5 BY MR. GROTE:

6 Q. Are you still housed in the infirmary?

7 A. I am.

8 Q. Since your return from Geisinger, have you been housed
9 anywhere except the infirmary?

10 A. No.

11 Q. In addition to the skin condition when you returned from
12 Geisinger, what other health symptoms were you experiencing?

13 A. Energy demerits, pain in my legs, my ankles, difficulty
14 walking, painful to walk.

15 Q. Were there any other conditions that you were
16 experiencing, in addition to those?

17 A. Itching, itching.

18 Q. Where did you itch?

19 A. Where didn't I itch? Everywhere, yeah. Itchy.

20 Q. In May and June 2015, how did the itching affect your
21 daily life?

22 A. It again interrupted my sleep, and because I could not
23 sleep, it dissipated my energy, yes.

24 Q. Were you given any treatment for your skin at this time?

25 A. Upon return from Geisinger, staff essentially did the same

1 wraps as they did in Geisinger, using Vaseline as opposed to
2 Triamcinolone cream. That continued for several weeks. I
3 believe that shortly after returning from Geisinger, the baths
4 were introduced, tri-weekly baths.

5 Q. Did the wraps and the baths offer any relief to your skin
6 condition?

7 A. Yeah, but temporary. I continued to itch. I would take the
8 bath and suffer -- no, I would take the bath and experience
9 considerable relief, but at the afternoon of those days, when I
10 dried, the itching would continue, so I would have to reapply
11 Vaseline and Triamcinolone cream, if I had any, but it was
12 temporary relief.

13 Q. Do you know a man named Joseph Harris?

14 A. Dr. Joseph Harris is known to me, yes.

15 Q. Who is he?

16 A. He's an internist in New York City.

17 Q. Have you ever met Dr. Harris?

18 A. I've met him several times.

19 Q. What happened during your first visit with Dr. Harris?

20 A. Dr. Harris did a visual examination of me, felt my neck,
21 examined my feet, my toe nails, my lower extremities and asked
22 me quite a few questions.

23 Q. Do you recall when this first visit was?

24 A. I cannot. Several months ago, but I can't say, like, June
25 or -- it has been several months.

1 Q. Did you continue to request a Hepatitis C workup?

2 A. Yeah, I talked to doctors, I mentioned it to nurses, wrote
3 request slips to the medical staff requesting a Hep C workup. I
4 talked to the people who were drawing blood, so I continued,
5 yeah.

6 Q. Did your lawyers begin to request -- continue to request a
7 Hepatitis C workup?

8 A. That is correct, yes.

9 Q. Was a Hepatitis C workup eventually performed?

10 A. Yes, it was. I can't tell you the month, but I remember it
11 was done as a result of blood that was taken.

12 Q. What were the results of this test?

13 A. I was informed that the Hepatitis C had a viral load of
14 they told me 85,000 and, therefore, was active.

15 MS. NEAL: Your Honor, it's redundant. I'm sorry, but these
16 records have already been introduced into evidence. To have Mr.
17 Abu-Jamal simply read them in is repetitive and not necessary.

18 THE COURT: Mr. Grote.

19 MR. GROTE: He's not reading records into evidence, he's
20 testifying about when and how he learned of his health
21 conditions that are at issue in this case.

22 THE COURT: Is his testimony at variance with the records?

23 MR. GROTE: In this regard, no, they're not.

24 THE COURT: I'll allow it. Go ahead.

25 BY MR. GROTE:

1 Q. What did you understand it meant that your Hepatitis C was
2 active?

3 A. It was moving throughout my blood stream and, therefore,
4 to have deleterious effects upon my health.

5 Q. Did you request treatment for your Hepatitis C?

6 A. I did, on several occasions. I spoke to doctors and even
7 nurses about treatment, because I saw these commercials on TV
8 that could cure Hepatitis C.

9 Q. What was your understanding, as to whether or not the
10 Department of Corrections would provide you with Hepatitis C
11 treatment?

12 A. I was informed that I was too healthy and my numbers were
13 too low, that my viral load was too low to allow the DOC to
14 approve Hepatitis C treatment.

15 Q. Were there any other reasons given as to why you would not
16 receive treatment?

17 A. Yes, that it cost too much money.

18 Q. Who informed you of this?

19 A. Dr. Robel, my treating physician, physician in charge at
20 the infirmary.

21 Q. And around when did he inform you of this?

22 A. He has done it on several occasions, most recently, the
23 first week in December 2015. I can't name the month that he
24 told me this the first time, but he and Dr. Saxon said that --

25 MS. NEAL: Objection; hearsay.

1 THE COURT: Just a moment, Mr. Abu-Jamal. Mr. Saxon is a
2 Defendant in this case?

3 MR. GROTE: Correct.

4 THE COURT: Overruled. Go ahead.

5 THE WITNESS: Thank you. He and Dr. Saxon informed me that
6 the DOC couldn't make a decision, didn't want to make a
7 decision, but it was too costly. This was what Dr. Robel told
8 me.

9 BY MR. GROTE:

10 Q. Through August and September 2015, can you describe your
11 skin condition at that time?

12 A. You said in August and September, right?

13 Q. Late summer.

14 A. I couldn't give you an independent recollection, I
15 couldn't give you an independent recollection with any
16 authority.

17 Q. Did you still suffer from a skin condition?

18 A. Yes.

19 Q. Can you describe what you do recall, to the best of your
20 ability?

21 A. Just generally, I would tell you itching. Itching,
22 itching, itching.

23 Q. Was the rash present in places on your body still?

24 A. Well, they're present on my body now, so, yeah.

25 Q. Where is the rash present on your body at this time?

1 A. My rear end and the laterals on the side of my upper
2 thighs.

3 Q. Anywhere else?

4 A. There continues to be itching on my right elbow, but it
5 has been reduced.

6 Q. What treatment are you currently receiving for the skin
7 condition?

8 A. The Vaseline, the Triamcinolone cream, the baths three
9 times a week and the light phototherapy, I believe, which now
10 is twice a week.

11 Q. Since September, has there been any change in your skin
12 condition?

13 A. I would say that the extent of the rash and the placement
14 of the rash has changed and the condition of my skin has
15 changed for the better.

16 Q. Is it still the case that you -- that the rash and the
17 itch persist, to some extent?

18 A. That is correct, yes.

19 Q. Did you ever discuss getting Hepatitis C treatment with
20 anybody else who you haven't already mentioned?

21 A. There was a doctor, a rheumatologist at Geisinger, I was
22 taken back to Geisinger for a checkup from a rheumatologist,
23 Dr. Minoa(phonetic), something like that, and we discussed it
24 there. Because he was going through my file and he asked, you
25 know, Are you being treated for the Hepatitis C, and I said,

1 No.

2 The doctor says, Well, it's probably because of its cost.

3 MS. NEAL: Objection; hearsay.

4 THE COURT: Sustained.

5 BY MR. GROTE:

6 Q. Mr. Abu-Jamal, can I direct your attention to what in the
7 Court's copy is A-128, what is date stamped DOC 000428.

8 A. I see.

9 Q. Who is Dr. Ramon Gadea.

10 A. Dr. Ramon Gadea is an infectious disease expert.

11 Q. When did you begin seeing Dr. Gadea?

12 A. Several months before this. I can't tell you the month,
13 but I know I've seen him, perhaps, five times.

14 Q. When you say this, are you referring to the document dated
15 September 9?

16 A. That is correct.

17 Q. So several months before December 9 is your
18 testimony -- or September 9?

19 A. That is correct.

20 Q. Do you know why the DOC had you seeing Dr. Gadea?

21 A. Yes, because, for a period, I continued to experience high
22 temperatures and fevers. It is for that reason, I believe, that
23 Dr. Gadea was brought in as a consultant through the Telemed
24 DOC program. That's what I believe.

25 Q. Did you ever discuss Hepatitis C treatment with Dr. Gadea?

1 A. I know I raised it with him, at least, once, and I did so
2 in the company of Dr. Robel, specifically, because I gave
3 Dr. Robel a copy of the letter from Dr. Joseph Harris, and when
4 I saw Dr. Gadea in the presence of Dr. Robel, I asked him what
5 did he think of the Harris report, and he seemed confused.

6 MS. NEAL: Objection; hearsay.

7 THE COURT: Dr. Gadea was brought into this by SCI Mahanoy?
8 Is that right?

9 THE WITNESS: Yes, sir, that is correct.

10 THE COURT: Do you dispute that?

11 MS. NEAL: No, Your Honor.

12 THE COURT: Overruled.

13 BY MR. GROTE:

14 Q. Can you continue describing this conversation with
15 Dr. Gadea?

16 A. Well, I said -- he asked, Do you have any questions? As he
17 always did. And I said, Yeah, I'm curious about what you think
18 about the Harris report. He looked at me as if, you know,
19 confused. Dr. Robel informed him that's a letter from
20 Dr. Harris, an internist from New York, it's about four or five
21 pages.

22 He said, Oh, he remembered it, he said, Yeah, I remember
23 reading it. I said, Well, Dr. Harris is of the opinion this is
24 NAE, necrolytic acral erythema, as the cause of the skin
25 disease, the eczema and so forth, and that is caused by

1 Hepatitis C.

2 MS. NEAL: Objection. I'm just objecting to the hearsay.
3 He's putting in the expert report that, presumably, is going to
4 be offered in later through Dr. Harris.

5 THE COURT: Well, it will be, I assume, brought in through
6 Dr. Harris, but this is the conversation he had with Dr. Gadea.
7 The conversation would not have taken place but for SCI
8 Mahanoy's direction that he submit to Dr. Gadea, so I'm going
9 to allow it.

10 BY MR. GROTE:

11 Q. Please continue, Mr. Abu-Jamal.

12 A. When I mentioned necrolytic acral erythema, or NAE, I
13 think he kind of shook his head and said, That's so rare, or
14 words to that effect. And that's actually at a Telemed meeting
15 before September 9.

16 Q. Could we focus on the September 9 discussion about the
17 Hepatitis C. What did Dr. Gadea say about your Hepatitis C and
18 its relationship to -- what did he say about your Hepatitis C
19 at that Telemed conference?

20 A. I remember him saying -- I remember me asking him
21 afterwards, he said, during the initial phase, he said, I would
22 recommend treatment for your Hepatitis C. When he asked
23 questions, as he always did, he said, Do you have any
24 questions? I said, Are you -- because he has a thick Spanish
25 accent -- I said, Are you saying that you recommend the

1 Hepatitis C be treated? He said, Yes, that's what I recommend.

2 Q. Did Dr. Gadea discuss the relationship between your
3 Hepatitis C and your skin condition?

4 A. Yes, he did, he said that my skin condition, my rash,
5 eczema, psoriasis was possibly secondary to the Hepatitis C
6 infection.

7 Q. At present, in addition to your skin condition, are you
8 still experiencing any other health symptoms?

9 A. Other than occasional itching in various parts of my body,
10 I would say, No.

11 Q. Have you had blood work done in recent months?

12 A. Yes, every month I have, at least, one blood draw.

13 Q. Have you been told anything about the results?

14 A. I was told that, last I recall, is that my viral load was
15 now 37,000 or 35,000, that my hemoglobin had risen to 11.9.

16 THE COURT: Who told you this, Mr. Abu-Jamal?

17 THE WITNESS: Dr. Robel.

18 THE COURT: Thank you.

19 BY MR. GROTE:

20 Q. If I can direct your attention to what is in front of the
21 Court, A-126, and which is a DOC date-stamped document 000385
22 on your copy.

23 A. I see.

24 Q. In the month of December 2015, this month, has anybody
25 discussed your platelet count with you?

1 A. Dr. Robel discussed my platelet count, but I don't
2 understand what it means, so it didn't make a lot of sense to
3 me, but he did, we had a discussion, and he did say that one of
4 the reasons that the DOC wouldn't provide Hepatitis C treatment
5 is because of my platelet count.

6 MS. NEAL: Objection. Dr. Robel is not a Defendant in this.

7 THE COURT: Who is Dr. Robel? Tell me.

8 MS. NEAL: He is the Medical Director, the CCS Medical
9 Director at SCI Mahanoy.

10 THE COURT: You're telling me that his statements aren't
11 the statements of a representative of SCI Mahanoy in the
12 Department of Corrections?

13 MS. NEAL: Not --

14 THE COURT: That's not -- under Rule 801, that's not
15 hearsay? Overruled.

16 BY MR. GROTE:

17 Q. What did Dr. Robel tell you about your platelet counts, to
18 the best of your recollection?

19 A. This is about the second time I talked to him about the
20 DOC providing Harvoni or a cure, a treatment, and he said -- I
21 understood him to mean that, because of my platelet counts, I
22 was not eligible for treatment, a cure for Hepatitis C.

23 Q. Has he told you that your platelet counts are abnormal?

24 THE COURT: That's leading.

25 MR. GROTE: Excuse me.

1 THE COURT: Let him testify.

2 BY MR. GROTE:

3 Q. I'll rephrase, please. Has he testified what your platelet
4 count -- excuse me -- has he informed you what your platelet
5 count level is?

6 A. I don't think he gave me a number. I confused his platelet
7 count with viral load, because my mind was on viral load, so
8 when he said platelet count, it didn't make any sense to me
9 because I don't know what that means. But he did say, whatever
10 that number was, it made me ineligible for Hepatitis C
11 treatment by the DOC.

12 Q. Have you received any treatment to date for your Hepatitis
13 C?

14 A. None whatsoever.

15 Q. Are you concerned about your Hepatitis -- strike that.
16 Would you accept the antiviral medications, if provided to you?

17 A. Absolutely.

18 Q. Why?

19 A. Because with it, I can be cured; without it, I may die.

20 MR. GROTE: That's all, Your Honor.

21 THE COURT: Thank you. Ms. Neal, are you ready to
22 cross-examine?

23 MS. NEAL: Yes, Your Honor.

24 CROSS EXAMINATION

25 BY MS. NEAL:

1 Q. Good afternoon, Mr. Abu-Jamal.

2 A. Good afternoon.

3 Q. You testified that you have been living in the infirmary
4 since you came back from Schuylkill Medical Center, is that
5 correct?

6 A. No, I testified that I've been living in the infirmary
7 since I came back from Geisinger.

8 Q. So you're still in the infirmary now, correct?

9 A. To this date, yes, ma'am, that is correct.

10 Q. And you're seen by a physician, at least, once a week, is
11 that right?

12 A. That is correct.

13 Q. And the nursing staff checks on you daily, is that
14 correct?

15 A. That is correct; they take vitals every morning.

16 Q. To the extent that you have medication or treatments that
17 need to be administered, the nursing staff or the physicians
18 have been doing that, is that correct, to the extent they've
19 been ordered?

20 A. Please repeat the question, because I'm unclear about what
21 you mean.

22 Q. You have medications that have been prescribed for you at
23 this point, correct?

24 A. That is correct.

25 Q. And the nursing staff or the physicians are actually

1 providing those medications to you, correct?

2 A. They provide those medications every morning, yes.

3 Q. Okay. You testified that your skin condition has improved,
4 right?

5 A. That is correct.

6 Q. In fact, you told Dr. Schleicher, he's your dermatologist,
7 right -- I'm sorry, Dr. Schleicher is your dermatologist,
8 right?

9 A. He is the consulting dermatologist on the Telemed program
10 for DOC.

11 Q. You saw Dr. Schleicher earlier this month, right?

12 A. That is correct.

13 Q. And you told Dr. Schleicher, at that time, that you feel
14 great, right?

15 A. That is correct.

16 Q. You're still receiving the phototherapy for your skin
17 condition?

18 A. That is correct.

19 Q. And has that improved the extent of the itching for you?

20 MR. BOYLE: Objection.

21 THE COURT: What's the basis for the objection?

22 MR. BOYLE: If he's qualified to have the relationship
23 between the phototherapy and the itching -- certainly, she
24 could ask whether the itching has decreased, but I don't think
25 Mr. Abu-Jamal is qualified to say what decreased the itching,

1 be it the phototherapy or anything else.

2 MS. NEAL: I'll rephrase it.

3 THE COURT: If you want to establish there's a temporal
4 connection, I'll let you rephrase.

5 BY MS. NEAL:

6 Q. Mr. Abu-Jamal, since you started receiving the
7 phototherapy, has the itching improved for you?

8 A. I don't think, in isolation, I think that all of those
9 things in cohesion have helped ease the itching.

10 Q. And when you say all those things in cohesion, you're
11 referring to the treatment that's being provided, the Vaseline,
12 in conjunction with the phototherapy, correct?

13 A. I'm talking about the baths, the Vaseline, the
14 Triamcinolone cream and the phototherapy.

15 Q. Okay, and as far as you know, those are treatments that
16 were ordered by either Dr. Schleicher or the physicians at SCI
17 Mahanoy, right?

18 A. To my knowledge, all of them had been recommended by
19 Dr. Schleicher or Dr. Lisiak.

20 Q. All right, there was a period of time where you requested
21 Protopic cream, I believe that's in your Preliminary Injunction
22 Motion, is that correct?

23 A. That is correct.

24 Q. Is it your position that you still want the Protopic
25 cream?

1 A. It is -- yes, we requested it and were told it was
2 discontinued.

3 Q. Okay, you previously refused that Protopic cream, is that
4 right?

5 A. That is correct.

6 Q. And you refused it, based on input from Dr. Weinstein,
7 right?

8 A. That is correct.

9 Q. Do you recall filing a declaration in support of your
10 Preliminary Injunction Motion, Mr. Abu-Jamal?

11 A. Yes.

12 Q. Do you have that in front of you? It's document no. 25.

13 A. I have it before me, yes.

14 Q. I'd direct your attention to Paragraph 25.

15 A. Yes.

16 Q. You state that because of the lesions that you were
17 suffering, you couldn't walk significant distances, and that
18 was around the time of May 19, 2015, the time period stated in
19 the prior paragraph, correct?

20 A. That is correct.

21 Q. Mr. Abu-Jamal, I'd like to direct your attention to the
22 Defendant's Exhibit 7.

23 A. We don't have that document.

24 MS. NEAL: Your Honor, is there a way that we could show
25 that document -- not the document, I apologize -- the video.

1 THE COURT: I'm sorry? Video of what?

2 MS. NEAL: It's the video that was taken May 22, 2015
3 that's in Exhibit 7.

4 THE COURT: Is there a way we can show that so Mr.
5 Abu-Jamal can see it?

6 MS. NEAL: I believe Mr. Gaughan said there was a way to --

7 THE CLERK: We could show it here. Mr. Abu-Jamal would not
8 be able to see it. He may be able to view it up there, if we
9 point the camera at the top of the big TV.

10 THE COURT: Well, let's try that.

11 MS. NEAL: Okay.

12 THE COURT: Mr. Abu-Jamal, we're going to try to put this
13 video on a screen here so you'll be able to see it. You'll have
14 to tell me whether you can or you cannot, all right?

15 THE WITNESS: Very well.

16 (At this time a video was played.)

17 BY MS. NEAL:

18 Q. That's you, right, Mr. Abu-Jamal, can you see it?

19 A. I see a figure, but I don't --

20 THE COURT: Let's try and ask your question. If he can see
21 it --

22 THE WITNESS: I see a figure, but I can't identify who that
23 is, so.

24 THE COURT: Go ahead, Ms. Neal.

25 BY MS. NEAL:

1 Q. Mr. Abu-Jamal, this is you walking up and down the hallway
2 in the infirmary?

3 A. Um-hum.

4 Q. Can you see the date on this video down in the lower
5 left-hand corner?

6 A. I cannot.

7 Q. The date states it's May 2, 2015. Do you recall being able
8 to walk back and forth in the infirmary?

9 A. I said earlier, when I was talking to counsel, that
10 Dr. Lisiak wanted me to walk as much as possible. He said it
11 would help heal me.

12 Q. Did Dr. Lisiak tell you that you should walk for about a
13 half hour at a time?

14 A. He didn't give me a time, he just said the more walking
15 you do, the better.

16 Q. But you'll agree with me, then, there were periods of time
17 when you were able to walk for more than a brief time period to
18 the visiting room and back and that sort of thing?

19 A. No, every time I went to the visiting room, I rode a
20 wheelchair every time until a recent period when a new CO came
21 on the block.

22 Q. You'll agree with me, though, Mr. Abu-Jamal, right, that
23 you're not in a wheelchair here, right?

24 A. I never said I used the wheelchair on the block, I said
25 when I went to a visit, I used the wheelchair.

1 Q. Do you recall receiving the medication Procrit?

2 A. Yes, I do.

3 Q. And you remember Dr. Malhotra, your oncologist?

4 A. Yes.

5 Q. He's the physician that prescribed the Procrit for you?

6 A. I believe he is.

7 Q. You saw Dr. Malhotra last month, correct, back in
8 November?

9 A. I could not tell you when, but I know I saw him in the
10 last few weeks, yes.

11 Q. Based on your understanding of your exchange with
12 Dr. Malhotra, your anemia has improved, right?

13 A. I really don't recall him talking about anemia because
14 that was not primarily what we talked about.

15 Q. Did Dr. Malhotra explain to you what your medication
16 adjustments would be, following his last exam with you? After
17 Dr. Malhotra met with you, Mr. Abu-Jamal, he explained what
18 your medication adjustments would be, right?

19 A. Medication adjustments? I don't recall. Medical
20 adjustments. I really don't remember.

21 Q. Do you remember telling Dr. Malhotra that you feel better?

22 A. Just like I told Dr. Gadea, I do feel better than I had,
23 yes.

24 Q. I'm going to show you a document that is part of the DOC's
25 Exhibit 1, Page 409. Do you have that in front of you, Mr.

1 Abu-Jamal?

2 A. I do.

3 Q. Do you recall Dr. Malhotra giving you the information
4 related to your blood levels?

5 A. Are you talking about my hemoglobin levels?

6 Q. Yes.

7 A. Yes.

8 Q. Okay, and he told you they were better, right?

9 A. Yes.

10 Q. Now, as far as your hyperglycemia, do you know what that
11 term means, the hyperglycemia?

12 A. No, what's it mean?

13 Q. The diabetes, do you remember testifying about that, the
14 high blood sugars?

15 A. Yes, high blood sugar.

16 Q. You don't have high blood sugar anymore, correct?

17 A. My blood -- G counts or blood glucose counts are normal,
18 I'm told.

19 Q. You're not currently taking any blood sugar medications,
20 correct?

21 A. I haven't taken any blood sugar medication since the day I
22 entered Geisinger.

23 Q. And just to be clear, it has improved since the time that
24 you left Geisinger, correct?

25 A. All I know is I haven't taken any medication related to

1 blood sugar from the day I entered Geisinger.

2 Q. Okay. Now, you testified about your Hepatitis C. You said
3 that you were told you that had Hepatitis C sometime in 2012,
4 right?

5 A. I've learned that that was that date by reading files and
6 such.

7 Q. Okay. You're not aware of -- strike that. You refused
8 prior tests for Hepatitis C, right?

9 MR. BOYLE: Objection. When?

10 MS. NEAL: Prior to 2012.

11 BY MS. NEAL:

12 Q. You were tested for Hepatitis C in 2012, correct?

13 A. Was I tested for it? Yeah. I think I took a blood test and
14 they discovered it.

15 Q. There were previous Hepatitis C tests offered to you,
16 which you refused, right?

17 A. There was some, yes, probably.

18 Q. In fact, there were three prior refusals from you for
19 Hepatitis C testing, right?

20 A. I couldn't say right or wrong, but it sounds right.

21 Q. So you don't know for sure when you actually were exposed
22 to the Hepatitis C virus, right?

23 A. I don't know for sure, no. I have a theory, though.

24 Q. Okay. Let me show you the pages marked 755 through 757 of
25 the DOC Exhibit 1.

1 A. I don't think we have your document.

2 Q. It's in the department's Exhibit 1.

3 MS. NEAL: Is there any way to show him that on the screen?

4 THE CLERK: If we hold it up, we can.

5 THE COURT: Do it.

6 THE CLERK: Yes, sir

7 BY MS. NEAL:

8 Q. Can you see that form, Mr. Abu-Jamal?

9 A. I cannot, no. I can't read it, no.

10 Q. Can you see that?

11 A. I can't read it.

12 THE COURT: You're going to have to read it to him out
13 loud.

14 BY MS. NEAL:

15 Q. All right, Mr. Abu-Jamal, this is a Medication Refusal
16 Form that, at the top, it's titled Release From Responsibility
17 for Medical Treatment.

18 It reads;

19 "I, Mumia Abu-Jamal, an inmate at SCI Greene, have been
20 diagnosed by the physician named below that I am in need for
21 medical treatment for diagnostic testing, Hepatitis panel."

22 A. What's the date of that?

23 Q. Let me scroll down to that for you. 6/7/01.

24 A. 2001?

25 Q. Yes.

1 A. I can't see it, but if you say it says that, it says that.

2 Q. Do you recall refusing Hepatitis C testing back in 2001?

3 A. I don't have an independent recollection, but I can tell
4 you that, generally, I refused a lot of testing because I
5 didn't trust the medical people at the prison.

6 Q. Okay. Do you recall refusing testing again in 2002?

7 MR. BOYLE: Objection to relevance, Judge.

8 THE COURT: What is the relevance of this?

9 MS. NEAL: It goes to the ability to say that he's at an
10 increased risk for developing cirrhosis, due to the fact that
11 he can't definitively state when it is that he was actually
12 exposed to the Hepatitis C virus.

13 Further, it goes to the equitable relief that he's
14 requesting. He's refused, in the past, the type of screening
15 that may have, at least, exacerbated or increased the
16 likelihood of him developing some complications, as a result of
17 his virus.

18 THE COURT: When do the documents indicate that he refused
19 testing? What years?

20 MS. NEAL: 2001, 2002 and 2011, about a month before his
21 screening.

22 THE COURT: 2011. All right, that document, I'll allow.
23 2001, 2002, I will not. You can ask your question based on that
24 document that references 2011.

25 BY MS. NEAL:

1 Q. You refused the Hepatitis C testing in 2011, correct, Mr.
2 Abu-Jamal?

3 A. I don't have an independent recollection of that, but as I
4 told you, as a rule, I did not trust the medical staff at the
5 DOC, whether it was at SCI Mahanoy or SCI Greene on death row.

6 Q. Mr. Abu-Jamal, you had a history of -- a family history
7 for eczema, correct?

8 A. No.

9 Q. I'm going to turn your attention to the pages marked 731,
10 734 and 728 in the DOC Exhibit No. 1. 731, 734 and 728.

11 A. I'm told by counsel that we don't have those documents.

12 THE COURT: Do you have copies of those documents for
13 counsel if they don't have them? What numbers were they?

14 MS. NEAL: 728, 731 and 734.

15 THE COURT: I don't have 731, myself. I do have 734. I have
16 728 and 734, but I don't have 731. What do you have, counsel?
17 Mr. Boyle?

18 MR. BOYLE: We have 731, 734.

19 MR. GROTE: 728.

20 THE COURT: All right, they have them. Proceed. You can
21 give me that one later. Go ahead.

22 BY MS. NEAL:

23 Q. Do you recall telling the physician at SCI Mahanoy that
24 your mother had a history of skin rashes?

25 A. I said she had a history of psoriasis.

1 Q. Did you share that information with your expert,
2 Dr. Harris?

3 A. I believe I did.

4 Q. Mr. Abu-Jamal, I'm going to direct your attention to your
5 Exhibit No. 4, it's Dr. Harris' expert report.

6 A. We do not have that document in our possession right now.

7 Q. It's your Exhibit 4.

8 A. It is not here now.

9 MR. GROTE: It's the Preliminary Injunction record, but not
10 part of the record for this hearing.

11 THE COURT: Do you have the document you want to question
12 Mr. Abu-Jamal about?

13 MR. BOYLE: Perhaps I can clarify, Your Honor. I believe
14 Mr. Abu-Jamal had it at the facility. The Preliminary
15 Injunction Motion of which Dr. Harris' exhibit is a part. He
16 may not have it as Exhibit 4.

17 MS. NEAL: I'm sorry, I just want to question you about
18 something that's in the report, Mr. Abu-Jamal. Can you locate
19 that document?

20 THE WITNESS: We do not have that document.

21 THE COURT: Mr. Boyle, Mr. Grote, do you have the document?

22 MR. BOYLE: Yes.

23 THE COURT: So it does exist?

24 MR. BOYLE: Yes.

25 THE COURT: You're going to have to read from it before you

1 ask the questions, Ms. Neal.

2 BY MS. NEAL:

3 Q. Mr. Abu-Jamal, the section on Page 2 in Dr. Harris' report
4 that relates to family history says, NIDDMHTM,
5 hypercholesterolemia.

6 You would agree with me that does not state that you had a
7 family history of psoriasis, correct?

8 THE COURT: You're speaking, specifically, of what you read
9 to him, am I correct? Since he's not able to see the entire
10 document.

11 MS. NEAL: Right, Your Honor.

12 THE COURT: Do you understand, Mr. Abu-Jamal?

13 THE WITNESS: I understand what she just said, you know,
14 the string of letters and numbers and cholesterol something is
15 not a reference to eczema or psoriasis.

16 THE COURT: Move on.

17 BY MS. NEAL:

18 Q. Okay. You testified previously that you had a history of
19 eczema, yourself, correct?

20 A. I testified to having occasions where there were dry and
21 itchy patches on my back, on my arm, but it was intermittent,
22 never, ever, ever to the extent I recently experienced over my
23 whole body.

24 Q. Did you -- I'm sorry.

25 THE COURT: You can continue, Mr. Abu-Jamal.

1 THE WITNESS: I remember I rarely went to Medical, and I
2 explained why. But when I did go, it was because something was
3 bothering me. If I had a rash over a part of my arm or my back
4 or something that did not heal over a substantive period of
5 time, I would go to the infirmary. They usually gave me a
6 cream. Problem solved.

7 Q. So there were, also, times when you had skin rashes after
8 you were incarcerated, correct?

9 A. I'm talking about when I was incarcerated.

10 Q. Yes, okay. Did you convey that information to Dr. Harris?

11 A. I believe I did.

12 MS. NEAL: All right, I have nothing further.

13 THE COURT: Do you have redirect?

14 MR. BOYLE: One moment, Your Honor.

15 MR. GROTE: Very briefly.

16 REDIRECT EXAMINATION

17 BY MR. GROTE:

18 Q. Mr. Abu-Jamal, did Dr. Robel -- did you ever discuss with
19 Dr. Robel whether or not if the skin condition could become
20 more severe again?

21 A. In the first week of December, a Wednesday or, perhaps, a
22 Thursday, 2015, Dr. Robel told me that if my rash is
23 unconnected to Hepatitis C, it will or may recur.

24 Q. Have you ever had a blood transfusion, Mr. Abu-Jamal?

25 A. I have, in December of 1981.

1 Q. Have any medical staff ever told you that your health
2 would improve by not being cured of Hepatitis C?

3 A. No, sir.

4 MR. GROTE: Nothing further.

5 THE COURT: Ms. Neal?

6 MS. NEAL: No redirect, Your Honor.

7 THE COURT: Thank you very much, Mr. Abu-Jamal. Do you have
8 your next witness?

9 MR. BOYLE: Yes, Your Honor. Plaintiff calls Dr. Joseph
10 Harris. Your Honor, if I may hand up to Dr. Harris a binder of
11 exhibits?

12 J O S E P H H A R R I S, M. D. IS CALLED, AND HAVING DULY
13 AFFIRMED, TESTIFIED AS FOLLOWS:

14 THE CLERK: Please state your full name for the record and
15 spell your last name.

16 THE WITNESS: Joseph Harris, H-A-R-R-I-S.

17 THE CLERK: Thank you, sir. If I can ask you to speak into
18 this microphone, I'd appreciate it.

19 MR. BOYLE: May I proceed, Your Honor?

20 THE COURT: Yes.

21 DIRECT EXAMINATION

22 BY MR. BOYLE:

23 Q. Good afternoon, Dr. Harris.

24 A. Good afternoon.

25 Q. Where do you reside?

1 A. New York City, in Harlem.

2 Q. What is your profession?

3 A. I'm a physician.

4 Q. Are you licensed?

5 A. Yes, I am.

6 Q. Where are you licensed?

7 A. New York State and in Rwanda.

8 Q. What is your educational background?

9 A. I have a Bachelor's in Biochemistry from City College, I
10 have one year of medical training at Faculte de Medicine
11 Montpellier, in France, and I finished my medical studies at
12 Downstate in Brooklyn, where I got my Medical Degree, and I did
13 my residency at Monte Fiore in the program or Department of
14 Social Internal Medicine, and I did one year of supplemental
15 surgical training at Harlem Hospital.

16 Q. Do you have a specialty?

17 A. Yes.

18 Q. What is that specialty?

19 A. Well, I'm an internist and HIV specialist, Hep C, as well.

20 Q. Are you Board certified?

21 A. Yes, I am.

22 Q. What does that mean?

23 A. That means you fulfilled a series of requirements by the
24 American Board of Internal Medicine, with regards to continuing
25 medical education and, also, very rigorous tests every ten

1 years.

2 Q. Are you a member of any professional associations?

3 A. Yes, I am, I'm a member of the American Medical
4 Association and the National Medical Association, and I am a
5 member of the -- well, that's the boards.

6 Q. Are you currently employed?

7 A. Yes, I am.

8 Q. Where are you employed?

9 A. I'm employed for Project Renewal, which is a nonprofit
10 organization providing health care to homeless in New York, and
11 I work at the Homeless Shelter at Randall's Island. In
12 addition, I work for Hotel Workers Health Fund, which runs
13 clinics for the hotel workers in New York.

14 Q. So what's the current nature of your practice?

15 A. Well, I do general practice in internal medicine, but I
16 also see in my practice HIV and Hepatitis C.

17 Q. So you're familiar with Hepatitis C?

18 A. Yes, I am.

19 Q. Do you see -- you see cases of Hepatitis C in your
20 practice?

21 A. Yes, I do.

22 Q. Over the past, let's say, five years, how many patients
23 have you seen who have Hepatitis C?

24 A. Over the last five years, I would say several hundred.

25 Q. And have you treated them?

1 A. Yes.

2 Q. Do you keep up on current developments with Hepatitis C?

3 A. Yes.

4 Q. How do you do that?

5 A. I do internet, I go to conferences, teleconferences, as
6 well, and I read a lot of the literature, including the
7 magazines and journals.

8 Q. Have you done that in the last year?

9 A. Yes, I have.

10 Q. Are you familiar with term, as it relates to Hepatitis C,
11 direct acting antiviral drugs?

12 A. Yes, I do.

13 Q. What is that?

14 A. These are new antiviral medications that have
15 revolutionized the treatment of Hepatitis C.

16 Q. Have you treated any patients with the direct acting
17 antivirals?

18 A. Yes, I have.

19 Q. About how many?

20 A. I'd say about 30, over the last several months.

21 Q. Okay, and of those about 30, how many have been cured?

22 A. 100 percent. From my practice. I haven't -- I've never
23 failed.

24 MR. BOYLE: Now, Your Honor, Plaintiffs move to admit
25 Dr. Harris as an expert in the diagnosis and treatment of

1 Hepatitis C.

2 THE WITNESS: I'd like to add just one more thing.

3 MR. MAZESKI: Objection; non-responsive to the question.

4 THE COURT: Just a moment, sir. I beg your pardon.

5 MR. MAZESKI: He says -- the witness started to say, I
6 would like to add one more thing, and it's not responsive to a
7 direct question asked.

8 THE WITNESS: I would like to respond to the question of
9 have I treated --

10 THE COURT: Excuse me, Doctor, before we get to that.
11 There's a motion to admit Dr. Harris as an expert in the field
12 of internal medicine, specifically, a treatment of Hepatitis C.
13 Is there a desire on your part to voir dire his qualifications
14 or are you willing to stipulate to his qualifications?

15 MR. MAZESKI: Briefly, Your Honor.

16 CROSS EXAMINATION

17 BY MR. MAZESKI:

18 Q. Dr. Harris, your specialty is in internal medicine, is
19 that right?

20 A. Yes.

21 Q. You're Board certified?

22 A. Yes, I am.

23 Q. Is that different than a hepatologist?

24 A. Yes -- not necessarily, but hepatologist is a further
25 specialization -- it's an internist that has a specialization

1 in gastroenterology.

2 Q. Is there Board certification for hepatology?

3 A. Yes.

4 Q. Are you Board certified in hepatology?

5 A. No, I'm not.

6 Q. Your specialty is internal medicine, is that different
7 from what a dermatologist is?

8 A. Dermatology is a specialization. We do do dermatology,
9 yes, as an internist, we do everything, as an internist, but
10 certain cases or in certain conditions, you have to refer to
11 the specialists. The internists that have done residencies in
12 dermatology, for instance.

13 Q. Have you been qualified as an expert in court before?

14 A. In what?

15 Q. Have you been qualified as an expert in court before?

16 A. No.

17 Q. Have you rendered an opinion in court or deposition as to
18 the treatment for Hepatitis C?

19 A. No, I have not.

20 Q. You indicated, in the last five years, you had several
21 hundred patients with Hepatitis C?

22 A. Yes.

23 Q. Can you round that down a little bit, in the last two
24 years, how many have you treated?

25 A. Say, about 100.

1 Q. And you indicated you treated 30 of your patients with the
2 latest FDA approved drugs?

3 A. Yes.

4 Q. And the latest FDA approved drugs came out when, 2013?

5 A. Late 2013, early 2014.

6 Q. So there are 70 other Hepatitis C patients that you
7 haven't treated with the latest drugs then?

8 A. Yes, that is correct.

9 MR. MAZESKI: I have no further questions at this point as
10 to his qualifications.

11 THE COURT: Is there objection to his qualifications?

12 MR. MAZESKI: Under Daubert, Your Honor, I can't, no.

13 THE COURT: Good point. Dr. Harris is admitted as an
14 expert.

15 MR. BOYLE: Thank you, Your Honor.

16 THE COURT: Now, there is an objection on the record,
17 because Dr. Harris was going to offer something without a
18 question before him. Perhaps, you can clear that up.

19 MR. BOYLE: Yes, Your Honor, thank you.

20 BY MR. BOYLE:

21 Q. You testified earlier about -- my last question -- about
22 how many of your 30 patients that you treated were cured, and I
23 believe you gave the answer of 30 or 100 percent of them. Is
24 that accurate?

25 A. Yes, but I wanted to add -- it's really 31, because I

1 treated myself, and I was treated for Hepatitis C. I, myself,
2 was infected with Hepatitis C.

3 Q. You're virus-free?

4 A. Yes, I am.

5 Q. Dr. Harris, what is Hepatitis C?

6 A. Hepatitis C is an infection by a virus classified as a
7 Flavivirus, it's a single-stranded RNA, which is the form of
8 genetic material that infects the hepatocytes, which are the
9 productive cells of the liver.

10 Once the virus -- once contact with the virus, it
11 integrates itself into the hepatocyte, integrates its RNA into
12 DNA and injects itself or, basically, hi-jacks the equipment of
13 the hepatocytes that produce the virus itself. And as a result,
14 because of many of the cells dying, there's a process of
15 fibrosis or scarring that could continue because the body is
16 attacking these cells that have been infected.

17 Q. You mentioned the term, fibrosis. Have you ever heard of
18 the term, cirrhosis?

19 A. Oh, cirrhosis, yes.

20 Q. What is that?

21 A. Extreme fibrosis, extreme scarring of the liver that will
22 potentially compromise hepatic functioning.

23 Q. How does fibrosis affect the function of the liver?

24 A. It starts -- well, it starts affecting all -- depending on
25 the degree of the fibrosis, it will affect all of the functions

1 of the liver, including the -- well, the liver does various
2 things, and it will affect all the things that the liver does.

3 Q. Are you familiar with the term, Chronic Hepatitis C?

4 A. Yes, I am.

5 Q. What is that?

6 A. Chronic Hepatitis C is the 80 percent of, basically, folks
7 that are infected with Hepatitis C that go on to reproduce the
8 virus, that the virus is actively replicated in the hepatocytes
9 of the liver, as opposed to 15 or 20 percent will clear it on
10 themselves and they do not have active Hepatitis C.

11 They've been exposed to Hepatitis C, but they don't have
12 active Hepatitis C.

13 Q. Now, you described fibrosis and/or cirrhosis can affect
14 what the liver itself does.

15 A. Yes.

16 Q. Does the infection with the Hepatitis C virus cause
17 complications unconnected with the liver?

18 A. Yes.

19 Q. What are some of those complications?

20 A. Well, there's various complications, they're all
21 predicated on or prefaced by the functioning of the liver
22 itself. The liver, which is the second biggest organ in the
23 body, plays a central role in glucose metabolism, it plays a
24 role in clotting factors and bleeding, also plays a role in
25 processing of the broken down or red blood cell metabolism, it

1 takes the red blood cells after they've died, and they
2 transform them into bile.

3 Q. So how do the complications outside of the liver manifest
4 themselves? What are some of the ways they manifest themselves?

5 A. Well, essentially, you can have a dermatitis, you can have
6 diabetes, you can have -- in extreme cases, you can have
7 problems with your clotting, and, most notably, which is one of
8 the more spectacular manifestations of it is, because of the
9 scarring, it blocks the blood coming from the digestive tract
10 into the liver, and it will back up.

11 As a result of it backing up, you can -- ultimately, you
12 can get something called ascites anasarca, which is fluid in
13 your abdomen.

14 Q. You mentioned skin. Can a Chronic Hepatitis C infection
15 affect the skin?

16 A. Yes.

17 Q. How common is that?

18 A. I would say it's fairly common, yes. Overall, I think,
19 some studies have said even 20 to 30 percent of patients
20 ultimately have dermatological conditions.

21 MR. BOYLE: Your Honor, I have an article, which is not
22 part of the binder, Plaintiff's Exhibit No. 8, I believe, which
23 I gave a copy to the Defense. I would like to show it to
24 Dr. Harris.

25 THE COURT: Any objection?

1 MR. MAZESKI: No objection.

2 THE COURT: Proceed.

3 MR. BOYLE: May I approach?

4 THE COURT: Yes.

5 BY MR. BOYLE:

6 Q. Showing what's marked Plaintiff's Exhibit No. 8. First of
7 all, Dr. Harris, what is Medscape?

8 A. Oh, Medscape is an internet service and an organization
9 that provides basically -- not basically -- peer-reviewed
10 articles of high quality on various questions of medicine and
11 surgery and all aspects of it.

12 Q. To have an article on Medscape, does it have to be
13 peer-reviewed?

14 A. Yes, it does.

15 Q. Is it generally considered to be a reliable source of
16 medical information?

17 A. Generally, yes.

18 Q. Showing you Plaintiff's Exhibit No. 8, again, have you
19 ever seen that article?

20 A. Yes, I have.

21 Q. What is its title?

22 A. Cutaneous Manifestations of Hepatitis C.

23 Q. What does cutaneous mean?

24 A. Skin.

25 Q. Would you agree with the statement stated in the article

1 that;

2 "Cutaneous symptoms or findings relevant to HCV infections
3 manifest in 20 to 40 percent of patients presenting to
4 dermatologists." Would you agree with that statement?

5 A. I'm not a dermatologist, but that sound about right.

6 Q. Would you agree with the statement contained in the
7 article that;

8 "HCV is suggestive and must appear in the differential
9 diagnosis of these patients to avoid missing this important but
10 occult factor in clinical disease in the appropriate setting."

11 Would you agree with that?

12 A. Yes, absolutely.

13 Q. And in plain speak, does that mean that, when presented
14 with an unexplained skin condition, Hepatitis C should be on
15 the table as a possible cause?

16 A. Exactly. The point is, unexpected bizarre or strange or
17 unusual dermatosis should be -- that should be in your
18 differential with a possibility of Hepatitis C, especially, if
19 they're in a relatively high group or group at risk,
20 particularly, the patient involved, baby boomers, all of them
21 are at risk for Hepatitis C.

22 Q. What are some of the skin conditions caused by Hepatitis
23 C?

24 A. You can have something called lichen planus, which is
25 hardening -- causes marks on the skin, sometimes itchiness,

1 there's also psoriasis itself, there is porphyria cutanea -- or
2 cutanea porphyria, which is certain amounts of protein,
3 inflammatory material that causes swelling, little boli or
4 bulbs, bumps on the body, and in addition, there are things
5 like necrolytic acral erythema.

6 MR. BOYLE: Your Honor, if I might approach the witness,
7 again, to show Plaintiff's Exhibit No. 10.

8 THE COURT: You may.

9 BY MR. BOYLE:

10 Q. Direct your attention to Plaintiff's Exhibit No. 10, which
11 is another abstract. Are you familiar with PubMed?

12 A. Oh, yes.

13 Q. What is PubMed?

14 A. PubMed is also an internet system that makes available
15 many articles that summarizes and makes available many articles
16 from a whole series of, generally, peer-reviewed journals
17 worldwide.

18 Q. Are articles on PubMed considered reliable?

19 A. Yes, definitely.

20 Q. Have you seen the abstract of the article before you, in
21 Plaintiff's Exhibit 10?

22 A. Yes, I have.

23 Q. What is its title?

24 A. Oh, "Profile of patients with psoriasis associated with
25 Hepatitis C virus infection".

1 Q. May I have the article back? Thank you.

2 Now, Dr. Harris, would you agree with the statement in
3 this article that;

4 "Observation suggests that HCV infection can be an
5 inducing factor for psoriasis."

6 A. Yes.

7 Q. Now, Dr. Harris, what is anemia?

8 A. Low hematocrit, low blood in the body.

9 Q. Can anemia be secondary to Hepatitis C?

10 A. Yes, it can be.

11 Q. Why is that?

12 A. Because of two factors -- several factors, but the main
13 thing is that the -- it affects the production of red cells in
14 the liver itself and also affects the production of
15 erythropoietin, which is central to the production of red blood
16 cells in the body.

17 Q. How common or uncommon is it for a person with chronic
18 Hepatitis C to suffer from anemia?

19 A. Fairly common. I failed to mention, in addition as with
20 all chronic illnesses, there's always the possibility of anemia
21 of chronic disease.

22 Q. What is anemia of chronic disease?

23 A. Anemia of chronic disease is because of an ongoing
24 inflammation or infectious process in the body, one, the
25 production of red blood cells in the marrow is compromised, as

1 well as production of erythropoietin, which comes out of the
2 kidney and also regulates red blood production, and the
3 response to erythropoietin is diminished, as well.

4 Erythropoietin is a hormone that comes out of the kidney
5 that basically modulates and controls how big or how high your
6 hematocrit is going to be.

7 Q. And it causes anemia?

8 A. Well, if you don't have it, it will cause anemia, yeah.

9 Q. Now, are you familiar with the manner in which Hepatitis
10 C, Chronic Hepatitis C has been treated?

11 A. Yes, I am.

12 Q. Have there been changes over the past five years?

13 A. To put it mildly, yes.

14 Q. Could you just briefly describe the development of those
15 changes?

16 A. Very briefly. As part of therapeutics, the main thing was
17 that before we used to treat with Interferon and it had a very
18 dismal cure rate and a very severe profile of side effects.

19 Then, subsequent studies showed that a cure rate would be
20 increased and improved with the addition of Ribavirin, and a
21 new form of Interferon came out, which was pegylated
22 Interferon, which was less side effects and you could give it
23 once a week.

24 Subsequently, more anti-retroviral agents came out that
25 really increased, markedly, the cure rate of Hepatitis C, but

1 they were very complicated to take. One was Boceprevir and the
2 other was Telaprevir. This was about two or three years ago.
3 But it was very complicated to give, they had very significant
4 side effects, and as one specialist said, the requirements were
5 talmudic, in terms of treating your patients.

6 But what, ultimately, came out were the direct acting anti
7 retrovirals, such as Sovaldi, Olysio, Harvoni, which is a
8 combination of two, including one called Ledipasvir, and now
9 there's the V Pak, which is another treatment. These treatments
10 have revolutionized the treatment of Hepatitis C with 90 to 95
11 percent official cure rate, documented cure rate, but actually
12 it's generally -- in practice, it's higher than that.

13 Q. Let me stop you there. You mentioned the latest antiviral
14 drugs have a 90 to 95 percent cure rate?

15 A. Yes, officially.

16 Q. And how long is the course of treatment?

17 A. That's another good point, because I didn't mention that
18 the other treatments, typically, were one year. This one is --
19 depending on the type of Hepatitis C, this one is 12 weeks,
20 depending on the type of Hepatitis you have, and in some
21 instances, you can even treat them for eight weeks.

22 Some types of Hepatitis C, most notably, 2 and 3, you have
23 to treat for six months.

24 Q. Genotype 1, how long do you have to treat that?

25 A. Genotype 1, you will treat for -- depending on the

1 condition of the liver -- 8 weeks or 12 weeks.

2 Q. Are there significant side effects associated with the
3 latest antiviral treatment for Hepatitis C?

4 A. In the literature, there's gastrointestinal, you might
5 have little belly aches and some, I think, chills, but, in
6 practice, I haven't really encountered that.

7 Q. When comparing the side effects for the latest antivirals
8 with the former Interferon-based therapy, is there any
9 difference?

10 A. Night and day. Do you want to know the differences?

11 Q. Yes, please, explain the difference.

12 A. You take a pill every single day. Interferon, you have to
13 inject, there's problems with the injection sites. You have to
14 do it regularly. It can cause a whole myriad of symptoms,
15 flu-like symptoms, weakness, anemia, even, in some instances,
16 worsen the Hepatitis. Rarely, but it can.

17 It's a very hard medication to take, even the pegylated
18 form once a week.

19 Q. Have the development of the latest antivirals changed the
20 treatment recommendations of practitioners who treat patients
21 with Hepatitis C?

22 A. Yes.

23 Q. How have they changed those recommendations?

24 A. Well, the key thing is that, prior to the -- prior to such
25 spectacular cure rates, the cure rates were so low or

1 relatively ineffective for the old treatment, including the
2 Interferon and Ribavirin, that, since it only had,
3 particularly, for African Americans, maybe, a 20 percent cure
4 rate, and for European Americans, possible, 50 to 60 percent
5 cure rate.

6 So as a result of the cure rate being not that great,
7 typically, you would do a biopsy and consider the pathology or
8 the extent of derangement of the liver architecture before you
9 would recommend those medications. In other words, because you
10 only have a 1 in 4 chance of being treated, if your liver isn't
11 cirrhotic or severely compromised, we would do something called
12 active surveillance or watchful waiting, in other words,
13 monitor liver enzymes, monitor viral load, and then get a
14 repeat biopsy in anywhere from two to four, sometimes, every
15 five years.

16 Q. Is watchful waiting or active surveillance appropriate
17 under the new antiviral regimens?

18 A. No.

19 Q. Now, I would ask Your Honor and Dr. Harris, behind Exhibit
20 tab 2 in Plaintiff's Exhibit, if you could turn to Exhibit 2.
21 Dr. Harris, do you have that?

22 A. Yes, I do.

23 Q. Are you familiar with that document?

24 A. Yes, I am.

25 Q. What is it?

1 A. Well, it's the recommendations and guidelines that were
2 put out by the AASLD, which is American Association for the
3 Study of Liver Diseases and the Infectious Disease Society of
4 America.

5 Q. What is the America Association for the Study of Liver
6 Diseases?

7 A. They're kind of -- I was going to say they're the NLF of
8 Hepatitis, but daily advanced organism, they're the advanced
9 organization, many of the specialists are involved, many
10 specialists are on board, the gastroenterologists, as well as
11 the hepatologists, and they hammer out all the guidelines for
12 treatment, essentially, agreed-upon guidelines.

13 Q. Do they publish guidelines for the treatment of Hepatitis
14 C?

15 A. Yes, they do.

16 Q. And the document in front of you, Plaintiff's Exhibit No.
17 2, does that set forth their latest guidelines for the
18 treatment of Hepatitis C?

19 A. Yes, it does.

20 Q. Have you read this document?

21 A. Yes, I have.

22 Q. Does it set forth any -- strike that. Directing your
23 attention to the third page of the document. Does that set
24 forth any recommendation made by the American Association for
25 the Study of Liver Diseases as to which patients should be

1 treated with the latest antiviral drugs?

2 A. I'll read it, but to summarize it, everybody.

3 MR. BOYLE: Actually, Your Honor -- excuse me, I'd like to
4 move Exhibit 2 into evidence, which I formally haven't done.

5 THE COURT: Any objection?

6 MR. MAZESKI: No objection.

7 THE COURT: It's admitted.

8 MR. BOYLE: Thank you, Your Honor.

9 (At this time Plaintiff's Exhibit No. 2 was admitted into
10 evidence.)

11 BY MR. BOYLE:

12 Q. Dr. Harris, referring to Page 3.

13 A. Essentially means, treat them all, but --

14 Q. What does it actually say?

15 A. "Treatment is recommended for all patients with Chronic
16 Hepatitis C infection, except those with short life
17 expectancies owing to comorbid conditions."

18 Q. Does that essentially mean, the recommendation of this
19 leading liver organization is that everyone with Chronic
20 Hepatitis C be treated, except those with a life expectancy of
21 less than one year?

22 A. For comorbid conditions.

23 Q. Other than recommending treatment for everyone, does the
24 organization set forth priorities for treatment?

25 A. Yes, it does.

1 Q. And, once again, directing your attention to Page 3 of the
2 document, does it set forth those in the highest priority for
3 treatment?

4 A. Yes.

5 Q. And who is in the highest priority for treatment?

6 A. Immediate treatment is assigned the highest priority for
7 those patients with advanced fibrosis metavir, stage F3, those
8 with compensated cirrhosis metavir, stage 4, liver transplant
9 recipients and patients with severe extrahepatic Hepatitis C.

10 But I'd like to see -- the last one is based on available
11 resources, immediate treatment should be prioritized, as
12 necessary, so patients at high risk for liver-related
13 complications are given high priority, based on available
14 resources.

15 Q. Now, the recommendations, the latest recommendations of
16 the American Association for the Study of Liver Diseases, is
17 that everyone be treated. Is that controversial in the
18 community of health professionals who treat Hepatitis C?

19 A. No. In the sense that you have a disease that's
20 potentially quite lethal, if you will, and the other problem,
21 of course, is it's infectious, it's increasing its number until
22 its cured.

23 Q. In other words, it could be passed from person to person?

24 A. Yes, absolutely.

25 Q. Okay, the recommendation mentions severe extrahepatic

1 manifestations of Hepatitis C. Can a skin condition be
2 considered a severe extrahepatic manifestation of Hepatitis C?

3 A. Yes.

4 Q. Can anemia of chronic disease be considered a severe
5 extrahepatic manifestation of Hepatitis C?

6 A. Generally, yes.

7 Q. Can adult onset, that is, Type 2 Diabetes, be considered a
8 severe extrahepatic manifestation of Hepatitis C?

9 A. Yes, yes, it can. There's one -- there's a higher
10 disposition toward -- Hepatitis C is considered to be a risk
11 factor for Diabetes Type 2, but in severe diabetes, what would
12 happen is, there's a compromise of the function of the liver,
13 in terms of glucose metabolism in the body, most notably,
14 glycogen formation and the filtering of fats and sugars from
15 the GI tract.

16 Q. Of course, there are a lot of causes for diabetes,
17 correct?

18 A. Yes.

19 Q. So you're not saying that Type 2 Diabetes is necessarily
20 secondary to Hepatitis C?

21 A. No.

22 Q. Now, we're going to turn to the specifics of Mr. Abu-Jamal
23 in a moment, but in reaching -- did you reach a conclusion, as
24 to where Mr. Abu-Jamal fits under these new guidelines?

25 A. Highest priority.

1 Q. Okay. Now, did there come a time when you were retained as
2 a medical consultant for Mumia Abu-Jamal?

3 A. Yes.

4 Q. When did that occur?

5 A. Approximately, July this year, 2015.

6 Q. What is the first thing you did?

7 A. Very first thing was I looked at all the photos of his
8 skin conditions that I possibly could find and magnified them
9 on the internet, then, I asked around and got as much
10 information as I could, and then I went to see Mr. Mumia
11 Abu-Jamal and reviewed his charts, as well.

12 Q. What's the first thing of significance noted?

13 A. It was the rash.

14 Q. Anything else in the medical records?

15 A. Oh, well, when I first saw him, yes, he was ambulating
16 with a wheelchair, had difficulty walking, but he could walk.
17 He had pedal edema, he had swelling of his feet, he had
18 onychomycosis and he had a severe rash all over and scratching
19 throughout the initial -- my initial evaluation of him.

20 Q. Did you ever come to learn whether or not he had tested
21 positive for the antibody that causes Hepatitis C?

22 A. Mr. Abu-Jamal recalled that he thought, but he wasn't
23 absolutely sure, but he recalled that he was told he was
24 antibody positive in 2012, I believe.

25 Q. Were medical records provided to you?

1 A. Yes, they were.

2 Q. Did you review those medical records?

3 A. Yes, I did.

4 Q. And in those medical records, did you find any follow-up
5 blood work --

6 A. No.

7 Q. -- after he had tested positive for the antibody of
8 Hepatitis C?

9 A. No.

10 Q. Now, let me ask you this. If a patient -- if you have a
11 patient who has tested positive for the antibody to Hepatitis
12 C, what's the next thing that a practitioner does?

13 A. You have to find out, well, there's a lot of poor practice
14 going on because a lot of practitioners don't do this, but
15 you're supposed to find out whether it's active or inactive.

16 Q. How do you do that?

17 A. Viral load.

18 Q. What do you mean by that?

19 A. If you have a viral load, that means the virus is actively
20 infecting your liver and the liver is producing more virus.

21 Q. You indicated that, after your review, you saw Mr.
22 Abu-Jamal, is that right?

23 A. Yes.

24 Q. But prior to seeing him, had you -- and you mentioned that
25 when you saw him, you saw a skin rash. Had you noted anything

1 of significance in his medical records concerning the skin
2 rash?

3 A. Yes. Well, I saw that despite extensive treatment and
4 quite potent treatment, the skin condition hadn't resolved, and
5 to my knowledge, still hasn't completely resolved.

6 Q. What do you mean by potent treatment?

7 A. He got -- well, he got the kitchen sink. He got
8 Cyclosporine, he got oral p.o. Prednisone, he got the
9 Triamcinolone, he's got Vaseline wraps, he's gotten the baths
10 and he has gotten light treatment, and he's still getting these
11 treatments.

12 Q. Just direct your attention, now, to the earlier period,
13 before you had seen Mr. Abu-Jamal. What treatment had he gotten
14 then for his skin condition?

15 A. He had gotten all of these treatments before and
16 particularly during the period just before his hospitalization.

17 Q. Had the condition resolved, at all?

18 A. No.

19 Q. Now, was there any -- directing your attention in the
20 binder to -- in Exhibit 1 -- Pages 80 to 81.

21 A. Yes.

22 Q. Any diagnostic tests perform on his skin?

23 A. Yes.

24 Q. What was the diagnostic test?

25 A. Skin biopsy.

1 Q. Do you have the results of the skin biopsy before you?

2 A. Yes, I do, yes.

3 Q. What were those results?

4 A. Psoriasis form dermatitis with mild spongiotic change,
5 superficial perivascular lymphocytic infiltrate, and he had a
6 mild telangiectasia and mildly acute inflamed serum crust.

7 Q. Are those findings inconsistent with a form of psoriasis
8 that would be secondary with Hepatitis C?

9 A. Yes, they are consistent.

10 Q. They are consistent. Also, now direct your attention to
11 the earlier part of 2015. Did Mr. Abu-Jamal develop any other
12 symptoms of note?

13 A. Earlier?

14 Q. Early in 2015.

15 A. Well, he mentioned the fatigue -- I mean, medically, he
16 had anemia and he had all the symptoms tied with his episode of
17 hyperglycemia, and as the patient mentioned, he had severe,
18 severe pruritis, and it was waking him at night. That was one
19 of his major complaints.

20 Q. What is pruritis?

21 A. Just a medical word for itching, scratching -- itching.
22 Scratching is what you do due to pruritis.

23 Q. Directing your attention to, once again, in Exhibit 1, the
24 page at the top, Page A-17. Were any diagnostic tests performed
25 on Mr. Abu-Jamal 's liver, in the earlier part of 2015?

1 A. Yes.

2 Q. And what was that test?

3 A. He had a liver sonogram.

4 Q. What is a sonogram?

5 A. Sonogram is something like sound waves or something like
6 sonar, if you will, it bounces off solid things and fluid
7 things in the organs of the body.

8 Q. And what was the result, if any, of the sonogram?

9 A. Well, he had asymptomatic gallstones, as well as he had an
10 echogenic liver, suggestive to some degree of hepatic
11 parenchymal disease -- disorder.

12 Q. What does that mean, some degree of hepatic parenchymal
13 disorder?

14 A. What that means is that -- parenchymal is the substance or
15 the matter, if you will, or the organic matter of the organ
16 involved, something is going on in the body of the liver.

17 Q. Is that suggestive of liver damage?

18 A. It can be, yes. Generally, it is. If it's found to be
19 true -- your liver is not really supposed to be echogenic,
20 meaning, that there's some solids in there that's bouncing off
21 the sound waves.

22 Q. Can that be caused by inflammation stemming from Hepatitis
23 C?

24 A. Yes, it can.

25 Q. Now, directing your attention, again, in Exhibit 1, Page

1 A-74. Was there another diagnostic test performed on the liver
2 in May of 2015?

3 A. Yes.

4 Q. What was that diagnostic test?

5 A. He had a CT scan with contrast.

6 Q. What findings, if any, concerned the liver? Directing your
7 attention to the bottom of A-74.

8 A. Okay, we had -- well, A-75, he had --

9 Q. A-74, Dr. Harris.

10 A. For the liver, he had a linear calcification seen
11 extending from the right posterior -- well, pleural space along
12 the hepatic capsule, anterior to the medial aspect and
13 extending interparenchymal, adjacent to the left hepatic dome.
14 Fragments are seen within the tract. This is a non-specific
15 finding, but may be dystrophic calcification along prior
16 gunshot wound.

17 Overall appearance of the liver is irregular. Please
18 correlate clinically for cirrhosis.

19 Q. Do you find any significance in that result?

20 A. Yes, I do.

21 Q. What is that?

22 A. It's probable that he has some degree of fibrosis in his
23 liver.

24 Q. Directing your attention, again, in Exhibit 1, the
25 document beginning on Page A-59.

1 A. Yes.

2 Q. Okay, now, did you review the records generated from Mr.
3 Abu-Jamal's stay at Geisinger Medical Center?

4 A. Yes, I did.

5 Q. Upon discharge, were any recommendations given concerning
6 what, if any, recommendations were given concerning Hepatitis
7 C? I'm direct your attention to A-60, three-quarters of the way
8 down.

9 A. "You also have Hepatitis C. You may be a candidate for
10 treatment. This consideration should be given to arranging for
11 outpatient gastroenterology consultation."

12 Q. Now, you read the Geisinger records, is that right?

13 A. Yes.

14 Q. Did any health professional at Geisinger rule out
15 Hepatitis C as the cause of Mr. Abu-Jamal's skin condition?

16 A. No.

17 Q. Earlier, you mentioned anemia. What, if anything, did you
18 note in the records concerning Mr. Abu-Jamal's hemoglobin and
19 blood counts?

20 A. His hemoglobin and blood counts decreased markedly, became
21 abnormally low in the course of the illness earlier this year.
22 It was ultimately treated with Procrit and it got better, but
23 it didn't resolve, he still has mild anemia.

24 Q. So, now, just in terms of the time period when he's
25 released from Geisinger, would it be fair to say you have a

1 patient who had tested positive for the Hepatitis C antibody?

2 A. Yes.

3 Q. What would be considered a severe case, even if it's of
4 psoriasis?

5 A. Yes.

6 Q. Had developed Type 2 Diabetes?

7 A. Yes.

8 Q. Was anemic?

9 A. Yes.

10 Q. Had an abnormal sonogram and CT scan of the liver?

11 A. Yes.

12 Q. What would be your next logical step?

13 A. Check the viral, finds out if he has active Hepatitis C.

14 Q. And if he does?

15 A. Find the genotype and do a whole series of tests to rule
16 out things like hepatocellular carcinoma and other conditions
17 with the liver and then treat him.

18 Q. So if he didn't already have the carcinoma, you would
19 recommend that he be treated with the drug?

20 A. Absolutely.

21 Q. Now, directing your attention to your visit with Mr.
22 Abu-Jamal, you obviously saw him?

23 A. Yes.

24 Q. How did he appear?

25 A. The first time? He had a very -- he was in obvious

1 distress. He seemed -- he was ambulating, I had to push him
2 around in the wheelchair, he seemed very almost lethargic, he
3 seemed very fatigued and a little bit despondent, actually.

4 Q. What, if anything, did you notice about his skin?

5 A. His skin had significant lesions
6 all -- every -- practically every place I observed, including
7 his left ear.

8 Q. Could you describe what you mean by lesions?

9 A. He had -- they were -- he had a rash, they were generally
10 hyperpigmented, they had something called micaceous character,
11 meaning, they were like mica, you could touch them, they were
12 indurated, they were hard, and in some spots, I think they
13 still had the fissures where he was oozing serious exudate, and
14 he also had swelling of his feet, he had onychomycosis was an
15 incidental finding on his toes, and the rash, as well, on his
16 legs.

17 Q. Did you conduct a full body view of Mr. Abu-Jamal on that
18 visit?

19 A. No, due to problems with privacy, obviously, it was a
20 public area, I was only able to see parts that were
21 appropriate.

22 Q. Now, directing your attention to what's in evidence as
23 Plaintiff's 6. I believe it's in your binder, it's a
24 photograph. What does that photograph depict?

25 A. One photograph of his left neck and left ear.

1 Q. Okay, and is what's depicted in that photograph, similar
2 to what you observed in July, when you first saw Mr. Abu-Jamal?

3 A. Yes, it was a little better, it wasn't quite as scaling
4 and as ridged and fissured as it was here, but it was there.

5 Q. Now, directing your attention to Exhibit 7, which is in
6 evidence, to the portion of the photograph depicting Mr.
7 Abu-Jamal's arms.

8 A. Yes.

9 Q. Can you describe for the Court -- strike that. You
10 mentioned earlier that his skin was hyperpigmented.

11 A. Yes.

12 Q. Does this photograph depict what you described as
13 hyperpigmented skin?

14 A. Yes.

15 Q. And that's on his arms?

16 A. Both arms.

17 Q. Did you come to any conclusion, with respect to the skin
18 condition?

19 A. Diagnostic conclusion?

20 Q. Yes.

21 A. Yes.

22 Q. What was that conclusion?

23 A. I thought it was a skin condition secondary to his
24 Hepatitis C, if he had active Hepatitis C, and then it was
25 probably a condition called NAE, necrolytic acral erythema.

1 Q. Now, what is necrolytic acral erythema?

2 A. Necrolytic acral erythema is a skin rash very similar to
3 psoriasis in its external appearance and histology, but the
4 difference from psoriasis is it's caused -- it's considered to
5 be caused by a of zinc metabolism in the skin and elsewhere in
6 the body, and it's considered pathognomonic for Hepatitis C.

7 Q. What does that mean?

8 A. That means, if you've got it, you've got Hepatitis C.

9 Q. Now, does it have any visible characteristics that would
10 distinguish it from a case of psoriasis?

11 A. Not histologically, not on biopsy. If he did a biopsy, you
12 couldn't tell the difference from psoriasis, and, in fact, I
13 discussed this with one of the pathologists that was involved
14 in a big major presentation in New York, and he said -- I read
15 in the results, he said, Yes, that's consistent with necrolytic
16 acral erythema.

17 Q. Now, how rare or not rare is necrolytic acral erythema?

18 A. It's considered rare. The first case -- well, a lot of it
19 is predicated on the whole history of Hepatitis C. They started
20 diagnosing it in '96 in Egypt, which has the highest rate of
21 Hepatitis C in the world, and they found a cohort of patients,
22 mainly, African or more dark-skinned Egyptians, that had a skin
23 lesion of this sort that, ultimately, responded to some
24 treatment, even if they didn't resolve the Hepatitis C, it
25 would resolve to treatment with anti-Hepatitis C agents, such

1 as Alpha Interferon and Ribavirin. Also, some cases were
2 resolved or, at least, got a lot better with treating the
3 patient with zinc.

4 Q. Prior to Mr. Abu-Jamal, had you had any familiarity with
5 NAE?

6 A. Well, in retrospect, yes, when I was working in Rwanda, I
7 saw a series of patients that had very similar skin findings
8 that had HIV and Hepatitis C.

9 Q. Can NAE be treated?

10 A. Yes.

11 Q. How can it be treated?

12 A. Treat the Hepatitis C.

13 Q. Now, is your conclusion that Mr. Abu-Jamal's skin
14 condition is secondary to the Hepatitis C, contingent upon it
15 being NAE?

16 A. No.

17 Q. Can common psoriasis be caused by Hepatitis C?

18 A. Yes, it can.

19 Q. Can eczema be caused by Hepatitis C?

20 A. It can.

21 Q. Okay, did there come a time when you learned there had
22 been Hepatitis C blood workup for Mr. Abu-Jamal?

23 A. Ultimately, yes. I mean, viral load was in, I believe,
24 August.

25 Q. Directing your attention, now, to Page A-112 of Exhibit 1.

1 Do you have that in front of you?

2 A. A-112?

3 Q. Yes. Does that set forth the viral load workup for Mr.
4 Abu-Jamal?

5 A. Yes.

6 Q. And did he have, in fact, a viral load?

7 A. Yes.

8 Q. And that means that he has chronic Hepatitis C, is that
9 right?

10 A. Active Hepatitis C, yes.

11 Q. And directing your attention to the top box where it says,
12 Hemoglobin 9.9. Is that abdomen or low?

13 A. That's abnormal, that's low.

14 Q. Is that consistent with the findings of hemoglobin for Mr.
15 Abu-Jamal throughout 2015?

16 A. Through 2015, yes. Prior to -- no, it's not, because, as I
17 recall -- oh, yes, 2015, I would agree to that, yes, because he
18 had -- he wasn't anemic earlier in some of the earlier charts I
19 reviewed.

20 Q. Okay, now, knowing, in August of 2015, that Mr. Abu-Jamal
21 had a viral load and had active Hepatitis C, did you come, once
22 again, come to a conclusion as to whether about the underlying
23 cause of his symptoms?

24 A. It reinforced my conviction or my thinking that it was
25 probably due to his Hepatitis C, now that I knew that it was,

1 in fact, active.

2 Q. Document A-112 sets forth that he had a viral load, at
3 least, on the day it was collected, of somewhat over 46,000. Do
4 you see that?

5 A. Yes.

6 Q. Now, is that considered a low or a high viral load?

7 A. That's considered relatively low.

8 Q. Does the size of viral load in Hepatitis C have any
9 relationship to disease severity?

10 A. No, it doesn't.

11 Q. Why is that?

12 A. Because the amount of virus is contingent on a lot of
13 factors in the liver, genetic factors, autoimmunological
14 factors and the architecture of the liver itself. Some, you can
15 have severe damage with a very high viral load, you can have no
16 damage -- relatively low damage with a high viral load, and the
17 reverse is true, as well.

18 I think, indicative of this is that, unlike -- at certain
19 points in the treatment of HIV, there's no recommendation to
20 base your treatment plans on viral load. It's either you have
21 it or you don't.

22 The only other significance that viral load can give you
23 in the -- I'm not 100 percent sure for the new medications, but
24 in the older medications, including Alpha Interferon, it gave
25 an idea of the likelihood of cure. The lower you were, you had

1 a slightly better chance of being cured with a low viral load,
2 so that's its main significance.

3 Q. Earlier, we had you look at Exhibit 2, which is the
4 guidelines of the American Association for the Study of Liver
5 Diseases.

6 A. Yes.

7 Q. Does viral load or the size of viral load play any role in
8 the priority of treatment for people infected with Hepatitis C?

9 A. No, it doesn't.

10 Q. Can you have extrahepatic symptoms caused by Hepatitis C
11 with a low viral load?

12 A. Yes.

13 Q. Okay, now, have you reviewed the medical records of blood
14 work for Mr. Abu-Jamal, since the time you wrote your report
15 back in July?

16 A. Yes, I have.

17 Q. Once again, directing your attention in Exhibit 1, to Page
18 A-110. Have you seen this document before?

19 A. Yes, I have.

20 Q. What does it refer to, generally?

21 A. This is a document from Dr. Gadea, and it basically
22 summarizes most of his findings. He was signing off service, he
23 was leaving the service. He made various recommendations and
24 observations on his Hepatitis C.

25 Q. Was one of his observations that some skin changes -- and

1 that would be for Mr. Abu-Jamal -- quote, "could be secondary
2 to Hep C even with normal liver functions"?

3 A. Yes; that's verbatim.

4 Q. Does he not recommend that, after a rheumatology consult
5 rules out any other factors, that Mr. Abu-Jamal be considered
6 for Hepatitis C treatment?

7 A. Exactly.

8 Q. In your professional opinion, is that an appropriate
9 course?

10 A. Yes.

11 Q. Now, directing your attention to, again, in Exhibit 1,
12 Page A-160. This is a document in evidence dated September 22,
13 2015?

14 A. Yes.

15 Q. Is that right?

16 A. Um-hum.

17 Q. Does it reflect the results of a rheumatology consult?

18 A. Yes.

19 Q. And directing your attention towards the bottom of the
20 consultation record, what was the result of that rheumatology
21 consult?

22 A. He said here that -- okay, he didn't have classical
23 psoriatic arthritis, which would be rheumatological condition,
24 autoimmune condition, he said basically he had psoriasis and he
25 should treat it with medications that would be tolerable, given

1 his Hepatitis C.

2 Q. But, essentially, what they found was Mr. Abu-Jamal's
3 psoriasis -- it was not indicated that it was caused by
4 autoimmune factors?

5 A. No, it wasn't.

6 Q. And did you see any evidence in the medical records that
7 they, then, followed Dr. Gadea's advice and considered
8 treatment for the Hepatitis C?

9 A. Yes. Dr. Robel had a few notes where he said -- he said
10 that that would be a possibility, that skin could change and
11 get worse, but he made the statement that he doesn't have the
12 decision, he doesn't have the power to treat him.

13 Q. As a doctor who has treated patients with the new
14 antiviral, are you familiar with its cost?

15 A. Oh, yeah.

16 Q. How much does it cost?

17 A. A thousand dollars a pop, a thousand dollars a pill.

18 Q. How many pills does someone have to take for a full course
19 of treatment?

20 A. Three sets of 28, so that's 84 -- between 84 and 90.

21 Q. So each full course of treatment would cost,
22 approximately, \$84,000?

23 A. In the United States, yes.

24 Q. Did you notice, in the records, any changes in Mr.
25 Abu-Jamal's skin condition?

1 A. Yes.

2 Q. What were those changes?

3 A. They got -- well, it got worse at certain points and got
4 better on initial treatment, then it got worse again, then it
5 got better, which is consistent with necrolytic acral erythema.
6 In fact, sort of the way that points you there is a patient
7 that has this rash and it looks like psoriasis, but it's just
8 not responding to typical treatment or conventional treatments.
9 Then, you test for Hepatitis C.

10 In fact, two of the big cases I reviewed, one was in the
11 New England Journal in 2011, and one recently from NYU, the
12 Langone Center, that was exactly the presentation of both of
13 these patients. They were both African American males -- one
14 was African American female. They had this skin
15 condition -- one had it for nine years and the other had it for
16 eight years, it was waxing and waning but never completely
17 resolved.

18 Somebody said, Well, let's check them for Hepatitis C. Lo
19 and behold, they had Hepatitis C, cured the Hepatitis C and the
20 lesions resolved.

21 Q. The records generated toward the end of this year, 2015,
22 certainly show there has been an improvement in Mr. Abu-Jamal's
23 skin condition, is that right?

24 A. Improvement, yes, it has gotten a little better.

25 Q. You observed him testifying, at least, through the video

1 today, is that right?

2 A. Yes.

3 Q. And, although, the skin condition has improved, has it
4 resolved?

5 A. No, he still, even during the course of my visits with
6 him, he's scratching quite often. I'm willing to argue with
7 him, but I think he underestimates his scratching, because he
8 does scratch a lot, when I'm sitting in front of him, like, I
9 don't know, every five minutes.

10 Q. Is the fact that there's been improvement, albeit only
11 some improvement in the skin condition, inconsistent with your
12 determination that the skin condition is secondary to Hepatitis
13 C?

14 A. No.

15 Q. Why is that?

16 A. Because of its histological findings and, also, because it
17 hasn't responded to very, very strong treatments for very
18 potent treatments.

19 Q. By that, you mean, even after all this treatment, it still
20 exists?

21 A. And, actually, I'd like to point out that he's still
22 having very extensive treatments and it hasn't resolved. He's
23 going twice a week for ultraviolet light treatment,
24 phototherapy, then, he's getting baths three times a week, he's
25 getting the Vaseline dressings, I think, three times a week, as

1 well, and the condition hasn't resolved. It's just kind of -- I
2 mean, it has gotten better, but if you were to look at this
3 kind of treatment modality, that's big guns, you're loaded for
4 bear, and if he doesn't get better from that, you have to look
5 for some other etiology.

6 Q. Is there any conclusion you can draw, in Mr. Abu-Jamal's
7 case, from the fact that the skin condition has not resolved,
8 even after all of the treatment you just described?

9 A. I think that speaks strongly for either necrolytic acral
10 erythema or some condition that's predicated on the Hepatitis C
11 that's not going to get better without treatment of Hepatitis
12 C.

13 In fact, two specialists I conferred with on this,
14 Dr. Robert Brown, who is the head of Hepatology at Cornell, and
15 Douglas Dietrich, who is the head of Hepatology, and he's very,
16 very well-known, he had it himself, at Mt. Sinai, and they
17 didn't really care about what the skin condition was, they
18 said, Treat him and it will go away, in terms of the pathology
19 of the particular condition. They were unanimous, they said,
20 Why aren't you treating him?

21 Q. Now, Mr. Abu-Jamal's anemia, has there been a change in
22 that in recent months?

23 A. Yes, it got better after a course of Procrit,
24 erythropoietin, it did get better, but it didn't resolve. I
25 think he said today it was 11.9.

1 Q. What is Procrit?

2 A. Procrit, as I mentioned before, is produced by the kidney,
3 and it responds to low hematocrit, low hemoglobin, and induces
4 the marrow to produce red blood cells.

5 Q. Now, directing your attention, once again, in Exhibit 1 to
6 Page A-122.

7 Does it set forth a hemoglobin count after the treatment
8 with Procrit?

9 A. Yes.

10 Q. And --

11 A. He was off Procrit, at this point.

12 Q. What is that amount?

13 A. It's -- what is the amount?

14 Q. Yes.

15 A. Hemoglobin is 11.5.

16 Q. Is that normal or abnormal?

17 A. No, that's abnormal. Normal would be 13.5, so it was
18 significantly low.

19 Q. Would it be fair to say, while his hemoglobin count has
20 increased under the Procrit, it has never gone back into normal
21 range?

22 A. Not that I have seen in the chart.

23 Q. Would he still be considered to have anemia of chronic
24 disease?

25 A. Absolutely. In fact, they all agree -- most of the

1 consultants put that down, I mean, there was no real debate
2 about that, everybody agreed he had anemia of chronic disease.
3 And they did a complete workup, including the GI workup,
4 endoscopy, colonoscopy, bone marrow biopsy, they did, as we can
5 say, a million-dollar workup for his anemia, and he doesn't
6 have any of these other conditions.

7 Q. Now, you're just referring to the tests performed at
8 Geisinger, primarily?

9 A. Yes.

10 Q. Now, with respect to the diabetes, the current blood work
11 seems to indicate he does not have diabetes, is that right?

12 A. Yes.

13 Q. How does he explain that?

14 A. I explain it for three reasons -- well, a couple of
15 reasons. The first thing is that, classically, if it was caused
16 by his Hepatitis C, it would indicate that he had such severe
17 hepatic damage that it deranged or upset the glucose metabolism
18 and thus would produce Type 2 diabetes.

19 But the other thing was that he had also received steroids
20 for that, and that could be a cause of these initial
21 hyperglycemic episodes, in, I believe, March.

22 But the other condition you want to think about is that
23 some folks with Hepatitis -- I mean, Type 2 Diabetes, have a
24 honeymoon period, if you will, in other words, they have an
25 episode of hyperglycemia, then, they go back to normal for a

1 while, and then redevelop the hyperglycemia. What this is
2 thought to be is their pancreatic function is tenuous or their
3 production of insulin is tenuous, some stressor or some trauma
4 or some infection has overwhelmed its capacity to control
5 glucose through insulin production and thus they become
6 hyperglycemic.

7 When that trauma or that pathology is resolved, they might
8 go back to normal for a while.

9 Q. Has the fact that his sugar levels and other blood work
10 indicate all within normal range, with respect to the Type 2
11 Diabetes, rule out, in your opinion, that the diabetes is
12 secondary to Hepatitis C?

13 A. No, it doesn't rule it out, but I think it's more
14 suggestive the fact that it resolved so completely, without
15 medication. It's more suggestive of an acute event, such as
16 administration of the steroids and Prednisone and also the
17 Cyclosporine.

18 Q. Now, what role, if any, does platelet count play, in
19 determining the condition of one's liver?

20 A. Platelet count is sort of a poor man's evaluation of
21 what's going on in the liver. When cirrhosis and the scarring
22 continue in process in the liver and reaches a certain point,
23 what happens is that blood flow through the liver is impeded,
24 it's blocked, if you will, and that causes -- it backs up into
25 the spleen.

1 The spleen is repository, sort of like a motel for the
2 platelets. They will start accumulating in the spleen and
3 you'll have thrombocytopenia, which is low platelets.
4 Platelets are produced by the bone marrow, they play an
5 essential role in blood clotting.

6 Q. What, if any, change has there been in Mr. Abu-Jamal's
7 platelet count in the last three months?

8 A. Well, in the last three months, it has been abnormal, it
9 has been low.

10 Q. Directing your attention, once again, to Exhibit 1, Page
11 A-122. Is there a platelet count listed there?

12 A. Yes, there is.

13 Q. What is that?

14 A. 121.

15 Q. What date was this blood collected?

16 A. October 13.

17 Q. Of 2015?

18 A. Yes.

19 Q. You say it's 121. What is the normal range?

20 A. Depending on the lab, about 150 to 400, 350, 400.

21 Q. Now, directing your attention to Page A-125. Is that
22 another lab report of blood counts?

23 A. Yes.

24 Q. What date was this blood collected?

25 A. November 3rd.

1 Q. Of 2015?

2 A. Yes, of 2015.

3 Q. What was the platelet count on that date?

4 A. 124.

5 Q. Is 124 normal?

6 A. No, that's still low.

7 Q. Direct your attention to Page A-126.

8 A. Yes.

9 Q. What date was this blood collected?

10 A. December 1st.

11 Q. That's of 2015.

12 A. Yes.

13 Q. What was the platelet count on that day?

14 A. 134.

15 Q. Is that within normal range?

16 A. That's still low.

17 Q. Is there any significance, Dr. Harris, to the fact that
18 his platelets have now been low for three consecutive months?

19 A. Yes, that can indicate that he has significant amount of
20 fibrosis in his liver.

21 Q. In your opinion, is his disease progressing?

22 A. Yes.

23 Q. Why?

24 A. Because -- well, one, I see the platelets going down, even
25 though there was an episode of very low platelets during his

1 episode in March, and the fact that they're now down
2 consistently for three lab draws.

3 Sometimes there is a fluctuation of platelets, but low
4 normal or low platelets, themselves, is a very strong indicator
5 of damage to the liver. So that would indicate that he has
6 ongoing pathology in the liver, as well as his skin lesions,
7 his skin rash that hasn't gotten better -- I mean, hasn't
8 resolved.

9 Q. In your opinion, what is the only way that these
10 conditions will resolve?

11 A. Treat his Hepatitis C.

12 Q. What will happen if it's not treated?

13 A. In the worst case scenario, you'll get hepatocellular
14 carcinoma and drop dead. But there's a whole spectrum.
15 Possibly -- the fact that he has extrahepatic symptoms means
16 that he's probably not going to have a benign course, it's
17 probably going to progress and progress. So it can progress on
18 to cirrhosis, and with all the complications that that entails,
19 and it can go on from there to hepatocellular carcinoma.

20 Then he will need, if possible, he will need a liver
21 transplant.

22 Q. As you sit here, testifying today, can you think of any
23 medical reason why Mr. Abu-Jamal's Hepatitis C should not be
24 treated with the new antiviral drugs?

25 A. Medically or economically?

1 Q. Medically?

2 A. No, there's no -- he has a disease. It's communicable,
3 it's infectious. I don't think they give condoms -- I'm not
4 saying Mr. Abu-Jamal is involved in sexual activities, but you
5 have 10,000 people in the prison system that have this
6 condition, there's no way to stop it from propagating, you're
7 going to have more and more cases of it.

8 In fact, one article said the acute rate is one percent.
9 So if you have one percent of 10,000 patients, you have 100 new
10 patients a year. So from the epidemiological point of view,
11 from the health point of view, from the individual point of
12 view, there's no justification whatsoever for not treating
13 Hepatitis C.

14 And this is fact, this is not -- this is only in the
15 United States. Most of the other countries have a totally
16 different -- because they have one lower payment for the
17 medication, they're treating everybody.

18 Q. And if he's treated, since he has genotype 1, there's a 90
19 to 95 percent chance he will be cured?

20 A. Yes, no doubt, as the kids say.

21 MR. BOYLE: Could I have a moment?

22 THE COURT: You may.

23 MR. BOYLE: No further questions. Thank you, Dr. Harris.

24 Thank you, Your Honor.

25 THE COURT: Thank you. Ms. Neal or Mr. Mazeski, who is

1 handling the cross examination? It's pretty clear to me we're
2 not finishing today, I think that's obvious.

3 The witness list I've been handed indicates that you, Mr.
4 Boyle, have two more witnesses after Dr. Harris, is that right?

5 MR. BOYLE: Yes, Your Honor.

6 THE COURT: And in the case of the Defendants, there are
7 four witnesses you wish to call?

8 MS. NEAL: Yes, Your Honor.

9 THE COURT: All right. Well, in light of that, I would
10 think, without knowing, that you would have an extensive cross
11 examination of Dr. Harris, given his very extensive testimony,
12 and we can start, now, at 20 after 4 and try to do as much as
13 we can, if you wish.

14 I will give you the option of beginning your cross
15 examination on another day, and I hope that day is going to be
16 Monday. I don't want to hear there aren't people available. But
17 Dr. Harris, are you available?

18 THE WITNESS: No, not Monday, but Tuesday or Wednesday.

19 THE COURT: You're not. What does counsel want to do here?
20 Can you finish your cross examination by 5 or 5:30?

21 MR. MAZESKI: Probably, Your Honor.

22 THE COURT: You can. Do you want to do that?

23 MR. MAZESKI: I can do that, but I can't be here Monday, so
24 unless there's another day next week to do the hearing or we
25 will have to split attorneys doing cross on the same witness.

1 THE COURT: Well, Dr. Harris can't be here until Tuesday,
2 so Monday is obviously out. Who can be here Tuesday? I don't
3 want to hold this over, I don't want to hold this over until
4 January, I'm not interested in doing that.

5 MR. BOYLE: We all have other things, but if the Court is
6 willing to have the time on Tuesday, I'll be here and so will
7 Mr. Grote.

8 THE COURT: All right, so we will do this on Tuesday, in
9 accordance with Dr. Harris' schedule.

10 MR. BOYLE: Unless you want to stay now.

11 THE COURT: Well, I will tell you, gentlemen and ladies, I
12 have no difficulty staying until 10:00 tonight, but there are
13 people on staff who don't feel the same way. There are people
14 who want to leave here at 5, and I can probably twist their
15 arms to have them stay here until 5:30, but that would be the
16 extent of what I can do, without making them very angry at me.

17 So what is it you want to do? We can attempt to finish
18 Dr. Harris today, if you think you can, but I'm not interested
19 in cutting you off.

20 MR. MAZESKI: Your Honor, I think, in light of all this,
21 unless there's something I've missed, can we break until
22 Tuesday?

23 THE COURT: Is there any objection to that?

24 MR. BOYLE: No, Your Honor.

25 THE COURT: All right, Dr. Harris, what time can you be

1 here Tuesday?

2 THE WITNESS: You name it.

3 THE COURT: Really?

4 THE WITNESS: I'm off Tuesday because of the holiday week.

5 THE COURT: Thank you. How about 9:30 on Tuesday morning?

6 THE WITNESS: I'll be here.

7 THE COURT: We stand adjourned until 9:30 Tuesday morning.

8 (At this time the proceedings were adjourned.)

C E R T I F I C A T E

I, KRISTIN L. YEAGER, Official Court Reporter for the United States District Court for the Middle District of Pennsylvania, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing is a true and correct transcript of the within-mentioned proceedings had in the above-mentioned and numbered cause on the date or dates hereinbefore set forth; and I do further certify that the foregoing transcript has been prepared by me or under my supervision.

S/Kristin L. Yeager
KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter

REPORTED BY:

KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter
United States District Court
Middle District of Pennsylvania
P.O. Box 5
Scranton, Pennsylvania 18501

(The foregoing certificate of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or supervision of the certifying reporter.)

\$	12th ^[1] - 70:8	2002 ^[3] - 99:6, 99:20, 99:23	61:10, 63:20, 107:20, 107:21, 110:1, 110:22, 110:23, 113:19	7
\$84,000 ^[1] - 142:22	12x12 ^[1] - 70:16	2003 ^[1] - 24:22	30th ^[1] - 40:8	7 ^[6] - 2:20, 35:20, 55:1, 92:22, 93:3, 135:5
'	13 ^[2] - 5:16, 149:16	201 ^[3] - 21:19, 21:20, 21:21	31 ^[2] - 18:18, 110:25	70 ^[1] - 110:6
'96 ^[1] - 136:20	13.5 ^[1] - 146:17	2011 ^[7] - 46:2, 46:13, 99:20, 99:22, 99:24, 100:1, 143:11	35,000 ^[1] - 86:15	728 ^[5] - 100:10, 100:14, 100:16, 100:19
0	130 ^[1] - 2:12	2012 ^[6] - 11:13, 23:11, 97:3, 97:10, 97:12, 126:24	350 ^[1] - 149:20	728,731,734 ^[1] - 2:21
000385 ^[1] - 86:21	131 ^[1] - 2:13	2013 ^[2] - 110:4, 110:5	37,000 ^[1] - 86:15	731 ^[6] - 100:9, 100:10, 100:14, 100:15, 100:16, 100:18
000428 ^[1] - 83:7	132 ^[1] - 2:13	2014 ^[13] - 20:18, 39:15, 41:24, 47:19, 47:22, 48:11, 48:14, 49:3, 49:15, 50:2, 50:10, 51:14, 110:5	3rd ^[1] - 149:25	734 ^[6] - 100:10, 100:14, 100:15, 100:16, 100:18
1	134 ^[1] - 150:14	2015 ^[53] - 1:9, 4:1, 15:18, 17:23, 18:8, 18:18, 18:25, 23:14, 34:6, 35:3, 36:24, 37:19, 39:19, 40:7, 40:9, 51:25, 52:14, 52:21, 53:14, 53:20, 53:24, 54:10, 57:3, 59:9, 66:21, 67:10, 68:18, 73:25, 75:13, 77:20, 80:23, 81:10, 86:24, 92:18, 93:2, 94:7, 103:22, 126:5, 129:11, 129:14, 129:25, 131:2, 138:15, 138:16, 138:17, 138:20, 141:13, 143:21, 149:17, 150:1, 150:2, 150:11	4	739 ^[1] - 19:11
1 ^[28] - 2:8, 2:20, 2:21, 2:21, 10:18, 36:10, 38:6, 38:7, 38:13, 38:24, 50:17, 95:25, 97:25, 98:2, 100:10, 119:24, 119:25, 121:10, 128:20, 129:23, 130:25, 131:24, 137:25, 140:17, 141:11, 146:5, 149:10, 152:18	137 ^[1] - 2:14	22 ^[2] - 93:2, 141:12	4 ^[7] - 2:17, 101:5, 101:7, 101:16, 121:10, 124:8, 153:12	74 ^[1] - 2:10
10 ^[4] - 2:18, 116:7, 116:10, 116:21	140 ^[1] - 2:14	225 ^[1] - 47:16	4/11 ^[1] - 65:2	753 ^[1] - 156:6
10,000 ^[2] - 152:5, 152:9	141 ^[1] - 2:15	23 ^[3] - 4:1, 15:18, 15:21	40 ^[1] - 115:3	755 ^[1] - 97:24
100 ^[6] - 2:21, 107:22, 109:25, 110:23, 139:23, 152:9	14th ^[1] - 24:18	235 ^[1] - 1:24	400 ^[2] - 149:20	755-757 ^[1] - 2:21
10007 ^[1] - 1:12	15 ^[4] - 18:12, 21:6, 58:2, 112:9	24 ^[5] - 22:5, 34:6, 34:20, 37:19, 45:17	409 ^[2] - 2:20, 95:25	757 ^[1] - 97:24
101 ^[1] - 2:17	150 ^[2] - 2:16, 149:20	25 ^[3] - 63:20, 92:12, 92:14	41 ^[4] - 15:24, 16:16, 22:9	8
103 ^[1] - 2:3	1501 ^[1] - 1:11	270 ^[2] - 47:18, 61:16	419 ^[2] - 53:6, 53:11	8 ^[6] - 2:17, 33:3, 113:22, 114:6, 114:18, 120:1
104,110 ^[1] - 2:4	15221 ^[1] - 1:14	275 ^[2] - 47:18, 61:16	42 ^[1] - 36:12	80 ^[3] - 13:24, 112:6, 128:20
106 ^[1] - 53:18	15cv967 ^[1] - 1:5	277 ^[1] - 1:11	425 ^[1] - 1:20	80-81 ^[1] - 2:12
108 ^[1] - 2:4	16 ^[1] - 40:14	28 ^[2] - 142:20, 156:6	45 ^[1] - 2:3	801 ^[1] - 87:14
10:00 ^[1] - 154:12	165 ^[1] - 28:6	28.2 ^[1] - 7:12	46,000 ^[1] - 139:3	804 ^[1] - 6:20
11 ^[2] - 35:19, 64:23	167 ^[1] - 53:15	297 ^[2] - 21:18, 21:20	4x4 ^[3] - 69:25, 70:14, 70:15	81 ^[1] - 128:20
11.5 ^[1] - 146:15	17050 ^[1] - 1:18	2:30 ^[1] - 59:1	5	812 ^[1] - 53:13
11.9 ^[2] - 86:15, 145:25	18 ^[2] - 1:9, 5:17	3	5 ^[3] - 153:20, 154:14, 156:18	84 ^[2] - 142:20
111 ^[1] - 67:17	184 ^[1] - 61:11	3 ^[4] - 10:11, 119:22, 123:12, 124:1	5/12/15 ^[1] - 67:19	85,000 ^[1] - 79:14
113 ^[1] - 36:2	18501 ^[1] - 156:19	30 ^[13] - 7:16, 17:24, 46:10, 59:9, 61:5,	50 ^[1] - 121:4	86 ^[1] - 2:11
113,114 ^[1] - 2:17	18503 ^[2] - 1:21, 1:25		51 ^[1] - 67:17	8654 ^[1] - 1:14
116 ^[1] - 2:18	19 ^[2] - 18:8, 92:18		516400 ^[1] - 31:13	88 ^[1] - 2:3
12 ^[6] - 17:23, 17:25, 67:10, 68:17, 119:19, 120:1	1920 ^[1] - 1:17		53 ^[1] - 2:8	8th ^[4] - 34:17, 34:18, 35:5, 41:14
121 ^[2] - 149:14, 149:19	1954 ^[1] - 45:17		530 ^[1] - 36:1	9
121,122 ^[1] - 2:18	1981 ^[1] - 103:25		54 ^[1] - 2:16	9 ^[5] - 83:15, 83:17, 83:18, 85:15, 85:16
1220 ^[1] - 19:11	1995 ^[1] - 46:6		561400 ^[1] - 15:10	9.9 ^[1] - 138:12
123 ^[1] - 2:18	1997(a) ^[1] - 4:25		5:30 ^[2] - 153:20, 154:15	90 ^[5] - 40:23, 119:10, 119:14, 142:20, 152:18
124 ^[2] - 150:4, 150:5	1997(e) ^[1] - 20:21		5th ^[1] - 24:18	92 ^[2] - 2:11, 2:20
125 ^[1] - 2:15	1997(e)(a) ^[1] - 5:24		6	95 ^[5] - 2:20, 40:23, 119:10, 119:14, 152:19
128 ^[1] - 2:12	1998 ^[1] - 33:3		6 ^[7] - 13:2, 13:7, 13:20, 53:6, 53:7, 55:1, 134:23	97 ^[1] - 2:21
	19th ^[1] - 70:8		6-7 ^[1] - 2:16	991 ^[1] - 28:6
	1a ^[1] - 40:25		6/7/01 ^[1] - 98:23	9:00 ^[1] - 1:9
	1st ^[2] - 24:18, 150:10		60 ^[1] - 121:4	9:30 ^[4] - 70:16, 155:5,
	2		61 ^[1] - 2:9	
	2 ^[20] - 2:18, 10:18, 36:12, 40:7, 94:7, 102:3, 119:22, 121:20, 122:17, 123:4, 123:9, 125:7, 125:11, 125:19, 133:6, 140:3, 147:18, 147:23, 148:10		62 ^[1] - 2:9	
	20 ^[7] - 58:2, 63:20, 112:9, 113:19, 115:3, 121:3, 153:12		64 ^[1] - 2:10	
	200 ^[1] - 1:20			
	2001 ^[6] - 34:23, 34:24, 98:24, 99:2, 99:20, 99:23			

155:7	absence [4] - 30:15, 30:20, 32:11	Abu-Jamal [103] - 2:3, 3:5, 3:7, 3:18, 3:20, 4:2, 4:8, 4:16, 6:18, 8:4, 8:22, 9:13, 10:8, 11:24, 11:25, 16:13, 17:12, 22:23, 23:6, 23:15, 23:21, 23:22, 24:19, 25:17, 26:9, 29:6, 34:17, 35:5, 35:12, 39:8, 39:13, 39:22, 40:10, 41:18, 42:14, 43:6, 44:11, 45:6, 45:15, 47:15, 55:2, 55:8, 55:24, 56:12, 60:20, 68:2, 68:10, 68:17, 75:6, 79:17, 81:1, 83:6, 85:11, 86:16, 89:1, 90:25, 91:6, 92:10, 92:21, 93:5, 93:7, 93:12, 93:18, 94:1, 94:22, 95:17, 96:1, 98:8, 98:15, 98:19, 100:2, 100:6, 101:4, 101:12, 101:14, 101:18, 102:3, 102:12, 102:25, 103:18, 103:24, 104:7, 125:22, 125:24, 126:2, 126:11, 126:22, 127:22, 128:13, 129:11, 129:25, 133:22, 134:17, 135:2, 137:4, 137:13, 137:22, 138:4, 138:15, 138:20, 140:14, 141:1, 141:5, 152:4	accrued [1] - 36:10	27:16, 36:1
A	absolutely [10] - 12:25, 22:13, 23:13, 24:5, 52:18, 88:17, 115:12, 124:24, 126:23, 133:20	ABU-JAMAL [1] - 1:2	accumulating [1] - 149:2	additionally [1] - 56:13
A-1 [1] - 16:16	Absolutely [1] - 146:25	Abu-Jamal's [26] - 7:11, 8:10, 17:22, 22:18, 35:1, 36:14, 36:22, 38:7, 38:10, 39:4, 40:20, 41:8, 42:13, 60:15, 132:3, 132:15, 132:18, 133:22, 134:17, 135:2, 135:7, 137:4, 137:13, 137:22, 138:4, 138:15, 138:20, 140:14, 141:1, 141:5, 142:2, 142:25, 143:22, 145:6, 151:23, 152:4	accurate [5] - 55:3, 55:9, 55:25, 61:11, 110:24	address [2] - 19:3, 24:2
A-110 [2] - 2:14, 140:18	abstract [2] - 116:11, 116:20	accent [1] - 85:25	aches [1] - 120:5	addressed [4] - 25:10, 25:11, 72:25, 74:4
A-112 [4] - 2:14, 137:25, 138:2, 139:2	Abu [129] - 2:3, 3:5, 3:7, 3:18, 3:20, 4:2, 4:8, 4:16, 6:18, 7:11, 8:4, 8:10, 8:22, 9:13, 10:8, 11:24, 11:25, 16:13, 17:12, 17:22, 22:18, 22:23, 23:6, 23:15, 23:21, 23:22, 24:19, 25:17, 26:9, 29:6, 34:17, 35:1, 35:5, 35:12, 36:14, 36:22, 38:7, 38:10, 39:4, 39:8, 39:13, 39:22, 40:10, 40:20, 41:8, 41:18, 42:13, 42:14, 43:6, 44:11, 45:6, 45:15, 47:15, 55:2, 55:8, 55:24, 56:12, 60:15, 60:20, 68:2, 68:10, 68:17, 75:6, 79:17, 81:1, 83:6, 85:11, 86:16, 89:1, 90:25, 91:6, 92:10, 92:21, 93:5, 93:7, 93:12, 93:18, 94:1, 94:22, 95:17, 96:1, 98:8, 98:15, 98:19, 100:2, 100:6, 101:4, 101:12, 101:14, 101:18, 102:3, 102:12, 102:25, 103:18, 103:24, 104:7, 125:22, 125:24, 126:2, 126:11, 126:22, 127:22, 128:13, 129:11, 129:25, 133:22, 134:17, 135:2, 135:7, 137:4, 137:13, 137:22, 138:4, 138:15, 138:20, 140:14, 141:1, 141:5, 142:2, 142:25, 143:22, 145:6, 151:23, 152:4	accept [2] - 18:23, 88:16	acknowledged [1] - 31:7	addressing [1] - 25:23
A-122 [3] - 2:15, 146:6, 149:11	ABU [1] - 1:2	accepted [1] - 35:2	acral [10] - 84:24, 85:12, 116:5, 135:25, 136:1, 136:2, 136:16, 136:17, 143:5, 145:9	adequate [1] - 37:7
A-125 [1] - 149:21		accordance [1] - 154:9	act [1] - 23:8	adjacent [1] - 131:13
A-125-A-126 [1] - 2:16		according [1] - 18:14	Act [4] - 6:16, 21:3, 36:8, 43:18	adjourned [2] - 155:7, 155:8
A-126 [3] - 2:11, 86:21, 150:7		account [1] - 43:19	Act's [1] - 22:4	adjustments [4] - 95:16, 95:18, 95:19, 95:20
A-128 [1] - 83:7			acting [3] - 107:11, 107:16, 119:6	ADM [1] - 6:20
A-14 [2] - 53:3, 53:17			action [32] - 5:2, 5:5, 5:9, 5:12, 5:15, 5:17, 5:20, 7:5, 11:18, 12:21, 13:14, 14:17, 15:5, 16:4, 16:22, 17:13, 17:16, 19:12, 20:3, 20:22, 27:1, 27:2, 27:5, 30:13, 31:8, 31:17, 34:2, 34:19, 35:18, 37:11, 44:4	administer [1] - 26:9
A-160 [2] - 2:15, 141:12			actions [1] - 31:6	administered [3] - 37:4, 37:8, 89:17
A-17 [1] - 129:24			active [17] - 18:20, 23:11, 39:8, 39:21, 75:20, 79:14, 80:2, 112:10, 112:12, 121:12, 121:16, 127:15, 133:13, 135:24, 138:10, 138:21, 139:1	administration [1] - 148:16
A-18 [2] - 2:9, 61:8			actively [4] - 13:6, 44:17, 112:8, 127:19	Administrative [5] - 6:3, 6:9, 17:3, 33:14, 34:23
A-2 [2] - 16:16, 51:1			activities [2] - 64:12, 152:4	administrative [13] - 4:24, 5:25, 6:7, 6:12, 17:1, 17:4, 17:14, 22:1, 24:14, 33:25, 34:24, 43:20
A-20 [2] - 2:9, 62:3			acumen [1] - 23:20	administratively [3] - 19:14, 34:15, 37:13
A-25 [1] - 2:11			acute [5] - 62:12, 67:21, 129:6, 148:15, 152:8	Administrator [1] - 4:10
A-3 [3] - 50:17, 50:22, 51:2			add [8] - 25:18, 26:20, 35:8, 35:25, 108:2, 108:6, 110:25	admissibility [1] - 38:18
A-38 [2] - 2:10, 64:22			added [4] - 4:4, 19:13, 34:18, 37:12	admissions [1] - 60:18
A-4 [1] - 51:1			addition [13] - 4:4, 10:10, 33:8, 33:11, 34:6, 57:2, 77:11, 77:16, 86:7, 106:12, 116:4, 117:19, 118:20	admit [2] - 107:24, 108:11
A-45 [2] - 67:12, 67:13			additional [3] - 4:4,	Admitted [1] - 2:7
A-59 [2] - 2:13, 131:25				admitted [6] - 33:13, 38:24, 68:9, 110:13, 123:7, 123:9
A-60 [5] - 2:10, 2:13, 74:19, 75:6, 132:7				admittedly [1] - 35:21
A-74 [4] - 2:12, 131:1, 131:7, 131:9				adult [1] - 125:7
A-75 [1] - 131:8				advanced [3] - 122:8, 124:7
A-9 [2] - 53:2, 53:5				advantage [1] - 23:22
A.M [1] - 1:9				adverse [2] - 10:13, 36:18
A9-A14,812 [1] - 2:8				advice [1] - 142:7
AASLD [1] - 122:2				affect [7] - 57:15, 77:20, 111:23, 111:25, 112:2, 112:13, 113:15
abdomen [2] - 113:13, 138:12				affected [4] - 42:2, 57:16, 65:7, 65:8
abilities [1] - 21:6				affecting [2] - 26:6, 111:24
ability [5] - 42:2, 64:11, 65:7, 81:20, 99:9				affects [2] - 117:13,
able [12] - 23:21, 24:19, 25:9, 26:2, 27:4, 93:8, 93:13, 94:7, 94:17, 102:9, 134:20				
abnormal [9] - 53:18, 53:21, 61:6, 87:23, 133:10, 138:13, 146:16, 146:17, 149:8				
abnormally [2] - 53:15, 132:21				
Abolitionist [1] - 1:13				
above-mentioned [1] - 156:8				

<p>117:14 affidavit [3] - 17:22, 17:23, 18:14 affirm [1] - 45:10 affirmation [1] - 68:6 Affirmed [1] - 2:5 AFFIRMED [2] - 45:8, 104:13 affirmed [1] - 2:3 African [4] - 121:3, 136:22, 143:13, 143:14 afternoon [5] - 78:9, 89:1, 89:2, 104:23, 104:24 afterwards [1] - 85:21 agency [3] - 6:10, 17:4, 17:14 agents [2] - 118:24, 136:25 aggrieved [1] - 36:23 ago [2] - 78:24, 119:2 agree [13] - 8:4, 15:20, 68:2, 94:16, 94:22, 102:6, 114:25, 115:4, 115:6, 115:11, 117:2, 138:17, 146:25 agreed [5] - 17:6, 31:15, 68:5, 122:12, 147:2 agreed-upon [1] - 122:12 ahead [7] - 6:5, 55:14, 60:10, 79:24, 81:4, 93:24, 100:21 Ahmed [13] - 19:24, 20:5, 21:18, 24:10, 32:25, 33:2, 33:11, 34:2, 34:4, 34:6, 34:11, 34:21, 35:19 Ahmed's [1] - 33:8 aided [1] - 1:22 ailments [1] - 36:25 ain't [2] - 67:3, 67:5 Al [1] - 1:6 al [1] - 3:19 albeit [1] - 144:10 alert [1] - 69:4 alerted [1] - 63:21 allegation [2] - 11:11, 13:17 allegations [7] - 16:15, 19:3, 31:4, 31:6, 31:9, 35:25, 36:6 alleged [3] - 16:1, 25:7, 31:6 alleges [1] - 37:4 alleging [5] - 3:22,</p>	<p>15:25, 16:14, 22:19, 25:6 allow [10] - 6:8, 6:10, 9:8, 19:18, 27:10, 64:13, 79:24, 80:13, 85:9, 99:22 allowed [2] - 33:17, 35:14 allowing [10] - 4:2, 4:16, 17:3, 17:14, 17:17, 19:19, 20:21, 25:16, 25:17, 37:18 allows [1] - 32:13 almost [4] - 4:23, 46:10, 61:23, 134:2 Alpha [2] - 137:1, 139:24 ambulating [2] - 126:15, 134:1 amend [7] - 4:16, 21:6, 24:15, 24:23, 25:17, 33:9, 34:7 amended [14] - 4:3, 5:7, 15:9, 15:14, 15:16, 19:19, 22:2, 32:14, 34:5, 34:13, 34:19, 35:18, 35:24, 37:18 Amendment [5] - 24:19, 34:17, 34:18, 35:5, 41:14 amendment [13] - 4:17, 4:23, 5:7, 5:13, 19:14, 19:15, 20:2, 21:9, 27:25, 34:3, 36:6, 37:13, 37:14 America [2] - 122:4, 122:5 American [8] - 105:24, 106:3, 122:2, 122:24, 124:16, 140:4, 143:13, 143:14 Americans [2] - 121:3, 121:4 amount [4] - 139:12, 146:12, 146:13, 150:19 amounts [1] - 116:2 amplified [1] - 4:3 analysis [1] - 37:5 anasarca [1] - 113:12 AND [3] - 1:12, 45:8, 104:12 anemia [26] - 40:1, 40:4, 41:8, 43:3, 48:9, 62:15, 74:1, 95:12, 95:13, 117:7, 117:9, 117:18, 117:20, 117:22,</p>	<p>117:23, 118:7, 118:8, 120:15, 125:4, 129:16, 132:17, 132:23, 145:21, 146:23, 147:2, 147:5 anemic [2] - 133:8, 138:18 angry [1] - 154:16 ankles [4] - 63:12, 69:1, 70:4, 77:13 answer [7] - 9:19, 29:5, 29:7, 35:8, 60:22, 74:15, 110:23 answered [1] - 73:13 answering [2] - 14:19, 14:20 anterior [1] - 131:12 anti [4] - 48:19, 118:24, 119:6, 136:25 anti-bacterial [1] - 48:19 anti-Hepatitis [1] - 136:25 anti-retroviral [1] - 118:24 antibody [5] - 126:21, 126:24, 127:7, 127:11, 133:1 antiviral [9] - 88:16, 107:11, 107:14, 119:13, 120:3, 121:17, 123:1, 142:14, 151:24 antivirals [3] - 107:17, 120:7, 120:19 apologize [6] - 30:5, 32:9, 51:6, 52:21, 68:14, 92:25 apparent [3] - 23:8, 25:22, 39:24 appeal [15] - 3:25, 4:13, 4:22, 5:19, 13:2, 13:7, 14:2, 14:3, 14:5, 32:23, 33:2, 33:11, 33:24, 35:9, 37:22 appeals [2] - 6:20, 13:7 Appeals [3] - 6:22, 14:6, 14:8 appear [4] - 35:16, 39:25, 115:8, 133:24 appearance [2] - 131:17, 136:3 appearances [1] - 3:2 Appendix [4] - 28:6, 28:10, 35:22, 36:2 appendix [1] - 28:12</p>	<p>applicable [1] - 33:4 application [1] - 37:16 applied [4] - 18:9, 31:5, 48:20, 70:18 apply [7] - 8:20, 8:21, 9:11, 10:3, 21:4, 31:1, 156:22 appointed [1] - 156:5 appreciate [1] - 104:18 approach [4] - 31:21, 32:11, 114:3, 116:6 appropriate [9] - 13:22, 31:20, 40:21, 44:12, 115:10, 121:16, 134:21, 141:8 approve [1] - 80:14 approved [3] - 32:15, 110:2, 110:4 April [11] - 5:16, 26:10, 33:3, 34:23, 35:2, 36:24, 45:17, 56:6, 61:25, 64:23, 66:21 architecture [2] - 121:8, 139:14 area [4] - 48:5, 48:22, 69:9, 134:20 areas [1] - 52:15 argue [2] - 33:15, 144:6 argued [1] - 24:24 argument [12] - 4:23, 4:25, 17:19, 22:14, 25:15, 26:17, 27:18, 27:19, 27:22, 30:4, 32:15, 33:18 arguments [2] - 4:20, 33:20 Aristocort [2] - 66:18, 70:2 arm [6] - 48:5, 71:12, 71:13, 73:9, 102:21, 103:3 arms [11] - 49:23, 52:12, 54:17, 58:4, 58:25, 63:16, 76:17, 135:7, 135:15, 135:16, 154:15 arose [2] - 19:12, 37:11 arranging [1] - 132:10 array [1] - 26:11 arrival [1] - 46:3 arrived [1] - 46:23 arthritis [1] - 141:23 article [9] - 113:21, 114:12, 114:19, 114:25, 115:7,</p>	<p>116:20, 117:1, 117:3, 152:8 articles [4] - 114:10, 116:15, 116:18 AS [2] - 45:8, 104:13 ascites [1] - 113:12 aside [1] - 12:1 aspect [1] - 131:12 aspects [1] - 114:11 asserting [1] - 36:16 assertion [3] - 11:6, 16:6, 56:12 assertions [1] - 32:16 asserts [4] - 4:22, 17:25, 30:16 assigned [3] - 15:11, 69:25, 124:6 assist [2] - 18:10, 65:18 assistance [1] - 11:20 Assistant [1] - 4:9 assisted [2] - 8:10, 9:12 associated [3] - 4:7, 116:24, 120:2 Association [7] - 106:4, 122:2, 122:5, 122:24, 124:16, 140:4 associations [1] - 106:2 assume [3] - 8:5, 16:2, 85:5 asymptomatic [1] - 130:9 attached [1] - 8:13 attacking [1] - 111:16 attempt [3] - 20:22, 34:7, 154:17 attempted [1] - 35:17 attended [1] - 5:23 attention [43] - 50:16, 51:24, 53:2, 53:13, 59:9, 61:8, 62:3, 64:22, 67:10, 67:12, 74:19, 75:6, 75:8, 83:6, 86:20, 92:14, 92:21, 100:9, 101:4, 116:10, 122:23, 124:1, 128:12, 128:19, 129:10, 129:23, 130:25, 131:7, 131:24, 132:7, 133:21, 134:22, 135:5, 137:25, 138:11, 140:17, 141:11, 141:19, 146:5, 149:10, 149:21, 150:7</p>
---	--	--	---	---

<p>attorney [1] - 8:23 attorneys [4] - 8:10, 9:13, 24:20, 153:25 August [7] - 24:22, 39:19, 41:24, 81:10, 81:12, 137:24, 138:20 authenticity [1] - 38:18 authority [4] - 8:24, 9:1, 23:25, 81:16 autoimmune [2] - 141:24, 142:4 autoimmunological [1] - 139:13 available [6] - 116:14, 116:15, 124:10, 124:13, 153:16, 153:17 AVENUE [1] - 1:24 avoid [1] - 115:9 aware [7] - 20:12, 20:13, 23:25, 37:7, 39:8, 48:9, 97:7</p>	<p>40:25, 103:19, 148:5 becoming [1] - 12:4 bed [1] - 63:14 BEFORE [1] - 1:9 beg [1] - 108:4 began [6] - 35:13, 48:15, 49:4, 58:8, 66:8, 76:9 begin [5] - 32:25, 34:23, 35:10, 79:6, 83:11 beginning [6] - 3:2, 29:22, 36:10, 36:15, 131:25, 153:14 begins [1] - 7:12 behalf [4] - 3:13, 3:16, 22:14, 44:15 behind [5] - 38:6, 48:15, 49:13, 52:11, 121:19 behold [1] - 143:19 belly [1] - 120:5 below [2] - 41:13, 98:20 bench [1] - 32:10 benign [1] - 151:16 best [4] - 43:6, 43:11, 81:19, 87:18 better [22] - 52:3, 66:25, 67:4, 69:21, 82:15, 94:15, 95:21, 95:22, 96:8, 132:22, 135:3, 137:2, 140:1, 143:4, 143:5, 143:24, 145:2, 145:4, 145:11, 145:23, 145:24, 151:7 between [9] - 9:2, 30:3, 42:11, 42:19, 47:18, 70:17, 86:2, 90:23, 142:20 beyond [2] - 68:11, 74:15 big [6] - 68:25, 93:9, 118:5, 136:14, 143:10, 145:3 bigger [1] - 69:9 biggest [1] - 112:22 bile [1] - 113:2 binder [7] - 38:6, 55:1, 104:10, 113:22, 128:20, 134:23 Biochemistry [1] - 105:9 biopsies [13] - 71:9, 71:11, 71:12, 71:14, 71:18, 72:3, 72:8, 72:16, 72:18, 72:21, 73:7, 73:9</p>	<p>biopsy [9] - 71:19, 72:4, 121:7, 121:14, 128:25, 129:1, 136:11, 147:4 bit [2] - 109:23, 134:3 bizarre [1] - 115:16 bleeding [1] - 112:24 blisters [3] - 68:25, 69:8, 69:20 block [2] - 94:21, 94:24 blocked [1] - 148:24 blocks [1] - 113:9 blood [54] - 39:25, 51:22, 52:19, 52:22, 52:24, 53:6, 53:7, 61:3, 61:6, 64:24, 64:25, 65:4, 67:13, 71:5, 71:6, 71:7, 75:21, 79:4, 79:11, 80:3, 86:11, 86:12, 96:4, 96:14, 96:15, 96:16, 96:17, 96:19, 96:21, 97:1, 97:13, 103:24, 112:25, 113:1, 113:9, 117:8, 117:15, 117:25, 118:2, 127:5, 132:19, 132:20, 137:22, 140:13, 146:4, 147:10, 148:9, 148:23, 149:5, 149:15, 149:22, 149:24, 150:9 bloody [1] - 59:8 board [2] - 68:7, 122:10 Board [5] - 105:20, 105:24, 108:21, 109:2, 109:4 boards [1] - 106:5 Boceprevir [1] - 119:1 body [28] - 12:7, 52:10, 52:13, 54:10, 61:22, 61:23, 66:9, 70:2, 70:6, 71:1, 76:6, 76:15, 81:23, 81:24, 81:25, 86:9, 102:23, 111:15, 112:23, 116:4, 117:8, 117:16, 117:24, 125:13, 130:7, 130:16, 134:17, 136:6 boils [2] - 18:1, 42:18 boli [1] - 116:3 bone [2] - 147:4, 149:4 boomers [1] - 115:20</p>	<p>Boone [3] - 21:11, 35:21, 35:24 born [2] - 45:16, 45:20 bothering [1] - 103:3 bottom [6] - 50:19, 58:25, 67:19, 131:7, 141:19 bought [1] - 48:19 bounces [1] - 130:6 bouncing [1] - 130:20 box [1] - 138:11 Box [2] - 1:14, 156:18 BOYLE [40] - 3:4, 32:5, 37:25, 38:5, 38:13, 38:20, 39:1, 45:2, 51:2, 74:17, 90:20, 90:22, 97:9, 99:7, 100:18, 101:13, 101:22, 101:24, 103:14, 104:9, 104:19, 104:22, 107:24, 110:15, 110:19, 110:20, 113:21, 114:3, 114:5, 116:6, 116:9, 123:3, 123:8, 123:11, 152:21, 152:23, 153:5, 154:5, 154:10, 154:24 Boyle [11] - 1:11, 3:4, 28:19, 37:22, 42:14, 44:8, 44:18, 45:1, 100:17, 101:21, 153:4 break [2] - 74:23, 154:21 breath [1] - 58:9 breathe [1] - 58:12 breathing [2] - 58:13, 58:17 Brenda [1] - 69:4 Bret [2] - 1:13, 3:6 brief [5] - 20:8, 21:8, 21:22, 38:23, 94:17 briefly [7] - 5:22, 46:15, 49:11, 103:15, 108:15, 118:14, 118:16 Brier [1] - 1:20 bring [4] - 16:22, 24:13, 25:6, 34:17 broad [4] - 7:25, 8:2, 8:5, 29:17 broaden [1] - 9:6 broadly [2] - 8:21, 10:17 Broadway [1] - 1:11 broke [1] - 12:5 broken [1] - 112:25</p>	<p>Brooklyn [1] - 105:12 brought [9] - 22:3, 24:11, 24:12, 24:18, 34:11, 34:22, 83:23, 84:7, 85:5 Brown [1] - 145:14 bubbles [2] - 68:25, 69:8 bulbs [1] - 116:4 bumps [1] - 116:4 burden [3] - 37:23, 43:20, 43:21 Bureau [6] - 13:21, 14:6, 14:9, 14:14, 15:1, 26:8 business [1] - 4:12 button [1] - 69:3 BY [46] - 45:7, 45:13, 46:22, 51:10, 55:23, 57:1, 59:19, 60:5, 60:19, 64:21, 67:16, 68:16, 72:9, 73:5, 73:19, 73:24, 74:18, 75:5, 77:5, 79:25, 81:9, 83:5, 84:13, 85:10, 86:19, 87:16, 88:2, 88:25, 91:5, 93:17, 93:25, 97:11, 98:7, 98:14, 99:25, 100:22, 102:2, 102:17, 103:17, 104:22, 108:17, 110:20, 114:5, 116:9, 123:11, 156:15</p>
B		C		
<p>baby [1] - 115:20 Bachelor's [1] - 105:9 background [1] - 105:8 backing [1] - 113:11 backs [1] - 148:24 backside [2] - 66:8, 76:16 bacterial [1] - 48:19 Bactrim [1] - 51:13 bad [2] - 52:3, 52:4 bandages [1] - 70:6 base [1] - 139:20 based [11] - 4:23, 9:25, 24:19, 37:15, 37:16, 92:6, 95:11, 99:23, 120:8, 124:10, 124:13 basis [8] - 4:16, 32:14, 33:20, 36:20, 42:17, 56:17, 90:21 Bates [1] - 50:24 bath [2] - 78:8 bathroom [2] - 63:11, 74:22 baths [7] - 78:3, 78:4, 78:5, 82:8, 91:13, 128:9, 144:24 batteries [1] - 40:2 bear [1] - 145:4 became [3] - 18:13, 23:8, 132:20 become [4] - 25:21,</p>			<p>calcification [2] - 131:10, 131:15 calendar [1] - 13:24 CALLED [2] - 45:7, 104:12 camera [4] - 55:2, 55:19, 55:25, 93:9 cancer [1] - 73:8 candidate [1] - 132:9 cannot [9] - 19:25, 21:3, 24:11, 27:25, 34:2, 78:24, 93:14, 94:6, 98:9 Cano [12] - 19:6, 19:8, 19:23, 20:14, 20:24, 21:12, 24:4, 28:15, 32:13, 32:19, 37:9, 37:16 capacity [1] - 148:4 capsule [1] - 131:12 carcinoma [4] - 133:16, 133:18,</p>	

<p>151:14, 151:19</p> <p>care [29] - 3:24, 7:17, 10:12, 11:1, 12:9, 12:11, 22:6, 23:10, 23:13, 25:2, 25:25, 26:9, 26:12, 30:17, 30:21, 34:17, 36:17, 36:19, 39:16, 40:21, 40:22, 41:1, 41:4, 41:13, 44:11, 60:3, 106:10, 145:17</p> <p>Care [8] - 4:5, 4:10, 13:21, 14:7, 14:10, 14:15, 15:1, 26:8</p> <p>case [68] - 3:21, 6:17, 8:22, 9:12, 9:14, 10:19, 13:5, 13:24, 15:9, 15:23, 16:19, 16:20, 16:21, 17:19, 19:16, 19:17, 19:19, 20:9, 20:25, 21:10, 24:9, 24:10, 24:17, 27:9, 27:12, 28:4, 28:5, 28:9, 28:10, 28:11, 28:12, 28:18, 29:7, 32:14, 33:10, 33:12, 33:15, 33:23, 34:4, 34:5, 34:6, 34:9, 34:11, 34:16, 35:1, 35:4, 35:12, 35:24, 36:14, 37:17, 39:21, 41:8, 42:7, 42:23, 44:11, 44:13, 60:17, 69:24, 72:12, 79:21, 81:2, 82:16, 133:3, 136:10, 136:18, 145:7, 151:13, 153:6</p> <p>cases [20] - 20:24, 21:2, 21:8, 24:19, 28:13, 28:14, 28:16, 32:16, 32:18, 32:21, 35:23, 37:15, 54:4, 54:6, 106:19, 109:10, 113:6, 137:1, 143:10, 152:7</p> <p>caused [14] - 10:12, 11:1, 18:17, 36:17, 84:25, 115:22, 130:22, 136:4, 136:5, 137:17, 137:19, 140:10, 142:3, 147:15</p> <p>causes [6] - 115:25, 116:3, 118:7, 125:16, 126:21, 148:24</p> <p>causing [2] - 7:15, 7:24</p> <p>CCS [1] - 87:8</p>	<p>cell [5] - 68:19, 68:20, 69:3, 76:20, 112:25</p> <p>cells [8] - 111:9, 111:14, 111:16, 113:1, 117:13, 117:16, 117:25, 146:4</p> <p>center [1] - 49:23</p> <p>CENTER [1] - 1:18</p> <p>Center [21] - 1:13, 3:14, 3:17, 18:4, 18:5, 24:21, 37:3, 39:18, 44:3, 59:21, 62:9, 63:1, 63:4, 63:23, 69:17, 69:23, 72:19, 74:3, 89:4, 132:3, 143:12</p> <p>central [2] - 112:23, 117:15</p> <p>certain [8] - 57:16, 63:2, 109:10, 116:2, 139:18, 143:3, 148:22</p> <p>certainly [10] - 12:11, 30:13, 30:14, 44:21, 53:9, 68:6, 74:12, 90:23, 143:22</p> <p>certificate [1] - 156:22</p> <p>certification [1] - 109:2</p> <p>certified [3] - 105:20, 108:21, 109:4</p> <p>CERTIFIED [1] - 1:24</p> <p>certify [2] - 156:6, 156:10</p> <p>certifying [1] - 156:23</p> <p>chance [4] - 22:16, 121:10, 140:1, 152:19</p> <p>change [8] - 48:11, 60:12, 70:15, 82:11, 129:4, 142:10, 145:21, 149:6</p> <p>changed [7] - 30:3, 48:13, 70:15, 82:14, 82:15, 120:19, 120:23</p> <p>changes [8] - 48:23, 51:25, 67:21, 118:12, 118:15, 140:25, 142:24, 143:2</p> <p>changing [1] - 56:17</p> <p>character [1] - 134:10</p> <p>characteristics [1] - 136:9</p> <p>characterize [1] - 47:19</p> <p>charge [2] - 66:2, 80:19</p>	<p>chart [1] - 146:22</p> <p>charts [2] - 126:11, 138:18</p> <p>check [4] - 67:2, 71:13, 133:13, 143:18</p> <p>checks [1] - 89:13</p> <p>checkout [1] - 82:22</p> <p>chest [5] - 52:11, 58:9, 58:17, 58:25, 76:16</p> <p>Chief [3] - 1:17, 3:9, 4:9</p> <p>chills [1] - 120:5</p> <p>cholesterol [1] - 102:14</p> <p>chose [1] - 15:23</p> <p>Christopher [1] - 4:5</p> <p>Chronic [5] - 112:3, 113:14, 118:10, 123:15, 123:19</p> <p>chronic [13] - 39:8, 40:1, 41:5, 112:6, 117:17, 117:20, 117:21, 117:22, 117:23, 125:4, 138:8, 146:23, 147:2</p> <p>circuit [2] - 20:16, 36:3</p> <p>Circuit [16] - 6:24, 19:10, 19:17, 19:22, 21:10, 24:6, 27:23, 28:4, 28:11, 28:13, 32:13, 33:19, 34:1, 35:20, 35:21</p> <p>Circuit's [1] - 19:23</p> <p>cirrhosis [10] - 41:12, 43:14, 99:10, 111:18, 111:19, 112:13, 124:8, 131:18, 148:21, 151:18</p> <p>cirrhotic [1] - 121:11</p> <p>citation [1] - 21:17</p> <p>citations [1] - 32:17</p> <p>cite [3] - 20:10, 20:25, 34:22</p> <p>cited [3] - 24:9, 28:7, 35:23</p> <p>City [5] - 3:5, 41:21, 78:16, 105:1, 105:9</p> <p>Civil [1] - 21:4</p> <p>civil [1] - 16:22</p> <p>claim [13] - 10:17, 24:11, 24:12, 24:13, 24:15, 24:16, 25:2, 33:9, 35:6, 35:7, 44:10</p> <p>claiming [2] - 8:19, 56:21</p> <p>claims [23] - 3:22, 5:4,</p>	<p>8:3, 19:3, 19:12, 22:2, 22:3, 24:18, 24:22, 24:23, 25:18, 26:13, 26:19, 30:16, 34:12, 34:14, 34:17, 34:19, 34:20, 36:9, 36:22, 37:7, 37:11</p> <p>clarify [1] - 101:13</p> <p>class [1] - 11:17</p> <p>classical [1] - 141:22</p> <p>classically [1] - 147:15</p> <p>classified [1] - 111:6</p> <p>cleaner [1] - 27:8</p> <p>cleanse [1] - 70:2</p> <p>clear [18] - 5:8, 5:10, 5:14, 11:24, 12:19, 12:23, 13:5, 20:21, 27:12, 28:22, 32:12, 43:24, 44:6, 62:21, 96:23, 110:18, 112:9, 153:1</p> <p>clearest [1] - 28:23</p> <p>clearly [17] - 5:2, 7:2, 9:13, 11:16, 11:20, 11:23, 16:20, 19:4, 19:20, 19:24, 20:23, 27:24, 29:13, 30:7, 33:1, 33:10, 49:24</p> <p>CLERK [7] - 45:11, 51:5, 93:7, 98:4, 98:6, 104:14, 104:17</p> <p>client [2] - 17:18, 25:10</p> <p>Clindamycin [1] - 57:23</p> <p>clinical [1] - 115:10</p> <p>clinically [1] - 131:18</p> <p>clinics [1] - 106:13</p> <p>clotting [3] - 112:24, 113:7, 149:5</p> <p>co [1] - 72:14</p> <p>CO [1] - 94:20</p> <p>co-counsel [1] - 72:14</p> <p>coat [1] - 58:4</p> <p>coats [1] - 58:8</p> <p>Code [1] - 156:6</p> <p>cohesion [2] - 91:9, 91:10</p> <p>cohort [1] - 136:21</p> <p>cold [1] - 68:14</p> <p>collected [5] - 53:6, 139:3, 149:15, 149:24, 150:9</p> <p>College [1] - 105:9</p> <p>colonoscopy [2] - 71:10, 147:4</p> <p>combination [1] - 119:8</p> <p>coming [3] - 31:3,</p>	<p>63:23, 113:9</p> <p>commence [1] - 17:16</p> <p>commenced [6] - 5:16, 5:17, 5:20, 12:20, 15:5, 20:23</p> <p>commencement [3] - 5:5, 5:9, 31:17</p> <p>commences [1] - 13:14</p> <p>commencing [2] - 14:17, 17:13</p> <p>comment [1] - 45:1</p> <p>comments [2] - 44:8, 44:25</p> <p>commercials [1] - 80:7</p> <p>commissary [1] - 48:19</p> <p>common [5] - 113:17, 113:18, 117:17, 117:19, 137:17</p> <p>communicable [1] - 152:2</p> <p>communicate [1] - 24:20</p> <p>community [1] - 124:18</p> <p>comorbid [2] - 123:17, 123:22</p> <p>company [1] - 84:2</p> <p>comparing [1] - 120:7</p> <p>compensated [1] - 124:8</p> <p>competent [1] - 23:23</p> <p>complain [1] - 48:4</p> <p>complaining [3] - 9:6, 11:25, 29:14</p> <p>complaint [51] - 4:3, 4:16, 5:7, 5:10, 5:17, 6:11, 7:5, 11:11, 12:22, 13:14, 15:10, 15:14, 15:16, 15:24, 15:25, 16:14, 16:15, 16:17, 17:8, 17:15, 17:19, 17:20, 19:13, 19:19, 20:1, 22:2, 24:16, 25:4, 25:18, 27:11, 28:2, 31:10, 32:14, 33:10, 34:3, 34:5, 34:8, 34:14, 34:18, 34:20, 35:6, 35:14, 35:24, 36:5, 36:7, 37:12, 37:18</p> <p>complaints [4] - 26:4, 36:9, 36:15, 129:19</p> <p>complete [7] - 17:13, 19:25, 27:10, 28:1, 41:17, 69:9, 147:3</p> <p>completed [9] - 5:9, 5:18, 27:3, 31:8,</p>
--	---	---	---	--

<p>31:11, 31:14, 31:16, 33:25, 34:4</p> <p>completely [3] - 128:5, 143:16, 148:14</p> <p>completing [1] - 17:2</p> <p>completion [1] - 29:3</p> <p>compliance [3] - 24:25, 33:16, 33:22</p> <p>complicated [2] - 119:1, 119:3</p> <p>complications [7] - 99:16, 112:17, 112:19, 112:20, 113:3, 124:13, 151:18</p> <p>complied [1] - 22:4</p> <p>comply [1] - 30:9</p> <p>complying [2] - 28:22, 29:25</p> <p>compromise [2] - 111:22, 125:12</p> <p>compromised [2] - 117:25, 121:11</p> <p>computer [1] - 1:22</p> <p>computer-aided [1] - 1:22</p> <p>CONABOY [1] - 3:16</p> <p>Conaboy [3] - 1:19, 3:16, 44:3</p> <p>concern [1] - 48:25</p> <p>concerned [4] - 20:3, 68:23, 88:15, 131:6</p> <p>concerning [6] - 38:1, 39:23, 128:1, 132:5, 132:6, 132:18</p> <p>concerns [1] - 49:9</p> <p>conclusion [7] - 125:23, 135:17, 135:19, 135:22, 137:13, 138:22, 145:6</p> <p>condition [75] - 10:21, 12:3, 17:21, 18:17, 20:20, 22:25, 37:5, 39:16, 39:23, 40:13, 40:17, 41:8, 41:22, 42:13, 42:15, 42:20, 43:2, 43:7, 49:10, 49:16, 51:25, 52:4, 53:24, 54:1, 55:4, 55:25, 56:23, 60:3, 60:21, 66:11, 66:12, 66:16, 69:21, 76:4, 77:1, 77:11, 78:6, 81:11, 81:17, 82:7, 82:12, 82:14, 86:3, 86:4, 86:7, 90:3, 90:17, 103:19, 115:14, 120:1,</p>	<p>125:1, 128:4, 128:14, 128:17, 132:15, 135:18, 135:23, 135:25, 137:14, 141:23, 141:24, 142:25, 143:15, 143:23, 144:3, 144:11, 144:12, 145:1, 145:7, 145:10, 145:17, 145:19, 147:22, 148:19, 152:6</p> <p>conditions [19] - 11:3, 26:5, 37:1, 39:24, 43:2, 46:12, 47:25, 64:11, 77:15, 79:21, 109:10, 113:20, 115:22, 123:17, 123:22, 126:8, 133:16, 147:6, 151:10</p> <p>condoms [1] - 152:3</p> <p>conduct [2] - 36:7, 134:17</p> <p>conducted [5] - 71:3, 71:15, 71:16, 73:14, 74:10</p> <p>conference [1] - 85:19</p> <p>conferences [1] - 107:5</p> <p>conferred [1] - 145:13</p> <p>confined [1] - 46:13</p> <p>confinement [3] - 46:12, 46:14, 46:16</p> <p>confused [3] - 84:5, 84:19, 88:6</p> <p>confusion [1] - 63:6</p> <p>conjunction [1] - 91:12</p> <p>connected [1] - 12:18</p> <p>connection [3] - 31:22, 35:22, 91:4</p> <p>conscious [1] - 58:14</p> <p>consciousness [2] - 60:7, 61:2</p> <p>consecutive [1] - 150:18</p> <p>consider [1] - 121:7</p> <p>considerable [1] - 78:9</p> <p>consideration [2] - 26:19, 132:10</p> <p>considerations [1] - 6:15</p> <p>considered [18] - 26:14, 36:5, 47:24, 114:15, 116:18, 125:2, 125:4, 125:7, 125:10, 133:3,</p>	<p>136:4, 136:6, 136:18, 139:6, 139:7, 141:5, 142:7, 146:23</p> <p>consist [1] - 75:19</p> <p>consistent [6] - 37:9, 129:9, 129:10, 136:15, 138:14, 143:5</p> <p>consistently [1] - 151:2</p> <p>constant [2] - 18:13, 50:6</p> <p>constantly [1] - 71:1</p> <p>construction [1] - 9:8</p> <p>construe [1] - 8:20</p> <p>consult [3] - 141:4, 141:17, 141:21</p> <p>consultant [2] - 83:23, 126:2</p> <p>consultants [1] - 147:1</p> <p>consultation [3] - 74:11, 132:11, 141:20</p> <p>consulted [1] - 42:22</p> <p>consulting [4] - 72:11, 72:13, 72:14, 90:9</p> <p>contact [2] - 69:3, 111:10</p> <p>contained [1] - 115:6</p> <p>contemplated [1] - 6:1</p> <p>content [2] - 29:16, 29:18</p> <p>contention [2] - 12:12</p> <p>contingent [2] - 137:14, 139:12</p> <p>continually [1] - 26:11</p> <p>continue [12] - 20:12, 20:14, 51:7, 68:15, 78:10, 79:1, 79:6, 84:14, 85:11, 102:25, 111:15, 148:22</p> <p>continued [8] - 37:3, 52:7, 58:6, 58:10, 78:2, 78:7, 79:4, 83:21</p> <p>continues [2] - 44:16, 82:4</p> <p>continuing [1] - 105:24</p> <p>contracted [1] - 60:1</p> <p>contradict [1] - 32:19</p> <p>contrary [4] - 19:23, 20:13, 24:7, 32:17</p> <p>contrast [1] - 131:5</p> <p>control [5] - 12:24, 12:25, 13:13, 148:4, 156:23</p>	<p>controlled [1] - 69:24</p> <p>controls [1] - 118:5</p> <p>controversial [1] - 124:17</p> <p>conventional [1] - 143:8</p> <p>conversation [4] - 38:1, 84:14, 85:6, 85:7</p> <p>conversations [1] - 42:2</p> <p>convey [2] - 39:7, 103:10</p> <p>conviction [1] - 138:24</p> <p>copies [2] - 44:17, 100:12</p> <p>copy [8] - 20:5, 20:7, 44:19, 55:15, 83:7, 84:3, 86:22, 113:23</p> <p>Cornell [1] - 145:14</p> <p>corner [1] - 94:5</p> <p>correct [54] - 10:22, 11:14, 13:13, 13:18, 14:11, 15:3, 21:21, 27:21, 28:10, 38:21, 54:9, 56:24, 73:22, 79:8, 81:3, 82:18, 83:16, 83:19, 84:9, 89:5, 89:8, 89:9, 89:12, 89:14, 89:15, 89:18, 89:23, 89:24, 90:1, 90:5, 90:12, 90:15, 90:18, 91:12, 91:22, 91:23, 92:5, 92:8, 92:19, 92:20, 95:7, 96:16, 96:20, 96:24, 97:12, 100:1, 100:7, 102:7, 102:9, 102:19, 103:8, 110:8, 125:17, 156:7</p> <p>Corrections [12] - 1:16, 4:6, 4:14, 13:20, 26:1, 26:7, 26:15, 39:4, 44:19, 60:1, 80:10, 87:12</p> <p>correctly [1] - 27:17</p> <p>correlate [1] - 131:18</p> <p>cost [5] - 80:17, 83:2, 142:14, 142:16, 142:21</p> <p>costly [1] - 81:7</p> <p>couch [1] - 5:6</p> <p>counsel [25] - 3:1, 3:2, 4:11, 8:16, 9:16, 9:20, 9:25, 11:20, 18:15, 18:16, 21:16, 23:15, 23:23, 26:11, 35:23, 37:20, 38:1, 39:22, 72:14, 76:2,</p>	<p>94:9, 100:11, 100:13, 100:16, 153:19</p> <p>Counsel [2] - 3:10, 32:22</p> <p>Counsel's [1] - 1:17</p> <p>counseled [3] - 8:14, 8:15, 9:2</p> <p>count [15] - 86:25, 87:1, 87:5, 88:4, 88:5, 88:7, 88:8, 146:7, 146:19, 148:18, 148:20, 149:7, 149:11, 150:3, 150:13</p> <p>countries [1] - 152:15</p> <p>counts [8] - 87:17, 87:21, 87:23, 96:17, 132:19, 132:20, 149:22</p> <p>couple [3] - 25:19, 65:2, 147:14</p> <p>course [13] - 30:18, 33:12, 42:7, 119:16, 124:21, 125:16, 132:21, 141:9, 142:18, 142:21, 144:5, 145:23, 151:16</p> <p>COURT [206] - 1:1, 3:1, 3:8, 3:15, 3:18, 6:5, 6:14, 7:7, 7:10, 8:2, 8:11, 8:24, 9:1, 9:15, 9:19, 9:23, 10:5, 10:25, 11:11, 12:2, 12:15, 12:24, 13:2, 13:6, 13:10, 13:16, 13:19, 14:9, 14:12, 14:19, 14:23, 15:7, 15:17, 15:20, 16:8, 16:19, 17:6, 17:18, 19:6, 19:8, 19:10, 19:22, 20:5, 20:9, 20:12, 20:18, 20:24, 21:12, 21:16, 21:20, 22:8, 22:12, 22:14, 23:1, 23:22, 24:4, 24:6, 24:9, 25:5, 25:13, 26:20, 26:22, 26:24, 27:17, 27:22, 28:5, 28:9, 28:12, 28:15, 28:24, 29:2, 29:4, 29:11, 29:15, 29:20, 29:24, 30:3, 30:8, 30:15, 31:11, 31:18, 31:20, 32:2, 32:4, 32:7, 32:9, 38:4, 38:11, 38:16, 38:22, 42:9, 43:22, 44:1, 44:21,</p>
--	--	--	---	---

44:23, 44:25, 45:3,
45:5, 46:18, 46:21,
50:25, 51:4, 51:7,
55:5, 55:8, 55:14,
55:17, 55:21, 56:3,
56:8, 56:17, 56:21,
56:25, 59:24, 60:4,
60:9, 60:14, 64:9,
64:13, 68:3, 68:13,
71:22, 71:24, 72:6,
72:24, 73:3, 73:12,
73:16, 73:18, 73:23,
74:15, 74:23, 75:3,
76:23, 77:2, 79:18,
79:22, 79:24, 81:1,
81:4, 83:4, 84:7,
84:10, 84:12, 85:5,
86:16, 86:18, 87:7,
87:10, 87:14, 87:24,
88:1, 88:21, 90:21,
91:3, 93:1, 93:4,
93:10, 93:12, 93:20,
93:24, 98:5, 98:12,
99:8, 99:18, 99:22,
100:12, 100:15,
100:20, 101:11,
101:21, 101:23,
101:25, 102:8,
102:12, 102:16,
102:25, 103:13,
104:5, 104:7,
104:20, 108:4,
108:10, 110:11,
110:13, 110:16,
113:25, 114:2,
114:4, 116:8, 123:5,
123:7, 152:22,
152:25, 153:6,
153:9, 153:19,
153:22, 154:1,
154:8, 154:11,
154:23, 154:25,
155:3, 155:5, 155:7
Court [33] - 5:25, 6:23,
17:16, 20:20, 21:17,
21:24, 25:11, 26:19,
33:6, 33:12, 34:12,
34:19, 39:5, 39:7,
39:13, 40:11, 40:25,
41:2, 42:3, 43:9,
43:23, 44:5, 44:8,
46:20, 56:16, 86:21,
135:9, 154:5, 156:3,
156:4, 156:14,
156:17, 156:17
court [8] - 6:2, 6:13,
17:2, 17:12, 22:3,
109:13, 109:15,
109:17
Court's [3] - 38:6,
50:16, 83:7

Courts [1] - 31:7
cover [1] - 70:2
covered [5] - 54:11,
54:13, 54:14, 69:9,
70:6
covers [1] - 57:19
Cowan [1] - 43:12
crafted [1] - 8:7
cream [19] - 48:19,
49:11, 49:12, 50:14,
51:12, 58:24, 59:4,
66:17, 70:1, 70:3,
70:19, 78:2, 78:11,
82:8, 91:14, 91:21,
91:25, 92:3, 103:6
Cross [1] - 2:2
cross [6] - 88:22,
153:1, 153:10,
153:14, 153:20,
153:25
CROSS [2] - 88:24,
108:16
cross-examine [1] -
88:22
CRR [1] - 1:23
crust [1] - 129:6
CT [2] - 131:5, 133:10
cup [1] - 57:25
cure [21] - 20:1, 20:22,
21:9, 27:25, 34:2,
40:24, 80:8, 87:20,
87:22, 118:18,
118:19, 118:25,
119:11, 119:14,
120:25, 121:3,
121:5, 121:6, 139:25
cured [10] - 50:15,
70:24, 88:19, 104:2,
107:21, 110:22,
124:22, 140:1,
143:19, 152:19
curious [1] - 84:17
current [5] - 15:24,
40:13, 106:14,
107:2, 147:10
cutanea [2] - 116:1,
116:2
cutaneous [3] -
114:22, 114:23,
115:2
cutting [1] - 154:19
Cyclosporine [3] -
57:23, 128:8, 148:17

D

daily [5] - 42:16,
64:12, 77:21, 89:13,
122:8
damage [6] - 130:17,

139:15, 139:16,
147:17, 151:5
dangerous [1] - 61:3
dark [3] - 17:20,
54:23, 136:22
dark-skinned [1] -
136:22
date [22] - 5:16, 20:16,
21:25, 22:1, 36:22,
47:21, 49:15, 55:13,
57:21, 83:7, 86:21,
88:12, 89:9, 94:4,
94:7, 97:5, 98:22,
149:15, 149:24,
150:3, 150:9, 156:9
date-stamped [1] -
86:21
dated [2] - 83:14,
141:12
dates [1] - 156:9
Daubert [1] - 110:12
DAY [1] - 1:8
days [5] - 13:24, 62:2,
64:2, 70:12, 78:9
DCM-804 [1] - 23:5
de [1] - 105:10
dead [1] - 151:14
deal [1] - 25:16
death [3] - 7:20,
46:14, 100:5
debate [1] - 147:1
December [9] - 46:2,
46:13, 50:10, 80:23,
83:17, 86:24,
103:21, 103:25,
150:10
DECEMBER [1] - 1:9
decide [2] - 21:24,
49:8
decided [1] - 21:12
decision [21] - 3:20,
4:15, 5:20, 13:4,
13:15, 13:17, 14:1,
14:3, 14:18, 15:4,
15:8, 19:10, 32:13,
35:19, 35:20, 35:21,
35:22, 81:6, 81:7,
142:12
declaration [1] - 92:9
decreased [3] - 90:24,
90:25, 132:20
deemed [1] - 33:17
default [2] - 9:7, 9:22
defect [3] - 20:1,
27:25, 34:2
Defendant [7] - 2:19,
3:10, 3:12, 35:23,
44:4, 81:2, 87:6
DEFENDANT [2] -
1:15, 1:18

Defendant's [2] -
38:15, 92:22
Defendants [20] - 1:7,
3:8, 3:25, 4:4, 4:14,
16:3, 16:7, 22:15,
25:18, 30:11, 32:9,
33:21, 34:22, 36:1,
38:8, 39:7, 39:19,
44:9, 60:17, 153:6
Defendants' [1] -
23:16
Defense [2] - 38:1,
113:23
deficiency [1] - 26:5
define [1] - 46:19
definitely [2] - 30:11,
116:19
definitively [1] - 99:11
Degree [1] - 105:12
degree [7] - 23:4,
23:18, 23:20,
111:25, 130:10,
130:12, 131:22
delay [5] - 10:12, 11:1,
24:24, 32:9, 36:16
delayed [3] - 14:13,
14:25, 35:8
deleterious [1] - 80:4
deliberate [1] - 3:23
demand [1] - 39:16
demands [1] - 39:21
demeanor [1] - 42:1
demerits [1] - 77:13
demonstrates [1] -
22:6
demonstrating [1] -
39:12
Dempsey [3] - 1:19,
3:13, 44:2
DEMPSEY [7] - 3:13,
43:23, 44:2, 44:22,
44:24, 51:3, 55:15
Dempsey's [1] - 44:25
denial [1] - 37:23
denied [3] - 3:24,
10:7, 13:23
denying [1] - 3:21
Department [15] -
1:16, 4:6, 4:13,
13:20, 26:1, 26:6,
26:14, 39:3, 40:3,
42:21, 44:19, 60:1,
80:10, 87:12, 105:13
department's [1] -
98:2
depict [2] - 134:24,
135:12
depicted [1] - 135:1
depicting [1] - 135:6
deposition [1] -

109:17
deranged [1] - 147:17
derangement [1] -
121:8
dermatitis [2] - 113:5,
129:4
dermatological [1] -
113:20
dermatologist [7] -
42:21, 69:24, 90:6,
90:7, 90:9, 109:7,
115:5
dermatologists [2] -
18:6, 115:4
dermatology [3] -
109:8, 109:12
dermatosis [1] -
115:17
describe [26] - 4:14,
39:14, 40:10, 40:13,
41:6, 42:1, 48:13,
49:2, 49:19, 50:11,
51:15, 54:12, 54:18,
61:20, 65:10, 66:6,
67:1, 67:24, 68:17,
76:4, 76:11, 81:10,
81:19, 118:14,
134:8, 135:9
described [6] - 50:14,
57:3, 58:15, 112:13,
135:12, 145:8
describes [1] - 7:19
describing [1] - 84:14
description [1] - 46:15
desire [2] - 19:2,
108:13
desk [1] - 69:3
despite [2] - 40:1,
128:3
despondent [1] -
134:3
detailed [1] - 7:21
determination [1] -
144:12
determine [6] - 26:2,
36:19, 39:20, 40:3,
54:3, 75:20
determining [1] -
148:19
develop [3] - 6:12,
17:4, 129:11
developed [2] - 40:7,
133:6
developing [4] -
40:14, 48:15, 99:10,
99:16
development [3] -
39:14, 118:14,
120:19
developments [2] -

36:1, 107:2
Diabetes [6] - 125:7, 125:11, 125:19, 133:6, 147:23, 148:11
diabetes [13] - 40:7, 41:9, 48:7, 61:3, 62:10, 96:13, 113:6, 125:11, 125:16, 147:10, 147:11, 147:18, 148:11
diabetic [4] - 7:16, 7:24, 60:11, 64:10
diagnose [4] - 7:15, 11:2, 23:21, 36:25
diagnosed [1] - 98:20
diagnosing [2] - 12:3, 136:20
diagnosis [8] - 7:23, 30:15, 30:17, 30:20, 37:5, 62:6, 107:25, 115:9
diagnostic [15] - 7:17, 10:12, 11:1, 12:8, 12:11, 22:23, 36:17, 36:19, 98:21, 128:22, 128:24, 129:24, 131:1, 131:4, 135:19
die [1] - 88:19
died [1] - 113:1
Dietrich [1] - 145:15
difference [6] - 9:24, 21:9, 120:9, 120:11, 136:4, 136:12
differences [1] - 120:10
different [8] - 12:15, 16:23, 24:1, 29:20, 33:1, 108:23, 109:6, 152:16
differential [2] - 115:8, 115:18
difficult [2] - 30:6, 51:21
difficulty [8] - 17:21, 58:13, 58:21, 58:22, 58:23, 77:13, 126:16, 154:12
digestive [1] - 113:9
dilatory [1] - 25:9
diminished [1] - 118:3
dinosaur [1] - 54:20
dire [1] - 108:13
DIRECT [2] - 45:12, 104:21
Direct [1] - 2:2
direct [31] - 40:6, 50:16, 50:23, 51:24, 53:2, 53:13, 59:9,

61:8, 62:3, 64:22, 67:10, 67:11, 73:3, 74:19, 75:6, 75:8, 83:6, 86:20, 92:14, 92:21, 101:4, 107:11, 107:16, 108:7, 116:10, 119:6, 128:12, 129:10, 132:7, 150:7, 156:23
directed [1] - 68:10
directing [19] - 72:24, 122:22, 124:1, 128:19, 129:23, 130:25, 131:6, 131:24, 133:21, 134:22, 135:5, 137:25, 138:11, 140:17, 141:11, 141:19, 146:5, 149:10, 149:21
direction [2] - 8:18, 85:8
directly [2] - 6:2, 32:19
Director [3] - 4:5, 87:8, 87:9
disability [1] - 8:12
discharge [1] - 132:5
discontinue [2] - 22:9, 25:6
discontinued [1] - 92:2
discourages [1] - 17:1
discouraging [1] - 17:12
discovered [2] - 70:21, 97:14
discovery [1] - 27:16
discuss [5] - 21:8, 82:19, 83:25, 86:2, 103:18
discussed [6] - 22:6, 37:15, 82:23, 86:25, 87:1, 136:13
discussing [1] - 65:14
discussion [5] - 74:7, 74:8, 75:17, 85:16, 87:3
discussions [1] - 53:23
Disease [1] - 122:3
disease [19] - 40:1, 40:13, 41:18, 69:5, 75:20, 83:10, 84:25, 115:10, 117:21, 117:22, 117:23, 124:19, 125:4, 130:11, 139:9, 146:24, 147:2,

150:21, 152:2
Diseases [5] - 122:3, 122:6, 122:25, 124:16, 140:5
dismal [1] - 118:18
dismiss [3] - 20:3, 27:9, 31:7
dismissal [7] - 15:24, 16:21, 27:12, 33:12, 34:7, 34:8, 44:13
dismissed [1] - 27:6
dismissing [2] - 27:1, 28:18
disorder [2] - 130:11, 130:13
disposition [1] - 125:10
dispute [10] - 6:14, 6:18, 15:22, 25:1, 42:11, 42:12, 42:13, 42:18, 84:10
disputed [1] - 17:25
disregard [1] - 20:20
dissipate [2] - 49:4, 59:5
dissipated [2] - 76:6, 77:23
dissipation [1] - 57:11
distances [1] - 92:17
distinct [1] - 24:23
distinction [1] - 9:2
distinguish [1] - 136:10
distinguishable [4] - 32:20, 32:21, 34:16, 34:21
distinguishes [2] - 35:11, 35:12
distress [1] - 134:1
DISTRICT [2] - 1:1, 1:1
District [8] - 11:18, 20:20, 28:14, 33:12, 156:4, 156:17, 156:18
DNA [1] - 111:12
DOC [19] - 13:11, 15:11, 18:16, 24:25, 35:2, 35:8, 80:13, 81:6, 83:7, 83:20, 83:24, 86:21, 87:4, 87:20, 88:11, 90:10, 97:25, 100:5, 100:10
DOC's [1] - 95:24
docket [1] - 67:17
doctor [4] - 51:9, 82:21, 83:2, 142:13
Doctor [1] - 108:10
doctor's [1] - 52:8
doctors [12] - 53:23, 54:6, 54:8, 54:21,

58:7, 59:4, 59:12, 73:12, 73:21, 74:5, 79:2, 80:6
Document [13] - 2:9, 2:9, 2:10, 2:10, 2:11, 2:11, 2:13, 2:13, 2:14, 2:14, 2:15, 2:15, 2:16
document [41] - 2:12, 7:12, 50:17, 50:20, 53:5, 53:13, 53:17, 61:8, 62:3, 62:6, 64:22, 67:12, 68:1, 68:4, 74:19, 83:14, 86:21, 92:12, 92:23, 92:25, 95:24, 98:1, 99:22, 99:24, 101:6, 101:11, 101:19, 101:20, 101:21, 102:10, 121:23, 122:16, 122:20, 122:23, 124:2, 131:25, 139:2, 140:18, 140:21, 141:12
documented [1] - 119:11
documents [7] - 11:8, 38:18, 53:2, 62:20, 99:18, 100:11, 100:12
Documents [2] - 2:8, 2:12
dollar [1] - 147:5
dollars [2] - 142:17
dome [1] - 131:13
done [13] - 13:2, 17:23, 23:14, 30:24, 42:25, 51:22, 53:9, 79:11, 80:22, 86:11, 107:8, 109:11, 123:4
doorway [2] - 58:2, 58:3
doubt [3] - 16:13, 29:6, 152:20
Douglas [1] - 145:15
down [19] - 27:5, 27:13, 42:18, 43:5, 52:8, 59:14, 63:15, 67:20, 69:9, 75:8, 94:1, 94:4, 98:23, 109:23, 112:25, 132:8, 147:1, 150:24, 151:1
Downstate [1] - 105:12
Dr [11] - 2:4, 4:6, 40:19, 41:19, 41:20, 43:12, 54:7, 65:12, 65:22, 69:4, 69:24,

71:17, 71:18, 72:4, 72:7, 72:10, 74:11, 78:14, 78:17, 78:19, 78:20, 80:19, 80:24, 81:5, 81:7, 82:23, 83:9, 83:10, 83:11, 83:20, 83:23, 83:25, 84:2, 84:3, 84:4, 84:7, 84:15, 84:19, 84:20, 84:23, 85:4, 85:6, 85:8, 85:17, 86:2, 86:17, 87:1, 87:6, 87:7, 87:17, 90:6, 90:7, 90:11, 90:13, 91:16, 91:19, 92:6, 94:10, 94:12, 95:3, 95:7, 95:12, 95:15, 95:17, 95:21, 95:22, 96:3, 101:2, 101:5, 101:15, 102:3, 103:10, 103:18, 103:19, 103:22, 104:9, 104:10, 104:23, 107:25, 108:11, 108:18, 110:13, 110:17, 111:5, 113:24, 114:7, 117:2, 117:7, 121:19, 121:21, 123:12, 131:9, 140:21, 142:7, 142:9, 145:14, 150:17, 152:23, 153:4, 153:11, 153:17, 154:1, 154:9, 154:18, 154:25
Dragovich [4] - 19:24, 21:18, 24:10, 32:25
draw [3] - 9:2, 86:12, 145:6
drawing [1] - 79:4
draws [1] - 151:2
dressings [1] - 144:25
dried [1] - 78:10
drink [1] - 57:25
drop [1] - 151:14
drug [3] - 40:23, 50:14, 133:19
drugs [7] - 107:11, 110:2, 110:4, 110:7, 119:14, 123:1, 151:24
dry [3] - 70:4, 70:5, 102:20
due [4] - 99:10, 129:22, 134:19, 138:25
DULY [2] - 45:8,

<p>104:12 during [7] - 17:18, 58:18, 78:19, 85:21, 128:16, 144:5, 150:25 dying [1] - 111:14 dystrophic [1] - 131:15</p>	<p>elsewhere [2] - 65:21, 136:5 elucidating [1] - 21:23 employed [3] - 106:6, 106:8, 106:9 encephalopathy [1] - 62:18 encompass [4] - 8:2, 8:6, 11:6, 33:23 encompassed [2] - 16:4, 16:6 encountered [1] - 120:6 end [5] - 37:20, 51:14, 68:21, 82:1, 143:21 ended [1] - 44:12 endoscopy [2] - 71:9, 147:4 energy [9] - 49:2, 49:5, 57:5, 57:6, 57:7, 57:13, 77:13, 77:23 engaged [2] - 33:16, 42:22 England [1] - 143:11 entails [1] - 151:18 enter [2] - 3:1, 54:25 entered [3] - 4:1, 96:22, 97:1 entire [4] - 16:21, 54:16, 70:9, 102:9 entitled [1] - 25:12 entries [1] - 65:2 entry [1] - 34:8 enzymes [1] - 121:13 epidemiological [1] - 152:10 episode [8] - 40:8, 63:3, 64:10, 65:17, 129:16, 147:25, 150:25, 151:1 episodes [1] - 147:21 equipment [1] - 111:12 equitable [1] - 99:13 err [1] - 37:18 erred [1] - 39:2 erupted [1] - 18:1 eruption [1] - 71:1 erythema [10] - 84:24, 85:12, 116:5, 135:25, 136:1, 136:2, 136:16, 136:17, 143:5, 145:10 erythropoietin [4] - 117:15, 118:1, 118:3, 145:24 Erythropoietin [1] - 118:4</p>	<p>especially [1] - 115:18 Esq [6] - 1:11, 1:13, 1:15, 1:16, 1:19, 1:19 essence [1] - 42:11 essential [1] - 149:5 essentially [10] - 14:13, 14:24, 22:19, 42:6, 77:25, 113:5, 122:12, 123:13, 123:18, 142:2 establish [1] - 91:3 established [2] - 31:12, 31:14 estimated [1] - 54:11 Et [2] - 1:6, 3:19 etc [1] - 23:15 etiology [1] - 145:5 European [1] - 121:4 evaluation [2] - 126:19, 148:20 event [2] - 32:23, 148:15 eventually [2] - 27:14, 79:9 everywhere [2] - 58:5, 77:19 evidence [21] - 25:21, 38:2, 38:14, 38:19, 38:25, 39:5, 39:12, 40:19, 40:22, 43:8, 54:25, 55:18, 68:5, 79:16, 79:19, 123:4, 123:10, 134:22, 135:6, 141:12, 142:6 evidentiary [1] - 31:25 EVIDENTIARY [1] - 1:8 exacerbated [1] - 99:15 exactly [5] - 15:25, 20:2, 115:16, 141:7, 143:12 exalting [1] - 17:8 exam [1] - 95:16 examination [5] - 78:20, 153:1, 153:11, 153:15, 153:20 EXAMINATION [5] - 45:12, 88:24, 103:16, 104:21, 108:16 examine [1] - 88:22 examined [1] - 78:21 except [3] - 77:9, 123:16, 123:20 excerpts [2] - 38:7, 38:10 excessive [4] - 24:13,</p>	<p>24:16, 34:11, 34:14 exchange [1] - 95:11 excuse [5] - 67:11, 87:25, 88:4, 108:10, 123:3 exhaust [8] - 4:24, 5:21, 12:19, 13:16, 13:19, 14:17, 15:6, 34:7 exhausted [26] - 5:4, 12:16, 15:12, 15:15, 15:18, 15:22, 16:8, 16:11, 16:13, 17:7, 19:15, 22:7, 24:11, 24:17, 24:24, 25:3, 31:15, 33:17, 34:12, 34:15, 34:21, 34:25, 35:7, 36:12, 37:13 exhausting [1] - 30:19 exhaustion [29] - 4:18, 6:7, 14:12, 14:15, 14:23, 15:2, 17:1, 18:24, 19:25, 21:25, 22:5, 27:3, 27:5, 27:13, 27:19, 28:24, 29:2, 29:8, 29:9, 29:21, 29:22, 29:24, 29:25, 31:13, 31:25, 33:25, 34:4, 35:13, 37:17 Exhibit [47] - 2:8, 2:16, 2:17, 2:17, 2:18, 2:18, 2:20, 2:20, 2:21, 2:21, 38:7, 38:13, 38:24, 50:17, 55:1, 92:22, 93:3, 95:25, 97:25, 98:2, 100:10, 101:5, 101:7, 101:16, 113:22, 114:6, 114:18, 116:7, 116:10, 116:21, 121:19, 121:20, 122:16, 123:4, 123:9, 128:20, 129:23, 130:25, 131:24, 135:5, 137:25, 140:3, 140:17, 141:11, 146:5, 149:10 exhibit [6] - 38:9, 50:23, 50:24, 51:3, 55:1, 101:15 exhibits [6] - 38:2, 38:11, 44:18, 55:16, 55:17, 104:11 exist [2] - 21:4, 101:23 existence [1] - 33:10 exists [1] - 144:20 expand [1] - 35:25</p>	<p>expands [1] - 21:13 expect [3] - 11:2, 44:16, 68:10 expectancies [1] - 123:17 expectancy [1] - 123:20 expedite [1] - 13:12 expenditure [1] - 27:7 experience [8] - 7:20, 48:23, 51:25, 57:20, 63:3, 66:6, 78:8, 83:21 experienced [2] - 62:18, 102:22 experiencing [3] - 77:12, 77:16, 86:8 expert [13] - 40:5, 40:19, 41:3, 43:12, 83:10, 85:3, 101:1, 101:5, 107:25, 108:11, 109:13, 109:15, 110:14 experts [2] - 42:19, 42:24 expired [1] - 33:9 explain [6] - 47:3, 50:4, 95:15, 120:11, 147:13, 147:14 explained [2] - 95:17, 103:2 explaining [1] - 6:15 explains [1] - 62:21 exposed [3] - 97:21, 99:12, 112:11 expressed [3] - 32:10, 38:8, 63:24 extended [2] - 32:22, 63:6 extending [2] - 131:11, 131:13 extends [1] - 16:10 extensive [4] - 128:3, 144:22, 153:10, 153:11 extent [8] - 82:13, 82:17, 89:16, 89:18, 90:19, 102:22, 121:8, 154:16 external [1] - 136:3 extra [3] - 41:6, 42:20, 42:25 extract [1] - 71:7 extrahepatic [7] - 124:9, 124:25, 125:2, 125:5, 125:8, 140:10, 151:15 extreme [5] - 63:5, 63:24, 111:21, 113:6 extremely [1] - 54:23</p>
---	---	---	---	--

extremities [4] - 18:2, 18:10, 54:16, 78:21 exudate [1] - 134:13	familiarity [1] - 137:4 family [5] - 24:20, 66:10, 100:6, 102:4, 102:7	26:2, 29:6, 34:5, 35:2, 35:11, 35:14, 36:7, 36:13, 37:19 files [3] - 13:2, 13:13, 97:5	follow [3] - 23:13, 47:9, 127:4 follow-up [2] - 23:13, 127:4	FRIDAY [1] - 1:9 friends [1] - 66:10
F				
F3 [1] - 124:7 F3d [3] - 19:11, 21:18, 21:20 face [1] - 54:14 facility [1] - 101:14 fact [33] - 5:18, 6:19, 8:8, 10:7, 15:20, 33:5, 33:10, 35:16, 39:20, 42:15, 42:18, 42:23, 43:4, 44:10, 90:6, 97:18, 99:10, 136:12, 138:6, 139:1, 143:6, 143:10, 144:10, 145:7, 145:13, 146:25, 148:9, 148:14, 150:17, 151:1, 151:15, 152:8, 152:14 factor [4] - 23:24, 115:10, 117:5, 125:11 factors [8] - 112:24, 117:12, 139:13, 139:14, 141:5, 142:4 facts [4] - 16:4, 16:6, 33:1, 34:9 factual [1] - 31:21 factually [3] - 17:25, 32:20, 34:16 Faculte [1] - 105:10 faculty [1] - 18:15 failed [5] - 5:21, 33:2, 33:11, 107:23, 117:19 failure [15] - 4:24, 7:14, 7:23, 10:11, 12:2, 13:16, 13:19, 14:17, 15:6, 34:7, 36:15, 36:16, 36:19, 36:24, 39:10 fair [9] - 55:8, 67:3, 67:4, 67:6, 67:9, 132:25, 146:19 fairly [4] - 7:25, 63:2, 113:18, 117:19 falling [2] - 59:17, 66:1 falls [1] - 41:13 familiar [9] - 24:4, 28:9, 106:17, 107:10, 112:3, 116:11, 118:9, 121:23, 142:14	far [6] - 10:22, 13:6, 56:11, 77:2, 91:15, 96:10 fatal [1] - 20:22 fatigue [2] - 50:3, 129:15 fatigued [2] - 50:8, 134:3 fats [1] - 125:14 fault [1] - 30:20 FDA [2] - 110:2, 110:4 February [4] - 52:21, 53:14, 53:17, 57:3 Federal [7] - 17:16, 21:4, 28:6, 28:9, 34:12, 35:21, 36:2 feet [9] - 54:14, 57:18, 58:2, 58:20, 63:14, 69:10, 78:21, 126:17, 134:14 fell [1] - 59:14 felt [13] - 58:5, 58:7, 59:7, 59:12, 61:20, 61:22, 61:23, 63:24, 68:22, 78:20 female [1] - 143:14 Fernandez [1] - 41:20 fevers [1] - 83:22 few [4] - 49:13, 78:22, 95:10, 142:9 fibrosis [11] - 41:12, 43:13, 111:15, 111:17, 111:21, 111:23, 111:25, 112:13, 124:7, 131:22, 150:20 field [2] - 69:8, 108:11 Fifteen [1] - 74:24 figure [2] - 93:19, 93:22 file [27] - 4:2, 5:11, 6:20, 13:1, 13:7, 15:25, 16:14, 16:16, 17:7, 20:1, 22:10, 22:11, 27:2, 27:4, 27:10, 28:1, 28:19, 32:22, 33:2, 33:6, 33:13, 34:13, 35:2, 35:5, 35:17, 36:8, 82:24 filed [27] - 4:22, 5:2, 5:15, 6:19, 11:5, 11:19, 12:22, 13:7, 13:20, 14:1, 14:2, 14:5, 15:13, 15:14, 15:15, 22:2, 22:5,	26:2, 29:6, 34:5, 35:2, 35:11, 35:14, 36:7, 36:13, 37:19 files [3] - 13:2, 13:13, 97:5 filing [9] - 5:10, 15:9, 19:13, 25:3, 33:24, 34:13, 36:23, 37:11, 92:9 filtering [1] - 125:14 final [8] - 12:23, 13:2, 13:6, 15:4, 24:15, 33:3, 35:9, 62:6 findings [7] - 115:2, 129:7, 131:6, 137:7, 138:14, 140:22, 144:16 fine [5] - 55:14, 66:22, 66:25, 67:9, 75:1 fingers [1] - 71:8 fingertips [2] - 18:25, 21:1 finish [2] - 153:20, 154:17 finished [1] - 105:11 finishing [1] - 153:2 Fiore [1] - 105:13 first [34] - 3:20, 4:12, 6:18, 7:10, 14:9, 17:2, 17:3, 21:25, 22:3, 30:3, 32:25, 33:2, 35:6, 37:25, 39:13, 49:6, 52:9, 56:18, 61:25, 63:23, 78:19, 78:23, 80:23, 80:24, 103:21, 114:6, 126:6, 126:7, 126:12, 126:15, 133:25, 135:2, 136:18, 147:15 fissured [1] - 135:4 fissures [1] - 134:13 fits [1] - 125:24 five [10] - 33:24, 71:5, 83:13, 84:20, 106:22, 106:24, 109:20, 118:12, 121:15, 144:9 Flavivirus [1] - 111:7 flaw [1] - 20:22 floor [1] - 63:15 flow [1] - 148:23 flu [1] - 120:15 flu-like [1] - 120:15 fluctuation [1] - 151:3 fluid [2] - 113:12, 130:6 focus [2] - 4:25, 85:16 folks [2] - 112:6, 147:23	follow [3] - 23:13, 47:9, 127:4 follow-up [2] - 23:13, 127:4 followed [2] - 32:16, 142:7 following [5] - 33:19, 35:18, 35:19, 75:11, 95:16 FOLLOWS [2] - 45:9, 104:13 follows [1] - 34:2 food [1] - 64:15 footnote [1] - 36:3 FOR [4] - 1:1, 1:10, 1:15, 1:18 force [4] - 24:13, 24:16, 34:12, 34:14 forcefully [1] - 49:20 forearm [3] - 71:16, 71:17, 73:9 forearms [1] - 71:16 foregoing [3] - 156:7, 156:10, 156:22 foreign [1] - 61:22 form [10] - 17:8, 17:10, 43:6, 43:15, 98:8, 111:7, 118:21, 120:18, 129:4, 129:7 Form [1] - 98:16 formally [1] - 123:4 formation [1] - 125:14 former [1] - 120:8 forms [1] - 7:3 forth [19] - 5:3, 7:1, 9:7, 9:17, 9:22, 10:3, 12:18, 18:7, 84:25, 94:8, 122:17, 122:22, 122:24, 123:24, 124:2, 138:3, 139:2, 146:7, 156:9 forward [2] - 31:25, 43:3 foundation [3] - 55:6, 55:11, 56:18 foundational [1] - 55:21 four [7] - 70:2, 70:12, 70:14, 71:5, 84:20, 121:14, 153:7 fragments [1] - 131:14 France [1] - 105:11 frankly [1] - 56:9 free [3] - 76:5, 76:7, 111:3 frequency [1] - 48:2 frequent [2] - 41:19, 57:18 Friday [1] - 70:13	front [11] - 26:19, 54:15, 54:16, 55:19, 69:1, 86:20, 92:12, 95:25, 122:16, 138:1, 144:8 fulfilled [1] - 105:23 full [8] - 4:18, 28:18, 35:13, 49:5, 104:14, 134:17, 142:18, 142:21 fully [6] - 6:11, 17:4, 17:15, 22:7, 24:23, 39:8 function [3] - 111:23, 125:12, 148:2 functioning [2] - 111:22, 112:21 functions [3] - 64:12, 111:25, 141:2 Fund [1] - 106:12 further [3] - 6:7, 17:14, 17:17 utility [1] - 4:22 future [1] - 43:11
G				
				Gadea [15] - 83:9, 83:10, 83:11, 83:20, 83:23, 83:25, 84:4, 84:7, 84:15, 85:6, 85:8, 85:17, 86:2, 95:22, 140:21 Gadea's [1] - 142:7 gallstones [1] - 130:9 gastroenterologists [1] - 122:10 gastroenterology [2] - 109:1, 132:11 gastrointestinal [1] - 120:4 gathering [3] - 57:7, 57:12, 62:21 Gaughan [2] - 68:15, 93:6 gauze [4] - 70:3, 70:4, 70:5 Geisinger [53] - 3:14, 3:17, 18:3, 18:5, 24:21, 37:2, 39:18, 40:3, 43:24, 44:3, 44:4, 44:7, 44:11, 44:14, 44:15, 69:16, 69:17, 69:19, 69:23, 70:7, 71:3, 71:10, 71:11, 71:14, 72:16, 72:19, 72:21, 73:7, 73:14, 74:3, 75:12,

75:14, 75:23, 76:3,
76:14, 77:8, 77:12,
77:25, 78:1, 78:3,
82:21, 82:22, 89:7,
96:22, 96:24, 97:1,
132:3, 132:12,
132:14, 132:25,
147:8
GEISINGER [1] - 1:18
Geisinger's [2] -
44:23, 71:12
Geisinger(sic) [1] -
69:15
general [3] - 49:2,
51:17, 106:15
generally [12] - 4:15,
52:2, 81:21, 99:4,
114:15, 114:17,
116:16, 119:12,
125:6, 130:18,
134:9, 140:20
generated [3] - 44:25,
132:2, 143:21
genetic [2] - 111:8,
139:13
genotype [6] - 40:24,
40:25, 119:24,
119:25, 133:15,
152:18
gentlemen [3] - 36:21,
68:13, 154:11
GI [2] - 125:15, 147:3
Gillis [1] - 6:25
given [14] - 23:12,
32:17, 41:16, 43:16,
51:12, 66:15, 77:24,
80:15, 124:13,
132:5, 132:6,
132:10, 141:25,
153:11
gloss [1] - 23:17
glucose [11] - 7:18,
53:5, 53:11, 53:14,
53:18, 53:21, 96:17,
112:23, 125:13,
147:17, 148:5
glycogen [1] - 125:14
goodness [1] - 71:4
gradually [1] - 49:4
grater [1] - 23:4
great [2] - 90:14,
121:6
greater [2] - 23:17,
34:10
Greene [7] - 46:4,
46:5, 46:11, 46:14,
98:19, 100:5
grievance [72] - 4:18,
5:2, 5:3, 5:15, 5:18,
6:19, 6:25, 7:1, 7:2,

7:6, 7:11, 7:14, 7:19,
7:22, 8:18, 9:24,
10:7, 10:8, 11:16,
11:25, 12:19, 12:20,
13:1, 13:20, 13:23,
14:1, 15:11, 15:18,
15:21, 16:5, 16:8,
16:9, 16:10, 16:12,
17:6, 17:13, 22:7,
22:17, 22:18, 22:19,
22:21, 24:3, 24:14,
25:2, 25:17, 25:20,
25:24, 26:1, 26:4,
26:18, 27:10, 28:1,
29:3, 29:12, 29:16,
29:18, 30:22, 30:23,
31:2, 31:8, 31:11,
31:13, 33:3, 33:16,
35:1, 35:7, 35:9,
35:10, 36:15, 36:20,
36:23
Grievance [7] - 6:22,
9:18, 10:3, 13:23,
14:2, 15:10, 33:14
Grievances [2] - 14:6,
14:8
grievances [4] - 7:7,
10:6, 11:19, 29:7
Grievant [1] - 15:22
Grote [16] - 1:13, 3:6,
26:25, 28:19, 46:18,
55:22, 59:24, 60:14,
68:1, 68:3, 68:7,
68:8, 75:3, 79:18,
101:21, 154:7
GROTE [70] - 3:6,
21:17, 21:21, 21:22,
22:11, 22:13, 22:21,
23:4, 23:25, 24:5,
24:8, 24:10, 25:8,
25:19, 26:21, 32:6,
45:6, 45:13, 46:19,
46:22, 51:6, 51:10,
54:25, 55:19, 55:23,
56:5, 57:1, 59:18,
59:19, 59:25, 60:5,
60:19, 64:10, 64:21,
67:15, 67:16, 68:12,
68:16, 72:9, 73:2,
73:5, 73:14, 73:17,
73:19, 73:24, 74:18,
74:21, 75:4, 75:5,
76:25, 77:4, 77:5,
79:19, 79:23, 79:25,
81:3, 81:9, 83:5,
84:13, 85:10, 86:19,
87:16, 87:25, 88:2,
88:20, 100:19,
101:9, 103:15,
103:17, 104:4

group [2] - 115:19
guard [1] - 63:22
guess [2] - 61:25,
69:16
guidelines [7] - 122:1,
122:11, 122:12,
122:13, 122:17,
125:24, 140:4
guns [1] - 145:3
gunshot [1] - 131:16
gym [1] - 57:9

H

H-A-R-R-I-S [1] -
104:16
hairless [1] - 54:23
half [1] - 94:13
halfway [1] - 67:20
hallway [1] - 94:1
hammer [1] - 122:11
hampered [1] - 8:12
hand [5] - 20:11,
35:10, 64:19, 94:5,
104:10
handed [1] - 153:3
handling [1] - 153:1
hands [2] - 54:14,
63:18
handwriting [1] - 8:12
handwritten [4] - 8:9,
8:11, 10:8, 10:9
handy [1] - 7:8
Hanover [1] - 4:8
happy [1] - 12:13
hard [3] - 18:23,
120:17, 134:12
hardening [1] - 115:25
Harlem [2] - 105:1,
105:15
harm [7] - 10:12,
36:17, 39:5, 41:15,
42:4, 43:11, 56:11
harm" [1] - 11:2
Harris [42] - 2:4,
40:19, 78:13, 78:14,
78:17, 78:19, 78:20,
84:3, 84:5, 84:18,
84:20, 84:23, 85:4,
85:6, 101:2, 103:10,
104:10, 104:16,
104:23, 107:25,
108:11, 108:18,
110:13, 110:17,
111:5, 113:24,
114:7, 117:2, 117:7,
121:19, 121:21,
123:12, 131:9,
150:17, 152:23,
153:4, 153:11,

153:17, 154:1,
154:18, 154:25
Harris' [4] - 101:5,
101:15, 102:3, 154:9
Harvoni [3] - 11:21,
87:20, 119:7
hat's [1] - 7:25
HAVING [2] - 45:8,
104:12
HCV [3] - 115:2,
115:8, 117:4
head [6] - 26:14,
58:20, 76:17, 85:13,
145:14, 145:15
heal [2] - 94:11, 103:4
healing [1] - 18:10
health [19] - 7:15,
7:24, 23:7, 26:9,
47:20, 48:11, 48:23,
50:11, 51:15, 57:4,
77:12, 79:20, 80:4,
86:8, 104:1, 106:10,
124:18, 132:14,
152:11
Health [9] - 4:5, 4:9,
13:21, 14:7, 14:10,
14:15, 15:1, 26:8,
106:12
healthy [3] - 47:23,
47:24, 80:12
hear [6] - 6:5, 31:4,
39:13, 43:23, 56:17,
153:16
heard [3] - 29:5,
42:14, 111:17
hearing [8] - 10:20,
18:1, 18:22, 21:13,
32:1, 42:7, 101:10,
153:24
HEARING [1] - 1:8
hearsay [12] - 59:23,
60:4, 60:8, 60:16,
71:21, 71:23, 72:23,
80:25, 83:3, 84:6,
85:2, 87:15
heightened [1] - 9:15
held [6] - 9:15, 9:17,
9:19, 24:20, 28:14,
55:24
help [3] - 48:20, 70:20,
94:11
helped [2] - 63:22,
91:9
helping [3] - 8:23,
9:13, 72:12
hematocrit [3] - 117:8,
118:6, 146:3
Hemoglobin [1] -
138:12
hemoglobin [9] -

86:15, 96:5, 132:18,
132:20, 138:14,
146:3, 146:7,
146:15, 146:19
HENDERSON [1] -
74:20
Hep [3] - 79:3, 105:19,
141:2
hepatic [9] - 41:6,
42:20, 42:25,
111:22, 130:10,
130:12, 131:12,
131:13, 147:17
Hepatitis [179] - 8:4,
10:21, 10:24, 11:7,
11:12, 11:21, 11:7,
18:17, 18:19, 18:20,
23:2, 23:8, 23:10,
25:22, 26:12, 37:6,
39:4, 39:8, 39:21,
40:6, 40:20, 41:5,
41:7, 41:10, 41:23,
43:7, 47:2, 47:4,
47:6, 74:4, 74:6,
74:9, 74:13, 75:11,
75:13, 75:16, 75:18,
75:24, 79:1, 79:7,
79:9, 79:13, 80:1,
80:5, 80:8, 80:10,
80:14, 82:19, 82:25,
83:25, 85:1, 85:17,
85:18, 85:22, 86:1,
86:3, 86:5, 87:4,
87:22, 88:10, 88:12,
88:15, 97:2, 97:3,
97:8, 97:12, 97:15,
97:19, 97:22, 98:21,
99:2, 99:12, 100:1,
103:23, 104:2,
106:16, 106:17,
106:19, 106:23,
107:2, 107:10,
107:15, 108:1,
108:12, 109:18,
109:21, 110:6,
111:1, 111:2, 111:5,
111:6, 112:3, 112:6,
112:7, 112:10,
112:11, 112:12,
112:16, 113:14,
114:22, 115:14,
115:18, 115:21,
115:22, 116:25,
117:9, 117:18,
118:9, 118:10,
118:25, 119:10,
119:19, 119:20,
119:22, 120:3,
120:16, 120:21,
122:8, 122:13,
122:18, 123:16,

<p>123:20, 124:9, 124:18, 125:1, 125:2, 125:5, 125:8, 125:10, 125:20, 126:21, 127:8, 127:11, 129:8, 130:22, 132:6, 132:9, 132:15, 133:1, 133:13, 135:24, 136:6, 136:8, 136:19, 136:21, 136:24, 136:25, 137:8, 137:12, 137:14, 137:17, 137:19, 137:22, 138:8, 138:10, 138:21, 138:25, 139:8, 140:8, 140:10, 140:24, 141:6, 142:1, 142:8, 143:9, 143:18, 143:19, 144:12, 145:10, 145:11, 147:16, 147:23, 148:12, 151:11, 151:23, 152:13</p> <p>hepatitis [1] - 11:9 hepatocellular [3] - 133:16, 151:13, 151:19 hepatocyte [1] - 111:11 hepatocytes [3] - 111:8, 111:13, 112:8 hepatologist [3] - 42:21, 108:23, 108:24 hepatologists [1] - 122:11 hepatology [2] - 109:2, 109:4 Hepatology [2] - 145:14, 145:15 hereby [1] - 156:6 hereinbefore [1] - 156:9 hi [1] - 111:12 hi-jacks [1] - 111:12 high [14] - 43:16, 83:21, 96:14, 96:15, 96:16, 114:10, 115:19, 118:5, 124:12, 124:13, 139:6, 139:15, 139:16 higher [3] - 9:20, 119:12, 125:9 highest [6] - 41:3, 124:2, 124:5, 124:6,</p>	<p>125:25, 136:20 himself [1] - 145:16 histological [1] - 144:16 historically [1] - 136:11 histology [1] - 136:3 history [13] - 5:14, 27:9, 47:25, 48:7, 48:9, 100:6, 100:24, 100:25, 102:4, 102:7, 102:18, 136:19 hit [1] - 59:1 HIV [4] - 105:19, 106:16, 137:8, 139:19 hold [5] - 55:19, 64:19, 98:4, 154:3 holding [2] - 19:23, 55:2 holds [1] - 19:11 holiday [1] - 155:4 homeless [1] - 106:10 Homeless [1] - 106:11 honeymoon [1] - 147:24 Honor [109] - 3:4, 3:6, 3:9, 3:11, 3:16, 4:21, 4:22, 6:23, 7:9, 8:1, 8:7, 9:4, 9:18, 10:2, 10:22, 11:4, 12:17, 13:9, 15:19, 16:18, 16:24, 17:11, 19:1, 19:4, 19:7, 19:9, 19:20, 19:24, 20:7, 20:11, 20:15, 21:15, 21:22, 22:22, 26:23, 26:25, 27:21, 27:23, 28:4, 28:10, 28:21, 29:1, 29:19, 29:23, 30:5, 31:3, 31:19, 31:24, 32:3, 37:25, 38:12, 38:20, 38:21, 39:1, 40:18, 41:17, 42:6, 42:11, 43:5, 43:11, 43:16, 43:23, 44:2, 45:2, 45:4, 50:22, 51:3, 51:6, 55:7, 55:15, 56:10, 56:20, 56:24, 59:18, 67:25, 68:12, 74:17, 74:20, 74:21, 75:4, 77:4, 79:15, 84:11, 88:20, 88:23, 92:24, 101:13, 102:11, 103:14, 104:6, 104:9, 104:10, 104:19, 107:24, 108:15, 110:12,</p>	<p>110:15, 110:19, 113:21, 116:6, 121:19, 123:3, 123:8, 152:24, 153:5, 153:8, 153:21, 154:20, 154:24 HONORABLE [1] - 1:9 hope [1] - 153:15 hormone [1] - 118:4 horrible [1] - 69:7 Hospital [1] - 105:15 hospital [14] - 12:4, 17:24, 18:3, 40:9, 59:15, 59:16, 59:17, 59:20, 61:24, 62:23, 63:8, 63:10, 64:1, 66:13 hospitalization [4] - 37:2, 39:17, 63:4, 128:16 hospitalized [1] - 61:5 Hotel [1] - 106:12 hotel [1] - 106:13 hour [2] - 69:16, 94:13 hours [4] - 57:12, 70:2, 70:14, 70:17 housed [5] - 4:8, 63:1, 76:19, 77:6, 77:8 hum [2] - 94:3, 141:16 human [1] - 54:24 hundred [2] - 106:24, 109:21 Huntingdon [1] - 46:14 hurdle [1] - 43:16 hypercholesterolemia [1] - 102:5 hyperglycemia [10] - 10:11, 12:1, 22:24, 36:16, 62:19, 96:10, 96:11, 129:17, 147:25, 148:1 hyperglycemic [2] - 147:21, 148:6 hyperpigmentation [1] - 54:24 hyperpigmented [3] - 134:10, 135:10, 135:13</p>	<p>IFP [1] - 33:7 ill [1] - 47:12 illness [1] - 132:21 illnesses [1] - 117:20 imagination [1] - 10:16 immediate [2] - 124:6, 124:11 immediately [1] - 68:23 imminent [2] - 43:10, 56:11 impact [2] - 43:19, 64:10 impeded [1] - 148:23 important [2] - 42:3, 115:9 importantly [1] - 34:10 improve [2] - 49:10, 104:2 improved [8] - 49:16, 90:3, 90:19, 91:7, 95:12, 96:23, 118:20, 144:3 improvement [4] - 143:22, 143:24, 144:10, 144:11 inactive [1] - 127:15 incarcerated [6] - 26:6, 45:22, 46:7, 46:9, 103:8, 103:9 incessant [2] - 49:21, 58:23 inch [1] - 69:8 incidental [1] - 134:15 included [3] - 7:6, 12:3, 36:6 including [11] - 4:4, 26:12, 35:7, 37:5, 107:6, 112:1, 119:8, 121:1, 134:6, 139:24, 147:3 inconsistent [2] - 129:7, 144:11 increase [1] - 48:21 increased [5] - 99:10, 99:15, 118:20, 118:25, 146:20 increasing [2] - 18:13, 124:21 incredible [1] - 65:14 indeed [2] - 6:19, 46:8 independent [6] - 53:8, 59:14, 81:14, 81:15, 99:3, 100:3 indicate [9] - 10:11, 49:1, 56:3, 99:18, 147:11, 147:16, 148:10, 150:19, 151:5</p>	<p>indicated [6] - 4:12, 73:9, 109:20, 110:1, 127:21, 142:3 indicates [5] - 36:18, 53:5, 61:10, 64:23, 153:3 indicating [2] - 36:15, 63:15 indication [1] - 23:9 indicative [1] - 139:18 indicator [1] - 151:4 indifference [1] - 3:23 indisputably [1] - 37:6 individual [1] - 152:11 individual's [1] - 17:15 individuals [4] - 29:13, 30:12, 30:24, 41:5 induces [1] - 146:3 inducing [1] - 117:5 indurated [1] - 134:12 ineffective [2] - 37:4, 121:1 ineligible [1] - 88:10 infected [4] - 111:2, 111:16, 112:7, 140:8 infecting [1] - 127:20 infection [10] - 18:20, 39:9, 41:5, 86:6, 111:6, 112:16, 113:14, 117:4, 123:16, 148:4 infection" [1] - 116:25 infections [1] - 115:2 Infectious [1] - 122:3 infectious [5] - 69:4, 83:10, 117:24, 124:21, 152:3 infects [1] - 111:8 infiltrate [1] - 129:5 infirmary [24] - 26:9, 40:15, 42:16, 51:17, 51:20, 59:11, 63:2, 63:7, 64:6, 64:7, 65:20, 65:22, 68:19, 76:20, 77:6, 77:9, 80:20, 89:3, 89:6, 89:8, 94:2, 94:8, 103:5 inflamed [1] - 129:6 inflammation [2] - 117:24, 130:22 inflammatory [2] - 56:13, 116:3 inform [2] - 53:14, 80:21 information [9] - 18:9, 18:25, 73:15, 73:20, 96:3, 101:1, 103:10,</p>
---	--	---	---	--

<p>114:16, 126:10</p> <p>informed [18] - 18:15, 23:11, 23:23, 47:2, 47:6, 50:20, 51:8, 53:11, 60:2, 60:11, 60:23, 65:4, 79:13, 80:12, 80:18, 81:5, 84:19, 88:4</p> <p>inhibited [1] - 71:1</p> <p>initial [13] - 7:22, 10:7, 14:1, 19:13, 25:19, 26:13, 36:23, 37:12, 85:21, 126:19, 143:4, 147:20</p> <p>initiation [1] - 34:25</p> <p>inject [1] - 120:13</p> <p>injection [1] - 120:13</p> <p>injects [1] - 111:12</p> <p>Injunction [13] - 3:22, 7:5, 27:15, 31:22, 37:21, 37:23, 39:3, 44:5, 56:16, 91:21, 92:10, 101:9, 101:15</p> <p>injunction [3] - 11:9, 43:9, 43:17</p> <p>injunctive [1] - 42:5</p> <p>Injunctive [1] - 44:7</p> <p>injury [1] - 62:13</p> <p>Inmate [3] - 6:22, 14:6, 14:8</p> <p>inmate [4] - 8:8, 8:22, 30:22, 98:19</p> <p>inmate's [1] - 9:24</p> <p>inmates [4] - 11:17, 11:19, 11:22</p> <p>input [1] - 92:6</p> <p>inquire [1] - 55:12</p> <p>inquiry [2] - 22:16, 22:23</p> <p>instance [2] - 8:16, 109:12</p> <p>instances [2] - 119:21, 120:15</p> <p>instead [4] - 58:8, 68:24, 70:13, 70:15</p> <p>institution [1] - 4:8</p> <p>instrument [1] - 71:8</p> <p>insulin [2] - 148:3, 148:5</p> <p>integrates [2] - 111:11</p> <p>intended [4] - 6:8, 8:5, 11:6, 44:10</p> <p>intensity [1] - 18:13</p> <p>interactions [1] - 41:24</p> <p>interchangeable [1] - 67:8</p> <p>interest [1] - 60:18</p> <p>interested [4] - 21:13, 29:4, 154:4, 154:18</p>	<p>interests [1] - 6:7</p> <p>Interferon [8] - 118:17, 118:21, 118:22, 120:8, 120:12, 121:2, 137:1, 139:24</p> <p>Interferon-based [1] - 120:8</p> <p>interim [1] - 4:17</p> <p>intermittent [4] - 48:1, 48:2, 48:3, 102:21</p> <p>internal [4] - 106:15, 108:12, 108:18, 109:6</p> <p>Internal [2] - 105:14, 105:24</p> <p>internet [4] - 107:5, 114:8, 116:14, 126:9</p> <p>internist [6] - 78:16, 84:20, 105:19, 108:25, 109:9</p> <p>internists [1] - 109:11</p> <p>interparenchymal [1] - 131:13</p> <p>interpret [1] - 23:16</p> <p>interrupted [1] - 77:22</p> <p>introduced [3] - 55:18, 78:4, 79:16</p> <p>introduction [2] - 38:15, 56:19</p> <p>investigatory [1] - 22:16</p> <p>involved [7] - 30:24, 31:21, 115:20, 122:9, 130:16, 136:13, 152:4</p> <p>irregular [1] - 131:17</p> <p>irrelevant [2] - 56:10, 56:21</p> <p>irreparable [3] - 39:5, 41:15, 42:4</p> <p>IS [2] - 45:7, 104:12</p> <p>Island [1] - 106:11</p> <p>isolation [1] - 91:8</p> <p>issue [15] - 4:24, 5:24, 8:3, 11:7, 12:15, 24:17, 24:25, 25:16, 26:19, 31:24, 39:2, 41:3, 43:9, 79:21</p> <p>issues [10] - 5:23, 10:19, 21:24, 22:22, 23:6, 24:2, 25:10, 26:11, 31:21, 50:3</p> <p>itch [5] - 52:10, 77:18, 77:19, 78:7, 82:17</p> <p>itchiness [2] - 57:2, 115:25</p> <p>itching [26] - 18:12, 48:5, 49:21, 50:6, 52:7, 58:24, 59:2,</p>	<p>59:5, 77:17, 77:20, 78:10, 81:21, 81:22, 82:4, 86:9, 90:19, 90:23, 90:24, 90:25, 91:7, 91:9, 129:21</p> <p>itchy [3] - 52:16, 77:19, 102:21</p> <p>itself [9] - 40:2, 111:11, 111:12, 111:13, 112:14, 112:22, 116:1, 117:14, 139:14</p>	<p>J</p> <p>Jack [2] - 3:13, 44:2</p> <p>jacks [1] - 111:12</p> <p>Jamal [103] - 2:3, 3:5, 3:7, 3:18, 3:20, 4:2, 4:8, 4:16, 6:18, 8:4, 8:22, 9:13, 10:8, 11:24, 11:25, 16:13, 17:12, 22:23, 23:6, 23:15, 23:21, 23:22, 24:19, 25:17, 26:9, 29:6, 34:17, 35:5, 35:12, 39:8, 39:13, 39:22, 40:10, 41:18, 42:14, 43:6, 44:11, 45:6, 45:15, 47:15, 55:2, 55:8, 55:24, 56:12, 60:20, 68:2, 68:10, 68:17, 75:6, 79:17, 81:1, 83:6, 85:11, 86:16, 89:1, 90:25, 91:6, 92:10, 92:21, 93:5, 93:7, 93:12, 93:18, 94:1, 94:22, 95:17, 96:1, 98:8, 98:15, 98:19, 100:2, 100:6, 101:4, 101:12, 101:14, 101:18, 102:3, 102:12, 102:25, 103:18, 103:24, 104:7, 125:22, 125:24, 126:2, 126:11, 126:22, 127:22, 128:13, 129:11, 129:25, 133:22, 134:17, 135:2, 137:4, 137:22, 138:4, 138:15, 138:20, 140:14, 141:1, 141:5, 152:4</p> <p>JAMAL [1] - 1:2</p> <p>Jamal's [26] - 7:11, 8:10, 17:22, 22:18, 35:1, 36:14, 36:22, 38:7, 38:10, 39:4,</p>	<p>40:20, 41:8, 42:13, 60:15, 132:3, 132:15, 132:18, 135:7, 137:13, 142:2, 142:25, 143:22, 145:6, 145:21, 149:6, 151:23</p> <p>January [10] - 23:11, 46:6, 47:19, 47:22, 51:24, 52:14, 52:20, 52:21, 57:3, 154:4</p> <p>job [1] - 21:23</p> <p>Johanna [1] - 41:20</p> <p>JOHN [1] - 1:6</p> <p>John [4] - 1:19, 3:19, 4:6, 4:10</p> <p>joke [1] - 54:20</p> <p>Joseph [7] - 2:4, 40:19, 78:13, 78:14, 84:3, 104:9, 104:16</p> <p>Journal [1] - 143:11</p> <p>journals [2] - 107:7, 116:16</p> <p>judge [1] - 3:13</p> <p>Judge [12] - 3:21, 19:18, 28:7, 32:15, 35:15, 37:18, 39:2, 44:4, 44:14, 44:17, 44:22, 99:7</p> <p>Judge's [2] - 4:15, 15:8</p> <p>judgment [1] - 27:4</p> <p>Judicial [3] - 5:24, 6:7, 27:7</p> <p>July [11] - 11:10, 11:12, 13:2, 13:7, 13:20, 18:18, 23:13, 23:14, 126:5, 135:2, 140:15</p> <p>June [3] - 18:12, 77:20, 78:24</p> <p>jurisdiction [1] - 19:21</p> <p>justification [1] - 152:12</p>	<p>K</p> <p>keep [2] - 38:22, 107:2</p> <p>Kelly [1] - 1:20</p> <p>kept [1] - 62:1</p> <p>Kerestes [3] - 3:10, 3:19, 30:13</p> <p>KERESTES [2] - 1:6, 1:15</p> <p>key [1] - 120:24</p> <p>Khanum [2] - 4:7, 54:7</p> <p>kidney [4] - 62:12, 118:2, 118:4, 146:2</p> <p>kids [1] - 152:20</p>	<p>kind [8] - 57:19, 58:16, 63:9, 74:7, 85:13, 122:7, 145:1, 145:3</p> <p>kinds [1] - 8:2</p> <p>kitchen [1] - 128:7</p> <p>knees [9] - 48:15, 49:9, 49:13, 49:22, 52:11, 65:14, 69:1, 69:9</p> <p>knowing [3] - 28:18, 138:20, 153:10</p> <p>knowledge [7] - 23:20, 47:9, 48:10, 53:20, 53:22, 91:18, 128:5</p> <p>known [3] - 11:12, 78:14, 145:16</p> <p>knows [2] - 28:19</p> <p>KRISTIN [4] - 1:23, 156:3, 156:13, 156:16</p>
L						
<p>lab [3] - 149:20, 149:22, 151:2</p> <p>lack [5] - 14:12, 14:15, 14:23, 15:1, 30:16</p> <p>lacking [1] - 57:13</p> <p>ladies [3] - 36:21, 68:13, 154:11</p> <p>laid [3] - 55:6, 63:19, 63:20</p> <p>Langone [1] - 143:12</p> <p>language [6] - 5:8, 6:6, 20:21, 28:22, 31:2, 33:19</p> <p>last [14] - 86:14, 95:7, 95:10, 95:16, 104:15, 106:24, 107:8, 107:20, 109:20, 109:23, 110:21, 124:10, 149:7, 149:8</p> <p>lasted [5] - 63:25, 64:3, 64:4, 66:4</p> <p>lastly [1] - 4:9</p> <p>late [6] - 33:24, 33:25, 39:15, 49:3, 81:13, 110:5</p> <p>laterals [1] - 82:1</p> <p>latest [10] - 110:2, 110:4, 110:7, 119:13, 120:3, 120:7, 120:19, 122:17, 123:1, 124:15</p> <p>laura [1] - 1:15</p> <p>Laura [1] - 3:9</p> <p>law [2] - 13:5, 27:12</p>						

Law [1] - 1:13
lawsuit [3] - 22:9,
 25:6, 33:6
lawyer's [1] - 10:16
lawyers [1] - 79:6
layperson [1] - 23:21
leading [6] - 67:25,
 71:21, 71:23, 71:24,
 87:24, 123:19
learn [4] - 47:1, 72:22,
 75:16, 126:20
learned [8] - 41:23,
 59:13, 59:14, 62:20,
 72:20, 79:20, 97:5,
 137:21
least [10] - 21:2,
 39:17, 71:9, 84:1,
 86:12, 89:10, 99:15,
 137:2, 139:3, 143:25
leave [2] - 24:23,
 154:14
leaving [1] - 140:23
led [2] - 39:17, 40:8
Ledipasvir [1] - 119:8
left [9] - 65:23, 71:13,
 71:17, 94:5, 96:24,
 131:13, 134:7,
 134:25
left-hand [1] - 94:5
legal [1] - 23:25
legitimate [1] - 25:8
legs [10] - 58:25,
 63:17, 68:21, 69:2,
 69:5, 69:6, 69:11,
 76:17, 77:13, 134:16
lesion [1] - 136:23
lesions [11] - 12:6,
 18:2, 18:11, 69:11,
 69:12, 69:20, 92:16,
 134:5, 134:8,
 143:20, 151:6
less [2] - 118:22,
 123:21
lethal [1] - 124:20
lethargic [1] - 134:2
letter [2] - 84:3, 84:19
letters [1] - 102:14
level [9] - 5:19, 49:3,
 53:6, 53:11, 53:15,
 53:18, 75:21, 88:5
levels [7] - 7:18, 30:2,
 53:21, 61:4, 96:4,
 96:5, 148:9
liberal [1] - 9:8
licensed [2] - 105:4,
 105:6
lichen [1] - 115:24
lies [1] - 13:16
life [5] - 39:10, 64:12,
 77:21, 123:16,

123:20
lifted [1] - 70:21
lifting [1] - 58:9
light [7] - 15:20,
 43:18, 82:9, 128:10,
 144:23, 153:9,
 154:20
likelihood [6] - 39:6,
 41:11, 41:15, 43:13,
 99:16, 139:25
likely [1] - 41:10
Limitations [1] - 33:8
line [1] - 58:2
linear [1] - 131:10
Lisiak [8] - 4:6, 54:7,
 65:12, 65:22, 69:4,
 91:19, 94:10, 94:12
list [1] - 153:3
listed [1] - 149:11
literally [3] - 16:15,
 59:8, 64:19
literature [2] - 107:6,
 120:4
litigants [1] - 8:15
Litigation [5] - 6:16,
 21:3, 22:4, 36:8,
 43:18
liver [49] - 41:12,
 111:9, 111:21,
 111:23, 112:1,
 112:2, 112:9,
 112:14, 112:17,
 112:21, 112:22,
 113:3, 113:10,
 117:14, 120:1,
 121:8, 121:10,
 121:13, 123:19,
 124:8, 124:12,
 125:12, 127:20,
 129:25, 130:3,
 130:10, 130:16,
 130:17, 130:19,
 131:1, 131:6,
 131:10, 131:17,
 131:23, 133:10,
 133:17, 139:13,
 139:14, 141:2,
 148:19, 148:21,
 148:22, 148:23,
 150:20, 151:5,
 151:6, 151:20
Liver [5] - 122:3,
 122:5, 122:25,
 124:16, 140:4
liver-related [1] -
 124:12
living [2] - 89:3, 89:6
LLP [1] - 1:20
lo [1] - 143:18
load [26] - 18:19,

39:20, 75:22, 79:13,
 80:13, 86:14, 88:7,
 121:13, 127:17,
 127:19, 137:23,
 138:3, 138:6,
 138:21, 139:2,
 139:6, 139:8,
 139:15, 139:16,
 139:20, 139:22,
 140:1, 140:7, 140:11
loaded [1] - 145:3
locate [1] - 101:18
logical [1] - 133:12
Look [2] - 25:16, 66:1
look [21] - 7:7, 7:10,
 8:8, 8:17, 10:6, 10:9,
 11:7, 21:10, 23:12,
 28:16, 54:18, 54:19,
 54:22, 54:24, 58:14,
 63:8, 69:6, 140:3,
 145:2, 145:4
looked [12] - 32:18,
 42:1, 54:21, 55:9,
 68:23, 68:24, 69:7,
 76:11, 76:13, 84:18,
 126:7
looking [3] - 5:11,
 5:12, 23:16
looks [2] - 56:12,
 143:7
losing [4] - 60:6, 61:1,
 61:17, 61:18
loss [5] - 57:5, 57:6,
 57:11
lost [1] - 61:20
loud [1] - 98:13
low [24] - 80:13,
 117:8, 120:25,
 132:21, 138:12,
 138:13, 139:6,
 139:7, 139:16,
 140:1, 140:11,
 146:3, 146:18,
 149:3, 149:9, 150:6,
 150:16, 150:18,
 150:25, 151:3, 151:4
lower [10] - 18:1,
 18:10, 54:15, 68:21,
 69:2, 76:17, 78:21,
 94:4, 139:25, 152:16
lymphocytic [1] -
 129:5
lymphoma [2] - 71:13,
 73:8

M

ma'am [1] - 89:9
machine [1] - 1:22
magazines [1] - 107:7

Magistrate [9] - 3:21,
 4:15, 15:8, 19:18,
 28:7, 32:15, 35:14,
 37:18, 39:2
Magistrate's [2] - 4:1,
 15:17
magnified [1] - 126:8
Mahanoy [34] - 18:8,
 18:19, 23:10, 37:6,
 40:2, 40:13, 40:15,
 45:25, 46:1, 46:3,
 46:23, 53:23, 54:8,
 56:6, 62:25, 63:6,
 63:7, 64:5, 69:22,
 71:15, 72:16, 72:19,
 72:21, 73:1, 73:7,
 73:13, 73:21, 76:3,
 84:7, 87:9, 87:11,
 91:17, 100:5, 100:23
Mahanoy's [1] - 85:8
main [3] - 117:12,
 118:16, 140:2
major [2] - 129:19,
 136:14
majority [1] - 8:14
males [1] - 143:13
Malhotra [7] - 95:3,
 95:7, 95:12, 95:15,
 95:17, 95:21, 96:3
malpractice [1] - 3:23
man [1] - 78:13
man's [1] - 148:20
mandatory [4] - 20:20,
 27:12, 43:9, 43:17
manifest [3] - 113:3,
 113:4, 115:3
manifestation [3] -
 125:2, 125:5, 125:8
manifestations [3] -
 41:7, 113:8, 125:1
Manifestations [1] -
 114:22
manner [1] - 118:9
March [13] - 7:16,
 17:24, 40:8, 53:6,
 53:7, 54:10, 56:5,
 57:3, 59:9, 61:5,
 61:10, 147:21, 151:1
MARIANI [1] - 1:9
marked [3] - 97:24,
 100:9, 114:6
markedly [2] - 118:25,
 132:20
marks [2] - 69:11,
 115:25
marrow [4] - 117:25,
 146:4, 147:4, 149:4
material [2] - 111:8,
 116:3
matter [14] - 3:18,

4:21, 8:13, 8:15,
 12:22, 14:14, 14:25,
 17:10, 42:18, 43:4,
 50:13, 75:17, 130:15
matters [2] - 3:19,
 4:11
mazeski [1] - 1:16
MAZESKI [12] - 3:11,
 108:3, 108:5,
 108:15, 108:17,
 110:9, 110:12,
 114:1, 123:6,
 153:21, 153:23,
 154:20
Mazeski [3] - 3:11,
 3:12, 152:25
mean [22] - 46:15,
 48:2, 63:8, 87:21,
 89:21, 96:12,
 105:22, 114:23,
 115:13, 123:18,
 127:18, 128:6,
 129:15, 130:12,
 134:8, 136:7,
 137:23, 144:19,
 145:2, 147:1,
 147:23, 151:7
meaning [3] - 70:16,
 130:20, 134:11
means [14] - 7:3,
 27:13, 30:10, 87:2,
 88:9, 96:11, 105:23,
 123:13, 127:19,
 130:14, 136:8,
 138:8, 151:15,
 156:22
meant [4] - 46:19,
 47:3, 67:1, 80:1
measure [2] - 5:3,
 21:25
measured [1] - 13:1
Mechanicsburg [1] -
 1:18
medial [1] - 131:12
Medical [26] - 3:14,
 3:17, 18:4, 18:5,
 24:21, 37:3, 39:18,
 44:3, 59:21, 62:9,
 62:25, 63:4, 63:23,
 69:17, 69:23, 72:19,
 74:3, 87:8, 89:4,
 98:17, 103:1,
 105:12, 106:3,
 106:4, 132:3
MEDICAL [1] - 1:18
medical [59] - 3:23,
 3:24, 7:14, 7:23,
 10:10, 18:2, 18:9,
 18:18, 22:6, 23:9,
 23:20, 25:2, 25:10,

25:25, 26:3, 26:10,
26:12, 26:15, 30:17,
30:21, 34:17, 36:22,
36:24, 36:25, 38:7,
38:10, 38:14, 38:15,
39:16, 42:16, 46:23,
47:3, 57:22, 59:25,
60:3, 66:22, 68:9,
69:4, 79:3, 95:19,
98:21, 99:5, 100:4,
104:1, 105:10,
105:11, 105:25,
114:16, 126:2,
126:14, 126:25,
127:2, 127:4, 128:1,
129:21, 140:13,
142:6, 151:23
medically [3] - 129:15,
151:25, 152:1
Medication [1] - 98:15
medication [16] -
43:14, 43:15, 50:14,
57:24, 57:25, 58:1,
89:16, 95:1, 95:15,
95:18, 95:19, 96:21,
96:25, 120:17,
148:15, 152:17
medications [13] -
57:22, 58:11, 64:15,
88:16, 89:22, 90:1,
90:2, 96:19, 107:14,
121:9, 139:23,
139:24, 141:25
Medicine [3] - 105:10,
105:14, 105:24
medicine [5] - 106:15,
108:12, 108:18,
109:6, 114:10
Medscape [3] - 114:7,
114:8, 114:12
meet [4] - 5:3, 6:25,
43:17, 43:20
meeting [1] - 85:14
Mehalchick [3] -
19:18, 28:7, 35:15
mellitus [1] - 62:10
member [3] - 106:2,
106:3, 106:5
memory [5] - 51:20,
57:15, 57:16, 59:14,
63:23
mental [2] - 57:7,
57:11
mention [2] - 117:19,
119:17
mentioned [19] - 35:5,
52:15, 52:16, 57:5,
58:21, 79:2, 82:20,
85:12, 111:17,
113:14, 119:13,
127:24, 129:15,
129:17, 132:17,
135:10, 146:2, 156:8
mentions [1] - 124:25
merely [1] - 40:12
merit [1] - 26:17
merits [2] - 39:6,
41:15
met [5] - 21:7, 43:21,
78:17, 78:18, 95:17
metabolism [5] -
112:23, 112:25,
125:13, 136:5,
147:17
metavir [2] - 124:7,
124:8
mica [1] - 134:11
micas [1] - 134:10
microphone [1] -
104:18
middle [1] - 50:7
MIDDLE [1] - 1:1
Middle [3] - 28:14,
156:4, 156:18
midst [1] - 24:13
might [8] - 35:8, 42:6,
48:4, 70:4, 74:23,
116:6, 120:4, 148:7
mild [3] - 129:4, 129:6,
132:23
mildly [2] - 118:13,
129:6
million [1] - 147:5
million-dollar [1] -
147:5
mind [7] - 14:16, 15:2,
20:12, 61:25, 62:21,
63:9, 88:7
mine [1] - 54:7
minimum [3] - 67:3,
67:7, 67:9
Minoa(phonetic) [1] -
82:23
minute [1] - 76:23
minutes [3] - 63:20,
74:24, 144:9
missed [1] - 154:21
missing [2] - 51:2,
115:9
mobility [3] - 65:7,
65:19, 76:25
modality [1] - 145:3
modulates [1] - 118:5
Moen [1] - 20:9
moment [12] - 10:6,
40:6, 59:7, 59:18,
62:5, 71:22, 74:17,
81:1, 103:14, 108:4,
125:23, 152:21
moment's [1] - 59:6

Monday [8] - 7:16,
16:22, 22:10, 28:20,
153:16, 153:18,
153:23, 154:2
money [1] - 80:17
monitor [4] - 7:15,
7:24, 121:13
monitored [1] - 7:17
Monte [1] - 105:13
month [10] - 49:14,
79:10, 80:23, 83:12,
86:12, 86:24, 90:11,
95:7, 99:20
months [17] - 24:14,
33:6, 33:24, 40:14,
58:16, 64:3, 78:24,
78:25, 83:12, 83:17,
86:11, 107:20,
119:23, 145:22,
149:7, 149:8, 150:18
Montpellier [1] -
105:11
morning [16] - 3:1,
3:4, 3:5, 3:6, 3:9,
3:11, 3:13, 5:1, 59:1,
68:19, 70:14, 70:16,
89:15, 90:2, 155:5,
155:7
most [19] - 8:21, 9:9,
11:22, 16:7, 30:11,
39:25, 41:19, 41:22,
49:20, 52:15, 54:14,
76:6, 80:22, 113:7,
119:22, 125:13,
140:22, 146:25,
152:15
motel [1] - 149:1
mother [1] - 100:24
motion [2] - 11:9,
108:11
Motion [5] - 24:23,
27:15, 91:22, 92:10,
101:15
move [9] - 31:25,
37:24, 38:2, 38:13,
44:13, 77:3, 102:16,
107:24, 123:4
moving [3] - 38:5,
76:25, 80:3
MR [129] - 3:4, 3:6,
3:11, 3:13, 21:17,
21:21, 21:22, 22:11,
22:13, 22:21, 23:4,
23:25, 24:5, 24:8,
24:10, 25:8, 25:19,
26:21, 32:5, 32:6,
37:25, 38:5, 38:13,
38:20, 39:1, 43:23,
44:2, 44:22, 44:24,
45:2, 45:6, 45:13,

46:19, 46:22, 51:2,
51:3, 51:6, 51:10,
54:25, 55:15, 55:19,
55:23, 56:5, 57:1,
59:18, 59:19, 59:25,
60:5, 60:19, 64:10,
64:21, 67:15, 67:16,
68:12, 68:16, 72:9,
73:2, 73:5, 73:14,
73:17, 73:19, 73:24,
74:17, 74:18, 74:21,
75:4, 75:5, 76:25,
77:4, 77:5, 79:19,
79:23, 79:25, 81:3,
81:9, 83:5, 84:13,
85:10, 86:19, 87:16,
87:25, 88:2, 88:20,
90:20, 90:22, 97:9,
99:7, 100:18,
100:19, 101:9,
101:13, 101:22,
101:24, 103:14,
103:15, 103:17,
104:4, 104:9,
104:19, 104:22,
107:24, 108:3,
108:5, 108:15,
108:17, 110:9,
110:12, 110:15,
110:19, 110:20,
113:21, 114:1,
114:3, 114:5, 116:6,
116:9, 123:3, 123:6,
123:8, 123:11,
152:21, 152:23,
153:5, 153:21,
153:23, 154:5,
154:10, 154:20,
154:24
MS [125] - 3:9, 3:16,
4:21, 6:6, 6:23, 7:9,
8:1, 8:5, 8:17, 8:25,
9:4, 9:17, 9:21, 10:2,
10:22, 11:4, 11:14,
12:10, 12:17, 12:25,
13:4, 13:9, 13:13,
13:18, 13:25, 14:11,
14:17, 15:3, 15:13,
15:19, 16:2, 16:18,
16:24, 17:10, 19:1,
19:7, 19:9, 19:20,
19:24, 20:7, 20:11,
20:15, 20:19, 21:8,
21:15, 26:23, 26:25,
27:21, 27:23, 28:6,
28:13, 28:21, 29:1,
29:3, 29:9, 29:12,
29:19, 29:23, 29:25,
30:5, 30:9, 30:23,
31:16, 31:19, 31:24,
32:3, 38:12, 38:21,

42:11, 45:4, 46:17,
50:22, 55:6, 55:13,
56:9, 56:20, 56:24,
59:23, 60:8, 60:13,
64:8, 67:14, 67:25,
71:21, 71:23, 72:23,
74:14, 74:20, 76:22,
79:15, 80:25, 83:3,
84:6, 84:11, 85:2,
87:6, 87:8, 87:13,
88:23, 88:25, 91:2,
91:5, 92:24, 93:2,
93:6, 93:11, 93:17,
93:25, 97:10, 97:11,
98:3, 98:7, 98:14,
99:9, 99:20, 99:25,
100:14, 100:22,
101:17, 102:2,
102:11, 102:17,
103:12, 104:6, 153:8
Mt [1] - 145:16
Mumia [9] - 2:3, 3:5,
3:7, 3:18, 45:6,
45:15, 98:19, 126:2,
126:10
MUMIA [1] - 1:2
must [8] - 5:4, 6:25,
13:6, 21:24, 27:6,
43:17, 63:12, 115:8
Myers [1] - 1:20
myriad [2] - 23:7,
120:14

N

NAE [6] - 84:24, 85:12,
135:25, 137:5,
137:9, 137:15
nails [1] - 78:21
name [8] - 28:5, 30:25,
44:2, 45:14, 80:23,
104:14, 104:15,
155:2
named [3] - 30:12,
78:13, 98:20
National [1] - 106:4
nature [3] - 17:19,
36:22, 106:14
Neal [19] - 1:15, 3:9,
4:19, 6:5, 22:9,
22:14, 24:9, 25:15,
31:12, 42:9, 45:3,
50:25, 51:4, 55:12,
88:21, 93:24, 102:1,
104:5, 152:25
NEAL [123] - 3:9, 4:21,
6:6, 6:23, 7:9, 8:1,
8:5, 8:17, 8:25, 9:4,
9:17, 9:21, 10:2,
10:22, 11:4, 11:14,

12:10, 12:17, 12:25, 13:4, 13:9, 13:13, 13:18, 13:25, 14:11, 14:17, 15:3, 15:13, 15:19, 16:2, 16:18, 16:24, 17:10, 19:1, 19:7, 19:9, 19:20, 19:24, 20:7, 20:11, 20:15, 20:19, 21:8, 21:15, 26:23, 26:25, 27:21, 27:23, 28:6, 28:13, 28:21, 29:1, 29:3, 29:9, 29:12, 29:19, 29:23, 29:25, 30:5, 30:9, 30:23, 31:16, 31:19, 31:24, 32:3, 38:12, 38:21, 42:11, 45:4, 46:17, 50:22, 55:6, 55:13, 56:9, 56:20, 56:24, 59:23, 60:8, 60:13, 64:8, 67:14, 67:25, 71:21, 71:23, 72:23, 74:14, 76:22, 79:15, 80:25, 83:3, 84:6, 84:11, 85:2, 87:6, 87:8, 87:13, 88:23, 88:25, 91:2, 91:5, 92:24, 93:2, 93:6, 93:11, 93:17, 93:25, 97:10, 97:11, 98:3, 98:7, 98:14, 99:9, 99:20, 99:25, 100:14, 100:22, 101:17, 102:2, 102:11, 102:17, 103:12, 104:6, 153:8

Neal's [1] - 23:1

near [1] - 7:20

near-death [1] - 7:20

necessarily [5] - 6:1, 27:4, 41:2, 108:24, 125:19

necessary [5] - 21:23, 33:13, 74:12, 79:17, 124:12

neck [7] - 48:5, 52:12, 54:16, 70:4, 76:17, 78:20, 134:25

necrolytic [9] - 84:24, 85:12, 116:5, 135:25, 136:1, 136:15, 136:17, 143:5, 145:9

Necrolytic [1] - 136:2

need [12] - 12:8, 18:23, 23:5, 25:11, 25:20, 26:1, 42:5, 45:1, 89:17, 98:20, 151:20

needed [3] - 22:4, 22:23, 57:9

needs [1] - 30:19

negative [1] - 73:8

never [8] - 20:12, 54:6, 68:22, 94:24, 102:22, 107:22, 143:16, 146:20

new [17] - 15:13, 15:25, 16:14, 16:17, 16:22, 17:8, 22:2, 62:10, 94:20, 107:14, 118:21, 121:17, 125:24, 139:23, 142:13, 151:24, 152:9

New [11] - 1:12, 3:4, 78:16, 84:20, 105:1, 105:7, 106:10, 106:13, 136:14, 143:11

newer [1] - 35:25

next [6] - 10:6, 63:5, 104:8, 127:12, 133:12, 153:24

Ngo [5] - 5:25, 6:24, 19:5, 20:16, 20:19

NIDDMHTM [1] - 102:4

night [6] - 50:7, 50:8, 70:14, 70:16, 120:10, 129:18

nine [1] - 143:15

Ninth [8] - 19:10, 19:17, 19:23, 20:16, 21:10, 28:4, 28:11, 32:13

NLF [1] - 122:7

nobody [1] - 53:11

non [3] - 28:10, 108:3, 131:14

non-precedential [1] - 28:10

non-responsive [1] - 108:3

non-specific [1] - 131:14

none [3] - 34:9, 38:20, 88:14

nonprofit [1] - 106:9

normal [12] - 96:17, 141:2, 146:16, 146:17, 146:20, 147:25, 148:8, 148:10, 149:19, 150:5, 150:15, 151:4

Nos [1] - 2:16

Nose [1] - 21:11

nose [1] - 35:21

notably [5] - 39:25, 41:22, 113:7,

119:22, 125:13

notation [1] - 68:4

note [3] - 64:23, 129:12, 132:18

noted [3] - 74:5, 126:12, 127:25

notes [2] - 61:10, 142:9

nothing [5] - 50:14, 59:5, 65:16, 103:12, 104:4

notice [8] - 22:21, 22:22, 23:5, 23:18, 24:1, 49:20, 134:4, 142:24

noticed [3] - 49:6, 57:10, 63:12

November [10] - 4:1, 15:18, 15:21, 22:5, 25:4, 34:5, 34:20, 37:19, 95:8, 149:25

number [9] - 15:11, 16:23, 38:9, 38:17, 50:24, 67:17, 88:6, 88:10, 124:21

numbered [1] - 156:9

numbers [3] - 80:12, 100:13, 102:14

numerous [1] - 18:11

nurse [3] - 48:4, 63:22, 69:5

nurses [3] - 65:15, 79:2, 80:7

nursing [3] - 89:13, 89:17, 89:25

Nyhuis [2] - 33:15, 33:23

NYU [1] - 143:11

O

oath [1] - 18:14

object [2] - 56:9, 67:25

objected [1] - 66:1

objecting [1] - 85:2

objection [39] - 3:20, 31:23, 32:5, 32:6, 32:11, 38:8, 38:14, 46:17, 55:5, 56:8, 56:18, 56:19, 59:23, 60:8, 60:13, 64:8, 67:14, 71:21, 72:23, 74:14, 74:16, 76:22, 80:25, 83:3, 84:6, 85:2, 87:6, 90:20, 90:21, 97:9, 99:7, 108:3, 110:11, 110:16, 113:25, 114:1, 123:5, 123:6,

154:23

objections [1] - 38:11

observation [1] - 117:4

observations [2] - 140:24, 140:25

observed [4] - 41:21, 134:6, 135:2, 143:25

obtain [3] - 7:4, 43:17, 75:24

obtaining [1] - 25:25

obvious [2] - 133:25, 153:2

obviously [6] - 53:9, 68:5, 68:8, 133:22, 134:19, 154:2

occasional [1] - 86:9

occasions [4] - 66:21, 80:6, 80:22, 102:20

occult [1] - 115:10

occur [1] - 126:4

occurred [2] - 35:13, 37:17

October [1] - 149:16

OF [3] - 1:1, 1:8, 45:7

offer [2] - 78:5, 110:17

offered [2] - 85:4, 97:15

offering [2] - 12:13, 38:9

Office [4] - 1:17, 6:21, 14:5, 14:8

Officer [2] - 13:23, 14:2

official [1] - 119:11

Official [3] - 156:3, 156:14, 156:17

officially [1] - 119:15

officials [2] - 23:5, 72:25

often [2] - 66:24, 144:6

old [2] - 45:18, 121:1

older [1] - 139:24

Olysio [1] - 119:7

once [18] - 34:14, 34:20, 35:1, 37:10, 40:16, 48:4, 84:1, 89:10, 111:10, 118:23, 120:18, 124:1, 129:23, 138:21, 140:17, 146:5, 149:10

oncologist [1] - 95:3

one [54] - 5:24, 8:6, 10:18, 25:6, 25:19, 29:1, 34:6, 35:12, 35:22, 38:17, 39:17, 39:18, 40:23, 43:24, 45:19, 54:20, 58:8,

59:12, 63:16, 63:20, 64:4, 74:17, 86:12, 87:3, 100:21, 103:14, 105:10, 105:14, 108:2, 108:6, 113:7, 117:24, 119:1, 119:4, 119:8, 119:18, 119:19, 123:21, 124:10, 125:9, 129:18, 134:25, 136:13, 140:25, 143:10, 143:11, 143:13, 143:15, 150:24, 152:8, 152:9, 152:16

ONE [1] - 1:8

one's [1] - 148:19

ones [3] - 26:8, 52:16

ongoing [4] - 36:22, 64:11, 117:23, 151:6

onset [2] - 62:10, 125:7

onychomycosis [2] - 126:18, 134:14

oozing [2] - 12:6, 134:13

opening [3] - 38:22, 42:10, 44:8

opine [5] - 40:6, 40:20, 41:3, 41:9, 41:11

opinion [8] - 20:17, 32:23, 84:23, 109:17, 141:8, 148:11, 150:21, 151:9

oppman [1] - 30:13

Oppman [1] - 4:5

opportunity [1] - 24:2

opposed [2] - 78:1, 112:9

option [1] - 153:14

oral [2] - 32:15, 128:8

order [3] - 4:12, 25:11

ordered [2] - 89:19, 91:16

ordering [1] - 25:5

organ [2] - 112:22, 130:15

organic [1] - 130:15

organism [1] - 122:8

organization [5] - 106:10, 114:8, 122:9, 123:19, 123:24

organs [1] - 130:7

original [4] - 15:11, 34:18, 35:25, 36:7

originally [1] - 36:23

<p>Oriyaki [8] - 27:24, 28:6, 34:22, 35:10, 35:17, 35:20</p> <p>ought [2] - 4:13, 27:19</p> <p>outpatient [1] - 132:11</p> <p>outside [2] - 72:11, 113:3</p> <p>overall [5] - 51:14, 51:15, 69:21, 113:18, 131:17</p> <p>overruled [7] - 56:25, 60:10, 72:6, 73:4, 81:4, 84:12, 87:15</p> <p>overwhelmed [1] - 148:4</p> <p>owing [1] - 123:17</p> <p>own [5] - 11:2, 23:17, 25:1, 47:20, 50:24</p>	<p>101:10, 101:15, 103:3, 108:13, 113:22, 118:16, 129:11, 129:25</p> <p>participate [1] - 44:17</p> <p>participating [1] - 43:25</p> <p>particular [3] - 6:17, 8:16, 145:19</p> <p>particularly [5] - 8:3, 39:16, 115:20, 121:3, 128:16</p> <p>parts [4] - 54:12, 54:13, 86:9, 134:20</p> <p>party [2] - 27:10, 44:16</p> <p>passed [1] - 124:23</p> <p>past [3] - 99:14, 106:22, 118:12</p> <p>patches [1] - 102:21</p> <p>pathognomonic [1] - 136:6</p> <p>pathologists [1] - 136:13</p> <p>pathology [4] - 121:7, 145:18, 148:7, 151:6</p> <p>patient [7] - 115:20, 127:10, 127:11, 129:17, 133:1, 137:3, 143:6</p> <p>patients [23] - 106:22, 107:16, 109:21, 110:1, 110:6, 110:22, 113:19, 115:3, 115:9, 116:24, 119:5, 120:20, 122:25, 123:15, 124:7, 124:9, 124:12, 136:21, 137:7, 142:13, 143:13, 152:9, 152:10</p> <p>payment [1] - 152:16</p> <p>peace [1] - 59:6</p> <p>pedal [1] - 126:17</p> <p>peer [3] - 114:9, 114:13, 116:16</p> <p>peer-reviewed [3] - 114:9, 114:13, 116:16</p> <p>pegylated [2] - 118:21, 120:17</p> <p>pen [1] - 64:19</p> <p>pendency [1] - 17:18</p> <p>PENNSYLVANIA [3] - 1:1, 1:10, 1:25</p> <p>Pennsylvania [9] - 1:14, 1:18, 1:21, 3:7, 45:21, 46:4, 156:5, 156:18, 156:19</p>	<p>people [11] - 18:9, 26:6, 40:24, 54:20, 79:4, 99:5, 140:8, 152:5, 153:16, 154:13</p> <p>percent [15] - 40:24, 107:22, 110:23, 112:6, 112:9, 113:19, 115:3, 119:11, 119:14, 121:3, 121:4, 139:23, 152:8, 152:9, 152:19</p> <p>perform [3] - 18:16, 64:12, 128:22</p> <p>performed [6] - 18:19, 39:22, 79:9, 129:24, 131:1, 147:7</p> <p>perhaps [5] - 34:10, 83:13, 101:13, 103:21, 110:18</p> <p>period [16] - 4:17, 33:4, 49:1, 52:3, 62:21, 65:12, 83:21, 91:20, 92:18, 94:17, 94:20, 103:4, 128:12, 128:16, 132:24, 147:24</p> <p>periods [4] - 39:17, 52:3, 94:16</p> <p>perivascular [1] - 129:5</p> <p>permissible [1] - 4:17</p> <p>permits [1] - 15:9</p> <p>permitted [3] - 19:20, 20:23, 33:6</p> <p>persist [1] - 82:17</p> <p>person [3] - 117:17, 124:23</p> <p>persons [2] - 29:18, 60:17</p> <p>persuasive [1] - 28:3</p> <p>pertaining [1] - 26:11</p> <p>phase [1] - 85:21</p> <p>Philadelphia [1] - 45:21</p> <p>photograph [6] - 134:24, 134:25, 135:1, 135:6, 135:12</p> <p>photographs [4] - 55:10, 55:24, 56:4, 56:5</p> <p>photos [1] - 126:7</p> <p>phototherapy [8] - 82:9, 90:16, 90:23, 91:1, 91:7, 91:12, 91:14, 144:24</p> <p>phrase [1] - 44:9</p> <p>physical [4] - 46:25, 47:1, 57:6</p>	<p>physician [11] - 10:25, 66:2, 72:11, 80:19, 89:10, 95:5, 98:20, 100:23, 105:3</p> <p>Physician [1] - 4:9</p> <p>physicians [7] - 4:7, 42:12, 42:17, 73:1, 89:17, 89:25, 91:16</p> <p>picture [2] - 41:18, 42:4</p> <p>pictures [5] - 54:25, 55:20, 56:7, 56:9, 56:11</p> <p>pill [2] - 120:12, 142:17</p> <p>pills [1] - 142:18</p> <p>pitched [1] - 14:9</p> <p>Pittsburgh [2] - 1:14, 3:7</p> <p>place [3] - 36:7, 85:7, 134:6</p> <p>placement [1] - 82:13</p> <p>places [1] - 81:23</p> <p>plain [1] - 115:13</p> <p>Plaintiff [22] - 1:3, 2:7, 3:3, 3:5, 3:7, 4:2, 6:8, 6:9, 8:8, 15:23, 16:21, 20:21, 34:11, 35:17, 38:5, 38:13, 38:20, 39:1, 42:19, 43:17, 50:23, 104:9</p> <p>PLAINTIFF [1] - 1:10</p> <p>Plaintiff's [13] - 38:6, 38:13, 38:24, 113:22, 114:6, 114:18, 116:7, 116:10, 116:21, 121:20, 122:16, 123:9, 134:23</p> <p>Plaintiffs [6] - 6:2, 11:12, 17:1, 32:10, 45:6, 107:24</p> <p>plan [1] - 7:21</p> <p>plans [1] - 139:20</p> <p>planus [1] - 115:24</p> <p>platelet [16] - 86:25, 87:1, 87:5, 87:17, 87:21, 87:23, 88:3, 88:4, 88:6, 88:8, 148:18, 148:20, 149:7, 149:11, 150:3, 150:13</p> <p>platelets [8] - 149:2, 149:3, 149:4, 150:18, 150:24, 150:25, 151:3, 151:4</p> <p>play [3] - 140:7, 148:18, 149:4</p> <p>played [1] - 93:16</p> <p>plays [3] - 112:23,</p>	<p>112:24</p> <p>pleading [4] - 8:20, 22:21, 23:18, 24:2</p> <p>pleadings [1] - 27:16</p> <p>pleural [1] - 131:11</p> <p>pneumocytic [1] - 62:16</p> <p>point [22] - 11:5, 13:10, 19:18, 27:5, 27:9, 28:16, 31:17, 31:18, 44:10, 44:16, 89:23, 93:9, 110:9, 110:13, 115:16, 119:17, 144:21, 146:11, 148:22, 152:10, 152:11</p> <p>pointed [1] - 22:23</p> <p>points [3] - 139:19, 143:3, 143:6</p> <p>policies [1] - 26:5</p> <p>Policy [2] - 9:18, 10:4</p> <p>policy [12] - 5:4, 6:14, 7:1, 7:2, 8:17, 9:4, 22:21, 23:17, 23:19, 25:15, 30:23, 31:2</p> <p>poor [3] - 51:16, 127:13, 148:20</p> <p>pop [1] - 142:17</p> <p>population [2] - 51:17, 51:19</p> <p>porphyria [2] - 116:1, 116:2</p> <p>portion [7] - 7:11, 8:9, 8:11, 10:10, 14:22, 72:2, 135:6</p> <p>position [5] - 5:6, 30:3, 30:9, 44:23, 91:24</p> <p>positive [7] - 47:4, 74:6, 126:21, 126:24, 127:7, 127:11, 133:1</p> <p>possession [1] - 101:6</p> <p>possibility [4] - 43:11, 115:18, 117:20, 142:10</p> <p>possible [6] - 55:3, 74:20, 94:10, 115:15, 121:4, 151:20</p> <p>possibly [3] - 86:5, 126:8, 151:15</p> <p>posterior [1] - 131:11</p> <p>potent [3] - 128:4, 128:6, 144:18</p> <p>potentially [2] - 111:22, 124:20</p> <p>pounds [3] - 47:16, 47:18, 61:11</p>
<p>P</p> <p>P.O [2] - 1:14, 156:18</p> <p>p.o [1] - 128:8</p> <p>PA [1] - 1:16</p> <p>packet [2] - 50:23, 50:25</p> <p>Page [14] - 95:25, 102:3, 123:12, 124:1, 129:24, 130:25, 131:25, 137:25, 140:17, 141:12, 146:6, 149:10, 149:21, 150:7</p> <p>page [4] - 50:24, 75:9, 122:23, 129:24</p> <p>pages [3] - 84:21, 97:24, 100:9</p> <p>Pages [1] - 128:20</p> <p>pain [5] - 39:10, 48:21, 65:14, 65:16, 77:13</p> <p>painful [7] - 65:17, 66:7, 66:8, 66:9, 77:14</p> <p>pains [1] - 57:18</p> <p>Pak [1] - 119:9</p> <p>palliative [1] - 40:12</p> <p>pancreatic [1] - 148:2</p> <p>panel [1] - 98:21</p> <p>Paragraph [1] - 92:14</p> <p>paragraph [1] - 92:19</p> <p>parameters [1] - 33:22</p> <p>pardon [2] - 15:22, 108:4</p> <p>parenchymal [3] - 130:11, 130:12, 130:14</p> <p>Parkway [1] - 1:17</p> <p>part [13] - 11:22, 21:2, 60:2, 69:1, 95:24,</p>				

<p>power ^[1] - 142:12</p> <p>practical ^[2] - 4:21, 5:23</p> <p>practically ^[1] - 134:6</p> <p>practice ^[8] - 106:14, 106:15, 106:16, 106:20, 107:22, 119:12, 120:6, 127:13</p> <p>practitioner ^[1] - 127:12</p> <p>practitioners ^[2] - 120:20, 127:14</p> <p>pre ^[1] - 20:20</p> <p>pre-condition ^[1] - 20:20</p> <p>precedent ^[4] - 19:22, 20:13, 24:6, 27:24</p> <p>precedential ^[1] - 28:10</p> <p>precisely ^[3] - 21:23, 22:18, 30:19</p> <p>precision ^[1] - 51:21</p> <p>predicated ^[3] - 112:21, 136:19, 145:10</p> <p>Prednisone ^[3] - 57:23, 128:8, 148:16</p> <p>prefaced ^[1] - 112:21</p> <p>prejudicial ^[1] - 56:14</p> <p>preliminary ^[2] - 10:19, 11:8</p> <p>Preliminary ^[14] - 3:22, 7:4, 27:15, 31:22, 37:21, 37:23, 39:3, 44:5, 44:6, 56:15, 91:21, 92:10, 101:9, 101:14</p> <p>premised ^[1] - 21:2</p> <p>prepared ^[2] - 25:21, 156:11</p> <p>prescribed ^[4] - 33:4, 57:22, 89:22, 95:5</p> <p>prescribing ^[1] - 18:6</p> <p>presence ^[1] - 84:4</p> <p>present ^[12] - 4:19, 25:21, 34:9, 39:5, 41:25, 42:9, 44:15, 52:17, 81:23, 81:24, 81:25, 86:7</p> <p>presentation ^[3] - 38:3, 136:14, 143:12</p> <p>presented ^[1] - 115:13</p> <p>presenting ^[1] - 115:3</p> <p>pressure ^[1] - 67:13</p> <p>presumably ^[1] - 85:3</p> <p>pretty ^[2] - 69:10, 153:1</p> <p>prevent ^[2] - 7:21, 25:9</p>	<p>previous ^[1] - 97:15</p> <p>previously ^[2] - 92:3, 102:18</p> <p>Prickett ^[1] - 69:24</p> <p>primarily ^[3] - 39:23, 95:14, 147:8</p> <p>primary ^[1] - 48:25</p> <p>principle ^[3] - 17:11, 17:14, 17:17</p> <p>principles ^[1] - 16:25</p> <p>priorities ^[2] - 41:4, 123:24</p> <p>prioritized ^[1] - 124:11</p> <p>priority ^[6] - 124:2, 124:5, 124:6, 124:13, 125:25, 140:8</p> <p>Prison ^[5] - 6:16, 21:3, 22:4, 36:8, 43:18</p> <p>prison ^[9] - 8:14, 23:5, 33:3, 63:13, 63:21, 65:21, 76:19, 99:5, 152:5</p> <p>prisoners ^[1] - 36:8</p> <p>privacy ^[1] - 134:19</p> <p>pro ^[1] - 11:19</p> <p>probable ^[1] - 131:22</p> <p>probative ^[1] - 56:15</p> <p>problem ^[4] - 19:4, 50:15, 103:6, 124:20</p> <p>problems ^[4] - 23:7, 113:7, 120:13, 134:19</p> <p>procedural ^[7] - 5:14, 7:1, 9:7, 9:21, 10:3, 27:8, 30:1</p> <p>procedurally ^[2] - 13:25, 32:21</p> <p>Procedure ^[1] - 21:4</p> <p>procedure ^[5] - 18:24, 22:17, 25:17, 31:13, 35:7</p> <p>procedures ^[1] - 22:17</p> <p>proceed ^[12] - 6:2, 27:15, 32:14, 33:17, 38:22, 42:8, 45:5, 46:20, 75:3, 100:20, 104:19, 114:2</p> <p>proceeding ^[1] - 6:12</p> <p>Proceedings ^[1] - 1:22</p> <p>proceedings ^[3] - 32:12, 155:8, 156:8</p> <p>PROCEEDINGS ^[1] - 1:8</p> <p>Process ^[3] - 6:10, 17:3, 33:14</p> <p>process ^[25] - 5:18, 6:4, 7:10, 12:20, 17:13, 19:25, 24:14,</p>	<p>25:24, 26:18, 27:3, 27:10, 28:1, 29:3, 29:12, 31:8, 31:11, 31:14, 34:24, 35:11, 35:13, 42:22, 111:14, 117:24, 148:22</p> <p>processes ^[1] - 43:20</p> <p>processing ^[1] - 112:25</p> <p>Procrit ^[9] - 95:1, 95:5, 132:22, 145:23, 146:1, 146:2, 146:8, 146:11, 146:20</p> <p>produce ^[3] - 111:13, 146:4, 147:18</p> <p>produced ^[3] - 1:22, 146:2, 149:4</p> <p>producing ^[1] - 127:20</p> <p>production ^[8] - 117:13, 117:14, 117:15, 117:25, 118:1, 118:2, 148:3, 148:5</p> <p>productive ^[1] - 111:9</p> <p>profession ^[1] - 105:2</p> <p>professional ^[3] - 106:2, 132:14, 141:8</p> <p>professionals ^[1] - 124:18</p> <p>professor ^[1] - 41:20</p> <p>proffered ^[1] - 34:3</p> <p>profile ^[1] - 118:18</p> <p>Profile ^[1] - 116:24</p> <p>program ^[3] - 83:24, 90:9, 105:13</p> <p>progress ^[4] - 61:10, 151:17</p> <p>progressed ^[2] - 50:11, 54:12</p> <p>progressing ^[1] - 150:21</p> <p>progression ^[1] - 43:13</p> <p>progressively ^[2] - 48:17, 48:18</p> <p>prohibited ^[1] - 68:3</p> <p>Project ^[1] - 106:9</p> <p>propagating ^[1] - 152:6</p> <p>proper ^[2] - 37:5, 55:6</p> <p>properly ^[4] - 7:15, 7:23, 30:2, 64:20</p> <p>propose ^[1] - 22:1</p> <p>proposed ^[5] - 4:2, 5:7, 15:14, 15:15, 24:22</p> <p>proposition ^[7] - 8:24,</p>	<p>9:1, 9:23, 10:1, 18:23, 21:2, 24:11</p> <p>protein ^[1] - 116:2</p> <p>Protopic ^[3] - 91:21, 91:24, 92:3</p> <p>provide ^[4] - 60:2, 80:10, 87:4, 90:2</p> <p>provided ^[6] - 7:16, 8:18, 44:18, 88:16, 91:11, 126:25</p> <p>provides ^[2] - 5:4, 114:9</p> <p>providing ^[4] - 26:16, 87:20, 90:1, 106:10</p> <p>provision ^[1] - 62:5</p> <p>provisions ^[1] - 156:5</p> <p>pruritis ^[3] - 129:18, 129:20, 129:22</p> <p>psoriasis ^[19] - 73:10, 86:5, 100:25, 102:7, 102:15, 116:1, 116:24, 117:5, 129:4, 129:7, 133:4, 136:3, 136:4, 136:10, 136:12, 137:17, 141:24, 142:3, 143:7</p> <p>psoriatic ^[1] - 141:23</p> <p>psychologist ^[1] - 41:20</p> <p>public ^[2] - 43:19, 134:20</p> <p>publish ^[1] - 122:13</p> <p>PubMed ^[4] - 116:11, 116:13, 116:14, 116:18</p> <p>pull ^[1] - 63:18</p> <p>purely ^[1] - 56:13</p> <p>purpose ^[8] - 16:20, 25:5, 25:8, 26:25, 28:17, 28:21, 28:23, 74:24</p> <p>pursuant ^[2] - 36:12, 156:5</p> <p>push ^[1] - 134:1</p> <p>pushed ^[1] - 69:3</p> <p>put ^[9] - 22:22, 23:5, 43:3, 58:24, 59:4, 93:12, 118:13, 122:2, 147:1</p> <p>putting ^[2] - 12:18, 85:3</p>	<p>109:15</p> <p>quality ^[1] - 114:10</p> <p>quarrel ^[4] - 12:16, 12:17, 16:9</p> <p>quarreling ^[2] - 29:15, 29:18</p> <p>quarter ^[1] - 69:8</p> <p>quarter-inch ^[1] - 69:8</p> <p>quarters ^[2] - 75:8, 132:7</p> <p>questioning ^[1] - 21:23</p> <p>questions ^[13] - 26:21, 55:21, 67:15, 68:1, 72:25, 78:22, 84:16, 85:23, 85:24, 102:1, 110:9, 114:10, 152:23</p> <p>quick ^[1] - 8:6</p> <p>quite ^[5] - 78:22, 124:20, 128:4, 135:3, 144:6</p> <p>quote ^[6] - 7:13, 36:3, 36:4, 40:10, 66:22, 141:1</p> <p>quoted ^[1] - 37:10</p>
R				
<p>radar ^[2] - 11:7, 11:10</p> <p>raised ^[2] - 26:11, 84:1</p> <p>raising ^[2] - 22:2, 26:4</p> <p>Ramon ^[2] - 83:9, 83:10</p> <p>Randall's ^[1] - 106:11</p> <p>range ^[4] - 146:21, 148:10, 149:19, 150:15</p> <p>rare ^[4] - 85:13, 136:17, 136:18</p> <p>rarely ^[2] - 103:1, 120:16</p> <p>rash ^[37] - 10:13, 12:5, 22:25, 36:18, 40:14, 48:15, 49:13, 52:13, 52:17, 54:11, 57:2, 62:22, 70:21, 70:22, 76:5, 76:7, 76:10, 76:11, 76:15, 81:23, 81:25, 82:13, 82:14, 82:16, 86:4, 103:3, 103:22, 126:13, 126:18, 127:25, 128:2, 134:9, 134:15, 136:2, 143:7, 151:7</p> <p>rash-free ^[2] - 76:5, 76:7</p> <p>rash-related ^[1] -</p>				
Q				
<p>qualifications ^[4] - 108:13, 108:14, 110:10, 110:11</p> <p>qualified ^[4] - 90:22, 90:25, 109:13,</p>				

<p>22:25</p> <p>rashes [3] - 71:2, 100:24, 103:7</p> <p>rate [12] - 40:24, 118:18, 118:19, 118:25, 119:11, 119:14, 121:4, 121:5, 121:6, 136:20, 152:8</p> <p>rates [2] - 120:25</p> <p>rather [1] - 27:14</p> <p>rational [2] - 20:24, 21:1</p> <p>re [2] - 4:2, 22:5</p> <p>re-file [1] - 4:2</p> <p>re-filed [1] - 22:5</p> <p>reach [2] - 41:2, 125:23</p> <p>reaches [1] - 148:22</p> <p>reaching [1] - 125:23</p> <p>reactions [2] - 10:13, 36:18</p> <p>read [23] - 10:9, 13:24, 14:20, 14:21, 19:6, 19:8, 21:3, 30:4, 52:7, 57:9, 71:24, 72:1, 79:17, 98:9, 98:11, 98:12, 101:25, 102:8, 107:6, 122:20, 123:2, 132:12, 136:14</p> <p>readily [1] - 39:24</p> <p>reading [10] - 8:7, 35:16, 37:15, 37:16, 62:20, 64:18, 68:1, 79:19, 84:23, 97:5</p> <p>reads [1] - 98:18</p> <p>ready [3] - 42:8, 75:3, 88:21</p> <p>real [1] - 147:1</p> <p>really [10] - 65:13, 68:6, 95:13, 95:20, 110:25, 118:25, 120:6, 130:19, 145:17, 155:3</p> <p>REALTIME [1] - 1:24</p> <p>reapply [1] - 78:10</p> <p>rear [1] - 82:1</p> <p>reason [3] - 69:18, 83:22, 151:23</p> <p>reasons [6] - 40:22, 41:13, 80:15, 87:4, 147:14, 147:15</p> <p>rebuttal [2] - 26:23, 31:18</p> <p>recalled [2] - 126:22, 126:23</p> <p>receipt [1] - 35:8</p> <p>receive [5] - 40:11,</p>	<p>46:23, 57:24, 70:9, 80:16</p> <p>received [9] - 5:16, 5:19, 14:14, 14:25, 44:11, 46:25, 60:3, 88:12, 147:19</p> <p>receiving [5] - 42:15, 82:6, 90:16, 91:6, 95:1</p> <p>recent [3] - 86:11, 94:20, 145:22</p> <p>recently [3] - 80:22, 102:22, 143:11</p> <p>recess [3] - 32:7, 32:8, 75:2</p> <p>recipients [1] - 124:9</p> <p>recognize [1] - 58:15</p> <p>recollection [6] - 53:8, 81:14, 81:15, 87:18, 99:3, 100:3</p> <p>recommend [6] - 85:22, 85:25, 86:1, 121:9, 133:19, 141:4</p> <p>recommendation [4] - 122:24, 123:18, 124:25, 139:19</p> <p>Recommendation [1] - 28:8</p> <p>recommendations [8] - 120:20, 120:23, 122:1, 124:15, 132:5, 132:6, 140:23</p> <p>recommended [5] - 71:19, 72:4, 72:7, 91:18, 123:15</p> <p>recommending [1] - 123:23</p> <p>record [15] - 7:12, 14:22, 17:4, 22:6, 43:24, 45:14, 56:3, 67:2, 68:1, 72:2, 101:9, 101:10, 104:14, 110:16, 141:20</p> <p>recorded [1] - 1:22</p> <p>records [21] - 10:10, 38:8, 38:10, 38:14, 38:15, 68:9, 79:16, 79:19, 79:22, 126:14, 126:25, 127:2, 127:4, 128:1, 132:2, 132:12, 132:18, 140:13, 142:6, 142:24, 143:21</p> <p>Recross [1] - 2:2</p> <p>recur [1] - 103:23</p> <p>recurrence [1] - 7:21</p> <p>red [7] - 112:25, 113:1, 117:13,</p>	<p>117:15, 117:25, 118:2, 146:4</p> <p>redevelop [1] - 148:1</p> <p>Redirect [1] - 2:2</p> <p>redirect [2] - 103:13, 104:6</p> <p>REDIRECT [1] - 103:16</p> <p>reduced [1] - 82:5</p> <p>redundant [1] - 79:15</p> <p>refer [2] - 109:10, 140:20</p> <p>reference [3] - 68:4, 68:8, 102:15</p> <p>referenced [1] - 20:8</p> <p>references [1] - 99:24</p> <p>referred [5] - 14:6, 14:21, 28:4, 33:22, 72:1</p> <p>referred-to [2] - 14:21, 72:1</p> <p>referring [4] - 83:14, 91:11, 123:12, 147:7</p> <p>reflect [1] - 141:17</p> <p>reflections [1] - 55:3</p> <p>Reform [5] - 6:16, 21:3, 22:4, 36:8, 43:18</p> <p>Refusal [1] - 98:15</p> <p>refusals [1] - 97:18</p> <p>refused [10] - 39:2, 39:9, 92:3, 92:6, 97:7, 97:16, 99:4, 99:14, 99:18, 100:1</p> <p>refusing [2] - 99:2, 99:6</p> <p>regard [3] - 7:14, 7:22, 79:23</p> <p>regardless [3] - 5:6, 24:25, 31:9</p> <p>regards [1] - 105:24</p> <p>regimens [1] - 121:17</p> <p>regularly [1] - 120:14</p> <p>regulates [1] - 118:2</p> <p>regulation [1] - 33:5</p> <p>reinforced [1] - 138:24</p> <p>rejected [2] - 26:15, 33:18</p> <p>rejection [1] - 33:18</p> <p>relate [1] - 57:21</p> <p>related [4] - 22:25, 96:4, 96:25, 124:12</p> <p>relates [3] - 30:15, 102:4, 107:10</p> <p>relationship [4] - 85:18, 86:2, 90:22, 139:9</p> <p>relatively [4] - 115:19, 121:1, 139:7, 139:16</p> <p>relayed [2] - 73:16,</p>	<p>73:20</p> <p>release [3] - 75:12, 75:14, 75:23</p> <p>Release [1] - 98:16</p> <p>released [1] - 132:25</p> <p>relevance [5] - 46:17, 64:8, 76:23, 99:7, 99:8</p> <p>relevant [3] - 46:18, 64:9, 115:2</p> <p>reliable [2] - 114:15, 116:18</p> <p>relief [13] - 7:3, 7:4, 10:23, 11:5, 16:3, 26:16, 30:10, 42:5, 44:7, 78:5, 78:9, 78:12, 99:13</p> <p>remain [1] - 76:7</p> <p>remains [3] - 40:14, 40:15, 42:15</p> <p>remarkable [2] - 23:20, 58:19</p> <p>remarkably [1] - 57:16</p> <p>remarked [1] - 35:22</p> <p>remedies [4] - 4:24, 5:25, 22:1, 34:24</p> <p>remedy [1] - 6:12</p> <p>remember [18] - 57:18, 58:6, 59:16, 59:17, 63:5, 63:11, 65:14, 68:20, 79:10, 84:22, 85:20, 95:3, 95:20, 95:21, 96:13, 103:1</p> <p>remembered [1] - 84:22</p> <p>rendered [1] - 109:17</p> <p>Renewal [1] - 106:9</p> <p>repeat [2] - 89:20, 121:14</p> <p>repeated [1] - 23:14</p> <p>repeatedly [1] - 26:12</p> <p>repetitive [1] - 79:17</p> <p>rephrase [6] - 60:15, 73:3, 75:12, 88:3, 91:2, 91:4</p> <p>replicated [1] - 112:8</p> <p>report [8] - 84:5, 84:18, 85:3, 101:5, 101:18, 102:3, 140:14, 149:22</p> <p>Report [1] - 28:7</p> <p>REPORTED [1] - 156:15</p> <p>reported [1] - 59:11</p> <p>REPORTER [3] - 1:24, 14:23, 72:3</p> <p>Reporter [3] - 156:3, 156:14, 156:17</p> <p>reporter [3] - 14:21,</p>	<p>72:1, 156:23</p> <p>repository [1] - 149:1</p> <p>represent [1] - 44:3</p> <p>representation [1] - 61:11</p> <p>representations [2] - 55:9, 55:25</p> <p>representative [2] - 56:23, 87:11</p> <p>reproduce [1] - 112:7</p> <p>reproduction [1] - 156:22</p> <p>request [19] - 3:21, 7:3, 10:23, 12:10, 18:16, 26:3, 30:10, 31:24, 44:5, 44:6, 45:1, 47:11, 47:13, 55:15, 79:1, 79:3, 79:6, 80:5</p> <p>requested [2] - 91:20, 92:1</p> <p>requesting [6] - 10:24, 11:15, 12:11, 26:12, 79:3, 99:14</p> <p>requests [3] - 16:3, 23:15, 75:23</p> <p>require [3] - 6:9, 23:17, 23:19</p> <p>required [6] - 6:1, 6:20, 23:18, 30:22, 33:14, 63:4</p> <p>requirement [5] - 9:7, 9:22, 16:25, 22:5, 30:25</p> <p>requirements [7] - 7:1, 10:3, 25:1, 30:1, 30:10, 105:23, 119:4</p> <p>requires [10] - 6:6, 10:23, 22:21, 27:24, 29:9, 29:11, 29:25, 30:23, 41:14, 43:18</p> <p>requiring [1] - 39:3</p> <p>reserve [1] - 32:22</p> <p>reside [1] - 104:25</p> <p>residencies [1] - 109:11</p> <p>residency [1] - 105:13</p> <p>resolve [6] - 41:10, 132:23, 136:24, 136:25, 145:24, 151:10</p> <p>resolved [14] - 40:17, 128:4, 128:5, 128:17, 137:2, 143:17, 143:20, 144:4, 144:22, 145:1, 145:7, 148:7, 148:14, 151:8</p> <p>resolving [2] - 42:13, 43:2</p>
--	---	---	--	--

resources [3] - 27:7, 124:11, 124:14
respect [8] - 3:22, 3:23, 4:15, 32:25, 36:17, 135:17, 147:10, 148:10
respectfully [1] - 55:15
respond [3] - 6:11, 17:15, 108:8
responded [2] - 136:23, 144:17
responding [1] - 143:8
responds [1] - 146:3
response [8] - 12:23, 13:11, 14:7, 14:13, 14:25, 24:25, 118:3
responses [2] - 25:19, 67:1
Responsibility [1] - 98:16
responsible [1] - 23:10
responsive [2] - 108:3, 108:6
rest [1] - 50:10
result [12] - 5:21, 27:8, 40:6, 47:1, 79:11, 99:16, 111:13, 113:11, 121:6, 130:8, 131:19, 141:20
resulted [2] - 22:24, 37:2
results [15] - 27:8, 41:23, 52:24, 72:15, 72:18, 72:20, 72:22, 73:6, 73:20, 79:12, 86:13, 129:1, 129:3, 136:15, 141:17
resurgence [1] - 76:10
retained [2] - 42:19, 126:1
retrospect [1] - 137:6
retroviral [1] - 118:24
retrovirals [1] - 119:7
return [7] - 49:17, 63:25, 64:5, 76:5, 76:15, 77:8, 77:25
returned [8] - 18:8, 18:13, 62:25, 66:13, 76:3, 76:12, 76:13, 77:11
returning [1] - 78:3
revealed [1] - 18:20
reverse [1] - 139:17
Review [5] - 6:4, 6:10, 14:2, 17:3, 34:24
review [10] - 6:11,

12:23, 15:4, 17:15, 24:15, 33:4, 62:5, 127:2, 127:21, 132:2
reviewed [9] - 42:24, 114:9, 114:13, 116:16, 126:11, 138:19, 140:13, 143:10
revolutionized [2] - 107:15, 119:10
rheumatological [1] - 141:23
rheumatologist [2] - 82:21, 82:22
rheumatology [3] - 141:4, 141:17, 141:20
Rhodes [3] - 21:10, 21:12, 21:14
Ribavirin [3] - 118:20, 121:2, 137:1
ridged [1] - 135:4
rigorous [1] - 105:25
rise [1] - 63:16
risen [1] - 86:15
risk [7] - 43:10, 56:11, 99:10, 115:19, 115:21, 124:12, 125:10
RMR [1] - 1:23
RMR,CRR [2] - 156:13, 156:16
RNA [2] - 111:7, 111:11
road [2] - 27:5, 27:14
Robel [15] - 80:19, 81:7, 84:2, 84:3, 84:4, 84:19, 86:17, 87:1, 87:6, 87:7, 87:17, 103:18, 103:19, 103:22, 142:9
ROBERT [1] - 1:9
Robert [3] - 1:11, 3:4, 145:14
Robinson [3] - 21:10, 21:13, 21:14
rode [1] - 94:19
role [6] - 112:23, 112:24, 140:7, 148:18, 149:5
room [4] - 56:6, 69:25, 94:18, 94:19
Ross [1] - 41:19
roughly [1] - 48:14
round [1] - 109:23
route [2] - 29:10, 29:12
row [2] - 46:14, 100:5
rule [7] - 38:19, 66:3,

100:4, 132:14, 133:15, 148:11, 148:13
Rule [6] - 15:24, 16:16, 21:6, 22:9, 87:14
rules [1] - 141:5
Rules [1] - 21:4
ruling [7] - 4:1, 15:17, 31:24, 32:2, 32:10, 32:24
run [1] - 17:16
running [2] - 17:2, 17:12
runs [1] - 106:12
rushed [1] - 40:9
Rwanda [2] - 105:7, 137:6

S

sat [1] - 63:13
saw [16] - 18:2, 68:25, 69:5, 80:7, 84:4, 90:11, 95:7, 95:9, 126:15, 127:21, 127:25, 128:3, 133:22, 135:2, 137:7
Saxon [7] - 4:9, 71:17, 71:18, 72:4, 80:24, 81:1, 81:5
scaling [2] - 18:12, 135:3
scan [2] - 131:5, 133:10
scarred [1] - 54:23
scarring [4] - 111:15, 111:21, 113:9, 148:21
scars [1] - 69:12
scenario [1] - 151:13
schedule [1] - 154:9
Schleicher [6] - 90:6, 90:7, 90:11, 90:13, 91:16, 91:19
Schuylkill [8] - 39:18, 40:2, 59:21, 62:9, 62:25, 63:4, 63:23, 89:4
SCI [38] - 4:7, 18:8, 18:18, 23:10, 37:6, 45:25, 46:1, 46:3, 46:4, 46:5, 46:11, 46:14, 46:23, 53:23, 56:6, 62:25, 64:5, 69:15, 69:16, 69:22, 72:16, 72:18, 72:25, 73:13, 73:21, 76:3, 84:7, 85:7, 87:9, 87:11, 91:16, 98:19,

100:5, 100:23
scope [2] - 16:9, 74:15
Scott [1] - 4:9
Scranton [2] - 1:21, 156:19
SCRANTON [2] - 1:10, 1:25
scratch [5] - 59:3, 59:7, 59:8, 144:8
scratching [6] - 50:7, 126:18, 129:21, 129:22, 144:6, 144:7
screen [2] - 93:13, 98:3
screening [2] - 99:14, 99:21
scroll [1] - 98:23
se [1] - 11:19
searching [1] - 23:7
seated [1] - 45:11
second [8] - 5:19, 15:14, 25:24, 33:13, 33:23, 43:24, 87:19, 112:22
second-step [1] - 33:23
secondary [10] - 62:19, 86:5, 117:9, 125:20, 129:8, 135:23, 137:14, 141:1, 144:12, 148:12
Secretary [1] - 6:21
Secretary's [2] - 14:5, 14:8
section [1] - 102:3
Section [1] - 156:6
see [40] - 18:16, 25:5, 50:18, 50:19, 52:7, 53:4, 58:14, 61:9, 62:4, 62:7, 64:23, 65:1, 65:3, 66:10, 67:18, 68:14, 75:10, 83:8, 86:23, 93:5, 93:8, 93:13, 93:18, 93:19, 93:20, 93:22, 94:4, 98:8, 98:10, 99:1, 102:9, 106:16, 106:19, 124:10, 126:10, 134:20, 139:4, 142:6, 150:24
seeing [5] - 66:10, 76:10, 83:11, 83:20, 127:24
seek [1] - 7:3
seeking [2] - 7:4, 7:20
seem [2] - 48:20, 62:2
sends [1] - 13:21
sense [6] - 27:8, 27:14, 76:9, 87:2,

88:8, 124:19
sent [1] - 61:3
September [8] - 81:10, 81:12, 82:11, 83:15, 83:18, 85:15, 85:16, 141:12
series [4] - 105:23, 116:16, 133:15, 137:7
serious [9] - 10:12, 11:2, 19:3, 31:4, 31:6, 36:17, 37:1, 134:13
serum [1] - 129:6
served [4] - 16:20, 27:1, 28:17, 28:21
serves [1] - 27:6
service [3] - 114:8, 140:22, 140:23
Services [7] - 4:5, 13:21, 14:7, 14:10, 14:15, 15:1, 26:8
set [14] - 5:3, 7:1, 9:7, 9:17, 9:22, 10:3, 122:17, 122:22, 122:23, 123:24, 124:2, 138:3, 146:7, 156:9
sets [2] - 139:2, 142:20
setting [1] - 115:10
Several [1] - 83:12
several [14] - 5:23, 39:12, 76:9, 78:2, 78:18, 78:24, 78:25, 80:6, 80:22, 83:17, 106:24, 107:20, 109:20, 117:12
severe [21] - 22:24, 41:6, 50:20, 50:21, 51:9, 54:2, 54:6, 103:20, 118:18, 124:9, 124:25, 125:2, 125:4, 125:8, 125:11, 126:18, 129:17, 129:18, 133:3, 139:15, 147:16
severely [1] - 121:11
severity [2] - 12:5, 139:9
sexual [1] - 152:4
shackles [1] - 63:12
Shaista [1] - 4:6
share [1] - 101:1
Shelter [1] - 106:11
shock [3] - 7:16, 7:24, 64:11
shockingly [1] - 60:12
shook [1] - 85:13

<p>short [2] - 32:7, 123:16</p> <p>shorthand [1] - 1:22</p> <p>shortly [3] - 37:1, 46:24, 78:3</p> <p>shoulder [1] - 54:16</p> <p>show [14] - 40:22, 43:8, 43:12, 51:4, 55:2, 92:24, 93:4, 93:7, 95:24, 97:24, 98:3, 113:23, 116:7, 143:22</p> <p>showed [1] - 118:19</p> <p>shower [5] - 49:21, 68:20, 68:21, 68:24</p> <p>showering [1] - 67:21</p> <p>showing [2] - 114:6, 114:18</p> <p>shows [1] - 64:10</p> <p>sick [3] - 47:12, 49:6, 57:24</p> <p>side [7] - 63:13, 82:1, 118:18, 118:22, 119:4, 120:2, 120:7</p> <p>significance [7] - 34:10, 126:12, 128:1, 131:19, 139:22, 140:2, 150:17</p> <p>significant [6] - 5:23, 92:17, 119:3, 120:2, 134:5, 150:19</p> <p>significantly [1] - 146:18</p> <p>signing [1] - 140:22</p> <p>similar [4] - 54:4, 135:1, 136:2, 137:7</p> <p>simply [3] - 43:20, 63:19, 79:17</p> <p>Sinai [1] - 145:16</p> <p>single [2] - 111:7, 120:12</p> <p>single-stranded [1] - 111:7</p> <p>sink [1] - 128:7</p> <p>sit [1] - 151:22</p> <p>sites [1] - 120:13</p> <p>sitting [3] - 57:12, 66:8, 144:8</p> <p>situation [3] - 10:17, 35:4, 72:24</p> <p>six [1] - 119:23</p> <p>sixty [1] - 45:19</p> <p>sixty-one [1] - 45:19</p> <p>size [2] - 139:8, 140:7</p> <p>skin [104] - 10:13, 10:20, 12:5, 18:12, 18:15, 22:25, 36:18, 39:16, 39:23, 40:14, 41:8, 41:22, 42:1,</p>	<p>42:13, 42:15, 42:20, 43:2, 47:25, 49:16, 52:13, 52:17, 53:24, 54:1, 54:11, 54:18, 54:19, 54:20, 54:21, 54:22, 54:24, 55:25, 62:22, 66:12, 66:15, 67:21, 68:22, 68:25, 69:8, 69:20, 70:20, 71:2, 71:18, 72:3, 72:16, 72:18, 73:7, 76:11, 77:11, 77:24, 78:5, 81:11, 81:17, 82:6, 82:11, 82:14, 84:24, 86:3, 86:4, 86:7, 90:3, 90:16, 100:24, 103:7, 103:19, 113:14, 113:15, 114:24, 115:14, 115:22, 115:25, 125:1, 126:8, 127:25, 128:1, 128:4, 128:14, 128:22, 128:25, 129:1, 132:15, 134:4, 134:5, 135:10, 135:13, 135:17, 135:23, 136:2, 136:5, 136:22, 137:7, 137:13, 140:25, 142:10, 142:25, 143:14, 143:23, 144:3, 144:11, 144:12, 145:7, 145:17, 151:6, 151:7</p> <p>skinned [1] - 136:22</p> <p>sleep [4] - 59:1, 59:8, 77:22, 77:23</p> <p>sleeping [7] - 50:8, 57:8, 57:10, 58:21, 58:22, 58:23, 64:17</p> <p>slept [4] - 62:1, 64:14, 64:20</p> <p>slid [1] - 63:15</p> <p>slightly [1] - 140:1</p> <p>slips [1] - 79:3</p> <p>sloughing [2] - 68:22, 68:25</p> <p>small [2] - 43:14, 48:1</p> <p>smoother [1] - 38:3</p> <p>Social [1] - 105:14</p> <p>Society [1] - 122:3</p> <p>SOIGA [2] - 13:5, 13:15</p> <p>solely [1] - 4:23</p> <p>solid [1] - 130:6</p> <p>solids [1] - 130:20</p> <p>solitary [2] - 46:13,</p>	<p>46:16</p> <p>solved [1] - 103:6</p> <p>someone [3] - 9:12, 12:8, 142:18</p> <p>sometime [3] - 56:5, 72:20, 97:3</p> <p>sometimes [4] - 71:5, 115:25, 121:14, 151:3</p> <p>somewhat [1] - 139:3</p> <p>sonar [1] - 130:6</p> <p>sonogram [4] - 130:3, 130:4, 130:8, 133:10</p> <p>Sonogram [1] - 130:5</p> <p>sorry [12] - 8:25, 15:19, 19:7, 50:22, 52:21, 56:20, 65:25, 79:15, 90:7, 93:1, 101:17, 102:24</p> <p>sort [5] - 94:18, 136:23, 143:6, 148:20, 149:1</p> <p>sought [2] - 33:9, 34:13</p> <p>sound [3] - 115:5, 130:5, 130:21</p> <p>sounded [1] - 44:9</p> <p>sounds [2] - 44:18, 97:20</p> <p>source [1] - 114:15</p> <p>Sovaldi [2] - 11:21, 119:7</p> <p>space [1] - 131:11</p> <p>Spanish [1] - 85:24</p> <p>speaking [1] - 102:8</p> <p>speaks [1] - 145:9</p> <p>specialist [4] - 7:17, 42:20, 105:19, 119:4</p> <p>specialists [4] - 109:11, 122:9, 122:10, 145:13</p> <p>specialization [3] - 108:25, 109:8</p> <p>specialty [4] - 105:16, 105:18, 108:18, 109:6</p> <p>specific [9] - 10:15, 12:10, 19:22, 23:2, 24:12, 24:15, 30:19, 49:1, 131:14</p> <p>specifically [7] - 8:19, 9:5, 10:18, 56:7, 84:2, 102:8, 108:12</p> <p>specificity [2] - 23:4, 23:18</p> <p>specifics [2] - 6:17, 125:22</p> <p>spectacular [2] - 113:8, 120:25</p> <p>spectrum [1] - 151:14</p>	<p>spell [1] - 104:15</p> <p>spent [1] - 64:6</p> <p>spleen [3] - 148:25, 149:1, 149:2</p> <p>split [1] - 153:25</p> <p>spongiotic [1] - 129:4</p> <p>spots [1] - 134:12</p> <p>spreading [2] - 49:23, 52:12</p> <p>spring [1] - 68:7</p> <p>Spruce [1] - 1:20</p> <p>Spruill [8] - 6:25, 9:8, 9:10, 9:22, 9:23, 9:25, 10:2, 31:1</p> <p>squarely [1] - 19:17</p> <p>staff [22] - 7:16, 18:2, 18:9, 18:18, 23:9, 26:10, 26:15, 42:16, 47:3, 57:22, 59:25, 60:2, 66:22, 69:4, 77:25, 79:3, 89:13, 89:17, 89:25, 100:4, 104:1, 154:13</p> <p>staffs [3] - 7:14, 7:23, 36:24</p> <p>stage [2] - 124:7, 124:8</p> <p>stages [1] - 33:3</p> <p>stamp [1] - 50:24</p> <p>stamped [2] - 83:7, 86:21</p> <p>stand [3] - 9:25, 29:8, 155:7</p> <p>standard [10] - 8:20, 9:15, 9:20, 23:16, 24:1, 40:21, 40:22, 41:1, 41:13, 41:14</p> <p>standards [2] - 9:17, 41:4</p> <p>stands [2] - 9:23, 24:10</p> <p>start [3] - 20:3, 149:2, 153:12</p> <p>started [3] - 91:6, 108:5, 136:19</p> <p>starts [2] - 111:24</p> <p>state [11] - 8:19, 9:5, 11:17, 42:14, 45:14, 61:14, 74:12, 92:16, 99:11, 102:6, 104:14</p> <p>State [1] - 105:7</p> <p>statement [15] - 7:22, 7:25, 8:13, 10:16, 23:2, 38:22, 42:10, 60:9, 60:13, 68:9, 114:25, 115:4, 115:6, 117:2, 142:11</p> <p>statements [4] - 60:16, 60:18, 87:10, 87:11</p>	<p>STATES [1] - 1:1</p> <p>states [4] - 7:2, 9:5, 27:24, 94:7</p> <p>States [5] - 142:23, 152:15, 156:4, 156:6, 156:17</p> <p>stating [3] - 11:23, 26:1, 60:22</p> <p>statistics [1] - 43:12</p> <p>Statute [1] - 33:8</p> <p>statute [3] - 5:8, 5:11, 6:8</p> <p>stay [4] - 10:5, 132:3, 154:10, 154:15</p> <p>staying [1] - 154:12</p> <p>Steinhart [2] - 4:10, 30:14</p> <p>stemming [1] - 130:22</p> <p>Step [2] - 10:18</p> <p>step [8] - 7:10, 8:6, 10:6, 33:13, 33:23, 63:16, 65:16, 133:12</p> <p>steroid [6] - 18:6, 49:12, 70:3, 70:9, 70:19, 70:25</p> <p>steroids [2] - 147:19, 148:16</p> <p>still [29] - 21:17, 23:6, 25:22, 27:6, 40:15, 60:4, 60:8, 62:22, 63:8, 63:9, 69:11, 77:6, 81:17, 81:23, 82:16, 86:8, 89:8, 90:16, 91:24, 128:5, 128:10, 132:23, 134:13, 144:5, 144:19, 144:21, 146:23, 150:6, 150:16</p> <p>stipulate [1] - 108:14</p> <p>stood [1] - 63:14</p> <p>stop [3] - 59:2, 119:13, 152:6</p> <p>stopped [2] - 70:12, 70:13</p> <p>straight [1] - 17:2</p> <p>stranded [1] - 111:7</p> <p>strange [1] - 115:16</p> <p>stream [2] - 75:21, 80:3</p> <p>Street [1] - 1:20</p> <p>strength [1] - 63:19</p> <p>stressor [1] - 148:3</p> <p>stretch [1] - 10:16</p> <p>strike [4] - 88:15, 97:7, 122:22, 135:9</p> <p>string [1] - 102:14</p> <p>strong [2] - 144:17, 151:4</p> <p>strongly [1] - 145:9</p>
---	--	---	---	--

<p>struggling [1] - 19:2</p> <p>studies [3] - 105:11, 113:19, 118:19</p> <p>Study [5] - 122:3, 122:5, 122:25, 124:16, 140:4</p> <p>subject [2] - 42:6, 74:4</p> <p>subjected [1] - 24:1</p> <p>subjectively [1] - 69:7</p> <p>submit [8] - 8:21, 9:10, 11:14, 28:3, 40:5, 40:11, 40:25, 85:8</p> <p>submits [2] - 3:24, 39:1</p> <p>submitted [2] - 11:8, 18:16</p> <p>submitting [1] - 8:13</p> <p>subsequent [1] - 118:19</p> <p>subsequently [1] - 118:24</p> <p>substance [4] - 17:9, 17:10, 29:15, 130:14</p> <p>substantial [2] - 33:16, 33:22</p> <p>substantive [1] - 103:4</p> <p>success [2] - 39:6, 41:15</p> <p>successful [1] - 27:19</p> <p>suffer [6] - 7:15, 7:24, 41:6, 78:8, 81:17, 117:18</p> <p>suffered [3] - 39:10, 40:1, 62:12</p> <p>suffering [5] - 10:13, 62:15, 62:22, 73:25, 92:17</p> <p>sufficient [3] - 12:5, 43:8, 55:10</p> <p>sugar [8] - 61:3, 61:6, 96:15, 96:16, 96:19, 96:21, 97:1, 148:9</p> <p>sugars [2] - 96:14, 125:14</p> <p>suggest [1] - 19:16</p> <p>suggestive [5] - 115:8, 130:10, 130:17, 148:14, 148:15</p> <p>suggests [2] - 17:20, 117:4</p> <p>suit [8] - 17:7, 33:24, 34:22, 34:25, 35:2, 35:11, 35:18, 36:10</p> <p>Suite [2] - 1:11, 1:20</p> <p>summarize [2] - 40:5, 123:2</p>	<p>summarizes [2] - 116:15, 140:22</p> <p>summary [1] - 27:4</p> <p>summer [6] - 39:15, 49:3, 49:15, 49:25, 50:2, 81:13</p> <p>summertime [1] - 48:14</p> <p>superficial [1] - 129:5</p> <p>Superintendent [3] - 6:21, 14:3, 14:4</p> <p>Superintendent's [1] - 5:19</p> <p>supervision [2] - 156:11, 156:23</p> <p>supplement [4] - 5:7, 5:12, 36:5, 36:13</p> <p>supplemental [7] - 15:9, 15:16, 34:20, 35:6, 35:14, 36:9, 105:14</p> <p>supplemented [1] - 35:24</p> <p>support [2] - 11:8, 92:9</p> <p>supposed [2] - 127:15, 130:19</p> <p>suppressed [3] - 70:22, 70:23, 70:24</p> <p>suppurate [1] - 12:6</p> <p>Supreme [2] - 5:25, 6:23</p> <p>surgery [1] - 114:11</p> <p>surgical [1] - 105:15</p> <p>surveillance [2] - 121:12, 121:16</p> <p>sustained [4] - 46:21, 60:4, 74:16, 83:4</p> <p>Suzanne [4] - 1:19, 3:16, 41:19, 44:3</p> <p>sweeping [1] - 44:9</p> <p>swelling [8] - 48:21, 57:20, 58:3, 58:10, 58:19, 116:3, 126:17, 134:14</p> <p>swollen [1] - 54:23</p> <p>sworn [1] - 18:14</p> <p>symptomatic [1] - 10:21</p> <p>symptoms [22] - 18:15, 23:12, 36:25, 39:14, 47:6, 48:21, 48:24, 49:7, 50:11, 57:4, 57:17, 63:3, 77:12, 86:8, 115:2, 120:14, 120:15, 129:12, 129:16, 138:23, 140:10, 151:15</p> <p>system [6] - 26:4,</p>	<p>30:22, 75:22, 116:14, 152:5</p> <p>T</p> <p>tab [1] - 121:20</p> <p>table [1] - 115:15</p> <p>talks [1] - 67:19</p> <p>talmudic [1] - 119:5</p> <p>taylor [10] - 19:6, 19:8, 20:14, 21:12, 24:4, 28:16, 32:13, 32:20, 37:9, 37:16</p> <p>Taylor [1] - 19:23</p> <p>Technology [1] - 1:17</p> <p>telangiectasia [1] - 129:6</p> <p>Telaprevir [1] - 119:2</p> <p>teleconferences [1] - 107:5</p> <p>Telemed [4] - 83:23, 85:14, 85:19, 90:9</p> <p>temperatures [1] - 83:22</p> <p>temporal [1] - 91:3</p> <p>temporary [2] - 78:7, 78:12</p> <p>ten [1] - 105:25</p> <p>tenuous [2] - 148:2, 148:3</p> <p>term [9] - 16:23, 46:19, 48:3, 57:7, 96:11, 107:10, 111:17, 111:18, 112:3</p> <p>terms [8] - 23:19, 42:4, 57:21, 62:8, 119:5, 125:13, 132:24, 145:18</p> <p>test [10] - 18:19, 39:20, 73:20, 79:12, 97:13, 128:24, 130:2, 131:1, 131:4, 143:9</p> <p>tested [9] - 53:5, 53:15, 53:18, 97:12, 97:13, 126:20, 127:7, 127:11, 133:1</p> <p>TESTIFIED [2] - 45:8, 104:13</p> <p>testified [8] - 88:3, 89:3, 89:6, 90:3, 97:2, 102:18, 102:20, 110:21</p> <p>testify [3] - 39:23, 43:12, 88:1</p> <p>testifying [4] - 79:20, 96:13, 143:25, 151:22</p> <p>testimony [3] - 79:22,</p>	<p>83:18, 153:11</p> <p>testing [9] - 7:17, 26:13, 97:19, 98:21, 99:2, 99:4, 99:6, 99:19, 100:1</p> <p>tests [20] - 18:16, 39:22, 40:2, 42:25, 71:3, 71:4, 71:5, 71:10, 72:15, 72:19, 73:6, 73:14, 97:8, 97:15, 105:25, 128:22, 129:24, 133:15, 147:7</p> <p>THE [241] - 1:1, 1:1, 1:9, 1:10, 1:15, 1:18, 3:1, 3:8, 3:15, 3:18, 6:5, 6:14, 7:7, 7:10, 8:2, 8:11, 8:24, 9:1, 9:15, 9:19, 9:23, 10:5, 10:25, 11:11, 12:2, 12:15, 12:24, 13:2, 13:6, 13:10, 13:16, 13:19, 14:9, 14:12, 14:19, 14:23, 15:7, 15:17, 15:20, 16:8, 16:19, 17:6, 17:18, 19:6, 19:8, 19:10, 19:22, 20:5, 20:9, 20:12, 20:18, 20:24, 21:12, 21:16, 21:20, 22:8, 22:12, 22:14, 23:1, 23:22, 24:4, 24:6, 24:9, 25:5, 25:13, 26:20, 26:22, 26:24, 27:17, 27:22, 28:5, 28:9, 28:12, 28:15, 28:24, 29:2, 29:4, 29:11, 29:15, 29:20, 29:24, 30:3, 30:8, 30:15, 31:11, 31:18, 31:20, 32:2, 32:4, 32:7, 32:9, 38:4, 38:11, 38:16, 38:22, 42:9, 43:22, 44:1, 44:21, 44:23, 44:25, 45:3, 45:5, 45:10, 45:11, 46:18, 46:21, 50:25, 51:4, 51:5, 51:7, 51:8, 55:5, 55:8, 55:14, 55:17, 55:21, 56:3, 56:8, 56:17, 56:21, 56:25, 59:24, 60:4, 60:9, 60:11, 60:14, 64:9, 64:13, 64:14, 68:3, 68:13, 71:22, 71:24, 72:3, 72:6, 72:7, 72:24, 73:3, 73:12, 73:16, 73:18, 73:23, 74:15, 74:23, 75:1, 75:3,</p>	<p>76:23, 77:2, 79:18, 79:22, 79:24, 81:1, 81:4, 81:5, 83:4, 84:7, 84:9, 84:10, 84:12, 85:5, 86:16, 86:17, 86:18, 87:7, 87:10, 87:14, 87:24, 88:1, 88:21, 90:21, 91:3, 93:1, 93:4, 93:7, 93:10, 93:12, 93:15, 93:20, 93:22, 93:24, 98:4, 98:5, 98:6, 98:12, 99:8, 99:18, 99:22, 100:12, 100:15, 100:20, 101:11, 101:20, 101:21, 101:23, 101:25, 102:8, 102:12, 102:13, 102:16, 102:25, 103:1, 103:13, 104:5, 104:7, 104:14, 104:16, 104:17, 104:20, 108:2, 108:4, 108:8, 108:10, 110:11, 110:13, 110:16, 113:25, 114:2, 114:4, 116:8, 123:5, 123:7, 152:22, 152:25, 153:6, 153:9, 153:18, 153:19, 153:22, 154:1, 154:8, 154:11, 154:23, 154:25, 155:2, 155:3, 155:4, 155:5, 155:6, 155:7</p> <p>themselves [4] - 112:10, 113:4, 151:4</p> <p>theory [1] - 97:23</p> <p>therapeutics [1] - 118:16</p> <p>therapy [1] - 120:8</p> <p>thereafter [4] - 37:1, 37:3, 46:24, 76:9</p> <p>therefore [5] - 11:14, 37:9, 60:17, 79:14, 80:3</p> <p>thereof [1] - 54:3</p> <p>thesis [1] - 27:18</p> <p>they've [4] - 21:7, 89:18, 112:11, 113:1</p> <p>thick [1] - 85:24</p> <p>thighs [7] - 49:22, 52:12, 54:15, 58:25, 76:16, 82:2</p> <p>thinking [4] - 31:20, 57:13, 58:6, 138:24</p>
--	---	--	---	--

Third ^[10] - 6:24, 19:17, 19:22, 24:6, 27:23, 28:13, 33:19, 34:1, 35:20, 35:21
third ^[1] - 122:23
thousand ^[2] - 142:17
threat ^[1] - 39:10
three ^[18] - 30:2, 58:8, 62:2, 70:12, 71:5, 75:8, 82:8, 97:18, 119:2, 132:7, 142:20, 144:24, 144:25, 147:14, 149:7, 149:8, 150:18, 151:2
three-quarters ^[2] - 75:8, 132:7
thrombocytopenia ^[1] - 149:3
throughout ^[5] - 50:10, 57:9, 80:3, 126:19, 138:15
Thursday ^[2] - 70:13, 103:22
tied ^[1] - 129:16
timeliness ^[1] - 25:1
timely ^[2] - 6:19, 33:11
tired ^[1] - 50:8
tiredness ^[1] - 63:25
title ^[2] - 114:21, 116:23
Title ^[1] - 156:6
titled ^[1] - 98:16
today ^[22] - 3:2, 3:19, 12:12, 16:1, 16:15, 16:22, 22:9, 22:11, 22:12, 27:2, 28:18, 37:20, 44:5, 44:14, 45:18, 56:10, 56:16, 144:1, 145:25, 151:22, 153:2, 154:18
toe ^[1] - 78:21
toes ^[1] - 134:15
together ^[2] - 12:19, 70:25
toilet ^[1] - 63:18
tolerable ^[1] - 141:25
tomorrow ^[1] - 27:2
tonight ^[1] - 154:12
took ^[6] - 49:8, 56:4, 56:7, 58:10, 69:25, 97:13
top ^[7] - 58:19, 67:17, 76:17, 93:9, 98:16, 129:24, 138:11
torso ^[2] - 52:11, 54:16
tortured ^[2] - 30:21, 30:25

totally ^[1] - 152:15
touch ^[1] - 134:11
toward ^[2] - 125:10, 143:21
towards ^[4] - 50:19, 67:5, 68:21, 141:19
tract ^[3] - 113:9, 125:15, 131:14
training ^[2] - 105:10, 105:15
transcript ^[4] - 1:22, 156:7, 156:10, 156:22
TRANSCRIPT ^[1] - 1:8
transcription ^[1] - 1:22
transform ^[1] - 113:2
transfusion ^[1] - 103:24
transplant ^[2] - 124:8, 151:21
transported ^[2] - 18:3, 69:15
trauma ^[2] - 148:3, 148:7
traumatic ^[1] - 7:20
Treat ^[1] - 145:18
treat ^[20] - 9:24, 10:11, 36:16, 36:24, 39:4, 39:9, 39:11, 118:17, 119:21, 119:23, 119:24, 119:25, 120:20, 123:13, 124:18, 133:17, 137:12, 141:25, 142:12, 151:11
treated ^[27] - 23:3, 40:20, 41:10, 82:25, 86:1, 106:25, 107:16, 108:9, 109:24, 110:1, 110:7, 110:22, 111:1, 118:10, 121:10, 123:1, 123:20, 124:17, 132:22, 133:19, 137:9, 137:11, 142:13, 151:12, 151:24, 152:18
treating ^[6] - 80:19, 119:5, 137:2, 145:20, 152:12, 152:17
Treatment ^[1] - 98:17
treatment ^[81] - 10:13, 10:24, 11:15, 11:21, 25:12, 26:3, 26:13, 37:3, 37:7, 40:11, 40:12, 41:4, 41:16, 42:15, 42:22, 43:6,

43:10, 60:2, 66:15, 69:22, 70:1, 77:24, 80:5, 80:7, 80:11, 80:14, 80:16, 82:6, 82:19, 83:25, 85:22, 87:4, 87:20, 87:22, 88:11, 88:12, 91:11, 98:21, 107:15, 107:25, 108:12, 109:18, 119:9, 119:10, 119:16, 120:3, 120:20, 121:1, 122:12, 122:13, 122:18, 123:15, 123:23, 123:24, 124:3, 124:5, 124:6, 124:11, 128:3, 128:4, 128:6, 128:10, 128:13, 132:10, 136:24, 136:25, 139:19, 139:20, 140:8, 141:6, 142:8, 142:19, 142:21, 143:4, 143:8, 144:19, 144:23, 145:3, 145:8, 145:11, 146:7
treatments ^[12] - 40:16, 41:9, 89:16, 91:15, 119:9, 119:18, 128:11, 128:15, 143:8, 144:17, 144:18, 144:22
tri ^[1] - 78:4
tri-weekly ^[1] - 78:4
Triamcinolone ^[9] - 49:12, 58:24, 66:17, 70:1, 78:2, 78:11, 82:8, 91:14, 128:9
tried ^[4] - 63:13, 63:18, 65:12, 65:13
true ^[11] - 10:21, 13:3, 13:8, 13:9, 13:12, 18:21, 18:22, 50:25, 130:19, 139:17, 156:7
truly ^[1] - 36:10
truncated ^[1] - 51:21
trunk ^[1] - 54:15
trust ^[2] - 99:5, 100:4
try ^[6] - 54:20, 65:12, 93:10, 93:12, 93:20, 153:12
trying ^[5] - 30:5, 30:6, 57:8, 63:11, 65:11
Tuesday ^[11] - 70:11, 153:18, 154:1,

154:2, 154:6, 154:8, 154:22, 155:1, 155:4, 155:5, 155:7
turn ^[6] - 4:19, 13:22, 58:1, 100:9, 121:20, 125:22
TV ^[2] - 80:7, 93:9
twelve ^[1] - 70:17
twice ^[3] - 48:4, 82:10, 144:23
twist ^[1] - 154:14
two ^[19] - 3:19, 6:20, 24:14, 33:6, 39:17, 40:22, 41:18, 54:6, 62:2, 71:9, 71:16, 109:23, 117:12, 119:2, 119:8, 121:14, 143:10, 145:13, 153:4
Type ^[8] - 40:7, 125:7, 125:11, 125:19, 133:6, 147:18, 147:23, 148:10
type ^[5] - 12:11, 62:10, 99:14, 119:19, 119:20
types ^[2] - 31:9, 119:22
typewritten ^[1] - 7:11
typical ^[1] - 143:8
typically ^[2] - 119:18, 121:7

U

U.S ^[1] - 34:22
ultimately ^[9] - 13:22, 14:14, 14:25, 113:11, 113:20, 119:6, 132:22, 136:23, 137:23
ultraviolet ^[2] - 40:16, 144:23
um-hum ^[2] - 94:3, 141:16
unable ^[1] - 40:3
unaided ^[1] - 8:8
unanimous ^[1] - 145:19
unassisted ^[2] - 8:22, 11:22
unchanged ^[1] - 66:14
unclear ^[1] - 89:20
uncommon ^[1] - 117:17
unconnected ^[2] - 103:23, 112:17
unconscious ^[2] - 12:4, 40:8
under ^[26] - 4:24, 6:20,

9:10, 15:24, 16:16, 18:14, 21:6, 22:9, 23:17, 23:19, 30:22, 33:15, 36:8, 38:19, 41:4, 41:14, 71:12, 71:13, 74:11, 87:14, 121:17, 125:24, 146:20, 156:11, 156:23
Under ^[1] - 110:12
underestimates ^[1] - 144:7
underlie ^[2] - 6:15, 16:25
underlying ^[9] - 10:14, 10:20, 16:4, 22:24, 25:20, 36:19, 40:4, 40:12, 138:22
understood ^[3] - 29:21, 68:12, 87:21
undetermined ^[1] - 62:10
uneducated ^[1] - 11:22
unexpected ^[1] - 115:16
unexplained ^[1] - 115:14
unit ^[2] - 65:23, 66:2
UNITED ^[1] - 1:1
United ^[5] - 142:23, 152:15, 156:4, 156:6, 156:17
University ^[1] - 41:21
unless ^[7] - 26:21, 31:22, 49:1, 153:24, 154:10, 154:21, 156:23
unlike ^[2] - 34:4, 139:18
unquestionably ^[1] - 16:7
unquote ^[1] - 40:10
unrelated ^[2] - 43:1, 43:4
untreated ^[1] - 40:7
unusual ^[2] - 25:25, 115:17
up ^[37] - 4:13, 23:13, 26:14, 41:24, 42:7, 46:13, 47:9, 50:6, 55:2, 55:19, 55:24, 57:13, 57:23, 58:24, 59:2, 59:17, 59:20, 63:5, 63:7, 63:11, 63:13, 63:14, 63:22, 66:10, 69:25, 70:4, 70:11, 93:8, 94:1, 98:4, 104:10, 107:2, 110:18, 113:10,

<p>113:11, 127:4, 148:24</p> <p>upholding [2] - 16:24, 17:11</p> <p>upper [1] - 82:1</p> <p>upset [1] - 147:17</p> <p>urgent [1] - 25:10</p> <p>urination [1] - 57:18</p> <p>urine [3] - 64:24, 64:25, 65:5</p> <p>USC [1] - 36:12</p> <p>useful [1] - 22:15</p> <p>usual [3] - 47:17, 61:14, 61:15</p>	<p>virus [16] - 75:21, 97:22, 99:12, 99:17, 111:3, 111:6, 111:10, 111:13, 112:8, 112:16, 116:25, 127:19, 127:20, 139:12</p> <p>virus-free [1] - 111:3</p> <p>visible [1] - 136:9</p> <p>visit [9] - 54:19, 65:23, 66:3, 66:4, 78:19, 78:23, 94:25, 133:21, 134:18</p> <p>visiting [3] - 56:6, 94:18, 94:19</p> <p>visitors [1] - 41:19</p> <p>visits [7] - 76:21, 76:24, 76:25, 77:1, 77:2, 77:3, 144:5</p> <p>visual [1] - 78:20</p> <p>vitals [1] - 89:15</p> <p>voir [1] - 108:13</p> <p>voluntary [1] - 15:24</p> <p>vs [1] - 1:5</p>	<p>ways [1] - 113:4</p> <p>weak [4] - 59:12, 61:23, 63:17</p> <p>weakness [3] - 63:5, 63:24, 120:15</p> <p>Wednesday [2] - 103:21, 153:18</p> <p>week [13] - 40:16, 80:23, 82:9, 82:10, 89:10, 103:21, 118:23, 120:18, 144:23, 144:24, 144:25, 153:24, 155:4</p> <p>weekly [2] - 42:17, 78:4</p> <p>weeks [9] - 49:13, 64:3, 76:9, 78:2, 95:10, 119:19, 119:21, 120:1</p> <p>weigh [1] - 47:15</p> <p>weighed [2] - 61:10, 61:12</p> <p>weight [6] - 47:17, 56:15, 61:15, 61:17, 61:18, 61:21</p> <p>Weinstein [3] - 72:7, 72:10, 92:6</p> <p>Weinstein's [1] - 74:11</p> <p>well-known [1] - 145:16</p> <p>Western [1] - 46:4</p> <p>wet [3] - 70:1, 70:3, 70:5</p> <p>whatsoever [2] - 88:14, 152:12</p> <p>wheelchair [8] - 65:24, 66:5, 94:20, 94:23, 94:24, 94:25, 126:16, 134:2</p> <p>wheelchairs [1] - 66:7</p> <p>whole [10] - 10:9, 42:3, 66:8, 70:5, 102:23, 116:16, 120:14, 133:15, 136:19, 151:14</p> <p>willing [3] - 108:14, 144:6, 154:6</p> <p>window [1] - 57:24</p> <p>wipes [1] - 70:1</p> <p>wish [4] - 38:23, 42:9, 153:7, 153:13</p> <p>withdraw [1] - 16:15</p> <p>within-mentioned [1] - 156:8</p> <p>WITNESS [21] - 45:10, 51:8, 60:11, 64:14, 72:7, 75:1, 81:5, 84:9, 86:17, 93:15,</p>	<p>93:22, 101:20, 102:13, 103:1, 104:16, 108:2, 108:8, 153:18, 155:2, 155:4, 155:6</p> <p>witness [7] - 38:1, 74:21, 104:8, 108:5, 116:6, 153:3, 153:25</p> <p>Witnesses [1] - 2:2</p> <p>witnesses [4] - 38:3, 39:13, 153:4, 153:7</p> <p>woke [3] - 59:2, 63:7, 64:14</p> <p>Woodford [6] - 5:25, 6:24, 19:5, 20:15, 20:19, 31:1</p> <p>wool [3] - 57:7, 57:12, 62:21</p> <p>wool-gathering [1] - 62:21</p> <p>word [1] - 129:21</p> <p>wording [2] - 5:10, 8:9</p> <p>words [5] - 85:14, 121:9, 121:12, 124:23, 147:24</p> <p>worker [1] - 63:21</p> <p>Workers [1] - 106:12</p> <p>workers [2] - 63:21, 106:13</p> <p>workup [19] - 18:7, 23:14, 26:13, 46:24, 74:9, 75:11, 75:13, 75:16, 75:18, 75:24, 79:1, 79:3, 79:7, 79:9, 137:22, 138:3, 147:3, 147:5</p> <p>world [1] - 136:21</p> <p>worldwide [1] - 116:17</p> <p>worse [11] - 48:17, 48:18, 50:13, 51:16, 52:3, 52:4, 67:6, 142:11, 143:3, 143:4</p> <p>worsen [2] - 48:20, 120:16</p> <p>worsened [1] - 39:15</p> <p>worsening [2] - 66:14, 69:21</p> <p>worst [1] - 151:13</p> <p>wound [1] - 131:16</p> <p>wrap [3] - 70:3, 70:4, 70:9</p> <p>wrapping [1] - 70:18</p> <p>wraps [6] - 18:6, 40:16, 70:25, 78:1, 78:5, 128:9</p> <p>write [2] - 57:10, 64:19</p> <p>writing [2] - 52:8, 64:18</p> <p>written [2] - 8:9, 31:5</p>	<p>wrote [3] - 34:1, 79:2, 140:14</p>
Y				
<p>yard [1] - 48:16</p> <p>yardstick [1] - 5:3</p> <p>YEAGER [4] - 1:23, 156:3, 156:13, 156:16</p> <p>year [13] - 4:1, 34:23, 48:4, 51:24, 105:10, 105:14, 107:8, 119:18, 123:21, 126:5, 132:21, 143:21, 152:10</p> <p>years [16] - 35:19, 35:20, 41:21, 45:19, 46:10, 99:19, 106:1, 106:22, 106:24, 109:20, 109:24, 118:12, 119:2, 121:15, 143:15, 143:16</p> <p>yesterday [1] - 5:22</p> <p>York [10] - 1:12, 3:4, 78:16, 84:20, 105:1, 105:7, 106:10, 106:13, 136:14</p> <p>yourself [2] - 73:25, 102:19</p>				
Z				
<p>zinc [2] - 136:5, 137:3</p>				

THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MUMIA ABU-JAMAL,

Plaintiff

vs

JOHN KERESTES, Et. Al.,

Defendants

15cv967

TRANSCRIPT OF PROCEEDINGS - EVIDENTIARY HEARING DAY TWO
BEFORE THE HONORABLE ROBERT D. MARIANI
TUESDAY, DECEMBER 22, 2015; 9:00 A.M.
SCRANTON, PENNSYLVANIA

FOR THE PLAINTIFF:

Robert J. Boyle, Esq.
277 Broadway, Suite 1501
New York, New York 10007

-AND-

Bret D. Grote, Esq.
Abolitionist Law Center
P.O. Box 8654
Pittsburgh, Pennsylvania 15221

FOR THE DEFENDANT KERESTES:

Laura J. Neal, Esq.
Vincent R. Mazeski, Esq.
PA Department of Corrections
Chief Counsel's Office
1920 Technology Parkway
Mechanicsburg, Pennsylvania 17050

FOR THE DEFENDANT GEISINGER MEDICAL CENTER:

Suzanne Conaboy, Esq.
John B. Dempsey, Esq.
Myers, Brier & Kelly, LLP
425 Spruce Street, Suite 200
Scranton, Pennsylvania 18503

Proceedings recorded by machine shorthand, transcript
produced by computer-aided transcription.

KRISTIN L. YEAGER, RMR, CRR
CERTIFIED REALTIME REPORTER
235 N. WASHINGTON AVENUE
SCRANTON, PENNSYLVANIA 18503

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

Witnesses:	Direct	Cross	Redirect	Recross
Dr. Joseph Harris	3	13	49	--
(Continued)				
Dr. Stephen Schleicher	58,76	80	104	111
Dr. Suzanne Ross	116	129	--	--
Dr. Johanna Fernandez	132	142	--	--
John Steinhart	150	167	173	174
K. Jamie Sorber	180	189	--	--
Dr. Jay Cowan	195	--	--	--

E X H I B I T

I N D E X

For Plaintiff:	Identified	Admitted
Exhibit No. 16	3,49	49
Exhibit No. 18	4-7	--
Exhibit No. 17	9	9
Exhibit No. 23	9	10
Exhibit No. 24	12	12
Exhibit No. 1 (Document A-74)	52	--
Exhibit No. 3	54	55
Exhibit No. 8	81,84,85,112	--
Exhibit No. 10	85	--
Exhibit No. 13	107,112	149
Exhibit Nos. 6&7	123,144	--
Exhibit No. 25	167	167
For Defendant:		
Exhibit No. 1 (Page 415)	27	--
Exhibit No. 1 (Page 119-131)	66	--
Exhibit No. 1 (Pages 166-167)	68	--
Exhibit No. 1 (Page 153)	70	--
Exhibit No. 1 (Page 154)	71	--
Exhibit No. 1 (Page 167)	95	--
Exhibit No. 1 (Page 1428)	98	--
Exhibit No. 1 (Page 597)	104	--
Exhibit No. 1 (Table 1)	106	--
Exhibit No. 1 (Page 385)	209	--
Exhibit No. 6	72	--
Exhibit No. 10	78,88,89	90
Exhibit No. 2	161	161
Exhibit No. 3	162	164
Exhibit No. 12	199	--
Exhibit No. 11	203	--

1 THE COURT: Good morning, everyone.

2 MR. BOYLE: Good morning, Your Honor.

3 THE COURT: Mr. Mazeski, are you ready to proceed?

4 MR. MAZESKI: I am, Your Honor, but Mr. Boyle asked if he
5 could do a little more direct, which I have no objection to.

6 THE COURT: Very well.

7 MR. BOYLE: Thank you, Your Honor. Plaintiff recalls
8 Dr. Joseph Harris to the stand, please.

9 J O S E P H H A R R I S IS RECALLED, AND HAVING
10 PREVIOUSLY DULY AFFIRMED, TESTIFIED AS FOLLOWS:

11 THE CLERK: Good morning, Doctor. You're still under oath.

12 THE WITNESS: Yes.

13 MR. BOYLE: May I proceed, Your Honor?

14 THE COURT: Yes.

15 MR. BOYLE: Thank you.

16 DIRECT EXAMINATION(Continued)

17 BY MR. BOYLE:

18 Q. Good morning, Dr. Harris.

19 A. Good morning.

20 Q. I've placed before you to the right of the binder some
21 documents, and I would ask you just to go through them
22 sequentially to identify them.

23 First, Exhibit 16. Are you familiar with that document?

24 A. Yes, I am.

25 Q. What is it?

1 A. It's a document that appears in the World Journal of
2 Hepatology that outlines the new break-throughs in treatments
3 for cirrhosis and diagnosis and treatment, in light of the new
4 medications that have come out for Hepatitis C.

5 Q. Did you have any role in creating the paper form of the
6 document?

7 A. Oh, yes.

8 Q. What did you do?

9 A. Well, I emailed it to you and you printed it.

10 Q. You say it's an article from the World Journal of
11 Hepatology?

12 A. Yes.

13 Q. Is that a reputable publication?

14 A. I believe so, yes, to my knowledge. It's peer-reviewed
15 and, in my experience, it's very, very reputable.

16 Q. So are articles in there considered to be reliable?

17 A. Yes.

18 Q. Now, directing your attention to -- we're going to skip
19 over one -- Plaintiff's Exhibit No. 18.

20 A. Yes.

21 Q. What is that document?

22 A. That's the public recommendations of the AASLD and the
23 IDSA guidelines for when and whom to treat Hepatitis C and
24 guidelines for all the treatments of Hepatitis C.

25 Q. Now, directing your attention to the binder, Plaintiff's

1 Exhibit No. 2 in evidence. Actually, strike that. How did you
2 obtain that Plaintiff's Exhibit No. 18?

3 A. Well, originally, they sent it to my house, because I go
4 to many of the conferences of the AASLD, so they sent it, and
5 then it's also available online, so sometimes it's more
6 convenient to look at it online.

7 Q. Did you look for it online this weekend, this past
8 weekend?

9 A. Yes, I did.

10 Q. And is what's before you as Plaintiff's Exhibit No. 18 a
11 true copy of the AASLD's most recent guidelines?

12 A. Yes, it looks like it. I haven't read the whole thing, but
13 the first few pages absolutely look like it.

14 MR. BOYLE: Move into evidence Plaintiff's Exhibit No. 18.

15 THE COURT: Any objection?

16 MR. MAZESKI: No objection.

17 THE COURT: Plaintiff's Exhibit No. 18 is admitted.

18 (At this time Plaintiff's Exhibit No. 18 was admitted into
19 evidence.)

20 BY MR. BOYLE:

21 Q. Now, directing your attention to Plaintiff's Exhibit No.
22 2, which is in the binder. This document was admitted into
23 evidence last week. Is that not also the guidelines of the
24 AASLD?

25 A. Yes, I believe they're the updated guidelines.

1 Q. I would ask you to look at Plaintiff's Exhibit No. 18 and
2 see which one is the updated.

3 A. Oh, updated, okay.

4 Q. Is Plaintiff's Exhibit No. 18 the updated guidelines?

5 A. I believe these are the updated guidelines.

6 Q. Okay, Plaintiff's 18?

7 A. Yes.

8 Q. Now, what, if any, changes were there in the guidelines,
9 between Plaintiff's Exhibit No. 2 and Plaintiff's Exhibit No.
10 18?

11 A. My understanding -- the most important thing that -- they
12 made various recommendations, but the main change was that they
13 felt the whole system of prioritization was erroneous, wasn't
14 really optimal, in the face of the new treatment options for
15 Hepatitis C. And the thing that jumped at my eyes was -- jumped
16 to me was the fact that they said we're not even going to have
17 prioritizations anymore, we're not listing any prioritizations;
18 basically, everyone should be treated.

19 Of course, the sickest person -- they understood -- they
20 said, we understand the problems of resources and things of
21 that -- basically, it's economic problems, but this isn't
22 medically justified. Everybody should be treated.

23 And they also pointed out major -- well, that was in the
24 old one, too -- but they emphasize the necessity or the fact
25 that it was better to treat earlier, as opposed to later, in

1 terms of the development of the fibrosis and damage.

2 Q. Earlier guidelines issued in July recommended that
3 everyone would be treated but set priorities?

4 A. Exactly.

5 Q. The guidelines which were just issued recommended everyone
6 be treated and did away with priorities?

7 A. Exactly. Of course, obviously, they took recognition of
8 the fact that, you know, in the real world, there were problems
9 with resources and problems with funding and things of this
10 nature, but from a medical standpoint of view, my
11 interpretation, and very clearly from theirs, was that everyone
12 should be treated.

13 And one of the points they adduced to emphasize or point
14 this out was the fact that most studies have shown that even in
15 patients with F0 -- below F2 from the metavir staging, meaning,
16 minimal or no fibrosis, actually, have a better advantage, do
17 better on the -- have a greater benefit than starting it later.

18 And they had a whole -- maybe I'm talking too much -- but
19 they had a whole series on morbidity and mortality studies that
20 shows it's 2 to 5 times, morbidity and mortality goes up, if
21 you wait to stage 3 or 4.

22 Q. That's set forth here in Plaintiff's Exhibit No. 18?

23 A. Yes.

24 Q. Now, I would just ask you to look at the first page, and
25 I'm going to ask you, do you see the first page, first full

1 paragraph about two-thirds of the way down, the sentence
2 beginning with, more importantly?

3 A. Yes.

4 Q. Okay, could you read from that point to the end of the
5 paragraph? I'm going to ask you a question about it.

6 A. Sure.

7 "Most importantly, from a medical standpoint, data
8 continue to accumulate that demonstrate the many benefits
9 within the liver and extrahepatic that accompany HCV
10 eradication.

11 "Therefore, the panel continues to recommend treatment for
12 all patients with Chronic Hepatitis C infection, except those
13 with short life expectancies that cannot be remediated by
14 treating HCV by transplantation or other directed therapy.

15 "Accordingly, prioritization tables are now less useful
16 and have been removed from this section."

17 Q. When it says, "within the liver and extrahepatic that
18 accompany HCV eradication", what's the only way that you know
19 of to achieve HCV eradication?

20 A. Well, the best way -- I know many ways, I mean, there's a
21 whole history of treatment for Hepatitis C, but the best way,
22 if you want to really cure it and eradicate it, you have to hit
23 it with the new medications that have recently come out for the
24 treatment of Hepatitis C that have extremely high cure rates.

25 Q. Directing your attention to Plaintiff's Exhibit No. 17,

1 which should be before you.

2 A. Yes, I've got it.

3 Q. What is that document?

4 A. Surveillance for viral hepatitis, United States 1913, and
5 that's the Centers for Disease Control and Prevention.

6 Q. Does the Center for Disease Control -- what is the Center
7 for Disease Control?

8 A. I don't know, it's the CDC, it's kind of like the Vatican,
9 major determinants of policy, treatment and research of
10 medicine, it's one of the foremost institutions in the United
11 States, in that regard.

12 Q. Are recommendations of the CDC considered reliable in the
13 medical community?

14 A. Absolutely, in the medical community.

15 MR. BOYLE: Admit Plaintiff's Exhibit No. 17 into evidence.

16 MR. MAZESKI: No objection.

17 THE COURT: Very well. Plaintiff's Exhibit No. 17 is
18 admitted.

19 (At this time Plaintiff's Exhibit No. 17 was admitted into
20 evidence.)

21 BY MR. BOYLE:

22 Q. Now, just briefly, Dr. Harris, directing your attention to
23 Plaintiff's Exhibit No. 23.

24 A. Yes.

25 Q. Okay, what is Plaintiff's Exhibit No. 23?

1 A. This is an article from Medscape, which was -- including
2 the Medscape website, there was an article on necrolytic acral
3 erythema.

4 Q. Necrolytic acral erythema is the skin condition that you
5 had diagnosed that Mumia Abu-Jamal is suffering from?

6 A. Yes.

7 Q. And I believe I asked you this last week, but are articles
8 in Medscape considered to be reliable?

9 A. Very reliable.

10 Q. And what, if anything -- strike that. We will move
11 Plaintiff's Exhibit No. 23 into evidence.

12 MR. MAZESKI: No objection.

13 THE COURT: Plaintiff's Exhibit No. 23 is admitted.

14 (At this time Plaintiff's Exhibit No. 23 was admitted into
15 evidence.)

16 THE WITNESS: As reliability, I mean --

17 MR. BOYLE: That's okay.

18 THE WITNESS: Well, reliability, I just wanted to fill a
19 caveat in is that, we, as physicians, are supposed to review it
20 ourselves, and maybe the sample was too low or we didn't like
21 the population or we didn't like the methods, but they are
22 official articles and are reputable articles.

23 BY MR. BOYLE:

24 Q. Have you read the abstract that appears here in
25 Plaintiff's Exhibit No. 23?

1 A. Yes, I have.

2 Q. What, if anything, does it state concerning the prevalence
3 of necrolytic acral erythema?

4 A. Well, it recently states that only two cases have been
5 described in the United States today, which isn't quite
6 accurate, because even the next sentence, there was a study
7 that I read earlier, and they're referencing it, that, in a
8 study, interestingly enough, in Philadelphia, in Pennsylvania,
9 they had 300 folk, patients with Hepatitis C that were
10 evaluated for their skin conditions, and five in Philadelphia
11 alone had necrolytic acral erythema, so that would be 7 right
12 there.

13 But one thing I've noticed in a lot of my research is that
14 nobody is kind of -- there's two cases here, and three cases
15 here and there, nobody seems to crunch them all together and
16 say, Wow, because here she says there's only two cases, and
17 then she describes five in the same paragraph.

18 Q. And in the same city?

19 A. No, the other two, I don't think, were in Philly, but of
20 the five, of the specific 300 men was, in fact, in Philly, and
21 I believe the patient is from Philly.

22 Q. What was the race of the men?

23 A. African American. They were African American, HCV genotype
24 1 and a high viral load, which is the only thing our patient
25 here doesn't have.

1 Q. Okay, now, directing your attention to Plaintiff's Exhibit
2 No. 24. Have you seen that document before?

3 A. Oh, yes, I have.

4 Q. Is that another document from Medscape?

5 A. Yes, it is.

6 Q. And what does it generally concern?

7 A. It's talking about cutaneous manifestations of Hepatitis C
8 treatment and management.

9 Q. And what recommendations or conclusions does the abstract
10 come to, with regard to how best to treat extrahepatic
11 manifestations of Hepatitis C?

12 A. Well, basically, it says you've got to treat, period, and
13 I like the sentence;

14 "Many, if not all, dermatological manifestations disappear
15 when appropriate HCV treatment or viral clearance occurs".

16 They also say;

17 "Treatment of patients with extrahepatic dermatological
18 manifestations of Hepatitis C, HCV infection is the same as
19 that of HCV infective state and the customary treatment of the
20 individual conditions, which gleans, Treat the Hepatitis C."

21 MR. BOYLE: Your Honor, Plaintiff moves Plaintiff's Exhibit
22 No. 24 into evidence.

23 MR. MAZESKI: No objection.

24 THE COURT: Plaintiff's Exhibit No. 24 is admitted.

25 (At this time Plaintiff's Exhibit No. 24 was admitted.)

1 MR. BOYLE: May I have a moment, Your Honor?

2 THE COURT: Yes.

3 MR. BOYLE: No further questions. Thank you, Dr. Harris.

4 THE COURT: Mr. Mazeski.

5 MR. MAZESKI: Thank you, Your Honor.

6 CROSS EXAMINATION(Continued)

7 BY MR. MAZESKI:

8 Q. Good morning, Dr. Harris.

9 A. Good morning.

10 Q. Let's go back to some testimony that you provided Friday
11 afternoon.

12 Now, my understanding is in 2014, 2015 you have about 100
13 Hep C patients, is that correct?

14 A. Probably more, but many of them were co-infected with
15 HIV/Hep C.

16 Q. If I remember correctly, you stated that you cured 30 of
17 them?

18 A. I'd say, yes, approximately, 25, 30.

19 Q. How were they cured? With the new drugs or --

20 A. With the new drugs. The old drugs -- in fact, a couple of
21 the old drugs that were very, very promising but very, very
22 complicated are absolutely contraindicated. They're not
23 recommended for treatment anymore, that's Boceprevir and
24 Telaprevir.

25 Q. So the other 70, then, are they active patients of yours?

1 A. At the time, yes.

2 Q. And what did you do to treat them?

3 A. I gave all my patients Harvoni or Sovaldi, Olysio,
4 depending on what type Hep C they had. Some patients got
5 Ribavirin, in addition to the two DAA's.

6 Q. Is your testimony, then, that all 100 of your Hep C
7 patients, then, you've administered them --

8 A. No, not all the 100, just 30. Every patient I've treated,
9 I was successful with, which is -- my clinical experience is
10 it's 100 percent, nobody has had resistance, nobody failed
11 treatment that actually took the medication.

12 Q. Maybe my question isn't clear or I'm not understanding
13 your answer.

14 Out of 100 patients, you cured 30 with the latest drugs,
15 correct?

16 A. Yes.

17 Q. What are you doing to treat the other 70?

18 A. Trying to get the drugs for them, too. It's a big drawn
19 out process. You have to call the insurance companies, they
20 usually deny it, then, they call you back, and you have to
21 have -- my nurse became an expert on dealing with the insurance
22 companies. That's the main struggle.

23 I would give it to all 100 of them, but the problem is
24 that you have to go step by step by step, depending on their
25 insurances, depending on their Medicaid coverage, those 30 were

1 in more of an optimal situation, in terms of us being able to
2 get them their medications.

3 Q. So in the meantime, what are you doing to treat the Hep C
4 of those 70 patients then?

5 A. Well, I'm not in that same clinic anymore, but I was in
6 the process, while I was in that clinic, where I had the most
7 experience with Hepatitis C. My attitude was, I was treating
8 everybody, especially, the folks with HIV.

9 So we were in the process -- we were going to get into 100
10 or maybe even more than 100, and a lot of patients were coming
11 from other clinics because -- I was, more or less, the first
12 one that really aggressively hunted down my Hep C patients and
13 tried to get them treated, and patients were coming from other
14 clinics saying, Hey, Doc Harris, I heard you are treating Hep
15 C. Can I get it? You know, so some of those 30 patients were
16 not even initially mine, but they had heard in the South Bronx
17 there was a doctor that was really curing Hep C.

18 Q. My follow-up question is, the 70 that are awaiting
19 approval from their insurance company or Medicaid or whatever,
20 what do you do to treat them, in the meantime?

21 A. I wouldn't treat them, at this point. The main modality of
22 Interferon and Ribavirin are very, very hard to take. They're
23 still indicated in some resource-limited situations where
24 there's no other choice, but they're not considered the
25 standard of care.

1 The other two medications that had effectiveness,
2 Telaprevir and Boceprevir, because of the length of the
3 treatment, which was a year, and the fact that they were very,
4 very complicated to administer, in fact, one specialist at a
5 conference I attended said they're talmudic, and I agree, they
6 were very, very complicated. These are not recommended anymore
7 for Hepatitis C.

8 So waiting, unless, you know, they're in decompensated
9 cirrhosis, it's not a major problem in waiting. But I do like
10 to treat as soon as possible, because there's -- it's one thing
11 to have Hepatitis C and no treatment, okay, some day there will
12 be a treatment.

13 In fact, one of our coping strategies for 15 years was,
14 Don't worry, soon a new medication will come out. In 10 years,
15 Soon, a new medicine will come out. We didn't lie, it's just we
16 didn't know it was going to be so expensive. So that whole
17 thing, there was a certain angst, if you will, that I found
18 among patients. It's like, I've got fibrosis, I've got this
19 virus, I've got this condition, why can't you -- now, there's a
20 treatment, what's going on?

21 So, in fact, that's sometimes made worse. They're the
22 psychosocial manifestations of the disease. As I mentioned, one
23 of those 30 is me that were cured.

24 Q. You indicated the 70, then, that are awaiting approval
25 from their insurance companies or Medicaid, do you know if the

1 insurance companies or Medicaid have guidelines, generally
2 speaking? Why is there a holdup from insurance companies or
3 Medicaid?

4 A. Money. It's \$84,000.

5 Q. Have you spoken to any representatives from these
6 insurance companies?

7 A. Yes, and there are possibilities, which I think might be
8 applicable here, if you call the insurance companies, there are
9 breaks, there are a lot of help programs, and they'll finance,
10 and they'll give you coupons and a lot of cheap medications.

11 But, unfortunately -- in fact, I did call, and I was
12 thinking of Mr. Abu-Jamal, and I mentioned that he was
13 incarcerated, she said, Wait a minute -- first she said Yes --
14 this was Gilead on the west coast -- she said, I'm sorry,
15 Dr. Harris, we don't provide this for incarcerated patients.

16 Q. From speaking to these folks from the insurance company or
17 Medicaid, do you have an understanding, is there some type of
18 guideline then? Is there a point when they do approve these
19 latest drugs for your patients?

20 A. Well, this was a year ago. Yes, you have to
21 either -- well, the main problem is that they would approve
22 everybody, but approve everybody for Interferon, and Interferon
23 had a very bad -- I wanted to give the patients the best
24 quality treatment I possibly could, so I didn't treat any of
25 them -- I guess I would, if somebody weren't approved and they

1 had very severe liver and I was caught in a breach where there
2 was nothing I could do, but Interferon was rough, very serious,
3 very difficult to take.

4 So as a result, unless they had very, very severe
5 manifestations of hepatitis or severe cirrhosis or
6 decompensated cirrhosis, I would tell them to wait, we'll
7 monitor your liver, but it's not going to be that long before
8 your medication is approved, And that's been my experience.

9 If you stick with the insurance companies, if you press
10 them, they will ultimately -- they'll give it up.

11 Q. Back to my question. Is there a guideline that you're
12 aware of, like, stage 3 or stage 4?

13 A. Yes, there were guidelines, but most of my patients -- I
14 didn't have anyone that didn't fall into the guidelines.

15 Q. What is the Medicaid guidelines?

16 A. Medicaid guidelines is based on -- they do have a
17 prioritization and, generally, you have to say -- not to give
18 Interferon, you have to prove they're intolerant to Interferon,
19 that they have anemia or they have depression, or they failed
20 Interferon in the past.

21 So, usually, with one of these -- most of my patients have
22 one of these things and one of these conditions, and as a
23 result, we were able to get him p.o. all oral medications for
24 90 days, which is much easier to take. See, my thing, I could
25 have got everybody, practically, treatment with Interferon, but

1 I thought patients would drop out, patients in my community
2 have a lot of, you know, difficult situations, to say the
3 least, so I felt it my clinical decision was rather than just
4 give him the Interferon, where they have a higher rate of
5 failure, I would wait a few weeks or month and get them the
6 Medicaid treatment.

7 If the Medicaid didn't come through, I'd call Gilead
8 itself, and we were very successful, in some instances, in
9 getting them to give a voucher or to lower the price.

10 Q. Maybe I'm confused. Interferon is the old drug, is it not?

11 A. Yes.

12 Q. I'm talking about in the last few years, whether it's
13 Sovaldi or Harvoni, is this your testimony, then, with Harvoni
14 and Sovaldi, Medicaid and insurers are denying that drug until
15 patients get to a certain point.

16 A. No, they will give the Inter -- which is the older one,
17 correct, that's the older medication that I mentioned is very
18 difficult to take and a less cure rate, has a diminished cure
19 rate. But in relationship to Harvoni or other DAA's.

20 So as a result, there was no problem in getting patients
21 Interferon, as long as they had some viral load, you could
22 treat them with Interferon and Sovaldi. But the optimal
23 treatment to make sure these patients -- easier treatment, make
24 sure they would be cured, was to wait a little while for their
25 approval for the oral medications, and most of the patients had

1 one or other reasons, depression, as Mr. Abu-Jamal had at one
2 point, that would make or failure of Interferon in the past
3 that would make Interferon -- these patients non-eligible for
4 Interferon.

5 Q. What is the wait time or lag time, from when you see a Hep
6 C patient and prescribe Harvoni or Sovaldi to when they
7 actually get it?

8 A. Depends on the insurance, mainly, on the insurance,
9 depends who is on the phone that day, anywhere from a week to
10 three, four weeks.

11 Q. Now, you would agree with me, as far as Hepatitis C and
12 the liver, in general, there are, out of about 100 patients
13 with Hep C, about 20 of them, their liver is going to heal
14 itself?

15 A. Yes, in fact, there was a paper passed around, when you
16 get Hep C, anywhere from 75 to 80 percent will go on to
17 chronicity, whereas, 20 to -- 15, 20 percent will be able to
18 clear the virus by themselves. That underlies the importance of
19 doing a viral load. When anybody comes in positive for the Hep
20 C antibody, because they could fall into that one-fifth or 15
21 or 20 percent of folk that don't need treatment, they're
22 finished. It's like measles or mumps or -- you've got it and
23 you're not going to get it again.

24 Q. My understanding is, so we have 20 out of 100 that will
25 self-heal and only about 20 out of 100 are actually going to

1 advance to the stage of cirrhosis, isn't that right?

2 A. No, 20 out of the 80 percent will advance, at some point,
3 to cirrhosis, and of those, approximately, 1 to 4 percent a
4 year will develop hepatocellular carcinoma, without treatment.

5 Q. Do we know what Mr. Abu-Jamal's stage is right now, as far
6 as whether he has fibrosis or cirrhosis?

7 A. That can fluctuate, in terms of your findings, because
8 there are various ways to find out the condition of the liver.
9 There's -- only two of which were done with Mr. Abu-Jamal,
10 which was APRI score, in which you correlate the transaminates
11 over the platelets, and that's one thing you can do, as well as
12 other modalities you can try.

13 You can also do sonogram, and to a certain degree, CT
14 scan, and there's Fibrosure, and there's also a great test --
15 unfortunately, it's not too available -- it's the elasticity,
16 which is totally non-invasive. Basically, you clump, and you
17 see -- they push ultrasound through the liver and see how much
18 elasticity it has.

19 Q. I'm not sure you answered my question. Does Mr. Abu-Jamal
20 have fibrosis or cirrhosis?

21 A. I feel he does, on the basis of his CT, and, at least, one
22 of his earlier platelets and it's certain, in terms of, I'm
23 convinced, he has at least F2, on the basis of he has
24 thrombocytopenia at this point. He had it in the past and now
25 it's back. Thrombocytopenia is a very important indicator of

1 liver fibrosis.

2 In fact, one chart I have, it shows that with his level of
3 120, I have an article that, I think, I gave it to counsel,
4 that says -- it charts the stage of fibrosis, in accordance
5 with the platelets. At Mr. Abu-Jamal's platelets, he should
6 have, approximately, 2, 2.5 stage of fibrosis.

7 Q. You would agree with me, I think, if you recall your
8 testimony from Friday, you were looking at a couple different
9 tests that showed his platelets, I think, end of November,
10 beginning of December, somewhere around there, you would agree
11 with me that his platelets were actually trending back upwards,
12 weren't they?

13 A. Well, if you reach it back a whole year, they've been
14 down, so they've been up and down. But that sometimes happens
15 with Hepatitis C. But the thing is that if you have low normal
16 platelets or low platelets, it's generally indicative of
17 significant amounts of fibrosis.

18 Q. So my understanding of a normal platelet count is 140 or
19 above, does that sound about right?

20 A. 140, 150, yes.

21 Q. Mr. Abu-Jamal, I think, was in the 120's and actually had
22 gotten up to 134. Would you agree with that?

23 THE COURT: Excuse me, Mr. Mazeski. Doctor, what is the
24 word, thrombo --

25 THE WITNESS: Thrombocytopenia. That means, low platelets.

1 THE COURT: Thank you.

2 BY MR. MAZESKI:

3 Q. In terms of measuring fibrosis, my understanding is
4 there's a range of 0 to 4, basically, five stages, is that
5 right?

6 A. Yes, it's called the metavir or the HIPEC scale.

7 Q. Zero being nothing?

8 A. Basically, no major fibrosis or scarring.

9 Q. For being the most advanced fibrosis?

10 A. Yes, that means you're cirrhosis. And these are based on
11 histological studies of the liver. From none, on the
12 architecture of the liver that's called portal triad, and then
13 you'll see either they'll call it piecemeal or branching, and
14 once it continues to become more and more extensive, then, it
15 goes on to cirrhosis.

16 If it goes on to serious cirrhosis, you'll have
17 decompensated cirrhosis, which is another much more serious
18 condition.

19 Q. If I understood you a moment ago, then, you think he's
20 likely to have about a 2 or 2.5 right now?

21 A. At least.

22 Q. So that's in the middle of this range?

23 A. Yes.

24 Q. That's based upon the platelet tests?

25 A. Platelets and the CT and one of the sonograms.

1 Q. You mentioned, I call it APRI, A-P-R-I scores. My
2 understanding is his APRI scores were actually about normal?

3 A. Yes.

4 Q. And, then, as far as the CT is concerned, I think you
5 reviewed a CT from May of 2015, is that right?

6 A. That is correct.

7 Q. Did you see the CT from April 15 of 2015 from the
8 Schuylkill Medical Center?

9 A. That's -- I only saw one CT. To my knowledge, he only had
10 one. He had two?

11 Q. I don't know if it's marked in Plaintiff's Exhibits or
12 Defendants, but I'm looking at, I think, a CT dated April 15,
13 2015 from the Schuylkill Medical Center.

14 A. Well, read the results, because I'm very aware of the
15 results which showed -- it said the liver surface was irregular
16 and they wanted us to correlate for cirrhosis. I don't know
17 which date, I was more looking at the diagnosis, but I know it
18 was approximately that time.

19 Q. The one from Schuylkill, from April, says;

20 "Slightly diminished attenuation as seen throughout the
21 liver, which could relate to very mild fatty infiltration".

22 Later on, it says;

23 "There is mild relative enlargement of the left hepatic
24 lobe, which may represent a normal varium. No discreet focal
25 hepatic masses are seen. Spleen is grossly normal and signs of

1 no focal splenic abnormalities identified."

2 Have you seen that before?

3 A. I saw it last night, because I think there's some
4 discrepancy between the one I saw and that one. The one I
5 saw --

6 Q. Exactly. So would you agree, basically, the discrepancy
7 from April to May's CT could be just a matter of the doctor
8 interpreting it?

9 A. Exactly.

10 Q. Now, it seemed like a point was being made Friday about
11 Mr. Abu-Jamal's weight loss. He testified that his normal
12 weight is about 270 pounds. Do you remember that?

13 A. Yes.

14 Q. And he had gotten down to, maybe, 180 something, but back
15 up in the 200, in the teens or something like that?

16 A. Yes.

17 Q. Do you know how tall he is?

18 A. 6'3", 6'4".

19 Q. I read something that said he was 6'1".

20 A. He could be 6'1", too. He's a tall fellow.

21 Q. Are you familiar with the body mass index, BMI?

22 A. Yes, as I recall, it was in normal.

23 Q. Would you agree with me that someone who is 6'1", 270
24 would be in the obese range?

25 A. Excuse me?

1 Q. Would you agree that somebody who is 6 foot 1 inch and
2 weighs 250 pounds would be in the obese range in a BMI index?

3 A. Well, that's always the caveat with all BMI's. You have to
4 take the overall picture of the patient. If you did the BMI on
5 Mr. Tyson Fury, I'm certain he would be considered obese, but
6 if you look at he's working out and exercising -- now, one
7 person that you would consider to be morbidly obese would be
8 Shaq O'Neal, for example.

9 We adduce these examples for when we do education to point
10 out that you have to take the patient in his overall context.
11 If it's someone that's an athlete or has a different body type,
12 that always has to be taken. So it's not absolute to BMI; you
13 don't treat the BMI, you treat the patient.

14 Q. I understand that. I guess my whole point is, 6'1", 219
15 pounds isn't underweight, is it?

16 A. No.

17 Q. Now, if I remember your testimony from Friday, as far as
18 the skin biopsy is concerned, you indicated that ideally a
19 dermatopathologist would be the one who would interpret that?

20 A. I'm not sure if it was a dermatopathologist. They are
21 usually a little more focused on the dermatological condition.
22 But I did discuss the case with a dermatopathologist, and he
23 felt that definitely this was -- a Dr. Rishi Patel was involved
24 in the one case that was found and was presented to N.Y.U. at
25 Langone.

1 Q. So I understand you discussed this with a
2 dermatopathologist, but are you aware -- I think it's DOC
3 Exhibit 1, Page 415, a June 2015 record from Geisinger that
4 indicated that a dermatopathologist is the one that actually
5 made the diagnosis?

6 A. Okay, fine.

7 Q. Were you aware of that, prior to now?

8 A. No, I wasn't aware.

9 Q. As far as NAE is concerned, you would agree with me that
10 the literature out there indicates there's about 80 cases world
11 wide?

12 A. Yes.

13 Q. And I understand the literature we talked about this
14 morning says it's underdiagnosed, but right now, the literature
15 seems to say there's 80 confirmed cases world wide?

16 A. Yes.

17 Q. And I think that same literature indicates there is about
18 three in the U.S.?

19 A. Yes, but I think that's under -- as I mentioned, in one
20 article, they said there was two or three in the U.S., and they
21 said, in Philadelphia, they had 1.7 percent, which is very low.

22 But if you're talking about millions and millions of
23 patients, I mean, in the United States, considering 2 to 4
24 million people have Hepatitis C, one percent of that is what?
25 It's 20,000, I think.

1 Q. I don't have a calculator.

2 A. So it's probably -- it's only my opinion -- but as it goes
3 on, you're not finding less and less, you're finding more and
4 more.

5 Q. You would agree with me, as of right now, it's a rare
6 disease?

7 A. It's an uncommon disease, but it's common -- it's more
8 common for Hepatitis C, which is not really an uncommon
9 disease, at this point. So it's uncommon for, if you take the
10 whole folk on the planet, but it's not really that uncommon if
11 you're just dealing with people with Hepatitis C.

12 Q. Along those lines, I did read something last week where
13 there was an Asian woman who had NAE but did not have Hep C?

14 A. Yes. A couple cases have been found, only one or two, that
15 were NAE Hep C negative, so that's raising the debate on the
16 necessity of Hepatitis C with NAE.

17 But the underlying thing would be zinc dysregulation is
18 considered. There's a whole spectrum of conditions that are
19 caused by Hepatitis C and inflammatory conditions. There's
20 something called necrotic migratory erythema, which is -- there's
21 a big debate among pathologists whether it's a continuation of
22 NAE or is it something different. So the vast majority of cases
23 have Hepatitis C.

24 And this one, I would really like to look into, if this
25 one is really being examined, but the vast majority of cases

1 world wide are people that have Hep C.

2 Q. When you say, this one, you really want to examine. Do you
3 mean Mr. Abu-Jamal?

4 A. No, the patient in the literature, the woman that had --
5 that was NAE Hep C negative.

6 Q. Prior to Mr. Abu-Jamal, in your prior medical practice,
7 have you ever had a patient with NAE?

8 A. Looking back, yes, because we didn't know the entity. I
9 practiced in Africa, where you have a very significant number
10 of folk -- in Rwanda, actually -- so we had a lot of patients
11 who came in and had lesions similar to Mr. Abu-Jamal, and they
12 only did so-so on most of the treatment modalities we gave
13 them, which was Prednisone and some topical corticosteroids,
14 and they didn't really do very well.

15 But at that time, we weren't able to test them for
16 Hepatitis C -- rather, we did test them for Hepatitis C, but we
17 couldn't treat them at that point.

18 Q. How about your clinic in New York?

19 A. I've seen rashes, yes, and I would review them more
20 strictly when I see them again, but, yes, there's been a common
21 amount of skin conditions.

22 Q. Let me ask the question this way. Other than Mr.

23 Abu-Jamal, have you ever diagnosed one of your patients here in
24 the United States with NAE?

25 A. No.

1 Q. This is the first one?

2 A. Yes, it is.

3 Q. You would agree with me that his rashes, at least,
4 facially, look similar to other skin things, like, psoriasis
5 and eczema?

6 A. Not so much psoriasis, possibly, very, very, very severe
7 eczema, but he had characteristics like boli, like the edema,
8 like the fact that it's not touching the palmar surfaces of his
9 hands, it's basically confined to the dorsum. That all leads
10 toward -- and in addition, the lack of real response to major
11 dermatological intervention, the treatment modalities, he
12 hasn't really resolved.

13 This is very indicative of most of the cases described in
14 the United States. I've seen, typically, African American
15 -- well, I have three cases that I reviewed in the literature,
16 and the patients all had, you know, rashes. One lady at N.Y.U.
17 was presented and she had the rash for nine years, waxing and
18 waning, but it never really went away.

19 Another patient had it for four years or five years, and I
20 believe Mr. Abu-Jamal has this close to 16 months and counting.
21 So that and the fact that he did not respond to the treatment
22 led me to consider this as a major diagnostic possibility.

23 Q. Is taking a skin sample and doing a biopsy --

24 A. Excuse me?

25 Q. As far as diagnosing NAE, isn't it ideal to take a skin

1 sample?

2 A. Yes, we did.

3 Q. Did you take a skin sample?

4 A. No, it was down at either Geisinger or Schuylkill, but he
5 does have a biopsy report.

6 Q. And the folks that looked at that biopsy, they didn't come
7 up with anything, did they?

8 A. No, but that's typical for NAE.

9 Q. How often did you see -- how many times did you see Mr.
10 Abu-Jamal in prison?

11 A. Three, four times.

12 Q. Do you remember the dates or approximate dates? Months?

13 A. I try to see Mr. Abu-Jamal once a month, so I saw him in
14 July 18, I saw him mid-January, I saw him -- not mid-January,
15 mid-August, and then I saw him September and I saw him in
16 October, around Halloween, I think.

17 Q. Process of elimination. You haven't seen him in November
18 or December, have you?

19 A. No, not yet.

20 Q. Throughout the course of the proceedings Friday and this
21 morning, have you been able to view the video of Mr. Abu-Jamal,
22 see him on video?

23 A. You mean, today or last week?

24 Q. Right now.

25 A. Yes, I can see him right here.

1 Q. Would you agree with me he looks better than he did back
2 in July and August?

3 A. Yes.

4 Q. So is it fair to say, then, one could conclude he is
5 responding favorably to the various dermatological treatments,
6 the Vaseline, so forth?

7 A. Well, in a sense, but as I recall, Mr. Abu-Jamal reported
8 that he still has a rash. Now, you have to think that he has
9 been treated, he has seen two dermatologists. He has had this
10 rash for 16 months, it's waxed and waned. Now, it seems to
11 me -- he still has the rash, it's gotten better, but he still
12 has the rash, despite taking ultraviolet treatments, which are
13 carcinogenic, two times a week, if you continue to prolong
14 them, and he takes daily Vaseline wraps, and three times a week
15 or four times a week, he has a bath, and he still has a rash.

16 Treated with very, very high potent steroids, he has been
17 treated with oral steroids, and he also had immunomodulating
18 agents such as Cyclosporine, and he didn't really respond.
19 That's what -- not seeing his skin conditions, but looking at
20 the skin conditions and seeing they're just not getting better,
21 led me to check out, Was he Hep C? Did he have a history of Hep
22 C?

23 And then I found out he did have a Hep C antibody
24 positive. So my first step was that, Let me see the viral load.
25 And finally -- in fact, I told some of my colleagues, I said,

1 If he doesn't have a viral load for Hep C, we have to send him
2 to John Hopkins, because I don't know what he has, or maybe
3 Harvard.

4 Q. I haven't seen him scratch, at all, during this
5 proceeding, have you?

6 A. No.

7 Q. My understanding, from reading the literature on NAE, it
8 usually starts at dorsal part of your hands and feet?

9 A. Yes, but not always.

10 Q. My recollection of Mr. Abu-Jamal's testimony is that it
11 started behind his knees, and when asked what parts of the body
12 it covered, he said, It's easier to say the parts that weren't
13 covered, which he said, hands, face and feet. Do you remember
14 that?

15 A. Yes. The soles of his feet -- his feet were involved, I
16 saw them. The soles of his feet were not involved or his palms,
17 they call them plantar aspect or his palms were not, and that's
18 more indicative of the rash itself.

19 Q. Did he testify the soles of his feet?

20 A. Excuse me?

21 Q. I don't recall him specifying the soles of his feet
22 Friday, do you?

23 A. He didn't mention it, but I've seen them on physical exam.

24 Q. One of your recommendations was to provide him with zinc,
25 is that correct?

1 A. Excuse me?

2 Q. One of the recommendations you made to the Department or
3 whoever is treating him is to provide Mr. Abu-Jamal with zinc,
4 correct?

5 A. Yes.

6 Q. And he hasn't gotten zinc, has he?

7 A. No, he hasn't.

8 Q. Yet, he has improved since you last saw him, hasn't he?

9 A. Improved but not resolved. All of the cases with NAE that
10 have been reported in the United States have reported long
11 histories of rashes and conditions of this sort, skin problems,
12 waxing and waning, but for years and years and years.

13 They do get better, I am absolutely certain, but I don't
14 think we can -- the way it's going, I don't -- I don't think
15 that's a very good quality of life to think -- he's living in a
16 hospital and they are treating him three or four times a week.
17 I don't think that's a good quality of life for the rest of his
18 life, and he's still pruritic, he's still itching.

19 Q. Do you know, does NAE run in the family?

20 A. Excuse me?

21 Q. Does NAE run in the family?

22 A. No.

23 Q. Does eczema run in the family?

24 A. Yes.

25 Q. He has a family history of eczema?

1 A. I think it was very remote, but, yes, he mentioned that.

2 Q. That wasn't in your report you put out in August, was it,
3 when you listed his family history?

4 A. He might have had one, but as I recall, he wasn't too sure
5 on it, as I recall.

6 Q. Now, going to -- you indicated you consulted with a
7 dermatopathologist, correct?

8 A. Yes, Dr. Rishi Patel from N.Y.U.

9 Q. Did that doctor personally see Mr. Abu-Jamal?

10 A. No.

11 Q. Did you take photographs of Mr. Abu-Jamal and show that
12 doctor the photographs?

13 A. No, I didn't.

14 Q. Did he read any of the medical records?

15 A. No, but I read him the pathological reports.

16 Q. Did you meet with this doctor in person?

17 A. No.

18 Q. So how did you communicate with this doctor?

19 A. I talked to him on the phone.

20 Q. So did you, as you talked to this doctor on the phone, did
21 you tell him the information you had on Mr. Abu-Jamal, tell him
22 your conclusions, and ask if he agreed?

23 A. Well, I presented the case and asked what he thought about
24 it, and he agreed with me, yes. But I didn't use Mr.

25 Abu-Jamal's name, of course.

1 Q. When you say he agreed with you, then, as you presented
2 the case to him, you presented what your conclusions were, too,
3 correct?

4 A. Possibly. But I presented the whole case, the history of
5 Hepatitis C, the skin lesions, the non-resolution and the path
6 reports. These are the three or four things I discussed with
7 Dr. Patel, and Dr. Patel was adamant, he said, This is not
8 going to get better until you treat -- he didn't even want to
9 see anything else, he said, With what you're describing, with
10 what that pathological report is, this man needs treatment for
11 Hepatitis C -- he didn't say that, he said, He's not going to
12 fundamentally get better without Hepatitis C treatment.

13 Q. Do you remember when you talked to this doctor?

14 A. I believe, August.

15 Q. Did you share with this doctor the biopsy results?

16 A. Yes, exactly -- the pathology reports, yes.

17 Q. So he's aware one of his fellow dermatopathologists sees
18 the case differently?

19 A. No, the dermatologist doesn't see it differently.

20 Q. Whoever Geisinger consulted with sees it differently.

21 A. Oh, the dermatologist, I thought you were talking about
22 the pathodermatologist. Well, I don't know if he's seeing it
23 differently.

24 Q. He came up with a different diagnosis.

25 A. Yes, but -- well, there's two diagnoses I saw. Which

1 dermatologist? One dermatologist said it was eczema and the
2 other dermatologist said he thought it was more psoriasis.

3 There was a report that I haven't been able to see, the
4 dermatologist Schleicher and there was a resident and
5 dermatologist that put a report in earlier in the year, and
6 their conclusions were -- their conclusions were that it was
7 like a somatoform or something like some inflammation of the
8 skin, but it didn't resolve.

9 Q. I was going to say, my question is, the doctor that you
10 consulted with, are they aware of Dr. Schleicher's --

11 A. I discussed the initial interpretation by the
12 dermatologist, yes.

13 Q. You consulted with the hepatologist, I think,
14 Dr. Dietrich?

15 A. Dietrich -- well, he's sort of the superstar, if you will,
16 of Hepatitic C. He had it, himself, personally, he contracted
17 it as a resident, and he heads the hepatitis -- Hepatology and
18 Hepatitis C Treatment Programs at Mt. Sinai. He's written many,
19 many articles, as well.

20 Q. What's his specialty, hepatologist?

21 A. Yes.

22 Q. You consulted with him?

23 A. I know him, personally.

24 Q. Same questions as previously. Did Dr. Dietrich see Mr.
25 Abu-Jamal?

1 A. No.

2 Q. Did he see any photographs of him?

3 A. No.

4 Q. Did he see any medical records?

5 A. No.

6 Q. Did he meet with you in person and discuss this case?

7 A. No, I talked with him -- I did meet with some
8 dermatologists at one of the conferences, we discussed --
9 myself and Dr. Zeller -- we discussed this with many of the
10 specialists, including Dr. Schuler and, I believe,
11 Dr. Sosnowski, and they both -- we couldn't find any
12 disagreement.

13 All the specialists -- we were at a conference in, I
14 believe, October, myself and Dr. Zeller, we were discussing
15 Abu-Jamal's case, and all the specialists said, What's the
16 question? You have to treat him.

17 Q. Dr. Dietrich, you presented him with information over the
18 phone?

19 A. Yes.

20 Q. You presented him with what you thought he was suffering
21 from?

22 A. Yes

23 Q. And Dr. Dietrich agreed with you then?

24 A. Oh, adamantly. He was more like, What's the question? You
25 have to treat.

1 Q. Are you familiar with a Dr. Corey Weinstein?

2 A. Yes.

3 Q. How are you familiar with him?

4 A. From discussions and collaboration on Mr. Abu-Jamal's
5 medical condition.

6 Q. Did you read the report he put out in April? Or letter?

7 A. I believe I did, yes, yes, I read it.

8 Q. Would you agree that he, initially, was worried about
9 lymphoma?

10 A. Yes.

11 Q. Did you see the letter that he addressed to Mr. Grote
12 dated May 13, 2015, where he said;

13 "Mumia's diagnoses include;

14 1. Severe pruritic exfoliative dermatitis."

15 A. Yes.

16 Q. So Dr. Weinstein, who you've collaborated with, doesn't
17 think it's any --

18 MR. BOYLE: Objection.

19 THE WITNESS: Yes, he does, at this point. We didn't even
20 have the viral load for Mumia yet, and I'm not even sure that
21 Dr. Weinstein knew about his -- oh, yes, he did know about his
22 seroconversion, he did know about his Hepatitis C antibodies,
23 but that's not really valid about the lymphoma, because Mr.
24 Abu-Jamal underwent a bone marrow biopsy, and the oncologist
25 ruled out any malignancy or any major problems with his bone

1 marrow or myeloid productive problems, meaning, problems in
2 producing red blood cells or megakaryocytes, which include
3 platelets.

4 BY MR. MAZESKI:

5 Q. If I understand your testimony, is it your opinion that
6 Mr. Abu-Jamal has diabetes?

7 A. Yes, yes, but that's also -- I -- we could have a long
8 discussion on that. It could be -- and I think I mentioned in
9 my report three different possibilities of which I'm not sure.
10 His diabetes is, in fact, a little puzzling, because, in fact,
11 he had -- he was treated with steroids, which I think might
12 have played a role, but the complication is that he had a high
13 hemoglobin A1C, and that means, if he had been subject to
14 elevated glucose for a prolonged period.

15 Then, he got better, so, for me, that represented either
16 he could be in a honeymoon period or had a situation where,
17 because of his Hepatitis C, his liver functions were
18 compromised, were sort of on the edge, and whatever stressor or
19 whatever worsening of his condition that happened in January
20 was too much for the liver to handle, and he went into frank
21 diabetes, and after the stress or after the medical problem
22 resolved, the diabetes got better or resolved -- or got better,
23 I'm sorry, got better.

24 So there's three possibilities. The steroids -- only two
25 possibilities that he has diabetes. Either he's in the

1 honeymoon period or, which is Type 2 diabetes, that's people
2 break out with very bad hyperglycemia, for a week or two, then,
3 they get better, completely better for another few months,
4 then, the diabetes returns. This is called the honeymoon
5 period.

6 Actually, I'm not 100 percent sure, but I'm certain that
7 because of the effects of Hepatitis C and because of the
8 epidemiological studies of Hepatitis C that his diabetes is
9 connected, at least, marginally -- at least, partially with
10 Hepatitis C with the inflammation of his liver.

11 Q. Couple questions based on that answer. You're not sure he
12 has diabetes?

13 A. He had a diabetic episode. No -- we will have to wait and
14 see. It's a strong possibility, but I still maintain that the
15 steroids could have been the cause of diabetes. But there was
16 some inconsistencies, like, Why was his hemoglobin A1C? That
17 would have been an acute rise in his blood glucose. The
18 hemoglobin A1C implies that he was with a prolonged period of
19 4, 5, 6 weeks of elevated glucose. So I agree, I found it to be
20 a very interesting case for diabetes.

21 Q. This diabetic episode, is that when the glucose spiked,
22 when he went to the hospital?

23 A. Yes.

24 Q. Would you agree that Dr. Weinstein thinks that was caused
25 by the steroid?

1 A. Yes.

2 Q. In your experience as a doctor, this honeymoon phase you
3 testified to, how long does the honeymoon period last?

4 A. Six months, eight months, in my experience, 10 months.

5 Q. You would agree we have had several months of normal
6 glucose levels?

7 A. Yes, I do.

8 Q. So during the 10 months, would you do that from March?

9 A. Give it to next March.

10 Q. So if his glucose level remains about the same until next
11 March, then, can we rule out diabetes?

12 A. No. We wouldn't have Type 2 diabetes, possibly.

13 Q. My understanding is hyperglycemia is not the same thing as
14 diabetes, is it?

15 A. Diabetes -- well, hyperglycemia means your sugar jumps up.
16 I mean, if you just came from a birthday party, your sugar
17 might be high, but it will go down, it will be controlled. And
18 certain medications can bump the sugar up. The diabetes is more
19 of a pathological situation, the pathology involved. Either
20 Type 1, where you have absolute diminution of insulin, or Type
21 2, where, because of inflammation or autoimmune problems, the
22 beta cells start decreasing and you have insulin resistance in
23 the peripheral muscles and the peripheral organs.

24 This is a different type of diabetes, usually, tied with
25 obesity, African American folk, folk of color, that leads you

1 to Type 2 diabetes. So there's two different etiologies. You
2 still have insulin in Type 2 diabetes, but it will start -- as
3 the beta cells start dying in your pancreas, the cells that
4 produce insulin, you will more and more be insulin-dependent
5 and you will be an insulin-dependent diabetic if you're not
6 well controlled and if you don't do various lifestyle changes,
7 like, working out and diet control and things of that nature.

8 Q. If someone has a hyperglycemia incident, is he diabetic
9 then?

10 A. Not necessarily one incident.

11 Q. In looking at some of the reports, it looks like, at one
12 point -- you wanted Mr. Abu-Jamal to use a Protopic cream, is
13 that correct?

14 A. Yes.

15 Q. And I thought I read somewhere Dr. Weinstein said don't
16 use Protopic cream.

17 A. He might have said that, yes, because I think, at that
18 point, he was concerned of the possibility of a neoplastic or
19 oncological situation, cancer situation in the skin, lymphoma,
20 most particularly, and in that instance, the Tacrolimus or
21 Protopic would have made it worse. So that was his concern, as
22 I recall.

23 Q. The anemia, talk to me about that. Is that a concern
24 today?

25 A. Yes.

1 Q. Why is that a concern today?

2 A. He's still somewhat anemic, and I believe that's --

3 Q. What is the basis of you saying he's anemic today?

4 A. The last load I read, he still had -- his hemoglobin was
5 11 or 12, and normal is 13.5 in this lab.

6 Q. So 13.5 is normal, and he's about 11 or 12?

7 A. About 11,12, as I recall, yes. The last one I saw, he was
8 still anemic, which I think was in November, his last blood
9 work. More clear, possibly, is that he has never had a normal
10 hemoglobin or hematocrit since -- for all this year.

11 After he got Procrit, it got better, but it never
12 resolved. Analogous situation to his skin condition; it hasn't
13 resolved as of yet.

14 Q. Whether it's psoriasis, eczema or NAE, could someone's
15 skin condition be exacerbated by uncleanliness?

16 A. Absolutely.

17 Q. Have you reviewed all the medical records that the
18 department has, in the last year, on Abu-Jamal?

19 A. Yes, I believe so. It's like a Bible, but, yes, I went
20 through most of them.

21 Q. You'd agree with me that an extensive amount of treatment
22 has been provided -- regardless of the diagnosis, an extensive
23 amount of treatment has been provided for the skin condition?

24 A. Yes.

25 MR. BOYLE: Objection.

1 THE COURT: What's your objection?

2 MR. BOYLE: It's a confusing question. What is the
3 treatment?

4 THE COURT: Doctor, did you understand the question
5 sufficiently to allow you to answer that?

6 THE WITNESS: My interpretation was he has been hit with a
7 lot of things for his dermatological condition, and that is
8 correct, if that's what you're saying, that he's got -- I mean,
9 he has had two dermatological consults, he's getting
10 ultraviolet light, Vaseline wraps, he has been treated, yes, I
11 agree.

12 BY MR. MAZESKI:

13 Q. I think the Doctor understood my question.

14 A. If that was your question.

15 Q. How about the anemia. What's in the records, as far as how
16 his anemia has been treated?

17 A. The anemia was treated with Procrit, but the hematologist
18 felt it was anemia of chronic disease, as did the final report
19 from Schuylkill and from Geisinger, they said he had anemia of
20 chronic disease.

21 But they treated it with Procrit, which is erythropoietin,
22 it's produced by your kidney, and it's low, that is, low when
23 you have a chronic condition, it does three things when you
24 have a chronic condition. It lowers the production of
25 erythropoietin, which raises or controls or is expressed when

1 your hematocrit is going down, to keep it normal.

2 It also affects the bone marrow's capacity to produce red
3 blood cells, and it also affects the -- complicates the
4 effectiveness of erythropoietin on the red blood cells, so you
5 have less erythropoietin, less a response from erythropoietin,
6 and the erythropoietin itself is less effective. He got Procrit
7 for four weeks, I believe, 4000 units, I think, once a week,
8 and he did have a response, but a very slow response and a very
9 partial response.

10 I think, after he finished, he ended up with his
11 hematocrit/hemoglobin was 11, I believe, but it has never been
12 normal, in all the labs I've had access to since last year.

13 Q. You would agree that folks at SCI are monitoring his
14 glucose levels?

15 A. Yes.

16 Q. And I understand, in your opinion, monitoring someone's
17 Hep C is not treatment, but would you agree that he's being
18 provided blood tests, he's enrolled in the Hepatitis C clinic
19 at Mahanoy?

20 A. He never told me that. I discussed -- what's the Hepatitis
21 C clinic?

22 Q. I can't testify.

23 A. Well, my point is, it's non-existent, I've done a lot of
24 discussions, I've discussed it with Mumia, I've read the
25 documents, there's no such thing as a Hepatitis C clinic,

1 period. It doesn't exist.

2 Q. Would you agree with me, going back to step 1, when a
3 patient, if we don't know if he had Hep C or not, would you
4 agree the Department tested him and discovered he has Hep C?

5 A. Excuse me?

6 Q. Would you agree with me, at some point, back in 2012, the
7 Department tested Mr. Abu-Jamal and discovered he had Hep C?

8 A. No, they only discovered that he was exposed to Hep C and
9 it was a possibility. They didn't know whether it was the 20
10 percent or the 80 percent. When they saw that clinical

11 practice, especially, in 2012, would have immediately done a
12 viral load. He never received this until, literally, three or
13 four years later, when he was found to have active Hepatitis C.

14 Now, this isn't something that's benign, Hepatitis C is
15 transmissible. To my knowledge, and Mr. Abu-Jamal mentioned
16 this, the protocol, regardless if you're going to teach or not,
17 if somebody has active Hepatitis C, you're supposed to educate
18 them, give them education about safe sex, give them education
19 about fluids, give them some don't's. He's in an incarcerated
20 situation, don't share toothbrushes or razors or things of this
21 nature, and he should have also been presented with the
22 treatment modalities that were existent, at the time. All of
23 this didn't happen.

24 He should have been issued condoms, for instance. I'm not
25 discussing his sexual orientation, but these are things of

1 incarcerated persons, and precisely because of this,
2 incarcerated folk are considered a high risk group for
3 Hepatitis C, when we had a priority. It's one of the groups
4 that's treated, because of its transmission, because of the
5 public health implication, particularly, among incarcerated
6 patients, this is a high group that should be treated.

7 So I think that they hadn't quite -- for whatever reason,
8 he wasn't adequately treated in 2012.

9 Q. Okay, moving forward to 2015. You would agree that his
10 viral load has been tested?

11 A. Yes, it has.

12 Q. You would agree his platelets are being monitored?

13 A. Yes, they are.

14 Q. Do you know who is directing or deciding what health care
15 Mr. Abu-Jamal is or is not receiving?

16 A. I think, Robel -- oh, Dr. Noel, I believe, is overseeing
17 him, Dr. Robel sees him very often, and he had four consults
18 while he was in Geisinger or Schuylkill, including dermatology,
19 Hem-Onc, GI and infectious disease.

20 Q. As far as all the medical records you read and in talking
21 with Mr. Abu-Jamal, is there anybody else that you're aware
22 that is directing and making decisions as to what health care
23 he's getting or not getting?

24 A. I really focused on the health care, I didn't focus so
25 much on who was directing it, but I seen signatures in the

1 chart from, for example, Dr. Gadea and Dr. Slopey(phonetic),
2 the resident in Dermatology, and Dr. Robel.

3 MR. MAZESKI: That's all the questions I have. Thank you.

4 THE COURT: Mr. Boyle, do you have redirect?

5 MR. BOYLE: Yes, Your Honor. Thank you.

6 REDIRECT EXAMINATION

7 BY MR. BOYLE:

8 Q. Dr. Harris, do you have Plaintiff's Exhibit No. 16 in
9 front of you?

10 A. Yes.

11 Q. That's an abstract from an article in the World Journal of
12 Hepatology?

13 A. Yes, it is.

14 Q. Is the World Journal of Hepatology a reliable source?

15 A. Yes, it is.

16 MR. BOYLE: Your Honor, move Plaintiff's Exhibit No. 16
17 into evidence, if we haven't already.

18 THE COURT: Any objection?

19 MR. MAZESKI: No objection, Your Honor.

20 THE COURT: Plaintiff's Exhibit No. 16 is admitted.

21 (At this time Plaintiff's Exhibit No. 16 was admitted into
22 evidence.)

23 BY MR. BOYLE:

24 Q. Directing your attention to Page 2 of the article. Defense
25 counsel asked you some questions about the complications

1 arising from Hepatitis C, and he directed some questions
2 concerning cirrhosis.

3 This article, which is entitled, Hepatitis C Cirrhosis:
4 New perspectives for diagnosis and treatment, I would ask you
5 if you agree with the following taken from the article.

6 "Amongst those who are infected with chronic HCV, studies
7 evaluating the natural course of the disease suggests that
8 around 55 percent to 85 percent would progress to chronic liver
9 disease."

10 Would you agree with that?

11 A. Yes.

12 Q. So someone could have liver disease and not necessarily
13 yet have cirrhosis?

14 A. Yes, I agree.

15 Q. You reviewed the medical records that were generated
16 during Mr. Abu-Jamal's week-long stay at Geisinger Medical
17 Center?

18 A. Yes, I did.

19 Q. In your review of those records, did you -- first of all,
20 he was in -- strike that. He was in Geisinger back in May of
21 2015?

22 A. I believe so, yes.

23 Q. And the viral load test did not occur until when?

24 A. I think, August -- when I saw him in July, he hadn't
25 gotten it yet, so it came out a little after that.

1 Q. So at the time he was at Geisinger, there had never been a
2 test to determine whether he, in fact, had active Hepatitis C,
3 is that right?

4 A. Exactly. And that's not very good medical practice. But I
5 don't know the situation at Geisinger, maybe they had other
6 things to do, they were focusing on other things, or maybe they
7 don't have the money to do the viral load so.

8 Q. Did you see, in any of the records generated from
9 Geisinger, a report which ruled out Hepatitis C as the
10 underlying cause of Mr. Abu-Jamal's skin condition?

11 A. In the records?

12 Q. In the records.

13 A. No.

14 Q. Now, when you visited him, were you permitted to take
15 pictures of him?

16 A. No -- well, you've got to pay \$1.50 and the guy will take
17 the picture in the visiting room. But he just takes the
18 picture.

19 Q. So you're permitted to take pictures as a social visitor?

20 A. Well, they have a photographer, you buy a ticket and it's
21 \$1.50, and he will take a picture of you.

22 Q. You couldn't take pictures of his entire body?

23 A. No, and I don't think they would let him take off all his
24 clothes in the waiting area to take a picture, either, so -- I
25 don't think. I didn't ask, though.

1 Q. Now, you were asked some questions about the CT scan of
2 the liver taken at Schuylkill. I would direct your attention
3 to -- this is Plaintiff's Exhibit No. 1, Page A74. This would
4 be in the binder, Dr. Harris and Your Honor.

5 Do you have Page A74, Dr. Harris?

6 A. Yes, I do.

7 Q. Directing your attention to the last full paragraph. Does
8 that indicate the observations, as a result of the CT scan of
9 Mr. Abu-Jamal's liver?

10 A. Yes.

11 Q. Okay, and I'd direct your attention to the second to last
12 sentence. Could you please, beginning with the word, overall,
13 could you please read this and I'll ask you a question about
14 it.

15 A. "Overall appearance of the liver is irregular. Please
16 correlate clinically for cirrhosis."

17 Q. Do you know whether, subsequent to that time, there was
18 any effort made to determine whether Mr. Abu-Jamal had
19 cirrhosis?

20 A. Well, with more extensive treatment or more extensive
21 tests or other types of tests, they did a sonogram, but I don't
22 know time sequence. I believe one of the sonograms was before
23 the CT and one was after.

24 Q. Now, Defense counsel asked you some questions about the
25 anemia. Do you place any significance on the fact that he is

1 still -- his hemoglobin is below normal range, after the course
2 of the Procrit medication?

3 A. Yes.

4 Q. What is that significance?

5 A. He has anemia of chronic disease. It responded somewhat,
6 but it didn't resolve with the Procrit, because he had the
7 ongoing inflammatory process or pathological process going on
8 in his body.

9 Q. And do you --

10 A. A chronic process.

11 Q. You were asked some questions about platelets. Is there
12 any significance to the fact that, for the last three months
13 running, his platelets have been below normal?

14 A. I believe so.

15 Q. What is that significance?

16 A. They're an indication of, at least, some degree of
17 fibrosis, typically, in the liver, because, essentially, what
18 happens is that the Hepatitis C will affect the megakaryocytes,
19 which are the cells that produce platelets in the bone marrow,
20 and, also, with the continuing of the fibrosis, it basically
21 blocks the blood coming from the spleen, going into the liver.

22 So blood is backed up into the spleen, which is involved
23 in metabolism or recycling, if you will, of the platelets, so
24 as a result, the platelets will tend to hang out, if you will,
25 in the spleen, and won't be generalized throughout his body, so

1 the overall platelets will go down.

2 Q. Now, counsel asked you some questions about letters from
3 Defense counsel -- excuse me -- Plaintiff's counsel concerning
4 recommendations. Do you recall those questions?

5 A. I believe so, yes.

6 Q. Could you please turn in the exhibit binder to Plaintiff's
7 Exhibit No. 3.

8 A. Plaintiff's Exhibit No. 3.

9 Q. They're behind the tab for Exhibit 3.

10 MR. BOYLE: For the record, Your Honor, this exhibit
11 contains two letters from Plaintiff's counsel to Defense
12 counsel, and I would move both into evidence.

13 MR. MAZESKI: No objection, Your Honor. I will object to
14 this line of questioning. I did ask the witness about letters
15 that Dr. Weinstein wrote to counsel, not counsel's letters that
16 he wrote. It's outside the scope of cross.

17 THE COURT: Please respond to that objection.

18 MR. BOYLE: If I could pose another question, I'm going to
19 address it to information from Dr. Weinstein.

20 THE COURT: All right, so, at this point, are you still
21 moving your letter of June 19, 2015 to Ms. Neal into evidence?

22 MR. BOYLE: Yes, Your Honor.

23 THE COURT: Are you, likewise, moving your letter of July
24 23, 2015 to Ms. Neal into evidence?

25 MR. BOYLE: Yes, Your Honor.

1 THE COURT: Is there any objections to those letters?

2 MR. MAZESKI: No objections to those letters.

3 THE COURT: Continue.

4 (At this time Plaintiff's Exhibit No. 3 was admitted into
5 evidence.)

6 BY MR. BOYLE:

7 Q. Directing your attention to Page 2 of -- first of all,
8 what is the date of the first letter, Dr. Harris?

9 A. June 19, 2015.

10 Q. Directing your attention to Page 2 of the letter, the top
11 section. Does that reflect a quote or an excerpt from a report
12 from Dr. Weinstein?

13 A. I believe so, yes.

14 Q. Does it concern Hepatitis C?

15 A. Yes, it does.

16 Q. Could you just read that quote into the record, please,
17 and I'll ask you a question about it.

18 A. "It is essential that the prison arrange a
19 gastroenterology consultation immediately. Mr. Abu-Jamal's
20 long-term Hepatitic C remains uninvestigated, despite the
21 Geisinger CT finding of 'overall appearance of liver is
22 irregular. Please correlate clinically for cirrhosis'. And the
23 possibility of the Hepatitis C could be a driver for the
24 severity of the dermatitis.

25 "Gastroenterology consults have seen the treatment of Hep

1 C result in dramatic improvement in severe dermatitis like that
2 in Mr. Abu-Jamal's case. The prison can begin by ordering blood
3 tests for Hep C, PCR, Hep C genotype and alpha fetoprotein.
4 Getting these much needed tests done will speed the
5 decision-making for the GI consultant."

6 Q. Now, this letter was written after Mr. Abu-Jamal's stay at
7 Geisinger, correct?

8 A. Yes.

9 Q. And I believe -- and at Geisinger, he had a whole battery
10 of tests --

11 A. Yes, he did.

12 Q. -- which ruled out many serious diseases?

13 A. Yes.

14 Q. And, now, you were asked some questions about the
15 Hepatitis C clinic --

16 A. Yes.

17 Q. -- at Mahanoy. Are you aware of any such clinic?

18 A. No.

19 Q. In your medical opinion, Dr. Harris, if someone is sick
20 enough to be housed in a Hepatitis C clinic, should they not be
21 treated for Hepatitis C?

22 A. Why would you -- why go to the bar, if you don't want to
23 drink alcohol? I mean, why are you going to be -- why would you
24 go to a Hep C clinic, if you couldn't have your Hep C addressed
25 or, at least, hopefully cured?

1 But to my knowledge -- and I've had extensive discussions
2 with Abu-Jamal, Mr. Abu-Jamal -- and in reviewing the charts,
3 I've never seen him referred to the Hepatitis C clinic or
4 Hepatitis C specialty. He hasn't seen anybody. As he reported
5 to me, there is no such thing as a Hepatitis C clinic.

6 And I've asked him, was he advised on safety for his
7 condition or, you know, safe sex, and was he advised on -- was
8 he told about, consulted or told about the treatment
9 possibilities, and he said, no, he wasn't.

10 MR. BOYLE: No further questions. Thank you, Your Honor.
11 Thank you, Dr. Harris.

12 MR. MAZESKI: I have no recross, Your Honor.

13 THE COURT: Dr. Harris, thank you very much. You may step
14 down.

15 THE WITNESS: Thank you.

16 THE COURT: Call your next witness, Mr. Boyle.

17 MS. NEAL: Your Honor, I believe we had agreed yesterday we
18 would call Dr. Schleicher out of order, and I believe he may be
19 on the video.

20 THE COURT: Very well. All right, based on counsel for both
21 parties' agreement in a conference call with me yesterday, we
22 are going to take a witness out of order, that is to say, a
23 witness who has been called by the Defendant to testify.

24 We're doing this in the interests of trying to move this
25 case along as rapidly as possible. So in light of counsel's

1 agreement, we'll proceed in that fashion. You may call your
2 witness.

3 S T E P H E N S C H L E I C H E R IS CALLED, AND HAVING
4 BEEN DULY SWORN, TESTIFIED AS FOLLOWS:

5 THE CLERK: Please state your full name spell your last
6 name for the record.

7 THE WITNESS: First name Stephen, last name is Schleicher,
8 S-C-H-L-E-I-C-H-E-R.

9 THE CLERK: Thank you.

10 DIRECT EXAMINATION

11 BY MS. NEAL:

12 Q. Good morning, Dr. Schleicher. This is Laura Neal. Can you
13 hear me okay?

14 A. Yes, I can.

15 Q. Doctor, you're a licensed to practice in the State of
16 Pennsylvania, correct?

17 A. That is correct.

18 Q. Could you run through your educational background for us,
19 please.

20 A. Yes. I received my medical training at Hahnemann Medical
21 School, I then received training in Dermatology at Temple.

22 Those dates were 1976 and completed at Temple in 1980, at which
23 time, I entered into private dermatology practice. I practice
24 at the present time as a part-time part clinical and part
25 academic.

1 I'm on the staff of the University of Pennsylvania
2 Department of Dermatology and Commonwealth Medical School, and
3 I have a fair amount of publications that I did publish quite a
4 bit in Dermatology.

5 Q. Okay. You kind of ran through everything there all at
6 once. Let me just back up.

7 You indicated that you did a dermatology residency, is
8 that right?

9 A. That is correct, yes.

10 Q. And I don't think --

11 A. Well --

12 Q. What is a dermatology residency?

13 A. My dermatology residency, that consists of specialized
14 training in Dermatology, it's a three-year program from 1977 to
15 1980, and basically consists of anything to do with
16 Dermatology, whether it's diagnosis, treatment, surgical
17 applications. Some training in dermatopathology.

18 Q. Are you Board certified in Dermatology?

19 A. Yes, I am, I'm Board certified since 1980.

20 Q. In the course of your practice, what types of skin
21 conditions have you diagnosed and treated, Dr. Schleicher?

22 A. Well, there have been hundreds of them. Among the most
23 common, of course, acne, eczema, psoriasis, some cosmetic
24 diseases, some more obscure diseases, such as lupas and even
25 paracytic infections, so it ranges in what I've treated.

1 Q. So have you treated any of the skin conditions more
2 commonly associated with Hepatitis C?

3 A. Yes, I have.

4 Q. What are those skin conditions?

5 A. Well, most common skin conditions would be something
6 called lichen planus, in which people develop these itchy
7 patches, that's clearly related to Hepatitis. And the second
8 most common entity would be identified as porphyria, more
9 specifically, a condition called porphyria cutanea tarda, in
10 which patients develop blistering, and it's basically an
11 autoimmune phenomenon, but one of the triggers can be
12 Hepatitis.

13 Q. You indicated that you've published a number of scholarly
14 articles, is that correct?

15 A. That is correct, yes.

16 Q. And what journals have you published your articles in?

17 A. Well, Journal of The American Academy of Dermatology,
18 Journal of The American Medical Association, the Dermatology
19 aspect of it, and most recently, I've published a monthly
20 column entitled Emergency Medicine, which I published for seven
21 years, and each article dealt with a particular dermatological
22 condition.

23 And even more recent than that, for the last year, I
24 published an article (unintelligible). Again, this deals with,
25 basically, to help train other doctors and other physicians.

1 THE REPORTER: Judge, the witness needs to sit forward a
2 little bit and speak into the microphone.

3 THE COURT: Dr. Schleicher, for the benefit of the
4 stenographer in this courtroom, you need to lean forward and
5 speak into whatever the microphone is that you have there,
6 since she's having difficulty hearing you. Thank you.

7 THE WITNESS: Okay, sorry about that. The question asked
8 was what journals I published in.

9 Journal of the American Academy of Dermatology, JAMA
10 Dermatology, J-A-M-A Dermatology, another journal was Cutis,
11 C-U-T-I-S, and most recently, I've published in a journal
12 called Emergency Medicine. And for seven years, I published a
13 monthly article or column dealing with a particular skin
14 disease.

15 And even more recent than that, for the past year, I've
16 been publishing weekly medical columns in the journal, Clinical
17 Advisor. And that, again, I publish an article every week.
18 I've been doing that for the past year.

19 Q. Are those journals peer-reviewed journals, Dr. Schleicher?

20 A. All the journals are peer-reviewed except the most recent,
21 Clinical Advisor.

22 Q. Have you ever testified as an expert before,
23 Dr. Schleicher?

24 A. I have twice before.

25 MS. NEAL: At this time, Your Honor, I'd like to offer

1 Dr. Schleicher as an expert in the field of Dermatology.

2 THE COURT: Mr. Boyle, do you wish to voir dire?

3 MR. BOYLE: No, Your Honor. No objection.

4 THE COURT: Dr. Schleicher is admitted as an expert in
5 Dermatology.

6 BY MS. NEAL:

7 Q. Dr. Schleicher, you are, also, Mr. Abu-Jamal's
8 Dermatologist, his treating Dermatologist, correct?

9 A. Correct.

10 Q. How long have you been seeing Mr. Abu-Jamal? When did you
11 first start seeing him?

12 A. I believe the first time I saw him was in February of
13 2015.

14 Q. What prompted that visit with Mr. Abu-Jamal? Was that at
15 the request of officials at SCI Mahanoy or the physicians
16 there?

17 A. That is correct. I've been doing Dermatology consults
18 since 1999, and, basically, the way it works is when an
19 institution has a problem with a skin condition, they will
20 forward to me images of that skin condition and a brief
21 history, and then we will schedule a video conference with that
22 individual.

23 Q. Just to back up, the request for you to examine Mr.
24 Abu-Jamal was made by the physicians at SCI Mahanoy, correct?

25 A. That would be correct, yes.

1 Q. Now, you were discussing the Telemedicine. Is SCI Mahanoy
2 the only institution where you use Telemedicine to treat and
3 diagnose patients?

4 A. No, I do that throughout the State of Pennsylvania, State
5 institutions.

6 Q. And about how many institutions do you use Telemedicine
7 in?

8 A. I would say, at least, 15. At one time I was doing
9 Federal, and it was a lot.

10 Q. Was that 15 or 50?

11 A. 15. 1-5.

12 Q. Have you found that to be satisfactory, from a diagnostic
13 and clinical perspective, Dr. Schleicher?

14 A. Yes, I have.

15 Q. Following your examination of Mr. Abu-Jamal on February
16 19th of 2015, did you render any recommendations as to Mr.
17 Abu-Jamal's treatment for his skin condition?

18 A. Yes, at that time, I recommended -- his main complaint was
19 a rash, very severe itching, so I recommended a steroid shot
20 to, in essence, help with the itching. And because the
21 condition was so severe, I recommended an oral pill, as well,
22 both to help with the condition and to help with the itching.
23 And we recommended a topical cream or ointment, as well.

24 Q. What was the topical ointment that you recommended?

25 A. That would be Triamcinolone cream.

1 Q. Since that time, what other treatments have you
2 recommended?

3 A. Well, he was seen back by myself in April, at which time,
4 he still had a severe flare of his skin condition, and at that
5 time, we recommended increasing the dose of the pill, which is
6 called Cyclosporine, in an attempt to obtain better control of
7 the skin condition and of his itching.

8 I also recommended a non-steroidal called Protopic,
9 P-R-O-T-O-P-I-C, to be used topically and as therapy. And I
10 also mentioned the possibility of using ultraviolet light
11 therapy, as well.

12 Q. When did you make the recommendation for the ultraviolet
13 light therapy? Was that back in April?

14 A. That was in April, I believe, yes. My recommendation was
15 to investigate ultraviolet light therapy to be done either
16 on-site or outside this particular institution.

17 Q. So you've reviewed Mr. Abu-Jamal's medical records,
18 relating to his skin condition, is that right?

19 A. That is correct.

20 Q. To your knowledge, Dr. Schleicher, does it appear as
21 though the staff at SCI Mahanoy, the medical staff, have
22 followed your recommendations for treatment?

23 A. Yes.

24 MR. BOYLE: Objection.

25 THE COURT: Just a moment, Doctor. What's your objection,

1 Mr. Boyle?

2 MR. BOYLE: Is that based on conversations, reading
3 records? It goes to, How did it appear?

4 THE COURT: Lay a foundation for that question. You asked
5 him, to his knowledge. What would his knowledge be and how
6 might he obtain it?

7 THE WITNESS: Well, I know --

8 THE COURT: Just a moment. Wait for a question.

9 BY MS. NEAL:

10 Q. Dr. Schleicher, you have reviewed Mr. Abu-Jamal's medical
11 records, correct?

12 A. Correct.

13 Q. And in the course of your treatment of Mr. Abu-Jamal, have
14 you had follow-up conversations with the medical staff
15 regarding Mr. Abu-Jamal's response to treatments?

16 A. Yes, I have, yes.

17 Q. During the course of those conversations, did you discuss
18 with the staff at SCI Mahanoy whether or not Mr. Abu-Jamal was
19 responding to the treatments that you ordered?

20 A. Yes, I did.

21 Q. What is your understanding, Dr. Schleicher, as to whether
22 or not the treatments that you ordered were actually provided
23 by the staff at SCI Mahanoy?

24 A. Well, there was a notation that -- the use of Protopic was
25 declined by the patient because he was concerned about

1 potential side effects from using it. So in that regard, I
2 can't remember if it was written -- I think it was a phone
3 conversation that he said he did not want to use a particular
4 ointment.

5 Q. Other than that treatment Mr. Abu-Jamal refused, are you
6 aware of whether or not the staff, in your review of the
7 records and your conversations, actually provided the treatment
8 that you recommended?

9 A. Not physically aware, but by the notes and phone
10 conversations, yes, everything else was followed by both the
11 doctors at the prisons and their physician assistants and by
12 the patient, himself.

13 Q. Has Mr. Abu-Jamal's skin condition improved?

14 A. Yes, it has. Initially, it was extremely severe. Of late,
15 it is doing much better, yes.

16 Q. Before we move on to your diagnosis, you had mentioned
17 that there was some Protopic cream that was prescribed for Mr.
18 Abu-Jamal by you. Do you have the records there, regarding the
19 refusals?

20 A. Let's see.

21 Q. I'm going to direct you. If you look at his medical
22 records in the upper right-hand corner, there are numbers, and
23 I'm referring to the one that's stamped DOC 000119 through
24 000131.

25 A. I don't know -- I have a record of a phone call to myself

1 on Wednesday -- on Tuesday, May 12 with the doctors there, and
2 the notation was to, "Hold Protopic for now. Patient refuses to
3 use it." I have that notation.

4 Q. All right. When was the Protopic cream prescribed?

5 A. Protopic was first prescribed during the April 22
6 consultation.

7 Q. Are you aware of Mr. Abu-Jamal's hospitalization at
8 Geisinger Medical Center in May of 2015?

9 A. Yes, I am aware of that.

10 Q. What was the recommendation of the treating staff at
11 Geisinger Medical Center on Mr. Abu-Jamal's discharge,
12 regarding the Protopic?

13 A. I'm not sure if they had a recommendation regarding
14 Protopic. Their recommendation was to use Triamcinolone and to
15 use Hydrocortisone. I have their special instructions here. I
16 don't see any recommendation for or against the use of
17 Protopic.

18 Q. Do you have the discharge instructions in front of you,
19 Dr. Schleicher?

20 A. I have special instructions, I would assume they were
21 discharge instructions.

22 MR. BOYLE: Your Honor, could counsel give us a number?

23 MS. NEAL: Yes, it's -- I'm looking at 146 to 176.

24 THE WITNESS: I have a document 00016 -- I think they were
25 repeated, so I just copied the last one.

1 BY MS. NEAL:

2 Q. At this point, Dr. Schleicher, would you recommend
3 prescribing the Protopic cream to Mr. Abu-Jamal?

4 A. Well, I would say the rationale for using Protopic was
5 because he developed high blood sugar, and there are occasions
6 when an individual who has high blood sugar and uses a
7 considerable amount of the topical steroid, which is
8 Triamcinolone, might have an effect on the blood sugar.

9 So while he was being worked up for that, the feeling was
10 to switch him to something that had no steroid in it
11 whatsoever, to try to afford adequate control, until his blood
12 sugar was actually controlled.

13 Q. Do you believe that Mr. Abu-Jamal needs the Protopic, at
14 this point?

15 A. At this point, I would say his condition has substantially
16 improved, and no, I would say that is not needed, at this
17 point.

18 Q. Okay. Do you have the DOC Exhibit 1, Page 166 in front of
19 you, it's DOC 000166.

20 A. I have 167, I don't have -- oh, I was looking at the
21 medication.

22 Q. At the top, it says, "Start taking these medications".

23 A. Yes, I have 000167, it does mention Protopic.

24 Q. But you don't have 166 in front of you?

25 A. I don't have it in front of me, no. I have it on another

1 computer.

2 MS. NEAL: Is there a way to show that to him? To hold it
3 up?

4 THE CLERK: I can show it to him.

5 THE WITNESS: Something not changed --

6 BY MS. NEAL:

7 Q. Do you see that, Dr. Schleicher?

8 A. Yes, but I can't read it too well on the computer,
9 unfortunately. Something not changed, I could get.

10 Q. Can you see all the way down at the very bottom where it
11 says, "Stop taking these medications"?

12 A. "Stop taking these medications", yes, "Coal tar,
13 Doxycycline, Hydrocortisone." I see those, yes.

14 Q. That's continued on the top of Page 167?

15 A. That is correct. That page I had.

16 Q. Okay, so then, understanding that the top of Page 167 is a
17 continuation of the medications that are to be stopped, what's
18 your understanding regarding Geisinger's recommendations for
19 Protopic?

20 A. Well, I would kind of assume he was using Protopic because
21 they recommended that -- wait, my battery is going low -- they
22 recommended that it be discontinued. Let me just plug this in.
23 Okay, sorry about that.

24 Q. So is it your opinion, Dr. Schleicher, that -- what's your
25 opinion regarding the need for the Protopic at this point?

1 A. The need for the Protopic at this point is that it
2 probably wasn't needed because he was responding to current
3 therapy, which was actually topical steroids.

4 Q. I want to turn to the diagnosis for Mr. Abu-Jamal's skin
5 condition.

6 Have you reached an opinion regarding the specific type of
7 skin condition that Mr. Abu-Jamal has?

8 A. Yes, it would appear that he has a -- almost a cross
9 between psoriasis -- a condition called psoriasis and a
10 condition called eczema, and he has certain characteristics of
11 one and certain characteristics of another.

12 And this diagnosis was based, not only on clinical
13 opinion, but on the pathology report, as well.

14 Q. Okay. Has that opinion been confirmed by a
15 dermatopathologist?

16 A. Well, that opinion has been rendered by the
17 dermatopathologist, that is correct, yes.

18 Q. I'd like to go back to the discharge instructions from
19 Geisinger Medical Center. Do you have Page 153 in front of you?

20 A. 000 --

21 Q. Yes

22 A. -- special instructions.

23 Q. Yes.

24 A. Okay, yes, they were repeated twice. I have them.

25 Q. Do you see down at the top of the next page that continues

1 the discharge instructions on Page 154?

2 A. Unfortunately, I don't have that, I just have this page. I
3 believe -- I don't believe it pertains to the skin rash.

4 Q. Are you aware of whether anyone reported concerns about
5 Mr. Abu-Jamal using oranges or garlic on his skin, while he was
6 at Geisinger?

7 A. I remember reading it in passing, something to that
8 effect, yes, but I don't recall, in particular, what that
9 referred to. But I do recall that, yes, the concern was
10 mentioned.

11 Q. Did you recommend that Mr. Abu-Jamal use garlic or oranges
12 on his skin?

13 A. No.

14 Q. Did you recommend, at any point in time, that Mr.
15 Abu-Jamal use floor scouring pads on his skin?

16 A. No.

17 Q. Would you have any concern, Dr. Schleicher, with the use
18 of floor scouring pads exacerbating or worsening the condition
19 that Mr. Abu-Jamal has been suffering from?

20 A. Well, any irritant, whether it's citrus or mechanical,
21 such as a scouring pad, certainly, could irritate or would
22 certainly irritate the condition as severe as his, yes.

23 Q. Mr. Abu-Jamal has been using phototherapy, most recently,
24 is that correct?

25 A. That is correct.

1 Q. When did you last see Mr. Abu-Jamal for an examination?

2 A. He was last seen via Telemedicine, in December.

3 Q. Did you see photographs of Mr. Abu-Jamal, prior to or in
4 connection with your December examination?

5 A. Yes, and I have seen photographs, yes.

6 Q. Do you have Defendant's Exhibit 6 in front of you,
7 Dr. Schleicher?

8 A. I'm not sure.

9 Q. The skin photographs?

10 A. Well, I have the skin photographs, but I have them on my
11 iPad here. What date are those photographs? What dates?

12 Q. I'm asking you if you saw photographs of Mr. Abu-Jamal, in
13 connection with your December examination of him?

14 A. In connection with December, yes, I did, yes.

15 Q. And those photographs and your examination of Mr.
16 Abu-Jamal, did they indicate to you a degree of improvement in
17 his condition?

18 A. Absolutely, they indicated improvement of his condition
19 over baseline, from when I first saw him.

20 Q. How would you describe his level of improvement, as of the
21 December examination?

22 A. Compared to baseline, probably, 85 percent, 90 percent
23 improved.

24 Q. Okay. The Defendant's Exhibit 6, the skin photographs, are
25 those the photographs that you saw of Mr. Abu-Jamal in

1 December?

2 A. That is correct, yes.

3 Q. Okay, and were those photographs consistent with what you
4 saw, during the Telemedicine visit with Mr. Abu-Jamal?

5 A. Well, yes. I mean, during the actual visit itself, I
6 usually concentrate on the pictures that are sent ahead of
7 time, because the resolution is much greater, so yeah, it would
8 be consistent with my examination, from that standpoint, yes.

9 Q. So is it your position that those photographs, the
10 Defendant's Exhibit 6, fairly and accurately represent Mr.
11 Abu-Jamal's skin condition, as of the beginning of December
12 2015?

13 A. That is correct.

14 Q. Now, in those photographs, the last photograph, there's an
15 area that appears to be lighter than the rest of his skin.

16 MR. BOYLE: Objection, Your Honor.

17 MS. NEAL: I apologize. I'll rephrase.

18 MR. BOYLE: Your Honor, my objection is they haven't been
19 moved into evidence.

20 THE COURT: You have not moved these, that's true.

21 MS. NEAL: Okay, Your Honor, I'd like to move Defendant's
22 Exhibit 6 into evidence.

23 MR. BOYLE: May I have voir dire, Your Honor?

24 THE COURT: Yes, you may.

25 EXAMINATION

1 BY MR. BOYLE:

2 Q. Doctor, could you please state your name for me, again,
3 your last name?

4 A. Sure. First name Stephen, last name Schleicher.

5 Q. Dr. Schleicher, Defendant's Exhibit No. 6, you did not
6 take these photographs, did you?

7 A. No, I did not.

8 Q. Okay. Do you know who did?

9 A. The actual person who took them? No, I do not.

10 Q. Do you know what, if any, conversations that person had
11 with Mr. Abu-Jamal about his skin condition, at the time these
12 photographs were taken?

13 A. With that individual? I would not be aware, no.

14 Q. Do you know whether the individual who took the pictures
15 took pictures of every conceivable location on Mr. Abu-Jamal's
16 body where there was or had been a rash?

17 A. That I do not know. I mean, I was afforded, I don't know,
18 five photos, and those were the pictures I received.

19 Q. So they don't represent pictures of Mr. Abu-Jamal's entire
20 body, do they?

21 A. That is correct.

22 MR. BOYLE: Your Honor, I would object to the offer and
23 only not object to that there are pictures of what purports to
24 be sections of Mr. Abu-Jamal's body.

25 MS. NEAL: Your Honor, first of all, the Rules of Evidence

1 of admissibility are lower for a preliminary injunction
2 hearing, and there's a Third Circuit case on point for that.
3 Aside from that, Dr. Schleicher has testified that he reviewed
4 those photographs that were taken of Mr. Abu-Jamal, and that
5 those photographs that we're looking at Defendant's Exhibit No.
6 6 are consistent with what he saw, during the Telemedicine
7 examination of Mr. Abu-Jamal in December of 2015.

8 THE COURT: Well, first of all, with respect to who took
9 the photographs, Mr. Boyle, you'll recall that I allowed
10 photographs that you offered without that information being
11 supplied, so I'm not about to exclude these photographs on that
12 basis.

13 What I am interested in, however, is testimony that would
14 establish that, in fact, these were photographs that were taken
15 in the time period you're suggesting that they were taken. I
16 haven't heard that from this witness, so I'm going to give you
17 an opportunity to develop that further.

18 Also, let me state for the record the fact that these
19 photographs aren't photographs of every part of Mr. Abu-Jamal's
20 body, they're certainly relevant to me, but it doesn't mean
21 that these are inadmissible. But let's go back to the point
22 that I am concerned with.

23 I've got photographs of sections of Mr. Abu-Jamal's body,
24 there's no indication of a date when they were taken. The
25 purpose of the photographs, as I understand it, is to

1 establish, through this witness' testimony, that there was
2 improvement in his skin condition, is that right?

3 MS. NEAL: Yes, Your Honor.

4 THE COURT: So I need to know more than you've given me as
5 to when these were taken and what they were compared to.

6 BY MS. NEAL:

7 Q. Dr. Schleicher, do you know when the photographs were
8 taken, if they were taken close in time to your examination?

9 A. I don't have the dates of the photographs, no.

10 Q. During the course of your Telemed examination of Mr.
11 Abu-Jamal, how do you conduct that examination? Is Mr.
12 Abu-Jamal disrobed?

13 A. He's usually not disrobed. If I have received photos ahead
14 of time, I can oftentimes see the face, scalp, the arms, and
15 then I go -- the rest is done by the photos that I've been
16 supplied.

17 Q. So you had photographs in your hand, during the course of
18 the examination?

19 A. That is correct, yes.

20 Q. And do you question the patient about symptoms and other
21 information to corroborate the visual images that you're seeing
22 in the photographs?

23 A. Yes.

24 Q. Did you ask Mr. Abu-Jamal to give you his impression of
25 what his skin condition was, at that point?

1 A. Yes. My notation was that the pruritis, which is itching,
2 has improved, along with the physical appearance of it.

3 Q. What did you base your opinion on, in December, that Mr.
4 Abu-Jamal's skin condition had improved?

5 A. That would be based on the photographs supplied, it would
6 be based on the face to face encounter which and by the
7 question to the patient, if the skin condition is still there,
8 especially, with regard to the itching, which was his main
9 complaint all along, skin itching.

10 Q. And what did Mr. Abu-Jamal tell you was his level of
11 itchiness, at that point?

12 A. Well, the notation I have is he stated that his itching,
13 the pruritis -- "Patient stated pruritis is also diminished".

14 MR. BOYLE: I'm sorry, Your Honor.

15 THE COURT: Would you repeat your last sentence,
16 Dr. Schleicher?

17 THE WITNESS: "Patient states pruritis", which is itching,
18 "is also diminished".

19 BY MS. NEAL:

20 Q. Based on the information that you received in the December
21 visit, what did you recommend, going forward, for Mr.
22 Abu-Jamal's treatment?

23 A. Well, recommending, going forward, would be to actually
24 decrease the frequency of his late treatments, because he had
25 responded very well to the treatments. And they're usually not

1 set for an indefinite time period, we like to taper the dose,
2 see how the patient is doing with a weaker dose to determine if
3 we can continue to decrease the dose or if we need to keep it
4 the same or increase the frequency.

5 Q. Are your plans, at this point, Dr. Schleicher, to continue
6 to see Mr. Abu-Jamal?

7 A. What was your question?

8 Q. At this point, are your plans to continue to see and treat
9 Mr. Abu-Jamal?

10 A. Absolutely, yes, yes.

11 Q. Dr. Schleicher, I'd like to direct your attention to
12 Defendant's Exhibit 10, the journal article from the World
13 Journal of Hepatology. Do you have that in front of you?

14 A. Okay, yes, that is correct.

15 Q. Just so I can be sure you have the same document in front
16 of you. It's the article entitled, "Cutaneous manifestations of
17 Hepatitis C in the era of new antiviral agents."

18 A. Yes, I have that.

19 Q. Okay. And this article from the World Journal of
20 Hepatology, is that an authoritative source, as far as you
21 know?

22 A. As far as I know, yes. I've considered that, yes.

23 Q. Can you tell us what the association is, the degree of
24 certainty, for an association between psoriasis and Hepatitis
25 C?

1 A. Well, I think the association is still evolving. There
2 have been case reports in which it's clearly associated, the
3 Hepatitis C and psoriasis is associated by a small percentage
4 in patients.

5 As we are doing more testing on psoriasis patients, we are
6 encountering an increased number who do test positive for
7 Hepatitis C. In the past, we did not test psoriasis patients,
8 routinely, for Hepatitis. Now, we are testing more frequently,
9 simply, because some of the therapies we're using, some of the
10 newer therapies basically require the treatment for Hepatitis,
11 prior to starting this therapy.

12 Q. In your opinion, Dr. Schleicher, does Mr. Abu-Jamal have
13 NAE? Did you hear me?

14 A. Yeah, does he have NAE? I couldn't pick up anything after
15 that.

16 Q. In your opinion, Dr. Schleicher, does Mr. Abu-Jamal have
17 NAE?

18 A. Oh, does he have NAE? I'm sorry. In my opinion, it would
19 be extremely unlikely that he has NAE.

20 Q. On what do you base your opinion that it's extremely
21 unlikely that he has NAE?

22 A. Well, I base my opinion on, first, the disease itself. The
23 disease NAE stands for necrolytic acral erythema. N is the
24 first word, necrolytic, A stands for acral, E stands for
25 erythema. So necrolysis is a histopathology term, in which

1 looking under the microscope, certain cells are seen. In the
2 histopathology reports, there is no mention of necrolysis in
3 that report.

4 The second word is acral, acral refers to distribution on
5 the hands and feet and wrist and ankles, that's what acral
6 means. Mr. Abu-Jamal had distribution throughout his body. One
7 of the most severely affected areas was his scalp, and to my
8 knowledge and my literature review, I've never been faced with
9 NAE that involved scalp.

10 Q. Would you recommend, as a treating dermatologist,
11 Dr. Schleicher, Hepatitis C antivirals for Mr. Abu-Jamal's skin
12 condition?

13 A. For the skin condition, no.

14 Q. What is, in your opinion, Dr. Schleicher, how likely is it
15 that Mr. Abu-Jamal's skin condition is associated with or
16 directly related to his Hepatitis C condition?

17 A. I would say it's unlikely, on a scale of, say, 1 to 10,
18 the likelihood of it being associated with Hepatitis would
19 probably be a 2, way down on the list.

20 MS. NEAL: Nothing further, Dr. Schleicher.

21 THE COURT: Mr. Boyle.

22 MR. BOYLE: Yes, thank you, Your Honor.

23 CROSS EXAMINATION

24 BY MR. BOYLE:

25 Q. Good morning, Dr. Schleicher. My name is Robert Boyle and

1 I represent Mumia Abu-Jamal.

2 A. Hello.

3 Q. Now, you indicated that the relationship between
4 psoriasis/eczema and Hepatitis C is still evolving, is that
5 correct?

6 A. That is correct, yes.

7 Q. But you would not deny that studies have found that there
8 is a relationship between Hepatitis C infection and psoriasis,
9 would you?

10 A. No, I would not deny that. There has been reports of a
11 relationship, correct.

12 Q. And, in fact, skin conditions, as a secondary
13 manifestation of Hepatitis C, in general, are not uncommon,
14 isn't that right?

15 A. Well, they're not common, but they do occur. The majority
16 of patients with Hepatitis C do not manifest skin conditions,
17 but a minority will have some skin condition associated with
18 the disease.

19 Q. You're familiar with an article from Medscape called
20 Cutaneous Manifestations of Hepatitis C?

21 A. Correct, that was provided to me, I do have that article,
22 yes.

23 Q. I believe it's Plaintiff's Exhibit No. 8?

24 A. Yes, I do have that article.

25 Q. And would you agree with the statement in the article

1 that;

2 "Cutaneous symptoms or findings, relevant to HCV
3 infection, manifest in 20 to 40 percent of patients presenting
4 to dermatologists, and in a significant percentage, 15 to 20
5 percent of general patients."

6 Would you agree with that?

7 A. That seems a high percentage from what I've read
8 elsewhere, but if they're including itching, then, yes, I would
9 agree with that, because itching does affect the skin in
10 individuals with Hepatitis.

11 Q. Itching is also known as pruritis, is that correct?

12 A. That is correct, yes.

13 Q. One of Mr. Abu-Jamal's most consistent complaints in
14 reports to medical personnel for the last 16 months has been
15 constant itching, hasn't it?

16 A. That is correct, yes.

17 Q. Would you agree with the following sentence in this
18 article;

19 "HCV is suggestive and must appear in the differential
20 diagnosis of these patients to avoid missing this important but
21 occult factor in clinical disease in the appropriate setting."

22 Would you agree with that?

23 A. I would agree with that, yes.

24 Q. And when you first saw Mr. Abu-Jamal, in February of 2015,
25 he presented to you with a severe rash, did he not?

- 1 A. That is correct, yes.
- 2 Q. It covered most of his body.
- 3 A. That is correct.
- 4 Q. His body was hyperpigmented.
- 5 A. Correct.
- 6 Q. It was scaly.
- 7 A. Correct.
- 8 Q. He complained of itching all over his body.
- 9 A. Correct.
- 10 Q. And it essentially covered from head to toe.
- 11 A. That is correct, yes.
- 12 Q. Did you ask Mr. Abu-Jamal any questions to determine
- 13 whether he had be exposed to the Hepatitis C virus?
- 14 A. Did I ask him, specifically? No, I do not believe I did.
- 15 Sometimes I'm provided with medical information, I'm looking
- 16 for it, now, for the first time since the first consultation.
- 17 But I did not specifically ask him.
- 18 Q. Directing your attention to February of 2015, did you, of
- 19 your own volition, whether you asked Mr. Abu-Jamal or not,
- 20 investigate, as to whether he was Hepatitis C positive?
- 21 A. Well, right on the consult, it states that he is Hepatitis
- 22 C positive, so, yes, I would have been aware of that.
- 23 Q. Did you investigate as to whether there had been a viral
- 24 load test?
- 25 A. I do not believe that I investigated that aspect.

1 Q. So you did not determine, in February 2015, whether his
2 Hepatitis C infection was active?

3 A. Personally, no, I did not.

4 Q. Well, did anyone tell you?

5 A. To my knowledge, I am not aware of anyone telling me that,
6 whether it was active or not.

7 Q. Did you suggest to health officials at SCI Mahanoy that
8 they do a viral load test?

9 A. No, I did not suggest that.

10 Q. Now, directing your attention, again, to Plaintiff's
11 Exhibit No. 8, the last sentence of the fifth full paragraph on
12 the first page. I'll ask you if you agree with this.

13 "Other commonly encountered dermatological disorders
14 linked with HCV infection globally include urticaria, pruritis,
15 thrombocytopenic purpura and psoriasis."

16 Would you agree with that?

17 A. They may be associated, but I would not that common.

18 THE COURT: Dr. Schleicher, I couldn't hear your answer.

19 THE WITNESS: I would not say -- they are associated, but
20 they are not common associations, except for pruritis, pruritis
21 can be and is probably the most commonly-associated condition.

22 THE COURT: Thank you.

23 BY MR. BOYLE:

24 Q. And that's itchiness?

25 A. That is correct, yes.

1 Q. Okay. Do you have Plaintiff's Exhibit No. 10 in front of
2 you?

3 A. Exhibit 10 would be -- is that an article?

4 Q. Yes.

5 A. Yes, I have it.

6 Q. I believe 10 is in evidence. That's from the Journal of
7 Dermatology, correct?

8 A. That is in the Journal of Dermatology, correct.

9 Q. That's from June of 2013?

10 A. Correct.

11 Q. And that's a study -- a Japanese study on the relationship
12 between psoriasis and Hepatitis C virus infection, is that
13 right?

14 A. That is correct.

15 Q. And they concluded in that study that their observations
16 suggest that HCV infection can be an inducing factor for
17 psoriasis, is that right?

18 A. Correct, they state that our observations suggest that,
19 yes, HCV infections can be an inducing factor for psoriasis.

20 Q. In fact, Doctor, isn't that the trend, particularly
21 referring to Plaintiff's Exhibit No. 8, that dermatologists
22 such as yourself are being encouraged to consider Hepatitis C
23 as an underlying factor, when presented with skin conditions
24 that don't respond to traditional treatment?

25 A. I wouldn't say we're being encouraged to, we're certainly

1 doing more testing for Hepatitis C, in relation to potential
2 new therapies that you need to know the status of. But as a
3 routine, most dermatologists would not check for Hepatitis C at
4 the current time, routinely.

5 Q. You indicated that, in response to a question by Ms. Neal,
6 that you would not recommend Hepatitis C treatment to alleviate
7 or treat Mr. Abu-Jamal's skin condition, is that right?

8 A. That is correct, yes.

9 Q. Now, do you have -- and you may not have it because it was
10 just brought today -- are you familiar with an article from
11 Medscape? It's an updated version of, The Cutaneous
12 Manifestations of Hepatitis C Treatment and Management, the
13 section on Medical Care. Have you ever seen that?

14 A. I don't know. I was provided with a Medscape article, but
15 how recent, I'm not sure.

16 Q. What I will do, Doctor, I will read you a section from it,
17 it's in evidence, and ask you if you agree with it.

18 MS. NEAL: Which exhibit?

19 MR. BOYLE: I'm sorry, Plaintiff's Exhibit No. 24.

20 MS. NEAL: I don't believe I have 24.

21 THE COURT: I have 24. Do you have it?

22 MS. NEAL: Yes.

23 THE COURT: All right, proceed.

24 MR. BOYLE: Thank you, Your Honor.

25 BY MR. BOYLE:

1 Q. Would you agree with the following -- and this is under
2 the section labeled, Medical Care, in the article.

3 "Treatment of patients with extrahepatic dermatologic
4 manifestations of Hepatitis C virus infection is the same as
5 that of HCV infective state and the customary treatment of the
6 individual conditions.

7 "Many, if not all of the dermatologic manifestations
8 disappear when appropriate HCV treatment or viral clearance
9 occurs."

10 Would you agree with that?

11 A. Well, until I investigated that topic more fully, no, I
12 would not.

13 Q. Would you agree that if a skin condition is determined to
14 be secondary to Hepatitis C, it would likely disappear, if the
15 Hepatitis C is cured?

16 A. May or may not, I would say. I think it would depend on,
17 perhaps, the Hepatitis C triggered a response, and even though
18 the Hepatitis C virus is clear, that response may be ongoing,
19 so, no, I would not agree with a blanket statement that
20 treating patients who have manifestations of a condition
21 associated with Hepatitis would variably respond, if given that
22 treatment.

23 Q. The question, Doctor -- I'll put it another way -- is not
24 whether it would invariably respond, but isn't it likely that
25 if Hep C is the cause of an extrahepatic manifestation, that if

1 you treat the Hep C, it's likely the extrahepatic manifestation
2 is going to get better?

3 A. It's a intriguing hypothesis, but until I see data to
4 prove this, I cannot comment. It may or may not, but I don't
5 know. Again, the possibility is we treat it.

6 Q. That's certainly the conclusion of the author of this
7 article, Robert A. Schwartz, published in Medscape.

8 MS. NEAL: Objection.

9 THE COURT: Your objection?

10 MS. NEAL: I'm sorry, I didn't hear a question. I thought
11 it was argument.

12 THE COURT: Ask your question again so Ms. Neal can hear
13 it.

14 BY MR. BOYLE:

15 Q. Would you dispute that that's the conclusion of the author
16 of the article, Robert A. Schwartz?

17 A. Well, the Medscape article that I was furnished with
18 titled, Cutaneous Manifestations of Hepatitis C, Clinical
19 Presentation, I don't believe there's any mention of psoriasis
20 in that article.

21 There's mention of other skin conditions associated with
22 Hepatitis, but I don't believe there's a mention, per se, of
23 psoriasis in that article.

24 Q. Now, the article that you do have, Defendant's Exhibit 10,
25 and that's the article that the Defendants provided to you?

1 A. Correct.

2 Q. Now, directing your attention to Page -- it's 2 of the
3 article, but I believe the page at the bottom says 2741 in the
4 Introduction section.

5 A. I believe I was only furnished with the abstract, I just
6 have the abstract.

7 Q. I'm talking, now, about Defendant's Exhibit 10 that
8 Defense counsel provided to you?

9 A. Oh, okay.

10 Q. It's called, just to direct your attention, Cutaneous
11 Manifestations of Hepatitis C in the Era of New Antiviral
12 Agents. Do we have the same article?

13 A. Yes, I have that article in front of me, right.

14 MR. BOYLE: Your Honor, I would move this into evidence.
15 I'm not sure I have.

16 MS. NEAL: I did not move it in.

17 THE COURT: I beg your pardon.

18 MS. NEAL: I did not move it in, Your Honor.

19 MR. BOYLE: I would like to move this into evidence.
20 Defendant's Exhibit 10.

21 THE CLERK: It's already admitted, Judge. It was admitted
22 with Dr. Harris.

23 THE COURT: Very well.

24 MS. NEAL: This actually is a different one. There are a
25 couple of them that have very close titles.

1 MR. BOYLE: Defendant's Exhibit 10.

2 THE CLERK: Oh, Defendant's 10, that has not been moved,
3 Judge.

4 THE COURT: Thank you, Mr. Gaughan. Is there an objection
5 to the admissibility of this document?

6 MS. NEAL: No, Your Honor.

7 THE COURT: Defendant's Exhibit 10 is admitted.

8 MR. BOYLE: Thank you.

9 (At this time Defendant's Exhibit No. 10 was admitted into
10 evidence.)

11 BY MR. BOYLE:

12 Q. Directing your attention to the second page of the
13 article, Doctor, do you have it in front of you?

14 A. Yes, I do.

15 Q. I'll ask you if you agree with the following statement;

16 "The association of chronic HCV infection with a wide
17 spectrum of cutaneous manifestations has been widely reported
18 in the literature with varying strength of epidemiological
19 association."

20 Would you agree with that?

21 A. Yes.

22 Q. Going now to page -- it's the -- the page number at the
23 bottom says 2745. Do you have that page?

24 A. I do, yes.

25 Q. Directing your attention to the first column entitled,

1 Psoriasis, about one-third of the way down in that column.

2 I'll ask you this question. It's a quote from the article.

3 "Chronic HCV infections and related liver disease
4 represent one of the many comorbidities affecting psoriasis
5 patients, thus representing a challenge for its clinical
6 management."

7 Do you agree with that, sir?

8 A. Well, I do agree with it, yes.

9 Q. Now, directing your attention to the next column at the
10 top, about five or six lines down, the sentence states;

11 "This evidence", referring to studies in the previous
12 column, "supports the role of HCV infection as a trigger factor
13 for psoriatic disease in genetically pre-disposed individuals."

14 Would you agree with that?

15 A. I would agree with that, yes.

16 Q. You stated you never took a history from Mr. Abu-Jamal,
17 did you? A family --

18 A. History -- I have family history of eczema, but I don't
19 believe he had a family history of psoriasis.

20 Q. Going further down that column, I'll read this sentence to
21 you;

22 "Thus, additional perspective studies are warranted, in
23 order to support the role of psoriasis as a true extrahepatic
24 manifestation of chronic HCV infection."

25 Would you agree with that?

1 A. Yes, I mean, they're basically asking for additional
2 studies to see if this could be documented, so yeah. I think it
3 was a 2015 article, so yeah, I would agree with that.

4 Q. What they're saying is that there's enough evidence out
5 there that deserves further research, isn't that right?

6 A. It's exactly the way you've phrased it. It deserves
7 further research.

8 Q. Now, directing your attention to the section on pruritis.
9 You testified that pruritis is a fairly common skin
10 manifestation of Hepatitis C, isn't that right?

11 A. Correct.

12 Q. Further down in the first paragraph, it states;

13 "Although, frequently overlooked by clinicians in chronic
14 HCV infections, pruritis", and once again that's itching,
15 "represents the most common extrahepatic cutaneous
16 manifestations affecting up to 15 percent of patients in a
17 large cohort study."

18 Would you agree with that?

19 A. I would agree with that, yes.

20 Q. Once again, Mr. Abu-Jamal's most frequent complaints in
21 the last 16 months has been incessant itching, has it not?

22 A. Correct.

23 Q. Now, following when you first saw Mr. Abu-Jamal in
24 February of 2015, you prescribed various courses of treatment,
25 is that right?

1 A. Yes.

2 Q. That included Cyclosporine.

3 A. Yes.

4 Q. And it included steroid creams.

5 A. Yes.

6 Q. And that didn't do much good, did it?

7 A. No, that is correct, he was not responding adequately to
8 those treatments.

9 Q. The rash continued to spread.

10 A. Correct. I wouldn't say continued to spread, but it did
11 not improve substantially. He was still plagued by the severe
12 itching.

13 Q. And his skin was still hyperpigmented?

14 A. Correct.

15 Q. And his skin was flaking?

16 A. Correct.

17 Q. And then, in May, he was taken to the Emergency Room at
18 Geisinger Medical Center, isn't that right?

19 A. I believe he was, yes. I wasn't privy to that admission,
20 but yes.

21 Q. Is it your understanding that he was taken there because,
22 during a shower, boils erupted on his lower extremities?

23 A. No, I wasn't aware of the exact reason why he was taken.

24 Q. When did you learn that he had been a patient at Geisinger
25 Medical Center?

1 A. I learned that, I believe -- let's see, I made a notation.
2 I believe it was sometime in May -- perhaps, May 12 that
3 evolved, but I don't know if that was the exact date when I was
4 apprised of that fact.

5 Q. Okay, and did you, then, make any inquiry as to why he was
6 there?

7 A. I spoke with the resident, the Dermatology Resident at
8 Geisinger on May 13. He didn't mention the boils, per se, he
9 just mentioned the overall skin condition or what was being
10 done for it.

11 Q. While at Geisinger, was it your understanding that he was
12 provided with steroid wraps every four hours?

13 A. That was my understanding, yes.

14 Q. In addition to some other treatment. And then he was
15 released about a week later, is that right?

16 A. I don't know the release date, but yes, I believe it was a
17 few days he was in the hospital.

18 Q. And the condition had improved slightly after his stay in
19 Geisinger, right?

20 A. His condition had improved, that is correct.

21 Q. But then, by the summer of 2015, the condition
22 re-asserted itself, isn't that right?

23 A. Well, by the summer -- I'm going to check -- I was
24 consulted with him again June 3rd. My note says, "Patient's
25 skin condition much improved since recent hospitalization.

1 Continued topical therapies."

2 I guess my main concern, at that time, was his hemoglobin
3 was dropping down. The present concern was finding out why it
4 was dropping.

5 Q. Did there ever come a time that you learned, in the summer
6 of 2015, the flaking returned?

7 A. Well, let's see. June 3rd was when I saw the patient. I'm
8 trying to determine when after that -- it may not have been
9 until September, I was consulted, again, in September,
10 regarding his status.

11 Q. So you had no conference with Mr. Abu-Jamal from June
12 until September, is that right?

13 A. I'm trying to find my notes. I saw him in Mahanoy on 5/11,
14 I saw him there, prior to his hospital admission, and I don't
15 believe -- on 5/11, I know there was some concern about
16 ulcerations, we were going to work that up, but I don't believe
17 I had seen him or conversed with him or the prison in between,
18 unless there was some emails or phone calls I didn't get, but
19 my last consultation after that was June and then September.

20 Q. Okay, now, directing your attention -- Ms. Neal called to
21 your attention in Defendant's Exhibit 1, DOC document 167,
22 which is the instructions upon release from Geisinger.

23 Do you have that document in front of you?

24 A. I have it, yes.

25 Q. Looking about -- towards the bottom of the page, there is

1 a paragraph which begins;

2 "You also have Hepatitis C." Do you see that?

3 A. Yes, I see that, yes.

4 Q. It states;

5 "You also have Hepatitis C. You may be a candidate for
6 treatment. Thus consideration should be given for arranging for
7 outpatient gastroenterology consultation."

8 When you reviewed the records, did you see that entry?

9 A. When I reviewed the records, yes, yes, I saw that entry,
10 yes.

11 Q. Did you, at that time, request from anyone at Mahanoy or
12 at the Department of Corrections that a Hepatitis C workup,
13 viral load, blood work be performed?

14 A. No, I would not recommend -- I mean, I made no
15 recommendation towards that, no.

16 Q. You just said you would not recommend that. Why is that,
17 Doctor?

18 A. Well, I treat the dermatology issue, so if there's any
19 question of anything pertaining to GI or hepatology or
20 whatever, then, I would either refer or go along with the
21 recommendations someone else had made to possibly refer.

22 Q. Now, did you, in reviewing all of the medical records that
23 have been provided to you, see any record where Hepatitis C had
24 been ruled out as an underlying cause of the skin condition?

25 A. Had been ruled out? No, I don't believe seeing anything to

1 that phraseology, no.

2 Q. Do you know a doctor by the name of Ramon Gadea?

3 A. No, I do not.

4 Q. Do you know him to be -- do you know that Mr. Abu-Jamal
5 had consulted with an infectious disease specialist?

6 A. No, I'm not aware of that.

7 Q. Well, let me ask you this, Doctor. This is a patient of
8 yours for quite some time, and still is, right?

9 A. Um-hum.

10 Q. You knew he had tested positive for Hepatitis C, right?

11 A. Right, correct.

12 Q. And you knew he had a very severe skin condition?

13 A. Right.

14 Q. And did you ever reach out to or ask anyone whether he was
15 being treated by other specialists, including an infectious
16 disease doctor?

17 A. Well, yes. Again, my concern was his dropping hemoglobin
18 when I spoke with the doctors. That was a concern.

19 The other concern, too, is with the skin, whether that
20 represented a manifestation of, say, some hidden cancer, and
21 that was one of my overriding concerns, and that's why -- one
22 of the reasons why I asked, in May of that year, was to help
23 rule out the possibility that some sort of cancer was going on
24 in the skin that was causing the problem.

25 Q. That was, in fact, ruled out, was it not? Cancer?

1 A. Well, it was ruled out by the biopsy report did not show
2 cancer, and I believe we had other special studies done by the
3 GI, which I was told were negative, they could not find the
4 cause of why his hemoglobin had decreased.

5 He evidently responded to the therapy for that particular
6 condition.

7 Q. What is your basis for saying that he responded to that
8 therapy?

9 A. Well, they told me his hemoglobin had, in fact, been
10 increasing, which is a good thing. I don't recall the exact
11 number, but they said it had stabilized and was actually
12 increasing.

13 Q. Did anyone ever tell you that it's still below normal?

14 A. No, they just said it was increasing and it had
15 stabilized. They might have mentioned the figure, but I don't
16 recall the exact thing.

17 Q. Now, directing your attention -- do you have DOC document
18 in their exhibit 1428?

19 A. What is the title on it?

20 Q. It's a progress note.

21 A. A progress note. I thought I would be able to get it up on
22 my iPhone.

23 MR. BOYLE: Your Honor, perhaps, I could just read it to
24 him.

25 THE COURT: Sure, go right ahead.

1 MR. BOYLE: It's in evidence.

2 BY MR. BOYLE:

3 Q. Doctor, this is a progress note authored by Ramon Gadea,
4 Infectious Disease Specialist, dated September 9, 2015. In it,
5 he states the following:

6 "8/12/2015", August 12th, 2015, "HCV genotype 1A. HCV RNA,
7 quantity/quality 46,000.

8 "Liver ultrasound. Hepatitis C. Genotype 1A. Normal
9 LFT's", I'm assuming that might be liver function tests.

10 A. Right.

11 Q. "No evidence of hepatic skin and hematologic changes.
12 Continued to improve. Education provided. Some skin changes
13 could be secondary to Hep C, even with normal liver functions."

14 Also, that his skin could be secondary to another
15 etiology.

16 "Currently awaiting for rheumatology consult to rule out
17 disorders that can be affecting skin and his condition. If no
18 other disorders are found, please, consider obtaining approval
19 for Hepatitis C treatment by the DOC."

20 And it's signed at the bottom by Dr. Ramon Gadea. Have you
21 ever seen that document before, Doctor?

22 A. I'm not sure I was provided with it over the weekend with
23 those documents. I just -- I just can't get on my iPhone, but I
24 don't recall seeing that one the last couple times. I'm sure it
25 was supplied within the medical records. I did remember reading

1 the report from the rheumatologist, so that, I'd agree.

2 Q. Well, it's fair to say that Dr. Gadea recommended that
3 Hepatitis C treatment be implemented, given to Mr. Abu-Jamal,
4 if rheumatology ruled out other causes for his skin disorder,
5 isn't that right?

6 A. Well, I believe he's a gastroenterologist, he's entitled
7 to his opinion, yes.

8 Q. Well, he's actually an Infectious Disease Specialist.

9 A. Or infectious disease, yeah, he's entitled to his opinion,
10 sure.

11 Q. And, in fact, your rheumatology consult came back that
12 there was no indication that the skin condition was caused by
13 psoriatic arthritis, isn't that right?

14 A. Well, there was no indication of psoriatic arthritis, it
15 could go along with psoriasis, wouldn't cause the psoriasis,
16 but it could go along with it, and that is correct, he did not
17 find any evidence of that.

18 Q. Okay, now, you indicated Mr. Abu-Jamal began ultraviolet
19 light treatments, isn't that right?

20 A. Correct.

21 Q. And when did they begin?

22 A. They began -- I don't know if I have the exact date --
23 they were recommended -- anyway, I don't know the exact date
24 they were started, they were recommended in April, and I know
25 there was some discussion about actually getting the device at

1 the institution. I don't know the exact date when the device
2 arrived and when it was actually started.

3 Q. Okay, and just to refresh your recollection, if I told you
4 that the treatments did not start until September of 2015,
5 would that refresh your recollection as to when they started?

6 A. No, I honestly don't recall when they started. I'll look
7 at my September 21, it states;

8 "UVB treatment commenced."

9 I don't have the exact date when.

10 Q. It was probably in September, would you agree?

11 A. It certainly would seem like it, yes.

12 Q. That was because he was still suffering from this skin
13 condition, is that right?

14 A. Well, that was -- yeah, that's what UVB therapy was for,
15 absolutely.

16 Q. And he was also treated, in addition to the UV treatment,
17 with steroid creams.

18 A. That is correct.

19 Q. He was instructed to cover himself entirely with Vaseline
20 every day.

21 A. Correct.

22 Q. And he took baths every other day.

23 A. I'm not sure about the baths, but I'm sure that's what
24 they instructed, yes.

25 Q. Okay, and you indicated that the condition has improved,

1 is that right?

2 A. Correct, yes.

3 Q. But it still exists, does it not?

4 A. Yes, it does exist.

5 Q. He still has a rash on his buttocks?

6 A. Still has the rash, yes.

7 Q. On his upper thighs?

8 A. Correct.

9 Q. He still reports being itchy, doesn't he?

10 A. Correct.

11 Q. And that's after 16 months of treatment, isn't that right?

12 A. Well, I don't know when his actual treatment began, I
13 first consulted with him in February. From that time on, yes,
14 he was receiving treatment.

15 Q. Well, when you first saw him in February, did you go back
16 and look at his records to see when he first reported skin
17 problems?

18 A. When he first reported skin problems? I'm not sure if I
19 have that noted. I don't recall. I just recall that he had
20 eczema, but I don't recall him asking the date when that began.

21 Q. He's still in the infirmary at SCI Mahanoy, isn't that
22 right?

23 A. It states of being in the infirmary, I don't know, I
24 wouldn't have that.

25 Q. Doctor, can you offer any assurance that the skin

1 condition won't intensify again?

2 A. Well, that it will not?

3 Q. Will not.

4 A. Well, conditions such as psoriasis are characterized by
5 flare-ups. It may or may not intensify, I can't state that it
6 would not, no.

7 Q. That would be especially true, if the treatments such as
8 the UV cream stop, right?

9 A. Well, again, they're chronic conditions, if you stop
10 treating them, yes, there's a good chance they may intensify.

11 Q. Now, Doctor, if the skin condition was, in fact, caused by
12 Hepatitis C and the Hepatitis C was treated with the
13 antivirals, what, in your opinion, would happen to the skin
14 condition?

15 A. That's a very intriguing question. In my opinion, I
16 honestly do not know. There have been too few studies that
17 would prove either way, whether it would be helpful or not. It
18 would be pure conjecture on my part.

19 MR. BOYLE: May I have a moment, Your Honor?

20 THE COURT: Yes.

21 BY MR. BOYLE:

22 Q. Doctor, are you aware of any studies on the treatment of
23 NAE?

24 A. Yes, in the literature review, there are studies, yes.

25 Q. Isn't it a fact that, almost universally, when the

1 Hepatitis C was cured, that is, there was a sustained
2 neurological response, the NAE was also cured?

3 A. No, I saw one case report of that, but that's it. The
4 treatments that I encountered were ultraviolet light and oral
5 zinc were able to cure or control the majority of cases.

6 Q. Did you offer Mumia Abu-Jamal oral zinc?

7 A. No, I was not convinced that he had NAE, so no, I did not.

8 MR. BOYLE: No further questions. Thank you, Doctor.

9 THE COURT: Ms. Neal, do you have redirect?

10 MS. NEAL: Yes, Your Honor.

11 REDIRECT EXAMINATION

12 BY MS. NEAL:

13 Q. Dr. Schleicher, do you have Defendant's Exhibit 1, Page
14 597 in front of you?

15 A. Is that an article?

16 Q. No, Defendant's Exhibit 1 is Mr. Abu-Jamal's medical
17 record. It's the portion of the medical record that has the
18 page stamped 597 at the top dated December 7, 2015.

19 A. I have my consult December 7, but I don't have it in front
20 of me.

21 Q. You have your consult notes?

22 A. Yeah, I have my consult notes, yes, I do.

23 Q. What was Mr. Abu-Jamal's subjective statements to you on
24 that -- on the date of your last exam, regarding his level of
25 itchiness and his overall subjective well-being, his subjective

1 feelings of well-being?

2 A. Well, he stated that his itching had diminished, had
3 improved.

4 Q. Pruritis, that's the itching, right?

5 A. Correct, yes.

6 Q. Is itching a largely subjective symptom, Dr. Schleicher?

7 A. That's a good question. It is subjective and it's
8 something an individual feels, so yes. It's both subjective and
9 can be physical too; combination.

10 Q. When you're talking about the physical manifestations of
11 itching, are you talking about looking for signs of
12 someone scratching, some indication that they are, in fact,
13 itching?

14 A. That is one way of determining it, yes, you could see
15 scratch marks -- thickening of the skin is a very common
16 manifestation of chronic itching.

17 Q. So as far as the pruritis, if someone is sitting in front
18 of you for an entire day, Dr. Schleicher, and doesn't scratch
19 or scratches only rarely, what would your impression be, with
20 regard to the degree of itching that they're experiencing?

21 A. Well, if they're not scratching, then, you would say the
22 degree of itching, the pruritis would be, you know, minimal.
23 That's how you could determine the patient is itchy.

24 Q. Do you have patients that come to you experiencing
25 pruritis?

1 A. All the time.

2 Q. Do you test all of those patients for Hepatitis C?

3 A. No, I do not routinely test those patients.

4 Q. I want to direct your attention to Defendant's Exhibit 10,
5 The Cutaneous Manifestations of Hepatitis C in the Era of New
6 Antiviral Agents.

7 I want to direct you to table 1 in that article,
8 Dr. Schleicher.

9 A. Is that Defense?

10 Q. This is the World Journal of Hepatology article from
11 November 2015.

12 A. I have that.

13 Q. Can you turn to, at the bottom, Page 2742 and look at
14 table 1 on that page.

15 A. Table 1 or Table 2? Mine says Table 1 on that page.

16 Q. Okay, it's titled, Classification of Cutaneous
17 Extrahepatic Manifestations of Chronic Hepatitis C?

18 A. Correct, yes.

19 Q. What degree of certainty do the authors of this article
20 assign an association between pruritis and Hepatitis C?

21 A. Well, there's conditions that are anecdotally-associated,
22 which haven't been conclusively proven, and among those
23 conditions psoriasis. There are others that would definitely
24 relate to Hepatitis C, and those could be mixed
25 cryoglobulinemia --

1 Q. Okay, I'm referring to the pruritis. What level of
2 certainty is assigned to an association between Hepatitis C and
3 pruritis by the authors of this article?

4 A. They state, a possible association.

5 Q. With respect -- you mentioned the psoriasis. With respect
6 to the psoriasis, what level of certainty did they assign an
7 association between Hepatitis C and psoriasis?

8 A. Well, they mention the term, anecdotal, which means it's
9 not very scientific. It has been reported but not in
10 well-documented case notes.

11 Q. Now, I want to next turn your attention to the Medscape
12 article, Plaintiff's Exhibit No. 13, Cutaneous Manifestations
13 of Hepatitis C.

14 In reviewing this article, Dr. Schleicher, is there any
15 reference to psoriasis?

16 A. There's no reference --

17 Q. I'm sorry?

18 A. No, I uncovered no reference. I discovered no reference to
19 psoriasis in this article.

20 Q. In looking at that same article, are there any skin
21 conditions specifically identified as being related to
22 Hepatitis C?

23 A. Yeah, I mean, there are three main conditions in that
24 table, that article, that clearly identified with or associated
25 with Hepatitis C.

1 Q. In reviewing the other articles that you have come across,
2 in relation to the association between Hepatitis C and
3 cutaneous manifestations, what is your overall impression,
4 Dr. Schleicher, regarding an agreement between dermatologists
5 and hepatologists, regarding an association between psoriasis
6 and Hepatitis C?

7 MR. BOYLE: Objection. What articles, what dermatologists?

8 THE COURT: Sustained.

9 BY MS. NEAL:

10 Q. In your opinion, Dr. Schleicher, is there a confirmed
11 relationship -- strike that.

12 In your opinion, is there a relationship between Mr.
13 Abu-Jamal's skin condition and his Hepatitis C?

14 A. In my opinion, I don't believe that there is an
15 association. Psoriasis is a very, very common skin condition,
16 eczema is very common, sometimes, they can co-exist, but it
17 does not mean there is a direct relationship.

18 Although, one certainly cannot rule that out, but they
19 certainly can co-exist, and whether there's a concrete
20 relationship or not, based on literature review, it's very
21 difficult to say. Hepatitis and psoriasis certainly can
22 co-exist. Whether they're related causality, I would say,
23 remains to be seen.

24 Q. Okay. You stated, previously, that Mr. Abu-Jamal's
25 condition was improving on his current treatment regimen. Given

1 that, do you believe it would be, in your opinion and under the
2 standard of care in the community, would it be appropriate to
3 use direct-acting antivirals as a method of addressing Mr.
4 Abu-Jamal's skin condition?

5 MR. BOYLE: Objection; asked and answered.

6 THE COURT: I'll allow it.

7 THE WITNESS: Can I answer?

8 THE COURT: Yes.

9 THE WITNESS: Okay, in my opinion, it would not be
10 appropriate therapy, not the standard of care therapy to treat
11 Abu-Jamal with antiviral therapy, in regard to his condition.

12 BY MS. NEAL:

13 Q. All right, you testified before, with respect to Mr.
14 Abu-Jamal's skin condition, that there was a possibility of
15 flare-ups, moving forward.

16 Did I understand your testimony correct when you said that
17 it was common for people suffering from psoriasis to have
18 flare-ups?

19 A. Absolutely. Psoriasis and eczema. I might state, too, that
20 the diagnosis -- you know, even from the pathology statement,
21 it's not totally clear that it is psoriasis, it's not totally
22 clear that is eczema or a combination of the two, but getting
23 back to your question, yes, both of those conditions are
24 characterized by flare-ups, at variable times.

25 Q. In your opinion, Dr. Schleicher, is it likely that Mr.

1 Abu-Jamal will experience the type of flare-up that he had back
2 in May, in the near future?

3 A. Given the current treatment and his response to the
4 treatment, you certainly can't predict that, but it is hoped
5 that we can maintain his skin to a satisfactory level, both
6 comfort-wise and physical appearance-wise.

7 Q. Just so I'm clear, because I'm not sure that you answered
8 my question.

9 As Mr. Abu-Jamal stands now, is it, in your opinion,
10 likely that he will experience another flare-up, similar to the
11 one that happened in May, at any point in the near future?

12 MR. BOYLE: Objection; asked and answered.

13 THE COURT: I'll give you one more shot at it, Ms. Neal.
14 That's it. Go ahead, answer the question. This is it.

15 THE WITNESS: Answer the question, okay. Near future, I
16 would not expect him to have a flare-up because, at present, it
17 is well-controlled with current therapy.

18 BY MS. NEAL:

19 Q. Given Mr. Abu-Jamal's progression over the last few
20 months, Dr. Schleicher, what would you expect to see, as a
21 dermatologist, with respect to Mr. Abu-Jamal's condition,
22 moving forward under treatment?

23 A. Well, ongoing therapy is to basically maintain a
24 satisfactory end point, so we would expect that he would stay
25 in stable condition, hopefully, continue to improve over the

1 next several months.

2 MS. NEAL: Thank you, Dr. Schleicher.

3 THE COURT: Mr. Boyle?

4 MR. BOYLE: Yes, Your Honor.

5 RE CROSS EXAMINATION

6 BY MR. BOYLE:

7 Q. You just testified that you would not recommend treating
8 Mr. Abu-Jamal with the Hepatitis antiviral drugs for his skin
9 condition.

10 Assuming that you have a patient in front of you with a
11 viral load who has anemia and whose platelet counts have been
12 low for the last three months, would you recommend treating his
13 Hepatitis C with the antiviral medication?

14 MS. NEAL: Objection, Your Honor. This witness is not
15 qualified to render an opinion on the need for Hepatitis C
16 treatment to address --

17 THE COURT: You've opened the door to this line of
18 questioning, Ms. Neal. Overruled. Go ahead.

19 THE WITNESS: Okay, I am not a hepatologist, I'm not an
20 internal medicine doctor, I'm a dermatologist. So from a
21 dermatology standpoint, I can't even render an opinion, but I
22 can recommend, but I will defer to other specialists.

23 BY MS. NEAL:

24 Q. Are you familiar with American Association of the Study of
25 Liver Diseases?

1 A. No, I'm not.

2 Q. Are you familiar with the Center for Disease Control?

3 A. Absolutely, yes.

4 Q. Okay, and would it surprise you to learn that the Center
5 for Disease Control recommends treatment with the antivirals
6 for everyone with an active chronic Hepatitis C infection?

7 A. Again, I can't say I'm either surprised or not surprised.
8 It's not my field, and I don't know what the current thinking
9 is and what defines an active infection. You know,
10 unfortunately, it's beyond my expertise.

11 Q. Basically, you don't know much about Hepatitis C is what
12 you're saying?

13 A. Hepatitis C, as far as treatment goes, no, I can say,
14 being a dermatologist, no, that's true.

15 Q. Now, a couple more questions. If you could have in front
16 of you Plaintiff's 8 and Plaintiff's 13. These are two articles
17 from the Medscape articles, both entitled, Cutaneous
18 Manifestations of Hepatitis C.

19 A. I have the one article, Cutaneous Manifestations of
20 Hepatitis C, the New Era of Antivirals -- no, I'm sorry, I have
21 one Medscape article, let me go back and look. Yes,
22 Cutaneous -- you mentioned two articles, I only had one, but
23 yes, I do have it.

24 Q. Is it Exhibit 8 or Exhibit 13 that you have?

25 A. It doesn't say, it just says, Updated October 9, 2015.

1 Q. Is the first word on the top, epidemiology or background?

2 A. The word on the top just says, Cutaneous Manifestations of
3 Hepatitis C, clinical presentation, history and physical, and
4 that's really it.

5 Q. Okay, well, reading for you from Plaintiff's Exhibit No.
6 8, which is Cutaneous Manifestations of Hepatitis C;

7 "Other commonly encountered dermatological disorders
8 linked with HCV infection globally include urticaria, pruritis,
9 thrombocytopenia purpura and psoriasis."

10 Would you agree with that?

11 A. You asked me that, before, no, I do not agree. Because the
12 establishment of commonality between psoriasis and hepatitis, I
13 believe, in my opinion, has yet to be fully established, to a
14 degree of certainty.

15 MR. BOYLE: May I have a moment, Your Honor?

16 BY MR. BOYLE:

17 Q. Finally, Doctor, is it your recommendation that Mr.
18 Abu-Jamal remain in the prison infirmary indefinitely?

19 A. I usually make no recommendation, as far as infirmary
20 admissions or not. So, I mean, my recommendation would be, if
21 he's well-controlled, he doesn't need the infirmary, but that's
22 about as far as the extent to what I can comment on.

23 MR. BOYLE: Nothing further. Thank you, Judge.

24 THE COURT: Ms. Neal, do you have any further questions?

25 MS. NEAL: No, Your Honor.

1 THE COURT: Very well. Thank you, Dr. Schleicher. You're
2 excused.

3 THE WITNESS: You're quite welcome. Thanks everyone.

4 THE COURT: Counsel, it's 12 minutes before 1. What's your
5 pleasure here? Do you wish to break? If you wish to break, we
6 will take a half hour, forty-five minutes. If you don't, let's
7 continue.

8 MS. NEAL: I would be fine with just a quick recess, Your
9 Honor, maybe, twenty minutes or so.

10 MR. BOYLE: Could we split it and do a half hour. I was
11 going to ask for the 45.

12 THE COURT: Sure.

13 MR. BOYLE: Thank you, sir.

14 THE COURT: We will take a half hour break.

15 (At this time a recess was taken.)

16 THE COURT: Mr. Boyle, call your next witness.

17 MR. BOYLE: Thank you, Your Honor. Plaintiff next calls
18 Dr. Suzanne Ross.

19 MS. NEAL: Your Honor, may I ask for an offer of proof as
20 to this witness?

21 THE COURT: You may. Let's get her sworn first.

22 S U Z A N E R O S S, P H D. IS CALLED, AND HAVING BEEN
23 DULY SWORN, TESTIFIED AS FOLLOWS:

24 THE CLERK: Please state your full name and spell your last
25 name for the record.

1 THE WITNESS: Suzanne Ross, R-O-S-S.

2 THE CLERK: Thank you. Please be seated.

3 THE COURT: Mr. Boyle.

4 MR. BOYLE: Your Honor, I believe, as I ran by in our
5 opening statement, Dr. Ross and Dr. Fernandez have visited Mr.
6 Abu-Jamal many times over the years, but, particularly, in the
7 last couple years. They will testify as to the change he went
8 through, both physically and emotionally, in that period of
9 time.

10 They'll describe what his skin looked like, his head
11 looked like, his attitude, his demeanor and the various
12 changes. I believe it goes towards the issue of deliberate
13 indifference, because it was so obvious, and, also, the
14 irreparable harm, in that, he will return to those conditions,
15 if he's not given this appropriate treatment.

16 I don't expect either of them to be very long, but that's
17 the relevance of their testimony.

18 THE COURT: I notice Dr. Ross' -- her name is preceded with
19 the word, Doctor. Is this expert testimony or lay testimony?

20 MR. BOYLE: Your Honor, she is a psychologist and has a
21 Ph.D., but she'll be testifying as to her firsthand
22 observations of him. She never did a psychological evaluation.

23 THE COURT: What she saw, what she heard, what she
24 observed, when she was with Mr. Abu-Jamal?

25 MR. BOYLE: That's right.

1 THE COURT: Ms. Neal.

2 MS. NEAL: Our position is that, while that would go to,
3 possibly, establish some of the objective signs and symptoms,
4 relating to deliberate indifference, it does not go to the
5 irreparable harm element. What Mr. Abu-Jamal may have
6 objectively appeared like in the past is not relevant to the
7 hearing currently on whether he is at imminent risk of
8 irreparable harm today.

9 THE COURT: Well, Ms. Neal, given the testimony I've heard
10 already, as to the progressive nature of Hepatitis C and the
11 associated symptoms, some of which, obviously, are disputed, I
12 would be interested in knowing what a witness such as Ms. Ross
13 saw, when she visited Mr. Abu-Jamal, as well as what she was
14 able to observe, with respect to his demeanor and his
15 psychological state.

16 All of this, ultimately, will be relevant in the case, and
17 I'm reluctant, at this point, given the broad scope that I'm
18 allowed in a Preliminary Injunction hearing, I'm reluctant to
19 not hear this testimony. So I understand your objection, it's
20 overruled. Let's go.

21 MR. BOYLE: Thank you, Your Honor.

22 DIRECT EXAMINATION

23 BY MR. BOYLE:

24 Q. Good afternoon, Dr. Ross.

25 A. Good afternoon.

1 Q. Where do you reside? In what city do you reside?

2 A. I live in New York City.

3 Q. What is your profession?

4 A. I'm a Clinical Psychologist.

5 Q. Are you currently employed?

6 A. I work in private practice right now.

7 Q. Could you please tell the Court your educational
8 background?

9 A. I got my B.A. at Barnett College and my Ph.D. at Columbia
10 University.

11 Q. Have you got any training since then?

12 A. Lots of workshops, seminars and so on over the years, to
13 keep me updated.

14 Q. Are you familiar with the Plaintiff in this case Mumia
15 Abu-Jamal?

16 A. Yes, I am. I've known him since 2000 -- I've known about
17 him before, but I've been visiting him since 2000.

18 Q. When was the first time you met him?

19 A. In person, when he was on death row, in July 2000.

20 Q. Between 2000 and today, could you estimate the number of
21 times you visited with Mr. Abu-Jamal?

22 A. Well, more frequently in the last few years, because it
23 was -- his location is easier to get to, since he moved to
24 Mahanoy. In the last year, I've been there about six or seven
25 times, prior to that, it varied on weather, family conditions

1 and so on.

2 Q. Now, since about 2012, could you estimate the regularity
3 upon which you visited him?

4 A. At least, half a dozen times a year, I would say.

5 Q. Now, have you ever visited with him at SCI Mahanoy?

6 A. Yes, I've been at SCI Mahanoy since he was transferred
7 there, you know, every time I visited, that's where I've seen
8 him.

9 Q. Where do those visits take place?

10 A. The visits took place -- well, when he was on death row, I
11 used to visit him on the death row section of SCI Greene.
12 Since he has been at Mahanoy, I visited him in the regular
13 visiting him, where everybody visits.

14 Q. Could you just give us a sense, what's the layout of the
15 visiting room?

16 A. Kind of a square room with seats, mostly, not movable, and
17 then about 10 or so round tables where the seats are movable.
18 The front section is where the security is, and from the back
19 -- the reason I say that is because I remember the first time
20 he came in, after he was sick.

21 From the back, he sits -- he comes in on the left-hand
22 side, you know, if you're facing that way, he comes in all the
23 way from the back, he has to report to the front desk, and I
24 usually greet him en route.

25 Q. Did you visit with him in the year 2014?

1 A. Yes, I did.

2 Q. About how many times?

3 A. Probably, about a half dozen times, but I don't remember
4 exactly.

5 Q. Directing your attention to 2014, but the earlier part of
6 2014, could you just describe Mr. Abu-Jamal's physical
7 appearance?

8 A. He looked great, he always looked amazing. Everyone was
9 shocked by how he looks. His eyes are glistening, high energy,
10 he comes in, you know, of course, having been used to seeing
11 him shackled on death row, he always looked so energetic coming
12 in, once he was at Mahanoy, with a big smile on his face and
13 greeting you. A very impressive presence.

14 Q. What was his approximate weight when you saw him in 2014,
15 the earlier part?

16 A. Over 200 pounds. I don't know exactly, maybe more. He was
17 not stocky, but he was solid, he was not a lightweight, not
18 thin, could never be described as thin, at that point, but
19 because of his height, he carried it well, and he never looked
20 overweight to me.

21 Q. Now, directing your attention, now, to the later part of
22 2014. Did you notice any changes in Mr. Abu-Jamal?

23 A. Towards the end of the year, he was beginning to lose
24 weight. I still did not know he was sick, I thought he was
25 partly losing weight from exercise and wanted to lose weight,

1 because he kind of reported it casually to me.

2 So I was not concerned, at that point, about the loss of
3 weight.

4 Q. Any other changes, just in the later part of 2014, now?

5 A. I didn't notice any changes, other than the weight, until
6 2015.

7 Q. So directing your attention to 2015. What, if any, changes
8 did you observe?

9 A. For 2015?

10 Q. Yes.

11 A. Well, the first time I saw him, after he had been
12 hospitalized at Schuylkill, the first hospitalization, the
13 first time I visited him after that was on March -- no, April
14 13th, April 13th, and I could hardly believe what I saw.

15 I knew he was going to look bad because I knew he had been
16 so ill. He came in, I described how the visiting room is, and I
17 could see him wheeling himself with great difficulty, because
18 he was wheeling -- not an electric wheelchair, but a regular
19 wheelchair -- which he had to manually handle, as he was trying
20 to get through a door.

21 I could see him, and rushed over to the door to help him
22 in and wheeled him around for the rest of the time. I mean, I
23 had to hold my breath, really, in shock and pain at what I saw.
24 This was a different person, this was a different person. His
25 -- everything about him had completely changed. And if I did

1 not know this was Mumia Abu-Jamal, if I had run into him on the
2 street, I really can't say I would have recognized him. His
3 hair looked different.

4 Q. How did it look different?

5 A. His hair, by that time, he was tying it up on top, because
6 he had lost a lot of hair, he was trying to keep it under
7 control, so he had not yet cut it. So he still had dread locks,
8 but they were wrapped around on top, not -- they weren't these
9 flowing dread locks, like he had before.

10 As soon as he came in, he needed water, he was completely
11 dehydrated. This was the shortest visit I've ever had with
12 Mumia, lasted about 70 minutes. He could not handle more. It
13 was painful to him, it was certainly painful for me. I would
14 have stayed longer, but he was in such pain.

15 So, one, he was shaking, he had developed this shaking.
16 Two, he looked like he wasn't really able to hold up his head
17 easily. He looked very weak, and with all the weight he had
18 lost, which looked to me like, at least, 50 pounds, his clothes
19 were hanging on him, so that he looked sickly, partly, because
20 of the way the clothes looked.

21 His skin was horrendous. It wasn't until we sat down that
22 I could look at how bad it was. His hands looked burned, the
23 color of his skin changed.

24 Q. How did it change?

25 A. It was very, very dark, much, much darker than it had

1 been. The texture was rough, everything was scratched, he was
2 peeling at an unbelievable rate, you could see the skin just
3 all over his body peeling.

4 I looked at him as discreetly as I could and examined him
5 as much as I could. I looked at his ears. One of the pictures
6 showed what his ear looked like. I literally was afraid that
7 his ear was going to drop off, because it was peeling so badly,
8 and you couldn't tell whether it was going to last.

9 His face -- his skin, all over. And his legs were swollen,
10 his feet were swollen, he said it was hard to sit in the
11 wheelchair because had he lost so much weight, and there was no
12 pillow, so that it was very hard. And he said the reason he
13 was -- that being -- standing up was very painful, because I
14 heard earlier testimony, he didn't have a problem on the bottom
15 of his feet, but he said the bottom of his feet hurt, that's
16 why it was so difficult for him to stand.

17 But, perhaps, the most shocking thing of all to me, and
18 it's partly because I'm a psychologist, I looked in his eyes,
19 his eyes were lifeless. The level of depression I could see in
20 his face was hard to have anticipated, in any way. And he
21 looked totally traumatized. I've seen people who have been
22 traumatized, many times, and he looked like someone who had
23 been severely traumatized.

24 Near death will do that, the fact he was near death, pain
25 will do that, relentless pain. So all of those things, you

1 could see it in his eyes.

2 Q. Let me stop you there, Dr. Ross. There's a binder in front
3 of you. If you could open to -- the black binder in front of
4 you, if you could open behind tab 6, the Plaintiff's 6 in
5 evidence.

6 A. Open up to where?

7 Q. Tab No. 6.

8 A. Yes.

9 Q. Okay.

10 A. Any particular page?

11 MR. BOYLE: May I approach, Judge?

12 THE COURT: Yes.

13 THE WITNESS: That's exactly what I'm talking about.

14 BY MR. BOYLE:

15 Q. Let me pose a question. Showing you Plaintiff's 6 in
16 evidence. Does that fairly and accurately depict the ear that
17 you had described?

18 A. The ear actually looked worse in real life than this
19 picture. I remember it completely, because it looked so covered
20 that you could barely tell it was an ear, and this one, you
21 could see the shape, the inside of the ear more clearly than I
22 remember being able to see.

23 But you could see the eyes, that look that I'm talking
24 about, it's a profile look, but the eyes were probably the most
25 dramatic thing about his change, I would say.

1 Q. Going to Exhibit 7.

2 A. No. 7?

3 Q. No. 7, the other tab over in evidence. Do you recognize
4 that photo?

5 A. That's the look.

6 Q. Directing your attention to his eyes.

7 A. His eyes, specifically, looked like that. That is deep
8 depression, post trauma reaction. I mean, maybe -- I wouldn't
9 say that about everybody. I wouldn't say that about everybody,
10 but given how Mumia Abu-Jamal looks, in general, given the
11 level of energy and radiance of his eyes, everybody talks about
12 his eyes, and the contrast to that, you had to have asked, What
13 happened to him?

14 Now, I knew a lot of what happened to him, but anybody
15 looking at him, at that time, and, you know, people have
16 referred to his look at this time as ghoulish. People who have
17 looked at this say, you know, He looks like he's dying, because
18 it was such a total change from what he had been.

19 Q. Now, did you continue to visit him into the summer of
20 2015?

21 A. Yes, I did. I saw him -- the next date I saw him on
22 was -- the second visit was May 28, the first one was April 13,
23 and then May 28. And he had just come back from Geisinger, and
24 he was slightly elated, because he felt he had gotten the best
25 treatment he had ever gotten, since he was in prison. The

1 difference between Schuylkill and Geisinger Medical Center was
2 dramatic, he felt they really had diagnosed -- he had gone
3 through extensive diagnostic processes, so he was very
4 impressed and very excited that he was better.

5 He also -- you know, so some of his symptoms had gone
6 away, he had also just found out that same day that he did not
7 have cancer, so he was very relieved about that, and so there
8 was a temporary elation of sorts, and I say temporary in
9 retrospect, because by the next time I visited him, he was
10 itching again and scratching, and the magic of Geisinger was
11 not magic, it was very temporary, and, you know, not having
12 cancer is wonderful, but having all these other illnesses is
13 not.

14 So I really see it, in retrospect, as something that
15 happens when you've survived, say, a terrible car accident,
16 which I've had the experience with. For a moment, you can be
17 very high and elated because you've survived, then, you
18 realize, Well, my leg is broken and this is happening, and so
19 on.

20 So that's kind of the dynamic that I saw with Mr.
21 Abu-Jamal, that there would be these temporary moments of
22 getting better, and he would be happy. He's an optimist, by
23 nature, and he would have to then confront the reality of what
24 he thought was a cure or that had been a complete step forward.

25 Until the last time I saw him, which was the most solid

1 change, progress I had seen him, until this last time, which
2 was May 27, it was kind of back and forth.

3 And the reason I say that and the reason I think that's
4 important is that the nature of his illness, until he's
5 treated, obviously -- I have had Hepatitis C and was recently
6 cured of it. You're viral load goes up and down, your symptoms
7 go up and down, you can get better, you can get worse, and
8 until there's a cure, there's nothing that's permanent.

9 And we can't look at a moment -- if I see him right now, I
10 can't just judge his condition by what I see at this moment,
11 because I know that the nature of his illness is much more
12 cyclical, and we need to look at a time frame that's much
13 larger than one minute.

14 Q. Let me just ask you, specifically. In 2015, had you
15 noticed any changes in his demeanor, from the person you knew
16 earlier in 2014?

17 A. Well, definitely, the first few times. That first time,
18 his demeanor was -- I mean, he didn't want to eat -- usually,
19 we eat, that's part of the visit, he said, No, I don't want any
20 food, I just need water. He needed two or three bottles in that
21 one hour, he felt so dehydrated. He looked like he had been
22 beaten up so badly or something horrible had happened. His
23 demeanor was not good.

24 There was nothing positive about what he looked like, what
25 he said, what he communicated, other than I knew he was going

1 to fight for his life.

2 Q. Have you visited him in the last couple months?

3 A. I last saw him on November 27, which is less than a month
4 ago.

5 Q. Were there any changes?

6 A. Yes. He looked a lot like he does in this picture, he
7 looked better, I would say, than in this picture.

8 Q. You're referring to the video or the pictures in evidence?

9 A. No, I'm looking at the video, and I would say that, when I
10 saw him last, he was elated again at having survived, at being
11 able to do some exercise, at being able to walk, he was out of
12 a wheelchair, so he was in an upbeat moment, and we celebrated,
13 we celebrated his survival.

14 Not that he looks terrible now, but his eyes don't have
15 that radiance that I saw the last time I saw him. I'm sure,
16 just sitting in a room like that all day is not the most
17 inspiring and health-producing experience, but just for an
18 accurate depiction description of what happened, he looked
19 better the last time.

20 Q. Did he make any complaints, regarding his physical
21 condition, during the last visit?

22 A. He said he still itched, he's still sleeping not
23 completely well, you know, everything wasn't great, but he
24 definitely felt better. He still has to take -- you know, we
25 all -- those of us who visit him all know that when we see him,

1 we see him at his best, because, not only is he happy to have
2 visitors and we all love him, but, also, because he gets
3 greased up, as I would say, with Vaseline and whatever cream.

4 So when he comes out -- and in the early stages, I remember
5 visiting him with his brother Keith Cook, and we were sitting
6 there about an hour, and after about an hour, he says, Okay,
7 the itching is beginning -- Keith actually noticed, his brother
8 noticed -- it's starting, it's starting.

9 So when you see him at the beginning of the visit, he's
10 really at his best, and that can sometimes be misleading. So
11 he's still suffering. And I would say that, psychologically,
12 the effects of this trauma, one does not get over this level of
13 trauma and this near-death experience easily or quickly. I
14 can't predict the future, but I would say this was a very, very
15 profound blow, in a way that is definitely not easy to recover
16 from. What form it will take, even in a very strong and
17 courageous person like Mr. Abu-Jamal is, I can't say.

18 But I would watch for that, because he's, I feel, very
19 vulnerable, very vulnerable to relapses psychologically and
20 physically, and you can't separate the two, as everybody in
21 this room by now knows, the body and mind work together. So
22 whatever -- I know, throughout the time that I've had Hepatitis
23 C, every doctor I've seen said stress level is a big factor.
24 Stress level.

25 Well, has he not had a stress level that's phenomenal?

1 And we do not want that stress level to make him sicker. And
2 the potential for relapse -- I repeat, it's psychologically and
3 physically is high. This is not the final stage. We will see
4 more stages, and my guess is that we have to protect and treat
5 him, so that those -- that impact is not as severe as what he
6 has had to experience in this last year, which no one should
7 have to experience.

8 MR. BOYLE: One moment, Your Honor.

9 THE COURT: Yes.

10 MR. BOYLE: No further questions. Thank you, Dr. Ross.

11 THE WITNESS: I just want to add one thing to a question
12 you just asked, if I can.

13 MR. MAZESKI: Objection; non-responsive.

14 THE WITNESS: Okay.

15 THE COURT: All right, cross-examine.

16 CROSS EXAMINATION

17 BY MR. MAZESKI:

18 Q. Dr. Ross, you've indicated that you have known Mr.
19 Abu-Jamal for about 15 years, is that right?

20 A. Fifteen.

21 Q. And you visit him about six times --

22 A. I corresponded with him before, but I saw him for the
23 first time 15 years ago.

24 Q. When did you first start corresponding with him?

25 A. In 1995.

1 Q. How did you get in contact with him?

2 MR. BOYLE: Objection; relevance.

3 MR. MAZESKI: Goes to bias, Your Honor.

4 THE COURT: Overruled. Continue.

5 THE WITNESS: By mail.

6 BY MR. MAZESKI:

7 Q. Well, how did he get in contact with you or you him? What
8 started the relationship?

9 A. He's a pretty well-known person. I'm a Human Rights
10 Activist, I knew about his case. I've written to other people
11 who are victims of human rights abuses.

12 Q. When you've come down to visit him in the past, do you
13 drive alone from New York, anybody else with you?

14 MR. BOYLE: Objection. Driving with someone, Judge?

15 MR. MAZESKI: I'll plow through this pretty quickly. I
16 think it goes to bias, that's all I'm probing here.

17 THE COURT: Go ahead.

18 BY MR. MAZESKI:

19 Q. Do you drive alone or come with somebody else?

20 A. Sometimes I drove alone, sometimes I came with someone
21 else. I brought my granddaughter with me a couple times, you
22 know, different trips, different things.

23 Q. Are you part of a group called, International Concerned
24 Family and Friends for Mumia Abu-Jamal?

25 A. Yes, I am.

1 Q. What is your role in that group?

2 A. I've been active for a long time, and I'm an experienced
3 Human Rights Activist, I've played a significant role, but I
4 don't have a title -- well, I do, I do, I've been an
5 International Representative for International Concerned Family
6 and Friends, on occasion, for Mumia in different countries.

7 Q. Do you speak on his behalf?

8 A. I've traveled and spoken in other countries, yes.

9 Q. Is it fair to say you followed his criminal case pretty
10 closely?

11 A. Do I follow his case?

12 Q. Did you follow his criminal case pretty closely?

13 A. Yes.

14 Q. Back in 2011, did you give an interview with somebody,
15 where you referred to the Commonwealth as the enemy?

16 A. I don't remember, specifically, but it's very possible,
17 because I do consider the Commonwealth, in Mumia's case, the
18 enemy.

19 MR. MAZESKI: No further questions.

20 THE COURT: Redirect?

21 MR. BOYLE: No redirect.

22 THE COURT: Dr. Ross, thank you.

23 THE WITNESS: Thank you.

24 MR. BOYLE: Plaintiff calls Dr. Johanna Fernandez.

25 J O H A N N A F E R N A N D E Z, P H D. IS CALLED, AND

1 HAVING BEEN DULY SWORN, TESTIFIED AS FOLLOWS:

2 THE CLERK: Please state your full name and spell your last
3 name for the record.

4 THE WITNESS: Full name, Johanna Fernandez, last name is F,
5 as in Frank, E-R-N-A-N-D-E-Z.

6 THE CLERK: Thank you. Please be seated.

7 DIRECT EXAMINATION

8 BY MR. BOYLE:

9 Q. Good afternoon, Dr. Fernandez.

10 A. Good afternoon.

11 Q. Where do you reside?

12 A. I live in New York City.

13 Q. What is your profession?

14 A. I'm a Professor of History.

15 Q. Where are you a Professor of History?

16 A. At Baruch College of the City University of New York.

17 Q. Is that where you're currently employed?

18 A. Yes.

19 Q. What is your educational background?

20 A. I have a B.A. in Literature and American History, American
21 Studies, from Brown University, and a Ph.D. in History from
22 Columbia University.

23 Q. Are you familiar with the Plaintiff Mumia Abu-Jamal?

24 A. Yes, I am familiar with the Plaintiff.

25 Q. Have you ever met him?

1 A. Yes, I met him in 2005.

2 Q. So you've had occasion to visit with him in prison?

3 A. I was a Post-doctoral Fellow at Carnegie Mellon in 2005.

4 A Professor Emeritus almost demanded that I go visit him on
5 death row, and I started visiting him, then, beginning in 2005.
6 However, I've been familiar with the case since 1991, 1992. It
7 was the subject of a course I took at Brown University.

8 Q. So after you first visited him in about 2005, did you
9 subsequently go back and visit him again?

10 A. Yes, absolutely. When I lived in Pittsburgh, which is only
11 an hour away from SCI Greene, where he was in prison on death
12 row, I visited him weekly, often twice, three times a week,
13 definitely monthly. I would say that between 2005 and today, I
14 visited Mumia, at least, 100 times.

15 Q. Now, since 2012, just in that period, how many times do
16 you think you visited him between 2012 and now, the end of
17 2015?

18 A. I visit him, at least, 10 or 15 times a year, so times
19 three, whatever that is.

20 Q. So at least -- approximately, at least, once a month?

21 A. Once a month, sometimes twice a month, depending on my
22 availability.

23 Q. Have you ever visited with him at SCI Mahanoy?

24 A. Yes, my first visit at SCI Mahanoy was in January 2012.
25 He had just been released from death row.

1 Q. Are those contact visits?

2 A. My visits at SCI Greene were non-contact visits. These
3 were, in fact, contact visits, all of them have been.

4 Q. Could you estimate the number of hours of a particular
5 visit that you would spend with the Plaintiff Mumia Abu-Jamal?

6 A. I spend between five and six hours with Mumia Abu-Jamal
7 whenever I visit.

8 Q. Are you always alone or do you have other people with you
9 sometimes?

10 A. I often travel alone, sometimes I travel with others.

11 Q. Directing your attention, now, to 2014, last year. Could
12 you estimate the number of times you visited him that year?

13 A. I visited him, at least, 15 times in 2014.

14 Q. And now, the earlier part of 2014, could you describe Mr.
15 Abu-Jamal's appearance, if you would?

16 A. Mumia Abu-Jamal weighs, approximately, 260 to 280 pounds.
17 He's a very vibrant person, an excellent conversationalist,
18 lots of energy. His skin has historically been the subject of
19 our conversations. His skin is actually not the color that we
20 see now. He has a copperish, cinnamon-looking skin, much
21 lighter than what I've observed.

22 But in 2014, he was healthy. I did, however, note, and
23 this was the subject of our conversations, that there was
24 fluctuation in his weight, significant fluctuation, such that
25 it was noticeable to me.

1 Q. Directing your attention to the latter part of 2014, did
2 his appearance change, at all?

3 A. I did not notice a significant change, other than the
4 fluctuation in the weight. But, again, Mumia is healthy, I've
5 again visited him, now, for over ten years, and he has never
6 been sick. He's very healthy.

7 And I think it's important to add that Mumia is very
8 stoic, so even if he were sick, he would not convey that,
9 although, I think the kind of relationship we have has allowed
10 for him sharing this information with me, but even when I saw
11 Mumia at his worst, he tends toward saying that he's okay,
12 despite the contrary.

13 Q. Now, going into 2015, did you, in fact, begin to notice
14 any changes in his appearance, other than weight fluctuation?

15 A. Well, I'm a member of the Pennsylvania Prison Society, and
16 members of the Pennsylvania Prison Society have more access to
17 prisoners and visitation rights than others.

18 I attempted to visit Mumia in January but was told by the
19 prison that I couldn't visit because he was in the infirmary.
20 I visited Mumia on March 30th, 2015, the day that he was
21 hospitalized. I was there with Attorney Heidi Begosian, and we
22 were told that we could not visit. After further inquiry, as a
23 member of the Pennsylvania Prison Society, the prison finally
24 told me that he had been hospitalized that very morning.

25 The next time I visited with him was the first visit he

1 was allowed, after he was released from Schuylkill Medical
2 Center, and that date was April 3rd. I can tell you what I
3 observed.

4 Q. Please tell us what you observed on April 3.

5 A. I hadn't seen him since late December 2014. What I saw was
6 shocking to the conscience. At that point, when I returned
7 home, I wrote that Mumia had lost 80 pounds. He was gaunt, he
8 was despondent, he had slurred speech. It was obvious that his
9 cognitive and motor skills had been seriously compromised.

10 He was shaking. At that point, we asked him to sign a
11 document, and he couldn't hold a pen in his hand, nor could he
12 write. Now, for me and for those who know Mumia, this was
13 especially disconcerting, because he has a very distinctive
14 handwriting. And he trembled, he couldn't write, he couldn't
15 breathe. So we actually had to cut the visit short. The visit
16 was shorter than one hour.

17 So that's how he looked. Very infirm, exhausted. He looked
18 like death. He looked like he was --

19 Q. What did his skin look like?

20 A. That's where I'm moving. So he looked like he was at
21 death's door. His skin, we observed -- and we did examine his
22 skin, we examined his legs, his arms and his back. And his skin
23 was very dark, it was leathery, raw, there were blisters and
24 there was blood in various parts of his skin.

25 And I think it's important to convey the detail, because I

1 have members of my family who have severe psoriasis and eczema,
2 but what I saw was a skin crisis of Biblical proportion. It was
3 Job-like. I had never seen this before. And we are black
4 people. Black people have problems with skin, right, we know
5 this about black people, but this was not anything that I ever
6 saw or any of us ever saw in our lives.

7 So, again, elephant hide is what comes to mind, alligator
8 skin. So that's what I first saw in his arms, legs and back.
9 And this photo -- I took this photo. The first time I visited
10 him, we visited him, we did not take a photo because we thought
11 it would be exploitative. The second time, the situation was
12 getting so much worse, we thought, We need to document this.

13 Q. Are you referring to Plaintiff's Exhibit No. --

14 A. This was a photo that I took with him. It was very
15 difficult to even get him to stand up, because, at that point,
16 he couldn't sustain himself on his feet. He was in a
17 wheelchair. So what I noted, because I visited him, at least,
18 12 times, from March to the summer, was that now the skin
19 condition had worsened. It had engulfed his entire face.

20 And what I observed, which was most disturbing, was his
21 neck. There were folds of wrinkle in his neck that were bloody,
22 that were itchy, he couldn't stop itching or scratching all
23 over.

24 And then there is the ear situation, which was harrowing.
25 It looked, as was said before, as if his ear was going to fall

1 off. When I visited him, he had a raw red ring around his ear,
2 and it seemed like it was going to detach. What was difficult
3 was that Mumia was in general population, and in the infirmary,
4 when, in my opinion, he needed to be in a hospital. No human
5 being in that condition, in a humane society, would have been
6 kept in a cell. And that was shocking to me. But it must have
7 been tormenting to someone who experienced that kind of pain
8 and vulnerability.

9 I'll say that, until I saw Mumia's transformation, I never
10 imagined that someone could die of a skin disease. But when I
11 saw how his skin had consumed his body, I thought, Oh, my God,
12 we could lose Mumia. And I remember calling his doctor, Corey
13 Weinstein, at the time, and asking, Is Mumia going to die?
14 Because he looks -- I don't know who I'm looking at. He doesn't
15 look human, he looked like a reptile. That's hardened, elephant
16 hide, alligator skin. That's what we're talking about.

17 Q. Now, could you describe his demeanor?

18 A. Mumia is a very stoic person, he's very gregarious, he's a
19 conversationalist and he's engaged. He's interested in social
20 issues. When I visit him, that's all we talk about. For five
21 hours, we dissect the world. Mumia was despondent, he seemed
22 vulnerable, and our visits were an hour, at most. After an
23 hour, it was clear that we were making things worse for him
24 because he was scratching, he was thirsty, he couldn't
25 eat -- it was just a difficult, horrible situation.

1 I'm not a psychologist, but Mumia was probably depressed,
2 his spirits were definitely in the dumps, and I'll say this:

3 Mumia Abu-Jamal called me immediately after Dr. Harris
4 visited him, and I spoke to a different Mumia. Because he said,
5 Dr. Harris knows what I have, he's the only doctor I've talked
6 to in months who has been able to say, You've got Hepatitis C
7 and this skin condition is related to Hepatitis C. And,
8 psychologically, I heard it in his voice. Something had lifted.
9 And the fact that it took a doctor who didn't even inspect him
10 properly, under the proper conditions, to actually call the
11 Hepatitis C, after he had been hospitalized twice, shocks the
12 conscience, right, because there are ethics involved here.

13 We're not talking about a fall, we're talking about a
14 near-death experience. So for a patient to not have gotten any
15 answers for that long, to finally have gotten an answer from
16 someone who eyeballed the situation, was huge relief. I
17 remember him -- I just heard it in his voice, that, now, I can
18 move toward resolution and a cure and life.

19 Q. Now, moving through the summer of 2015 into the fall, did
20 you continue to visit Mr. Abu-Jamal, and what, if any, changes
21 did you note?

22 A. Well, as I said, from March into May and into -- his
23 condition worsened, it engulfed his entire body, face, ears,
24 everywhere, by the way. This hasn't been uttered in this
25 courtroom, but all parts of his body were engulfed by this

1 situation, if you know what I mean, all parts of his body,
2 which is cruel -- it's cruel.

3 So in July and August, I remember that he did say that he
4 was mummified at Geisinger. They treated his entire body, he
5 looked like a mummy, and he said that the nurses would make fun
6 of him and call him a mummy. He said that, because they were so
7 methodical about greasing him up, he did feel better, but when
8 I visited him in late August, he described more itching, and
9 this is something that he showed me, actually, in September,
10 when I visited him.

11 He showed me his legs, and he had crater-like scars, all
12 over his legs. They were literally craters, mounds that looked
13 like they were going to erupt. Clearly, this refers back to the
14 reason why he was taken to Geisinger, because of all of these
15 blisters, and now these blisters had healed, but they
16 disfigured his legs. And I saw that and I was scared. I was
17 scared, because it looked like they were going to re-erupt.

18 Lethargic. So my visits with Mumia have been shorter
19 through this period, and what I continue to note was that, this
20 is not -- if you look at photographs of Mumia, his skin color
21 has changed completely. He's, like, ten shades darker than he
22 has been, historically. And if you see -- I've been watching
23 him as he scratched, in fact, and if he shows his arms, you
24 will see that they're very, very dark. That was one of the most
25 disconcerting things for me to see.

1 His skin was jet black, jet black, I'm talking black. And
2 at some point, the palms of his hand darkened, dark black. They
3 began to lighten up, but at one point, the palms -- there were
4 no blisters, there was no blisters, but the palms of his hands
5 were black. And I'm not a doctor, but I'm a historian, I have a
6 Ph.D., I identify patterns, and I have an ethical commitment to
7 observe phenomenon, social phenomenon objectively, and after
8 you've seen this deterioration over so long, and you see it
9 improving some but worsening, you start to ask serious
10 questions.

11 And it was, in fact, folks in the movement of which I'm a
12 part who pressed the issue of taking this to a higher body,
13 because, clearly, the DOC and the hospitals to which he had
14 been transferred had not given us answers.

15 Q. Now, have you visited Mr. Abu-Jamal in the last two
16 months?

17 A. Yes, I visited him in late November

18 Q. Did you notice any changes from earlier in the summer or
19 earlier in the year?

20 A. Absolutely. I did -- Mumia could not hold a conversation,
21 he had slurred speech, he trembled, he scratched, and nodded
22 off during visits. That is no longer the case. His spirit is
23 much improved. But I, again, think that his spirit is much
24 improved because Dr. Harris named the problem.

25 And he did scratch and his skin is growing hair again. He

1 had lost all hair in his body, including he lost his locks, he
2 lost his hair. But I did see there were hairs growing on his
3 skin, but his skin remains very darkened and hard. And, you
4 know, we inspect Mumia. His neck is still a little crinkly,
5 he's looking like an alligator still in that area. But this man
6 is a different man from what we saw from, at least, March to
7 October.

8 My sense, what was weird -- and I'll end with this in this
9 statement -- what was weird and what I observed was that it
10 seemed like all of the Vaseline that was put in him kind of did
11 something to his skin. His skin, even now, doesn't look like
12 his own. It seemed that the Vaseline kind of flattened the
13 eruptions, and that's definitely what I noted around his leg
14 area, although, in his leg areas, what we were left with or
15 what I saw were these pretty significant crater scars.

16 MR. BOYLE: Thank you, Dr. Fernandez. No further questions.

17 THE COURT: Cross-examine.

18 CROSS EXAMINATION

19 BY MR. MAZESKI:

20 Q. Dr. Fernandez, you indicated you're a member of the
21 Pennsylvania Prison Society?

22 A. Yes.

23 Q. Do you visit other inmates, other than Mr. Abu-Jamal?

24 A. Yes.

25 Q. And do you visit -- are there any other inmates you visit

1 10 or 15 times a year?

2 A. When I was in Pittsburgh, yes, I visited Jerome Coffey,
3 Robert Lark, Russell Maroon Shoatz, and many others whose names
4 I do not remember.

5 Q. In the last two years, though, which inmate would you say
6 you visited most?

7 A. I visited -- oh, Mumia Abu-Jamal, and I also have visited
8 Eddie Africa.

9 Q. My understanding is you're a coordinator for something
10 called "The Campaign To Bring Mumia Home."

11 A. Yes.

12 Q. What exactly is that?

13 A. It's an organization whose mission is to raise the profile
14 of the case among a new generation of young people who are
15 interested in addressing the crisis of mass incarceration in
16 the United States.

17 But also, as you may know, there are many inconsistencies
18 in Mumia's case, many violations, and our job, really, is to
19 expose those, including the ways in which the police tampered
20 with evidence in his case. And so given that the police is
21 being investigated today in American society, one of our major
22 objectives is to expose police corruption in the case of Mumia
23 Abu-Jamal.

24 Q. My understanding is you've edited several of his books,
25 Writing On The Wall: Selected Essays?

1 A. Yes, I recently edited a volume titled, Writing On The
2 Wall, and the preface of that book was written by Cornel West,
3 and I wrote the Introduction.

4 I also, by the way, included in the index of that book 10
5 reasons why Mumia Abu-Jamal should be freed, which made an
6 argument for his innocence.

7 Q. Did you, also, write and produce a film about his case?

8 A. Absolutely. I produced, Justice On Trial; The Case of
9 Mumia Abu-Jamal, which doesn't only look at his case but looks
10 at his case in the context of the injustices in the criminal
11 justice system.

12 Q. You're currently a Professor of History at Baruch College,
13 is that correct?

14 A. Correct.

15 Q. In the past or present, do or have any of the classes you
16 taught to the students, have you brought up Mr. Abu-Jamal's
17 case?

18 A. In fact, I first introduced Mumia Abu-Jamal into the
19 classroom, when I was teaching at Carnegie Mellon, because he
20 had written a book about his participation in the '60s
21 movement, so I used the book he wrote, We Want Freedom, which
22 is, in my field, a highly-recognized memoir of the period.

23 Q. You described, when you visited him in the middle of this
24 year, him having craters on his legs. Does that sound right?

25 A. Crater-like scars.

1 Q. Now, we have seen, I think, Plaintiff's Exhibits 6 and 7
2 are photographs. Did you take both of them?

3 A. I took one of those photographs.

4 Q. Are you in the other photograph or no?

5 A. I'm not in the other photograph, I'm in one of the
6 photographs.

7 Q. Did you take photographs of the scars on his legs?

8 A. I did not. I wouldn't be allowed to do that. I would have,
9 I tried to, in fact, but I was barred.

10 Q. You took a photograph of his ear, though, right?

11 A. I did not take a photograph of his ear, I believe his wife
12 did. I took this photograph here, that's me there(indicating).

13 Q. I'm sorry. So you took that photograph of three persons
14 there?

15 A. Yeah, there were actually two others, but they've been
16 excluded from the photograph.

17 Q. You described some of his skin as bleeding. Do I have that
18 correct?

19 A. Yes, his hands. So I noted that he had just bloody scars
20 around his hands but also his feet. I forgot to mention that he
21 lost a number of nails, both in his hands and his feet.

22 Q. When you say there was some blood in his hands and feet,
23 is that, for lack of a better word, his skin condition, would
24 you describe it as flaky or scaly?

25 A. Flaky -- well, it's different. There was a combination of

1 things. There was flaking, there was scaling, there was
2 dryness. But there were, also, spots around his hands that were
3 bleeding, and it could have possibly been a result of the fact
4 that he had been scratching so much. So he did scratch himself
5 bloody.

6 Q. So in front of you, would he scratch the flakes of his
7 scales and there would be bleeding?

8 A. He scratched -- I never noted that he was bleeding because
9 he was scratching. I did note that he scratched his neck and
10 his -- he was scratching his genital area, he was just
11 uncontrollably scratching when I saw him.

12 Q. Did it look like the blood was coming from these scales?

13 A. The blood was coming from cracks, so his skin was also
14 cracked, which, I mean, it's very painful. His skin was -- so
15 in the cracks of his -- wherever there were cracks, there was
16 blood.

17 Q. Did you share this bleeding in the cracks of his skin with
18 Dr. Harris?

19 A. No, no, I never talked to Dr. Harris about this.

20 Q. You indicated that Mr. Abu-Jamal was happy that Dr. Harris
21 finally came up with a diagnosis of his skin condition,
22 correct?

23 A. Yes. I remember that Mumia called me, after Dr. Harris'
24 visit. I had not met Dr. Harris, although, I knew about him.
25 And, yes, I remember that Mumia said, Dr. Harris has seen many

1 patients with Hepatitis C, and I have Hepatitis C, but it never
2 occurred to me or anyone else that this crisis I've suffered
3 over so many months could be a cause of Hepatitis C. So he has
4 ordered some tests. I could hear the relief in his voice
5 because something clicked for him.

6 You should know that, prior to that conversation, he had
7 communicated to me that the people at Geisinger were very
8 interested in his case but said, We have never seen this
9 before, ever, in our history of practicing medicine. So to have
10 someone with international experience, reputable, like
11 Dr. Harris, who had read about the first case of necrolytic
12 acral erythema in Egypt, Dr. Harris knew about that, had
13 studied the case, had seen the ways in which the condition
14 affects people of color in the Bronx, he was familiar with the
15 issue, and he said, he asked, Do you have Hepatitis C? Mumia
16 said, Yes, you're the first person to have asked me that.

17 So at Geisinger, he got no answers, he got top-notch care,
18 he reported, but no answers. And you're a human being, sir. If
19 you were ill and no one can tell you what is wrong with you,
20 even though you've been in a near-death situation, that is
21 devastating. We are human beings. I've been ill, and knowing
22 gives life. And that's part of what happened, thanks to
23 Dr. Harris.

24 Even though hundreds of thousands of dollars, apparently,
25 have been spent on Mumia, it took someone who was humanistic in

1 his care to actually say, Sir, this is what's wrong.

2 MR. MAZESKI: Your Honor, can I object to her going way
3 beyond answering the question that I posed to her?

4 THE WITNESS: I'm a Professor, I'm sorry.

5 MR. MAZESKI: I gathered that.

6 BY MR. MAZESKI:

7 Q. Have you done research on NAE?

8 A. I have read as much as possible on the internet. But I am
9 not a doctor, however, I'm a Professor, and I am bound by my
10 profession to observe and study the world as objectively as
11 possible. And that's what I have done in Mumia's health care
12 crisis and in his -- and in issues surrounding his conviction.

13 I say that because you raised an issue about that, but I
14 want to say that, as a historian, I am bound by my profession
15 to objectively study the world.

16 Q. Dr. Fernandez, have you discussed the NAE diagnosis with
17 Dr. Harris, at all?

18 A. No, I haven't.

19 Q. Are you familiar with his reports on why he believes it's
20 NAE?

21 A. I've read some of them, but I haven't talked to him,
22 personally.

23 Q. Are you aware that one of the reasons he thinks it's NAE
24 or diagnosed as NAE is because of what's called a negative
25 Auspitz sign?

1 A. I haven't gone that deeply into that, no, I'm not familiar
2 with --

3 Q. Do you know what an Auspitz sign is?

4 A. No. Can you tell me?

5 Q. My understanding is it's bleeding of the skin. That's my
6 understanding.

7 A. Bleeding of the skin? I didn't know what it was.

8 MR. MAZESKI: No further questions.

9 THE COURT: Mr. Boyle?

10 MR. BOYLE: No questions, Your Honor.

11 THE COURT: Thank you, Dr. Fernandez. You can step down.

12 THE WITNESS: Thank you.

13 THE COURT: Mr. Boyle, any other witnesses?

14 MR. BOYLE: No, Your Honor. I'm just going through some of
15 my numbers, exhibits I want to move in before I rest. If I
16 could have a moment?

17 THE COURT: That's fine.

18 MR. BOYLE: Plaintiff would move Plaintiff's Exhibit No.
19 13, which I believe we had questions about this morning, into
20 evidence. It's only been marked for I.D. so far.

21 MR. MAZESKI: No objection.

22 THE COURT: Plaintiff's Exhibit No. 13 admitted.

23 (At this time Plaintiff's Exhibit No. 13 was admitted into
24 evidence.)

25 MR. BOYLE: Your Honor, with that, Plaintiff rests.

1 THE COURT: Very well. Mr. Mazeski or Ms. Neal, are you
2 ready to proceed?

3 MS. NEAL: Yes, Your Honor. We would call John Steinhart.
4 J O H N M. S T E I N H A R T, J R. IS CALLED, AND HAVING
5 BEEN DULY SWORN, TESTIFIED AS FOLLOWS:

6 THE CLERK: Please state your full name spell your last
7 name for the record.

8 THE WITNESS: John M. Steinhart, Jr., S-T-E-I-N-H-A-R-T.

9 THE CLERK: Thank you, sir. Please be seated.

10 DIRECT EXAMINATION

11 BY MS. NEAL:

12 Q. Good afternoon, Mr. Steinhart.

13 A. Good afternoon.

14 Q. You are Corrections Health Care Administrator at SCI
15 Mahanoy, correct?

16 A. That is correct.

17 Q. How long have you been in that position?

18 A. Two years and three months, officially, and that was about
19 five months prior to that, unofficial.

20 Q. When you say, unofficial, you mean, you were acting?

21 A. Acting, correct.

22 Q. How long have you been employed at SCI Mahanoy?

23 A. Fifteen years and nine months.

24 Q. Prior to taking over the role as Acting Health Care
25 Administrator, did you work in the Medical Department at the

1 institution?

2 A. That is correct.

3 Q. What roles did you work in in the Medical Department?

4 A. I started off in March 2000 as a staff nurse, I worked
5 several years as a staff nurse, different shifts. After that,
6 became a Q.I. nurse, then, approximately, 2006 became Nursing
7 Supervisor.

8 Q. What are your responsibilities as the Corrections Health
9 Care Administrator?

10 A. I basically oversee the Medical Department. We have
11 different areas in the Medical Department, we have nursing, we
12 have a Dental Department, Medical Records, we have contract
13 groups that are also involved in the Medical Department.
14 Pretty much oversee the operations of the Medical Department.

15 Q. Do you have any responsibilities for oversight of the
16 contracted care providers?

17 A. I do; I monitor what they're doing.

18 Q. Do you have direct treatment responsibilities or roles
19 with any of the inmates at SCI Mahanoy?

20 A. No, my background is an R.N.

21 Q. So you are an R.N. currently, is that right?

22 A. I have my R.N. license, that is correct.

23 Q. You've maintained that?

24 A. That is correct.

25 Q. But you don't actually treat the inmates at SCI Mahanoy?

1 A. No.

2 Q. How do you handle the treatment of the inmates at SCI
3 Mahanoy, if you don't actually do it, in the role as CHCA?

4 A. I have nurses that oversee the care of the Medical
5 Department; three shifts, 24-hour operation, seven days a week.
6 We have a contract that provides the providers, the doctors,
7 the nurse practitioners, P.A.'s, ancillary staff, lab tech,
8 etc., and of course, the Dental Department has dentist
9 assistants and hygienists and so forth.

10 Q. The institution, SCI Mahanoy, has a Superintendent, is
11 that right?

12 A. That is correct.

13 Q. That's Mr. Kerestes?

14 A. That is correct.

15 Q. Do you know Mr. Kerestes?

16 A. Yes, I do.

17 Q. How long have you known him?

18 A. Since he came to Mahanoy, approximately, eight years ago.

19 Q. To your knowledge, is he a doctor?

20 A. No, he's not.

21 Q. A nurse?

22 A. No, he's not.

23 Q. What is his role, with respect to oversight or management
24 of health care at the institution?

25 A. Superintendent Kerestes does not really oversee Medical,

1 at all, he allows that up to the Medical Department to provide
2 the medical care.

3 Q. You're familiar with Mr. Abu-Jamal?

4 A. Yes, I am.

5 Q. There's been some testimony that Mr. Abu-Jamal lives in
6 the infirmary, is that right?

7 A. That is correct.

8 Q. Is he actually admitted to the infirmary as a patient?

9 A. At this time, he's not what we call, admitted to the
10 infirmary. Within the last several months, we have changed him
11 to what we call a long-term care status in the infirmary.
12 There's different aspects of being in the infirmary. Could be
13 anywhere from admission, long-term care housed, and he's in
14 what we call long-term care, at this point.

15 Q. Now, with respect to the degree of interaction or
16 treatment provided by the staff in the infirmary, is he still
17 seen by a doctor, on a regular basis?

18 A. Yes, he is, he's seen at this time, approximately, two
19 days a week, sometimes more.

20 Q. What about nursing?

21 A. Nursing, he's seen daily.

22 Q. Now, there was some questions earlier about Hepatitis
23 Chronic Care Clinic. Does Mr. Abu-Jamal live in a Hepatitis
24 clinic?

25 A. There is no such thing as living in a Hepatitis C clinic

1 in the correctional setting. Hepatitis C Clinic is a clinic,
2 it's like going to your doctor, usually, depends on the degree
3 of the disease. They're seen on a regular basis, whether it's
4 every six months to a year. But since he is in my infirmary, at
5 this point, he's not in general population, he's seen on a
6 regular basis by our doctors, and we monitor his Hepatitis C in
7 the infirmary setting.

8 Q. Okay, so when you're talking about the clinics, these are,
9 just for the sake of clarity, it's not the physical location,
10 it's the fact that there is a regular scheduling; is that a
11 fair characterization?

12 A. That is correct, yes.

13 Q. So if Mr. Abu-Jamal were returned to general population,
14 how would he be seen for the Hepatitis C Clinic?

15 A. Our infectious disease nurse would set up a clinic
16 schedule for him. They would figure out when the last time he
17 was followed by the doctor, and usually -- approximately, every
18 six months, sometimes, it could be a year, depending on the
19 Hepatitis C, how the progression of the disease is, lab work
20 and all that stuff.

21 And then he would be set up as a clinic and would be
22 called -- almost like going to your family doctor. Beforehand,
23 he would have blood work drawn.

24 Q. Are you aware of Mr. Abu-Jamal's medical concerns?

25 A. As to what?

1 Q. As they've been alleged at this hearing.

2 MR. BOYLE: Objection.

3 THE COURT: Just a moment.

4 MR. BOYLE: Objection. I mean, I don't know if the witness
5 has heard everything at the hearing. I would just like Ms. Neal
6 to clarify.

7 THE COURT: Would you please reformulate your question with
8 more specificity, please.

9 MS. NEAL: Yes, Your Honor.

10 BY MS. NEAL:

11 Q. Are you aware that Mr. Abu-Jamal has alleged that he has a
12 skin condition that hasn't properly been treated?

13 A. Yes, I am.

14 Q. Are you aware that Mr. Abu-Jamal has alleged that his
15 Hepatitis C condition is not properly being addressed?

16 A. Yes, I am.

17 Q. Are you aware of whether Mr. Abu-Jamal filed a grievance
18 on the issue of his blood sugars or his skin condition or his
19 Hepatitis C?

20 MR. BOYLE: Objection; relevance.

21 THE COURT: What is the relevance of this?

22 MS. NEAL: It goes to Mr. Kerestes' involvement, Your
23 Honor.

24 THE COURT: Mr. Kerestes' involvement?

25 MS. NEAL: Yes, Your Honor.

1 THE COURT: For that limited purpose, I'll allow it, but we
2 have already dealt with the question of exhaustion, you know
3 that.

4 MS. NEAL: Yes, Your Honor.

5 THE COURT: Go ahead.

6 THE WITNESS: I did receive a grievance concerning his
7 blood sugar and, also, for treatment by his own choosing from
8 his people that are requesting it.

9 BY MS. NEAL:

10 Q. Did you discuss that grievance with Mr. Kerestes?

11 A. No, the grievance was answered on the Medical. We answer
12 our own grievances.

13 Q. Are you aware that Mr. Abu-Jamal had those complaints that
14 he raised in a grievance, prior to the time that he filed that
15 grievance?

16 MR. BOYLE: Objection. Once again --

17 THE COURT: What is the relevance of that?

18 MS. NEAL: Again, it goes to the involvement, the personal
19 involvement of Mr. Steinhart, Your Honor, and it goes to the
20 likelihood of success on the merits.

21 THE COURT: You're going to have to convince me. I don't
22 understand how that goes to those two items.

23 MS. NEAL: Your Honor, Mr. Kerestes and Mr. Steinhart are
24 named Defendants in the action. The Plaintiff can't succeed on
25 the action if he can't establish a personal involvement by them

1 in the alleged violations.

2 THE COURT: I'm aware of that.

3 MS. NEAL: So if he can't establish that Mr. Kerestes was
4 personally involved and he can't establish that Mr. Steinhart
5 had any direct involvement, other than receiving the grievance
6 and referring it to the medical staff, then, he can't succeed
7 on the merits.

8 THE COURT: Kristin, would you read back the question
9 that's at issue, please?

10 (At this time the reporter read back the referred-to
11 portion of the record.)

12 THE REPORTER: "QUESTION: Are you aware that Mr. Abu-Jamal
13 had those complaints that he raised in a grievance, prior to
14 the time that he filed that grievance?"

15 THE COURT: Why is that relevant, whether he knows before
16 the grievance was filed?

17 MS. NEAL: Your Honor, I'm trying to establish that there
18 is a starting point for when Mr. Abu-Jamal had any level of
19 interaction with Mr. Steinhart, and going forward, then, what
20 the level of interaction was and the involvement was of Mr.
21 Steinhart.

22 THE COURT: I'll be happy to allow you to ask what
23 involvement Mr. Steinhart had with Mr. Abu-Jamal, at any time,
24 but his awareness of Mr. Abu-Jamal's complaints, prior to the
25 time the grievance was filed, is not the way to do it. Ask him

1 what he knows and when he knew it.

2 BY MS. NEAL:

3 Q. Mr. Steinhart, what has your involvement been in handling
4 Mr. Abu-Jamal's medical concerns?

5 A. I don't make any medical decisions, because I can't,
6 because of being an R.N., I can't tell the doctors what to do.
7 That's up to them. I am involved in what's going on, because
8 the doctor and I usually have a pretty good working
9 relationship, he lets me know what's going on so I have an idea
10 what's going on in the department.

11 We have meetings on a regular basis to update me.
12 Especially, if anybody has any acute medical conditions that
13 are going on so.

14 Q. So you've become aware, at some point, that there were
15 some acute medical conditions?

16 A. Oh, yes, yes.

17 Q. Did you relay that information to the treating doctors?

18 A. Actually, those conditions were -- when the conditions
19 happened, that's when I found out about it.

20 Q. So the care was referred to the treating --

21 A. What's that?

22 Q. The care, Mr. Abu-Jamal's care was referred to the
23 treating doctors to address?

24 A. Oh, yes, yes.

25 Q. You said that you can't prescribe treatment, right?

1 A. No, I can't.

2 Q. In your role as CHCA, can you override an order that a
3 physician gives for treatment?

4 A. I cannot override any kind of orders that are given. I
5 have a process that I can go through, if I don't agree with it,
6 but I cannot override the Doctor's orders, no, not as R.N.

7 Q. Are you aware of, once Mr. Abu-Jamal had the acute medical
8 condition, were you aware of what the treatment was that was
9 being ordered for him?

10 A. The day that he went to the hospital, you mean?

11 Q. Generally speaking, on a daily basis, are you told what
12 orders are being issued or what treatment is being given to
13 him?

14 A. I'm updated on a regular basis. I have reports on a daily
15 basis from my nursing supervisor, I do review the chart, at
16 times. Whether the doc has any kind -- say, he talks with a
17 specialist at Telemed, the Medical Director will speak with me
18 concerning what's going on.

19 Q. So you said that you get updates from the nursing staff.
20 Have they advised you of any incidents where Mr. Abu-Jamal was
21 either not complying with the treatment ordered for him or was
22 preventing that treatment?

23 MR. BOYLE: Objection to form.

24 THE COURT: Sustained.

25 BY MS. NEAL:

1 Q. Mr. Steinhart, are you aware, as a result of information
2 related to you from your nursing staff, of any non-compliance
3 with treatment by Mr. Abu-Jamal?

4 A. Yes.

5 MR. BOYLE: Objection; hearsay.

6 THE COURT: I'll allow it. Go ahead.

7 BY MS. NEAL:

8 Q. What information is it that you were given by nursing
9 staff?

10 A. At one point, the scrubber pads that were spoken of
11 earlier, nursing had confiscated it, it's a little pad that's
12 part of the floor scrubber that was confiscated on two
13 occasions from his room. It was reported that he was using them
14 for scrubbing his skin.

15 MR. BOYLE: Objection and move to strike the relevance.

16 THE COURT: Why is it irrelevant?

17 MR. BOYLE: Unless they're going to have a doctor come in
18 and talk about how rubbing someone with a scouring pad causes
19 his skin condition, I think it's irrelevant.

20 THE COURT: We had Dr. Schleicher's testimony that it's an
21 action, if taken, which would exacerbate any rash or skin
22 condition. He did testify to that, Mr. Boyle. Go ahead.

23 BY MS. NEAL:

24 Q. Mr. Steinhart, the nursing staff that passed that
25 information on to you, did they record that information

1 anywhere?

2 A. Yes, there was a report that was sent back to me, I
3 believe, also, the security, it was called a D.C. 121 Part 3;
4 it's like an incident report.

5 Q. I'm going to show you Defendant's Exhibit 2, Mr.
6 Steinhart. Can you see this up there?

7 A. Um-hum. Would that be in this book?

8 Q. Do you not have a monitor available?

9 A. No, there's not a monitor here.

10 THE CLERK: There's a monitor, but --

11 MS. NEAL: Oh, it will cut off, okay.

12 THE WITNESS: Yes, this is the form.

13 BY MS. NEAL:

14 Q. That's the report that you were given?

15 A. That is correct.

16 Q. What information was passed on to you in that form, Mr.
17 Steinhart?

18 A. That there was -- that they had found the scrubber pad in
19 his cell, and, also, that there was an inmate worker that helps
20 out some of the inmates in the infirmary reports that he was
21 using it to scrub his skin to exfoliate or defoliate.

22 MS. NEAL: Your Honor, I'd like to move Defendant's Exhibit
23 2 into evidence.

24 MR. BOYLE: Other than the objection previously overruled.

25 THE COURT: Very well. It's admitted.

1 (At this time Defendant's Exhibit No. 2 was admitted into
2 evidence.)

3 BY MS. NEAL:

4 Q. Was that the only incident that you're aware of, Mr.
5 Steinhart, where a scrubbing pad was found in Mr. Abu-Jamal's
6 possession?

7 A. No, there was two incidences.

8 Q. I'm going to show you Defendant's Exhibit 3 here, Mr.
9 Steinhart. Can you identify this photograph?

10 A. That is one of the parts of the buffer pad that was
11 confiscated from his cell.

12 Q. Now, is this a photograph that was taken of the first
13 scrubber pad or the second?

14 A. I believe that was the second one.

15 Q. Did you actually see this scrubber pad, yourself?

16 A. Yes.

17 Q. Can you describe -- now, this is the photograph of the
18 scrubber pad. You said they were from the floor buffers. How
19 rough are these scrubber pads?

20 A. Very rough; it's a hard plastic.

21 Q. Mr. Steinhart, have you seen this envelope before?

22 A. Yes.

23 MS. NEAL: May I?

24 THE COURT: You may.

25 THE CLERK: Is that an exhibit?

1 MS. NEAL: No, it's just for demonstrative purposes.

2 THE WITNESS: That's the same scrubber pad that was removed
3 from the cell.

4 BY MS. NEAL:

5 Q. Mr. Steinhart, why was that confiscated from Mr.
6 Abu-Jamal's cell?

7 A. Because it was reported that it was used to scrub dead
8 skin from his body, and that's not a prescribed treatment by
9 our physicians.

10 Q. Did you look at the scrubber pad, at the time that it was
11 removed?

12 A. Yes, I did.

13 Q. Did you observe any skin in it?

14 A. At that time, it looked like there was pieces of dead,
15 flaking skin that were stuck to it.

16 MR. BOYLE: Objection. The basis of his expertise to define
17 something in a scrubber pad as skin or anything else that might
18 be in it.

19 MS. NEAL: Your Honor, he's a nurse.

20 THE COURT: I think he can -- not only if he were not a
21 nurse, but certainly, that adds to my ruling. I think you can
22 look at a scrubber, such as the kind we're talking about right
23 now, and offer an opinion, whether you're a layperson or a
24 professional, as to what you think it is. Overruled.

25 BY MS. NEAL:

1 Q. Mr. Steinhart, I referred to Mr. Abu-Jamal's room as a
2 cell a couple times. Could you describe the room that Mr.
3 Abu-Jamal has lived in? Is it a typical institutional cell?

4 A. No, he's in the infirmary area, and the cell that he is in
5 is what we call one of our isolation cells. It is a bigger room
6 than in our typical -- bigger room than a regular general
7 population cell and, also, bigger than general population
8 infirmary cells.

9 Single occupancy, because of the fact that we use it for
10 isolation, most of the time. It's as big as a double occupancy
11 cell in the infirmary. One bed has its own shower, has a toilet
12 and sink, as the other cells do, and there's a small ante room
13 on the outside for keeping supplies for treatment and such.

14 MS. NEAL: Your Honor, as a housekeeping matter, I'd like
15 to move Defendant's Exhibit 3 into evidence.

16 THE COURT: Mr. Boyle.

17 MR. BOYLE: 3 is the photo?

18 THE COURT: Yes, it is.

19 MR. BOYLE: No objection.

20 THE COURT: Defendant's 3 is admitted.

21 (At this time Defendant's Exhibit No. 3 was admitted into
22 evidence.)

23 BY MS. NEAL:

24 Q. There was a time period, there's been testimony, that Mr.
25 Abu-Jamal was out at Geisinger Medical Center. Are you aware of

1 that?

2 A. Yes, I am.

3 Q. Did you receive a copy of the discharge instructions from
4 Geisinger Medical Center?

5 A. There is a copy in his medical record. I don't have it,
6 personally, but they are in his medical record.

7 Q. Are you aware of whether any information was passed on to
8 the institutional staff about Mr. Abu-Jamal using oranges or
9 garlic on his skin while he was at Geisinger Medical Center?

10 A. There was a report from the officers that was reported to
11 the doctor that was also sent back to our institution.

12 Q. Prior to Mr. Abu-Jamal being sent out to Geisinger Medical
13 Center, did any of the nursing staff give Mr. Abu-Jamal orange
14 or garlic as a form of treatment for his skin?

15 A. No, as far as I know, nobody has ever heard of anything
16 like that for any kind of treatment for a skin condition. I
17 have not.

18 Q. You're not aware of his doctor prescribing the use of
19 oranges or garlic for --

20 A. Absolutely not.

21 Q. Now, Mr. Abu-Jamal, since he's in the infirmary, do you
22 see him on a regular basis?

23 A. When I'm out in the infirmary area, I'll see him, on
24 occasion, yes.

25 Q. About how often do you see Mr. Abu-Jamal?

1 A. It varies, it depends on sometimes he's not in the
2 infirmary, he may be out to a visit. If I'm out there, I may
3 see him, on occasion. Occasionally, in his cell, if the doc
4 will go in for certain things.

5 Q. When you've seen him, has Mr. Abu-Jamal appeared to you to
6 be in any type of pain?

7 MR. BOYLE: Objection, Your Honor. When?

8 THE COURT: Fair objection. When?

9 BY MS. NEAL:

10 Q. Recently, Mr. Steinhart --

11 A. No.

12 Q. -- when you've seen Mr. Abu-Jamal, has he appeared to you
13 to have been in any kind of pain?

14 MR. BOYLE: Judge, again, objection. Recently is a relative
15 term.

16 THE COURT: Ms. Neal, you need to be more specific than
17 that.

18 BY MS. NEAL:

19 Q. In the last two months, when you've seen Mr. Abu-Jamal,
20 has had he appeared to you to have been in any kind of pain?

21 A. No. In fact, he had said about his skin has improved,
22 especially, with the light therapy, and, also, the treatment
23 plan that was sent -- that Dr. Schleicher has prescribed from
24 us.

25 Q. In the last two months, Mr. Steinhart, when you have seen

1 Mr. Abu-Jamal, has he appeared to you to have been in any type
2 of discomfort?

3 MR. BOYLE: Objection. That was the same question.

4 THE COURT: I'm not quite sure it was the same question.
5 It's close, but I'll allow it.

6 BY MS. NEAL:

7 Q. Has he appeared to you to have been in any type of
8 discomfort?

9 A. No acute discomfort.

10 MS. NEAL: Nothing further, Your Honor.

11 THE COURT: Thank you. Mr. Boyle.

12 MR. BOYLE: I'll defer to Mr. Grote, Your Honor.

13 THE COURT: Mr. Grote, cross-examine.

14 MR. GROTE: Your Honor, I'd like to move Exhibit 25 into
15 evidence. I have a copy of that for Your Honor.

16 MS. NEAL: No objection, Your Honor.

17 MR. GROTE: May I approach the witness?

18 THE COURT: Sure. But before you do that, for my own
19 benefit, what is this?

20 MR. GROTE: This is the Access to Health Care Procedure
21 Manual from the DOC, which contains a glossary of terms,
22 including Corrections Health Care Administrator.

23 THE COURT: Exhibit 25 for Plaintiff is admitted.

24 (At this time Plaintiff's Exhibit No. 25 was admitted into
25 evidence.)

CROSS EXAMINATION

BY MR. GROTE:

Q. Mr. Steinhart, are you familiar with this document?

A. Yes, I am, it's part of the 13.2.1.

Q. Is the term, Corrections Health Care Administrator defined in that document?

A. Yes, it is.

Q. Can you please tell the Court what that definition is?

A. "The facility staff member responsible for overseeing delivery of medical mental health services to the inmate population via medical vendor and department staff."

Q. Thank you. You've been the CHCA for more than two years?

A. Correct.

Q. At what time did you become aware of Mr. Abu-Jamal's skin condition?

A. After his admission to the infirmary.

Q. Which admission to the infirmary are you referring to?

A. I had a little bit of knowledge, prior to admission to Schuylkill Health. After he came back from Schuylkill Health, I learned more about it.

Q. Are you aware whether or not he was in the infirmary in 2014?

A. He was in for a short period of time and prior to that, yes, also, for his skin condition.

Q. What about prior to his admission to Schuylkill in 2015?

1 Was he admitted to the infirmary for some of that time?

2 A. Correct.

3 Q. Now, you answered the initial response to his grievance,
4 correct?

5 A. That is correct.

6 Q. Can you take us through the process of what you do when
7 you investigate a medical care grievance?

8 A. Depending on what the question is on the grievance, the
9 chart is reviewed, it's answered -- most of the time, it's
10 answered by -- it's always answered by somebody in the Medical
11 Department. There's a number of different people in our
12 department that do answer the grievances. I have two nursing
13 supervisors, myself, a couple clinic people that also answer,
14 as well.

15 Q. What did you do, when investigating Abu-Jamal's grievance?

16 A. Reviewed his record.

17 Q. Have you ever found a medical care grievance to -- filed
18 by anybody at SCI Mahanoy to be valid?

19 A. Yes.

20 MS. NEAL: Objection to relevance. It goes beyond the
21 scope, as well, Your Honor.

22 THE COURT: Let's deal with the relevance issue.

23 MR. GROTE: It goes to the question of what actions he has
24 taken, since they put into question his personal involvement in
25 responding to a grievance, what authority he has in doing such.

1 THE COURT: So if his answer was he never found a grievance
2 meritorious, that should be something I should consider, is
3 that it?

4 MR. GROTE: The answer, if he has found it meritorious,
5 what steps does he do, in order to assist the prisoner from
6 having their medical care issue resolved, which would show
7 personal involvement.

8 THE COURT: I'll allow the question on that basis. As far
9 as it being beyond the scope of direct, I have considerable
10 discretion there, as you know. I'm going to allow it.

11 BY MR. GROTE:

12 Q. When you find a medical care grievance valid, what steps
13 do you take?

14 A. Depending on what the grievance is and what they're
15 requesting, we try to resolve the grievance. Most of the time,
16 it has to do with payments. A lot of inmates grieve concerning
17 monies that they pay towards, like, their health care, like, a
18 sick call, etc. that may be reimbursed to them money, things
19 like that.

20 Q. So if it is valid, they would be provided the relief they
21 were sought, if it were valid?

22 A. That is correct, I have.

23 Q. Now, do you consider Hepatitis C a serious medical issue,
24 within the Department of Corrections?

25 A. I know there is a large number of Hepatitis C inmates in

1 the correctional setting.

2 Q. Do you think that it's a serious concern, in general, for
3 within SCI Mahanoy?

4 A. It depends. There's -- like I said, there's a large number
5 of inmates that have Hepatitis C, varying degrees of the
6 disease. Some of them have no symptoms, some of them, their
7 labs are well. There's others that have medical issues because
8 of their Hepatitis C. It can be a concern because of the
9 infectious process and stuff.

10 Q. You testified that medical staff keeps you updated on
11 acute conditions, within SCI Mahanoy, medical conditions, is
12 that correct?

13 A. Any inmates that have acute medical conditions, we have
14 2500 inmates, so anybody that has -- like, we have inmates that
15 have cancer that are going out to the hospital, inmates that
16 are in the infirmary that have acute medical conditions and
17 stuff, yes.

18 Q. Approximately, how many people at SCI Mahanoy are
19 Hepatitis C positive?

20 A. 330.

21 Q. How many of those are currently being treated with
22 direct-acting antiviral medications?

23 A. At this time, we have none, because the Hepatitis policy
24 recently was redone.

25 Q. When you say it was recently redone, when was that redone?

1 A. Within the last couple months.

2 Q. So within the last couple of months, nobody has been
3 authorized to receive the new direct-acting antiviral
4 medications?

5 A. At this time, I believe there's only a few statewide that
6 are getting treatment, at this point.

7 Q. What is the criteria for receiving treatment, under the
8 new protocol?

9 A. They look at the platelet counts, platelet counts less
10 than 100,000, signs of cirrhosis.

11 Q. Is there anything in addition to that?

12 A. That's the major ones that I'm aware of.

13 Q. Has the protocol been reduced to writing?

14 A. It is in writing.

15 Q. Have you seen this policy?

16 A. Yes, I have.

17 Q. At any time, has Mumia Abu-Jamal been offered Hepatitis C
18 treatment?

19 A. Not at this time.

20 Q. You're aware that he has chronic Hepatitis C?

21 A. That is correct.

22 Q. You're aware that he has requested Hepatitis C treatment?

23 A. That is correct.

24 Q. You're aware that his attorneys have requested such
25 treatment?

1 A. That is correct.

2 MR. GROTE: One moment, Your Honor.

3 BY MR. GROTE:

4 Q. Has Mr. Abu-Jamal's skin condition been diagnosed
5 secondary to application of a Brillo pad or scouring agent, to
6 your knowledge?

7 A. Has his skin condition been diagnosed that? No. Our
8 concern was of causing additional problems.

9 Q. Has, to your knowledge, application, alleged application
10 of citrus or garlic been a cause for -- has he been diagnosed,
11 has that been part of his diagnosis of his skin condition?

12 A. No.

13 Q. Are you aware how long he has had a skin condition?

14 A. It's ongoing well over a year.

15 MR. GROTE: Nothing further, Your Honor.

16 THE COURT: Thank you. Ms. Neal.

17 REDIRECT EXAMINATION

18 BY MS. NEAL:

19 Q. Mr. Steinhart, at any point in time, were you aware of Mr.
20 Abu-Jamal not receiving any treatment for his skin condition?

21 A. No, he has received treatment for his skin condition.
22 That's been an ongoing treatment plan from the beginning.

23 Q. Mr. Steinhart, at any point in time, were you aware of any
24 delay in treatment for Mr. Abu-Jamal's skin condition?

25 A. No.

1 Q. In the course of reviewing and responding to grievances,
2 has there been any denial of grievances for skin conditions,
3 based on monetary concerns?

4 A. No.

5 MS. NEAL: Nothing further, Your Honor.

6 THE COURT: Anything further, gentlemen?

7 RECROSS EXAMINATION

8 BY MR. GROTE:

9 Q. Has Mumia Abu-Jamal been offered Hepatitis C treatment to
10 treat his skin condition?

11 A. No.

12 MR. GROTE: Nothing else.

13 THE COURT: Very well. Thank you, sir. You may step down.

14 MR. BOYLE: Your Honor, before they call the next witness,
15 could I be heard on a matter?

16 THE COURT: Yes.

17 MR. BOYLE: The last witness just testified that there is a
18 written policy of the Department of Corrections concerning
19 Hepatitis C treatment. I think that goes to the heart or could
20 go to the heart of the application before the Court. And it has
21 been reduced to writing. And we would respectfully request that
22 it be produced.

23 THE COURT: Mr. Mazeski, Ms. Neal.

24 MS. NEAL: Your Honor, I have a copy of the protocol with
25 me, but I did not intend to offer it into evidence. I was

1 simply going to have Dr. Noel testify to the Hepatitis C
2 protocol, as it relates to Mr. Abu-Jamal.

3 THE COURT: Recognizing that you didn't intend to offer it,
4 does that mean it shouldn't be produced?

5 MS. NEAL: No, Your Honor, there's no reason why.

6 THE COURT: Then produce it. Do you want some time to
7 review that? Very brief time.

8 MR. BOYLE: Yes, Your Honor.

9 THE COURT: Is it here?

10 MS. NEAL: Your Honor, I'm sorry, may I have just one
11 second? Do we have the document?

12 MR. MAZESKI: I gave him the document.

13 THE COURT: Mr. Boyle, how much time do you need?

14 MR. BOYLE: A few minutes. I see it's an eight-page
15 document, single-spaced.

16 MS. NEAL: Your Honor, I'm sorry. May I just add one
17 additional thing?

18 THE COURT: Sure.

19 MS. NEAL: That is our interim policy, that is not a public
20 document. I do not object to having it produced, for purposes
21 of this hearing, however, I would request -- normally, such a
22 policy or procedure would be produced subject to a
23 confidentiality agreement.

24 I would hope that the Court would entertain a request that
25 that document be returned or held in confidence, subject to a

1 confidentiality agreement, which could be executed at the
2 completion of the hearing.

3 THE COURT: Well, why don't I allow Mr. Boyle to take a
4 look at that, and then we will deal with that issue.

5 MS. NEAL: Okay.

6 THE COURT: So Mr. Boyle, I hate to rush you, but how about
7 10 minutes?

8 MR. BOYLE: That should be fine.

9 (At this time a brief recess was taken.)

10 THE COURT: Mr. Boyle, have you had an opportunity to
11 review the document that was represented to be the protocol for
12 Hepatitis treatment?

13 MR. BOYLE: Yes, Your Honor. I have.

14 THE COURT: Now, Ms. Neal, you had a concern about
15 confidentiality?

16 MS. NEAL: Yes, Your Honor. My only concern is that if it's
17 used during the hearing, that's fine, but to release it, I
18 would prefer that it would be -- if it's going to remain with
19 Mr. Boyle and Mr. Grote, that it be subject to a
20 confidentiality agreement.

21 THE COURT: What's your position on that?

22 MR. BOYLE: It certainly will be used during the hearing,
23 and we oppose a confidentiality order, we think that the
24 document is very much of interest to the public, if this is, in
25 fact, their protocol.

1 THE COURT: Please, it would be useful if I had a copy, Ms.
2 Neal. Are you telling me this document is not in the public
3 domain?

4 MS. NEAL: That is correct, Your Honor.

5 THE COURT: How is that so?

6 MS. NEAL: I'm not sure I understand your question, Your
7 Honor.

8 THE COURT: I mean, on what basis is a document promulgated
9 by the State of Pennsylvania or an agency thereof not subject
10 to disclosure? I'm not understanding why it ought to be deemed
11 confidential?

12 MS. NEAL: Well, Your Honor, we have a variety of policies
13 and procedures that we develop that are not subject to
14 disclosure to the public, as a matter of course. The policy
15 that is before you, Your Honor, is an interim policy, and for
16 that reason, it's my understanding -- and, obviously, I haven't
17 had a chance to discuss this with the secretary -- but it's my
18 understanding that that is an interim policy, and that, I
19 believe, is part of the reason why it was not placed on the
20 public website.

21 Had it been placed on the public website, of course, Mr.
22 Grote and Mr. Boyle could just access it off the website.

23 THE COURT: So the fact that it's an interim policy, in
24 your mind, that should cause me to deem it confidential?

25 MS. NEAL: I'm sorry, Your Honor. May I have a moment?

1 THE COURT: Sure.

2 MS. NEAL: Your Honor, it has been explained to me that the
3 rationale for that is that that particular portion of the
4 policy is in -- it's a part of our quality improvement manual,
5 it goes to the free exchange of the medical staff, in reviewing
6 quality improvement, and I believe it's my understanding that
7 those sorts of decisions and exchanges are, typically, held in
8 close confidence, to encourage free discussion of issues and
9 disclosure of information.

10 THE COURT: Well, that doesn't convince me that it ought to
11 be confidential. Is this policy, in final form, something that
12 is the result of rule-making by the secretary?

13 MS. NEAL: I don't believe that it's a rule-making, Your
14 Honor, and I admit --

15 THE COURT: Would it not be in the PA Code?

16 MS. NEAL: No, it would not, Your Honor.

17 THE COURT: Why is that?

18 MS. NEAL: I don't know -- the reason for that, I believe,
19 it's part of the delegation of authority to the Department to
20 develop policies. Those policies -- and there is case law out
21 about this, Your Honor, but I can't cite to it, off the top of
22 my head -- but Department policies are not subject to the same
23 level of disclosure and regulatory review that our regulations
24 are.

25 THE COURT: Well, I'm not prepared to say that I'm about to

1 seal this document. You can provide me with authority, at your
2 convenience, at the close of the hearing, and I'll look at it
3 and give it every consideration, but right now, I'm not deeming
4 this document that it should be sealed.

5 MS. NEAL: I understand that, Your Honor. I'm not
6 requesting that. I'm requesting, simply, that it be subject to
7 a confidentiality agreement, on the part of Mr. Grote and Mr.
8 Boyle. I have no objection to it being entered into evidence,
9 for purposes of the hearing.

10 I just would prefer that, at the end of the hearing, the
11 document that leaves with Mr. Grote and Mr. Boyle be subject to
12 a confidentiality agreement.

13 THE COURT: Well, you can talk to Mr. Boyle and Mr. Grote
14 about negotiating a confidentiality agreement, as is the normal
15 case between counsel in circumstances where there's a document
16 that may or may not be confidential. I'm simply telling you,
17 I'm not ruling that it's confidential right now, and I'll allow
18 you, at the close of the hearing, to have an opportunity to
19 discuss that with Mr. Boyle.

20 Mr. Boyle, I'll want to know why you think you can't agree
21 to a confidentiality agreement, and you better not be
22 unreasonable about it. But I expect you to work this out, and
23 if you can't, I will. Make copies of this, please.

24 THE CLERK: Yes, sir, Judge.

25 THE COURT: Let's continue.

1 MS. NEAL: Your Honor, I'd like to call my next witness.

2 THE COURT: Please.

3 MS. NEAL: Captain Sorber.

4 MR. BOYLE: Can we have an offer of proof on Captain
5 Sorber?

6 THE COURT: Certainly. Ms. Neal.

7 MS. NEAL: Yes, Your Honor. Captain Sorber is being called
8 to discuss the security and administrative implications, if an
9 order is issued directing the department to allow medical
10 examinations by a physician of Mr. Abu-Jamal's choosing,
11 either, on-site at SCI Mahanoy or off-site.

12 THE COURT: I see.

13 MR. BOYLE: I have nothing to add. Okay, Judge.

14 THE COURT: Proceed.

15 K. J A M I E S O R B E R IS CALLED, AND HAVING BEEN DULY
16 SWORN, TESTIFIED AS FOLLOWS:

17 THE CLERK: Please state your full name and spell your last
18 name.

19 THE WITNESS: K. Jamie Sorber, S-O-R-B-E-R.

20 DIRECT EXAMINATION

21 BY MS. NEAL:

22 Q. Good afternoon, Captain Sorber. You are the Intelligence
23 Captain at SCI Mahanoy, is that correct?

24 A. That is correct.

25 Q. And what is the Intelligence Captain at the institution

1 responsible for?

2 A. My office is responsible for the oversight of all inmate
3 and staff investigations that may occur throughout the
4 facility, the Drug Interdiction Program, gangs, intelligence,
5 collective intelligence, things that may or may not be
6 happening in the facility. I oversee the institution Canine
7 Program, various other parts of the facility, but, basically,
8 at the end, encompasses the whole physical perimeter security
9 and physical security of the facility.

10 Q. How long have you been the Intelligence Captain at SCI
11 Mahanoy?

12 A. Since July of 2012.

13 Q. Okay, now, I understand that you were not at SCI Mahanoy,
14 there was a period of time after 2012 when you were assigned to
15 another institution, is that right?

16 A. From August 26 to November 29 of 2015, I was assigned as
17 the Acting Deputy Superintendent at SCI Chester.

18 Q. And when did you return then?

19 A. November 30th.

20 Q. Okay, prior to taking over the position as security or
21 Intelligence Captain what were your responsibilities?

22 A. Prior to that, I served as a shift commander, 1400 to 2200
23 shift for about eight months. And before that, I was actually a
24 Lieutenant and I worked in the Intelligence Office as a
25 Security Lieutenant, since 2009 to 2011.

1 Q. What does a Security Lieutenant do?

2 A. Basically, the same responsibility as the Intelligence
3 Captain, you just work for the Captain, and he has the overall
4 responsibility of the office.

5 Q. In your capacity as Intelligence Captain, do you advise on
6 security procedures or security concerns at the institution?

7 A. Yes. Any matters that come before me, I'll review and
8 make recommendations to both deputies and the superintendent.

9 Q. Do you receive any special training in security, through
10 the department's training academy or at the institution?

11 A. There are several classes that we attend through both
12 inservice with the department and out of service with the
13 department that relate to investigations of physical security
14 training other subjects, yes.

15 MS. NEAL: Your Honor, I'd like to offer Captain Sorber as
16 an expert in the area of correctional security.

17 THE COURT: Mr. Boyle, Mr. Grote, any objection?

18 MR. GROTE: No objection.

19 THE COURT: Captain Sorber is so admitted.

20 BY MS. NEAL:

21 Q. Captain Sorber, do you know Mumia Abu-Jamal?

22 A. Yes, I do.

23 Q. Do you know what sentence he's serving?

24 A. He's currently serving a life sentence.

25 Q. Has Mr. Abu-Jamal been transferred to any outside

1 facilities, at all, during the time period that he has been at
2 SCI Mahanoy?

3 A. Yes, three times, he had an admission to Schuylkill
4 Medical East, earlier this year, in April of this year. He had
5 an off-site visit for treatment at a medical facility, and he
6 also had a subsequent stay at Geisinger Danville, where he was
7 admitted.

8 Q. What level of security was assigned or detached to
9 accompany Mr. Abu-Jamal, when he was taken to those outside
10 facilities?

11 A. When he went to Schuylkill Medical East and Geisinger
12 Danville, he was admitted to those facilities, and we had, at
13 that time, six correctional officers and one Lieutenant
14 assigned.

15 Q. Were the officers that escorted Mr. Abu-Jamal armed, at
16 all, during the escort?

17 A. Yes.

18 Q. What were they armed with?

19 A. They were armed with the department-issued -- it's a CERT
20 weapon, it's a Glock .45 caliber.

21 Q. What was the reason for -- is that the standard number of
22 officers that escort an inmate when they go outside to another
23 facility?

24 A. No.

25 Q. Why were there additional officers sent with Mr.

1 Abu-Jamal?

2 A. Mr. Abu-Jamal draws a lot of notoriety, there's a lot of
3 concern, when you take an inmate outside a facility and you
4 take him anywhere else, correctional officers are often exposed
5 or more vulnerable. He draws more than the norm of outside
6 activity, so to make sure we keep not only the community, the
7 inmate and the officers assigned, we decided to opt for more
8 staff.

9 Q. Now, that was when he was at Schuylkill Medical Center?

10 A. And Geisinger Danville, yes.

11 Q. When you said he draws a certain level of notoriety, were
12 there any protestors at, either, Schuylkill Medical Center or
13 Geisinger?

14 A. Initially, when he went to Schuylkill Medical Center, it
15 was reported that there was 30 individuals that arrived at the
16 hospital, a mix of family, attorneys and supporters, yes.

17 Q. Are you aware of whether there were any incidents in which
18 any of the supporters attempted to enter Mr. Abu-Jamal's room,
19 when he was at Schuylkill Medical Center?

20 A. It was reported to me that there was several attempts for
21 that, yes, and we coordinated with the security at the hospital
22 to secure the entrances a little better, yes.

23 MR. BOYLE: Objection to the hearsay of what was reported.

24 THE COURT: Sustained. I'll note that.

25 BY MS. NEAL:

1 Q. Captain Sorber, when Mr. Abu-Jamal was at the outside
2 facility, were there any additional law enforcement agencies
3 that were called?

4 A. Yes, I spoke to the Pottsville Police Department, as well,
5 and the Pennsylvania State Police.

6 Q. Now, when Mr. Abu-Jamal is at SCI Mahanoy -- and I know
7 you can't speak to the specific security at the institution --
8 but what are the physical security measures in place to close
9 off the institution from the outside public? Is there fencing?

10 A. We have fencing, cameras, perimeter alarms and both
11 outside and inside patrols.

12 MR. GROTE: I'm going to object, based on relevance. This
13 entire line of questioning, which is directed towards whether
14 or not Plaintiff can be seen by a doctor in a room at the
15 prison does not involve an entire description of every security
16 measure as to how the prison is fortified.

17 It was a very specific and localized request, and I don't
18 think any of these other issues that are being discussed are
19 relevant to the claim whatsoever.

20 MS. NEAL: It's being raised in the alternative, Your
21 Honor. I don't know that it's clear that the proposed physical
22 exams would necessarily be able to be conducted inside the
23 institution, so I'm addressing the security concerns associated
24 with taking Mr. Abu-Jamal outside, as well as inside, and I'll
25 get to the inside part here, momentarily.

1 THE COURT: Well, I think Mr. Grote's point is well-taken.
2 I don't want to cut you off here, and I'm not going to, but I
3 don't need to know the overall security plan of SCI Mahanoy.
4 What I need to know is what security would be applicable in the
5 circumstance where Mr. Abu-Jamal were treated within the
6 institution, or alternatively, if he were taken out of the
7 institution, what security measures would have to be taken.
8 That's what I'm really interested in.

9 BY MS. NEAL:

10 Q. Captain Sorber, Mr. Abu-Jamal is housed down in the
11 infirmary, correct?

12 A. Yes.

13 Q. What are the security concerns implicated in allowing an
14 outside physician to come into the institution, if they
15 required, to be in a situation where they could disrobe Mr.
16 Abu-Jamal and have a private examination with him?

17 A. One of the concerns that we have is the introduction of
18 any contraband that would be associated -- any visits that take
19 place, anything that's taking place takes place in a visiting
20 room. To bring anyone into the facility, into a medical setting
21 and let them alone with somebody, we would have concerns there
22 may be contraband passed from one to another.

23 We also vet our own staff and our own employees, and there
24 would be a vetting process that would need to, also, take
25 place, as well, that would be a concern.

1 Q. When you say a vetting process, what would that consist
2 of? A background check?

3 A. It's a background check. We often check to see if there's
4 any personal relationship with the inmate, themselves, that has
5 been established.

6 Q. When you're talking about the introduction of contraband,
7 if Mr. Abu-Jamal were in the visiting room, why is it that it
8 would be less of a concern to have someone visit with him in
9 the visiting room than in the infirmary cell, where Mr.
10 Abu-Jamal is currently housed?

11 A. The visiting room, we have certain procedures and policies
12 that are in place. The visitors aren't permitted, really, to
13 bring any items into the visiting room with them, perhaps, a
14 few tokens for the vending machines. They're not permitted to
15 exchange anything, while they're in there, there's no private,
16 secure setting, unless you're deemed as an attorney.

17 The inmate, when the inmate comes to the room, he comes to
18 the room and he is searched, it's an unclothed search that's
19 taken place before and after the visit takes place. It's also
20 monitored by correctional staff, as well as closed-circuit TV
21 monitors, as well.

22 Q. In the infirmary setting, is there a lesser degree of
23 visibility for a corrections officer than there would be in the
24 visiting room?

25 A. There is quite a bit, to answer your question, there is a

1 lot of instruments, tools that medical staff use that are in
2 the infirmary, there's less observation that would take place
3 by any correctional staff, there's less cameras, there's less
4 tool control, and it's not typically as sterile of an area that
5 the visiting room would be, which is thoroughly searched.

6 And we know what they have in the visiting room, which we
7 limit to as few items as possible. Our Medical Department just
8 offers a lot of instruments and tools.

9 Q. Now, when you're talking about the tool issue, the
10 instruments and other instruments used in the infirmary are all
11 accounted for, through a security protocol, correct?

12 A. That is correct. Most medical personnel, doctors, nurses,
13 I mean, when they receive training, they're trained how to
14 treat people. When they work in the correctional field, what we
15 do is we offer them additional training on, you know, how to
16 have their tools -- how to account for their tools, how to
17 places their tools.

18 If you or I were to go to the doctor's office, you could
19 probably find any number of the drawers unlocked, unsecured,
20 and instruments laying anywhere. Where, in a correctional
21 facility, we provide that training. That training is passed
22 down from nurse to nurse, doctor to doctor, on what items are
23 permitted to be allowed out, what items need to be accounted
24 for and how to secure those items.

25 Take only what you need with you, when you examine

1 somebody, and it's a pretty extensive training that takes place
2 over the course of their career.

3 Q. Generally speaking, in the correctional setting, are there
4 special considerations given to the types of tools used to make
5 sure that they don't have parts that can be broken off and used
6 as weapons?

7 A. That's exactly right. There's a numerous amount of tools
8 that we look at and we classify them as restricted tools.
9 They're stored different and accounted for different, and are
10 only brought out if absolutely necessary.

11 Q. Are you aware of any administrative concerns, whether it's
12 manpower issues or space issues, associated with allowing a
13 private examination to occur down in the infirmary with an
14 outside person and Mr. Abu-Jamal?

15 A. Administratively, I would say one of the biggest concerns,
16 when we talk about -- we house 50,000 inmates in the Department
17 of Corrections, and it would be hard for us to vet those
18 individuals, to do background checks, to provide escort, to
19 provide secure areas, to do that, when we talk of, you know,
20 the need to be able to do that for all of them. If we're going
21 to do it for one, we should be able to do it for all of them.

22 MS. NEAL: I'll pass the witness, at this point, Your
23 Honor.

24 THE COURT: Very well. Gentlemen,

25 MR. BOYLE: Thank you, Your Honor.

CROSS EXAMINATION

BY MR. BOYLE:

Q. Good afternoon. My name is Robert Boyle and I represent Mumia Abu-Jamal.

SCI Mahanoy has attorney visits, does it not?

A. Yes, they do.

Q. As an attorney, I can visit the inmate in the visiting room, isn't that right?

A. Yes.

Q. With proper notice, I can bring in paper, correct?

A. Yes.

Q. I can bring in a pen, correct?

A. Yes.

Q. I can exchange papers with the inmate, correct?

A. Yes.

Q. And that all takes place in the visiting room, isn't that right?

A. Yes.

Q. Now, assume a hypothetical where a doctor wants to see an inmate, for the purposes of a consultation. Is it any more burdensome on you to permit the doctor to bring in, similar to an attorney, paper, pen and do a history with an inmate?

A. To examine him in the infirmary would be, yes, because when you come inside, you would be definitely inside the facility at that point, and that's where we have procedures and

1 policies in place, obviously, to ensure -- you're going to be
2 around tools, you're going to be around other things.

3 Q. The same would not apply, would it, in the visiting room?

4 A. In the visiting room, no, that's a different area.

5 Q. Right. And are you aware that Dr. Jolie(phonetic)
6 requested, as part of the case, for Dr. Joseph Harris to simply
7 be able to visit Mr. Abu-Jamal in the visiting room, bring a
8 paper and pen, so he can do a full consultation with him?

9 A. To my knowledge, he did visit Mr. Abu-Jamal several times
10 in the visiting room.

11 Q. And he was not allowed to bring a pen, isn't that right?

12 A. Visitors -- the only visitors we allow to bring anything
13 are attorneys, and that's per our policy, our visiting policy,
14 and that's the attorney/client privilege.

15 Q. Now, the prison does background checks all the time, don't
16 they?

17 A. The prison does background checks. We do do them, we do
18 them for contract volunteers, contractors and new employees.

19 Q. You do it, to a certain extent, for lawyers who want to
20 come in, we have to show that we're licensed, isn't that right?

21 A. You have to prove that you're licensed, yes.

22 Q. And visitors, to a certain extent, have to go through
23 background checks, isn't that right?

24 A. Inmate visitors?

25 Q. Individuals who are coming -- yeah, an inmate's visitor

1 from the outside.

2 A. An inmate visitor does not go through a background check,
3 no.

4 Q. So assuming, for a doctor, to do a background check, would
5 simply have to provide their license and bona fide that they're
6 a doctor, just like a lawyer, isn't that right?

7 A. They would have to provide their license and address, yes.

8 Q. Ans that could all be verified, isn't that right?

9 A. Yes.

10 Q. And the visiting room at Mahanoy, there is some rooms off
11 to the side, isn't that right, you have the so-called nursery
12 that's never used?

13 A. There's a children's play area there.

14 Q. That's never used?

15 A. I would argue that; I know it's used.

16 Q. Never used as a children's play area, isn't that right?

17 A. There was a time that we had employed someone that would
18 come and actually read to the children. There was toys in
19 there, yes, and currently, it's being painted at this time.

20 Q. I guess the thrust here is you just have a wholesale
21 denial of access to an inmate's medical consultant, isn't that
22 right?

23 A. I don't understand your question.

24 Q. You don't let them in, at all, without any accommodation
25 whatsoever, that's your policy?

1 A. The policy is, if they want to come in, they're permitted
2 to come in through the visiting room and see someone, yes.

3 Q. Without a paper, pen or anything else?

4 A. No, not a paper or pen, they're only allowed to bring in
5 tokens or anything like that.

6 MR. BOYLE: One moment, Judge. No further questions, Judge.

7 THE COURT: Ms. Neal.

8 MS. NEAL: Briefly, Your Honor.

9 REDIRECT EXAMINATION

10 BY MS. NEAL:

11 Q. Captain Sorber, who handles the checks for attorneys to
12 make sure their licenses are verified?

13 A. That would be the Superintendent's assistant.

14 Q. How many Superintendent's assistants are there?

15 A. There's one.

16 Q. Do you know if the Superintendent's assistant does
17 anything other than do background checks to make sure attorneys
18 are licensed?

19 A. The Superintendent's assistant has several other duties.
20 She's in charge of the correctional audits that occur, the
21 annual ones that we do, and every three years we do one. She's
22 also the facility Grievance Coordinator, and she has many other
23 administrative duties that the Superintendent assigns her.

24 Q. What's your current case load or work load in the Security
25 Office?

1 MR. BOYLE: Objection.

2 THE COURT: Grounds.

3 MR. BOYLE: Beyond the scope.

4 THE COURT: Overruled.

5 BY MS. NEAL:

6 Q. Do you have a full work load?

7 A. Yes, ma'am. Currently, our work load entitles that,
8 periodically, we work quite a bit of overtime, just to sustain
9 the number of investigations that we have. As I said before,
10 we're responsible for staff and inmate investigations, inmate
11 on inmate assaults, we coordinate liaisons with the State
12 Police for any criminal charges that happen.

13 With that being said, yes, we are responsible for
14 conducting background checks, but that is also another
15 additional duty which we are often behind on.

16 Q. Administratively, what would be the impact on your office,
17 if you had to do additional background checks for doctors that
18 wanted to come in and do physical exams of inmates?

19 A. We would need additional staff.

20 MS. NEAL: Nothing further, Your Honor.

21 THE COURT: Thank you, Captain Sorber. You can step down.

22 MS. NEAL: Your Honor, my next witness was going to appear
23 by video conference, it's Dr. Jay Cowan.

24 THE COURT: Very well.

25 MS. NEAL: Good afternoon, Dr. Cowan. Is that you?

1 THE WITNESS: Yes, it is. Can you hear me?

2 MS. NEAL: Yes.

3 J A Y C H A R L E S C O W A N, M. D. IS CALLED, AND HAVING
4 BEEN DULY SWORN, TESTIFIED AS FOLLOWS:

5 THE CLERK: State your full name and spell your last name
6 for the record.

7 THE WITNESS: Jay Charles Cowan, C-O-W-A-N.

8 THE CLERK: Thank you, sir.

9 DIRECT EXAMINATION

10 BY MS. NEAL:

11 Q. Good afternoon, Dr. Cowan.

12 A. Hello.

13 Q. I want to start by running through your education. Can you
14 outline for us what your educational background is?

15 A. Yes, I graduated Howard University Medical School, I
16 attended Internal Medicine Residency at the University of
17 Medicine and Dentistry, I then did a GI and Hepatology
18 Fellowship at the University of Medicine and Dentistry.

19 Q. What did your Fellowship in Hepatology consist of?

20 A. Initially, it was two years of Gastroenterology, then,
21 there was one year of a Hepatology Fellowship at the Sammy
22 Davis Liver Institute in Newark, New Jersey, working with
23 patients with chronic hepatitis and transplant patients.

24 Q. Your Clinical Fellowship in Gastroenterology, how long was
25 that Fellowship for?

1 A. That was a two-year program.

2 Q. And that followed a three-year internship and residency?

3 A. Correct.

4 Q. And the residency was in Gastroenterology or Internal
5 Medicine?

6 A. The residency was in Internal Medicine from 1988 through
7 1991.

8 Q. Are you licensed in Pennsylvania?

9 A. I'm licensed to practice medicine in the State of
10 Pennsylvania, yes.

11 Q. Are you licensed in any other states?

12 A. I'm licensed in the State of New York and the State of New
13 Jersey.

14 Q. After completing your Fellowship in Hepatology, where did
15 you work?

16 A. I worked in private practice -- initially, upon completing
17 my Hepatology Fellowship and Gastroenterology Fellowship, I
18 practiced at UMDNJ at Newark New Jersey University Hospital as
19 Associate Director of their HIV clinic. I then after that moved
20 to New York and practiced internal medicine from '95 through
21 the present day.

22 Q. I'm sorry, Dr. Cowan, I think you broke up there, briefly.
23 After you left the Associate Directorship in the HIV Clinic,
24 where did you go?

25 A. I went to North General Hospital in New York City and

1 practiced Internal Medicine and Gastroenterology at North
2 General Hospital, as well as a private practice in Harlem, New
3 York.

4 Q. In your capacity as Associate Director for the HIV clinic,
5 what were your responsibilities?

6 A. Caring for and the management of patients with HIV disease
7 in the City of New York.

8 Q. Before I move on to your work experience, you're Board
9 certified, did I ask you about that? Are you Board certified?

10 A. Yes, I'm currently double boarded in Internal Medicine and
11 Gastroenterology and Hepatology.

12 Q. What's the significance of that? Do you have to take a
13 re-certification exam?

14 A. Yes, the American Board of Internal Medicine has a
15 maintenance of certification requirements that require
16 candidates to be re-certified every ten years for Internal
17 Medicine and for all other specialties, yes.

18 Q. All right, beginning with your private practice, can you
19 walk us through your work experience?

20 A. Certainly. I started working in New York City at North
21 General Hospital and was the Chief of Gastroenterology at North
22 General Hospital in Harlem, New York, as well as having a
23 private practice in Harlem for 18 years.

24 In 2006, I then became -- I worked for Columbia University
25 at Harlem Hospital in their Division of Gastroenterology under

1 the Department of Medicine. After that, in 2011, I transitioned
2 to the Medical Director of Rikers Island, providing health care
3 services at Rikers Island, and I've been doing that for the
4 past five years.

5 Q. In your work experience, between the present day and when
6 you completed your education, have you treated any patients
7 with Hepatitis C?

8 A. Yes. I've treated patients with Hepatitis C as far back as
9 being Chief of GI at North General Hospital, and in private
10 practice, as well as Harlem Hospital, and current day at Rikers
11 Island.

12 MS. NEAL: Your Honor, at this time, I'd like to offer
13 Dr. Cowan as an expert in the field of Hepatology and
14 Gastroenterology.

15 MR. BOYLE: No objection.

16 THE COURT: He is so admitted.

17 BY MS. NEAL:

18 Q. Dr. Cowan, you testified that you've treated patients who
19 have Hepatitis C. Have you treated any patients using the new
20 direct-acting antiviral medications?

21 A. Yes. With the usage of Sovaldi in December 2013 and
22 Harvoni in October 2014, we utilize -- we treat patients at
23 Rikers Island for Chronic Hepatitis C with those agents.

24 THE COURT: Ms. Neal, what was the first one?

25 MS. NEAL: Harvoni?

1 THE COURT: The one before that.

2 MS. NEAL: Sovaldi.

3 BY MS. NEAL:

4 Q. Dr. Cowan, could you spell Sovaldi and Harvoni for us,
5 since we'll be talking about them.

6 A. Harvoni is H-A-R-V-O-N-I and Sovaldi is S-O-L-V-A-L-D-I, I
7 believe. I can check that for you.

8 Q. Dr. Cowan, do you have the illustration marked Defendant's
9 Exhibit 12 in front of you?

10 A. Yes, I do.

11 Q. What is that illustration or that picture of?

12 A. It's a picture of the progression of Chronic Hepatitis
13 through -- are you referring to the picture of the normal liver
14 with the Chronic Hepatitis cirrhosis liver?

15 Q. Yes.

16 A. Yes. So it's a diagram that depicts the natural
17 progression of Chronic Hepatitis C infection, and it states
18 that of patients that are exposed to Chronic Hepatitis C, some
19 75 to 85 percent of those patients go on to develop Chronic
20 Hepatitis, which is inflammation in the liver.

21 Of those people that develop Chronic Hepatitis, some 20 to
22 30 percent of those patients will then go on to develop
23 cirrhosis over the next 10 to 20 years. And then, lastly, of
24 those patients that develop cirrhosis 2 to 7 percent of
25 patients annually will develop Hepatocellular Carcinoma.

1 Q. Okay, just to be clear, because I want to make sure we all
2 understand the statistics, the percentages that are underneath
3 those progressing -- can you hear me, Dr. Cowan? I'm sorry,
4 because the picture was breaking up.

5 A. Yes.

6 Q. The statistics that are listed underneath of the
7 progressing pictures of the liver, I just want to make sure
8 that we understand the significance of the statistics. The
9 arrow that goes from the Chronic Hepatitis to cirrhosis that
10 indicates a 20 to 30 percent, can you explain to us, is that 20
11 to 30 percent that moves from Chronic Hepatitis to cirrhosis 20
12 to 30 percent of the 75 to 85 percent who develop Chronic
13 Hepatitis?

14 A. Yes.

15 Q. Okay, so that's -- just to be clear, that 20 to 30 percent
16 is not 20 to 30 percent of all people who have exposure to the
17 Hepatitis C virus, that is 20 to 30 percent of the people who
18 have Chronic Hepatitis?

19 A. Yes, correct.

20 Q. Now, the same thing for the next progression. From
21 cirrhosis to the -- I'm going to -- the cancer, the HCC, that
22 is 2 to 7 percent per year of the 20 to 30 percent who move
23 from cirrhosis to HCC ESLD, right?

24 A. Yes.

25 Q. Now, the medications that you mentioned, Sovaldi and

1 Harvoni, when was Sovaldi first approved by the FDA? I'm not
2 asking for a specific date, just a general time.

3 A. It was the winter of 2013.

4 Q. Okay. How about Harvoni?

5 A. Sovaldi was December of 2013 and Harvoni was October of
6 2014.

7 Q. So is it fair to say that these are fairly new drugs?

8 A. Yes, the landscape of treatments for Hepatitis C is
9 evolving very rapidly.

10 Q. Now, I want to talk with you a little bit about the
11 progression to cirrhosis. One of the terms that we have heard
12 discussed is fibrosis. Can you explain to us how the
13 progression works from regular -- a normal liver, through
14 fibrosis to cirrhosis?

15 A. So utilizing the diagram that we have just gone over, the
16 normal liver is a liver that functions at 100 percent capacity,
17 without any scarring. A liver that has Chronic Hepatitis has
18 inflammation, there's inflammation ongoing in the liver.

19 From that picture of Chronic Hepatitis to cirrhosis is a
20 time period of some 10 to 20 years, at least, and that's when
21 scarring can begin to occur in the liver. So cirrhosis
22 represents a late stage of progressive hepatic fibrosis. That's
23 characterized by distortion in the liver architecture and the
24 formation of regenerative nodules that are no longer
25 functioning properly, allowing the liver to do its day-to-day

1 activities.

2 Q. And that's the cirrhosis?

3 A. Correct.

4 Q. Are there numbers or other ways of depicting or stating
5 the degree of fibrosis and cirrhosis, and just because I may
6 not have been clear, I'm talking about the F0 through F4. Can
7 you explain how that relates to fibrosis and the progression to
8 cirrhosis?

9 A. Yes, so there's a metavir score which scores the level of
10 fibrosis on a five-point scale from F1 -- I'm sorry -- from F0,
11 F1, F2, F3 and F4. F4 would be cirrhosis, F1 would be no
12 evidence of fibrosis, F1, 2 and 3 would mark the progression of
13 fibrosis, from less severe to more severe.

14 Q. Is there any way to tell when someone is progressing from
15 fibrosis to cirrhosis, are there any tests to say, okay,
16 they're at F2?

17 A. Yes. So we have direct blood tests and indirect blood
18 tests that, as a profession, we have tried to adapt, such as
19 the APRI score, Child-Pugh score, utilizing liver enzymes and
20 platelets to give us parameters by which we can identify
21 progression.

22 Q. Now, can you explain -- you mentioned direct blood tests
23 and indirect blood tests, the APRI score and Child-Pugh, are
24 those direct indicators of fibrosis?

25 A. Yes.

1 Q. Can you explain, going through those different
2 indirect -- are they, typically, called indirect markers or
3 indirect tests, just so I'm clear?

4 A. You can use the term, markers.

5 Q. Okay. Can you just run through the indirect markers for
6 the APRI score and explain what that score is, what it is made
7 up of, and why that is used?

8 A. So the APRI score stands -- initials A-P-R-I, stands for
9 aspartate aminotransferase-to-platelet ratio index. So the
10 aspartate aminotransferase, A-S-T, aminotransferase, it's an
11 enzyme that's produced by the liver, and platelets are cells in
12 the blood stream that help us clot our blood.

13 So by drawing a patient's blood, we can get an AST level,
14 and then we divide by the upper limits of normal by AST, then,
15 divide that total sum by the platelet counts, and that will
16 give us an APRI index.

17 Q. Okay.

18 A. By utilizing the APRI index, it can point us in a
19 direction as to the degree of fibrosis and/or the degree of
20 cirrhosis, if there's any.

21 Q. Dr. Cowan, do you have the Defendant's Exhibit No. 11 in
22 front of you, the diagram of the APRI score?

23 A. Is this the Plaintiff's Exhibit No. 11?

24 Q. Yes.

25 A. I have something labeled as Viral Hepatitis.

1 Q. Do you have the calculation, regardless of the exhibit
2 label, that shows the APRI math calculation?

3 A. Yes.

4 Q. So looking at the diagram, where it references at the top,
5 AST level, and then underneath that, AST upper limit. You
6 mentioned that the AST is the liver enzyme. Why does the APRI
7 look at that liver enzyme, what's the significance of that?

8 A. It has to do with the productivity of the liver function.

9 Q. Can you explain what you mean when you say the
10 productivity of the liver function?

11 A. So a liver that's inflamed, that's undergoing
12 inflammation, would often have an elevated AST level.

13 Q. Now, looking at the AST and then the AST below that,
14 there's another number at the bottom, the platelet count.

15 A. Correct.

16 Q. What's the significance -- why do you look at platelet
17 count, when you're talking about Hepatitis C?

18 A. In patients with cirrhosis, the platelet count often
19 decreases.

20 Q. Why does it decrease?

21 A. There are a number of reasons. The most significant of
22 which is that there is a sequestration of platelets in the
23 spleen when there's evidence of portal hypertension. So in
24 patients that have cirrhosis blood flow is often slowed down
25 because the liver is scarred and the blood vessels' circulation

1 slows, and there's a backup of pressure behind the liver.

2 So organs such as the spleen become -- begin to swell from
3 portal hypertension, and the platelets can then accumulate
4 within the spleen, and they get trapped. So when you draw a
5 patient's blood, their circulating numbers of platelets will
6 drop.

7 In addition, cirrhosis, as well, may have an impact on
8 platelet production, as well, as platelet survival.

9 Q. Are there other factors that can affect a platelet count
10 number, aside from Hepatitis C?

11 A. Yes, autoimmune diseases, inflammatory responses, chronic
12 diseases, infection, a number of things can affect platelet
13 count.

14 Q. Now, I want to talk about this score. To get those levels,
15 the AST levels and the platelet count, how do you collect
16 those?

17 A. So the patients's blood is drawn, sent to the laboratory
18 and we're given results.

19 Q. What is the significance -- you take those numbers and you
20 plug them in and it gives you a number. You mentioned that this
21 was an index. Can you hear me?

22 A. Yes.

23 Q. So is this number indicative of fibrosis or how do
24 you -- looking at that number, how do you use it?

25 A. When the APRI score is above 1.0, I become concerned about

1 significant fibrosis. When it's as high as 1.5, it's more
2 concerning, and when it's greater than or equal to 2, it's a
3 prognostic marker of cirrhosis.

4 Q. I'm sorry, could you say those numbers one more time so we
5 all have them. 1.0 is significant for fibrosis.

6 A. Yes. 1.5 or greater would be worsening fibrosis, and
7 grater than or equal to 2 would be very concerning for
8 cirrhosis. But there is a scale that is utilized.

9 Q. When you say there's a scale, what do you mean?

10 A. So the APRI scale uses terminologies such as possible and
11 significant. So do you want the specific?

12 Q. Sure, if you have it.

13 A. I do. So an APRI score less than or equal to 0.3 is
14 consistent with unlikely cirrhosis or significant fibrosis. An
15 APRI score greater than 0.3 and less than 0.5 represents
16 unlikely cirrhosis, significant fibrosis possible.

17 An APRI score greater than 0.5 but less than or equal to
18 1.5 represents significant fibrosis or cirrhosis possible. APRI
19 score greater than 1.5 and less than or equal to 2 likely --
20 represents likely fibrosis, cirrhosis possible.

21 An APRI score greater than 2 represents likely cirrhosis.

22 Q. So where did you retrieve that information from,
23 Dr. Cowan, of this scale?

24 A. From Up To Date.

25 Q. Yes.

1 A. Hello.

2 Q. I'm sorry, where did you pull that scale from?

3 A. From Up To Date.

4 Q. What is Up To Date?

5 A. It's a medical information reference site.

6 Q. Is that a site that a person in your field would rely on
7 for medical information? Would you like me to repeat the
8 question, Dr. Cowan? I did not hear your answer.

9 A. I'm sorry. Up To Date is a medical reference information
10 site that is available to professionals in health care.

11 Q. Okay. With respect to fibrosis and cirrhosis, Dr. Cowan,
12 can you tell us at what point fibrosis or cirrhosis a person
13 generally begins to experience physical symptoms of -- related
14 to their Hepatitis C virus, if you can say?

15 A. There's not very good concordance between physical
16 symptoms that a patient may experience and their degree of
17 fibrosis or cirrhosis, no, you can't do that.

18 Q. When we were looking at the natural history diagram and we
19 were talking about that progression through cirrhosis, what
20 types of symptoms or medical complications might you experience
21 during cirrhosis that you would not experience when you were in
22 fibrosis?

23 A. So patients that have cirrhosis are at increased risk for
24 ascites, the accumulation of peritoneal fluid in the abdominal
25 cavity. They're at increased risk of portal hypertension that

1 can show dilated veins in the esophagus and stomach. And
2 they're at risk for hepatic encephalopathy, which is mental
3 confusion associated with the increased toxin burden that the
4 liver cannot filter out. Those are markers of decompensated
5 cirrhosis.

6 Q. You said that was an increased risk of those
7 complications, right?

8 A. Correct.

9 Q. So --

10 A. As well as seeing the occurrence of jaundice and/or rising
11 bilirubin levels in the blood stream.

12 Q. But that is only a risk of experiencing those
13 complications, is that right?

14 A. Correct, yes.

15 Q. Going back to the fibrosis, what types of physical
16 complications or risks of complications does one experience
17 around the 0.3, 0.5 range, if you can say?

18 A. There's, generally, not much risk, it's a progression over
19 one to two decades. Very often, you can't predict the rate of
20 progression.

21 Q. Have you had a chance to review Mr. Abu-Jamal's blood labs
22 that have been drawn over the last few months?

23 A. (Unintelligible.)

24 Q. Dr. Cowan, we didn't hear your response, so I'm going to
25 repeat the question.

1 Have you had a chance to review Mr. Abu-Jamal's labs that
2 have been pulled over the last couple months?

3 A. Yes, I have.

4 Q. I want to -- looking at that APRI calculator, can you tell
5 us what the labs are that Mr. Abu-Jamal has had in the last few
6 months that you would use to calculate the most recent APRI
7 score for Mr. Abu-Jamal?

8 A. So on October 29, 2015, he had an AST level of 21 and he
9 had a platelet count on November 3rd of 124,000.

10 Q. Looking at -- do you have the most recent lab in front of
11 you, Dr. Cowan, from December of 2015 for the CBC?

12 A. I do not have the most recent lab. The APRI score that we
13 calculated from the Hepatitis C panel for Correct Care
14 Solutions was 0.423 from labs from November 3rd.

15 Q. Okay, I'm going to take you -- do you have the Defendant's
16 Exhibit 1, it's Page 385?

17 A. I do not.

18 Q. The platelet count on that, Dr. Cowan, just let me say, is
19 134. So if you take that 134 and put that into the calculation
20 and move to his -- what does the -- the AST comes from his CMP?

21 A. Correct. What's the date of the last thing you're looking
22 at?

23 Q. I have, in Defendant's Exhibit 1, it's Page 385, there is
24 a platelet count of 134.

25 A. I'm sorry, but what is the date of the blood test?

1 Q. 12/1/15.

2 A. Okay.

3 Q. Do you have the CMP from October 29 of 2015?

4 A. Yes.

5 Q. Okay. So if we took that, Dr. Cowan, and plugged those
6 numbers in, can you show us on the -- or tell us on the CMP
7 what numbers we would be looking at to plug into that
8 calculation for the AST?

9 A. So your AST you would select as 21, your upper limits of
10 normal AST would be 40, and by what you're telling me, your
11 platelet count would be 134,000.

12 Q. Do you have a calculator there with you, Dr. Cowan?

13 A. Hold on. I do not have a calculator, no.

14 Q. Would you trust my math skills, Dr. Cowan, if I told you I
15 put those numbers in and it came out to an APRI score of 0.392?

16 A. Yes, I would.

17 Q. And that sounds about right to you?

18 A. It does.

19 Q. And that APRI score is lower than the prior APRI score
20 that you had calculated off the previous CBC, correct?

21 A. Correct. The one I had calculated that I utilized labs
22 from October 29 and a platelet count from November 3rd of 2015.

23 Q. So putting that APRI score in, on that scale that you
24 discussed, where would that put Mr. Abu-Jamal, in terms of the
25 likelihood of having fibrosis or cirrhosis?

1 A. He would be in the Unlikely Cirrhosis, Significant
2 Fibrosis Possible category.

3 Q. Now, that's using the APRI score. Are there other ways
4 that you can measure the probability of someone being -- I'm
5 going to say fibrotic, I don't know if that's a correct
6 adjective -- or having cirrhosis?

7 A. Yes, there are.

8 Q. Okay, and what are those indirect markers?

9 A. So the indirect markers would be other scores, such as the
10 MELD score, Child-Pugh score, HALT-C score, as well as
11 additional blood tests that could be drawn, such as Fibrosure
12 and radiological tests such as transient elastography fiber
13 scan.

14 Q. So is the APRI a generally-accepted measurement for the
15 probability of fibrosis or cirrhosis?

16 A. Yes, it is.

17 Q. Are you aware, are there any Hepatitis C treatment
18 protocols that use the APRI score?

19 A. Yes, the Federal Bureau of Prisons utilizes APRI score,
20 the Veterans Administration utilizes the APRI score.

21 Q. When we're talking about the Hepatitis C protocols, I want
22 to talk a little bit about the AASLD guidelines. Are you
23 familiar with those?

24 A. Yes, the guideline revision that came out in August of
25 2015?

1 Q. Yes.

2 A. Yes, I am familiar.

3 Q. That's the most recent set of guidelines that came out?

4 A. Correct.

5 Q. There was some testimony previously that the AASLD
6 guidelines that came out in August removed the table and the
7 discussion of prioritization. Is that your understanding of
8 those guidelines?

9 A. The guidelines -- the AASLD guidelines that came out in
10 August wanted to treat everyone.

11 Q. Those guidelines, are they -- do they give an expression
12 as to whether the rationale for that is based on the risk of
13 harm to the individual person or does it also include a desire
14 to eradicate the virus through transmission?

15 MR. BOYLE: Objection.

16 THE COURT: Just a moment, Doctor.

17 MR. BOYLE: Objection to the form of the question.

18 THE COURT: Well, it's a compound question. Break it up,
19 please.

20 BY MS. NEAL:

21 Q. Dr. Cowan, what is, to your understanding, the rationale
22 for that change in the guidelines?

23 MR. BOYLE: Objection. He's not competent to explain the
24 AASLD's rationale, he can explain --

25 THE COURT: He may or may not be. Clearly, he's an expert,

1 but what his knowledge of these AASLD guidelines are and the
2 rationale for their adoption is something, Ms. Neal, you
3 haven't established yet, at least, as respect to his knowledge
4 of them.

5 BY MS. NEAL:

6 Q. Dr. Cowan, you've reviewed the guidelines, correct?

7 A. Yes, I have reviewed the AASLD guidelines.

8 Q. Do they give an expression in the guidelines of the
9 rationale for the change, removing the prioritization?

10 A. Yes.

11 Q. And can you tell us, from your understanding, the reason
12 for that change?

13 A. So first and foremost, with the advent of these new
14 medications that are oral medications, the high efficacy of
15 these medications with success rates above 90 percent, the
16 relative low side effect risk of these medications, I believe
17 that was the impetus that encouraged AASLD to change their
18 guidelines.

19 Previously, we had an Interferon-based treatment that was
20 an injectable form of medication that was associated with many
21 side effects and was used in combination with oral pills, as
22 well, that had significant side effects. Unfortunately, that
23 treatment regimen success rate was around 40 percent.

24 So with the introduction of these new medications that
25 came out in December of 2013, October 2014 with their relative

1 low-risk side effects, I believe that was the reason, with high
2 success rates of 90 percent plus encouraged AASLD to change
3 their guidelines, and, also, that they could eradicate
4 Hepatitis C.

5 Q. Now, these are treatment guidelines. As a person who has
6 treated Hepatitis C, can you tell us what the standard in the
7 community is for treatment using these new medications, whether
8 there is still a prioritization that is a standard in the
9 community.

10 MR. BOYLE: Objection to the compound.

11 MS. NEAL: Strike that, Your Honor.

12 BY MS. NEAL:

13 Q. Is there still a standard in the community for using
14 prioritization, post the change to the AASLD guidelines?

15 MR. BOYLE: Objection; leading.

16 THE COURT: Sustained.

17 BY MS. NEAL:

18 Q. Dr. Cowan, what is the standard in the community for using
19 the new medications, in light of the AASLD guidelines?

20 A. The current approach in the correctional health care of
21 risk stratification, treating the sickest individuals first is
22 the current standard practice in correctional health care.

23 Q. Outside of correctional health care, the other protocols
24 that you discussed, the V.A. protocol, does that, also, use a
25 prioritization?

1 A. Yes, they do.

2 Q. Are you aware of Mr. Abu-Jamal's allegations that he has
3 not received proper treatment for his Hepatitis C condition?

4 A. I'm sorry, could you repeat the question? You were
5 breaking up.

6 Q. Are you aware of Mr. Abu-Jamal's allegation that he has
7 not received proper treatment for his Hepatitis C condition
8 from the Pennsylvania Department of Corrections?

9 A. Yes, I am.

10 Q. For individuals under the correctional system or the V.A.
11 system, if you're aware, Dr. Cowan, individuals not receiving
12 the new medications, how are their cases handled, while they're
13 waiting to be evaluated?

14 MR. BOYLE: Objection to the compound.

15 THE COURT: I'm sorry, sir?

16 MR. BOYLE: Objection. The question was, correctional
17 setting and V.A. setting, and asked a question about how are
18 they dealing with the issue. It's compound; there's two
19 entities going on here.

20 THE COURT: All right. Ms. Neal, try again.

21 MS. NEAL: Okay, thank you, Your Honor.

22 BY MS. NEAL:

23 Q. Dr. Cowan, for the individuals who are not receiving the
24 new direct-acting antiviral medications, what is the standard
25 of care in the community for managing the care of those

1 individuals?

2 A. I'm sorry, can you repeat that? You were breaking up.

3 THE COURT: Would you like that read back, Ms. Neal?

4 MS. NEAL: Yes, please, Your Honor.

5 THE COURT: Kristin.

6 (At this time the reporter read back the referred-to
7 portion of the record.)

8 THE REPORTER: "QUESTION: Dr. Cowan, for the individuals
9 who are not receiving the new direct-acting antiviral
10 medications, what is the standard of care in the community for
11 managing the care of those individuals?"

12 THE WITNESS: So patients with Chronic Hepatitis in the
13 community are being followed by their providers and being
14 monitored, that includes blood tests, ultrasound, monitoring
15 platelet counts, calculating APRI scores, and before the change
16 in the guidelines from AASLD in August of 2015, patients with
17 fibrosis scores of 3's and 4's were being treated. Patients
18 with fibrosis scores of 0, 1 and 2 generally were being
19 wait-listed until they progressed, if they progressed to levels
20 of 3 or 4 to receive therapy.

21 Does that answer your question?

22 BY MS. NEAL:

23 Q. Yes, Dr. Cowan. Are you aware of Mr. Abu-Jamal's
24 allegation that his skin condition is related to his Hepatitis
25 C condition?

1 A. Yes.

2 Q. Do you have an opinion, as to whether Mr. Abu-Jamal's skin
3 condition is related to his Hepatitis C?

4 A. I've reviewed his chart, I've looked at the
5 Dermatologist's consultation and thorough follow-up and
6 treatment, and I do not believe that the skin infection is an
7 extrahepatic manifestation of his Hepatitis.

8 Q. Why do you believe that, Dr. Cowan?

9 A. Because of the reports that have been studied. So when you
10 look at extrahepatic skin manifestations of Hepatitis C, mixed
11 cryoglobulinemia, porphyria cutanea tarda, lichens planus and
12 leukocytoclastic vasculitis have all been associated with
13 Chronic Hepatitis C.

14 Necrolytic acral erythema (unintelligible) -- in a
15 retrospective analysis were done.

16 Q. Dr. Cowan, I'm sorry for interrupting you. Can you back
17 up? We lost you right at NAE.

18 A. So necrolytic acral erythema, NAE, the articles that I
19 reviewed studied a cohort of -- a retrospective cohort of
20 patients that were studied in Egypt, and there was concern of a
21 possible association with Chronic Hepatitis C.

22 In the United States, I, myself, have not seen a case of
23 necrolytic acral erythema associated with Hepatitis C, and I
24 believe less than a handful of cases have been identified in
25 the United States.

1 Q. Do you have an opinion, Dr. Cowan, as to whether or not
2 Mr. Abu-Jamal's anemia is related to his Hepatitis C condition?

3 A. I do not believe that his anemia is related to the
4 Hepatitis C. (Unintelligible).

5 Q. I apologize, Dr. Cowan. We lost you there, briefly. Would
6 you restate the basis for your opinion?

7 A. Yes, sorry. I do not believe that his anemia is related to
8 Chronic Hepatitis C. In review of the medical records, I
9 believe that the anemia may be related to the skin disease and
10 the treatment of the skin disease that was selected early on.
11 It was with Cyclosporine, I believe it was.

12 Q. Why do you believe that the anemia is related to the skin
13 condition or some of the other issues that were going on and
14 not the Hepatitis C?

15 A. So he has had a number of biopsies. There was a skin
16 biopsy that was not consistent with NAE, there was a bone
17 marrow biopsy that was done, lymph node biopsy that was done,
18 he was evaluated by a Hematologist/Oncologist, and the anemia
19 was diagnosed as the anemia of chronic disease.

20 Q. Now, Dr. Cowan, can you give us, other than simply the
21 APRI score, can you give us your opinion on whether or not Mr.
22 Abu-Jamal has sustained liver damage, related to his Hepatitis
23 C condition?

24 A. Well, based on his APRI score and knowing that Chronic
25 Hepatitis C can cause inflammation in the liver, he has, at the

1 very least, Chronic Hepatitis, yes. But the gold standard would
2 be a liver biopsy. But we have utilized a less invasive,
3 acceptable form, the APRI score, to determine degree of
4 inflammation fibrosis.

5 Q. Are you aware of the CTs and ultrasounds that were done on
6 Mr. Abu-Jamal?

7 A. Yes, I have the results of a CAT scan that, I believe, was
8 in May, and two ultrasounds that were done.

9 Q. Did those inform your opinion, at all, as to whether or
10 not Mr. Abu-Jamal has fibrosis or cirrhosis?

11 A. Ultrasound and CAT scans are not very sensitive for
12 diagnosing fibrosis or cirrhosis, so I can't make a
13 determination based upon the ultrasound and/or CAT scan.

14 Q. So you would rely more so on those indirect markers, for
15 example, the blood tests?

16 A. Correct.

17 Q. What would your recommendation be, Dr. Cowan, for treating
18 Mr. Abu-Jamal's Hepatitis C condition in the correctional
19 setting?

20 A. I would monitor him very closely, I would continue with
21 seeing him every 30 to 90 days, monitoring his blood work,
22 calculating his APRI score, watching his platelet count,
23 monitoring any symptoms that he may be experiencing.

24 I've been informed that his skin rash has nearly
25 completely resolved with treatment with topical therapy and

1 ultraviolet light, and I would monitor his him every 30 to 90
2 days.

3 Q. Irrespective of Mr. Abu-Jamal's confinement in the
4 correctional setting, would that be, in your opinion,
5 Dr. Cowan, an acceptable approach to treatment?

6 MR. BOYLE: Objection; leading.

7 THE COURT: Overruled.

8 THE WITNESS: I'm sorry, can you repeat the question?

9 BY MS. NEAL:

10 Q. Irrespective of Mr. Abu-Jamal's confinement in the
11 correctional setting, the recommendation for treatment that you
12 have just outlined, would that be an acceptable approach for
13 treatment?

14 A. Yes.

15 MS. NEAL: I'll pass the witness, Your Honor.

16 THE COURT: Mr. Boyle, do you wish to conduct your cross
17 examination now?

18 MR. BOYLE: Your Honor, it's going to be extensive, I don't
19 know what the Court's pleasure is. I know we have another
20 witness.

21 THE COURT: Well, I'll defer to you, sir. If you wish to do
22 it now, we will do it now. If you think you're better-served by
23 beginning it tomorrow, I'll accept that.

24 MR. BOYLE: Could I consult with co-counsel?

25 THE COURT: Sure.

1 MR. BOYLE: We would prefer to do it tomorrow.

2 THE COURT: Ms. Neal, could you make Dr. Cowan available
3 tomorrow morning?

4 MS. NEAL: Dr. Cowan, could you be available tomorrow
5 morning?

6 THE WITNESS: Yes I can.

7 THE COURT: Okay, we will stand in recess until 9:30
8 tomorrow morning.

9 MS. CONABOY: Your Honor, we filed a stipulation asking the
10 Court for an extension of time until the testimony concludes
11 for our Brief in Response to a Motion to Dismiss. Could we have
12 an extension, in light of the fact that the proceedings will
13 continue tomorrow for two business days after the completion of
14 testimony.

15 THE COURT: Certainly.

16 MS. CONABOY: Thank you.

17 MS. NEAL: Your Honor, may we be heard on the issue of
18 confidentiality order, Your Honor?

19 THE COURT: Well, I wanted you, if you recall, I wanted you
20 and Mr. Boyle and Mr. Grote to attempt to resolve that, as
21 mature, competent individuals, I expect you to do that. I
22 expect there to be some resolution of that among the three of
23 you. I really expect that.

24 MS. NEAL: All right. Thank you, Your Honor.

25 (At this time the proceedings were adjourned.)

C E R T I F I C A T E

I, KRISTIN L. YEAGER, Official Court Reporter for the United States District Court for the Middle District of Pennsylvania, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing is a true and correct transcript of the within-mentioned proceedings had in the above-mentioned and numbered cause on the date or dates hereinbefore set forth; and I do further certify that the foregoing transcript has been prepared by me or under my supervision.

S/Kristin L. Yeager
KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter

REPORTED BY:

KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter
United States District Court
Middle District of Pennsylvania
P.O. Box 5
Scranton, Pennsylvania 18501

(The foregoing certificate of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or supervision of the certifying reporter.)

THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MUMIA ABU-JAMAL,

Plaintiff

vs

JOHN KERESTES, Et. Al.,

Defendants

15cv967

TRANSCRIPT OF PROCEEDINGS - EVIDENTIARY HEARING DAY THREE
BEFORE THE HONORABLE ROBERT D. MARIANI
WEDNESDAY, DECEMBER 23, 2015; 9:00 A.M.
SCRANTON, PENNSYLVANIA

FOR THE PLAINTIFF:

Robert J. Boyle, Esq.
277 Broadway, Suite 1501
New York, New York 10007

-AND-

Bret D. Grote, Esq.
Abolitionist Law Center
P.O. Box 8654
Pittsburgh, Pennsylvania 15221

FOR THE DEFENDANT KERESTES:

Laura J. Neal, Esq.
Vincent R. Mazeski, Esq.
PA Department of Corrections
Chief Counsel's Office
1920 Technology Parkway
Mechanicsburg, Pennsylvania 17050

FOR THE DEFENDANT GEISINGER MEDICAL CENTER:

Suzanne Conaboy, Esq.
John B. Dempsey, Esq.
Myers, Brier & Kelly, LLP
425 Spruce Street, Suite 200
Scranton, Pennsylvania 18503

Proceedings recorded by machine shorthand, transcript
produced by computer-aided transcription.

KRISTIN L. YEAGER, RMR, CRR
CERTIFIED REALTIME REPORTER
235 N. WASHINGTON AVENUE
SCRANTON, PENNSYLVANIA 18503

I N D E X

Witnesses:	Direct	Cross	Redirect	Recross
Jay Cowan, M.D. (Continued)	--	4	69	79
Dr. Paul Noel	87	122	154	--

E X H I B I T I N D E X

For Plaintiff:	Identified	Admitted
Exhibit No. 19	11	--
Exhibit No. 18	23, 75	--
Exhibit No. 17	32	--
Exhibit No. 28	46	47
Exhibit No. 29	49	50
Exhibit No. 1 (A-110)	53	--
Exhibit No. 1 (A-17 & A-74)	59	--
Exhibit No. 2 (Page 5)	81	--
Exhibit No. 30	125, 126	125
Exhibit No. 31	132	--
Exhibit No. 32	134	160
Exhibit No. 1 (Page 128)	148	--
Exhibit No. 1 (Page 59)	151, 152	--
Exhibit No. 1 (Page 60)	152	--
For Defendant:		
Exhibit No. 9	5, 30, 28	69
Exhibit No. 13	34-36, 72, 101, 102, 127	160
Exhibit No. 12	69	69
Exhibit No. 1 (Page 385)	109	--
Exhibit No. 14	--	160
Exhibit Nos. 6&11	--	69

1 THE COURT: Good morning, everyone.

2 MR. BOYLE: Good morning.

3 MS. NEAL: Good morning.

4 THE COURT: Mr. Boyle, are you prepared to proceed?

5 MR. BOYLE: Yes, Your Honor. I do note that I don't think
6 Mr. Abu-Jamal -- the hook-up with the jail has taken place. We
7 haven't seen him yet.

8 Mr. Grote just spoke to the institution, received the
9 Superintendent's Office, said they were going down to get it
10 ready and it should be ready momentarily.

11 THE COURT: Do you wish to wait for him?

12 MR. BOYLE: I would like to wait for him, Your Honor.

13 THE COURT: We will give the Department of
14 Corrections -- how much time is it going to take?

15 MS. NEAL: I don't know, Your Honor. If they were aware we
16 were starting at 9:30, I thought that it would actually be up
17 and running. I'm not sure what the problem is. I can call the
18 institution and find out.

19 THE COURT: I'd appreciate that.

20 (At this time there was a brief pause in the proceedings.)

21 MS. NEAL: Your Honor, they sent someone down to check.
22 They're going to call me back with the status.

23 THE COURT: Very well.

24 J A Y C O W A N, M. D. IS RECALLED, AND HAVING BEEN
25 PREVIOUSLY DULY SWORN, TESTIFIED AS FOLLOWS:

1 THE COURT: Mr. Boyle, proceed.

2 CROSS EXAMINATION

3 BY MR. BOYLE:

4 Q. Good morning, Mr. Cowan.

5 A. Good morning, Mr. Boyle.

6 Q. Am I pronouncing your name correctly? It's Cowan?

7 A. Yes, you are.

8 Q. You are part of the Correct Care Solutions Hepatitis C
9 Review Committee?

10 A. I'm a consultant with the Correct Care Hepatitis C Review
11 Committee, correct.

12 Q. Are you a paid consultant?

13 A. Yes, I am.

14 Q. Correct Care is the contracted health provider for the
15 Pennsylvania Department of Corrections, is that right?

16 A. Correct Care Solutions, correct.

17 Q. And the committee that you're a part of is not independent
18 from Correct Care Solutions, is it?

19 A. No, it's a part of Correct Care Solutions.

20 Q. So you all either work for Correct Care Solutions or
21 you're a paid consultant, everyone on the committee?

22 A. I can't speak for everyone, but I'm a paid consultant.

23 Q. You're paid by Correct Care Solutions?

24 A. Yes.

25 MS. NEAL: Objection; asked and answered.

1 BY MR. BOYLE:

2 Q. Okay. How long has this Hepatitis C Review Committee
3 existed?

4 A. I don't know.

5 Q. How long have you been a part of it?

6 A. For, approximately, two months.

7 Q. Okay, and that is the -- just so we're clear -- the
8 Hepatitis C Review Committee for the Pennsylvania Department of
9 Corrections?

10 A. For Correct Care Solutions.

11 Q. Who is the provider for the Pennsylvania Department of
12 Corrections?

13 A. Correct.

14 Q. Now, when was the first time that the Committee discussed
15 the case of Mumia Abu-Jamal?

16 A. I was a part of the discussion sometime in November,
17 perhaps, late October.

18 Q. Okay. So prior to that -- do you know, of your own
19 knowledge, whether this committee discussed Mr. Abu-Jamal's
20 case, before you were present for the discussion in October or
21 November?

22 A. I do not know.

23 Q. Okay. Now, do you have your report in front of you? This
24 is the report dated December 17, 2015, DOC Exhibit 9?

25 A. Which report is this?

1 Q. This is the report on Mr. Abu-Jamal's case dated --

2 A. Yes, I do.

3 Q. Now, this report is the product of the work of the
4 Committee, concerning Mr. Abu-Jamal, is that right?

5 A. Correct.

6 Q. And it was -- it's dated December 17, 2015, is that right?

7 A. Correct.

8 Q. And it indicates that the Committee met to discuss Mr.
9 Abu-Jamal's case on December 3, 2015, is that right?

10 A. Yes, the letter states that, yes.

11 Q. Okay. Was there any meeting, prior to December 3, 2015,
12 concerning Mr. Abu-Jamal's case?

13 A. There were discussions that had occurred, yes.

14 Q. They were not in-person meetings?

15 A. Some of them were.

16 Q. Okay. And were you aware, during the first meetings you
17 attended, that Mr. Abu-Jamal had filed a motion in Federal
18 Court for an order requiring that he be given Hepatitis C
19 treatment?

20 A. Yes.

21 Q. And so, at the time you discussed his case, you were aware
22 he was seeking a Court Order?

23 A. Yes.

24 Q. Okay, now, you testified yesterday that one of your jobs
25 is directing medical care at Rikers Island?

1 A. Correct.

2 Q. Okay, and who do you work for in that capacity?

3 A. I work for Correctional Medical Associates of New York.

4 Q. Okay, and does that have anything to do with Corizon?

5 A. I work with Corizon Health Care through Correctional
6 Medical Associates of New York.

7 Q. And Correctional Medical Associates of New York is a
8 subsidiary of Corizon, is it not?

9 A. It is not.

10 Q. But Corizon is the outfit that's responsible for health
11 care in the New York City Department of Corrections, isn't that
12 true?

13 MS. NEAL: Objection; relevance.

14 MR. BOYLE: Your Honor, this goes to his credibility. I'll
15 move along and try to demonstrate the relevance.

16 THE COURT: All right, I'll allow you to go so far. Ms.
17 Neal, you can renew your objection if you think he's gone too
18 far afield.

19 BY MR. BOYLE:

20 Q. Now, you won't be directing medical care at Rikers Island
21 after December 31, 2015, will you?

22 A. No, I will not.

23 Q. Okay, and that's because Corizon's contract has not been
24 renewed, isn't that right?

25 MS. NEAL: Objection; relevance.

1 THE COURT: Sustained.

2 THE WITNESS: We have -- Correctional Medical Associates,
3 Corizon, and Correction Dental Associates formed a coalition
4 and had a contract at Rikers Island. We are completing a
5 three-year contract that ends on December 31.

6 BY MR. BOYLE:

7 Q. That was because the city did not renew that contract
8 because of the incompetence of Corizon, isn't that true?

9 MS. NEAL: Objection; relevance.

10 THE COURT: Sustained.

11 MR. BOYLE: Your Honor, if I may be heard, this goes to
12 his -- he has testified in support of his application to be an
13 expert, and I would assume, in terms of his credibility, that
14 he manages the health care in Rikers Island, which is the
15 largest correctional complex in the world.

16 THE COURT: But the decision of New York City not to renew
17 this particular organization doesn't show a clear connection
18 between that decision and Dr. Cowan.

19 If you want to tell me Dr. Cowan is incompetent, you go
20 right ahead and question him, but I'm not interested in that
21 organization.

22 MR. BOYLE: He testified he was the head of the
23 organization --

24 THE COURT: I understand. You can direct your questions to
25 Dr. Cowan, as to whether his performance or lack thereof or

1 deficiencies in his performance were the result of his contract
2 termination, I'll allow that, but a general statement that this
3 contract was terminated is of no use to me, it's not helpful to
4 me.

5 BY MR. BOYLE:

6 Q. Was the performance of Corizon the subject of an
7 investigation by the New York City department of Investigation?

8 MS. NEAL: Objection; relevance.

9 THE COURT: I'll have to hear a little more.

10 THE WITNESS: I'm sorry, could you repeat the question,
11 please?

12 BY MR. BOYLE:

13 Q. Yes. Was the performance of Corizon the subject of a
14 report by the New York City Department of Investigation in June
15 of 2015?

16 A. The Department of Investigation submitted a report,
17 correct.

18 Q. Okay, and did the report find, in part, in its Conclusion
19 section;

20 "Corizon staff have, on several occasions, provided
21 inadequate care, sometimes seriously so, and have engaged in
22 other illegal activities.

23 "For these reasons, we have significant concerns about
24 Corizon's suitability as a contractor to provide health care
25 services to the city's jails."

1 MS. NEAL: Your Honor, I object. The question is whether or
2 not the report states that it found that staff had failed to do
3 those things. There's no indication that the report indicated
4 that Dr. Cowan, himself, failed to meet a standard of care or
5 otherwise acted improperly.

6 THE COURT: I think that's a valid objection at this point,
7 Mr. Boyle. If you're attacking, as you have a perfect right to
8 do, if you're attacking Dr. Cowan's credibility, I need to hear
9 something about Dr. Cowan. A reference to staff is
10 insufficient, unless you can show he had supervisory
11 responsibilities over that staff in which he was derelict.

12 Now if you want to go there, you can, but general
13 condemnations of this Corizon organization is not useful to me.

14 BY MR. BOYLE:

15 Q. You had supervisory responsibility for the health care
16 employees of Corizon at Rikers Island, did you not?

17 A. For some of the health care employees, yes.

18 Q. In fact, you're in charge of health care for all of Rikers
19 Island, were you not?

20 A. Yes, I am.

21 Q. And the report found that the deficiencies, inadequacies,
22 as it is described, were systemic, did it not?

23 A. I wouldn't say it was systemic, no.

24 MR. BOYLE: If I may, Your Honor. I'm going to show counsel
25 what's been marked as Defendant's Exhibit 19(sic) just for

1 identification. So I'd like to have it -- Plaintiff's Exhibit
2 No. 19, I'm sorry.

3 MS. NEAL: What page?

4 MR. BOYLE: 27, the findings.

5 MS. NEAL: Your Honor, may I have a minute to review this?

6 THE COURT: Yes.

7 MS. NEAL: Your Honor, the report in the Conclusion section
8 refers, generally, to staff. There's no -- Dr. Cowan's name is
9 not mentioned in here, and there's no indication that there's
10 any conclusion, with respect even to the Director, for that
11 position for Health Care Services at Rikers Island.

12 THE COURT: Well, I've just been handed a 27-page,
13 single-spaced document that I have not, obviously, had an
14 opportunity to read. So if we're going to determine whether
15 this report is useful in the cross examination of Dr. Cowan,
16 both of you better refer me to what it is you think is useful.

17 MR. BOYLE: I will direct the Court --

18 THE COURT: All right, do that.

19 MR. BOYLE: -- to Page 27, the Conclusion section. I
20 believe it's the last page, Your Honor.

21 THE COURT: Conclusion consists of two paragraphs?

22 MR. BOYLE: Yes.

23 THE COURT: All right, just a moment.

24 (At this time there was a brief pause in the proceedings.)

25 THE COURT: All right, tell me what you think those last

1 two paragraphs indicate that serve as a basis for the use of
2 this document in the cross examination of Dr. Cowan,
3 particularly, with reference to the testimony he gave on direct
4 examination as a Hepatologist?

5 MR. BOYLE: Your Honor, in the following way. He not only
6 testified -- he not only established his qualifications as a
7 Hepatologist yesterday, he gave a long history of his
8 employment and, particularly, it was the Defense counsel that
9 brought out that he manages this enormous prison system.

10 That certainly goes to his credibility. His credibility is
11 one of the key issues that this Court will need to determine,
12 when making the determination as to whether to credit his
13 opinion, when it comes to -- and I believe he referred several
14 times yesterday to the correctional standard of care, that this
15 policy is the correctional standard of care, it's reasonable.

16 He didn't only testify as to his expertise as a
17 Hepatologist. He offered an opinion that this is a reasonable
18 procedure in which to follow. This is something that I expect
19 the Defense is going to argue.

20 To the extent that Dr. Cowan has made that opinion, I
21 believe that the fact that the New York City Department of
22 Investigation made this conclusion, in terms of his ability to
23 supervise the largest correctional complex, I believe, in the
24 world, which is Rikers Island, I believe, is relevant to the
25 weight that this Court would accord his opinions, not only as a

1 doctor but as someone who offered opinions as to the
2 correctional standard of care.

3 THE COURT: Well, if Dr. Cowan were determined in this
4 report -- and I'm not sure that he was -- if he were determined
5 in this report to be a poor administrator or inept
6 administrator, how does that impact his credibility, with
7 respect to his opinions offered as a Hepatologist, with which I
8 am interested?

9 MR. BOYLE: Well, like I said, Your Honor, it's not
10 only -- because not only is the Hepatologist's opinion before
11 this Court, but he offered an opinion on what's reasonable in a
12 correctional setting.

13 THE COURT: But only with respect to the treatment of Hep
14 C.

15 MR. BOYLE: I would submit that the two go hand in hand.
16 He's saying -- it's no dispute in this case that there's this
17 drug which can cure it. The Defense is coming forth with an
18 argument, Well, there is this defense -- there is this drug
19 that can cure it, but what we're doing, in terms of monitoring,
20 treating the sickest first, and all of it is reasonable under
21 the Eighth Amendment. And Dr. Cowan not only --

22 THE COURT: But it's reasonable under the Eighth Amendment
23 because he has testified that the APRI test is a useful, in
24 fact, very, very accurate tool for determining when antiviral
25 drugs should be administered. This report is about the

1 efficiency of Corizon, in connection with its contract to
2 administer to jails.

3 We look at these last two paragraphs, we have got an
4 assertion that Corizon, quote, has failed to either screen or
5 properly supervise its employees. It's somewhat attenuated
6 between the issues in this case and what happened there.

7 Next sentence. Further, Corizon staff on several occasions
8 provided inadequate care, sometimes seriously so, and have
9 engaged in other illegal activity. I don't even know what that
10 illegal activity is, but as far as inadequate care, I see
11 nothing to suggest it has to do with Hepatitis C.

12 We go on -- the second paragraph talks about Corizon
13 failing to -- has improperly failed to supervise Corizon. More
14 troubling, a lack of effective communication between all three
15 entities has resulted in a broken system, where necessary
16 background screenings for over 1100 employees working in the
17 city's jails was not done.

18 That's not something that's before me. Surely, you have to
19 concede that point, that whether background checks for the
20 employees wasn't done is not something that I could take into
21 consideration, in connection with this issue.

22 MR. BOYLE: The specific issues of what they did or did not
23 do on Rikers Island may not be before the Court, but
24 Dr. Cowan's reliability and credibility are. And the first
25 sentence isn't limited to just the activities of staff, but it

1 says, Corizon has failed to either screen or properly supervise
2 its employees. We have before the Court, for the purposes of
3 medical care at Rikers Island, the head of Corizon.

4 THE COURT: We do, indeed, have the head of Corizon, and as
5 I said to you at the outset, I'll repeat what I said. It's
6 certainly your right to attack Dr. Cowan's credibility, but in
7 doing so, you need to show his own personal culpability. I'm
8 not interested in the institutional culpability of Corizon. I
9 mean, you're Civil Rights lawyers, you understand Monell, you
10 understand the rules. If you want me to deal with him as
11 someone culpable here, you've got to show that he had knowledge
12 of or acquiesced in illegal or improper activity.

13 Go ahead. I'm going to let you do that. But I don't care,
14 generally, about what Corizon did or didn't do. That's not
15 enough for me.

16 MR. BOYLE: Your Honor, I will pose another question.

17 THE COURT: Ms. Neal, you can renew your objection, if you
18 think it's appropriate. I'm going to let him continue and we'll
19 see where this goes.

20 MR. BOYLE: One moment, Your Honor.

21 BY MR. BOYLE:

22 Q. Dr. Cowan, as the person responsible for health care at
23 Rikers Island, are not deaths caused by medical neglect your
24 responsibility, as the supervisor of providing the medical care
25 for the inmates at Rikers Island?

1 A. If you're saying neglect, from a medical standpoint, I
2 would be and my company would be responsible as the employer,
3 correct.

4 Q. And you testified before the New York City Council
5 concerning Corizon's performance at Riker's Island, did you
6 not?

7 A. I represented my company, Correctional Medical Associates.
8 I do not work for Corizon.

9 Q. But you testified, in your capacity as the person who was
10 ultimately responsible for medical care on Rikers Island, did
11 you not?

12 A. For medical services, yes.

13 Q. Okay. And you were questioned about, I think it was, at
14 least, 15 deaths that the council was investigating, which
15 could be attributed to improper or inadequate care at Rikers
16 Island.

17 MS. NEAL: Objection. I do not see that in -- the findings
18 that are in this don't address the medical care. These
19 conclusions that are stated in here and in the body of this
20 document do not go to medical care.

21 These are -- I'm looking at these -- these are all purely
22 administrative issues, and this other proceeding that Mr. Boyle
23 is questioning Dr. Cowan on are aside from the findings that
24 there was a failure, on the part of Corizon, and there's no
25 indication that there was any finding of failure on the part of

1 Dr. Cowan.

2 MR. BOYLE: I'll withdraw that question, Your Honor, and
3 pose another one.

4 BY MR. BOYLE:

5 Q. Are you familiar with the name Bradley Ballard? And I'm
6 referring, now, to Page 21 of the report.

7 A. Yes, I am.

8 Q. Now, Bradley Ballard was a young man who was a prisoner on
9 Rikers Island, was he not?

10 A. I can't comment on the Bradley Ballard case. It's
11 currently undergoing litigation.

12 Q. Did the report of the Department of Investigation report
13 that one of the cells that the mental health clinicians failed
14 to inspect housed a diabetic, schizophrenic inmate who had tied
15 a ligature around his genitals, smeared feces in his cell, and
16 was in need of urgent medical attention? That inmate, Bradley
17 Ballard, ultimately died, according to the coroner's report,
18 from diabetic ketoacidosis with a contributing factor of
19 genital ischemia.

20 THE COURT: Just a moment, Dr. Cowan. Your objection?

21 MS. NEAL: I'm going to continue to object to relevance,
22 Your Honor. There's no indication of improper actions directly
23 by Dr. Cowan, with respect to Mr. Ballard, either, in Mr.
24 Boyle's question or in the report.

25 The fact that he may have been the administrator

1 responsible for oversight of medical care at the institution,
2 at the time that Mr. Ballard died from a medical issue, that's
3 distinct from what we're dealing with with Mr. Abu-Jamal and is
4 not relevant.

5 THE COURT: Mr. Boyle, how is it relevant?

6 MR. BOYLE: Your Honor, the report -- and admittedly a long
7 one, single-spaced --

8 THE COURT: Did you quote from it now in just posing that
9 question?

10 MR. BOYLE: Yes.

11 THE COURT: Where was that from?

12 MR. BOYLE: Page 21 of the report. The last full paragraph.

13 THE COURT: One that begins, Among other tasks?

14 MR. BOYLE: Yes, Your Honor.

15 THE COURT: All right, I see it. This is a reference to Mr.
16 Ballard, who obviously died in custody.

17 MR. BOYLE: I would refer the Court, it goes to footnote
18 46, where Corizon's performance rating, not just the individual
19 providers, was downgraded after his death, commenting on
20 Corizon's overall performance.

21 THE COURT: What would you have me -- what inference would
22 you have me draw from this information, with respect to
23 Dr. Cowan?

24 MR. BOYLE: He just testified he is ultimately responsible
25 for the care and treatment of inmates, at least, with respect

1 to medical care on Rikers Island, and this report, and
2 admittedly a long one, does, I submit, show systemic failures
3 in that, which, because of his position as a director of
4 medical care are attributable to him.

5 And they go to the reliability and credibility that this
6 Court would give to Dr. Cowan, when it comes to assessing the
7 weight of the opinions he gave yesterday. That is the proffer,
8 Your Honor.

9 THE COURT: Dr. Cowan was admitted without objection as an
10 expert in Hepatology. Does anyone dispute that was the
11 expertise attributed to him? Am I correct?

12 MR. BOYLE: Yes, Your Honor.

13 THE COURT: All right. Frankly, that's what I'm interested
14 in, whether or not he is -- whether his conclusions about the
15 treatment of Hepatitis C, in particular, his determinations,
16 with respect to Mr. Abu-Jamal, are accurate, whether he has a
17 basis for that, whether I should believe him on those issues.

18 This is far afield, Mr. Boyle. It doesn't have anything to
19 do with this man's opinions as a physician. It may have
20 something to do with his ultimate responsibility for what
21 appear to be serious breaches of proper care or breaches of
22 proper administration at Rikers Island, but that doesn't help
23 me, and I'm going to sustain the objection.

24 I want to know -- I want you -- if you're representing
25 your client, as I know you are vigorously doing, I want you to

1 undermine his credibility, if you can, with respect to his
2 conclusions as a physician and, in particular, his conclusions
3 as a Hepatologist. That's what I'm interested in knowing.

4 This man has testified yesterday about a specific test to
5 determine when viral loads should be dealt with with the newest
6 treatment. He has testified that Mr. Abu-Jamal does not suffer
7 from necrolytic acral erythema, he has made a variety of other
8 statements and conclusions that are clearly harmful to your
9 client's case. That's what I'm interested in.

10 The fact that his company that served in some consultive
11 capacity or some interactive capacity with Corizon, with all
12 due respect, isn't useful to me.

13 MR. BOYLE: I'll move along, Judge, preserving my
14 objection, of course, to that.

15 THE COURT: Of course. Thank you.

16 BY MR. BOYLE:

17 Q. Dr. Cowan, you'll agree that Chronic Hepatitis C is a
18 serious disease?

19 A. Yes, it is.

20 Q. Okay, it's a major public health issue today in the United
21 States, is it not?

22 A. In the United States and world wide.

23 Q. Yes. And in the United States alone, it has been estimated
24 that -- and this is a conservative estimate -- that between 2.7
25 and 5.2 million people have Chronic Hepatitis C. Would you

1 accept those figures, in general terms?

2 A. I'm more accustomed to 3.2 million to 4 million.

3 Q. Okay. And of those, it's estimated that between 55 and 85
4 percent would progress to chronic liver disease, isn't that
5 right?

6 A. The expectation is that people with Chronic Hepatitis C
7 that are exposed to Chronic Hepatitis C that between 50 and 85
8 percent of patients will develop Chronic Hepatitis, correct.

9 Q. And of those -- and I believe you said yesterday on your
10 chart -- approximately 20 percent would develop cirrhosis.

11 A. Yes, over a period of 10 to 20 to 30 years.

12 Q. Right. And of those, I believe your chart yesterday stated
13 that, between 2 and 7 percent per year would die from liver
14 cancer.

15 A. What we stated was that of the patients with cirrhosis,
16 some 2 to 7 percent of those patients would be diagnosed
17 annually with hepatocellular carcinoma.

18 Q. So the statistic is not 2 to 7 percent of the people with
19 cirrhosis but rather 2 to 7 percent per year would progress
20 from cirrhosis to liver cancer?

21 A. Yes.

22 Q. Hepatitis C, would you agree, is the number one reason for
23 liver transplants in the United States, at present?

24 A. It currently is, yes.

25 Q. And it's the number one cause of liver cancer in the

1 United States?

2 A. Yes.

3 Q. And it's also a contagious disease, that means, it could
4 be transmitted from one person to another, by bodily fluids?

5 A. Primarily blood, yes.

6 Q. Okay. And would you agree that there's now a drug that is
7 90 to 95 percent effective in eradicating the virus from
8 infected individuals, at least, those in genotype 1A?

9 A. Yes, with the events of the direct-acting antivirals, yes.

10 Q. We're talking, now, about the latest medication?

11 A. Yes.

12 Q. And so that drug, if administered to someone with
13 Hepatitis C, can reduce the 20 percent chance of cirrhosis to
14 nearly zero, isn't that right?

15 A. With 90 to 95 percent success rates, yes, those numbers
16 would decrease.

17 Q. And, in fact, would decrease to almost zero, wouldn't
18 they?

19 A. Yes, at 90, 95 percent.

20 Q. Right. And it could reduce that 2 to 7 percent per year
21 advance to liver cancer to almost zero, isn't that right?

22 A. Yes, yes, it is.

23 Q. And it would largely eliminate the need for liver
24 transplants for people with Chronic Hepatitis C, isn't that
25 right?

1 A. If you cured patients from Hepatitis C, you would decrease
2 the necessity for liver transplants related to Hepatitis C.

3 Q. And that would be a significant reduction, would it not?

4 A. Yes.

5 Q. And you were aware, of course, that the Plaintiff in this
6 case Mumia Abu-Jamal has Chronic Hepatitis C, is that right?

7 A. Yes.

8 Q. And you're aware he has genotype 1A, is that right?

9 A. Yes.

10 Q. And so, if treated, although not absolutely certain, it's
11 almost certain that he would avoid further progression of his
12 disease?

13 A. Yes.

14 Q. Are you familiar with October 2015 guidelines issued by
15 The American Association for the Study of Liver Diseases,
16 concerning Hepatitis C? And, now, just to clarify, because
17 you're not here in front of me, I'm not referring to the ones
18 issued in July of 2015.

19 A. You're referring to the updated guidelines on treatment?

20 Q. The ones that came out just in the last several weeks.

21 A. Are you referring to treatment?

22 Q. I'm referring -- do you have Plaintiff's Exhibit No. 18 in
23 front of you --

24 A. I do not.

25 Q. -- in evidence. Okay, I'm referring to a document,

1 Plaintiff's Exhibit No. 18 in evidence published by The
2 American Association for the Study of Liver Diseases and the
3 Infectious Disease to the Society of America entitled, When and
4 In Whom to Initiate HCV Therapy.

5 Are you familiar with that document, in general?

6 A. I don't have the exact document you're referring to, but I
7 do believe I'm aware of the AASLD Guidelines from July and
8 October.

9 Q. Okay. And in the October guidelines, the most recent ones,
10 they eliminated prioritization -- they recommended that
11 treatment no longer be prioritized, is that right?

12 A. They recommended that all patients with Chronic Hepatitis
13 C should receive therapy. I believe that's what the synopsis of
14 the recommendation was.

15 Q. Let me read it to you, this is a quote from Exhibit 18 in
16 evidence.

17 "Therefore, the panel" -- and that's the panel of The
18 American Association for the Study of Liver
19 Diseases -- "continues to recommend treatment for all patients
20 with Chronic Hepatitis C infection, except those with short
21 life expectancies that have not be remediated by treating HCV
22 by transplantation" --

23 MS. NEAL: Your Honor, I'm sorry, could I get direction to
24 the page Mr. Boyle is referring to?

25 THE COURT: It's the very first front page and last four

1 lines of the first paragraph. I'm sorry, Mr. Boyle. Go ahead.

2 BY MR. BOYLE:

3 Q. Just continuing.

4 "Therefore, the panel continues to recommend treatment for
5 all patients with Chronic HCV infection, except those with
6 short life expectancies that cannot be remediated by treating
7 HCV, by transplantation or by other directed therapy.

8 "Accordingly, prioritization tables are now less useful
9 and have been removed from this section."

10 Did you read -- are you familiar with that change to the
11 AASLD's recommendations?

12 A. Yes, I am.

13 Q. Now, the report also describes, does it not, and I'm
14 talking about the October report, the many benefits that
15 treatment for Hepatitis C would have, does it not?

16 A. I believe it does, yes, I don't have it in front of me.

17 Q. Well, I'll read it to you. This is on the second full
18 paragraph of Page 2.

19 "Patients who are cured of HCV infection experience
20 numerous benefits, including a decrease in liver inflammation,
21 as reflected by improved amino transferase, that is ALT,
22 asparate amino transferase, AST levels, and a reduction in the
23 progression of liver fibrosis."

24 Would you agree with that?

25 A. Yes.

1 MR. BOYLE: Turning to Page 3 of the report now, Your
2 Honor.

3 BY MR. BOYLE:

4 Q. "Conversely, the AASLD recommends, delay in treatment
5 decreases the benefit of what they say SVR", which I'm assuming
6 is sustained virological response. Would you agree with that?

7 A. Yes.

8 Q. Would you agree that they cite to authority that states
9 that treatment delay --

10 MR. BOYLE: And now I'm referring to the second full
11 paragraph, Your Honor, on Page 2 -- Page 3 excuse me.

12 BY MR. BOYLE:

13 Q. "Treatment delay may decrease the benefit of SVR. In a
14 report of long-term follow-up in France, 820 patients with
15 biopsied confirmed metavir stage F0 or F1 were followed for up
16 to as long as 20 years.

17 "The authors noted a rapid progression of fibrosis in 15
18 percent of patients during follow-up and in patients treated
19 successfully, long-term survival was better."

20 So they cite a report, do they not, Dr. Cowan, which says
21 that even treating people with no fibrosis or low levels of
22 fibrosis can have health benefits, isn't that right?

23 A. Yes.

24 Q. And that delaying treatment can cause health
25 complications, isn't that right?

1 A. Yes.

2 Q. Now, would you agree that the report also found -- now,
3 I'm referring to Page 6, the third full paragraph -- that;
4 "Commencing antiviral therapy may prevent the progression
5 to diabetes in patients with pre-diabetes who have Hepatitis C
6 and may reduce renal and cardiovascular complications in
7 patients with established diabetes who have Hepatitis C."

8 Would you agree with that?

9 A. I'm sorry, could you repeat that? You broke up for a
10 minute. Sorry.

11 Q. I'm going to ask you if you agree with the following
12 sentence from the AASLD's report, October 2015 report.

13 "Antiviral therapy may prevent progression to diabetes in
14 patients with pre-diabetes who have Hepatitis C and may reduce
15 renal and cardiovascular complications in patients with
16 established diabetes who have Hepatitis C."

17 Would you agree with that?

18 A. Correct; I agree with that.

19 Q. And would you also agree -- this is going to the next
20 paragraph of the report -- that, in patients with Chronic
21 Hepatitis C, fatigue is the most frequently reported symptom
22 and has a major effect on quality of life and activity level
23 evidenced by numerous measures of impaired quality of life."

24 Would you agree with that?

25 A. Yes.

1 Q. And would you also agree that treatment of the Chronic
2 Hepatitis C has been shown to reduce, if not eliminate, fatigue
3 in Chronic Hepatitis C patients?

4 A. Yes, successful treatment, yes, it has.

5 Q. And with the new drug, there's a 90 to 95 percent chance
6 that the treatment will be successful, isn't that right?

7 A. On average, yes.

8 Q. Now, in the report of the Committee -- and by the way, D0C
9 Exhibit 9, which is the December 17, 2015 report of the
10 Committee, did you write that report?

11 A. I did not.

12 Q. Okay. Did you review it, before it was submitted?

13 A. Yes, I did.

14 Q. Who wrote it?

15 A. It was written by Dr. Charlton.

16 Q. Did anyone on the Committee ever examine Mumia Abu-Jamal?

17 A. I can speak for myself, I did not have the opportunity to
18 examine him.

19 Q. Well, when you spoke with other members of your Committee,
20 did you ask if anyone had examined Mumia Abu-Jamal?

21 A. I did not specifically ask that question.

22 Q. And did anyone at the Committee meetings and the phone
23 calls, the conferences of people on the Committee now, not
24 other people, did anyone say that they had examined Mumia
25 Abu-Jamal?

1 A. No, they did not.

2 Q. So your report that you created is based upon the records
3 that you reviewed, correct? Medical records, is that right?

4 A. Yes.

5 Q. Based on the medical records.

6 A. The medical records that were reviewed, the consultations
7 that were done by the Rheumatologist, the consultations that
8 were done by Hematology/Oncologist, the consultation that was
9 done by the Dermatologist, the review of the lymph node
10 biopsies, the bone marrow biopsy, the skin biopsies, the
11 ultrasound, CAT scans and lab work that had be done.

12 Q. But no one ever, on the Committee, to your knowledge, went
13 to actually see Mumia Abu-Jamal?

14 A. I am not aware of anyone examining him from the Committee.

15 Q. So no one asked him how he was feeling?

16 A. Again, the medical records were reviewed. Those records
17 included encounters that Mr. Abu-Jamal had had with providers
18 at his facility. All of his medical records were reviewed.

19 MR. BOYLE: Move to strike as unresponsive.

20 BY MR. BOYLE:

21 Q. Did anyone on the Committee, to your knowledge, speak with
22 Mumia Abu-Jamal, himself?

23 MS. NEAL: Objection; asked and answered.

24 THE COURT: I think it was answered. I'll allow you to do
25 it, go ahead, but I think it was answered. You can answer the

1 question, Dr. Cowan.

2 THE WITNESS: I'm not aware of anyone on the Committee
3 examining or speaking with the patient.

4 BY MR. BOYLE:

5 Q. Now, in your report, the Committee criticizes Dr. Harris
6 for stating that the American Association for the Study of
7 Liver Diseases Guidelines are the standard of care. You state,
8 in effect, that that's only his opinion, isn't that right?

9 A. Where are you referring to?

10 Q. Page 2 of the report.

11 THE COURT: Mr. Boyle, what are you referring to?

12 MR. BOYLE: Excuse me, Your Honor?

13 THE COURT: What exhibit are you referring to?

14 MR. BOYLE: DOC Exhibit 9, and I'm looking for the section
15 myself right now. Page 4 of 5 of the report, DOC Exhibit 9.

16 BY MR. BOYLE:

17 Q. Do you have that report in front of you, Dr. Cowan?

18 A. Yes, I do.

19 Q. Directing your attention to the third full paragraph, the
20 second full sentence, referring to the Harris report.

21 "The further statement that the community standard of care
22 is equivalent to the AASLD recommendation is an opinion and is
23 not reflective of the current standards of practice in
24 correctional health care, including the standards of the
25 Federal Bureau of Prisons or in care provided through the

1 Veterans Administration."

2 Do you see that paragraph?

3 A. Yes, I do.

4 Q. And so you asserted that Dr. Harris' statement that AASLD
5 is the equivalent of the community standard of care was simply
6 his opinion, isn't that right?

7 A. The committee thought so, correct.

8 Q. Okay.

9 A. In reference to -- not the standard of practice in the
10 Bureau of Correction -- Federal Bureau of Prisons or the
11 Correctional Health Care and the V.A. Administration,
12 specifically.

13 Q. But you didn't just limit it to that, did you? You said it
14 was his opinion that it was the community standard of care, not
15 just limited to corrections, isn't that right?

16 A. We stated that it was not reflective of the current
17 practice of care in Correctional Health Care, Federal Bureau of
18 Prisons and the Veterans Administration.

19 Q. Is it your opinion, Dr. Cowan, that there is a different
20 standard of care in a correctional setting than in the
21 community overall?

22 A. Well, I think the AASLD has come out with guidelines, and
23 I believe you quoted recent changes as late as October 2015.
24 Those guidelines take time to be adopted to clinical practice,
25 both in the community and in institutional settings.

1 Q. My question is as follows:

2 Irrespective of the AASLD Guidelines, is it your opinion,
3 Dr. Cowan, that a different standard of care exists in the
4 correctional setting than exists in the community at large?

5 A. I don't see a dramatic difference, no.

6 Q. So the standards for the community, you would agree,
7 should be the standards applied in a prison situation?

8 A. I think it's difficult to make such a general statement.
9 Institutions, in general, take time to adopt to change in
10 guidelines. They don't occur overnight.

11 Q. The question is not the implementation of the guidelines,
12 Dr. Cowan, the question is the standard of care that applies,
13 in general, would you agree that the --

14 A. The general?

15 Q. Could I finish, please?

16 A. I apologize.

17 Q. Could we agree -- would you agree that the same standard
18 of care that is applicable to the community at large should
19 apply in a correctional setting?

20 A. Yes.

21 Q. Isn't it a fact that the Center for Disease Control
22 has -- with respect to Hepatitis C -- has adopted the AASLD
23 Guidelines for treatment as the standard of care?

24 A. I'm not specifically aware of those, but.

25 Q. Okay, do you have Plaintiff's Exhibit No. 17 in evidence

1 before you?

2 A. I do not.

3 Q. Okay. I'll read it to you. This is referring to -- 17.

4 MS. NEAL: Which page?

5 MR. BOYLE: Unfortunately, the pages are unnumbered, but
6 it's the sixth page, top paragraph, it's a continued
7 paragraph--

8 MS. NEAL: The last page?

9 MR. BOYLE: Yes.

10 BY MR. BOYLE:

11 Q. Report from Center for Disease Control entitled,
12 Surveillance For Viral Hepatitis. You would agree they're a
13 reputable organization, right?

14 A. Yes, they are.

15 Q. In 2014 -- this is a quote;

16 "In 2014, two new all regimens Harvoni and Viekira PAK
17 were licensed for treatment of HCV. These four agents are now
18 the standard of care for treatment in the United States.

19 "Evidence-based guidance is available from the AASLD/IDSA
20 to assist providers caring for HCV-infected patients. The
21 AASLD/IDSA HCV guidance is continuously updated to incorporate
22 new information, regarding HCV testing, linkage to care and
23 treatment."

24 And then it provides the link for AASLD. So would you
25 agree that the Center For Disease Control refers patients and

1 providers to the AASLD for guidance on how Hepatitis C patients
2 should be treated?

3 A. Yes.

4 Q. And so Dr. Harris -- the CDC agrees with Dr. Harris, isn't
5 that fair to say?

6 A. In regards to --

7 Q. In regards to the AASLD's guidelines being the community
8 standard of care?

9 A. Yes.

10 Q. Now, you referred to, I believe --

11 MR. BOYLE: It's both, Your Honor, a Plaintiff's exhibit
12 and a Defense exhibit. I have the Defense exhibit in front of
13 me, it's Defendant's Exhibit 13, a document entitled,
14 Evaluation and Management of Chronic Hepatitis C Virus
15 Infection published by the Federal Bureau of Prisons.

16 THE COURT: Just a moment, Mr. Boyle. Okay, you can
17 proceed.

18 BY MR. BOYLE:

19 Q. Do you have the Defendant's Exhibit 13 in front of you,
20 the BOP?

21 A. I do not have the exhibit in front of me, but I do have a
22 copy of the Federal Bureau of Prisons Clinical Practice
23 Guidelines July 2015.

24 Q. And the BOP also refers to the AASLD guidelines as
25 important and strives for them to be adopted, do they not?

1 A. Yes.

2 Q. Okay, now, yesterday, you discussed something called the
3 A-P-R-I score, is that right? Do you remember that?

4 A. I do.

5 Q. And do you have the -- once again, do you have the DOC
6 Exhibit 13 in front of you?

7 A. I do not.

8 Q. Okay. But they -- the BOP discusses the APRI score, does
9 it not?

10 A. It discusses it and uses it in their management.

11 Q. The APRI score, as you stated yesterday, is a marker for
12 disease progression, right?

13 A. Yes.

14 Q. And it's an equation -- I'm not going to try to repeat
15 it -- using the platelet count and the -- is it the ALT or AST
16 count that it uses?

17 A. AST.

18 Q. And would you agree, though, that at lower numbers, the
19 APRI is not a sensitive test for lower stage fibrosis?

20 A. When you say, lower numbers, you're talking about lower
21 numbers of the APRI scale?

22 Q. Yes. Let me pose a specific question, and I think that
23 will help. And I'm reading, now, from Page 5 of the Defendant's
24 Exhibit 13.

25 "The APRI score may also be used to predict the presence

1 of significant fibrosis, that is stages 2 to 4 out of 4. Using
2 a cut-off of greater than 1.5, the sensitivity is 37 percent
3 and the specificity is 95 percent for significant fibrosis."

4 Would you agree with that?

5 A. Yes.

6 Q. Where it says that the sensitivity is 37 percent, does
7 that not mean that 63 percent of those who test negative are
8 actually positive?

9 A. "Sensitivity is a number of patients with a positive test
10 who had the disease, divided by all patients with the disease.
11 A high sensitivity will not miss many patients who actually
12 have the disease."

13 Is that what you're referring to?

14 Q. Yes, and at lower numbers, the sensitivity of the APRI
15 score is 37 percent, isn't that right? Referring to Defendant's
16 Exhibit 13, which is the BOP guidelines.

17 A. I don't know what you're referring to by lower numbers. If
18 I'm reading this the same way you are, it's talking about
19 stages 2 to 4, out of 4. And it's saying that using a cut-off
20 greater than or equal to 1.5, the sensitivity is 37 percent and
21 the specificity is 95 percent.

22 A score of 2 to 4 are high scores, so I'm confused when
23 you're saying low scores.

24 Q. We're talking about, now, a lower APRI score, less than 2.
25 Would you agree that it says, using a cut off of 1.5, the

1 sensitivity of the test is 37 percent?

2 A. Yes.

3 Q. And yesterday, when you calculated Mumia Abu-Jamal's APRI
4 score, you utilized the last two months of -- or, at least, two
5 recent months of blood work, is that right?

6 A. Yes, we did.

7 Q. And when you calculated the score, the result was that
8 there was a significant possibility of fibrosis?

9 A. Significant possibility. I believe the score that we
10 calculated was 0.391.

11 Q. And you stated that that meant a significant possibility
12 of fibrosis, isn't that right?

13 A. Well, from the APRI score chart, an APRI score greater
14 than 0.3 and less than or equal to 0.5, which is where the
15 figure of 0.391 falls, would fall into a category, Unlikely
16 cirrhosis, Significant fibrosis possible.

17 Q. Thank you. Now, it's true, is it not, that people with
18 normal liver function tests, that is ALT and AST levels, may
19 develop liver fibrosis, isn't that right, over time?

20 A. Specifically, AST and ALT are amino transferase of the
21 liver. They do not correlate well with disease activity in the
22 liver specific to Chronic Hepatitis C, they fluctuate.

23 Q. Thank you. Now, there are other factors that contribute to
24 progression, as well, are there not?

25 A. Yes.

1 Q. For example. Men tend to progress more than women.

2 A. Gender. Men progress more than women, correct.

3 Q. And the longer time between infection -- the longer time
4 since someone is infected affects the possibility of
5 progression, is that right?

6 A. Yes, the duration that someone has the virus can affect
7 their progression, but it's hard to determine, when someone has
8 actually become infected.

9 Q. Okay, and someone's age, at the time of infection, also,
10 is a factor -- a risk factor in progression, is that right?

11 A. Yes, it is.

12 Q. And would you agree that viral load, that is the number of
13 whatever it is in milliliters or whatever of the virus in the
14 body, does not correlate with the stage of the disease?

15 A. Correct, viral load does not correlate with the stage of
16 disease of Hepatitis C.

17 Q. And so the fact that Mumia Abu-Jamal has a low viral load
18 or a relatively low viral load is not a sign of disease
19 progression or liver damage?

20 A. Yes.

21 Q. Now, platelet count, you mentioned that with the APRI
22 score, is important, is it not?

23 A. Yes, that's why it's a part of the score.

24 Q. Right. And just backtracking for a second. When you agree
25 that age, at the time of infection, was a risk factor,

1 that that would include those infected at ages 20 or older, is
2 that right?

3 A. Primarily, the main risk factors that have to do with
4 disease progression are gender, male patients, duration of
5 Hepatitis C, individuals that are co-infected with HIV and
6 individuals that are co-infected with Hepatitis B and/or any
7 other long-standing liver disease, alcoholism, etc.

8 Q. Could you answer my question? Is there a risk factor for
9 when someone is -- is a person more at risk if they are
10 infected at age 20 or older?

11 A. Yes, it's usually older age. I believe the cut-off is age
12 50 -- I'm not quite sure, specifically.

13 Q. What age was that? I'm sorry?

14 A. I believe it's age 50. I could look it up for you.

15 Q. 15?

16 A. 5-0.

17 Q. 5-0. Well, did you participate in an article, a published
18 study entitled, Lifestyle and Genetic Risk Factors for the
19 Progression of Hepatitis C?

20 A. When was it written?

21 Q. Do you recall participating in an article -- drafting an
22 article amongst many others entitled, Lifestyle and Genetic
23 Risk Factors for Progression of Hepatitis C, co-authored with
24 Sara Olson, Nancy Lau, Sandy Iyer, Daniel Egan, I. Orlow and
25 Robert Kurtz.

1 Do you recall participating in that?

2 A. I do not.

3 Q. Well, would you --

4 A. When was that?

5 Q. I don't have the article in front of me, but would you
6 agree with the following statement taken from that article;

7 "In unvariant analysis, older age, higher number of years
8 infected, infection at later ages (20 or older), an infection
9 through IVDU, which I'll suspect is probably intravenous drug
10 use, were significantly associated with risk of higher stage
11 disease."

12 Would you agree with that statement?

13 MS. NEAL: Objection, Your Honor. Dr. Cowan has testified
14 he didn't participate, he's not aware that he participated in
15 the article, he's not familiar with it. I don't have that
16 article in front of me, myself, to review.

17 MR. BOYLE: My question was, did he agree with that
18 statement. I understand he doesn't have the article.

19 THE WITNESS: I would have to review the article, sir.

20 MR. BOYLE: Okay, thank you.

21 BY MR. BOYLE:

22 Q. Now, with respect to Mr. Abu-Jamal's platelet count, would
23 you agree that low platelets is a sign of disease progression
24 in Hepatitis C?

25 A. Yes, thrombocytopenia is a marker for cirrhosis, yes.

1 Q. And for the last three months, that is, December, November
2 and October, Mr. Abu-Jamal's platelet count has been below the
3 normal range, is that right?

4 A. I believe, the normal range -- (unintelligible).

5 Q. I'm sorry, Doctor we lost you for a moment.

6 A. I apologize. I believe, a low platelet count --

7 THE COURT: Just a moment, Dr. Cowan.

8 MR. BOYLE: I was going to see if the last question could
9 be repeated, just in case he gave the answer, not knowing that
10 we weren't listening.

11 THE COURT: Dr. Cowan, the question will be read back to
12 you so you can give your complete answer, since I don't think
13 anyone in the courtroom heard what it was.

14 THE WITNESS: Thank you, Your Honor.

15 (At this time the reporter read back the referred-to
16 portion of the record.)

17 THE REPORTER: "QUESTION: And for the last three months,
18 that is, December, November and October, Mr. Abu-Jamal's
19 platelet count has been below the normal range, is that right?"

20 THE WITNESS: Yes.

21 BY MR. BOYLE:

22 Q. Are you aware that, back in March, it was -- there was one
23 occasion on which it was as low as 59?

24 A. I do not recall that specific platelet count of 59,000,
25 but I do know that he has had a low platelet count.

1 But I do recall there was a number of medical issues that
2 were -- that he was undergoing during that time in March,
3 related to his skin infection.

4 MR. BOYLE: Move to strike as non-responsive.

5 THE COURT: Sustained. So noted.

6 BY MR. BOYLE:

7 Q. Now, do you dispute that any of the conditions being
8 suffered by Mr. Abu-Jamal, that is, his skin condition, the
9 anemia or the diabetes, are secondary to the Hepatitis C? Is
10 that right?

11 A. I do not believe that the skin disease, the anemia and/or
12 hyperglycemia, are extrahepatic manifestations of Hepatitis C.

13 Q. Now, you did read all of his medical records, is that
14 right?

15 A. I have read the records for the past six months, from
16 March through November.

17 Q. So you didn't read any records generated starting from
18 August until March?

19 A. Yes, I did review some additional records, I did not
20 review his entire medical record chart, however.

21 Q. And you're aware that he started complaining of his skin
22 condition in about August of 2014, are you aware of that?

23 A. I believe that was the start, yes.

24 Q. And he was treated but unresponsive to antibiotics and
25 creams, is that right?

1 A. I specifically recall topical treatments, Cyclosporine and
2 Prednisone being utilized.

3 Q. And he was unresponsive?

4 A. Yes.

5 Q. And would you agree that the development of skin
6 conditions in people with Chronic Hepatitis C is not uncommon?

7 A. There are certain skin conditions that have been
8 identified in patients with Chronic Hepatitis C, specifically,
9 mixed cryoglobulinemia, purpura cutanea tarda, lichens planus,
10 leukoclastic vasculitis are the ones I'm more familiar with.

11 Q. Those are the ones you're more familiar with?

12 A. They're more common.

13 THE COURT: Let's have those again, please.

14 THE WITNESS: Yes. Number one is mixed cryoglobulinemia, C

15 R Y O G L O --

16 THE COURT: Thank you. Next one.

17 THE WITNESS: Purpura cutanea tarda.

18 THE COURT: Okay.

19 THE WITNESS: Lichens planus.

20 THE COURT: Got it.

21 THE WITNESS: Leukoclastic vasculitis.

22 THE COURT: Okay. Is that it?

23 THE WITNESS: Those are the more common ones.

24 THE COURT: Thank you very much. Go ahead.

25 BY MR. BOYLE:

1 Q. Now, your testimony is that the skin conditions that you
2 mentioned are definitively linked to Hepatitis C, is that
3 right?

4 A. The first three have been shown to be linked to Hepatitis
5 C, correct.

6 Q. But there are other skin disorders which can be
7 manifestations of Hepatitis C, but are also caused by other
8 factors, isn't that right?

9 A. Well, I'd like to phrase it as skin diseases, which are
10 certainly related to Hepatitis C infection, due to a strong
11 epidemiological and pathogenic association, include mixed
12 cryoglobulinemia, lichens planus or purpura cutanea tarda.

13 MR. BOYLE: Objection. Move to strike as non-responsive.

14 THE COURT: Denied.

15 BY MR. BOYLE:

16 Q. The question, Dr. Cowan, is the following:

17 Other than the ones you have mentioned, there are skin
18 conditions which are associated or can be manifestations of
19 Hepatitis C, isn't that right?

20 A. Yes, there are other skin diseases that can be possible.

21 Q. And amongst those are psoriasis, isn't that right?

22 A. Yes.

23 Q. And pruritis, isn't that right?

24 A. Chronic pruritis has been associated with Chronic
25 Hepatitis C, yes.

1 Q. Having reviewed Mr. Abu-Jamal's records, are you not aware
2 that, for the last 16 months, one of his most frequent and
3 constant complaints has been itching?

4 A. Yes. Pruritis is associated with many forms of Chronic
5 Hepatitis, including Hepatitis C.

6 Q. Necrolytic acral erythema is also associated with
7 Hepatitis C, is that true?

8 A. As I mentioned yesterday, after reviewing Dr. Harris'
9 statement, I did a literature search and identified an article
10 from Egypt that had a retrospective analysis of some 30
11 patients in Egypt that had NAE or necrolytic acral erythema, as
12 well as Hepatitis C.

13 Q. So is the answer yes?

14 A. In Egypt.

15 Q. Okay, so is it your testimony that necrolytic acral
16 erythema, anywhere else in the world but Egypt, is not
17 associated with Hepatitis C?

18 A. No, not at all, I'm just saying that the article that I
19 reviewed came from Egypt. I haven't seen necrolytic acral
20 erythema in the United States, and I do believe it's less than
21 a handful of people have been diagnosed with it that have
22 Hepatitis C.

23 But more specifically, on the skin biopsy that the patient
24 had, it was not consistent with necrolytic acral erythema.

25 MR. BOYLE: Objection and move to strike, Your Honor.

1 THE COURT: On what basis? You don't think it was
2 responsive?

3 MR. BOYLE: The question was, was he saying that -- my
4 question was, was his testimony that outside of Egypt,
5 necrolytic acral erythema is not associated with Hepatitis C.
6 He then went on to give an answer that was non-responsive.

7 THE COURT: He said he never saw it in the United States,
8 then, he went on to talk about the Plaintiff's skin.

9 Dr. Cowan, you'll need to go back there and re-visit that.
10 Ask the question again.

11 BY MR. BOYLE:

12 Q. Is it your testimony that necrolytic acral erythema only
13 exists in Egypt?

14 A. No.

15 MR. BOYLE: I'm referring now to, Your Honor, Plaintiff's
16 Exhibit No. 28, which I shared with counsel this morning and
17 which is a new exhibit.

18 THE COURT: I have it.

19 BY MR. BOYLE:

20 Q. Dr. Cowan, I'm going to ask you a question about an
21 article. I understand you don't have it in front of you, so I'm
22 going to try to pose to you some pointed questions about it.
23 You're familiar, of course, with the New England Journal of
24 Medicine?

25 A. Yes.

1 Q. Would you consider articles that appear in that
2 publication to be generally reliable?

3 A. Yes.

4 MR. BOYLE: Okay, I would move Plaintiff's Exhibit No. 28
5 into evidence, Your Honor.

6 THE COURT: Ms. Neal?

7 MS. NEAL: No objection, Your Honor.

8 THE COURT: Plaintiff's Exhibit No. 28 is admitted.

9 (At this time Plaintiff's Exhibit No. 28 is admitted.)

10 BY MR. BOYLE:

11 Q. Okay. Would you agree with the following statement;
12 "Necrolytic" --

13 MR. BOYLE: Referring, Your Honor, to the last paragraph on
14 the article abstract.

15 BY MR. BOYLE:

16 Q. "Necrolytic acral erythema is a rare condition first
17 described in 1996. It is strongly associated with Hepatitis C,
18 often being seen as an early cutaneous marker of this
19 infection.

20 "It is described as a well-defined, pruritic or burning
21 hyperkeratotic erythematous eruption that most often affects
22 the acral surfaces. The pathogenesis of necrolytic acral
23 erythema is unknown, but it is thought to be related to zinc
24 dysregulation, which can occur as a result of Hepatitis
25 C-induced metabolic alteration.

1 "Necrolytic acral erythema is best defined clinically as a
2 histopathological entity that often closely resembles
3 psoriasis."

4 Would you agree with that?

5 MS. NEAL: Objection, Your Honor. I don't have that
6 document in front of me. The question that was posed is asking
7 Dr. Cowan to agree to, essentially, a paragraph-long statement
8 that Mr. Boyle read to him.

9 MR. BOYLE: Your Honor, if I can consult with counsel, I
10 may have just mislabeled the article.

11 THE COURT: You don't have that?

12 MS. NEAL: My Plaintiff's Exhibit No. 28 is nothing like
13 that.

14 MR. BOYLE: I'm sorry, it's this one. I mis-marked it,
15 Judge, I apologize.

16 THE COURT: Okay. Do you still have an objection?

17 MS. NEAL: Your Honor, I just would object to the length of
18 the question. If Mr. Boyle could limit it to sentence by
19 sentence, that might be more helpful. I think -- my concern is
20 it's going to be confusing for the witness to agree to a full
21 paragraph like that.

22 MR. BOYLE: Your Honor, I'll withdraw the question.

23 THE COURT: All right.

24 BY MR. BOYLE:

25 Q. Would you agree, Doctor, that necrolytic acral erythema is

1 strongly associated with Hepatitis C?

2 A. It has been seen in patients with Hepatitis C.

3 Q. And would you agree that it's a well-defined pruritic or
4 burning hyperkeratotic erythematous eruption?

5 A. From what I have read about it, yes.

6 Q. Would you agree that necrolytic acral erythema is best
7 defined, clinically, as a histopathological entity that often
8 closely resembles psoriasis?

9 A. I'm not a dermatologist, I can't comment on that.

10 Q. Okay.

11 MR. BOYLE: Now, directing the witness' attention and
12 counsel to Exhibit 29, which is probably on counsel's table, I
13 mislabeled as 28.

14 BY MR. BOYLE:

15 Q. Doctor, you've read articles on PubMed?

16 A. Excuse me?

17 Q. Have you read articles that appear on PubMed?

18 A. Yes.

19 Q. Okay, are they generally considered reliable?

20 A. Yes.

21 Q. Okay.

22 MR. BOYLE: Your Honor, I would move Exhibit 29, which is
23 an article entitled, Necrolytic Acral Erythema, A Cutaneous
24 Sign of Hepatitis C Virus Infection, into evidence.

25 THE COURT: Ms. Neal?

1 MS. NEAL: No objection.

2 THE COURT: Plaintiff's 29 is admitted.

3 (At this time Plaintiff's Exhibit No. 29 was admitted into
4 evidence.)

5 BY MR. BOYLE:

6 Q. Doctor, I'm going to read you one sentence from it only,
7 and ask you a question.

8 Quote, from Exhibit 29;

9 "Skin biopsy specimens, and that is from people with NAE,
10 from fully-evolved lesions, displayed psoriatic form changes,
11 in association with more characteristic findings of
12 keratinocyte necrosis and papillomatosis."

13 Would you agree with that about NAE?

14 A. I haven't read the article, I'm not a dermatologist, I
15 can't comment on that.

16 Q. Okay, thank you. Now, it's true, is it not, that no
17 one -- strike that, Your Honor.

18 It's true, is it not, that no medical person who has
19 treated Mr. Abu-Jamal over the past 16 months has ruled out
20 Hepatitis C as a cause of his skin condition?

21 A. By ruled out -- I don't think you can completely rule it
22 out. My understanding is that he was treated for psoriasis by
23 the dermatologist with topical treatment and ultraviolet light,
24 and that the rash has resolved.

25 Q. So it's your understanding that the rash has totally

1 resolved?

2 A. Resolving near completion, yes.

3 Q. Who told you that?

4 A. In review of the dermatology reports, the most recent
5 visit by the dermatologist.

6 Q. So you were never told that the rash still exists on his
7 buttocks?

8 A. Well, perhaps, the term I used was incorrect. It was
9 resolving, that the treatment was decreased from three times a
10 day to twice a day -- or from three times a week to twice
11 weekly for the ultraviolet light.

12 Q. So he's still receiving treatment for his skin condition
13 after 16 months?

14 A. Well, I would look to the therapy that he's currently
15 receiving, when it started, so the ultraviolet light therapy
16 and the topical treatments, I look to the start of that date.
17 Psoriasis is a very difficult disease to treat.

18 Q. And it's a difficult disease to treat, whether it's caused
19 by Hepatitis C or another factor, is that right?

20 A. Again, I'm not an expert on the treatment of psoriasis,
21 I'm not a dermatologist, but psoriasis is a difficult disease
22 to treat and often takes a long time for resolution.

23 Q. Now, did you, in preparation of your report, speak to a
24 doctor by the name of Ramon Gadea?

25 A. I do not believe so.

1 Q. Directing your attention to the first page of the December
2 17, 2015 report, second paragraph.

3 A. The Infectious Disease Specialist, correct?

4 Q. Yes, that was Dr. Ramon Gadea.

5 A. Okay.

6 Q. Did you, yourself, speak with Dr. Ramon Gadea.

7 A. No, I did not.

8 Q. Do you know who did?

9 A. I believe the doctors at the facility level. I don't know
10 exactly who spoke with him, no.

11 Q. Okay. Would it surprise you to learn that Dr. Gadea
12 offered the opinion that Mr. Abu-Jamal's skin condition could
13 be a secondary manifestation of Hepatitis C?

14 A. No, it would not surprise me.

15 Q. And that was the Infectious Disease Specialist that
16 actually consulted with and offered treatment to Mr. Abu-Jamal,
17 isn't that right?

18 A. Yes, the Infectious Disease Specialist saw the patient,
19 but a dermatologist made a diagnosis of psoriasis.

20 Q. When I just posed a question a moment ago that the
21 Infectious Disease Specialist treating Mr. Abu-Jamal had opined
22 that Hepatitis C could be the cause of his skin condition, was
23 that the first time you have heard that?

24 A. No.

25 Q. So when did you first hear that, Dr. Cowan?

1 A. In the review of the medical records.

2 MR. BOYLE: Okay. Your Honor, I'm referring to Plaintiff's
3 Exhibit No. 1, Page A-110.

4 BY MR. BOYLE:

5 Q. I'm going to read for you from a progress note written by
6 Dr. Gadea on September 9 of 2015. I'm quoting;

7 "Skin and hematologic changes continue to improve.
8 Education provided, some skin changes could be secondary to Hep
9 C (even with normal liver functions)."

10 Do you recall ever reading that, when reviewing the
11 records?

12 A. I have my records -- what's the date again?

13 Q. The date of the progress note is September 9, 2015,
14 it's --

15 A. I'm sorry, my review only extended through August. But
16 he's absolutely correct, when you see skin manifestations in
17 somebody with Hepatitis C, you should consider it.

18 Q. Would you also agree -- strike that, Your Honor.

19 Dr. Gadea proposed that following a rheumatology consult
20 to rule out other disorders, that if they were ruled out, that
21 the facility should, quote, consider obtaining approval for
22 Hepatitis C treatment."

23 Were you aware of that?

24 A. No, I was not aware of that.

25 Q. Were you aware of -- that a rheumatology consult took

1 place, and that there was no condition diagnosed that would be
2 consistent with a rheumatological disorder?

3 A. I did review the medical record and reviewed the
4 rheumatology consultation, yes.

5 Q. Okay, and there was no -- the consult found no indicator
6 of -- I think they called it psoriatic arthritis.

7 A. Let me find the consult, one second. Yes, I have a
8 Rheumatology consult from Alfred Denio.

9 Q. Just so I'm clear, what's the date on that, sir, so we're
10 on the same page?

11 A. It looks like it was filed in -- I don't have the date on
12 this exactly, I'm sorry.

13 Q. But would you agree, so we could move along, that they
14 found no evidence of a rheumatological cause for the skin
15 condition?

16 A. Correct, there was no joint -- yes.

17 Q. Now, in your report, once again, staying with the skin
18 condition -- by the way, although, you did not write this
19 report, yourself, you agreed with the findings, right?

20 MS. NEAL: Objection; asked and answered.

21 THE COURT: Overruled. Go ahead.

22 THE WITNESS: Yes.

23 BY MR. BOYLE:

24 Q. In referring to the skin condition, you described that it
25 was -- there had been an excellent and complete response, isn't

1 that right?

2 A. What page are you referring to?

3 Q. Page 2 of the report, the last full paragraph before the
4 word, diabetes?

5 A. Yes, that was my understanding.

6 Q. But there was not -- there has not been a complete
7 response, isn't that right?

8 A. That's what you're sharing with me today, yes.

9 Q. You say you've only reviewed the records, approximately,
10 up through August, is that right?

11 A. The actual medical records that I reviewed, but with the
12 discussion with the Committee on December 3, it was stated
13 that;

14 "During visits on December 9, that the patient stated that
15 he was, as per the medical record, that he was good, and that
16 the exam of the skin is described as clear without rash and
17 without dry lesions or scales."

18 That's in the report, middle of Page 2 of 5.

19 Q. The report you just referred to is dated December 9,
20 correct?

21 A. The report was dated -- correct.

22 MR. BOYLE: May we have a moment, Your Honor?

23 THE COURT: Sure

24 BY MR. BOYLE:

25 Q. Okay, now, let's move to the issue of the anemia. It's not

1 uncommon for those with Chronic Hepatitis C to be anemic, isn't
2 that right?

3 A. Patients with Chronic Hepatitis C can have anemia,
4 correct.

5 Q. And Mr. Abu-Jamal has had low hemoglobin and hematocrit
6 for over a year, isn't that right?

7 A. Yes.

8 Q. And he went through a battery of tests to attempt to
9 determine the underlying cause of that anemia, did he not?

10 A. Yes, my understanding is he went through a series of blood
11 tests, a bone marrow biopsy, a lymph node biopsy, skin
12 biopsies, yes, a battery of tests.

13 Q. And none of those tests determined the cause for his
14 anemia?

15 A. My understanding is that he was diagnosed with Anemia of
16 Chronic Disease by the Hematologist/Oncologist.

17 Q. One of the identified causes of Anemia of Chronic Disease
18 is Chronic Hepatitis C, isn't that right?

19 A. Chronic Hepatitis C can cause anemia, yes.

20 Q. And Chronic Hepatitis C is a chronic disease?

21 A. By definition, it is.

22 Q. And the diagnosis of the Hematologist was Anemia of
23 Chronic Disease, correct?

24 A. Yes. However, when you review the labs of Mr. Abu-Jamal,
25 he had a precipitous drop of his hemoglobin/hematocrit in

1 around the time he received Cyclosporine and Prednisone for the
2 treatment of his skin condition.

3 Q. Isn't it a fact he received the Cyclosporine in February
4 of 2015?

5 A. I believe that's when it was given, yes.

6 Q. And it was almost immediately discontinued?

7 A. That's my understanding, yes.

8 Q. And his hemoglobin continued to drop for the rest of the
9 year, isn't that right?

10 A. Well, his hemoglobin dropped, and then the Hematologist
11 started him on iron therapy and Procrit. My understanding is
12 that --

13 MR. BOYLE: Move to strike as unresponsive.

14 THE COURT: Ask the question again. You're interrupting
15 each other, that's what's happening here.

16 MR. BOYLE: I'm sorry, and I apologize, Your Honor.

17 BY MR. BOYLE:

18 Q. You just opined that you thought that the cause of his
19 anemia was the treatment with Cyclosporine and the skin
20 condition, isn't that right?

21 A. I said it's possible, yes.

22 Q. And you, then, agreed that the Cyclosporine treatment was
23 stopped almost immediately, isn't that right?

24 A. Yes.

25 Q. And even with the stopping of the Cyclosporine treatment,

1 his hemoglobin and red blood continued to go down, isn't that
2 right?

3 A. Yes. Cyclosporine is a strong medication that can affect
4 the bone marrow and decrease certain cell lines of the bone
5 marrow. That's where red blood cells, white blood cells,
6 platelets come from.

7 Q. But for months after it was discontinued, Doctor, his
8 hemoglobin continued to go down, isn't that right? Yes or no?

9 A. Yes.

10 Q. With respect to Anemia of Chronic Disease, is not the cure
11 for Anemia of Chronic Disease to treat the chronic disease?

12 A. If it's identified, certainly.

13 Q. Now, you reviewed Mr. Abu-Jamal's latest blood work, and
14 did you note that his hemoglobin count, even after the
15 treatments, is still below the normal range?

16 A. The last hemoglobin/hematocrit I reviewed, I believe, the
17 hemoglobin was 11.4.

18 Q. And the low normal range begins at approximately 13, isn't
19 that right?

20 A. I believe, it's 12.5 or 13, yes.

21 Q. So he would still be classified as anemic, isn't that
22 right?

23 A. He would have mild anemia, yes.

24 Q. All right, now, I'm going to turn to the condition of the
25 liver itself. Did you review an ultrasound taken at --

1 MR. BOYLE: One moment, Your Honor.

2 THE COURT: Yes.

3 MR. BOYLE: Your Honor and counsel, I'll be referring to
4 Plaintiff's Exhibit No. 1, Page A-17.

5 BY MR. BOYLE:

6 Q. Did you review an ultrasound report of the liver conducted
7 on or about March 16 of 2015?

8 A. Yes.

9 Q. Okay, and did you note the findings of the Radiologist
10 that the liver is echogenic, suggesting some degree of hepatic
11 (Kimmel) disorder?

12 A. Yes.

13 Q. And that suggests some degree of liver damage, does it
14 not?

15 A. Yes.

16 Q. Now, did you also review a CT scan conducted on April 15
17 of 2015?

18 A. Yes.

19 MR. BOYLE: I'm sorry, now, I'm referring to a CT scan
20 conducted on May 17, 2015. Your Honor, that would be at
21 Plaintiff's Exhibit No. 1, Page A-74.

22 Doctor, when you find it, please let me know or let us
23 know if you don't have it.

24 THE WITNESS: So I have a CAT scan from April 15, 2015
25 from Schuylkill Medical Center.

1 BY MR. BOYLE:

2 Q. Do you have one from Geisinger Medical Center on May 18,
3 2015?

4 A. I do not.

5 Q. Okay, have you seen a CT report from Geisinger from May
6 18, 2015?

7 A. I have not.

8 Q. This is in evidence and I want to read to you the report
9 concerning the condition of the liver.

10 MR. BOYLE: This is, Your Honor, at the bottom of the page,
11 Page 74.

12 "Liver. Linear calcifications seen extending from right
13 posterior pleural space along the hepatic capsule anterior to
14 the medial segment and extending intraparenchymal adjacent to
15 the left hepatic dome.

16 "Metallic fragments are seen within the tract. This is a
17 non-specific finding but may be dystrophic calcification along
18 a prior gunshot wound. Overall appearance of the liver is
19 irregular. Please correlate clinically for cirrhosis."

20 You've never seen that report, Doctor?

21 THE WITNESS: I have not seen that report, no.

22 BY MR. BOYLE:

23 Q. Had you seen that report, would that have -- would you
24 have taken that into consideration, when coming to your
25 conclusions? Yes or no?

1 A. Certainly, yes.

2 Q. Does it have any significance that a CT scan reported
3 that;

4 "The overall appearance of the liver is irregular. Please
5 correlate clinically for cirrhosis."

6 A. Well, giving me this information, now, yes, it would be
7 concerning. However, there are multiple -- I have a CAT scan
8 from April that didn't show any evidence of cirrhosis. I have
9 two ultrasounds that I reviewed from, I believe it's March 16
10 and again on August 17.

11 Ultrasounds and CAT scans are not diagnostic for
12 cirrhosis, that's why they're not utilized in that regard. But
13 it is concerning.

14 Q. Okay, now, you recommend in the report that Mr. Abu-Jamal
15 be continued in the quote, unquote Hepatitis C Chronic Care
16 Clinic, is that right?

17 A. Yes.

18 Q. Is there such a place?

19 A. My understanding is that patients are followed for their
20 Chronic Hepatitis C with visits by the provider.

21 Q. So you agree that he's sick enough to be in a hospital
22 setting, but not sick enough for treatment?

23 A. I didn't say a hospital setting, I said a clinic setting
24 in his correctional facility.

25 Q. You recommend he should be -- do you know that he is in

1 the infirmary?

2 A. He's seen on a regular basis by his provider, there's a
3 chronic care follow-up clinic for Hepatitis C.

4 Q. So you're unaware that he's being housed in the infirmary?

5 A. I don't know where he's currently being housed, no.

6 Q. But in any event, it's the recommendation of the Committee
7 that he be housed in a HCV chronic care clinic?

8 MS. NEAL: Objection. That mischaracterizes the statement
9 in the report that Mr. Boyle is reading to the witness.

10 THE COURT: Mr. Boyle, rephrase your question.

11 BY MR. BOYLE:

12 Q. Did you write in the report;

13 "It is our recommendation that Mr. MAJ be continued in the
14 chronic care clinic with ongoing evaluation for HCV consistent
15 with BHCS guidelines for the evaluation and management of HCV
16 viremia." Did I pronounce that correctly?

17 A. Yes. With one exception. That he be continued in the HCV
18 chronic care clinic. That's where patients with Chronic
19 Hepatitis C are followed. There's certain criteria that
20 providers assess when they see a patient with Chronic Hepatitis
21 C, and that is done in the Hepatitis C chronic care clinic.

22 Q. But it's not -- so once again, I'll pose this question.
23 It's your recommendation that he be housed under such
24 condition, but it's not your recommendation that the Hepatitis
25 C be treated?

1 MS. NEAL: Objection.

2 THE COURT: Just a moment.

3 MS. NEAL: Your Honor, again, Mr. Boyle is misstating the
4 report. And I believe, to the extent that his recommendation is
5 in the report, Dr. Cowan has answered as to that statement.

6 THE COURT: I don't think it's a misstatement, it's
7 somewhat argumentative. I know what's in the report, I can read
8 it, but we're getting very close to simply an argument between
9 you and Dr. Cowan. I'm going to allow you one more time. Let's
10 move on.

11 BY MR. BOYLE:

12 Q. You don't recommend that Mr. Abu-Jamal be treated for his
13 Hepatitis C, do you?

14 A. At this particular time, no, I think he should be followed
15 in the Hepatitis C clinic. I think the highest priority
16 patients include those that are at the highest risk of
17 substantial morbidity and mortality from untreated Hepatitis C,
18 and those are the ones that have advanced fibrosis or
19 cirrhosis, and those are the patients that should be treated
20 first.

21 Q. So let me see if I understand. Is it your testimony that
22 only those who have advanced fibrosis or cirrhosis should be
23 treated with the Hepatitis C medication?

24 A. The current approach in the Correctional Health Care
25 System is risk stratification and treating the sickest

1 individuals first. That's the current standard of practice.

2 MR. BOYLE: Your Honor, move to have it as unresponsive.

3 Strike it as unresponsive.

4 THE COURT: The question was;

5 "Let me see if I understand. Is it your testimony that
6 only those who have advanced fibrosis or cirrhosis should be
7 treated with the Hepatitis C medication?"

8 The response had to do with what Dr. Cowan characterized
9 as the current approach in correctional treatment. Strictly
10 speaking, it's not responsive. I understand what you're saying,
11 Doctor, but you need to be more specific, and I would ask you
12 to answer the question again, if you remember it. If not, I'll
13 pose it to you again.

14 THE WITNESS: At the current time, it's my recommendation
15 that patients with advanced disease should be the first
16 patients that we administer therapy to, because they are the
17 ones at the greatest risk of morbidity and mortality.

18 Patients that have not progressed as far along can be
19 monitored for progression and to be treated when necessary.
20 And that's what I view as the Correctional Health Care risk
21 stratification, what's currently being utilized in the Federal
22 Bureau of Prisons, what's currently being utilized in the
23 Veterans Administration, yes.

24 BY MR. BOYLE:

25 Q. So is it your position, Doctor, that other than those with

1 advanced fibrosis or cirrhosis, no one should be treated who
2 has Chronic Hepatitis C?

3 MS. NEAL: Objection; asked and answered.

4 THE COURT: Just a moment, Dr. Cowan.

5 THE WITNESS: I didn't say that.

6 THE COURT: All right, I think everybody understands that
7 this is a fairly crucial point, and I'm not going to allow it
8 to be curtailed by technical objections or, frankly, by any
9 equivocation by the witness.

10 So I understand both your considerations, but I want a
11 definite answer. Try it one more time.

12 BY MR. BOYLE:

13 Q. Doctor, you testified that the sickest, those with
14 cirrhosis and those with advanced fibrosis, should be treated
15 first. With respect to those who have not yet advanced to
16 advanced fibrosis or cirrhosis, is it your recommendation that
17 they not be treated with the antiviral medication?

18 A. No, that's not my recommendation. My recommendation is
19 that patients that are the sickest, for example, patients with
20 F3's and F4's, should be treated first, because they have
21 progressed the farthest along, and they are at greatest risk
22 today.

23 Patients with F0, F1 and F2's do not necessarily -- should
24 follow after patients with F3's and 4's are treated.

25 Q. Now, liver fibrosis is scarring of the liver, is that

1 right?

2 A. Cirrhosis represents a late stage of progressive hepatic
3 fibrosis.

4 Q. And that represents scarring of the liver?

5 A. Fibrosis is scarring of the liver, yes.

6 Q. So someone who has scarring of the liver should not
7 necessarily be treated for Hepatitis C?

8 A. I didn't say that.

9 Q. And just to clarify, the question is, not treated with the
10 antivirals?

11 A. I didn't say patients should not be treated, no, I didn't
12 say that.

13 Q. So if someone has a documented case of fibrosis, under
14 your correctional standard of care, would it be your
15 recommendation that they be treated?

16 A. If they had a fibrosis score of 3, yes.

17 Q. But not a fibrosis score of 1 or not a fibrosis score of
18 2, is that right?

19 A. At the current time, given the backlog of patients that
20 have this disease, it is my recommendation that we
21 treat -- that the sickest patients be treated first. Those are
22 the patients with fibrosis scores of 3 and 4.

23 Q. Are you familiar with the number of patients that the
24 Pennsylvania Department of Corrections is currently treating
25 with the antiviral medications?

1 A. I don't know the exact number, but I'm aware that they are
2 treating them, yes.

3 Q. Could you estimate the number?

4 A. I don't know offhand.

5 Q. Is it more than 100?

6 A. I don't know.

7 Q. You sit on the Committee to determine Hepatitis C
8 treatment in the Pennsylvania Departments of Corrections?

9 MS. NEAL: Objection.

10 THE WITNESS: No. I sit on the --

11 THE COURT: Just a moment, Dr. Cowan.

12 MS. NEAL: That mischaracterizes Dr. Cowan's previous
13 statement regarding his role on the Hepatitis C Committee.

14 THE COURT: Dr. Cowan, you can clear that up, if that
15 mischaracterizes your role.

16 THE WITNESS: Thank you, Your Honor. I serve on the Correct
17 Care Solutions Hepatitis C Review Committee.

18 BY MR. BOYLE:

19 Q. Is it one of the jobs of that Committee to determine
20 whether someone could give a recommendation as to whether
21 someone with Chronic Hepatitis C receives the antiviral drugs?

22 A. Yes.

23 Q. Okay, since you've been there, on that Committee, how many
24 have been approved?

25 A. I've approved -- worked with approving, I believe, six.

1 But that's only since the end of October.

2 Q. Now, let me ask you this question. You have a private
3 practice in Harlem, is that right?

4 A. No.

5 Q. Do you have a private practice, at all, anymore?

6 A. No.

7 Q. Let's assume this then. You do have a private practice,
8 and a patient with excellent health insurance comes to you who
9 has Chronic Hepatitis C. Would you recommend treatment with the
10 antiviral drugs?

11 A. If the patient had Chronic Hepatitis C, in private
12 practice, I would engage in a conversation with the patient's
13 insurance company and recommend the current AASLD Guidelines.
14 Understanding that the therapy to treat Hepatitis C is anywhere
15 from 80 to \$95,000 per treatment.

16 Q. But if they could pay for it, you would recommend that
17 they be treated, isn't that right?

18 A. If they could pay \$90,000, yes, I would recommend it.

19 MR. BOYLE: Thank you. No further questions.

20 THE COURT: Ms. Neal.

21 MS. NEAL: Your Honor, I have a fairly lengthy redirect
22 that I need to do with Dr. Cowan. May I have about ten minutes
23 to review my notes?

24 THE COURT: Sure. We will take twenty minutes, so we can,
25 perhaps, use the facilities, so on and so forth.

1 (At this time a recess was taken.)

2 THE COURT: Ms. Neal, are you ready?

3 MS. NEAL: Yes, Your Honor. If I could, just as a
4 housekeeping matter, before I start, could I move Exhibits 6,
5 11, 12, 9 and 13 into evidence?

6 THE COURT: Before I pull each one of them out, is there an
7 objection?

8 MR. BOYLE: Could I have a moment, Your Honor, to consult
9 with Ms. Neal?

10 THE COURT: Yes.

11 MR. BOYLE: No objection.

12 THE COURT: Very good. Again, what exhibits are they, Ms.
13 Neal?

14 MS. NEAL: I'm sorry, Your Honor, I didn't hear you?

15 THE COURT: Which exhibits are they?

16 MS. NEAL: 6, 11, 12, 9 and 13.

17 THE COURT: 6, 11, 12, 9, 13 are admitted without
18 objection.

19 THE CLERK: Thank you, Judge.

20 (At this time Defendant's Exhibit Nos. 6,11,12,9&13 were
21 admitted into evidence.)

22 REDIRECT EXAMINATION

23 BY MS. NEAL:

24 Q. Dr. Cowan, do you have that Exhibit 12 in front of you,
25 the National History of the HCV diagram?

1 A. Yes.

2 Q. I just want to refer you to that, briefly. When you
3 discussed the patients that you would give the direct-acting
4 antiviral to, is there any indication in this photograph as to
5 whether or not giving that treatment to everyone who tests
6 positive for HCV might be unnecessary?

7 A. Yes, so if you give it to someone who had a normal liver,
8 who did not develop Chronic Hepatitis, they could clear the
9 virus, some 15 to 25 percent of patients clear the virus
10 without going on to Chronic Hepatitis, on their own.

11 Q. I want to turn your attention, now, Dr. Cowan, to the
12 AASLD Guidelines, and the questions that Mr. Boyle asked you
13 regarding the standard of care in the community.

14 The AASLD Guidelines are not -- are they set forth as a
15 statement of the standard of care?

16 A. No, they're actually guidelines.

17 Q. These guidelines, the most recent ones that Mr. Boyle was
18 reading to you from, do you recall what the date is that these
19 most recent guidelines were put out?

20 A. I believe it was October 2015.

21 Q. And the October 15 guidelines are the guidelines that
22 indicated that the prioritization tables were less useful,
23 correct?

24 A. Yes.

25 Q. When were the prior guidelines put out that included the

1 prioritization tables, if you recall?

2 A. I don't recall. There were guidelines from August 2015 and
3 once before.

4 Q. Do you recall whether the August 2015 guidelines included
5 the prioritization tables?

6 A. I do not recall.

7 Q. Do you recall whether the July prioritization
8 tables -- the July AASLD Guidelines included the prioritization
9 tables?

10 A. Yes, I believe they did, the July ones included the
11 prioritization.

12 Q. So, then, roughly, how recently did the guidelines include
13 prioritization tables?

14 A. Within the past six months.

15 Q. Dr. Cowan, can you tell us, just to be clear, when we're
16 talking about prioritization tables and prioritization,
17 generally speaking, what does that mean, with respect to
18 Hepatitis C treatment and using the latest direct-acting
19 antivirals?

20 A. So it's important to understand that this is a
21 rapidly-changing field, with the introduction of the
22 direct-acting antiviral medications.

23 Sofosbuvir, from December 2013 to Harvoni October 2014.

24 These are highly successful treatment medications with very, at
25 the known time, low side effect profiles , they have success

1 rates in excess of 90 percent for sustained virologic response.
2 They also happen to be extremely expensive, upwards of 80 to
3 \$90,000 per treatment course and sometimes higher, if longer
4 duration is required.

5 I look at prioritization as the ability to treat the
6 sickest patients first. It's estimated at some 3.2 million
7 Americans to 4 million Americans have Chronic Hepatitis C. A
8 substantial percentage of those, upwards of 40 to 50 percent,
9 don't even know they have the disease.

10 So it's important that we identify who has the disease and
11 to stage them accordingly so that we can treat the sickest
12 patients first, and then, ultimately, begin to treat everyone.

13 Q. Do you know, Dr. Cowan, whether insurance companies
14 currently prioritize for treatment?

15 MR. BOYLE: Objection. It's beyond the scope and that's not
16 his expertise.

17 THE COURT: Well, she's asking him if he knows. If he
18 knows, he can answer.

19 THE WITNESS: Yes, they do.

20 BY MS. NEAL:

21 Q. The BOP, the Federal Bureau of Prisons' protocol that Mr.
22 Boyle was questioning you from, Exhibit 13 -- now, I know you
23 said you did not have that in front of you, but so far as
24 you're aware, generally, is that protocol a prioritizing
25 protocol?

1 A. Yes, it is.

2 Q. To the extent that you're aware, Dr. Cowan, the Veterans
3 Administration protocol for Hepatitis C treatment, is that a
4 prioritization protocol?

5 A. Yes, it is.

6 Q. Dr. Cowan, I know that you weren't present for Dr. Harris'
7 testimony, he's the expert testifying for Mr. Abu-Jamal, but he
8 testified that if he had a patient who didn't have insurance
9 and couldn't afford the direct-acting antiviral medications,
10 that he would monitor the patient.

11 Do you consider monitoring a patient, while they're
12 waiting to be treated, to be a form of treatment?

13 MR. BOYLE: Your Honor, we object to the characterization
14 of Dr. Harris' testimony. If counsel wants to pose a question
15 that doesn't include what we consider an erroneous
16 characterization, she should try.

17 THE COURT: I don't have Dr. Harris' verbatim testimony in
18 front of me, so it's difficult to ascertain whether there's a
19 mischaracterization here. So to avoid that, why don't you
20 reformulate your question, so we don't get into a continuing
21 argument over what Dr. Harris said.

22 MS. NEAL: Okay.

23 BY MS. NEAL:

24 Q. Dr. Cowan, do you consider monitoring individuals who are
25 waiting to be treated with the direct-acting antivirals to be a

1 form of treatment?

2 A. Yes.

3 Q. If a physician had a patient who did not have insurance
4 or -- and did not have the money to pay for direct-acting
5 antiviral medications, would you consider it to be a breach of
6 the standard of care in the community to monitor that patient,
7 while they were waiting to receive the direct-acting
8 antivirals?

9 A. No. In fact, we had been monitoring and treating patients
10 for decades with Hepatitis C, before the advent of
11 direct-acting antivirals.

12 Q. When you say, before the advent of antivirals, was there a
13 period in the AASLD Guidelines where the recommendation was
14 primarily to monitor?

15 MR. BOYLE: Objection; relevance.

16 THE COURT: Just a moment. Why is that not relevant?

17 MR. BOYLE: Under the old guidelines -- under the old
18 treatment regimen is not before this Court, it's a totally
19 different treatment regimen and different factors went into it.

20 MS. NEAL: Your Honor, it goes to the history and the
21 evolution of the standard of care and these guidelines, as they
22 apply to this evolving field. I believe that it is relevant to
23 establish that it's only recently that they've started to move
24 away from the prioritization and that previously monitoring was
25 the most acceptable form of treatment.

1 THE COURT: I think all of that has been put in the record,
2 and I'm well aware of the evolutionary nature of the treatment
3 here, so let's move on.

4 MS. NEAL: Okay.

5 BY MS. NEAL:

6 Q. Dr. Cowan, Dr. Harris testified that he would put Mr.
7 Abu-Jamal at about a 2 to a 2.5 on the metavir scale. Do you
8 believe that's an accurate assessment of Mr. Abu-Jamal's level
9 of fibrosis?

10 A. I believe that a level of F2 would be appropriate.

11 Q. And on what do you base that statement, Dr. Cowan?

12 A. I base that upon the APRI index, his platelet count.
13 That's what it's based upon.

14 Q. Okay. Dr. Cowan, during Mr. Boyle's questions to you from
15 the latest AASLD Guidelines, he read you a statement from those
16 guidelines, and I want to ask you a question about it.

17 So, first, I'm going to read that statement to you again,
18 okay?

19 A. Okay.

20 Q. "Therefore, antiviral therapy" -- I apologize. This is
21 Page 6 of Plaintiff's Exhibit No. 18.

22 "Therefore, antiviral therapy may prevent progression to
23 diabetes in patients with pre-diabetes who have Hepatitis B and
24 may reduce renal and cardiovascular complications in patients
25 with established diabetes who have Hepatitis C."

1 Dr. Cowan, from your review of Mr. Abu-Jamal's medical
2 records and his blood tests, does Mr. Abu-Jamal have diabetes?

3 A. From review of the laboratory tests with the hemoglobin
4 A-1C of 5.4, no, I do not believe he has diabetes.

5 Q. Does he have pre-diabetes?

6 A. By criteria, no, he doesn't qualify for pre-diabetes. His
7 hemoglobin A-1C was 5.4, which is normal.

8 Q. In a previous section of the AASLD Guidelines, Mr. Boyle
9 read you some information about the benefits -- this is from
10 Page 3 of the AASLD Guidelines -- from the benefits associated
11 with receiving treatment at F0 or F1.

12 Is it certain that people who receive treatment at F3 will
13 suffer complications resulting from Hepatitis C, if they have
14 to wait until F3 to get that medication?

15 A. No.

16 Q. Is it likely, in your opinion Dr. Cowan, that individuals
17 will suffer irreparable harm if they have to wait until F3 to
18 receive the direct-acting antiviral medications?

19 MR. BOYLE: Objection to form. Is that a legal conclusion
20 or a medical one?

21 THE COURT: Sustained.

22 BY MS. NEAL:

23 Q. The prioritization tables, where did they generally assign
24 the cut-off period for giving someone the direct-acting
25 antivirals? Generally speaking.

1 A. Generally speaking, the current approach has been F3's and
2 F4's would receive therapy with the direct-acting antiviral
3 agents.

4 Q. Why is that, Dr. Cowan?

5 A. It's primarily because F0, F1 and F2's had not progressed
6 to a significant point in therapy, understanding that there are
7 limited resources because of the expense of the medication.

8 Q. Is there a general consensus as to whether individuals can
9 safely wait until the F3 to begin the medication?

10 MR. BOYLE: Objection.

11 THE COURT: Just a moment.

12 MR. BOYLE: General consensus of whom?

13 THE COURT: Sustained.

14 BY MS. NEAL:

15 Q. Dr. Cowan, in the community -- we talked about the
16 standard of care. In the medical community, is it considered
17 acceptable to wait until F3 to provide the direct-acting
18 antiviral medication?

19 MR. BOYLE: Objection.

20 THE COURT: Sustained.

21 BY MS. NEAL:

22 Q. Dr. Cowan, is there a point between the 0 and 4 where you
23 can say that a person would have irreversible damage?

24 MR. BOYLE: Objection.

25 THE COURT: Just a moment. This time, what's your

1 objection?

2 MR. BOYLE: Irreversible liver damage? I guess that's just
3 a clarification question?

4 THE COURT: Is that what you're asking?

5 MS. NEAL: Yes, Your Honor.

6 THE COURT: You can answer the question.

7 THE WITNESS: So if someone had developed decompensated
8 liver disease, that would be late stages of cirrhosis, I would
9 say that would be irreversible damage. However, early stages of
10 fibrosis, it's thought that it can be reversed.

11 BY MS. NEAL:

12 Q. On the direct-acting antiviral medication?

13 A. Correct.

14 Q. Dr. Cowan, I want to talk to you, briefly, about Mr.
15 Abu-Jamal's anemia. Mr. Boyle had asked you about the blood
16 levels over the last few months. Have you had a chance to
17 review the December 2015 CBC for Mr. Abu-Jamal?

18 A. Yes, I have.

19 Q. In the last three months, can you tell us what the general
20 trend has been, with respect to his blood levels?

21 A. Over the past three months, his hemoglobin and hematocrit
22 have been improving, up until December 15, most recent blood
23 test, where his hemoglobin was 12.5.

24 Q. It's clear that he was not on the direct-acting antiviral
25 medication or any Hepatitis C medication during that time

1 period, right?

2 A. Correct.

3 Q. What does that indicate to you -- or does that indicate
4 anything to you, regarding the relationship between Mr.
5 Abu-Jamal's anemia and his Hepatitis C?

6 A. I don't believe that his anemia is directly related to his
7 Hepatitis C. His Hepatitis C he has and his blood counts are
8 improving.

9 MS. NEAL: I have no further questions, Your Honor.

10 THE COURT: Recross?

11 MR. BOYLE: Yes, Your Honor.

12 RECROSS EXAMINATION

13 BY MR. BOYLE:

14 Q. Starting with the questions, Dr. Cowan, about the anemia.
15 Were you aware that commencing in about August or September,
16 Mr. Abu-Jamal received a course of injections of a drug called
17 Procrit?

18 A. Yes.

19 Q. And that has the effect, does it not, of raising blood
20 counts and hemoglobin levels, isn't that right?

21 A. Yes.

22 Q. And so the -- but that's a -- the 12.5 figure that you
23 quoted came after the course of Procrit, isn't that right?

24 A. Correct.

25 Q. And 12.5 is still below normal, isn't that right?

1 A. It's mildly anemic, yes.

2 Q. And so even after a course of Procrit, Mr. Abu-Jamal's
3 hemoglobin has not returned to the normal range?

4 A. Correct, it has not corrected completely, but it's
5 improving, and the Procrit stimulates red blood cells that have
6 an average lifespan of 90 days in the blood stream.

7 Q. Now, I'm going to ask you some questions about the Bureau
8 of Prisons prioritization that you testified about on Redirect.
9 You testified they have a -- you characterized it as a cut-off
10 for treatment?

11 A. I'm not sure if I called it a cut-off.

12 Q. Well, irrespective of how it was characterized, what they
13 do in their report is to set forth priorities for treatment,
14 isn't that right?

15 A. Correct.

16 Q. They don't set a cut-off for treatment?

17 A. They have priority levels for treatment.

18 Q. So nowhere in their guidelines does it say that someone
19 who has Chronic Hepatitis C should not be treated, at all?

20 A. My understanding of the Federal Bureau of Prisons is that
21 they have prioritization of therapy. Those in the highest
22 priority are treated.

23 Q. Now, there were some questions about the former guidelines
24 of the AASLD. And now, Dr. Cowan, I'm referring to the July
25 guidelines, so we can be clear, where they have prioritization

1 tables.

2 A. Um-hum.

3 Q. In the class for high priority for treatment owing to high
4 risk for complications, is it not true that fibrosis level 2 is
5 listed in the high priority for treatment --

6 MR. BOYLE: And now, Your Honor I'm referring to
7 Plaintiff's Exhibit No. 2, Page 5.

8 THE WITNESS: I don't have that report directly in front of
9 me, but if you say it's there, I'll accept that.

10 BY MR. BOYLE:

11 Q. According to your best estimate, based upon blood work,
12 Mr. Abu-Jamal has fibrosis level 2?

13 A. Correct, my estimate is that he has a fibrosis level of 2.
14 It's just an estimate.

15 MR. BOYLE: May I have a moment, Your Honor?

16 BY MR. BOYLE:

17 Q. And in the July AASLD Guidelines, while they set forth
18 priorities for treatment, they did recommend that everyone be
19 treated, isn't that true?

20 A. Yes, in the July AASLD Guidelines, they recommended that
21 everyone should be treated. They did make statements to the
22 fact that institutions may have difficulty catching up with
23 this, but that was their recommendation.

24 Q. Then, by the time of October of 2015, after further
25 evaluation of the success rate of the antivirals, they removed

1 the priorities and simply stated, Everyone should be treated.

2 A. Correct, it's an example of how rapidly these guidelines
3 and treatment parameters are changing.

4 Q. Would you agree that the change trend is toward treatment
5 for everyone?

6 A. Yes, as per the AASLD Guidelines, that is the trend.

7 Q. Now, do you know how much money has been spent on
8 Abu-Jamal's health care this year?

9 MS. NEAL: Objection. Goes beyond the scope of Direct and
10 Redirect. And relevance.

11 THE COURT: I want to hear it. Go ahead.

12 THE WITNESS: No, I do not.

13 BY MR. BOYLE:

14 Q. When you talked about evaluating patients who might get
15 the treatment, who have Chronic Hepatitis C, it's primarily a
16 fiscal question, isn't it, not a medical one?

17 A. I'm sorry, can you repeat the question?

18 Q. The determination of who should and who should not get
19 treatment is primarily a fiscal one and not a medical one, is
20 that not true?

21 A. There is a fiscal component involved, certainly, yes.
22 There's also a backlog of patients that need to be treated, and
23 we need to provide them with access to treatment, so that's why
24 I view that risk stratification as extremely important, so you
25 can get to the sickest patients first.

1 Q. Now, under the older AASLD Guidelines, patients with
2 severe extrahepatic symptoms of Hepatitis C were placed in the
3 priority, highest priority for treatment, isn't that right?

4 A. Are you referring to decompensation?

5 Q. I'm referring to extra severe extrahepatic Hepatitis C.

6 A. Right, so by severe manifestations of Hepatitis C, they're
7 referring to lymphoma, renal disease with glomerulonephritis,
8 diabetes, those are the extrahepatic -- those are the severe
9 extrahepatic manifestations of Hepatitis C, as well as mixed
10 cryoglobulinemia, I also believe that included purpura cutanea
11 tarda.

12 Q. And they also mentioned fatigue, didn't they?

13 A. Fatigue is not necessarily a severe extrahepatic
14 manifestation of Hepatitis C, it's a consideration, but I
15 wouldn't say it's a severe extrahepatic manifestation.

16 Q. And the list that you just mentioned, that was certainly,
17 by no means, an exhaustive list of extrahepatic manifestations
18 that would place a person in priority one, isn't that right?

19 A. It's pretty accurate. It's lymphoma, renal disease,
20 glomerulonephritis, cryoglobulinemia, patients that have had --
21 transplant recipients. I can't say that I named them all, but
22 those are the more common ones. Lymphoma.

23 Q. Finally, I mean, can a skin condition be severe enough to
24 be a severe extrahepatic manifestation of Hepatitis C?

25 A. Yes.

1 MR. BOYLE: Thank you. No further questions.

2 THE COURT: Anything further, Ms. Neal?

3 MS. NEAL: No, Your Honor.

4 THE COURT: Dr. Cowan, thank you very much for your
5 attendance here and your testimony. Thank you.

6 THE WITNESS: Thank you, Your Honor.

7 THE COURT: You're excused.

8 MR. GROTE: Your Honor, before they call their next
9 witness, we just have a housekeeping matter we would like to be
10 heard on.

11 THE COURT: Sure.

12 MR. GROTE: We would like to move the Court for joinder of
13 two additional Defendants, the reasons being, when we were
14 drafting this complaint in July and August, it was our
15 understanding that Christopher Oppman was the Director of DOC
16 Bureau of Health Care Services. Sometime in 2015, Dr. Noel
17 became Director for the Bureau of Health Care Services for the
18 Department of Corrections, so we would like to join him as a
19 Defendant for the claim for injunctive relief for Hepatitis C,
20 and we would also like to add the Department of Corrections as
21 an entity as a Defendant, solely, for injunctive purposes, in
22 light of the protocol that we just received yesterday and the
23 report that we saw on Friday, the day of the hearing, which
24 referred to the manner in which the Hepatitis C treatment
25 determinations are made by a committee, including a number of

1 Central Office Bureau of Health Care Services officials,
2 statewide officials for the Health Care Services, etc., so we
3 would just like to add those two as Defendants for injunctive
4 purposes on the Hepatitis C, and we do not think Defendants
5 would be prejudiced, in any way, all of the evidence at issue
6 against those Defendants is exactly what is being considered in
7 this motion right now.

8 And the first individual, Mr. Oppman, was sued in his
9 official capacity, and we are just seeking to sue Dr. Noel in
10 his official capacity, because he now holds that position.

11 THE COURT: Mr. Grote, these are motions that are properly
12 made by a written submission with opportunities for you to
13 brief the issue. You've raised a number of issues that are
14 worthy of consideration, but I am not about to rule on them
15 from the bench, and I'm sure you understand that. What's your
16 position, Ms. Neal?

17 MS. NEAL: Your Honor, we would object, based on the late
18 notice and the nature of these proceedings to adequately
19 respond to them. It would be, I think, more advantageous for us
20 to do that by a brief.

21 Additionally, to the extent that the Court may be inclined
22 to rule from the bench at this time, we would request, if those
23 individuals are going to be added, that the other individuals
24 who are currently in be dismissed, based on the record
25 developed.

1 It's clear that Mr. Steinhart, Superintendent Kerestes and
2 Mr. Oppman, who is not in this position now, are not personally
3 involved with the care that's at issue before the Court at this
4 moment.

5 THE COURT: I didn't hear anything about dismissing anyone.
6 It's not your intention to do so, is it?

7 MR. GROTE: No, it is not.

8 THE COURT: So I will rule on your motion, but I am
9 expecting you, at the close of this hearing, to make it in the
10 proper fashion, in writing, with supporting brief. You'll have
11 your opportunity to oppose it. I'm not ruling on that from the
12 bench.

13 You've raised issues, in my view, belatedly, that cannot
14 be decided from the bench on the strength of oral argument. So
15 let's continue.

16 MR. GROTE: Thank you, Your Honor.

17 MS. NEAL: Your Honor, I'd like to call my last witness,
18 Dr. Noel.

19 THE COURT: Fine.

20 P A U L A. N O E L, M. D. IS CALLED, AND HAVING BEEN
21 DULY SWORN, TESTIFIED AS FOLLOWS:

22 THE CLERK: Please state your full name and spell your last
23 name for the record.

24 THE WITNESS: Paul Albert Noel, N-O-E-L.

25 THE CLERK: Thank you, sir. Please be seated.

1 MS. NEAL: I'm sorry, Your Honor. May I have a minute?

2 THE COURT: Sure.

3 DIRECT EXAMINATION

4 BY MS. NEAL:

5 Q. Good afternoon, Dr. Noel. Can you run through your
6 educational background for us?

7 A. Yes.

8 Q. Can you put the mic a little bit closer to you.

9 A. My educational background, I have a Bachelor's degree from
10 United States Air Force Academy in 1971, I have a Medical
11 Degree from the University of Guadalajara, Mexico in 1982, and
12 I completed a three-year Family Practice Residency Program in
13 1986.

14 Q. Your Family Practice Residency, that was three years?

15 A. Yes.

16 Q. And what does a Family Practice Residency focus on?

17 A. It takes into account many of the other subspecialties,
18 such as, internal medicine, surgery, pediatrics, psychiatry,
19 obstetrics, gynecology and community medicine and gives us a
20 broad-based education in all of those fields.

21 Q. During the course of your residency, do you follow
22 specialists?

23 A. Yes.

24 Q. And what's the reason for that?

25 A. What's the reason for following a specialist?

1 Q. Yes.

2 A. For them to teach us those aspects of their specialty that
3 a family physician can take care of in an outpatient setting.

4 Q. Do you receive any training, during that time period, on
5 how or when to make referrals to specialists?

6 A. Yes, that's one of the main reasons of being with a
7 specialist is for them to impart on us the knowledge of what we
8 can take care of ourselves and to give us guidelines on the
9 things that we see in our office that should be referred to
10 them as specialists.

11 Q. Following your completion of your education, did you get
12 your medical license?

13 A. Yes.

14 Q. So what state are you licensed in?

15 A. Pennsylvania.

16 Q. You're currently licensed?

17 A. Yes.

18 Q. You have some additional credentials aside from your M.D.
19 license, is that correct?

20 A. Correct.

21 Q. And can you tell us what they are?

22 A. I'm a Fellow of the American Academy of Family Practice,
23 which, the American Academy of Family Practice is the national
24 organization that represents family physicians, and they have a
25 designation of Fellow for those who have been members of their

1 organization for, at least, six years, keep up to date with
2 continuing medical education that is very specific to family
3 practice, as opposed to generalized requirements from the state
4 to maintain a license, and just maintain good standing with
5 them.

6 The other one is, I have what's referred to in
7 correctional health care as CCHP, and that's a Certified
8 Correctional Health Professional. It's a designation that's
9 earned through the National Commission on Correctional Health
10 Care and CCHC, which is the national spokesman for all of us
11 who work inside the prisons, and the designation of
12 certification of CCHP is earned, mostly, by being committed to
13 being a correctional health physician, taking a test on
14 standards of care within the prison walls, and to maintain
15 continuing education every year specific to correctional health
16 care.

17 Q. Following completion of your education, where have you
18 worked? Can you run through your experience for us?

19 A. Immediately after graduation, I was in private practice
20 and did some part-time work in the prison system is where I
21 began working two mornings a week at SCI Greensburg, and I also
22 worked in a residency program, the same one from which I
23 completed, first as a preceptor, some years later as a Director
24 of the Residency Program, which carried with it an Assistant
25 Professorship rank at Penn State University College of

1 Medicine, and I did those jobs for, approximately, seven or
2 eight years.

3 Q. You currently work for the Pennsylvania Department of
4 Corrections as the Chief of Clinical Services, is that right?

5 A. That is correct.

6 Q. And you've been in that position since 2014?

7 A. Correct.

8 Q. Prior to 2014, did you work for a medical contract
9 provider?

10 A. Correct.

11 Q. Who was that?

12 A. Well, going back to the beginning, I left private practice
13 in 1994 as the Site Medical Director at SCI Pittsburgh, and the
14 name of the company, at that time, was Prison Health Services.
15 Since then, I've worked for various medical contractors within
16 the state in other positions, a Site Medical Director at SCI
17 Somerset, Greensburg and Pittsburgh, and over the years,
18 increasing levels of responsibility from a Site Medical
19 Director to a District Medical Director to Regional Medical
20 Director.

21 And then in the year 2005, at that time, Prison Health
22 Services had the contract, and I became the Statewide Medical
23 Director for PHS.

24 Q. You stated that you worked as a Site Medical Director.

25 What is the Site Medical Director responsible for?

1 A. Site Medical Director has the hands-on, immediate
2 responsibility for the clinical care of the prisoners who are
3 at that site at that time.

4 Q. You also testified that you were a District Medical
5 Director -- a District Medical Director. What does the District
6 Medical Director do?

7 A. The level of responsibility from site to district to
8 regional just means that a Site Medical Director also has
9 mentoring and utilization oversight of other Site Medical
10 Directors. There's usually about six sites, a region could be
11 anywhere from 10 to 13 sites.

12 Q. In your capacity as the Chief of Clinical Services, what
13 are your responsibilities?

14 A. I'm sorry?

15 Q. What is your role as the Chief of Clinical Services?

16 A. As the Chief of Clinical Services, it's more involved with
17 oversight of the medical contract. So the Chief of Clinical
18 Services is -- I'm employed by the DOC, whereas, the medical
19 contractors are employed by medical contractors.

20 So I'm the point of contact to make sure that the clinical
21 services are appropriate, according to contract, and policies
22 and procedures performed by the medical contractor. I deal more
23 directly with their corresponding State Medical Director on
24 issues of quality improvement, policies and procedures, things
25 like that.

1 Q. Have you treated any patients with Hepatitis C Dr. Noel?

2 A. When I was Site Medical Director, yes.

3 Q. Have you overseen or managed the treatment of patients
4 with Hepatitis C?

5 A. Yes.

6 Q. About how many patients with Hepatitis C would you say
7 you've treated?

8 A. Over the years, 50 to 100.

9 Q. Have you ever testified as an expert before, Dr. Noel?

10 A. No.

11 MS. NEAL: Your Honor, at this time, I'd like to offer
12 Dr. Noel as an expert in Family Medicine and in the area of
13 Correctional Medicine.

14 MR. BOYLE: With those limitations, no objection.

15 THE COURT: He's so admitted.

16 BY MS. NEAL:

17 Q. Dr. Noel, are you familiar with Mr. Abu-Jamal?

18 A. Familiar with him?

19 Q. Yes, do you know who he is?

20 A. Yes.

21 Q. Are you aware that he's seeking Protopic and zinc
22 supplements for his skin condition?

23 A. Yes.

24 Q. And are you aware that he's seeking the latest
25 direct-acting antiviral drugs?

1 A. Yes.

2 Q. Have you reviewed his medical records to determine the
3 need and appropriateness of those treatments?

4 A. Yes.

5 Q. Are you familiar with his current medical status?

6 A. Yes.

7 Q. I want to turn, first, Dr. Noel, to Mr. Abu-Jamal's blood
8 sugars. Does Mr. Abu-Jamal have diabetes mellitus?

9 A. No.

10 Q. Why do you say that?

11 A. There are criteria for diabetes mellitus, is that you
12 either have a hemoglobin A-1C of 6.5 or greater or a fasting
13 blood sugar greater than 120. Currently, without any
14 medications, those two numbers are and have been completely
15 normal.

16 Q. Were you present in the courtroom when Dr. Harris
17 testified that he believes Mr. Abu-Jamal's blood sugars are in
18 a honeymoon period?

19 A. Yes, I heard that.

20 Q. Do you believe that that's accurate, Dr. Noel?

21 A. I believe you can't tell, at this point.

22 Q. What would your recommendation be, with respect to Mr.
23 Abu-Jamal's blood sugars, moving forward, or are you aware of
24 how his blood sugars are going to be handled?

25 A. Yes.

1 MR. BOYLE: Objection just to the compound, Judge.

2 MS. NEAL: I'm sorry, I'll rephrase, Your Honor.

3 BY MS. NEAL:

4 Q. Dr. Noel, are you aware of how Mr. Abu-Jamal's blood
5 sugars are going to be handled, at this point in time, moving
6 forward?

7 A. Currently, as of this date, he is receiving daily finger
8 stick blood sugars.

9 Q. I'd like to turn next Dr. Noel to Mr. Abu-Jamal's skin
10 condition. If you're aware, is he still being seen by
11 Dr. Schleicher?

12 A. Yes.

13 Q. Are you directly involved with providing care to Mr.
14 Abu-Jamal for his skin condition?

15 A. No.

16 Q. Have you discussed Mr. Abu-Jamal's medical status with
17 Dr. Schleicher?

18 A. Yes.

19 Q. I'm sorry?

20 A. Yes.

21 Q. Now, I want to talk to you, briefly, about Dr. Schleicher.
22 He is a Dermatologist, correct?

23 A. Correct.

24 Q. In the role of Medical Provider at the institution, how do
25 the medical staff handle recommendations from specialists?

1 A. Well, they're exactly that, they're recommendations. So
2 they take those recommendations and they make a decision
3 whether or not to accept them or not. The vast majority of
4 time, they're accepted 100 percent. Once in a while, if there
5 is some disagreement, they're expected to contact the
6 specialist, it might be something as simple as the specialist
7 recommends a non-formulary -- for example, in Dermatology,
8 Dr. Schleicher, in another case, he might order a topical cream
9 that we don't have on our formulary, that would be his
10 recommendation.

11 And our Site Medical Director might contact him and say,
12 May we use one of the creams that is on our formulary instead
13 of the one you recommended? That's a type of interaction we
14 have between our specialists.

15 Q. But otherwise, would the treating staff, typically, follow
16 the recommendations of the specialists?

17 A. Especially on complicated cases, yes.

18 Q. Are you aware of whether Mr. Abu-Jamal's skin condition
19 has improved, since he has been seen by Dr. Schleicher?

20 MR. BOYLE: Objection; foundation.

21 THE COURT: Well, she's asking him if he's aware. We have
22 had a lot of testimony as to what's happened with Mr.
23 Abu-Jamal's skin condition. If he has knowledge, I'll allow him
24 to testify to it. If you think his knowledge isn't properly
25 founded, you can object again and we'll deal with it.

1 You can answer the question.

2 THE WITNESS: I have knowledge of his skin condition from
3 the medical record and from talking to Dr. Schleicher.

4 BY MS. NEAL:

5 Q. Has Mr. Abu-Jamal's skin condition improved?

6 A. Yes.

7 Q. Are you aware that -- well, you testified you're aware
8 that Mr. Abu-Jamal wants to receive Protopic for his skin
9 condition, right?

10 A. Yes.

11 Q. Has this been offered to him before?

12 A. Yes.

13 Q. Did he take that medication?

14 A. No.

15 Q. Are you aware of whether that medication was recommended
16 to be discontinued by Geisinger Medical Center?

17 MR. BOYLE: Objection; leading.

18 THE COURT: Sustained.

19 BY MS. NEAL:

20 Q. When Mr. Abu-Jamal refused the medication, do you know
21 what time, around what time period that was?

22 A. When it was ordered by Dr. Schleicher?

23 Q. Yes.

24 A. I have that in my notes, I believe. Around early May of
25 2015, I believe, April or May.

1 Q. You're aware that Mr. Abu-Jamal went out to Geisinger
2 Medical Center, are you not?

3 A. Yes, I am.

4 Q. Do you recall when, about when Mr. Abu-Jamal went out to
5 Geisinger?

6 A. May 12th.

7 Q. Do you recall when Mr. Abu-Jamal was discharged from
8 Geisinger Medical Center?

9 A. May 19th.

10 Q. At the time that he was discharged from Geisinger Medical
11 Center, did they make a recommendation as to whether Mr.
12 Abu-Jamal should receive the Protopic at that point?

13 A. On the discharge instructions, it was listed to
14 discontinue the medication.

15 Q. Based on the input that you have received from
16 Dr. Schleicher and the order from Geisinger Medical Center, do
17 you believe it would be medically-appropriate to provide that
18 medication to Mr. Abu-Jamal, at this point?

19 A. No.

20 MR. BOYLE: Objection as beyond his expertise.

21 Medically-appropriate?

22 MS. NEAL: I'll rephrase, Your Honor.

23 THE COURT: All right.

24 BY MS. NEAL:

25 Q. Would the medical staff defer to the recommendation from

1 Geisinger Medical Center and Dr. Schleicher not to issue
2 Mr. -- or to prescribe Mr. Abu-Jamal the Protopic?

3 A. Yes.

4 Q. Are you aware that Mr. Abu-Jamal alleges that his skin
5 condition is related to his Hepatitis C?

6 A. I'm aware that he claims it's related to Hepatitis C, yes.

7 Q. You're aware that he has stated he wants the latest
8 direct-acting antiviral medications to address that?

9 A. Yes.

10 Q. Have you requested any input or opinions from any
11 specialists on whether Mr. Abu-Jamal's skin condition is
12 related to his Hepatitis C?

13 A. Yes.

14 Q. And who did you seek those opinions from?

15 A. Dr. Schleicher.

16 Q. And what advice or opinion did Dr. Schleicher provide to
17 you or your staff, regarding the relationship between his
18 Hepatitis C and his skin condition?

19 A. In reviewing his consult and the medical record and also
20 talking to him, personally, he saw no relationship between the
21 dermatitis and his Hepatitis C.

22 Q. Did you also discuss the possibility of a relationship
23 between his Hepatitis C and his skin condition with Dr. Cowan ?

24 A. Yes.

25 Q. And what was the opinion that he provided to you about

1 that?

2 MR. BOYLE: Objection; hearsay.

3 THE COURT: We have had Dr. Cowan's testimony on this,
4 haven't we?

5 MS. NEAL: Yes, Your Honor.

6 THE COURT: Let's move on.

7 BY MS. NEAL:

8 Q. I want to talk to you about Mr. Abu-Jamal's Hepatitis C
9 condition. Does the Department offer testing to inmates for
10 Hepatitis C screening?

11 A. I'm sorry, could you say that again?

12 Q. Does the Department offer testing or screening to inmates
13 for Hepatitis C?

14 A. Yes, we test all inmates.

15 Q. Does the Department have a protocol for patients who have
16 tested positive for Hepatitis C antibodies?

17 A. Yes, we have a protocol.

18 Q. And when did that protocol come out?

19 A. Last month -- late October, early November of 2015, the
20 current protocol.

21 Q. Okay. Is that protocol considered an interim protocol?

22 A. Yes.

23 Q. Why is it considered an interim protocol?

24 A. Because it was formulated to address those patients with
25 Hepatitis C who are in the most need of treatment right away.

1 It was not to send a message that we would only ever treat
2 those patients with that criteria.

3 The thought process is that we will adjust that, which is
4 why we call it interim, we will adjust that as we proceed with
5 the treatment of the current patients and, also, as both the
6 science and the guidelines for the treatment of Hep C in the
7 community and within the prison system.

8 As all that evolves, this would send a message that it's a
9 document that can be updated.

10 Q. Now, you testified that you took over as Chief of Clinical
11 Services in 2014. If you're aware, was this the first Hepatitis
12 C protocol that the department has had?

13 A. No.

14 Q. Was this new protocol, the interim protocol designed to
15 replace that prior protocol?

16 A. Yes.

17 Q. Why is that?

18 A. Well, there's been a protocol in place for, at least, 15
19 years. And as newer medications have been brought on the scene,
20 the protocols have been adapted, and so the most recent
21 protocol, prior to the one that was just issued last month, was
22 a protocol for medications that are no longer used, so that
23 protocol needed to be updated with a newer one, and it gave us
24 an opportunity to update the entire protocol, not just the
25 medications.

1 Q. This interim protocol addresses which inmates should be
2 treated for Hepatitis C?

3 A. What's that?

4 Q. This new protocol addresses which inmates should be
5 treated for Hepatitis C and when, is that correct?

6 A. Yes.

7 Q. Have you had any involvement in developing this Hepatitis
8 C protocol?

9 A. Yes.

10 Q. Prior to working on developing this protocol, had you had
11 any experience with developing a Hepatitis C protocol?

12 A. Yes, I assisted in developing the one that was previous to
13 this one.

14 Q. In looking at the development of the protocol, did you
15 look at anyone else's protocols?

16 A. Yes.

17 Q. Which protocols did you look at?

18 A. Specifically, the Federal Bureau of Prisons, the Veterans
19 Administration, Pennsylvania Medicaid, those are the ones we
20 looked at actual documents for.

21 Q. Dr. Noel, I'm going to show you Defendant's Exhibit 13.
22 This is the -- or what is this document?

23 A. Evaluation Management of Chronic Hepatitis C Virus
24 Infection, Federal Bureau of Prisons. It's their updated July
25 2015 guidelines.

1 Q. Is this the protocol that you looked at when you were
2 developing the Department's protocol?

3 A. Actually, when we first started developing it, it was the
4 July 2014 version, which FBOP updated in July 2015.

5 MS. NEAL: I'm sorry, Your Honor. May I have a quick
6 minute?

7 THE COURT: Sure.

8 MS. NEAL: May I approach?

9 THE COURT: Yes.

10 BY MS. NEAL:

11 Q. I'm going to hand you Defendant's Exhibit 13. It's the BOP
12 guidelines that you just referred to.

13 A. Okay.

14 Q. Did you refer to the AASLD in developing the Department's
15 guidelines?

16 A. Yes.

17 Q. There's been some testimony by Dr. Cowan about
18 prioritization protocols. Is the Department's protocol the
19 current one, prioritization protocol?

20 A. Yes.

21 Q. And what is that protocol designed to do, with respect to
22 the prioritization?

23 A. To identify those with the most serious liver disease and
24 to treat them first, and then, as they're treated, move down
25 the list to the lower priorities, from high priority to lower

1 priority.

2 Q. Now, you heard Mr. Boyle ask Dr. Cowan about the term
3 cut-off from the BOP guidelines. Does the Department's protocol
4 preclude Hepatitis C treatment --

5 A. No.

6 Q. -- from any inmate who has Hepatitis C?

7 A. No.

8 Q. How many inmates in the Department's custody are currently
9 diagnosed with Hepatitis -- Chronic Hepatitis C, Dr. Noel?

10 A. We don't have an exact number of Chronic Hepatitis C, we
11 have 7,000 inmates, approximately, who are positive Hepatitis C
12 antibody.

13 THE COURT: Excuse me. Is that statewide?

14 THE WITNESS: Yes, sir.

15 THE COURT: All right, thank you. Go ahead.

16 BY MS. NEAL:

17 Q. In looking at the inmates, this is a statewide protocol,
18 to be clear, correct, Dr. Noel?

19 A. Yes.

20 Q. So this protocol would be designed at eventually treating
21 all of those inmates, is that right?

22 A. Well, eventually, to evaluate all of them.

23 Q. Okay. When I was speaking with Dr. Cowan, you heard
24 testimony about the APRI scores. What does the Department's
25 protocol look at to develop -- or to decide who will first be

1 considered for the Hepatitis C treatment?

2 A. The first two indirect tests that we look at for screening
3 purposes are the platelet count and what's referred to as a
4 Hapt-C score. These are two indirect measurements. After that,
5 we go into a series of evaluations which include a multitude of
6 tests.

7 Q. Now, just so we can all be clear, can you just generally
8 walk us through the steps through which someone would be moved,
9 under this protocol, once they are diagnosed with Chronic
10 Hepatitis C?

11 A. Well, it begins with every inmate being screened, whether
12 or not they have Hepatitis C antibody. If they test positive
13 for Hepatitis C antibody, they will then have a viral load to
14 determine if they're one of the 85 percent or so that have
15 Chronic Hepatitis C.

16 They will then be put into the Chronic Care Clinic. The
17 Chronic Care Clinic is a tracking system to ensure that they
18 are seen on a regular basis. The vast majority of them will
19 live in general population and just be followed by one of our
20 providers on-site, along with an Infectious Control nurse, who
21 is also trained in our protocol.

22 They will be seen periodically, depending on the severity
23 of their disease. At some point in time, if their disease
24 progresses to a point where they meet certain criteria, and
25 that would be a platelet count less of a hundred thousand or a

1 Halt-C score of greater than 60 percent, they would be
2 identified as someone who needs further evaluation.

3 That would then be referred to the Central Office, and the
4 Central Office, we have a Hepatitis C Review Committee, and
5 that review committee will sit down and manually go through the
6 patient's chart with some information provided by the site,
7 possibly, a phone conference with the Site Medical Director, if
8 there was some questions about what was happening with the
9 particular patient, determination then would be made if there
10 was some further testing or further evaluation that needed to
11 be done.

12 At that time, in the current protocol, we make a decision
13 of whether or not to refer and schedule a patient for what's
14 called an EGD, that's esophageal gastroendoscopy, mostly known
15 as an upper scope, and the patient would be scheduled for that,
16 would go off-site, have an EGD performed to determine whether
17 or not they have esophageal varices.

18 Esophageal varices are a direct indication of portal
19 hypertension and correlates with those with the most severe
20 disease that need treatment immediately, those with esophageal
21 varices would then be referred for treatment.

22 Q. Now, you were talking about the Chronic Care Clinic. How
23 often is an inmate seen in the Chronic Care Clinic, once
24 they're noted as being assigned to that?

25 A. As I said, the Chronic Care Clinic is a tracking system to

1 make sure they are seen on a regular basis. If a patient is
2 absolutely 100 percent asymptomatic, has Hepatitis C, never has
3 any problems with liver tests, it's very early on what we have
4 described as a multi-decade-long disease, they're seen at least
5 once a year. And, again, any clinician can make that more
6 frequent, but the default is one year.

7 Once they started developing advanced fibrosis or
8 cirrhosis into this arena we're talking about now, it goes to
9 every six months that they'll be evaluated. And if they're
10 really sick, where they have decompensated cirrhosis and in end
11 stage liver disease, they're seen every month.

12 Again, these are the minimum that the computer catches and
13 schedules them for a clinic. Clinicians can see them more
14 often, as they see fit.

15 Q. Okay. As part of -- what's done, as part of the Chronic
16 Care Clinic? Is there any blood tests done?

17 A. First, you would have an interview with the patient and
18 ask questions about how they're feeling, how they're doing, any
19 symptoms that they might have. Then you would do a focused
20 physical exam on those parts of physical exam that might have
21 to do with liver disease.

22 Routine tests, such as hemoglobin and metabolic profile
23 would be performed, and that would all be reviewed and
24 determined where the patient is, in the progression of the
25 disease, education is provided by the Infectious Control nurse,

1 immunizations, if needed, and then they're scheduled for their
2 next visit.

3 Q. Okay, I just want to, sort of, backtrack to clarify a few
4 things.

5 When they have that face-to-face examination, and you said
6 the physician asks them how they're feeling or how they're
7 doing, what purpose does that face-to-face exam serve, in
8 detecting whether or not the individual may need to be moved to
9 a more frequent Chronic Care Clinic or --

10 MS. NEAL: I'm sorry, Your Honor, may I strike that?

11 BY MS. NEAL:

12 Q. What's the purpose of the face to face meeting, as it
13 relates to the Hepatitis C?

14 A. A lot can be determined by reviewing blood tests and we
15 have talked a lot about all the different values and blood
16 tests that we can use, but you still need to be face to face
17 with a patient to go over symptoms and to do a physical exam to
18 see if they have an enlarged liver, an enlarged spleen.

19 There are certain -- whether they have jaundiced eyes, and
20 then just a normal physical to see if there are any
21 comorbidities that might be going along with it.

22 Q. What type of education is provided during that clinic
23 meeting with the inmate?

24 A. That they have Hepatitis C, and it's a blood borne
25 disease, and it can be transmitted by blood, they need to be

1 careful about their activities, such that they don't expose
2 others to their blood.

3 Q. The blood tests that are done, what type of blood tests
4 are usually pooled, in relation to the clinic?

5 A. CBC, complete blood count, which includes, basically, the
6 hemoglobin and the platelets that we look at, plus some other
7 tests. The metabolic profile, which includes liver function
8 tests, tests for their renal status, cholesterol, basic
9 electrolytes, that's it.

10 Q. Now, you mentioned the use of a platelet count of less
11 than 100,000. Why is that number important to you, under the
12 protocol?

13 A. Well, the lower limits of normal is 140,000. There are
14 many people who have platelets slightly lower than normal.
15 Again, we were targeting, in this interim protocol, those that
16 are in most need of evaluation and treatment.

17 We searched the literature on various articles, there's
18 not a hard and fast rule on this, but it was a reasonable
19 number to pick of 100,000, it gave us a large enough pool that
20 we could start using that to move forward in identifying those
21 with advanced disease.

22 It was fairly consistent in the articles that those less
23 than 100,000 did have a significantly low platelet count that
24 needed to be evaluated. Very few people who have absolutely
25 normal platelet counts need to be evaluated as end stage liver

1 disease. There is a gray area, between 100 and 140, and we
2 decided that we would say that, as we advanced down into
3 further protocols, to expand that from the hundred thousand.

4 Q. What is Mr. Abu-Jamal's platelet counts, currently, as of
5 his last blood test?

6 A. His last platelet count was 134,000.

7 Q. I know we have seen that report, and I'm just going to
8 pull it up very quickly. It is Page 385 of Defendant's Exhibit
9 1. On that report, it says 134. It's 134,000, right?

10 A. That is correct.

11 Q. So at this point in time, Mr. Abu-Jamal wouldn't meet the
12 criteria to have his case moved up to Central Office to be
13 reviewed, is that right?

14 A. Based on only the platelet count, but there's the other
15 score, too, the Halt-C.

16 Q. Before we get on to the Halt-C, could you explain whether
17 that point means that he would never be reviewed by the
18 Hepatitis C Committee?

19 A. No, he would be evaluated, based just on the platelet, on
20 his next Chronic Care Clinic, when he had his blood drawn
21 again. That value, if it changed, he would be evaluated again.

22 Q. So each time the Chronic Care Clinic happens, there's
23 another review?

24 A. That is correct.

25 Q. Now, can you explain what the Halt-C score is?

1 A. It's one of many indirect tests. There's a long list of
2 them of which there are many scientific articles that are
3 proponents for each one, and there really is not a single one.
4 So we decided not to rely just on the platelet count, to try to
5 further identify those who have cirrhosis. And the Halt-C score
6 is -- uses AST, ALT, which are liver function tests, and the
7 platelet count is a very complicated formula that we can't do
8 like we did the APRI the other day. What it does is it gives
9 you a percentage probability that that patient has cirrhosis.

10 We decided to use that, after reviewing the V.A. protocol.
11 They use that with a 60 percent cut-off to just identify those
12 who need further evaluation, just as we are. Again, all of
13 these tests are for further evaluation, they're not end point.
14 So what it says is, if you have -- whatever percentage it is,
15 that's the percentage that you have cirrhosis.

16 So we picked 60 percent, for no better reason than the
17 V.A. picked that. It seemed like a reasonable number. We didn't
18 want to wait until the number was 90 percent, because then
19 you're almost sure, and we didn't want a low number like 30 or
20 40 percent because that's less than rolling the dice. So we
21 picked something that seemed reasonable, that we could add to
22 as another component with our platelets, to try to identify
23 those who are going to be pooled out, because these
24 tests -- these are just arithmetic calculations -- we would
25 pool them out to review they're chart and to see if they met

1 criteria for further evaluation.

2 Q. Now, other than the APRI score we have talked about and
3 the Halt-C, what are some of the other tests that can be used
4 too?

5 A. There's a Child-Pugh score, and that's used just to grade
6 the level of cirrhosis. There's a meld score, which is used by
7 transplant teams for severity of liver disease, and those are
8 the main ones we look at, as far as just scores.

9 Q. Okay, so the Child-Pugh would be used after your fairly
10 certain the person has cirrhosis?

11 A. Say that again.

12 Q. Would you use the Child-Pugh score before or after you
13 believe the person had cirrhosis?

14 A. If they have the low platelets or the high Halt-C, then,
15 it comes to the Central Office. The meld and the Child-Pugh
16 have already been calculated. That is done when they have their
17 chronic care visit. So we have all of that data.

18 Again, these are numbers in the computer. And then we sit
19 down and we review more information that's given to us about
20 the clinical status of the patient, decide if we need any more
21 testing to make a determination to try and really zero in on
22 the ones that have the most advanced disease, and when that
23 determination is made, that's the round table, sitting at a
24 table discussing among ourselves, maybe contacting the Site
25 Medical Director, that decision is made, then, to go on and see

1 if they get the EGD, which is the final determinant of whether
2 their disease has progressed such that the portal hypertension
3 is high enough that they now have esophageal varices.

4 Q. What's the significance of the esophageal varices?

5 A. I don't have the calculations in front of me. There have
6 been calculations done that, when you have esophageal varices,
7 there's a certain pressure in the portal hypertension, and that
8 pressure then correlates into the severity of the disease, as
9 we talked about before.

10 You have a diseased liver, so blood is backflowed, so as
11 it backflows, the pressure increases, so there are numbers to
12 calculate that out, and when they have esophageal varices, they
13 pass a certain threshold into advanced disease, and not only is
14 there an indication of advanced disease, but those who actually
15 have esophageal varices are at risk for the varices rupturing
16 and having a severe and critical bleed, because they're
17 platelet counts are low, so they don't clot very well, and you
18 could have a catastrophe.

19 So if we identify those with esophageal varices, not only
20 do we have someone who has advanced disease, the Hepatitis C,
21 would be most appropriate for, we can also have them band the
22 esophageal varices so they don't have a bleed and a
23 catastrophic event.

24 Q. Are you aware of what the BOP protocol uses as its APRI
25 score for evaluation?

1 A. Well, they began in 2014 with an APRI score of one as
2 their threshold for evaluation, and then the year later, in the
3 summer of 2015, they adjusted that and raised the level to 2.0
4 on the APRI score.

5 Q. What's the significance of that, if you're aware,
6 generally, from how protocols work, would that mean they would
7 be looking to tighten up the pool of individuals that they
8 would be considering or broadening it to review more people, by
9 raising the APRI score?

10 A. Increasing the APRI score is a threshold; decrease is your
11 pool of patients.

12 Q. So to be clear, they scaled there's back so they would be
13 reviewing fewer patients, correct?

14 A. Correct.

15 Q. Dr. Noel, do you attend conferences, in relation to
16 administration of the Hepatitis C protocols or receive any
17 additional training on Hepatitis C, in a correctional setting
18 or institutional?

19 A. Obviously, Hep C is a huge issue in corrections right now
20 and is the subject of every conference that is held. We
21 attend -- as I mentioned, I'm certified by the NCCHC, they have
22 annual conventions, they have workshops, webinars, they put out
23 literature.

24 Within the corrections field -- within corrections health
25 care, a huge focus on addressing Hepatitis C treatment now, so

1 yes, there's continually ongoing with educating ourselves on
2 the subject.

3 Q. Are you aware of the rationale for the scale-back by BOP
4 in their APRI scores?

5 MR. BOYLE: Objection. He can't speak for BOP.

6 THE COURT: He really can't speak for BOP. You would have
7 to have a much stronger foundation to ask him that question.

8 MS. NEAL: Okay.

9 BY MS. NEAL:

10 Q. Dr. Noel, have you spoken with any administrators from
11 BOP, regarding their protocol?

12 A. No.

13 Q. Have you spoken with any individuals involved in
14 developing or reviewing the BOP protocol?

15 A. No.

16 Q. Dr. Noel, if I could, I would like to turn your attention
17 to Page 9 of the BOP Hepatitis C Protocol. Do you have that in
18 front of you?

19 A. Page 9 of the BOP protocol, yes. I don't think that's the
20 same page, that's not what you have.

21 Q. I apologize. It's Page 9 of the PDF document, I think it's
22 Page 5 of the BOP protocol.

23 A. Yes, I have it.

24 Q. Under their protocol, from your understanding of the way
25 this section in the center of the page is drafted, with the 2.0

1 APRI score, do inmates in the BOP with an APRI score of 2.0 or
2 greater get direct-acting antiviral medication?

3 A. I only know what I read here. That's just -- they talk
4 about --

5 MR. BOYLE: Then I object, Your Honor. The question is,
6 does he know whether they get --

7 THE COURT: He just indicated all he knows is what he reads
8 here. I can read it, I don't need his interpretation. He has no
9 other knowledge than the literal wording on the page.

10 MS. NEAL: Okay.

11 BY MS. NEAL:

12 Q. In the center of the page where it discusses the APRI
13 score, it indicates that the APRI score has a sensitivity of 48
14 percent.

15 Can you explain what that means, that there's a
16 sensitivity of 48 percent?

17 A. Basically, half the time is correct and half the time is
18 not correct, in giving you the answer that you seek to get. In
19 other words, if you're predicting cirrhosis and you're using
20 the 2.0, that it has a sensitivity of 50 percent. So you can be
21 right and you can be wrong.

22 Q. You used the word, predicting. Does this -- what level of
23 certainty, then, even as to those 50 percent, do you have that
24 the person actually has cirrhosis?

25 A. On this single test, you do not have, which is the exact

1 reason we chose other tests and multiple tests to put together
2 a more complete picture than any one test that has a
3 sensitivity of 50 percent.

4 Q. You mentioned the 60 percent score for the Halt-C.

5 A. Correct.

6 Q. Does the Halt-C have a greater sensitivity than the APRI
7 score?

8 A. Well, the sensitivity is built into it. They're reporting
9 the sensitivity by saying, a 60 percent chance. So that
10 translates similar to what this is. So what they're saying with
11 the Halt-C, by giving you the 60 percent sensitivity, they're
12 filling in the sentence that they use in the sentence here, if
13 that makes sense. So a Halt-C of 60 percent, they're telling
14 you right now they're only 60 percent sure that this patient
15 has cirrhosis.

16 In the FBOP, if the APRI is 2, they're telling you -- in
17 the explanation and in the literature -- that, basically, it's
18 50 percent, 48, 50 percent. Again, which is why we picked
19 something other than just APRI and why we pick multiple tests
20 that actually only led you on to even further evaluations.

21 Q. You testified that you looked at the V.A.'s protocol, as
22 well?

23 A. Yes.

24 Q. I'm going to pull that up, the electronic version here.
25 Is this the V.A.'s protocol that you have in front of you?

1 A. On the screen, yes.

2 Q. Can you tell us, Dr. Noel, when that protocol was last
3 updated?

4 A. You know I can't hear, now, you're going to find out I
5 can't see either. 12/15/2015.

6 Q. Okay. I'm going to take you to Page 41 of the V.A.
7 protocol.

8 Can you tell me what the cut-off is for consideration in
9 the V.A.?

10 A. Where are you looking?

11 MR. BOYLE: Your Honor, once again, if there's a question
12 about it, it can be asked, but to just read -- the question
13 was, what is the cut-off from the V.A.? If he has personal
14 knowledge, that's one thing, if it comes from reading this
15 document, that's not sufficient.

16 THE COURT: Where are you headed here, Ms. Neal?

17 MS. NEAL: I wanted to establish Mr. Abu-Jamal's level of
18 reviewability under the V.A. protocol and under BOP protocol.

19 THE COURT: How do you propose to do that, when, at this
20 point, I haven't heard anything to indicate that Dr. Noel is,
21 in any way, familiar with or has worked with the V.A. protocol,
22 much less someone who has had any role in its formulation?

23 MS. NEAL: Okay. Let me back up then, if I can, Your Honor.

24 BY MS. NEAL:

25 Q. Dr. Noel, you testified that you have reviewed the V.A.

1 protocol in developing the Department's protocol?

2 A. Correct.

3 Q. Have you reviewed the V.A.'s protocol since that time,
4 since you first reviewed it, in developing the Department's
5 protocol?

6 A. Yes.

7 Q. Okay, and are you aware of what number the V.A. uses, with
8 respect to APRI scores?

9 A. Yes.

10 Q. And what is that number?

11 A. 1.5.

12 Q. I'm going to turn your attention, if I can, Dr. Noel, to
13 Page -- it's Page 42. Is this the table that you reviewed to
14 collect that information, Dr. Noel?

15 A. Yes.

16 Q. And this is, just to be clear, this is their protocol
17 which post-dates the newest AASLD Guidelines, is that right?

18 A. Yes.

19 Q. Have you calculated Mr. Abu-Jamal's APRI score, yourself,
20 Dr. Noel?

21 A. Yes.

22 Q. And what is it, currently?

23 A. 0.4.

24 Q. So that's what, roughly, one-fourth of what it would need
25 to be to be reviewed by the V.A., is that right?

1 MR. BOYLE: Objection.

2 THE COURT: Ms. Neal, you're asking this witness to give
3 opinions on documents that are really not in his purview. Let
4 me ask a question at this point.

5 Doctor, in the interim protocol that's been developed by
6 the Department of Corrections, is the APRI score a tool in that
7 protocol?

8 THE WITNESS: Yes, sir, on the second stage of review. As
9 we mentioned, the APRI score, by itself, has limitations,
10 although, other organizations have used -- well, the V.A. uses
11 it, among many, the FBOP uses it very strongly. We looked at
12 that, and with the limitations it had, we decided not to use
13 that as our first cut. So we used this other combination that
14 I've talked about, platelets and this Halt-C score.

15 All that does is bring the patient's case to the Central
16 Office to review more fully, of which we can bring all of these
17 tests. They may have had liver biopsies, Fibrosure,
18 elastography, the list is endless out there of specialists who
19 say they have the answer.

20 We bring it all to the table, put it all together, we talk
21 amongst ourselves, we come up with what we think is a
22 reasonable answer of how far this disease has progressed, then,
23 we make a decision of whether or not to go on to the next step,
24 which is the scope.

25 THE COURT: So the APRI score is first considered at the

1 Hep C Review Committee level?

2 THE WITNESS: Yes, sir.

3 THE COURT: All right, I don't need this line of
4 questioning.

5 MS. NEAL: Okay.

6 BY MS. NEAL:

7 Q. Dr. Noel, the earlier scores that you talked about, the
8 earlier criteria, before it gets up to Central Office, was, in
9 addition to the platelets, the Halt-C score, is that right?

10 A. Yes.

11 Q. And have you calculated Mr. Abu-Jamal's Halt-C score?

12 A. Yes.

13 Q. What was his Halt-C score?

14 A. 63 percent.

15 Q. Okay, so that's greater than the 60 percent, right?

16 A. Correct.

17 Q. So was Mr. Abu-Jamal's case reviewed, effectively, up at
18 Central Office level, at that point?

19 A. Yes.

20 Q. Okay. What was the determination that was made, with
21 respect to providing the direct-acting antiviral medication to
22 Mr. Abu-Jamal, at this point in time?

23 A. Putting the entire picture together, we determined that
24 the Halt-C score that said he had a 63 percent chance of
25 cirrhosis overestimated, that he did not have cirrhosis. Again,

1 if it says 63 percent that he has cirrhosis, it's 37 percent he
2 doesn't have cirrhosis. We determined, based on all the other
3 tests that we had, that he fell in the category of a 37 percent
4 with that HAlt-C score that did not have cirrhosis. So we
5 determined that he did not have cirrhosis or vast fibrosis and,
6 therefore, he was excluded from current treatment, based on his
7 liver condition.

8 Q. When you say he was excluded, based on the current data,
9 he will -- just to be clear -- he'll be reviewed again, after
10 the next Chronic Care Clinic, is that right?

11 A. That is correct.

12 Q. You discussed the fact that it's a -- the Department's
13 protocol is a prioritization protocol. Are there inmates in the
14 Department of Corrections, currently, who are more sick than
15 Mr. Abu-Jamal, as a result of their Hepatitis C condition?

16 A. Yes.

17 Q. What will happen if you have to give the treatment to Mr.
18 Abu-Jamal right now, with respect to those other patients or
19 those other inmates?

20 MR. BOYLE: Objection. What's the relevance? The issue here
21 is whether the Plaintiff before this Court should get the
22 treatment.

23 MS. NEAL: Your Honor, it goes to the public interest and
24 the overall impact of granting the request for the Preliminary
25 Injunction. It goes to the third and fourth prongs of the

1 element.

2 THE COURT: I guess, the preliminary question would be,
3 would anything happen?

4 THE WITNESS: I beg your pardon? How is the question
5 worded?

6 THE COURT: Would anything happen to the other individual
7 inmates who are in need of treatment, if Mr. Abu-Jamal were
8 given this treatment now? Would anything happen?

9 THE WITNESS: We are in the process of prioritizing all
10 7,000, focusing on those that are the most severe liver
11 disease.

12 THE COURT: No, I understand that.

13 THE WITNESS: So he is in line.

14 THE COURT: My question, simply, is, is there a
15 consequence, is there a direct consequence, flowing from giving
16 Mr. Abu-Jamal treatment now, with respect to the others who are
17 also in need of treatment?

18 THE WITNESS: Other than by his jumping line, whoever is
19 lower down will have to wait longer.

20 THE COURT: I understand.

21 MS. NEAL: I have nothing further, Your Honor.

22 THE COURT: Mr. Boyle.

23 MR. BOYLE: Yes, thank you, Your Honor.

24 CROSS EXAMINATION

25 BY MR. BOYLE:

1 Q. Good afternoon, Dr. Noel. If you need me to go closer to
2 the microphone, please tell me. Thank you.

3 So according to the Halt-C test, there is a 63 percent
4 chance that Mr. Abu-Jamal has cirrhosis?

5 A. Correct.

6 Q. And you heard -- you were here for Dr. Cowan's testimony,
7 is that right?

8 A. Yes.

9 Q. And he estimated, based on the APRI score, that Mr.
10 Abu-Jamal had a stage 2 fibrosis. Would you agree with that?

11 A. Would I agree with that?

12 Q. Yes.

13 A. Yes.

14 Q. So we have a person who has a 63 percent -- who you will
15 concede he has Chronic Hepatitis C.

16 A. Correct.

17 Q. He has a score that would put him in fibrosis level 2.

18 A. Correct.

19 Q. Which means his liver is scarred.

20 A. Correct.

21 Q. And there's a 63 percent chance that he has cirrhosis.

22 A. By that single test.

23 Q. And you're also aware, are you not, that -- strike that.

24 You've been present through most of these proceedings over the
25 past days, correct?

1 A. Correct.

2 Q. So I'm not going to go through all of the various details.

3 A. Thank you.

4 Q. You're aware that Mr. Abu-Jamal has been ill from a
5 variety of ailments since, approximately, August of 2014, is
6 that right?

7 A. I've reviewed the medical record and that's what I have
8 seen, yes.

9 Q. And that includes the -- what's gotten the most
10 discussion, the skin condition?

11 A. Yes.

12 Q. That includes what has been diagnosed as Anemia of Chronic
13 Disease?

14 A. Yes.

15 Q. He had one -- at least, one episode, and I understand
16 there's a debate about the cause of hyperglycemia, that he
17 ended up in a hospital -- a brief hospitalization, is that
18 right?

19 A. Right.

20 Q. And you also know that, while he was at Geisinger, he went
21 through a whole battery of tests that excluded cancer, bone
22 marrow disorder, skin cancer, as the underlying causes of his
23 anemia and his skin condition. Isn't that right?

24 A. Yes.

25 Q. Isn't it fairly clear that now with all -- with the 63

1 percent chance of cirrhosis, the fibrosis of, at least, stage
2 2, and all these other problems, that Mr. Abu-Jamal should be
3 treated with the Hepatitis C direct-acting antivirals?

4 A. Anything but clear.

5 Q. Now, you were asked questions about what's the interim
6 protocol. I've marked that as exhibit -- just for
7 identification -- Exhibit 30.

8 MR. BOYLE: Your Honor, I would move the document into
9 evidence.

10 THE COURT: Is there an objection, Ms. Neal?

11 MS. NEAL: No, Your Honor.

12 THE COURT: Plaintiff's Exhibit No. 30 is admitted into
13 evidence.

14 (At this time Plaintiff's Exhibit No. 30 was admitted into
15 evidence.)

16 MR. BOYLE: May I confer with counsel?

17 THE COURT: Yes. So we're all on the same document, I've
18 got a document here that's entitled 13.2.1 Access To Health
19 Care Procedure Manual, Section 16, Quality Improvement Plan
20 Chapter 1 Interim Hepatitis C Protocol.

21 MR. BOYLE: Yes, Your Honor. That's the document.

22 THE COURT: What is it, Mr. Gaughan, that you have?

23 THE CLERK: That's what I have.

24 THE COURT: So then this is Plaintiff's 30?

25 MR. BOYLE: Yes, Your Honor. And may I approach the

1 witness?

2 THE COURT: You may.

3 MR. BOYLE: Your Honor, because of an issue we discussed
4 yesterday, I didn't make an extra copy of it, so can I stand by
5 the witness while I'm examining?

6 THE COURT: Yes, you can.

7 BY MR. BOYLE:

8 Q. Showing you Plaintiff's Exhibit No. 30, is that the
9 Department of Corrections Interim Protocol?

10 A. Yes.

11 Q. Now, you're familiar with that document?

12 A. Yes.

13 Q. You helped draft it?

14 A. Yes.

15 Q. And it's a fact that it does not set forth prioritization
16 for treatment, at least, in the same manner that the BOP
17 guidelines do, isn't that right?

18 A. I don't think so.

19 Q. And, essentially, what it does --

20 A. Did I answer that correctly -- could I have that question
21 again?

22 THE COURT: Sure. Do you wish it read back, Mr. Boyle?

23 MR. BOYLE: Sure.

24 (At this time the reporter read back the referred-to
25 portion of the record.)

1 THE REPORTER: "QUESTION: And it's a fact that it does not
2 set forth prioritization for treatment, at least, in the same
3 manner that the BOP guidelines do, isn't that right?"

4 THE WITNESS: It does set forth prioritization, so I'm
5 disagreeing with you.

6 BY MR. BOYLE:

7 Q. Does it set forth the categories of priorities, like the
8 BOP does?

9 A. I'm not sure what your question is. What category are you
10 referring to?

11 Q. In fact, I have with me --

12 A. I have that BOP, show me the category.

13 Q. Directing your attention to BOP, the Defendant's Exhibit
14 13, and directing your attention to, for example, Pages 7 over
15 to 8.

16 A. I understand your question -- I'm sorry, I didn't
17 understand your question. It does not have the level of
18 priorities as highest high, intermediate and routine, as
19 outlined in the BOP, that is correct, it does not.

20 Q. Essentially, the Pennsylvania DOC's protocol is geared to
21 identifying those who are the most seriously ill?

22 A. Correct, during this interim period, yes.

23 Q. Those with decompensated cirrhosis?

24 A. Some decompensated cirrhosis, mild decompensated
25 cirrhosis, cirrhosis, advanced fibrosis, yes.

1 Q. And it doesn't include any kind of priority of treatment
2 for any of the other categories?

3 A. That is correct.

4 Q. You were asked some questions about --

5 A. I'm sorry, I have to wait for either the mic or you need
6 to be here.

7 Q. You're absolutely right, I apologize. You were asked some
8 questions by Ms. Neal concerning the steps one goes -- an
9 inmate would go through, before being approved for treatment
10 with the direct-acting antivirals. Do you recall those
11 questions and your answers?

12 A. I do.

13 Q. And in addition to the blood work, you mentioned that if
14 it was finally determined that the person has esophageal
15 varices, then, his case, his or her case would go before the
16 Committee, is that right?

17 A. I'm sorry, his case would what?

18 Q. Would then go before the Treatment Committee?

19 A. No, no, no. The Treatment Committee would have -- let me
20 back up. So you have the site review, and if it meets criteria
21 at the site level, it comes to the Central Office. The Central
22 Office decides whether or not to proceed with the EGD, they
23 make that determination.

24 Then, after the results of the EGD are received, it's
25 again reviewed, and if they have varices, they move on to

1 immediate treatment, and if they don't have varices, they can
2 wait.

3 Q. So by that time, it's already determined that the inmate
4 has, at least, a certain level of cirrhosis?

5 A. Yes.

6 Q. So before treatment is even considered by the DOC, a
7 person has a diagnosis of cirrhosis?

8 A. Yes, during this interim protocol.

9 Q. As you've been here for the past few days, you would
10 agree, would you not, that if Mr. Abu-Jamal were treated with
11 the direct-acting antivirals, there's a 90 to 95 percent chance
12 that he would be cured?

13 A. Yes.

14 Q. And he's requested that he be offered that medication, has
15 he not?

16 A. He has.

17 Q. And who made the decision not to give it to him?

18 A. The Hepatitis C Treatment Committee.

19 Q. Do they have the ultimate authority to decide whether he
20 gets the medication?

21 A. Yes.

22 Q. And who is on that committee?

23 A. Myself, the Chief of Clinical Services, the representative
24 from the medical contractor, CCS, Infectious Control nurse, the
25 Assistant Medical Director for the DOC, and anyone we have

1 might invite to participate in any difficult cases.

2 Q. Now, of the -- and I did the calculations by hand, so if
3 you disagree with my numbers, please tell me, as you are
4 testifying.

5 Would you estimate there is, approximately, 5,000 inmates
6 in Pennsylvania with Chronic Hepatitis C or is that too low?

7 A. Just give me a second. I think that's probably too low. I
8 understand -- nationally, the numbers are, like, 15 to 20
9 percent that clear spontaneously. The ones we have been looking
10 at so far seem to be a little bit lower on that side. So my
11 estimate, at this time, would be more like 6,000.

12 Q. Do you have an estimate today, as of those 6,000, how many
13 are currently receiving the direct-acting antiviral
14 medications?

15 A. Right, just a handful, probably, five.

16 Q. Of course, you're aware there's been a lot of discussion
17 in the past few days about the AASLD Guidelines.

18 A. Yes.

19 Q. You were here for that?

20 A. Yes.

21 Q. And you would agree that they, now, recommend treatment
22 for everyone?

23 A. Yes, the most recent guidelines, yes.

24 Q. In the past, you've embraced those -- the AASLD
25 Guidelines, have you not?

1 A. I did what to them?

2 Q. You've endorsed them?

3 A. Endorsed them.

4 Q. Let me withdraw that.

5 A. I'm having trouble with the word, endorse. We review them,
6 we take them into consideration, they're part of the big
7 picture, they're not the single bullet that has everything
8 right, it's a much more complicated -- it would be nice if we
9 could go to one document and everybody follow it and everything
10 would be wonderful, it just doesn't work that way.

11 So the AASLD has a large voice at the table, if that's
12 your question. We don't necessarily do just what the AASLD
13 says.

14 Q. Now, do you recall executing an affidavit in the case of
15 Miscellaneous(phonetic) v. Wexford Health Sources?

16 A. No.

17 Q. Do you recall executing an affidavit in June of this year
18 in that same case, where you were a named Defendant?

19 A. I mean, I recognize the name, I don't recognize anything
20 in preparation for this testimony, with regard to that case.

21 Q. Now, did you -- would it refresh your recollection that,
22 in that affidavit, you stated that, approximately, two years
23 ago --

24 MS. NEAL: Objection, Your Honor. Could I see the document
25 Mr. Boyle is referring to?

1 MR. BOYLE: Sure.

2 THE COURT: You may.

3 BY MR. BOYLE:

4 Q. The development of the more effective antiviral has
5 changed the landscape of Hepatitic C treatment, you would agree
6 with that, correct?

7 A. Yes.

8 Q. That was beginning in around -- the most effective ones
9 2013?

10 A. Right.

11 Q. And when the previous generation of antivirals came out in
12 2013, did not the Department of Correction cease treating
13 inmates for Hepatitis C, pending development of
14 those -- further development of those drugs?

15 A. We ceased any new starts, we finished off all those that
16 were in treatment.

17 Q. How many was that?

18 A. I don't know.

19 Q. Was it more than 10?

20 A. I don't know.

21 Q. If I suggested it was 22 patients that were receiving
22 treatment as of December 2013, would that seem fair?

23 A. Is that my statement? Did I make a statement?

24 MR. BOYLE: May I approach the witness?

25 THE COURT: You may.

1 MR. BOYLE: I've labeled it Plaintiff's Exhibit No. 31 for
2 identification.

3 THE COURT: Very good.

4 BY MR. BOYLE:

5 Q. I'm directing you to Paragraph 20.

6 A. So when was this signed -- let me see, this was signed in
7 just this past June, okay. This is a case -- okay, 20, yes, I'm
8 reading 20.

9 Q. Could you read it to yourself, and then I will ask you if
10 it refreshes your recollection that, as of December of 2013,
11 only 22 prisoners were receiving, at that time, the latest
12 direct-acting antiviral drugs?

13 A. (Witness complied). Yes.

14 Q. I'll leave a copy for Dr. Noel, Judge, if that's okay.

15 A. Thank you.

16 Q. And treatment ceased because of the development of those
17 new drugs and the change in the guidelines, as recommended by
18 AASLD, isn't that right?

19 A. More specifically, the AASLD made specific recommendations
20 to cease those current medications that we were using. And
21 that's why they were no longer used, so it's not like we had
22 the option to keep doing it.

23 Q. And the Department ceased having a protocol, at that time,
24 suspended its protocol of treatment, in about December of 2013,
25 is that right?

1 A. Correct.

2 Q. And it's now December of 2015. Has there been a new
3 protocol?

4 A. Just the one released last month.

5 Q. So that's after about 22 months?

6 A. Correct.

7 Q. Okay, now, I'm going to ask you some questions about Mr.
8 Abu-Jamal, specifically.

9 A. Okay.

10 Q. Now, you executed an affidavit in this case, did you not?

11 A. Yes.

12 Q. And that was in opposition for the Motion for a
13 Preliminary Injunction that's currently being heard in court,
14 is that right?

15 A. Yes.

16 Q. And in that affidavit, you gave some reasons why treatment
17 for Mr. Abu-Jamal was not necessary, is that right?

18 A. I don't have it in front of me. I believe so, yes.

19 MR. BOYLE: May I approach the witness, Your Honor?

20 THE COURT: Yes.

21 BY MR. BOYLE:

22 Q. Showing you Plaintiff's 32 for identification. Do you
23 recognize that document, Dr. Noel?

24 A. I do.

25 Q. Is that the declaration that you signed?

1 A. No.

2 Q. It's not?

3 A. It's not.

4 MR. BOYLE: May I approach the witness, Your Honor, to see
5 what I handed him? It may have been the wrong thing.

6 THE COURT: Yes, you may.

7 BY MR. BOYLE:

8 Q. Is this signed by you?

9 A. May I explain -- we'll take a half hour going through a
10 question at a time why I would make an answer like that, when
11 my signature is on this.

12 THE COURT: Well, you've got a question in front of you
13 that's pretty specific.

14 THE WITNESS: I did not sign that document, no.

15 THE COURT: All right, that's the answer.

16 BY MR. BOYLE:

17 Q. Do you know who did?

18 A. Who did -- that is my signature, this is not the five-page
19 document I signed. That is the last page that I signed.

20 Q. Did you sign another document?

21 A. Yes.

22 MR. BOYLE: Could I confer with counsel, Judge?

23 THE COURT: Yes.

24 BY MR. BOYLE:

25 Q. Now, is it your testimony you signed a document, a

1 declaration in opposition for the Motion for a Preliminary
2 Injunction, is that right?

3 A. Yes.

4 Q. But the document I showed you, Plaintiff's Exhibit No. 33
5 for identification, is not what you signed?

6 A. That is correct.

7 THE CLERK: 32.

8 BY MR. BOYLE:

9 Q. 32 for identification is not what you signed.

10 A. That is correct.

11 Q. Do you have the document that you signed?

12 A. I do not.

13 Q. Where is it?

14 A. I do not know.

15 Q. What's different about Plaintiff's Exhibit No. 32, from
16 the document that you actually signed?

17 A. May I see it? Paragraph 21 was removed.

18 Q. Paragraph 21 was removed before you signed it?

19 A. Correct.

20 Q. May I have the document back? Now, do you still
21 have -- let me give it back to you. Let me hand you back
22 Plaintiff's Exhibit No. 32, understanding that it's your
23 testimony that Paragraph 21 was removed --

24 A. Correct.

25 Q. -- before you signed it.

1 A. Correct.

2 Q. And in Paragraph 21 --

3 MR. BOYLE: Your Honor, I'll move this into evidence,
4 Plaintiff's Exhibit No. 32, understanding that Dr. Noel has
5 testified that he didn't sign it in this form, and that
6 exhibit -- Paragraph 21 was not in it, when he signed it.

7 THE COURT: Is there any objection to the introduction and
8 admission?

9 MS. NEAL: No, Your Honor.

10 THE COURT: May I see the document, because I'm frankly
11 confused, at this point.

12 MR. BOYLE: Yes, Judge.

13 THE COURT: Dr. Noel, help me out here. In this document,
14 which is six-pages long, there is a Paragraph 21. Are you
15 testifying that this paragraph was removed, you signed the
16 document, and then it was reinserted. What happened here?

17 THE WITNESS: We don't know, sir. The original document was
18 prepared by counsel, after discussing with me. It was brought
19 to me for signature, 21 is an incorrect paragraph. I had it
20 stricken. I signed the final copy, and for some reason, this
21 version was entered into evidence instead of the corrected one.

22 THE COURT: So Paragraph 21 in this document is something
23 that you're telling me you do not adopt nor did you agree to?

24 THE WITNESS: I did not agree, that is correct.

25 THE COURT: What do we have here?

1 MS. NEAL: Your Honor, I think -- I talked to Dr. Noel
2 about that, and as best as I can understand, it was probably a
3 clerical error, on my part. I discussed it with Dr. Noel, and
4 he agreed that the number was correct and that, generally, the
5 overall assertion was not incorrect, and the overall impact of
6 it was inconsequential.

7 THE COURT: Why is it still in the document, if he
8 disavowed it, at the time that he signed it?

9 MS. NEAL: Your Honor -- I don't know what to say, Your
10 Honor. I had submitted this, and there was no -- I did not
11 believe there was any reason to bring what appeared to be an
12 inconsequential error, due to clerical mishap, to the Court's
13 attention.

14 THE COURT: Is it your view it's inconsequential, as well?

15 MR. BOYLE: No, Your Honor. The issue of disease
16 progression for Mr. Abu-Jamal has been critical. We have cited
17 in briefs, both before a Magistrate Judge Mehalchick and Your
18 Honor, concerning this declaration and the assertion in it that
19 viral load has something to do with disease progression.

20 And that was the assertion that was in, what I thought was
21 Dr. Noel's declaration. And I think that -- there was a reply,
22 there was objections, and this is the first time that I'm
23 hearing that that paragraph shouldn't have been in there.

24 Magistrate Mehalchick didn't know it, when the Court
25 issued its Report and Recommendation denying this Preliminary

1 Injunction Motion.

2 I think counsel -- once the mistake was realized about
3 what was filed, and I don't know whether it was an oversight,
4 had a duty, at that point, to let us and the Court know this
5 was a mistake.

6 MS. NEAL: Your Honor, if I may. The testimony that's been
7 put forward so far is that the viral load is not indicative of
8 the rate of progression of the virus. And that is not the
9 assertion that is in Dr. Noel's declaration.

10 The declaration was a statement of his viral load, and
11 then a comparison of his viral load with what is considered a
12 high viral load. It's not an assertion that he is not
13 progressing to cirrhosis, based on that viral load.

14 THE COURT: Well, that may be, and other witnesses have
15 testified along the lines that you have indicated, with respect
16 to a low viral load or the correlation between a viral load and
17 the existence of liver disease, in particular, fibrosis, but
18 there are statements in here, with respect to Mr. Abu-Jamal's
19 Hepatitis C viral load, and I'm hearing Dr. Noel tell me that
20 he rejected this paragraph because it was inaccurate, and now
21 it's back in here, and that's troubling to me.

22 Now, Mr. Boyle, are you going to cross-examine Dr. Noel as
23 to why he disagrees with Paragraph 21?

24 MR. BOYLE: I'm going to ask a few questions, Your Honor.

25 THE COURT: If you don't, I will. So let's do it.

1 MS. NEAL: Your Honor, if I may, I just want to add one
2 brief thing, with respect to this conversation.

3 THE COURT: Just a moment. Both of you wanted to say
4 something. I think you were first.

5 MR. BOYLE: Yes. It states here -- and now I'm referring to
6 the Defendant's Brief in Opposition to our Motion for
7 Preliminary Injunctive Relief filed in September. This is in
8 their brief. And this is a quote.

9 "In addition to the lack of indication of impairment,
10 Plaintiff's Hepatitis C viral load is 46,446, which is
11 considered a low viral load." And it cites to Dr. Noel's
12 declaration.

13 "Viral loads are generally not considered to be high until
14 they reach 800,000 IU/mL, a level that is almost 20 times higher
15 than Plaintiff's current viral load."

16 Now, clearly, the implication of that argument is that,
17 because his viral load is low, his disease has not progressed
18 and is likely not to progress, but that is contrary to the
19 science, which is probably why Dr. Noel didn't sign that
20 paragraph.

21 Everyone has testified that viral load has no relationship
22 to liver damage or disease progression and is essentially
23 irrelevant. So, I mean, counsel -- this is in the brief.

24 THE COURT: Page 13.

25 MR. BOYLE: Page 13 of the brief.

1 THE COURT: I have it in front of me. I understand that the
2 argument is based on the substance of Paragraph 21, and
3 Dr. Noel is has very candidly indicated that he rejected that
4 paragraph. Nonetheless, it's here in front of me, in a
5 representation from the Defendant that it's a basis for me to
6 deny the injunction.

7 So yes, I am concerned about it. What else do you want to
8 say?

9 MS. NEAL: Your Honor, I did not -- Dr. Noel nor I realized
10 there was an issue with that until I was prepping him for the
11 hearing, and at that time, we reviewed the statement, and I
12 asked him;

13 "I have the lab report, also, is that correct, that
14 number?"

15 He said;

16 "Yes."

17 I said;

18 "Is the statement that it's not high until they reach
19 800,000 correct?"

20 He said, you know;

21 "Yes."

22 THE COURT: Are you impeaching your own witness here?

23 MS. NEAL: No, Your Honor. I'm sorry, I'm just trying to
24 explain the timing with which we reviewed it and to explain
25 that there was discussion between Dr. Noel and I about whether

1 or not this statement was, in fact, acceptable.

2 THE COURT: Did he tell you it wasn't accurate?

3 MS. NEAL: I'm sorry, Your Honor?

4 THE COURT: Did he tell you why it was not accurate?

5 MS. NEAL: Did he tell me why?

6 THE COURT: Did he tell you that the substance of Paragraph
7 21 is not accurate?

8 MS. NEAL: He informed me, when he reviewed it, he had
9 indicated it should be stricken, and I said, well, I didn't
10 realize that, and he informed me that those two statements were
11 actually accurate numbers.

12 And the discussion was, at that point, "Well, looking at
13 these numbers, is that accurate?" And if you look at them, it
14 says, "In addition to the lack" --

15 THE COURT: I think you should really stop, because you are
16 literally impeaching your own witness. You should stop right
17 there. You can cross-examine this witness on Paragraph 21.

18 BY MR. BOYLE:

19 Q. Is it your testimony, Dr. Noel -- is it your testimony,
20 Dr. Noel, that when you signed your affidavit, back in
21 September, you noticed that Paragraph 21 was not accurate?

22 A. Correct.

23 Q. And you didn't sign the affidavit until you were certain
24 that it had been removed?

25 A. I'm not sure about that. I understand your question .

1 Looking back on that, we tried to reconstruct it, and we don't
2 know exactly how that error occurred.

3 Q. But you did notice, at the time, back in September, that
4 there was, at a minimum, an inaccuracy in Paragraph 21?

5 A. Correct.

6 Q. You brought that to the attention of counsel?

7 A. Correct.

8 Q. When was the next time had you a discussion with counsel
9 about Paragraph 21?

10 A. A couple days before the hearing.

11 Q. So between September and now, you had no discussion about
12 it?

13 A. Correct.

14 MR. BOYLE: I'm ready to move on, unless the Court has
15 further questions about the issue.

16 THE COURT: I'd like to know, specifically, what's
17 inaccurate about Paragraph 21, with respect to Mr. Abu-Jamal?

18 THE WITNESS: From me, sir?

19 THE COURT: Yes.

20 THE WITNESS: Well, the viral load is only used for two
21 purposes. If you have the antibody, you do the viral load to
22 see if they cleared it. If the viral load is zero, it means
23 they got rid of the disease, they don't have Hepatitis C.

24 The next time you use the viral load, it's fast forward if
25 you're going to be on treatment. If you're going to be on

1 treatment, you establish what the viral load is so that you
2 know that, after you start treatment, the viral load goes down
3 to zero.

4 In between that time period, the level of the viral load,
5 as it goes up and down, it does not correlate with the clinical
6 disease of liver hepatitis. It is not used for any
7 determinations by anyone I know, it is not used by any of our
8 protocols, it is not a decision factor, and has not played any
9 part whatsoever in any of our decisions or medical care of
10 either Mr. Abu-Jamal or any other patients. It's merely a false
11 statement.

12 THE COURT: All right, go ahead. It's a false statement, I
13 understand.

14 MR. BOYLE: Thank you.

15 BY MR. BOYLE:

16 Q. So you'll agree the fact that Mr. Abu-Jamal has a
17 relatively low viral load is irrelevant to his disease
18 progression?

19 A. Yes.

20 Q. Now, one of the other reasons you gave in your declaration
21 for not recommending treatment is that in September of 2015,
22 Mr. Abu-Jamal had an ultrasound of the liver that showed no
23 abnormalities.

24 I'm directing your attention, now, to Paragraph 9, unless
25 it was re-numbered when you removed 21, and we'll be totally

1 confused.

2 A. Actually, Paragraph 9 here talks about his eczema in the
3 document -- am I at the right one, declaration. No. 9, Mr.
4 Abu-Jamal --

5 MR. BOYLE: May I approach the witness again, Judge?

6 THE COURT: Yes.

7 MR. BOYLE: Maybe I'll stay there.

8 BY MR. BOYLE:

9 Q. Actually, it was my mistake. Directing your attention to
10 Paragraph 19.

11 A. All right, I have Paragraph 19.

12 Q. Okay, one of the reasons you gave for not recommending
13 treatment with the antivirals was that there was an ultrasound
14 of the liver that showed no abnormalities, is that right?

15 A. No masses, cirrhosis or other impairment, yes.

16 Q. And are you aware that, in March of 2015, specifically,
17 March 16th of 2015, there was an ultrasound that did show
18 abnormalities of his liver?

19 A. I'm not sure which one you're talking about. May I see it,
20 please?

21 Q. Let me hand you up an exhibit binder.

22 A. Which one?

23 Q. Let me get to the mic. Behind Tab 1, Page 17.

24 A. Yes, I have it.

25 Q. Would you agree that, in March of 2015, there was an

1 ultrasound of the liver that, in the Impression section,
2 directing your attention to the bottom of it, it says;

3 "Echogenic liver suggests some degree of hepatic
4 parenchymal disorder."

5 A. Yes.

6 Q. Now, were you also aware that, just two months later, that
7 would be May of 2015, there was a CT scan at Geisinger Medical
8 Center that showed an irregular liver and recommended,
9 "Correlate for cirrhosis." Do you recall that?

10 A. Yes, from further discussions earlier in the proceeding.

11 Q. You testified on direct that, in general, you follow the
12 recommendations of specialists?

13 A. Yes.

14 Q. When Geisinger issued a report of a CT scan showing an
15 irregular liver and suggested or recommended, "Please correlate
16 for cirrhosis", was any action taken by the medical staff at
17 Mahanoy?

18 A. I do not know that.

19 Q. And the third reason that you gave for not recommending
20 treatment with the antivirals, and I'll refer you to Paragraph
21 20 of your declaration, is that Mr. Abu-Jamal has had a normal
22 platelet count?

23 A. Yes.

24 Q. And you've been here in court the past few days, and would
25 you agree that, in the past three months, for three months

1 running, his platelet count has been below normal?

2 A. Yes, slightly below, yes.

3 Q. Okay, so would you agree, sir, that Mumia Abu-Jamal, who
4 has Chronic Hepatitis C, has had two exams that indicate liver
5 damage, and now has had three below normal platelet counts, and
6 according to your own calculation, has a 63 percent chance of
7 having cirrhosis, likely has some liver damage?

8 A. I would say, yes, to some liver disease, yes.

9 Q. Would you agree there can be manifestations of Hepatitis C
10 that occur outside of the liver?

11 A. Yes.

12 Q. And these include skin conditions?

13 A. Yes.

14 Q. You've been here, once again, for the past few days,
15 you've listened to the questions, and those things are not
16 uncommon?

17 A. Not uncommon. Prior to Mr. Abu-Jamal's case, I had not
18 personally encountered it. When I was treating, Hepatitis C, a
19 variety of skin conditions, but personally, no.

20 Q. But you would agree that Mr. Abu-Jamal, since about August
21 of 2014, has had a fairly severe skin condition?

22 A. I'm not sure when it would be determined that it was
23 severe. It started back in 2014, I think, at some point in
24 2015, I would say it became severe, yes.

25 Q. And it continued to be severe for several months, before a

1 recent improvement?

2 A. Correct.

3 Q. And directing your attention, now, to Page -- excuse
4 me -- Paragraph 9 of your declaration in this case.

5 A. 9, yes, I have it.

6 Q. In that paragraph, you state that;

7 "A consulting Infectious Disease Specialist", quote,
8 unquote, "determined that Mr. Abu-Jamal's skin condition was
9 not secondary to the Hepatitis C."

10 A. Correct.

11 Q. Who was that Infectious Disease Specialist?

12 A. Dr. Gadea.

13 Q. And Paragraph 9 is not true, isn't that right, Dr. Noel?

14 A. What's not true?

15 Q. Dr. Gadea never told you that he had determined that Mr.
16 Abu-Jamal's skin condition was not secondary to the Hepatitis C

17 A. No, his was not an absolute statement.

18 Q. I'll direct you behind Tab 1 to Page 128. Have you ever
19 seen that document before?

20 A. Yes.

21 Q. Those are the typed progress notes from Dr. Gadea, were
22 they not?

23 A. Yes.

24 Q. And they were typed on September 9, 2015, were they not?

25 A. Correct.

1 Q. And the date of your declaration in this case is September
2 10, 2015, correct?

3 A. Correct.

4 Q. One day after these notes were typed?

5 A. Correct.

6 Q. And did Dr. Gadea not state in the notes that;

7 "Hepatitis Genotype A normal liver function tests. No
8 evidence of hepatic skin and hematological changes continue to
9 improve. Education provided. Some skin changes could be
10 secondary to Hep C, even with normal liver functions."

11 Do you see that?

12 A. I do.

13 Q. Now, certainly, Dr. Gadea did not determine that the skin
14 condition was not secondary to Hepatitis C, isn't that right?

15 A. Based on this consultation alone, that's what that says,
16 yes.

17 Q. Can you point to any medical record that you've seen where
18 Dr. Gadea stated that he had determined or come to the
19 conclusion or any other such word that the skin condition was
20 not secondary to Hepatitis C?

21 A. Not that emphatically, no.

22 Q. But in your declaration of September 10, you stated it
23 pretty emphatically, didn't you?

24 A. What number again?

25 Q. Paragraph 9 of your declaration.

1 THE COURT: It's Paragraph 10 in mine.

2 MR. BOYLE: Yes, I'm sorry, Paragraph 10.

3 THE WITNESS: Yes, I did.

4 BY MR. BOYLE:

5 Q. So when you went over your declaration and you told Ms.
6 Neal or counsel that Paragraph 21 was not accurate, did you
7 tell them Paragraph 10 wasn't accurate?

8 A. No.

9 Q. So, in fact, the only Infectious Disease Specialist with
10 whom Mr. Abu-Jamal consulted gave the opinion that the skin
11 condition could be secondary to the Hepatitis C, isn't that
12 right?

13 A. Let me check one thing in my notes, please.

14 Q. Sure.

15 A. No, I do not see anything in my notes that he absolutely
16 determined that.

17 Q. He also didn't determine it, at all, isn't that right?

18 A. I'm sorry?

19 Q. He didn't determine that, at all, did he?

20 A. Right.

21 Q. Directing your attention, after Paragraph 12 of your
22 declaration, you state, with respect to the skin condition,
23 that medical personnel at Geisinger diagnosed it as eczema.

24 A. Correct.

25 Q. But they never diagnosed it as eczema, did they?

1 A. I believe they did. Atopic dermatitis, they use words,
2 eczematous, psoriatic. As testimony has been given, it was --
3 by the Dermatologist -- it's not as straightforward a
4 diagnosis, and so they use longer words to include a wider
5 breadth of diseases, but my understanding, at that time, was it
6 was eczema.

7 Q. And, in fact, they listed the diagnosis as psoriasis form
8 dermatitis, isn't that right?

9 A. What are you referring to?

10 Q. Tab 1, Page A-59.

11 A. A-59. That's actually not the document I've been using for
12 them. Give me a second, please. I have the discharge
13 instructions, I don't know where it is in your document you've
14 been referring to before, the discharge instructions from
15 Geisinger.

16 Q. I can move on. Would you agree that --

17 A. No, I'm going to answer your question, sir.

18 Q. Go ahead.

19 A. The question is, there, it says, you were diagnosed with
20 eczematous dermatitis by Geisinger in their discharge
21 instructions.

22 Q. Okay, and what Bates number is that?

23 A. I don't know. This is just mine, it's not -- this is the
24 Geisinger discharge instructions dated 5/19/2015, we referred
25 to, it's where they talked about not using Protopic, those

1 discharge instructions.

2 MR. BOYLE: May I approach the witness again, Your Honor?

3 THE COURT: Yes.

4 BY MR. BOYLE:

5 Q. Showing you what is A-59, that is also a typed discharge
6 report from Geisinger?

7 A. Yes.

8 Q. And they list the diagnosis as psoriasis form dermatitis,
9 is that right?

10 A. That document you showed me does say that.

11 Q. And they also list as one of the secondary diagnoses
12 Hepatitis C.

13 A. Yes.

14 Q. And directing your attention, now, to A-60, to the
15 highlighted section, in the discharge summary, the medical
16 people at Geisinger recommended that Hepatitis C treatment for
17 Mr. Abu-Jamal be explored, didn't they?

18 A. Be explored. "You may be a candidate for treatment.
19 Consideration should be given to arranging consultation", yes,
20 it does say that.

21 Q. Thank you. Are you familiar with the term Anemia of
22 Chronic Disease?

23 A. Yes.

24 Q. You would agree, for the better part of a year or over a
25 year, Mr. Abu-Jamal has suffered from anemia?

1 A. I'm not sure about the time, I know for sure when he was
2 sick and in the hospital, he was, I'm not sure about prior to
3 that.

4 Q. Okay. And that's continued?

5 A. Yeah, it has.

6 Q. Once again, he went through a battery of tests at
7 Geisinger which ruled out many serious causes of the anemia.

8 A. Right.

9 Q. And he was given Procrit injections, a series of them,
10 beginning in around September, August, September?

11 A. Correct.

12 Q. And the anemia improved somewhat?

13 A. Correct.

14 Q. But it's still not normal, isn't that right?

15 A. Slightly abnormal, yes.

16 Q. So the three reasons that you gave in your declaration for
17 not recommending treatment don't apply anymore, do they?

18 A. Which three reasons are you talking about?

19 Q. The normal ultrasound in September. We eliminated the
20 issue of viral load, because you took that out of the
21 declaration, and the platelet count.

22 A. Well, the issue of the ultrasound and CT, there are other
23 conflicting ones, there's multiple ones that have been entered
24 into evidence, I believe, that some say it's normal, some say
25 it's abnormal, there was some questions about that already

1 discussed.

2 Q. But in your declaration, you focused on one, the one that
3 was normal, isn't that right?

4 A. Correct. And there are other conflicting ones, correct.

5 MR. BOYLE: May I have a moment, Your Honor?

6 THE COURT: Yes.

7 BY MR. BOYLE:

8 Q. Dr. Noel, is there any medical reason why Mr. Abu-Jamal
9 should not be administered the direct-acting antiviral
10 medication?

11 A. Off the top of my head, I can think of no medical
12 contraindications at this time. The only caveat I would say is
13 if someone were to get treatment, we always present them to a
14 gastroenterologist for final decision on that. But, no, I have
15 no medical exclusions.

16 Q. And that's the same recommendation that Geisinger made in
17 May, isn't that right, that he should see a gastroenterologist?

18 A. Yes.

19 MR. BOYLE: No further questions. Thank you.

20 THE COURT: Do you have redirect?

21 MS. NEAL: Yes, Your Honor, just briefly.

22 REDIRECT EXAMINATION

23 BY MS. NEAL:

24 Q. Dr. Noel, I just want to circle back around to a couple
25 things. One is the Halt-C score. Mr. Abu-Jamal's Halt-C score

1 is currently 63, right?

2 A. Correct.

3 Q. And what is the overall probability, then, that he will
4 develop cirrhosis?

5 A. 63 percent predictability that he has cirrhosis. It
6 doesn't speak to degree, doesn't speak to future, it speaks to
7 right now, with just those numbers, the limitations that we
8 have of indirect testing, that particular indices calculation
9 that we use states that he has a 63 percent chance of having
10 cirrhosis.

11 Q. Right now, I believe you testified that he was somewhere
12 around the F2 for fibrosis, is that right?

13 A. Correct, by putting all the other indicators together,
14 yes.

15 Q. So he's not at a state of cirrhosis, at this point?

16 A. That's our medical opinion.

17 MR. BOYLE: Objection.

18 THE COURT: What's your grounds?

19 MR. BOYLE: On the one hand, he has a 63 percent chance of
20 having cirrhosis, now, and on the other hand, he's at stage 2
21 fibrosis. I'm just confused by the question.

22 THE COURT: Well, I can't sustain an objection because of
23 your confusion.

24 MR. BOYLE: Agreed, Your Honor.

25 THE COURT: Go ahead.

1 BY MS. NEAL:

2 Q. Is there any way, Dr. Noel, of saying how quickly Mr.
3 Abu-Jamal will move from fibrosis to cirrhosis?

4 A. No, there's no definitive way, all we know is it's a
5 slowly progressive disease.

6 Q. So it could conceivably be years, before he moves to
7 cirrhosis?

8 A. Correct.

9 Q. Dr. Noel, do you have an understanding as to why Mr.
10 Abu-Jamal's -- or how Mr. Abu-Jamal's platelet readings will
11 impact the Halt-C score, if they continue to go up?

12 MR. BOYLE: Objection to the form. If they continue to go
13 up. They haven't continued to go up.

14 MS. NEAL: It's a hypothetical, Your Honor. It's posed to
15 an expert witness.

16 THE COURT: Assume that fact, Dr. Noel, that the platelets
17 will continue to go up, assume that fact and see if you can
18 answer the question, recognizing it's an assumption not
19 supported. Go ahead.

20 THE WITNESS: The platelet count is part of the calculation
21 for Halt-C score. If the platelet counts goes up, the Halt-C
22 percentage goes down.

23 BY MS. NEAL:

24 Q. Do you have any information, Dr. Noel, as to what may have
25 caused the platelet levels to drop?

1 MR. BOYLE: Objection; beyond his expertise.

2 THE COURT: Sustained. Speculation, as well.

3 BY MS. NEAL:

4 Q. His platelet levels have been trending upwards for the
5 past few months, is that correct, Dr. Noel?

6 A. I believe, yes, just the last couple few months.

7 MS. NEAL: Nothing further, Your Honor.

8 MR. BOYLE: No questions, Your Honor.

9 THE COURT: Thank you very much, Dr. Noel. You can step
10 down. Do you have additional witnesses?

11 MS. NEAL: No, Your Honor.

12 THE COURT: Do you have rebuttal?

13 MR. BOYLE: May I have a moment, Judge?

14 (At this time there was a brief pause in the
15 proceedings.)

16 MR. BOYLE: No, Your Honor, no rebuttal.

17 THE COURT: Let me ask counsel what your pleasure is, with
18 respect to offering oral argument today or submitting briefs in
19 support of your respective positions.

20 There's a great deal of testimony here, I can assure you
21 that I'm going to review it all, and I'll rely on my
22 stenographer to transcribe it, as I know she will, and I intend
23 to review it all, but if you want me to hear oral closings now,
24 on the strength of a record that has not as yet been made, I'll
25 certainly do that, I'm certainly familiar enough with the case

1 to understand any arguments you might raise right now, if
2 you're so prepared.

3 But again, my interest, here, is giving each of you every
4 opportunity to give your case the kind of full treatment that
5 it deserves. So however you want to proceed, I'm ready.

6 MS. NEAL: I think we both agree, Your Honor, that we will
7 do briefs.

8 THE COURT: Is that right?

9 MR. BOYLE: Yes, Your Honor, given the documentary exhibits
10 and the testimony, a cogent presentation could best be made in
11 that way.

12 THE COURT: Fine. How much time for briefs?

13 MS. NEAL: Could we have 30 days after the transcript, Your
14 Honor?

15 MR. BOYLE: Could we split it -- like, three weeks -- it's
16 a medical issue, my client -- you know, there's an issue before
17 this Court for him to get treatment for a very serious disease.
18 I understand it's the holidays, I'm going to be traveling, we
19 want to do good briefs, but could we have three weeks?

20 And maybe we will speak to the court reporter and see how
21 quickly we can get the record.

22 THE COURT: Off the record.

23 (At this time a discussion was held off the record.)

24 THE COURT: Giving this case the highest priority of my
25 case load, as I think I should and I think I must, it will

1 still take her at least three weeks to put the transcript
2 together, so you've got three weeks there, and then the
3 question is how much time after that do you want? You suggested
4 three weeks after receipt?

5 MR. BOYLE: I'll do it in two, if that's the situation.

6 MS. NEAL: Your Honor, if we could maybe make it closer to
7 three weeks after.

8 THE COURT: If you really want me to split it that way,
9 I'll do it. You're at 21 days and you're at 14, I'll make it
10 17, 18, if that's what you want to do. It seems rather silly.
11 Can't you agree on something here?

12 MR. BOYLE: We actually agreed on the issue of doing briefs
13 right away.

14 THE COURT: That was something, I'll grant you that.

15 MR. BOYLE: Could I confer? Okay 21 days after is fine.

16 THE COURT: This will be simultaneous briefs now we
17 understand, right?

18 MS. NEAL: Yes, Your Honor.

19 THE COURT: Twenty-one days after receipt of the
20 transcript, you will each submit your briefs in support of your
21 respective positions, and I promise you that I will get you a
22 decision as promptly as I can.

23 MS. NEAL: Your Honor, one final housekeeping issue. I
24 would like to move Exhibits 13 and 14 into evidence. I believe
25 I have not done that yet.

1 THE COURT: Is there an objection, Mr. Boyle?

2 MR. BOYLE: No, Your Honor.

3 THE COURT: Those exhibits are admitted.

4 (At this time Defendant's Exhibit Nos. 13&14 were admitted
5 into evidence.)

6 MR. BOYLE: If I haven't done so already, Dr. Noel's
7 declaration, I would like to be introduced into evidence.

8 THE COURT: Was that 32?

9 MR. BOYLE: I believe so, I think I only used it for
10 impeachment.

11 THE COURT: Plaintiff's Exhibit No. 32 is admitted.

12 (At this time Plaintiff's Exhibit No. 32 was admitted into
13 evidence.)

14 THE COURT: Now, there is the issue of the confidentiality
15 of the interim protocol, which, apparently, you haven't
16 resolved?

17 MS. NEAL: I believe we have just through the proceedings,
18 Your Honor.

19 THE COURT: All right. Is that your view, as well?

20 MR. BOYLE: Okay, there's no issue, I guess.

21 THE COURT: All right. Thank you all very much. I
22 appreciate your efforts, on behalf of your respective parties,
23 and wish you well.

24 (At this time the proceedings were adjourned.)
25

C E R T I F I C A T E

I, KRISTIN L. YEAGER, Official Court Reporter for the United States District Court for the Middle District of Pennsylvania, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing is a true and correct transcript of the within-mentioned proceedings had in the above-mentioned and numbered cause on the date or dates hereinbefore set forth; and I do further certify that the foregoing transcript has been prepared by me or under my supervision.

S/Kristin L. Yeager
KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter

REPORTED BY:

KRISTIN L. YEAGER, RMR, CRR
Official Court Reporter
United States District Court
Middle District of Pennsylvania
P.O. Box 5
Scranton, Pennsylvania 18501

(The foregoing certificate of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or supervision of the certifying reporter.)

\$	13.2.1 [1] - 125:18 132 [1] - 2:12 134 [2] - 2:13, 109:9 134,000 [2] - 109:6, 109:9 14 [3] - 2:18, 159:9, 159:24 140 [1] - 109:1 140,000 [1] - 108:13 148 [1] - 2:13 15 [10] - 16:14, 26:17, 39:15, 59:16, 59:24, 70:9, 70:21, 78:22, 100:18, 130:8 1501 [1] - 1:11 151,152 [1] - 2:14 152 [1] - 2:14 15221 [1] - 1:14 154 [1] - 2:4 15cv967 [1] - 1:5 16 [6] - 45:2, 50:19, 51:13, 59:7, 61:9, 125:19 160 [3] - 2:13, 2:16, 2:18 16th [1] - 145:17 17 [11] - 2:9, 5:24, 6:6, 28:9, 32:25, 33:3, 52:2, 59:20, 61:10, 145:23, 159:10 17050 [1] - 1:18 18 [8] - 2:8, 23:22, 24:1, 24:15, 60:2, 60:6, 75:21, 159:10 18501 [1] - 161:19 18503 [2] - 1:21, 1:25 19 [4] - 2:8, 11:2, 145:10, 145:11 19(sic) [1] - 10:25 1920 [1] - 1:17 1971 [1] - 87:10 1982 [1] - 87:11 1986 [1] - 87:13 1994 [1] - 90:13 1996 [1] - 47:17 19th [1] - 97:9 1A [2] - 22:8, 23:8	2.0 [4] - 113:3, 114:25, 115:1, 115:20 2.5 [1] - 75:7 2.7 [1] - 20:24 20 [13] - 21:10, 21:11, 22:13, 26:16, 39:1, 39:10, 40:8, 130:8, 133:5, 133:7, 133:8, 140:14, 146:21 200 [1] - 1:20 2005 [1] - 90:21 2013 [6] - 71:23, 132:9, 132:12, 132:22, 133:10, 133:24 2014 [12] - 33:15, 33:16, 42:22, 71:23, 90:6, 90:8, 100:11, 102:4, 113:1, 124:5, 147:21, 147:23 2015 [43] - 1:9, 5:24, 6:6, 6:9, 6:11, 7:21, 9:15, 23:14, 23:18, 27:12, 28:9, 31:23, 34:23, 52:2, 53:6, 53:13, 57:4, 59:7, 59:17, 59:20, 59:24, 60:3, 60:6, 70:20, 71:2, 71:4, 78:17, 81:24, 84:16, 96:25, 99:19, 101:25, 102:4, 113:3, 134:2, 144:21, 145:16, 145:17, 145:25, 146:7, 147:24, 148:24, 149:2 21 [22] - 17:6, 18:12, 136:17, 136:18, 136:23, 137:2, 137:6, 137:14, 137:19, 137:22, 139:23, 141:2, 142:7, 142:17, 142:21, 143:4, 143:9, 143:17, 144:25, 150:6, 159:9, 159:15 22 [3] - 132:21, 133:11, 134:5 23 [1] - 1:9 23,75 [1] - 2:8 235 [1] - 1:24 25 [1] - 70:9 27 [2] - 11:4, 11:19 27-page [1] - 11:12 277 [1] - 1:11 28 [8] - 2:9, 46:16, 47:4, 47:8, 47:9, 48:12, 49:13, 161:6 29 [6] - 2:10, 49:12,	49:22, 50:2, 50:3, 50:8 3 3 [8] - 6:9, 6:11, 26:1, 26:11, 55:12, 66:16, 66:22, 76:10 3.2 [2] - 21:2, 72:6 30 [10] - 2:12, 21:11, 45:10, 110:19, 125:7, 125:12, 125:14, 125:24, 126:8, 158:13 31 [4] - 2:12, 7:21, 8:5, 133:1 32 [11] - 2:9, 2:13, 134:22, 136:7, 136:9, 136:15, 136:22, 137:4, 160:8, 160:11, 160:12 33 [1] - 136:4 34-36,72,101,102,127 [1] - 2:16 37 [7] - 36:2, 36:6, 36:15, 36:20, 37:1, 121:1, 121:3 385 [2] - 2:17, 109:8 4 4 [11] - 2:3, 21:2, 30:15, 36:1, 36:19, 36:22, 66:22, 72:7, 77:22 4's [1] - 65:24 40 [2] - 72:8, 110:20 41 [1] - 117:6 42 [1] - 118:13 425 [1] - 1:20 46 [2] - 2:9, 18:18 46,446 [1] - 140:10 47 [1] - 2:9 48 [3] - 115:13, 115:16, 116:18 49 [1] - 2:10 5 5 [7] - 2:11, 30:15, 35:23, 55:18, 81:7, 114:22, 161:18 5,000 [1] - 130:5 5,30,28 [1] - 2:16 5-0 [2] - 39:16, 39:17 5.2 [1] - 20:25 5.4 [2] - 76:4, 76:7 5/19/2015 [1] - 151:24 50 [11] - 2:10, 21:7,	39:12, 39:14, 72:8, 92:8, 115:20, 115:23, 116:3, 116:18 53 [1] - 2:10 55 [1] - 21:3 59 [3] - 2:11, 2:14, 41:23 59,000 [1] - 41:24 6 6 [5] - 27:3, 69:4, 69:16, 69:17, 75:21 6&11 [1] - 2:18 6,000 [2] - 130:11, 130:12 6,11,12,9&13 [1] - 69:20 6.5 [1] - 93:12 60 [10] - 2:14, 105:1, 110:11, 110:16, 116:4, 116:9, 116:11, 116:13, 116:14, 120:15 63 [13] - 36:7, 120:14, 120:24, 121:1, 123:3, 123:14, 123:21, 124:25, 147:6, 155:1, 155:5, 155:9, 155:19 69 [5] - 2:3, 2:16, 2:17, 2:18 7 7 [6] - 21:13, 21:16, 21:18, 21:19, 22:20, 127:14 7,000 [2] - 103:11, 122:10 74 [1] - 60:11 753 [1] - 161:6 79 [1] - 2:3 8 8 [1] - 127:15 80 [2] - 68:15, 72:2 800,000 [2] - 140:14, 141:19 81 [1] - 2:11 820 [1] - 26:14 85 [3] - 21:3, 21:7, 104:14 8654 [1] - 1:14 87 [1] - 2:4
-----------	---	--	--	--

9

9 [23] - 2:16, 5:24,
28:9, 30:14, 30:15,
53:6, 53:13, 55:14,
55:19, 69:5, 69:16,
69:17, 114:17,
114:19, 114:21,
144:24, 145:2,
145:3, 148:4, 148:5,
148:13, 148:24,
149:25
90 [8] - 22:7, 22:15,
22:19, 28:5, 72:1,
80:6, 110:18, 129:11
95 [7] - 22:7, 22:15,
22:19, 28:5, 36:3,
36:21, 129:11
9:00 [1] - 1:9
9:30 [1] - 3:16

A

A-110 [2] - 2:10, 53:3
A-17 [2] - 2:11, 59:4
A-1C [3] - 76:4, 76:7,
93:12
A-59 [3] - 151:10,
151:11, 152:5
A-60 [1] - 152:14
A-74 [2] - 2:11, 59:21
A.M [1] - 1:9
AASLD [31] - 24:7,
26:4, 30:22, 31:4,
31:22, 32:2, 32:22,
33:24, 34:1, 34:24,
68:13, 70:12, 70:14,
71:8, 74:13, 75:15,
76:8, 76:10, 80:24,
81:17, 81:20, 82:6,
83:1, 102:14,
118:17, 130:17,
130:24, 131:11,
131:12, 133:18,
133:19
AASLD's [3] - 25:11,
27:12, 34:7
AASLD/IDSA [2] -
33:19, 33:21
ability [2] - 12:22, 72:5
abnormal [2] - 153:15,
153:25
abnormalities [3] -
144:23, 145:14,
145:18
Abolitionist [1] - 1:13
above-mentioned [1]
- 161:8
absolute [1] - 148:17
absolutely [6] - 23:10,

53:16, 106:2,
108:24, 128:7,
150:15
abstract [1] - 47:14
Abu [108] - 3:6, 5:15,
5:19, 6:1, 6:4, 6:9,
6:12, 6:17, 18:3,
19:16, 20:6, 23:6,
28:16, 28:20, 28:25,
29:13, 29:17, 29:22,
37:3, 38:17, 40:22,
41:2, 41:18, 42:8,
45:1, 50:19, 52:12,
52:16, 52:21, 56:5,
56:24, 58:13, 61:14,
63:12, 73:7, 75:7,
75:8, 76:1, 76:2,
78:15, 78:17, 79:5,
79:16, 80:2, 81:12,
82:8, 92:17, 93:7,
93:8, 93:17, 93:23,
94:4, 94:9, 94:14,
94:16, 95:18, 95:23,
96:5, 96:8, 96:20,
97:1, 97:4, 97:7,
97:12, 97:18, 98:2,
98:4, 98:11, 99:8,
109:4, 109:11,
117:17, 118:19,
120:11, 120:17,
120:22, 121:15,
121:18, 122:7,
122:16, 123:4,
123:10, 124:4,
125:2, 129:10,
134:8, 134:17,
138:16, 139:18,
143:17, 144:10,
144:16, 144:22,
145:4, 146:21,
147:3, 147:17,
147:20, 148:8,
148:16, 150:10,
152:17, 152:25,
154:8, 154:25,
156:3, 156:10
ABU [1] - 1:2
Abu-Jamal [68] - 3:6,
5:15, 6:4, 6:17, 18:3,
19:16, 20:6, 23:6,
28:16, 28:20, 28:25,
29:13, 29:17, 29:22,
38:17, 42:8, 50:19,
52:16, 52:21, 56:5,
56:24, 61:14, 63:12,
73:7, 75:7, 76:2,
78:17, 79:16, 81:12,
92:17, 93:8, 94:14,
96:8, 96:20, 97:1,
97:4, 97:7, 97:12,
97:18, 98:2, 98:4,

109:11, 120:22,
121:15, 121:18,
122:7, 122:16,
123:4, 123:10,
124:4, 125:2,
129:10, 134:8,
134:17, 138:16,
143:17, 144:10,
144:16, 144:22,
145:4, 146:21,
147:3, 147:20,
150:10, 152:17,
152:25, 154:8, 156:3
ABU-JAMAL [1] - 1:2
Abu-Jamal's [40] -
5:19, 6:1, 6:9, 6:12,
37:3, 40:22, 41:2,
41:18, 45:1, 52:12,
58:13, 75:8, 76:1,
78:15, 79:5, 80:2,
82:8, 93:7, 93:17,
93:23, 94:4, 94:9,
94:16, 95:18, 95:23,
96:5, 98:11, 99:8,
109:4, 117:17,
118:19, 120:11,
120:17, 139:18,
147:17, 148:8,
148:16, 154:25,
156:10
Academy [3] - 87:10,
88:22, 88:23
accept [3] - 21:1, 81:9,
95:3
acceptable [3] -
74:25, 77:17, 142:1
accepted [1] - 95:4
Access [1] - 125:18
access [1] - 82:23
accord [1] - 12:25
according [5] - 17:17,
81:11, 91:21, 123:3,
147:6
accordingly [2] - 25:8,
72:11
account [1] - 87:17
accurate [13] - 13:24,
19:16, 75:8, 83:19,
93:20, 142:2, 142:4,
142:7, 142:11,
142:13, 142:21,
150:6, 150:7
accustomed [1] - 21:2
acquiesced [1] -
15:12
Acral [1] - 49:23
acral [14] - 20:7, 45:6,
45:11, 45:15, 45:19,
45:24, 46:5, 46:12,
47:16, 47:22, 48:1,

48:25, 49:6
acted [1] - 10:5
acting [25] - 22:9,
70:3, 71:18, 71:22,
73:9, 73:25, 74:4,
74:7, 74:11, 76:18,
76:24, 77:2, 77:17,
78:12, 78:24, 92:25,
98:8, 115:2, 120:21,
125:3, 128:10,
129:11, 130:13,
133:12, 154:9
action [1] - 146:16
actions [1] - 17:22
activities [3] - 9:22,
14:25, 108:1
activity [5] - 14:9,
14:10, 15:12, 27:22,
37:21
actual [2] - 55:11,
101:20
adapted [1] - 100:20
add [4] - 84:20, 85:3,
110:21, 140:1
added [1] - 85:23
addition [4] - 120:9,
128:13, 140:9,
142:14
additional [5] - 42:19,
84:13, 88:18,
113:17, 157:10
additionally [1] -
85:21
address [3] - 16:18,
98:8, 99:24
addresses [2] - 101:1,
101:4
addressing [1] -
113:25
adequately [1] - 85:18
adjacent [1] - 60:14
adjourned [1] - 160:24
adjust [2] - 100:3,
100:4
adjusted [1] - 113:3
administer [2] - 14:2,
64:16
administered [3] -
13:25, 22:12, 154:9
Administration [6] -
31:1, 31:11, 31:18,
64:23, 73:3, 101:19
administration [2] -
19:22, 113:16
administrative [1] -
16:22
administrator [3] -
13:5, 13:6, 17:25
administrators [1] -
114:10

admission [1] - 137:8
admitted [14] - 19:9,
47:8, 47:9, 50:2,
50:3, 69:17, 69:21,
92:15, 125:12,
125:14, 160:3,
160:4, 160:11,
160:12
Admitted [1] - 2:7
admittedly [2] - 18:6,
19:2
adopt [2] - 32:9,
137:23
adopted [3] - 31:24,
32:22, 34:25
advance [1] - 22:21
advanced [16] - 63:18,
63:22, 64:6, 64:15,
65:1, 65:14, 65:15,
65:16, 106:7,
108:21, 109:2,
111:22, 112:13,
112:14, 112:20,
127:25
advantageous [1] -
85:19
advent [2] - 74:10,
74:12
advice [1] - 98:16
affect [2] - 38:6, 58:3
affects [2] - 38:4,
47:21
affidavit [7] - 131:14,
131:17, 131:22,
134:10, 134:16,
142:20, 142:23
afford [1] - 73:9
afield [2] - 7:18, 19:18
afternoon [2] - 87:5,
123:1
age [8] - 38:9, 38:25,
39:10, 39:11, 39:13,
39:14, 40:7
agents [2] - 33:17,
77:3
ages [2] - 39:1, 40:8
ago [2] - 52:20, 131:23
agree [59] - 20:17,
21:22, 22:6, 25:24,
26:6, 26:8, 27:2,
27:8, 27:11, 27:17,
27:18, 27:19, 27:24,
28:1, 32:6, 32:13,
32:17, 33:12, 33:25,
35:18, 36:4, 36:25,
38:12, 38:24, 40:6,
40:12, 40:17, 40:23,
43:5, 47:11, 48:4,
48:7, 48:20, 48:25,
49:3, 49:6, 50:13,

53:18, 54:13, 61:21, 82:4, 123:10, 123:11, 129:10, 130:21, 132:5, 137:23, 137:24, 144:16, 145:25, 146:25, 147:3, 147:9, 147:20, 151:16, 152:24, 158:6, 159:11
agreed [5] - 54:19, 57:22, 138:4, 155:24, 159:12
agrees [1] - 34:4
ahead [12] - 8:20, 15:13, 25:1, 29:25, 43:24, 54:21, 82:11, 103:15, 144:12, 151:18, 155:25, 156:19
aided [1] - 1:22
ailments [1] - 124:5
Air [1] - 87:10
AI [1] - 1:6
Albert [1] - 86:24
alcoholism [1] - 39:7
Alfred [1] - 54:8
alleges [1] - 98:4
allow [6] - 7:16, 9:2, 29:24, 63:9, 65:7, 95:23
almost [7] - 22:17, 22:21, 23:11, 57:6, 57:23, 110:19, 140:14
alone [2] - 20:23, 149:15
ALT [5] - 25:21, 35:15, 37:18, 37:20, 110:6
alteration [1] - 47:25
Amendment [2] - 13:21, 13:22
America [1] - 24:3
American [6] - 23:15, 24:2, 24:18, 30:6, 88:22, 88:23
Americans [2] - 72:7
amino [3] - 25:21, 25:22, 37:20
analysis [2] - 40:7, 45:10
AND [3] - 1:12, 3:24, 86:20
Anemia [7] - 56:15, 56:17, 56:22, 58:10, 58:11, 124:12, 152:21
anemia [17] - 42:9, 42:11, 55:25, 56:3, 56:9, 56:14, 56:19,

57:19, 58:23, 78:15, 79:5, 79:6, 79:14, 124:23, 152:25, 153:7, 153:12
anemic [3] - 56:1, 58:21, 80:1
annual [1] - 113:22
annually [1] - 21:17
answer [19] - 29:25, 39:8, 41:9, 41:12, 45:13, 46:6, 64:12, 65:11, 72:18, 78:6, 96:1, 115:18, 119:19, 119:22, 126:20, 135:10, 135:15, 151:17, 156:18
answered [7] - 4:25, 29:23, 29:24, 29:25, 54:20, 63:5, 65:3
answers [1] - 128:11
anterior [1] - 60:13
antibiotics [1] - 42:24
antibodies [1] - 99:16
antibody [4] - 103:12, 104:12, 104:13, 143:21
antiviral [25] - 13:24, 27:4, 65:17, 66:25, 67:21, 68:10, 70:4, 71:22, 73:9, 74:5, 75:20, 75:22, 76:18, 77:2, 77:18, 78:12, 78:24, 92:25, 98:8, 115:2, 120:21, 130:13, 132:4, 133:12, 154:9
Antiviral [1] - 27:13
antivirals [15] - 22:9, 66:10, 71:19, 73:25, 74:8, 74:11, 74:12, 76:25, 81:25, 125:3, 128:10, 129:11, 132:11, 145:13, 146:20
apologize [7] - 32:16, 41:6, 48:15, 57:16, 75:20, 114:21, 128:7
appear [3] - 19:21, 47:1, 49:17
appearance [2] - 60:18, 61:4
appeared [1] - 138:11
applicable [1] - 32:18
application [1] - 8:12
applied [1] - 32:7
applies [1] - 32:12
apply [4] - 32:19, 74:22, 153:17, 161:22

appointed [1] - 161:5
appreciate [2] - 3:19, 160:22
approach [10] - 63:24, 64:9, 77:1, 102:8, 125:25, 132:24, 134:19, 135:4, 145:5, 152:2
appropriate [6] - 15:18, 75:10, 91:21, 97:17, 97:21, 112:21
appropriateness [1] - 93:3
approval [1] - 53:21
approved [3] - 67:24, 67:25, 128:9
approving [1] - 67:25
APRI [36] - 13:23, 35:3, 35:8, 35:11, 35:19, 35:21, 35:25, 36:14, 36:24, 37:3, 37:13, 38:21, 75:12, 103:24, 110:8, 111:2, 112:24, 113:1, 113:4, 113:9, 113:10, 114:4, 115:1, 115:12, 115:13, 116:6, 116:16, 116:19, 118:8, 118:19, 119:6, 119:9, 119:25, 123:9
April [4] - 59:16, 59:24, 61:8, 96:25
area [2] - 92:12, 109:1
arena [1] - 106:8
argue [1] - 12:19
argument [7] - 13:18, 63:8, 73:21, 86:14, 140:16, 141:2, 157:18
argumentative [1] - 63:7
arguments [1] - 158:1
arithmetic [1] - 110:24
arranging [1] - 152:19
arthritis [1] - 54:6
article [16] - 39:17, 39:21, 39:22, 40:5, 40:6, 40:15, 40:16, 40:18, 40:19, 45:9, 45:18, 46:21, 47:14, 48:10, 49:23, 50:14
articles [6] - 47:1, 49:15, 49:17, 108:17, 108:22, 110:2
AS [2] - 3:25, 86:21
ascertain [1] - 73:18
aside [2] - 16:23,

88:18
asparate [1] - 25:22
aspects [1] - 88:2
asserted [1] - 31:4
assertion [6] - 14:4, 138:5, 138:18, 138:20, 139:9, 139:12
assess [1] - 62:20
assessing [1] - 19:6
assessment [1] - 75:8
assign [1] - 76:23
assigned [1] - 105:24
assist [1] - 33:20
Assistant [2] - 89:24, 129:25
assisted [1] - 101:12
associated [10] - 40:10, 44:18, 44:24, 45:4, 45:6, 45:17, 46:5, 47:17, 49:1, 76:10
Associates [6] - 7:3, 7:6, 7:7, 8:2, 8:3, 16:7
Association [4] - 23:15, 24:2, 24:18, 30:6
association [2] - 44:11, 50:11
assume [4] - 8:13, 68:7, 156:16, 156:17
assuming [1] - 26:5
assumption [1] - 156:18
assure [1] - 157:20
AST [6] - 25:22, 35:15, 35:17, 37:18, 37:20, 110:6
asymptomatic [1] - 106:2
atopic [1] - 151:1
attack [1] - 15:6
attacking [2] - 10:7, 10:8
attempt [1] - 56:8
attend [2] - 113:15, 113:21
attendance [1] - 84:5
attended [1] - 6:17
attention [17] - 17:16, 30:19, 49:11, 52:1, 70:11, 114:16, 118:12, 127:13, 127:14, 138:13, 143:6, 144:24, 145:9, 146:2, 148:3, 150:21, 152:14
attenuated [1] - 14:5
attributable [1] - 19:4

attributed [2] - 16:15, 19:11
August [12] - 42:18, 42:22, 53:15, 55:10, 61:10, 71:2, 71:4, 79:15, 84:14, 124:5, 147:20, 153:10
authored [1] - 39:23
authority [2] - 26:8, 129:19
authors [1] - 26:17
available [1] - 33:19
AVENUE [1] - 1:24
average [2] - 28:7, 80:6
avoid [2] - 23:11, 73:19
aware [46] - 3:15, 6:16, 6:21, 23:5, 23:8, 24:7, 29:14, 30:2, 32:24, 40:14, 41:22, 42:21, 42:22, 45:1, 53:23, 53:24, 53:25, 67:1, 72:24, 73:2, 75:2, 79:15, 92:21, 92:24, 93:23, 94:4, 94:10, 95:18, 95:21, 96:7, 96:15, 97:1, 98:4, 98:6, 98:7, 100:11, 112:24, 113:5, 114:3, 118:7, 123:23, 124:4, 130:16, 145:16, 146:6

B

Bachelor's [1] - 87:9
backflowed [1] - 112:10
backflows [1] - 112:11
background [4] - 14:16, 14:19, 87:6, 87:9
backlog [2] - 66:19, 82:22
backtrack [1] - 107:3
backtracking [1] - 38:24
Ballard [7] - 17:5, 17:8, 17:10, 17:17, 17:23, 18:2, 18:16
band [1] - 112:21
base [2] - 75:11, 75:12
based [18] - 29:2, 29:5, 33:19, 75:13, 81:11, 85:17, 85:24, 87:20, 97:15, 109:14, 109:19,

<p>121:2, 121:6, 121:8, 123:9, 139:13, 141:2, 149:15 basic [1] - 108:8 basis [7] - 12:1, 19:17, 46:1, 62:2, 104:18, 106:1, 141:5 Bates [1] - 151:22 battery [4] - 56:8, 56:12, 124:21, 153:6 became [3] - 84:17, 90:22, 147:24 become [1] - 38:8 BEEN [2] - 3:24, 86:20 BEFORE [1] - 1:9 beg [1] - 122:4 began [2] - 89:21, 113:1 begin [2] - 72:12, 77:9 beginning [3] - 90:12, 132:8, 153:10 begins [3] - 18:13, 58:18, 104:11 behalf [1] - 160:22 behind [2] - 145:23, 148:18 belatedly [1] - 86:13 believes [1] - 93:17 below [7] - 41:2, 41:19, 58:15, 79:25, 147:1, 147:2, 147:5 bench [4] - 85:15, 85:22, 86:12, 86:14 benefit [2] - 26:5, 26:13 benefits [5] - 25:14, 25:20, 26:22, 76:9, 76:10 best [5] - 48:1, 49:6, 81:11, 138:2, 158:10 better [4] - 11:16, 26:19, 110:16, 152:24 between [20] - 8:18, 14:6, 14:14, 20:24, 21:3, 21:7, 21:13, 38:3, 63:8, 77:22, 79:4, 95:14, 98:17, 98:20, 98:23, 109:1, 139:16, 141:25, 143:11, 144:4 beyond [4] - 72:15, 82:9, 97:20, 157:1 BHCS [1] - 62:15 big [1] - 131:6 binder [1] - 145:21 biopsied [1] - 26:15 biopsies [4] - 29:10, 56:12, 119:17 biopsy [5] - 29:10,</p>	<p>45:23, 50:9, 56:11 bit [2] - 87:8, 130:10 bleed [2] - 112:16, 112:22 blood [36] - 22:5, 37:5, 56:10, 58:1, 58:5, 58:13, 76:2, 78:15, 78:20, 78:22, 79:7, 79:19, 80:5, 80:6, 81:11, 93:7, 93:13, 93:17, 93:23, 93:24, 94:4, 94:8, 106:16, 107:14, 107:15, 107:24, 107:25, 108:2, 108:3, 108:5, 109:5, 109:20, 112:10, 128:13 bodily [1] - 22:4 body [2] - 16:19, 38:14 bone [5] - 29:10, 56:11, 58:4, 124:21 BOP [24] - 34:20, 34:24, 35:8, 36:16, 72:21, 102:11, 103:3, 112:24, 114:3, 114:5, 114:6, 114:11, 114:14, 114:17, 114:19, 114:22, 115:1, 117:18, 126:16, 127:3, 127:8, 127:12, 127:13, 127:19 borne [1] - 107:24 bottom [2] - 60:10, 146:2 Box [2] - 1:14, 161:18 BOYLE [192] - 3:2, 3:5, 3:12, 4:3, 5:1, 7:14, 7:19, 8:6, 8:11, 8:22, 9:5, 9:12, 10:14, 10:24, 11:4, 11:17, 11:19, 11:22, 12:5, 13:9, 13:15, 14:22, 15:16, 15:20, 15:21, 17:2, 17:4, 18:6, 18:10, 18:12, 18:14, 18:17, 18:24, 19:12, 20:13, 20:16, 25:2, 26:1, 26:3, 26:10, 26:12, 29:19, 29:20, 30:4, 30:12, 30:14, 30:16, 33:5, 33:9, 33:10, 34:11, 34:18, 40:17, 40:20, 40:21, 41:8, 41:21, 42:4, 42:6, 43:25, 44:13, 44:15, 45:25, 46:3, 46:11, 46:15, 46:19, 47:4, 47:10, 47:13,</p>	<p>47:15, 48:9, 48:14, 48:22, 48:24, 49:11, 49:14, 49:22, 50:5, 53:2, 53:4, 54:23, 55:22, 55:24, 57:13, 57:16, 57:17, 59:1, 59:3, 59:5, 59:19, 60:1, 60:10, 60:22, 62:11, 63:11, 64:2, 64:24, 65:12, 67:18, 68:19, 69:8, 69:11, 72:15, 73:13, 74:15, 74:17, 76:19, 77:10, 77:12, 77:19, 77:24, 78:2, 79:11, 79:13, 81:6, 81:10, 81:15, 81:16, 82:13, 84:1, 92:14, 94:1, 95:20, 96:17, 97:20, 99:2, 114:5, 115:5, 117:11, 119:1, 121:20, 122:23, 122:25, 125:8, 125:16, 125:21, 125:25, 126:3, 126:7, 126:23, 127:6, 132:1, 132:3, 132:24, 133:1, 133:4, 134:19, 134:21, 135:4, 135:7, 135:16, 135:22, 135:24, 136:8, 137:3, 137:12, 138:15, 139:24, 140:5, 140:25, 142:18, 143:14, 144:14, 144:15, 145:5, 145:7, 145:8, 150:2, 150:4, 152:2, 152:4, 154:5, 154:7, 154:19, 155:17, 155:19, 155:24, 156:12, 157:1, 157:8, 157:13, 157:16, 158:9, 158:15, 159:5, 159:12, 159:15, 160:2, 160:6, 160:9, 160:20 Boyle [28] - 1:11, 3:4, 4:1, 4:5, 10:7, 16:22, 18:5, 19:18, 24:24, 25:1, 30:11, 34:16, 48:8, 48:18, 62:9, 62:10, 63:3, 70:12, 70:17, 72:22, 76:8, 78:15, 103:2, 122:22, 126:22, 131:25, 139:22, 160:1</p>	<p>Boyle's [2] - 17:24, 75:14 Bradley [4] - 17:5, 17:8, 17:10, 17:16 breach [1] - 74:5 breaches [2] - 19:21 breadth [1] - 151:5 Bret [1] - 1:13 brief [11] - 3:20, 11:24, 85:13, 85:20, 86:10, 124:17, 140:2, 140:8, 140:23, 140:25, 157:14 Brief [1] - 140:6 briefly [4] - 70:2, 78:14, 94:21, 154:21 briefs [8] - 138:17, 157:18, 158:7, 158:12, 158:19, 159:12, 159:16, 159:20 Brier [1] - 1:20 bring [4] - 119:15, 119:16, 119:20, 138:11 broad [1] - 87:20 broad-based [1] - 87:20 broadening [1] - 113:8 Broadway [1] - 1:11 broke [1] - 27:9 broken [1] - 14:15 brought [4] - 12:9, 100:19, 137:18, 143:6 built [1] - 116:8 bullet [1] - 131:7 Bureau [15] - 30:25, 31:10, 31:17, 34:15, 34:22, 64:22, 72:21, 80:7, 80:20, 84:16, 84:17, 85:1, 101:18, 101:24 burning [2] - 47:20, 49:4 buttocks [1] - 51:7 BY [89] - 4:3, 5:1, 7:19, 8:6, 9:5, 9:12, 10:14, 15:21, 17:4, 20:16, 25:2, 26:3, 26:12, 29:20, 30:4, 30:16, 33:10, 34:18, 40:21, 41:21, 42:6, 43:25, 44:15, 46:11, 46:19, 47:10, 47:15, 48:24, 49:14, 50:5, 53:4, 54:23, 55:24, 57:17, 59:5, 60:1, 60:22, 62:11, 63:11, 64:24,</p>	<p>65:12, 67:18, 69:23, 72:20, 73:23, 75:5, 76:22, 77:14, 77:21, 78:11, 79:13, 81:10, 81:16, 82:13, 87:4, 92:16, 94:3, 96:4, 96:19, 97:24, 99:7, 102:10, 103:16, 107:11, 114:9, 115:11, 117:24, 120:6, 122:25, 126:7, 127:6, 132:3, 133:4, 134:21, 135:7, 135:16, 135:24, 136:8, 142:18, 144:15, 145:8, 150:4, 152:4, 154:7, 154:23, 156:1, 156:23, 157:3, 161:15</p>
C				
<p>C-induced [1] - 47:25 calcification [1] - 60:17 calcifications [1] - 60:12 calculate [1] - 112:12 calculated [6] - 37:3, 37:7, 37:10, 111:16, 118:19, 120:11 calculation [3] - 147:6, 155:8, 156:20 calculations [4] - 110:24, 112:5, 112:6, 130:2 CALLED [1] - 86:20 cancer [6] - 21:14, 21:20, 21:25, 22:21, 124:21, 124:22 candidate [1] - 152:18 candidly [1] - 141:3 cannot [2] - 25:6, 86:13 capacity [7] - 7:2, 16:9, 20:11, 85:9, 85:10, 91:12 capsule [1] - 60:13 carcinoma [1] - 21:17 cardiovascular [3] - 27:6, 27:15, 75:24 care [66] - 6:25, 7:11, 7:20, 8:14, 9:21, 9:24, 10:4, 10:15, 10:17, 10:18, 12:14, 12:15, 13:2, 14:8, 14:10, 15:3, 15:13, 15:22, 15:24, 16:10, 16:15, 16:18, 16:20,</p>				

18:1, 18:25, 19:1,
19:4, 19:21, 30:7,
30:21, 30:24, 30:25,
31:5, 31:14, 31:17,
31:20, 32:3, 32:12,
32:18, 32:23, 33:18,
33:22, 34:8, 62:3,
62:7, 62:14, 62:18,
62:21, 66:14, 70:13,
70:15, 74:6, 74:21,
77:16, 82:8, 86:3,
88:3, 88:8, 89:7,
89:14, 89:16, 91:2,
94:13, 111:17,
113:25, 144:9
Care [33] - 4:8, 4:10,
4:14, 4:16, 4:18,
4:19, 4:20, 4:23,
5:10, 7:5, 11:11,
31:11, 31:17, 61:15,
63:24, 64:20, 67:17,
84:16, 84:17, 85:1,
85:2, 89:10, 104:16,
104:17, 105:22,
105:23, 105:25,
106:16, 107:9,
109:20, 109:22,
121:10, 125:19
careful [1] - 108:1
caring [1] - 33:20
carried [1] - 89:24
case [32] - 5:15, 5:20,
6:1, 6:9, 6:12, 6:21,
13:16, 14:6, 17:10,
20:9, 23:6, 41:9,
66:13, 95:8, 109:12,
119:15, 120:17,
128:15, 128:17,
131:14, 131:18,
131:20, 133:7,
134:10, 147:17,
148:4, 149:1,
157:25, 158:4,
158:24, 158:25
cases [2] - 95:17,
130:1
CAT [4] - 29:11, 59:24,
61:7, 61:11
catastrophe [1] -
112:18
catastrophic [1] -
112:23
catches [1] - 106:12
catching [1] - 81:22
categories [2] - 127:7,
128:2
category [4] - 37:15,
121:3, 127:9, 127:12
caused [4] - 15:23,
44:7, 51:18, 156:25

causes [3] - 56:17,
124:22, 153:7
caveat [1] - 154:12
CBC [2] - 78:17, 108:5
CCHC [1] - 89:10
CCHP [2] - 89:7, 89:12
CCS [1] - 129:24
CDC [1] - 34:4
cease [2] - 132:12,
133:20
ceased [3] - 132:15,
133:16, 133:23
cell [2] - 17:15, 58:4
cells [4] - 17:13, 58:5,
80:5
Center [13] - 1:13,
32:21, 33:11, 33:25,
59:25, 60:2, 96:16,
97:2, 97:8, 97:11,
97:16, 98:1, 146:8
CENTER [1] - 1:18
center [2] - 114:25,
115:12
Central [10] - 85:1,
105:3, 105:4,
109:12, 111:15,
119:15, 120:8,
120:18, 128:21
certain [13] - 23:10,
23:11, 43:7, 58:4,
62:19, 76:12,
104:24, 107:19,
111:10, 112:7,
112:13, 129:4,
142:23
certainly [10] - 12:10,
15:6, 44:10, 58:12,
61:1, 82:21, 83:16,
149:13, 157:25
certainty [1] - 115:23
certificate [1] - 161:22
certification [1] -
89:12
CERTIFIED [1] - 1:24
Certified [1] - 89:7
certified [1] - 113:21
certify [2] - 161:6,
161:10
certifying [1] - 161:23
chance [12] - 22:13,
28:5, 78:16, 116:9,
120:24, 123:4,
123:21, 125:1,
129:11, 147:6,
155:9, 155:19
change [4] - 25:10,
32:9, 82:4, 133:17
changed [2] - 109:21,
132:5
changes [6] - 31:23,

50:10, 53:7, 53:8,
149:8, 149:9
changing [2] - 71:21,
82:3
Chapter [1] - 125:20
characteristic [1] -
50:11
characterization [2] -
73:13, 73:16
characterized [3] -
64:8, 80:9, 80:12
charge [1] - 10:18
Charlton [1] - 28:15
chart [6] - 21:10,
21:12, 37:13, 42:20,
105:6, 110:25
check [2] - 3:21,
150:13
checks [1] - 14:19
Chief [8] - 1:17, 90:4,
91:12, 91:15, 91:16,
91:17, 100:10,
129:23
Child [4] - 111:5,
111:9, 111:12,
111:15
Child-Pugh [4] -
111:5, 111:9,
111:12, 111:15
cholesterol [1] - 108:8
chose [1] - 116:1
Christopher [1] -
84:15
Chronic [61] - 20:17,
20:25, 21:6, 21:7,
21:8, 22:24, 23:6,
24:12, 24:20, 25:5,
27:20, 28:1, 28:3,
34:14, 37:22, 43:6,
43:8, 44:24, 45:4,
56:1, 56:3, 56:16,
56:17, 56:18, 56:20,
56:23, 58:10, 58:11,
61:15, 61:20, 62:18,
62:20, 65:2, 67:21,
68:9, 68:11, 70:8,
70:10, 72:7, 80:19,
82:15, 101:23,
103:9, 103:10,
104:9, 104:15,
104:16, 104:17,
105:22, 105:23,
105:25, 106:15,
107:9, 109:20,
109:22, 121:10,
123:15, 124:12,
130:6, 147:4, 152:22
chronic [11] - 21:4,
44:24, 56:19, 56:20,
58:11, 62:3, 62:7,

62:14, 62:18, 62:21,
111:17
circle [1] - 154:24
cirrhosis [57] - 21:10,
21:15, 21:19, 21:20,
22:13, 37:16, 40:25,
60:19, 61:5, 61:8,
61:12, 63:19, 63:22,
64:6, 65:1, 65:14,
65:16, 66:2, 78:8,
106:8, 106:10,
110:5, 110:9,
110:15, 111:6,
111:10, 111:13,
115:19, 115:24,
116:15, 120:25,
121:1, 121:2, 121:4,
121:5, 123:4,
123:21, 125:1,
127:23, 127:24,
127:25, 129:4,
129:7, 139:13,
145:15, 146:9,
146:16, 147:7,
155:4, 155:5,
155:10, 155:15,
155:20, 156:3, 156:7
cite [2] - 26:8, 26:20
cited [1] - 138:16
cites [1] - 140:11
City [6] - 7:11, 8:16,
9:7, 9:14, 12:21,
16:4
city [1] - 8:7
city's [2] - 9:25, 14:17
Civil [1] - 15:9
claim [1] - 84:19
claims [1] - 98:6
clarification [1] - 78:3
clarify [3] - 23:16,
66:9, 107:3
class [1] - 81:3
classified [1] - 58:21
clear [19] - 5:7, 8:17,
54:9, 55:16, 67:14,
70:8, 70:9, 71:15,
78:24, 80:25, 86:1,
103:18, 104:7,
113:12, 118:16,
121:9, 124:25,
125:4, 130:9
cleared [1] - 143:22
clearly [2] - 20:8,
140:16
clerical [2] - 138:3,
138:12
CLERK [5] - 69:19,
86:22, 86:25,
125:23, 136:7
client [2] - 19:25,

158:16
client's [1] - 20:9
Clinic [11] - 61:16,
104:16, 104:17,
105:22, 105:23,
105:25, 106:16,
107:9, 109:20,
109:22, 121:10
clinic [10] - 61:23,
62:3, 62:7, 62:14,
62:18, 62:21, 63:15,
106:13, 107:22,
108:4
Clinical [8] - 34:22,
90:4, 91:12, 91:15,
91:16, 91:17,
100:10, 129:23
clinical [5] - 31:24,
91:2, 91:20, 111:20,
144:5
clinically [4] - 48:1,
49:7, 60:19, 61:5
clinician [1] - 106:5
clinicians [2] - 17:13,
106:13
close [2] - 63:8, 86:9
closely [2] - 48:2, 49:8
closer [3] - 87:8,
123:1, 159:6
closings [1] - 157:23
clot [1] - 112:17
co [3] - 39:5, 39:6,
39:23
co-authored [1] -
39:23
co-infected [2] - 39:5,
39:6
coalition [1] - 8:3
Code [1] - 161:6
cogent [1] - 158:10
collect [1] - 118:14
College [1] - 89:25
combination [1] -
119:13
coming [2] - 13:17,
60:24
commencing [2] -
27:4, 79:15
comment [3] - 17:10,
49:9, 50:15
commenting [1] -
18:19
Commission [1] -
89:9
committed [1] - 89:12
Committee [32] - 4:9,
4:11, 5:2, 5:8, 5:14,
6:4, 6:8, 28:8, 28:10,
28:16, 28:19, 28:22,
28:23, 29:12, 29:14,

29:21, 30:2, 30:5,
55:12, 62:6, 67:7,
67:13, 67:17, 67:19,
67:23, 105:4,
109:18, 120:1,
128:16, 128:18,
128:19, 129:18
committee [7] - 4:17,
4:21, 5:19, 31:7,
84:25, 105:5, 129:22
common [3] - 43:12,
43:23, 83:22
communication [1] -
14:14
community [15] -
30:21, 31:5, 31:14,
31:21, 31:25, 32:4,
32:6, 32:18, 34:7,
70:13, 74:6, 77:15,
77:16, 87:19, 100:7
comorbidities [1] -
107:21
companies [1] - 72:13
company [5] - 16:2,
16:7, 20:10, 68:13,
90:14
comparison [1] -
139:11
complaining [1] -
42:21
complaint [1] - 84:14
complaints [1] - 45:3
complete [5] - 41:12,
54:25, 55:6, 108:5,
116:2
completed [2] - 87:12,
89:23
completely [3] -
50:21, 80:4, 93:14
completing [1] - 8:4
completion [3] - 51:2,
88:11, 89:17
complex [2] - 8:15,
12:23
complicated [3] -
95:17, 110:7, 131:8
complications [6] -
26:25, 27:6, 27:15,
75:24, 76:13, 81:4
complied [1] - 133:13
component [2] -
82:21, 110:22
compound [1] - 94:1
computer [3] - 1:22,
106:12, 111:18
computer-aided [1] -
1:22
Conaboy [1] - 1:19
concede [2] - 14:19,
123:15

conceivably [1] -
156:6
concern [1] - 48:19
concerned [1] - 141:7
concerning [9] - 6:4,
6:12, 16:5, 23:16,
60:9, 61:7, 61:13,
128:8, 138:18
concerns [1] - 9:23
conclusion [5] -
11:10, 11:21, 12:22,
76:19, 149:19
Conclusion [3] - 9:18,
11:7, 11:19
conclusions [6] -
16:19, 19:14, 20:2,
20:8, 60:25
condemnations [1] -
10:13
condition [41] - 42:8,
42:22, 47:16, 50:20,
51:12, 52:12, 52:22,
54:1, 54:15, 54:18,
54:24, 57:2, 57:20,
58:24, 60:9, 62:24,
83:23, 92:22, 94:10,
94:14, 95:18, 95:23,
96:2, 96:5, 96:9,
98:5, 98:11, 98:18,
98:23, 99:9, 121:7,
121:15, 124:10,
124:23, 147:21,
148:8, 148:16,
149:14, 149:19,
150:11, 150:22
conditions [7] - 42:7,
43:6, 43:7, 44:1,
44:18, 147:12,
147:19
conducted [3] - 59:6,
59:16, 59:20
confer [3] - 125:16,
135:22, 159:15
conference [2] -
105:7, 113:20
conferences [2] -
28:23, 113:15
confidentiality [1] -
160:14
confirmed [1] - 26:15
conflicting [2] -
153:23, 154:4
confused [4] - 36:22,
137:11, 145:1,
155:21
confusing [1] - 48:20
confusion [1] - 155:23
connection [3] - 8:17,
14:1, 14:21
consensus [2] - 77:8,

77:12
consequence [2] -
122:15
conservative [1] -
20:24
consider [7] - 47:1,
53:17, 53:21, 73:11,
73:15, 73:24, 74:5
consideration [7] -
14:21, 60:24, 83:14,
85:14, 117:8, 131:6,
152:19
considerations [1] -
65:10
considered [11] -
49:19, 77:16, 85:6,
99:21, 99:23, 104:1,
119:25, 129:6,
139:11, 140:11,
140:13
considering [1] -
113:8
consistent [4] - 45:24,
54:2, 62:14, 108:22
consists [1] - 11:21
constant [1] - 45:3
consult [8] - 48:9,
53:19, 53:25, 54:5,
54:7, 54:8, 69:8,
98:19
consultant [4] - 4:10,
4:12, 4:21, 4:22
consultation [4] -
29:8, 54:4, 149:15,
152:19
consultations [2] -
29:6, 29:7
consulted [2] - 52:16,
150:10
consulting [1] - 148:7
consultive [1] - 20:10
contact [3] - 91:20,
95:5, 95:11
contacting [1] -
111:24
contagious [1] - 22:3
continually [1] - 114:1
continue [8] - 15:18,
17:21, 53:7, 86:15,
149:8, 156:11,
156:12, 156:17
Continued [1] - 2:3
continued [10] - 33:6,
57:8, 58:1, 58:8,
61:15, 62:13, 62:17,
147:25, 153:4,
156:13
continues [2] - 24:19,
25:4
continuing [4] - 25:3,

73:20, 89:2, 89:15
continuously [1] -
33:21
contract [11] - 7:23,
8:4, 8:5, 8:7, 9:1,
9:3, 14:1, 90:8,
90:22, 91:17, 91:21
contracted [1] - 4:14
contractor [3] - 9:24,
91:22, 129:24
contractors [3] -
90:15, 91:19
contraindications [1]
- 154:12
contrary [1] - 140:18
contribute [1] - 37:23
contributing [1] -
17:18
control [1] - 161:23
Control [6] - 32:21,
33:11, 33:25,
104:20, 106:25,
129:24
conventions [1] -
113:22
conversation [2] -
68:12, 140:2
conversely [1] - 26:4
copy [4] - 34:22,
126:4, 133:14,
137:20
Corizon [24] - 7:4, 7:5,
7:8, 7:10, 8:3, 8:8,
9:6, 9:13, 9:20,
10:13, 10:16, 14:1,
14:4, 14:7, 14:12,
14:13, 15:1, 15:3,
15:4, 15:8, 15:14,
16:8, 16:24, 20:11
Corizon's [5] - 7:23,
9:24, 16:5, 18:18,
18:20
coroner's [1] - 17:17
Correct [10] - 4:8,
4:10, 4:14, 4:16,
4:18, 4:19, 4:20,
4:23, 5:10, 67:16
correct [91] - 4:11,
4:16, 5:13, 6:5, 6:7,
7:1, 9:17, 16:3,
19:11, 21:8, 27:18,
29:3, 31:7, 38:2,
38:15, 44:5, 52:3,
53:16, 54:16, 55:20,
55:21, 56:4, 56:23,
70:23, 78:13, 79:2,
79:24, 80:4, 80:15,
81:13, 82:2, 88:19,
88:20, 90:5, 90:7,
90:10, 94:22, 94:23,

101:5, 103:18,
109:10, 109:24,
113:13, 113:14,
115:17, 115:18,
116:5, 118:2,
120:16, 121:11,
123:5, 123:16,
123:18, 123:20,
123:25, 124:1,
127:19, 127:22,
128:3, 132:6, 134:1,
134:6, 136:6,
136:10, 136:19,
136:24, 137:1,
137:24, 138:4,
141:13, 141:19,
142:22, 143:5,
143:7, 143:13,
148:2, 148:10,
148:25, 149:2,
149:3, 149:5,
150:24, 153:11,
153:13, 154:4,
155:2, 155:13,
156:8, 157:5, 161:7
corrected [2] - 80:4,
137:21
Correction [3] - 8:3,
31:10, 132:12
Correctional [12] -
7:3, 7:5, 7:7, 8:2,
16:7, 31:11, 31:17,
63:24, 64:20, 89:8,
89:9, 92:13
correctional [17] -
8:15, 12:14, 12:15,
12:23, 13:2, 13:12,
30:24, 31:20, 32:4,
32:19, 61:24, 64:9,
66:14, 89:7, 89:13,
89:15, 113:17
corrections [4] -
31:15, 113:19,
113:24
Corrections [14] -
1:16, 3:14, 4:15, 5:9,
5:12, 7:11, 66:24,
67:8, 84:18, 84:20,
90:4, 119:6, 121:14,
126:9
correctly [3] - 4:6,
62:16, 126:20
correlate [7] - 37:21,
38:14, 38:15, 60:19,
61:5, 144:5, 146:15
Correlate [1] - 146:9
correlates [2] -
105:19, 112:8
correlation [1] -
139:16

corresponding [1] - 91:23
Council [1] - 16:4
council [1] - 16:14
counsel [16] - 10:24, 12:8, 46:16, 48:9, 49:12, 59:3, 73:14, 125:16, 135:22, 137:18, 139:2, 140:23, 143:6, 143:8, 150:6, 157:17
Counsel's [1] - 1:17
counsel's [1] - 49:12
count [24] - 35:15, 35:16, 38:21, 40:22, 41:2, 41:6, 41:19, 41:24, 41:25, 58:14, 75:12, 104:3, 104:25, 108:5, 108:10, 108:23, 109:6, 109:14, 110:4, 110:7, 146:22, 147:1, 153:21, 156:20
counts [7] - 79:7, 79:20, 108:25, 109:4, 112:17, 147:5, 156:21
couple [3] - 143:10, 154:24, 157:6
course [10] - 20:14, 20:15, 23:5, 46:23, 72:3, 79:16, 79:23, 80:2, 87:21, 130:16
Court [24] - 6:18, 6:22, 11:17, 12:11, 12:25, 13:11, 14:23, 15:2, 18:17, 19:6, 74:18, 84:12, 85:21, 86:3, 121:21, 138:24, 139:4, 143:14, 158:17, 161:3, 161:4, 161:14, 161:17, 161:17
COURT [190] - 1:1, 3:1, 3:4, 3:11, 3:13, 3:19, 3:23, 4:1, 7:16, 8:1, 8:10, 8:16, 8:24, 9:9, 10:6, 11:6, 11:12, 11:18, 11:21, 11:23, 11:25, 13:3, 13:13, 13:22, 15:4, 15:17, 17:20, 18:5, 18:8, 18:11, 18:13, 18:15, 18:21, 19:9, 19:13, 20:15, 24:25, 29:24, 30:11, 30:13, 34:16, 41:7, 41:11, 42:5, 43:13, 43:16, 43:18, 43:20, 43:22,

43:24, 44:14, 46:1, 46:7, 46:18, 47:6, 47:8, 48:11, 48:16, 48:23, 49:25, 50:2, 54:21, 55:23, 57:14, 59:2, 62:10, 63:2, 63:6, 64:4, 65:4, 65:6, 67:11, 67:14, 68:20, 68:24, 69:2, 69:6, 69:10, 69:12, 69:15, 69:17, 72:17, 73:17, 74:16, 75:1, 76:21, 77:11, 77:13, 77:20, 77:25, 78:4, 78:6, 79:10, 82:11, 84:2, 84:4, 84:7, 84:11, 85:11, 86:5, 86:8, 86:19, 87:2, 92:15, 95:21, 96:18, 97:23, 99:3, 99:6, 102:7, 102:9, 103:13, 103:15, 114:6, 115:7, 117:16, 117:19, 119:2, 119:25, 120:3, 122:2, 122:6, 122:12, 122:14, 122:20, 122:22, 125:10, 125:12, 125:17, 125:22, 125:24, 126:2, 126:6, 126:22, 132:2, 132:25, 133:3, 134:20, 135:6, 135:12, 135:15, 135:23, 137:7, 137:10, 137:13, 137:22, 137:25, 138:7, 138:14, 139:14, 139:25, 140:3, 140:24, 141:1, 141:22, 142:2, 142:4, 142:6, 142:15, 143:16, 143:19, 144:12, 145:6, 150:1, 152:3, 154:6, 154:20, 155:18, 155:22, 155:25, 156:16, 157:2, 157:9, 157:12, 157:17, 158:8, 158:12, 158:22, 158:24, 159:8, 159:14, 159:16, 159:19, 160:1, 160:3, 160:8, 160:11, 160:14, 160:19, 160:21
court [3] - 134:13, 146:24, 158:20

Court's [1] - 138:12
courtroom [2] - 41:13, 93:16
Cowan [66] - 2:3, 4:4, 4:6, 8:18, 8:19, 8:25, 10:4, 10:9, 11:15, 12:2, 12:20, 13:3, 13:21, 15:22, 16:23, 17:1, 17:20, 17:23, 18:23, 19:6, 19:9, 20:17, 26:20, 30:1, 30:17, 31:19, 32:3, 32:12, 40:13, 41:7, 41:11, 44:16, 46:9, 46:20, 48:7, 52:25, 63:5, 63:9, 64:8, 65:4, 67:11, 67:14, 68:22, 69:24, 70:11, 71:15, 72:13, 73:2, 73:6, 73:24, 75:6, 75:11, 75:14, 76:1, 76:16, 77:4, 77:15, 77:22, 78:14, 79:14, 80:24, 84:4, 98:23, 102:17, 103:2, 103:23
Cowan's [7] - 10:8, 11:8, 14:24, 15:6, 67:12, 99:3, 123:6
cream [1] - 95:8
creams [2] - 42:25, 95:12
created [1] - 29:2
credentials [1] - 88:18
credibility [10] - 7:14, 8:13, 10:8, 12:10, 13:6, 14:24, 15:6, 19:5, 20:1
credit [1] - 12:12
criteria [9] - 62:19, 76:6, 93:11, 100:2, 104:24, 109:12, 111:1, 120:8, 128:20
critical [2] - 112:16, 138:16
criticizes [1] - 30:5
CROSS [2] - 4:2, 122:24
Cross [1] - 2:2
cross [4] - 11:15, 12:2, 139:22, 142:17
cross-examine [2] - 139:22, 142:17
CRR [1] - 1:23
crucial [1] - 65:7
cryoglobulinemia [5] - 43:9, 43:14, 44:12, 83:10, 83:20
CT [7] - 59:16, 59:19, 60:5, 61:2, 146:7,

146:14, 153:22
culpability [2] - 15:7, 15:8
culpable [1] - 15:11
cure [3] - 13:17, 13:19, 58:10
cured [3] - 23:1, 25:19, 129:12
current [18] - 30:23, 31:16, 63:24, 64:1, 64:9, 64:14, 66:19, 68:13, 77:1, 93:5, 99:20, 100:5, 102:19, 105:12, 121:6, 121:8, 133:20, 140:15
curtailed [1] - 65:8
custody [2] - 18:16, 103:8
cut [13] - 36:2, 36:19, 36:25, 39:11, 76:24, 80:9, 80:11, 80:16, 103:3, 110:11, 117:8, 117:13, 119:13
cut-off [11] - 36:2, 36:19, 39:11, 76:24, 80:9, 80:11, 80:16, 103:3, 110:11, 117:8, 117:13
cutanea [4] - 43:9, 43:17, 44:12, 83:10
cutaneous [1] - 47:18
Cutaneous [1] - 49:23
cyclosporine [1] - 58:3
Cyclosporine [6] - 43:1, 57:1, 57:3, 57:19, 57:22, 57:25

D

daily [1] - 94:7
damage [8] - 38:19, 59:13, 77:23, 78:2, 78:9, 140:22, 147:5, 147:7
Daniel [1] - 39:24
data [2] - 111:17, 121:8
date [10] - 51:16, 53:12, 53:13, 54:9, 54:11, 70:18, 89:1, 94:7, 149:1, 161:9
dated [6] - 5:24, 6:1, 6:6, 55:19, 55:21, 151:24
dates [2] - 118:17, 161:9
DAY [1] - 1:8
days [11] - 80:6, 123:25, 129:9, 130:17, 143:10, 146:24, 147:14, 158:13, 159:9, 159:15, 159:19
deal [4] - 15:10, 91:22, 95:25, 157:20
dealing [1] - 18:3
dealt [1] - 20:5
death [1] - 18:19
deaths [2] - 15:23, 16:14
debate [1] - 124:16
decade [1] - 106:4
decades [1] - 74:10
December [20] - 5:24, 6:6, 6:9, 6:11, 7:21, 8:5, 28:9, 41:1, 41:18, 52:1, 55:12, 55:14, 55:19, 71:23, 78:17, 78:22, 132:22, 133:10, 133:24, 134:2
DECEMBER [1] - 1:9
decide [3] - 103:25, 111:20, 129:19
decided [5] - 86:14, 109:2, 110:4, 110:10, 119:12
decides [1] - 128:22
decision [10] - 8:16, 8:18, 95:2, 105:12, 111:25, 119:23, 129:17, 144:8, 154:14, 159:22
decisions [1] - 144:9
declaration [20] - 134:25, 136:1, 138:18, 138:21, 139:9, 139:10, 140:12, 144:20, 145:3, 146:21, 148:4, 149:1, 149:22, 149:25, 150:5, 150:22, 153:16, 153:21, 154:2, 160:7
decompensated [5] - 78:7, 106:10, 127:23, 127:24
decompensation [1] - 83:4
decrease [7] - 22:16, 22:17, 23:1, 25:20, 26:13, 58:4, 113:10
decreased [1] - 51:9
decreases [1] - 26:5
default [1] - 106:6
DEFENDANT [2] -

<p>1:15, 1:18</p> <p>Defendant [5] - 2:15, 84:19, 84:21, 131:18, 141:5</p> <p>Defendant's [12] - 10:25, 34:13, 34:19, 35:23, 36:15, 69:20, 101:21, 102:11, 109:8, 127:13, 140:6, 160:4</p> <p>Defendants [5] - 1:7, 84:13, 85:3, 85:4, 85:6</p> <p>defense [1] - 13:18</p> <p>Defense [5] - 12:8, 12:19, 13:17, 34:12</p> <p>defer [1] - 97:25</p> <p>deficiencies [2] - 9:1, 10:21</p> <p>defined [4] - 47:20, 48:1, 49:3, 49:7</p> <p>definite [1] - 65:11</p> <p>definition [1] - 56:21</p> <p>definitive [1] - 156:4</p> <p>definitively [1] - 44:2</p> <p>degree [5] - 59:10, 59:13, 87:9, 146:3, 155:6</p> <p>Degree [1] - 87:11</p> <p>delay [3] - 26:4, 26:9, 26:13</p> <p>delaying [1] - 26:24</p> <p>demonstrate [1] - 7:15</p> <p>Dempsey [1] - 1:19</p> <p>denied [1] - 44:14</p> <p>Denio [1] - 54:8</p> <p>Dental [1] - 8:3</p> <p>deny [1] - 141:6</p> <p>denying [1] - 138:25</p> <p>Department [22] - 1:16, 3:13, 4:15, 5:8, 5:11, 7:11, 9:14, 9:16, 12:21, 17:12, 66:24, 84:18, 84:20, 90:3, 99:9, 99:12, 99:15, 119:6, 121:14, 126:9, 132:12, 133:23</p> <p>department [2] - 9:7, 100:12</p> <p>Department's [9] - 102:2, 102:14, 102:18, 103:3, 103:8, 103:24, 118:1, 118:4, 121:12</p> <p>Departments [1] - 67:8</p> <p>derelict [1] - 10:11</p> <p>dermatitis [5] - 98:21, 151:1, 151:8,</p>	<p>151:20, 152:8</p> <p>Dermatologist [3] - 29:9, 94:22, 151:3</p> <p>dermatologist [6] - 49:9, 50:14, 50:23, 51:5, 51:21, 52:19</p> <p>Dermatology [1] - 95:7</p> <p>dermatology [1] - 51:4</p> <p>described [6] - 10:22, 47:17, 47:20, 54:24, 55:16, 106:4</p> <p>describes [1] - 25:13</p> <p>deserves [1] - 158:5</p> <p>designation [3] - 88:25, 89:8, 89:11</p> <p>designed [3] - 100:14, 102:21, 103:20</p> <p>details [1] - 124:2</p> <p>detecting [1] - 107:8</p> <p>determinant [1] - 112:1</p> <p>determination [7] - 12:12, 82:18, 105:9, 111:21, 111:23, 120:20, 128:23</p> <p>determinations [3] - 19:15, 84:25, 144:7</p> <p>determine [13] - 11:14, 12:11, 20:5, 38:7, 56:9, 67:7, 67:19, 93:2, 104:14, 105:16, 149:13, 150:17, 150:19</p> <p>determined [15] - 13:3, 13:4, 56:13, 106:24, 107:14, 120:23, 121:2, 121:5, 128:14, 129:3, 147:22, 148:8, 148:15, 149:18, 150:16</p> <p>determining [1] - 13:24</p> <p>develop [6] - 21:8, 21:10, 37:19, 70:8, 103:25, 155:4</p> <p>developed [3] - 78:7, 85:25, 119:5</p> <p>developing [11] - 101:7, 101:10, 101:11, 101:12, 102:2, 102:3, 102:14, 106:7, 114:14, 118:1, 118:4</p> <p>development [6] - 43:5, 101:14, 132:4, 132:13, 132:14, 133:16</p> <p>diabetes [18] - 27:5,</p>	<p>27:7, 27:13, 27:14, 27:16, 42:9, 55:4, 75:23, 75:25, 76:2, 76:4, 76:5, 76:6, 83:8, 93:8, 93:11</p> <p>diabetic [2] - 17:14, 17:18</p> <p>diagnosed [10] - 21:16, 45:21, 54:1, 56:15, 103:9, 104:9, 124:12, 150:23, 150:25, 151:19</p> <p>diagnoses [1] - 152:11</p> <p>diagnosis [6] - 52:19, 56:22, 129:7, 151:4, 151:7, 152:8</p> <p>diagnostic [1] - 61:11</p> <p>diagram [1] - 69:25</p> <p>dice [1] - 110:20</p> <p>die [1] - 21:13</p> <p>died [3] - 17:17, 18:2, 18:16</p> <p>difference [1] - 32:5</p> <p>different [6] - 31:19, 32:3, 74:19, 107:15, 136:15</p> <p>difficult [6] - 32:8, 51:17, 51:18, 51:21, 73:18, 130:1</p> <p>difficulty [1] - 81:22</p> <p>Direct [2] - 2:2, 82:9</p> <p>direct [33] - 8:24, 11:17, 12:3, 22:9, 70:3, 71:18, 71:22, 73:9, 73:25, 74:4, 74:7, 74:11, 76:18, 76:24, 77:2, 77:17, 78:12, 78:24, 92:25, 98:8, 105:18, 115:2, 120:21, 122:15, 125:3, 128:10, 129:11, 130:13, 133:12, 146:11, 148:18, 154:9, 161:23</p> <p>DIRECT [1] - 87:3</p> <p>direct-acting [25] - 22:9, 70:3, 71:18, 71:22, 73:9, 73:25, 74:4, 74:7, 74:11, 76:18, 76:24, 77:2, 77:17, 78:12, 78:24, 92:25, 98:8, 115:2, 120:21, 125:3, 128:10, 129:11, 130:13, 133:12, 154:9</p> <p>directed [1] - 25:7</p> <p>directing [14] - 6:25,</p>	<p>7:20, 30:19, 49:11, 52:1, 127:13, 127:14, 133:5, 144:24, 145:9, 146:2, 148:3, 150:21, 152:14</p> <p>direction [1] - 24:23</p> <p>directly [5] - 17:22, 79:6, 81:8, 91:23, 94:13</p> <p>Director [23] - 11:10, 84:15, 84:17, 89:23, 90:13, 90:16, 90:19, 90:20, 90:23, 90:24, 90:25, 91:1, 91:5, 91:6, 91:8, 91:23, 92:2, 95:11, 105:7, 111:25, 129:25</p> <p>director [1] - 19:3</p> <p>Directors [1] - 91:10</p> <p>disagree [1] - 130:3</p> <p>disagreeing [1] - 127:5</p> <p>disagreement [1] - 95:5</p> <p>disagrees [1] - 139:23</p> <p>disavowed [1] - 138:8</p> <p>discharge [8] - 97:13, 151:12, 151:14, 151:20, 151:24, 152:1, 152:5, 152:15</p> <p>discharged [2] - 97:7, 97:10</p> <p>discontinue [1] - 97:14</p> <p>discontinued [3] - 57:6, 58:7, 96:16</p> <p>discuss [2] - 6:8, 98:22</p> <p>discussed [10] - 5:14, 5:19, 6:21, 35:2, 70:3, 94:16, 121:12, 126:3, 138:3, 154:1</p> <p>discusses [3] - 35:8, 35:10, 115:12</p> <p>discussing [2] - 111:24, 137:18</p> <p>discussion [10] - 5:16, 5:20, 55:12, 124:10, 130:16, 141:25, 142:12, 143:8, 143:11, 158:23</p> <p>discussions [2] - 6:13, 146:10</p> <p>disease [60] - 20:18, 21:4, 22:3, 23:12, 35:12, 36:10, 36:12, 37:21, 38:14, 38:16, 38:18, 39:4, 39:7, 40:11, 40:23, 42:11,</p>	<p>51:17, 51:18, 51:21, 56:20, 58:11, 64:15, 66:20, 72:9, 72:10, 78:8, 83:7, 83:19, 102:23, 104:23, 105:20, 106:4, 106:11, 106:21, 106:25, 107:25, 108:21, 109:1, 111:7, 111:22, 112:2, 112:8, 112:13, 112:14, 112:20, 119:22, 122:11, 138:15, 138:19, 139:17, 140:17, 140:22, 143:23, 144:6, 144:17, 147:8, 156:5, 158:17</p> <p>Disease [18] - 24:3, 32:21, 33:11, 33:25, 52:3, 52:15, 52:18, 52:21, 56:16, 56:17, 56:23, 58:10, 58:11, 124:13, 148:7, 148:11, 150:9, 152:22</p> <p>diseased [1] - 112:10</p> <p>diseases [3] - 44:9, 44:20, 151:5</p> <p>Diseases [4] - 23:15, 24:2, 24:19, 30:7</p> <p>dismissed [1] - 85:24</p> <p>dismissing [1] - 86:5</p> <p>disorder [4] - 54:2, 59:11, 124:22, 146:4</p> <p>disorders [2] - 44:6, 53:20</p> <p>displayed [1] - 50:10</p> <p>dispute [3] - 13:16, 19:10, 42:7</p> <p>disregulation [1] - 47:24</p> <p>distinct [1] - 18:3</p> <p>District [8] - 90:19, 91:4, 91:5, 161:4, 161:17, 161:18</p> <p>DISTRICT [2] - 1:1, 1:1</p> <p>district [1] - 91:7</p> <p>divided [1] - 36:10</p> <p>DOC [9] - 5:24, 28:8, 30:14, 30:15, 35:5, 84:15, 91:18, 129:6, 129:25</p> <p>DOC's [1] - 127:20</p> <p>Doctor [7] - 41:5, 48:25, 58:7, 60:20, 64:11, 64:25, 119:5</p> <p>doctor [6] - 13:1, 49:15, 50:6, 51:24,</p>
---	---	---	---	---

59:22, 65:13
doctors [1] - 52:9
document [39] -
 11:13, 12:2, 16:20,
 23:25, 24:5, 24:6,
 34:13, 48:6, 100:9,
 101:22, 114:21,
 117:15, 125:8,
 125:17, 125:18,
 125:21, 126:11,
 131:9, 131:24,
 134:23, 135:14,
 135:19, 135:20,
 135:25, 136:4,
 136:11, 136:16,
 136:20, 137:10,
 137:13, 137:16,
 137:17, 137:22,
 138:7, 145:3,
 148:19, 151:11,
 151:13, 152:10
documentary [1] -
 158:9
documented [1] -
 66:13
documents [2] -
 101:20, 119:3
dome [1] - 60:15
done [15] - 14:17,
 14:20, 29:7, 29:8,
 29:9, 29:11, 62:21,
 105:11, 106:15,
 106:16, 108:3,
 111:16, 112:6,
 159:25, 160:6
down [13] - 3:9, 3:21,
 58:1, 58:8, 102:24,
 105:5, 109:2,
 111:19, 122:19,
 144:2, 144:5,
 156:22, 157:10
downgraded [1] -
 18:19
Dr [158] - 2:4, 8:18,
 8:19, 8:25, 10:4,
 10:8, 10:9, 11:8,
 11:15, 12:2, 12:20,
 13:3, 13:21, 14:24,
 15:6, 15:22, 16:23,
 17:1, 17:20, 17:23,
 18:23, 19:6, 19:9,
 20:17, 26:20, 28:15,
 30:1, 30:5, 30:17,
 31:4, 31:19, 32:3,
 32:12, 34:4, 40:13,
 41:7, 41:11, 44:16,
 45:8, 46:9, 46:20,
 48:7, 52:4, 52:6,
 52:11, 52:25, 53:6,
 53:19, 63:5, 63:9,

64:8, 65:4, 67:11,
 67:12, 67:14, 68:22,
 69:24, 70:11, 71:15,
 72:13, 73:2, 73:6,
 73:14, 73:17, 73:21,
 73:24, 75:6, 75:11,
 75:14, 76:1, 76:16,
 77:4, 77:15, 77:22,
 78:14, 79:14, 80:24,
 84:4, 84:16, 85:9,
 86:18, 87:5, 92:1,
 92:9, 92:12, 92:17,
 93:7, 93:16, 93:20,
 94:4, 94:9, 94:11,
 94:17, 94:21, 95:8,
 95:19, 96:3, 96:22,
 97:16, 98:1, 98:15,
 98:16, 98:23, 99:3,
 101:21, 102:17,
 103:2, 103:9,
 103:18, 103:23,
 113:15, 114:10,
 114:16, 117:2,
 117:20, 117:25,
 118:12, 118:14,
 118:20, 120:7,
 123:1, 123:6,
 133:14, 134:23,
 137:4, 137:13,
 138:1, 138:3,
 138:21, 139:9,
 139:19, 139:22,
 140:11, 140:19,
 141:3, 141:9,
 141:25, 142:19,
 142:20, 148:12,
 148:13, 148:15,
 148:21, 149:6,
 149:13, 149:18,
 154:8, 154:24,
 156:2, 156:9,
 156:16, 156:24,
 157:5, 157:9, 160:6
draft [1] - 126:13
drafted [1] - 114:25
drafting [2] - 39:21,
 84:14
dramatic [1] - 32:5
draw [1] - 18:22
drawn [1] - 109:20
drop [3] - 56:25, 57:8,
 156:25
dropped [1] - 57:10
drug [7] - 13:17,
 13:18, 22:6, 22:12,
 28:5, 40:9, 79:16
drugs [7] - 13:25,
 67:21, 68:10, 92:25,
 132:14, 133:12,
 133:17

dry [1] - 55:17
due [3] - 20:12, 44:10,
 138:12
DULY [2] - 3:25, 86:21
duration [3] - 38:6,
 39:4, 72:4
during [11] - 6:16,
 26:18, 42:2, 55:14,
 75:14, 78:25, 87:21,
 88:4, 107:22,
 127:22, 129:8
duty [1] - 139:4
dystrophic [1] - 60:17

E

early [5] - 47:18, 78:9,
 96:24, 99:19, 106:3
earned [2] - 89:9,
 89:12
echogenic [2] - 59:10,
 146:3
eczema [4] - 145:2,
 150:23, 150:25,
 151:6
eczematous [2] -
 151:2, 151:20
educating [1] - 114:1
education [9] - 53:8,
 87:20, 88:11, 89:2,
 89:15, 89:17,
 106:25, 107:22,
 149:9
educational [2] - 87:6,
 87:9
effect [4] - 27:22,
 30:8, 71:25, 79:19
effective [4] - 14:14,
 22:7, 132:4, 132:8
effectively [1] - 120:17
efficiency [1] - 14:1
efforts [1] - 160:22
Egan [1] - 39:24
EGD [5] - 105:14,
 105:16, 112:1,
 128:22, 128:24
Egypt [7] - 45:10,
 45:11, 45:14, 45:16,
 45:19, 46:4, 46:13
eight [1] - 90:2
Eighth [2] - 13:21,
 13:22
either [8] - 4:20, 14:4,
 15:1, 17:23, 93:12,
 117:5, 128:5, 144:10
elastography [1] -
 119:18
electrolytes [1] -
 108:9
electronic [1] - 116:24

element [1] - 122:1
eliminate [2] - 22:23,
 28:2
eliminated [2] - 24:10,
 153:19
embraced [1] - 130:24
emphatically [2] -
 149:21, 149:23
employed [2] - 91:18,
 91:19
employees [6] - 10:16,
 10:17, 14:5, 14:16,
 14:20, 15:2
employer [1] - 16:2
employment [1] - 12:8
encountered [1] -
 147:18
encounters [1] - 29:17
end [4] - 68:1, 106:10,
 108:25, 110:13
ended [1] - 124:17
endless [1] - 119:18
endorse [1] - 131:5
endorsed [2] - 131:2,
 131:3
ends [1] - 8:5
engage [1] - 68:12
engaged [2] - 9:21,
 14:9
England [1] - 46:23
enlarged [2] - 107:18
enormous [1] - 12:9
ensure [1] - 104:17
entered [2] - 137:21,
 153:23
entire [3] - 42:20,
 100:24, 120:23
entities [1] - 14:15
entitled [7] - 24:3,
 33:11, 34:13, 39:18,
 39:22, 49:23, 125:18
entity [3] - 48:2, 49:7,
 84:21
epidemiological [1] -
 44:11
episode [1] - 124:15
equal [2] - 36:20,
 37:14
equation [1] - 35:14
equivalent [2] - 30:22,
 31:5
equivocation [1] -
 65:9
eradicating [1] - 22:7
erroneous [1] - 73:15
error [3] - 138:3,
 138:12, 143:2
eruption [2] - 47:21,
 49:4
erythema [13] - 20:7,

45:6, 45:11, 45:16,
 45:20, 45:24, 46:5,
 46:12, 47:16, 47:23,
 48:1, 48:25, 49:6
Erythema [1] - 49:23
erythematous [2] -
 47:21, 49:4
esophageal [12] -
 105:14, 105:17,
 105:18, 105:20,
 112:3, 112:4, 112:6,
 112:12, 112:15,
 112:19, 112:22,
 128:14
especially [1] - 95:17
Esq [6] - 1:11, 1:13,
 1:15, 1:16, 1:19,
 1:19
essentially [4] - 48:7,
 126:19, 127:20,
 140:22
establish [3] - 74:23,
 117:17, 144:1
established [4] - 12:6,
 27:7, 27:16, 75:25
estimate [8] - 20:24,
 67:3, 81:11, 81:13,
 81:14, 130:5,
 130:11, 130:12
estimated [4] - 20:23,
 21:3, 72:6, 123:9
Et [1] - 1:6
etc [2] - 39:7, 85:2
evaluate [1] - 103:22
evaluated [5] - 106:9,
 108:24, 108:25,
 109:19, 109:21
evaluating [1] - 82:14
evaluation [12] -
 62:14, 62:15, 81:25,
 101:23, 105:2,
 105:10, 108:16,
 110:12, 110:13,
 111:1, 112:25, 113:2
Evaluation [1] - 34:14
evaluations [2] -
 104:5, 116:20
event [2] - 62:6,
 112:23
events [1] - 22:9
eventually [2] -
 103:20, 103:22
evidence [25] - 23:25,
 24:1, 24:16, 32:25,
 33:19, 47:5, 49:24,
 50:4, 54:14, 60:8,
 61:8, 69:5, 69:21,
 85:5, 125:9, 125:13,
 125:15, 137:3,
 137:21, 149:8,

<p>153:24, 159:24, 160:5, 160:7, 160:13</p> <p>evidence-based [1] - 33:19</p> <p>evidenced [1] - 27:23</p> <p>EVIDENTIARY [1] - 1:8</p> <p>evolution [1] - 74:21</p> <p>evolutionary [1] - 75:2</p> <p>evolved [1] - 50:10</p> <p>evolves [1] - 100:8</p> <p>evolving [1] - 74:22</p> <p>exact [4] - 24:6, 67:1, 103:10, 115:25</p> <p>exactly [5] - 52:10, 54:12, 85:6, 95:1, 143:2</p> <p>exam [5] - 55:16, 106:20, 107:7, 107:17</p> <p>EXAMINATION [6] - 4:2, 69:22, 79:12, 87:3, 122:24, 154:22</p> <p>examination [4] - 11:15, 12:2, 12:4, 107:5</p> <p>examine [4] - 28:16, 28:18, 139:22, 142:17</p> <p>examined [2] - 28:20, 28:24</p> <p>examining [3] - 29:14, 30:3, 126:5</p> <p>example [5] - 38:1, 65:19, 82:2, 95:7, 127:14</p> <p>exams [1] - 147:4</p> <p>excellent [2] - 54:25, 68:8</p> <p>except [2] - 24:20, 25:5</p> <p>exception [1] - 62:17</p> <p>excess [1] - 72:1</p> <p>excluded [3] - 121:6, 121:8, 124:21</p> <p>exclusions [1] - 154:15</p> <p>excuse [5] - 26:11, 30:12, 49:16, 103:13, 148:3</p> <p>excused [1] - 84:7</p> <p>executed [1] - 134:10</p> <p>executing [2] - 131:14, 131:17</p> <p>exhaustive [1] - 83:17</p> <p>exhibit [9] - 30:13, 34:11, 34:12, 34:21, 46:17, 125:6, 137:6, 145:21</p> <p>Exhibit [68] - 2:8, 2:8,</p>	<p>2:9, 2:9, 2:10, 2:10, 2:11, 2:11, 2:12, 2:12, 2:13, 2:13, 2:14, 2:14, 2:16, 2:16, 2:17, 2:17, 2:18, 2:18, 5:24, 10:25, 11:1, 23:22, 24:1, 24:15, 28:9, 30:14, 30:15, 32:25, 34:13, 34:19, 35:6, 35:24, 36:16, 46:16, 47:4, 47:8, 47:9, 48:12, 49:12, 49:22, 50:3, 50:8, 53:3, 59:4, 59:21, 69:20, 69:24, 72:22, 75:21, 81:7, 101:21, 102:11, 109:8, 125:7, 125:12, 125:14, 126:8, 127:13, 133:1, 136:4, 136:15, 136:22, 137:4, 160:4, 160:11, 160:12</p> <p>Exhibits [2] - 69:4, 159:24</p> <p>exhibits [4] - 69:12, 69:15, 158:9, 160:3</p> <p>existed [1] - 5:3</p> <p>existence [1] - 139:17</p> <p>exists [4] - 32:3, 32:4, 46:13, 51:6</p> <p>expand [1] - 109:3</p> <p>expect [1] - 12:18</p> <p>expectancies [2] - 24:21, 25:6</p> <p>expectation [1] - 21:6</p> <p>expected [1] - 95:5</p> <p>expecting [1] - 86:9</p> <p>expense [1] - 77:7</p> <p>expensive [1] - 72:2</p> <p>experience [3] - 25:19, 89:18, 101:11</p> <p>expert [7] - 8:13, 19:10, 51:20, 73:7, 92:9, 92:12, 156:15</p> <p>expertise [5] - 12:16, 19:11, 72:16, 97:20, 157:1</p> <p>explain [6] - 109:16, 109:25, 115:15, 135:9, 141:24</p> <p>explanation [1] - 116:17</p> <p>explored [2] - 152:17, 152:18</p> <p>expose [1] - 108:1</p> <p>exposed [1] - 21:7</p> <p>extended [1] - 53:15</p>	<p>extending [2] - 60:12, 60:14</p> <p>extent [4] - 12:20, 63:4, 73:2, 85:21</p> <p>extra [2] - 83:5, 126:4</p> <p>extrahepatic [9] - 42:12, 83:2, 83:5, 83:8, 83:9, 83:13, 83:15, 83:17, 83:24</p> <p>extremely [2] - 72:2, 82:24</p> <p>eyes [1] - 107:19</p>	<p>124:25, 147:21</p> <p>fall [1] - 37:15</p> <p>falls [1] - 37:15</p> <p>false [2] - 144:10, 144:12</p> <p>familiar [16] - 17:5, 23:14, 24:5, 25:10, 40:15, 43:10, 43:11, 46:23, 66:23, 92:17, 92:18, 93:5, 117:21, 126:11, 152:21, 157:25</p> <p>family [3] - 88:3, 88:24, 89:2</p> <p>Family [6] - 87:12, 87:14, 87:16, 88:22, 88:23, 92:12</p> <p>far [10] - 7:16, 7:18, 14:10, 19:18, 64:18, 72:23, 111:8, 119:22, 130:10, 139:7</p> <p>farthest [1] - 65:21</p> <p>fashion [1] - 86:10</p> <p>fast [2] - 108:18, 143:24</p> <p>fasting [1] - 93:12</p> <p>fatigue [4] - 27:21, 28:2, 83:12, 83:13</p> <p>FBOP [3] - 102:4, 116:16, 119:11</p> <p>February [1] - 57:3</p> <p>feces [1] - 17:15</p> <p>Federal [11] - 6:17, 30:25, 31:10, 31:17, 34:15, 34:22, 64:21, 72:21, 80:20, 101:18, 101:24</p> <p>fell [1] - 121:3</p> <p>Fellow [2] - 88:22, 88:25</p> <p>few [10] - 78:16, 107:3, 108:24, 129:9, 130:17, 139:24, 146:24, 147:14, 157:5, 157:6</p> <p>fewer [1] - 113:13</p> <p>fibrosis [40] - 25:23, 26:17, 26:21, 26:22, 35:19, 36:1, 36:3, 37:8, 37:12, 37:16, 37:19, 63:18, 63:22, 64:6, 65:1, 65:14, 65:16, 65:25, 66:3, 66:5, 66:13, 66:16, 66:17, 66:22, 75:9, 78:10, 81:4, 81:12, 81:13, 106:7, 121:5, 123:10, 123:17, 125:1, 127:25,</p>	<p>139:17, 155:12, 155:21, 156:3</p> <p>Fibrosure [1] - 119:17</p> <p>field [3] - 71:21, 74:22, 113:24</p> <p>figures [1] - 87:20</p> <p>figure [2] - 37:15, 79:22</p> <p>figures [1] - 21:1</p> <p>filed [4] - 6:17, 54:11, 139:3, 140:7</p> <p>filling [1] - 116:12</p> <p>final [4] - 112:1, 137:20, 154:14, 159:23</p> <p>finally [2] - 83:23, 128:14</p> <p>findings [6] - 11:4, 16:17, 16:23, 50:11, 54:19, 59:9</p> <p>fine [2] - 86:19, 159:15</p> <p>Fine [1] - 158:12</p> <p>finger [1] - 94:7</p> <p>finish [1] - 32:15</p> <p>finished [1] - 132:15</p> <p>first [35] - 5:14, 6:16, 13:20, 14:24, 24:25, 25:1, 44:4, 47:16, 52:1, 52:23, 52:25, 63:20, 64:1, 64:15, 65:15, 65:20, 66:21, 72:6, 72:12, 75:17, 82:25, 85:8, 89:23, 93:7, 100:11, 102:3, 102:24, 103:25, 104:2, 106:17, 118:4, 119:13, 119:25, 138:22, 140:4</p> <p>fiscal [3] - 82:16, 82:19, 82:21</p> <p>fit [1] - 106:14</p> <p>five [2] - 130:15, 135:18</p> <p>five-page [1] - 135:18</p> <p>flowing [1] - 122:15</p> <p>fluctuate [1] - 37:22</p> <p>fluids [1] - 22:4</p> <p>focus [2] - 87:16, 113:25</p> <p>focused [2] - 106:19, 154:2</p> <p>focusing [1] - 122:10</p> <p>follow [9] - 12:18, 26:14, 26:18, 62:3, 65:24, 87:21, 95:15, 131:9, 146:11</p> <p>follow-up [3] - 26:14, 26:18, 62:3</p> <p>followed [5] - 26:15,</p>
--	---	---	--	---

61:19, 62:19, 63:14, 104:19 following [9] - 12:5, 27:11, 40:6, 44:16, 47:11, 53:19, 87:25, 88:11, 89:17 follows [1] - 32:1 FOLLOWS [2] - 3:25, 86:21 footnote [1] - 18:17 FOR [4] - 1:1, 1:10, 1:15, 1:18 Force [1] - 87:10 foregoing [3] - 161:7, 161:10, 161:22 form [9] - 50:10, 73:12, 74:1, 74:25, 76:19, 137:5, 151:7, 152:8, 156:12 formed [1] - 8:3 former [1] - 80:23 forms [1] - 45:4 formula [1] - 110:7 formulary [3] - 95:7, 95:9, 95:12 formulated [1] - 99:24 formulation [1] - 117:22 forth [10] - 13:17, 68:25, 70:14, 80:13, 81:17, 126:15, 127:2, 127:4, 127:7, 161:9 forward [5] - 93:23, 94:6, 108:20, 139:7, 143:24 foundation [2] - 95:20, 114:7 founded [1] - 95:25 four [2] - 24:25, 33:17 fourth [2] - 118:24, 121:25 fragments [1] - 60:16 France [1] - 26:14 frankly [3] - 19:13, 65:8, 137:10 frequent [3] - 45:2, 106:6, 107:9 frequently [1] - 27:21 Friday [1] - 84:23 front [25] - 5:23, 23:17, 23:23, 24:25, 25:16, 30:17, 34:12, 34:19, 34:21, 35:6, 40:5, 40:16, 46:21, 48:6, 69:24, 72:23, 73:18, 81:8, 112:5, 114:18, 116:25, 134:18, 135:12, 141:1, 141:4	full [10] - 18:12, 25:17, 26:10, 27:3, 30:19, 30:20, 48:20, 55:3, 86:22, 158:4 fully [2] - 50:10, 119:16 fully-evolved [1] - 50:10 function [4] - 37:18, 108:7, 110:6, 149:7 functions [1] - 149:10 functions [1] - 53:9 future [1] - 155:6	Genotype [1] - 149:7 given [9] - 6:18, 57:5, 66:19, 111:19, 122:8, 151:2, 152:19, 153:9, 158:9 glomerulonephritis [2] - 83:7, 83:20 grade [1] - 111:5 graduation [1] - 89:19 grant [1] - 159:14 granting [1] - 121:24 gray [1] - 109:1 great [1] - 157:20 greater [9] - 36:2, 36:20, 37:13, 93:12, 93:13, 105:1, 115:2, 116:6, 120:15 greatest [2] - 64:17, 65:21 Greensburg [2] - 89:21, 90:17 Grote [3] - 1:13, 3:8, 85:11 GROTE [4] - 84:8, 84:12, 86:7, 86:16 grounds [1] - 155:18 Guadalajara [1] - 87:11 guess [3] - 78:2, 122:2, 160:20 guidance [3] - 33:19, 33:21, 34:1 guidelines [37] - 23:14, 23:19, 24:9, 31:22, 31:24, 32:10, 32:11, 34:7, 34:24, 36:16, 62:15, 70:16, 70:17, 70:19, 70:21, 70:25, 71:2, 71:4, 71:12, 74:17, 74:21, 75:16, 80:18, 80:23, 80:25, 82:2, 88:8, 100:6, 101:25, 102:12, 102:15, 103:3, 126:17, 127:3, 130:23, 133:17 Guidelines [20] - 24:7, 30:7, 32:2, 32:23, 34:23, 68:13, 70:12, 70:14, 71:8, 74:13, 75:15, 76:8, 76:10, 81:17, 81:20, 82:6, 83:1, 118:17, 130:17, 130:25 gunshot [1] - 60:18 gynecology [1] - 87:19	H half [3] - 115:17, 135:9 Halt [24] - 104:4, 105:1, 109:15, 109:16, 109:25, 110:5, 111:3, 111:14, 116:4, 116:6, 116:11, 116:13, 119:14, 120:9, 120:11, 120:13, 120:24, 121:4, 123:3, 154:25, 156:11, 156:21 Halt-C [24] - 104:4, 105:1, 109:15, 109:16, 109:25, 110:5, 111:3, 111:14, 116:4, 116:6, 116:11, 116:13, 119:14, 120:9, 120:11, 120:13, 120:24, 121:4, 123:3, 154:25, 156:11, 156:21 hand [8] - 13:15, 102:11, 130:2, 136:21, 145:21, 155:19, 155:20 handed [2] - 11:12, 135:5 handful [2] - 45:21, 130:15 handle [1] - 94:25 handled [2] - 93:24, 94:5 hands [1] - 91:1 hands-on [1] - 91:1 hard [2] - 38:7, 108:18 Harlem [1] - 68:3 harm [1] - 76:17 harmful [1] - 20:8 Harris [7] - 30:5, 30:20, 34:4, 73:21, 75:6, 93:16 Harris' [5] - 31:4, 45:8, 73:6, 73:14, 73:17 Harvoni [2] - 33:16, 71:23 HAVING [2] - 3:24, 86:20 HCV [15] - 24:4, 24:21, 25:5, 25:7, 25:19, 33:17, 33:20, 33:21, 33:22, 62:7, 62:14, 62:15, 62:17, 69:25, 70:6 HCV-infected [1] -	33:20 head [4] - 8:22, 15:3, 15:4, 154:11 headed [1] - 117:16 Health [16] - 7:5, 11:11, 31:11, 31:17, 63:24, 64:20, 84:16, 84:17, 85:1, 85:2, 89:8, 89:9, 90:14, 90:21, 125:18, 131:15 health [19] - 4:14, 7:10, 8:14, 9:24, 10:15, 10:17, 10:18, 15:22, 17:13, 20:20, 26:22, 26:24, 30:24, 68:8, 82:8, 89:7, 89:13, 89:15, 113:24 hear [8] - 9:9, 10:8, 52:25, 69:14, 82:11, 86:5, 117:4, 157:23 heard [10] - 8:11, 41:13, 52:23, 84:10, 93:19, 103:2, 103:23, 117:20, 123:6, 134:13 hearing [6] - 84:23, 86:9, 138:23, 139:19, 141:11, 143:10 HEARING [1] - 1:8 hearsay [1] - 99:2 held [2] - 113:20, 158:23 help [3] - 19:22, 35:23, 137:13 helped [1] - 126:13 helpful [2] - 9:3, 48:19 hematocrit [2] - 56:5, 78:21 hematologic [1] - 53:7 hematological [1] - 149:8 Hematologist [2] - 56:22, 57:10 Hematologist/ Oncologist [1] - 56:16 Hematology/ Oncologist [1] - 29:8 hemoglobin [16] - 56:5, 57:8, 57:10, 58:1, 58:8, 58:14, 58:17, 76:3, 76:7, 78:21, 78:23, 79:20, 80:3, 93:12, 106:22, 108:6 hemoglobin/ hematocrit [2] - 56:25, 58:16
---	--	--	--	--

<p>Hep [6] - 13:13, 53:8, 100:6, 113:19, 120:1, 149:10</p> <p>hepatic [6] - 59:10, 60:13, 60:15, 66:2, 146:3, 149:8</p> <p>Hepatitis [1] - 132:5</p> <p>hepatitis [2] - 21:22, 144:6</p> <p>Hepatitis [179] - 4:8, 4:10, 5:2, 5:8, 6:18, 14:11, 19:15, 20:17, 20:25, 21:6, 21:7, 21:8, 22:13, 22:24, 23:1, 23:2, 23:6, 23:16, 24:12, 24:20, 25:15, 27:5, 27:7, 27:14, 27:16, 27:21, 28:2, 28:3, 32:22, 33:12, 34:1, 34:14, 37:22, 38:16, 39:5, 39:6, 39:19, 39:23, 40:24, 42:9, 42:12, 43:6, 43:8, 44:2, 44:4, 44:7, 44:10, 44:19, 44:25, 45:5, 45:7, 45:12, 45:17, 45:22, 46:5, 47:17, 47:24, 49:1, 49:2, 49:24, 50:20, 51:19, 52:13, 52:22, 53:17, 53:22, 56:1, 56:3, 56:18, 56:19, 56:20, 61:15, 61:20, 62:3, 62:19, 62:20, 62:21, 62:24, 63:13, 63:15, 63:17, 63:23, 64:7, 65:2, 66:7, 67:7, 67:13, 67:17, 67:21, 68:9, 68:11, 68:14, 70:8, 70:10, 71:18, 72:7, 73:3, 74:10, 75:23, 75:25, 76:13, 78:25, 79:5, 79:7, 80:19, 82:15, 83:2, 83:5, 83:6, 83:9, 83:14, 83:24, 84:19, 84:24, 85:4, 92:1, 92:4, 92:6, 98:5, 98:6, 98:12, 98:18, 98:21, 98:23, 99:8, 99:10, 99:13, 99:16, 99:25, 100:11, 101:2, 101:5, 101:7, 101:11, 101:23, 103:4, 103:6, 103:9, 103:10, 103:11, 104:1, 104:10, 104:12, 104:13, 104:15, 105:4,</p>	<p>106:2, 107:13, 107:24, 109:18, 112:20, 113:16, 113:17, 113:25, 114:17, 121:15, 123:15, 125:3, 125:20, 129:18, 130:6, 132:13, 139:19, 140:10, 143:23, 147:4, 147:9, 147:18, 148:9, 148:16, 149:7, 149:14, 149:20, 150:11, 152:12, 152:16</p> <p>hepatocellular [1] - 21:17</p> <p>Hepatologist [5] - 12:4, 12:7, 12:17, 13:7, 20:3</p> <p>Hepatologist's [1] - 13:10</p> <p>Hepatology [1] - 19:10</p> <p>hereby [1] - 161:6</p> <p>hereinbefore [1] - 161:9</p> <p>high [12] - 36:11, 36:22, 81:3, 81:5, 102:25, 111:14, 112:3, 127:18, 139:12, 140:13, 141:18</p> <p>higher [4] - 40:7, 40:10, 72:3, 140:14</p> <p>highest [6] - 63:15, 63:16, 80:21, 83:3, 127:18, 158:24</p> <p>highlighted [1] - 152:15</p> <p>highly [1] - 71:24</p> <p>himself [2] - 10:4, 29:22</p> <p>histopathological [2] - 48:2, 49:7</p> <p>history [2] - 12:7, 74:20</p> <p>History [1] - 69:25</p> <p>HIV [1] - 39:5</p> <p>holds [1] - 85:10</p> <p>holidays [1] - 158:18</p> <p>honeymoon [1] - 93:18</p> <p>Honor [118] - 3:5, 3:12, 3:15, 3:21, 7:14, 8:11, 10:1, 10:24, 11:5, 11:7, 11:20, 12:5, 13:9, 15:16, 15:20, 17:2, 17:22, 18:6, 18:14, 19:8, 19:12, 24:23,</p>	<p>26:2, 26:11, 30:12, 34:11, 40:13, 41:14, 45:25, 46:15, 47:5, 47:7, 47:13, 48:5, 48:9, 48:17, 48:22, 49:22, 50:17, 53:2, 53:18, 55:22, 57:16, 59:1, 59:3, 59:20, 60:10, 63:3, 64:2, 67:16, 68:21, 69:3, 69:8, 69:14, 73:13, 74:20, 78:5, 79:9, 79:11, 81:6, 81:15, 84:3, 84:6, 84:8, 85:17, 86:16, 86:17, 87:1, 92:11, 94:2, 97:22, 99:5, 102:5, 107:10, 115:5, 117:11, 117:23, 121:23, 122:21, 122:23, 125:8, 125:11, 125:21, 125:25, 126:3, 131:24, 134:19, 135:4, 137:3, 137:9, 138:1, 138:9, 138:10, 138:15, 138:18, 139:6, 139:24, 140:1, 141:9, 141:23, 142:3, 152:2, 154:5, 154:21, 155:24, 156:14, 157:7, 157:8, 157:11, 157:16, 158:6, 158:9, 158:14, 159:6, 159:18, 159:23, 160:2, 160:18</p> <p>HONORABLE [1] - 1:9</p> <p>hook [1] - 3:6</p> <p>hook-up [1] - 3:6</p> <p>hospital [4] - 61:21, 61:23, 124:17, 153:2</p> <p>hospitalization [1] - 124:17</p> <p>hour [1] - 135:9</p> <p>housed [5] - 17:14, 62:4, 62:5, 62:7, 62:23</p> <p>housekeeping [3] - 69:4, 84:9, 159:23</p> <p>huge [2] - 113:19, 113:25</p> <p>hum [1] - 81:2</p> <p>hundred [2] - 104:25, 109:3</p> <p>hyperglycemia [2] - 42:12, 124:16</p> <p>hyperkeratotic [2] -</p>	<p>47:21, 49:4</p> <p>hypertension [3] - 105:19, 112:2, 112:7</p> <p>hypothetical [1] - 156:14</p> <p style="text-align: center;">I</p> <p>identification [6] - 11:1, 125:7, 133:2, 134:22, 136:5, 136:9</p> <p>identified [5] - 43:8, 45:9, 56:17, 58:12, 105:2</p> <p>Identified [1] - 2:7</p> <p>identify [6] - 72:10, 102:23, 110:5, 110:11, 110:22, 112:19</p> <p>identifying [2] - 108:20, 127:21</p> <p>ill [2] - 124:4, 127:21</p> <p>illegal [4] - 9:22, 14:9, 14:10, 15:12</p> <p>immediate [2] - 91:1, 129:1</p> <p>immediately [4] - 57:6, 57:23, 89:19, 105:20</p> <p>immunizations [1] - 107:1</p> <p>impact [4] - 13:6, 121:24, 138:5, 156:11</p> <p>impaired [1] - 27:23</p> <p>impairment [2] - 140:9, 145:15</p> <p>impart [1] - 88:7</p> <p>impeaching [2] - 141:22, 142:16</p> <p>impeachment [1] - 160:10</p> <p>implementation [1] - 32:11</p> <p>implication [1] - 140:16</p> <p>important [6] - 34:25, 38:22, 71:20, 72:10, 82:24, 108:11</p> <p>Impression [1] - 146:1</p> <p>improper [3] - 15:12, 16:15, 17:22</p> <p>improperly [2] - 10:5, 14:13</p> <p>improve [2] - 53:7, 149:9</p> <p>improved [4] - 25:21, 95:19, 96:5, 153:12</p> <p>improvement [2] - 91:24, 148:1</p>	<p>Improvement [1] - 125:19</p> <p>improving [3] - 78:22, 79:8, 80:5</p> <p>in-person [1] - 6:14</p> <p>inaccuracy [1] - 143:4</p> <p>inaccurate [2] - 139:20, 143:17</p> <p>inadequacies [1] - 10:21</p> <p>inadequate [4] - 9:21, 14:8, 14:10, 16:15</p> <p>inclined [1] - 85:21</p> <p>include [9] - 39:1, 44:11, 63:16, 71:12, 73:15, 104:5, 128:1, 147:12, 151:4</p> <p>included [6] - 29:17, 70:25, 71:4, 71:8, 71:10, 83:10</p> <p>includes [4] - 108:5, 108:7, 124:9, 124:12</p> <p>including [4] - 25:20, 30:24, 45:5, 84:25</p> <p>incompetence [1] - 8:8</p> <p>incompetent [1] - 8:19</p> <p>inconsequential [3] - 138:6, 138:12, 138:14</p> <p>incorporate [1] - 33:21</p> <p>incorrect [3] - 51:8, 137:19, 138:5</p> <p>increases [1] - 112:11</p> <p>increasing [2] - 90:18, 113:10</p> <p>indeed [1] - 15:4</p> <p>independent [1] - 4:17</p> <p>index [1] - 75:12</p> <p>indicate [5] - 12:1, 79:3, 117:20, 147:4</p> <p>indicated [6] - 10:3, 70:22, 115:7, 139:15, 141:3, 142:9</p> <p>indicates [2] - 6:8, 115:13</p> <p>indication [8] - 10:3, 11:9, 16:25, 17:22, 70:4, 105:18, 112:14, 140:9</p> <p>indicative [1] - 139:7</p> <p>indicator [1] - 54:5</p> <p>indicators [1] - 155:13</p> <p>indices [1] - 155:8</p> <p>indirect [4] - 104:2, 104:4, 110:1, 155:8</p> <p>individual [4] - 18:18, 85:8, 107:8, 122:6</p> <p>individuals [11] - 22:8,</p>
---	--	---	---	---

<p>39:5, 39:6, 64:1, 73:24, 76:16, 77:8, 85:23, 113:7, 114:13</p> <p>induced [1] - 47:25</p> <p>inept [1] - 13:5</p> <p>infected [9] - 22:8, 33:20, 38:4, 38:8, 39:1, 39:5, 39:6, 39:10, 40:8</p> <p>infection [11] - 24:20, 25:5, 25:19, 38:3, 38:9, 38:25, 40:8, 42:3, 44:10, 47:19</p> <p>Infection [3] - 34:15, 49:24, 101:24</p> <p>Infectious [11] - 24:3, 52:3, 52:15, 52:18, 52:21, 104:20, 106:25, 129:24, 148:7, 148:11, 150:9</p> <p>inference [1] - 18:21</p> <p>infirmary [2] - 62:1, 62:4</p> <p>inflammation [1] - 25:20</p> <p>information [8] - 18:22, 33:22, 61:6, 76:9, 105:6, 111:19, 118:14, 156:24</p> <p>informed [2] - 142:8, 142:10</p> <p>Initiate [1] - 24:4</p> <p>injections [2] - 79:16, 153:9</p> <p>Injunction [4] - 121:25, 134:13, 136:2, 139:1</p> <p>injunction [1] - 141:6</p> <p>injunctive [3] - 84:19, 84:21, 85:3</p> <p>Injunctive [1] - 140:7</p> <p>inmate [8] - 17:14, 17:16, 103:6, 104:11, 105:23, 107:23, 128:9, 129:3</p> <p>inmates [17] - 15:25, 18:25, 99:9, 99:12, 99:14, 101:1, 101:4, 103:8, 103:11, 103:17, 103:21, 115:1, 121:13, 121:19, 122:7, 130:5, 132:13</p> <p>input [2] - 97:15, 98:10</p> <p>inside [1] - 89:11</p> <p>inspect [1] - 17:14</p> <p>instead [2] - 95:12, 137:21</p> <p>institution [4] - 3:8,</p>	<p>3:18, 18:1, 94:24</p> <p>institutional [3] - 15:8, 31:25, 113:18</p> <p>institutions [2] - 32:9, 81:22</p> <p>instructions [6] - 97:13, 151:13, 151:14, 151:21, 151:24, 152:1</p> <p>insufficient [1] - 10:10</p> <p>insurance [5] - 68:8, 68:13, 72:13, 73:8, 74:3</p> <p>intend [1] - 157:22</p> <p>intention [1] - 86:6</p> <p>interaction [1] - 95:13</p> <p>interactive [1] - 20:11</p> <p>interest [2] - 121:23, 158:3</p> <p>interested [6] - 8:20, 13:8, 15:8, 19:13, 20:3, 20:9</p> <p>Interim [2] - 125:20, 126:9</p> <p>interim [11] - 99:21, 99:23, 100:4, 100:14, 101:1, 108:15, 119:5, 125:5, 127:22, 129:8, 160:15</p> <p>intermediate [1] - 127:18</p> <p>internal [1] - 87:18</p> <p>interpretation [1] - 115:8</p> <p>interrupting [1] - 57:14</p> <p>interview [1] - 106:17</p> <p>intraparenchymal [1] - 60:14</p> <p>intravenous [1] - 40:9</p> <p>introduced [1] - 160:7</p> <p>introduction [2] - 71:21, 137:7</p> <p>investigating [1] - 16:14</p> <p>investigation [1] - 9:7</p> <p>Investigation [5] - 9:7, 9:14, 9:16, 12:22, 17:12</p> <p>invite [1] - 130:1</p> <p>involved [5] - 82:21, 86:3, 91:16, 94:13, 114:13</p> <p>involvement [1] - 101:7</p> <p>iron [1] - 57:11</p> <p>irregular [4] - 60:19, 61:4, 146:8, 146:15</p> <p>irrelevant [2] - 140:23,</p>	<p>144:17</p> <p>irreparable [1] - 76:17</p> <p>irrespective [2] - 32:2, 80:12</p> <p>irreversible [3] - 77:23, 78:2, 78:9</p> <p>IS [2] - 3:24, 86:20</p> <p>ischemia [1] - 17:19</p> <p>Island [18] - 6:25, 7:20, 8:4, 8:14, 10:16, 10:19, 11:11, 12:24, 14:23, 15:3, 15:23, 15:25, 16:5, 16:10, 16:16, 17:9, 19:1, 19:22</p> <p>issue [22] - 14:21, 18:2, 20:20, 55:25, 85:5, 85:13, 86:3, 98:1, 113:19, 121:20, 126:3, 138:15, 141:10, 143:15, 153:20, 153:22, 158:16, 159:12, 159:23, 160:14, 160:20</p> <p>issued [5] - 23:14, 23:18, 100:21, 138:25, 146:14</p> <p>issues [9] - 12:11, 14:6, 14:22, 16:22, 19:17, 42:1, 85:13, 86:13, 91:24</p> <p>itching [1] - 45:3</p> <p>itself [2] - 58:25, 119:9</p> <p>IUML [1] - 140:14</p> <p>IVDU [1] - 40:9</p> <p>lyer [1] - 39:24</p>	<p>123:4, 123:10, 124:4, 125:2, 129:10, 134:8, 134:17, 138:16, 143:17, 144:10, 144:16, 144:22, 145:4, 146:21, 147:3, 147:20, 150:10, 152:17, 152:25, 154:8, 156:3</p> <p>JAMAL [1] - 1:2</p> <p>Jamal's [40] - 5:19, 6:1, 6:9, 6:12, 37:3, 40:22, 41:2, 41:18, 45:1, 52:12, 58:13, 75:8, 76:1, 78:15, 79:5, 80:2, 82:8, 93:7, 93:17, 93:23, 94:4, 94:9, 94:16, 95:18, 95:23, 96:5, 98:11, 99:8, 109:4, 117:17, 118:19, 120:11, 120:17, 139:18, 147:17, 148:8, 148:16, 154:25, 156:10</p> <p>jaundiced [1] - 107:19</p> <p>Jay [1] - 2:3</p> <p>jobs [3] - 6:24, 67:19, 90:1</p> <p>JOHN [1] - 1:6</p> <p>John [1] - 1:19</p> <p>join [1] - 84:18</p> <p>joinder [1] - 84:12</p> <p>joint [1] - 54:16</p> <p>Journal [1] - 46:23</p> <p>Judge [10] - 20:13, 48:15, 69:19, 94:1, 133:14, 135:22, 137:12, 138:17, 145:5, 157:13</p> <p>July [13] - 23:18, 24:7, 34:23, 71:7, 71:8, 71:10, 80:24, 81:17, 81:20, 84:14, 101:24, 102:4</p> <p>jumping [1] - 122:18</p> <p>June [3] - 9:14, 131:17, 133:7</p>	<p>17:18</p> <p>key [1] - 12:11</p> <p>Kimmel [1] - 59:11</p> <p>kind [2] - 128:1, 158:4</p> <p>knowing [2] - 20:3, 41:9</p> <p>knowledge [10] - 5:19, 15:11, 29:12, 29:21, 88:7, 95:23, 95:24, 96:2, 115:9, 117:14</p> <p>known [2] - 71:25, 105:14</p> <p>knows [3] - 72:17, 72:18, 115:7</p> <p>KRISTIN [4] - 1:23, 161:3, 161:13, 161:16</p> <p>Kurtz [1] - 39:25</p>
L				
<p>lab [2] - 29:11, 141:13</p> <p>labeled [1] - 133:1</p> <p>laboratory [1] - 76:3</p> <p>labs [1] - 56:24</p> <p>lack [4] - 8:25, 14:14, 140:9, 142:14</p> <p>landscape [1] - 132:5</p> <p>large [4] - 32:4, 32:18, 108:19, 131:11</p> <p>largely [1] - 22:23</p> <p>largest [2] - 8:15, 12:23</p> <p>last [27] - 11:20, 11:25, 14:3, 18:12, 23:20, 24:25, 33:8, 37:4, 41:1, 41:8, 41:17, 45:2, 47:13, 55:3, 58:16, 78:16, 78:19, 86:17, 86:22, 99:19, 100:21, 109:5, 109:6, 117:2, 134:4, 135:19, 157:6</p> <p>late [6] - 5:17, 31:23, 66:2, 78:8, 85:17, 99:19</p> <p>latest [7] - 22:10, 58:13, 71:18, 75:15, 92:24, 98:7, 133:11</p> <p>Lau [1] - 39:24</p> <p>laura [1] - 1:15</p> <p>Law [1] - 1:13</p> <p>lawyers [1] - 15:9</p> <p>leading [1] - 96:17</p> <p>learn [1] - 52:11</p> <p>least [13] - 16:14, 18:25, 22:8, 37:4, 89:1, 100:18, 106:4, 124:15, 125:1, 126:16, 127:2,</p>				
J				
<p>jail [1] - 3:6</p> <p>jails [3] - 9:25, 14:2, 14:17</p> <p>Jamal [68] - 3:6, 5:15, 6:4, 6:17, 18:3, 19:16, 20:6, 23:6, 28:16, 28:20, 28:25, 29:13, 29:17, 29:22, 38:17, 42:8, 50:19, 52:16, 52:21, 56:5, 56:24, 61:14, 63:12, 73:7, 75:7, 76:2, 78:17, 79:16, 81:12, 92:17, 93:8, 94:14, 96:8, 96:20, 97:1, 97:4, 97:7, 97:12, 97:18, 98:2, 98:4, 109:11, 120:22, 121:15, 121:18, 122:7, 122:16,</p>				
K				
<p>keep [2] - 89:1, 133:22</p> <p>Kelly [1] - 1:20</p> <p>keratinocyte [1] - 50:12</p> <p>KERESTES [2] - 1:6, 1:15</p> <p>Kerestes [1] - 86:1</p> <p>ketoacidosis [1] -</p>				

129:4, 159:1
leave [1] - 133:14
led [1] - 116:20
left [2] - 60:15, 90:12
legal [1] - 76:19
length [1] - 48:17
lengthy [1] - 68:21
lesions [2] - 50:10, 55:17
less [10] - 25:8, 36:24, 37:14, 45:20, 70:22, 104:25, 108:10, 108:22, 110:20, 117:22
letter [1] - 6:10
leukoclastic [1] - 43:10
Leukoclastic [1] - 43:21
level [20] - 27:22, 52:9, 75:8, 75:10, 81:4, 81:12, 81:13, 91:7, 111:6, 113:3, 115:22, 117:17, 120:1, 120:18, 123:17, 127:17, 128:21, 129:4, 140:14, 144:4
levels [10] - 25:22, 26:21, 37:18, 78:16, 78:20, 79:20, 80:17, 90:18, 156:25, 157:4
license [3] - 88:12, 88:19, 89:4
licensed [3] - 33:17, 88:14, 88:16
lichens [3] - 43:9, 43:19, 44:12
life [4] - 24:21, 25:6, 27:22, 27:23
lifespan [1] - 80:6
Lifestyle [2] - 39:18, 39:22
ligature [1] - 17:15
light [4] - 50:23, 51:11, 51:15, 84:22
likely [3] - 76:16, 140:18, 147:7
limit [2] - 31:13, 48:18
limitations [4] - 92:14, 119:9, 119:12, 155:7
limited [3] - 14:25, 31:15, 77:7
limits [1] - 108:13
line [3] - 120:3, 122:13, 122:18
linear [1] - 60:12
lines [3] - 25:1, 58:4, 139:15
link [1] - 33:24

linkage [1] - 33:22
linked [2] - 44:2, 44:4
list [7] - 83:16, 83:17, 102:25, 110:1, 119:18, 152:8, 152:11
listed [3] - 81:5, 97:13, 151:7
listened [1] - 147:15
listening [1] - 41:10
literal [1] - 115:9
literally [1] - 142:16
literature [4] - 45:9, 108:17, 113:23, 116:17
litigation [1] - 17:11
live [1] - 104:19
liver [62] - 21:4, 21:13, 21:20, 21:23, 21:25, 22:21, 22:23, 23:2, 25:20, 25:23, 37:18, 37:19, 37:21, 37:22, 38:19, 39:7, 53:9, 58:25, 59:6, 59:10, 59:13, 60:9, 60:18, 61:4, 65:25, 66:4, 66:5, 66:6, 70:7, 78:2, 78:8, 102:23, 106:3, 106:11, 106:21, 107:18, 108:7, 108:25, 110:6, 111:7, 112:10, 119:17, 121:7, 122:10, 123:19, 139:17, 140:22, 144:6, 144:22, 145:14, 145:18, 146:1, 146:3, 146:8, 146:15, 147:4, 147:7, 147:8, 147:10, 149:7, 149:10
Liver [5] - 23:15, 24:2, 24:18, 30:7, 60:12
LLP [1] - 1:20
load [29] - 38:12, 38:15, 38:17, 38:18, 104:13, 138:19, 139:7, 139:10, 139:11, 139:12, 139:13, 139:16, 139:19, 140:10, 140:11, 140:15, 140:17, 140:21, 143:20, 143:21, 143:22, 143:24, 144:1, 144:2, 144:4, 144:17, 153:20, 158:25

loads [2] - 20:5, 140:13
long-standing [1] - 39:7
long-term [2] - 26:14, 26:19
look [12] - 14:3, 39:14, 51:14, 51:16, 72:5, 101:15, 101:17, 103:25, 104:2, 108:6, 111:8, 142:13
looked [4] - 101:20, 102:1, 116:21, 119:11
looking [9] - 16:21, 30:14, 101:14, 103:17, 113:7, 117:10, 130:9, 142:12, 143:1
looks [1] - 54:11
lost [1] - 41:5
low [21] - 26:21, 36:23, 38:17, 38:18, 40:23, 41:6, 41:23, 41:25, 56:5, 58:18, 71:25, 108:23, 110:19, 111:14, 112:17, 130:6, 130:7, 139:16, 140:11, 140:17, 144:17
lower [13] - 35:18, 35:19, 35:20, 36:14, 36:17, 36:24, 102:25, 108:13, 108:14, 122:19, 130:10
lymph [2] - 29:9, 56:11
lymphoma [3] - 83:7, 83:19, 83:22

M

M.D [2] - 2:3, 88:18
machine [1] - 1:22
Magistrate [1] - 138:17
magistrate [1] - 138:24
Mahanoy [1] - 146:17
main [3] - 39:3, 88:6, 111:8
maintain [3] - 89:4, 89:14
MAJ [1] - 62:13
major [2] - 20:20, 27:22
majority [2] - 95:3, 104:18
male [1] - 39:4

man [2] - 17:8, 20:4
man's [1] - 19:19
managed [1] - 92:3
management [2] - 35:10, 62:15
Management [2] - 34:14, 101:23
manages [2] - 8:14, 12:9
manifestation [4] - 52:13, 83:14, 83:15, 83:24
manifestations [8] - 42:12, 44:7, 44:18, 53:16, 83:6, 83:9, 83:17, 147:9
manner [3] - 84:24, 126:16, 127:3
Manual [1] - 125:19
manually [1] - 105:5
March [9] - 41:22, 42:2, 42:16, 42:18, 59:7, 61:9, 145:16, 145:17, 145:25
MARIANI [1] - 1:9
marked [3] - 10:25, 48:14, 125:6
marker [3] - 35:11, 40:25, 47:18
marrow [5] - 29:10, 56:11, 58:4, 58:5, 124:22
masses [1] - 145:15
matter [2] - 69:4, 84:9
mazeski [1] - 1:16
mean [7] - 15:9, 36:7, 71:17, 83:23, 113:6, 131:19, 140:23
means [8] - 22:3, 83:17, 91:8, 109:17, 115:15, 123:19, 143:22, 161:22
meant [1] - 37:11
measurements [1] - 104:4
measures [1] - 27:23
Mechanicsburg [1] - 1:18
medial [1] - 60:14
Medicaid [1] - 101:19
medical [60] - 6:25, 7:20, 15:3, 15:23, 15:24, 16:1, 16:10, 16:12, 16:18, 16:20, 17:16, 18:1, 18:2, 19:1, 19:4, 29:3, 29:5, 29:6, 29:16, 29:18, 42:1, 42:13, 42:20, 50:18, 53:1, 54:3, 55:11, 55:15,

76:1, 76:20, 77:16, 82:16, 82:19, 88:12, 89:2, 90:8, 90:15, 91:17, 91:18, 91:19, 91:22, 93:2, 93:5, 94:16, 94:25, 96:3, 97:25, 98:19, 124:7, 129:24, 144:9, 146:16, 149:17, 150:23, 152:15, 154:8, 154:11, 154:15, 155:16, 158:16
MEDICAL [1] - 1:18
Medical [36] - 7:3, 7:6, 7:7, 8:2, 16:7, 59:25, 60:2, 87:10, 90:13, 90:16, 90:18, 90:19, 90:22, 90:24, 90:25, 91:1, 91:4, 91:5, 91:6, 91:8, 91:9, 91:23, 92:2, 94:24, 95:11, 96:16, 97:2, 97:8, 97:10, 97:16, 98:1, 105:7, 111:25, 129:25, 146:7
medically [2] - 97:17, 97:21
medically-
appropriate [2] - 97:17, 97:21
medication [22] - 22:10, 58:3, 63:23, 64:7, 65:17, 76:14, 77:7, 77:9, 77:18, 78:12, 78:25, 96:13, 96:15, 96:20, 97:14, 97:18, 115:2, 120:21, 129:14, 129:20, 154:10
medications [13] - 66:25, 71:22, 71:24, 73:9, 74:5, 76:18, 93:14, 98:8, 100:19, 100:22, 100:25, 130:14, 133:20
Medicine [4] - 46:24, 90:1, 92:12, 92:13
medicine [2] - 87:18, 87:19
meet [3] - 10:4, 104:24, 109:11
meeting [3] - 6:11, 107:12, 107:23
meetings [3] - 6:14, 6:16, 28:22
meets [1] - 128:20
Mehalchick [2] - 138:17, 138:24
meld [2] - 111:6,

<p>111:15 mellitus [2] - 93:8, 93:11 members [2] - 28:19, 88:25 men [2] - 38:1, 38:2 mental [1] - 17:13 mentioned [14] - 11:9, 38:21, 44:2, 44:17, 45:8, 83:12, 83:16, 108:10, 113:21, 116:4, 119:9, 128:13, 161:8 mentoring [1] - 91:9 merely [1] - 144:10 message [2] - 100:1, 100:8 met [2] - 6:8, 110:25 metabolic [3] - 47:25, 106:22, 108:7 metallic [1] - 60:16 metavir [2] - 26:15, 75:7 Mexico [1] - 87:11 mic [3] - 87:8, 128:5, 145:23 microphone [1] - 123:2 MIDDLE [1] - 1:1 middle [1] - 55:18 Middle [2] - 161:4, 161:18 might [11] - 48:19, 70:6, 82:14, 95:6, 95:8, 95:11, 106:19, 106:20, 107:21, 130:1, 158:1 mild [2] - 58:23, 127:24 mildly [1] - 80:1 milliliters [1] - 38:13 million [5] - 20:25, 21:2, 72:6, 72:7 mine [2] - 150:1, 151:23 minimum [2] - 106:12, 143:4 minute [4] - 11:5, 27:10, 87:1, 102:6 minutes [2] - 68:22, 68:24 mis [1] - 48:14 mis-marked [1] - 48:14 Miscellaneous(phonetic) [1] - 131:15 mischaracterization [1] - 73:19 mischaracterizes [3] - 62:8, 67:12, 67:15</p>	<p>mishap [1] - 138:12 mislabeled [2] - 48:10, 49:13 miss [1] - 36:11 misstatement [1] - 63:6 misstating [1] - 63:3 mistake [3] - 139:2, 139:5, 145:9 mixed [4] - 43:9, 43:14, 44:11, 83:9 moment [21] - 11:23, 15:20, 17:20, 34:16, 41:5, 41:7, 52:20, 55:22, 59:1, 63:2, 65:4, 67:11, 69:8, 74:16, 77:11, 77:25, 81:15, 86:4, 140:3, 154:5, 157:13 momentarily [1] - 3:10 Monell [1] - 15:9 money [2] - 74:4, 82:7 monitor [3] - 73:10, 74:6, 74:14 monitored [1] - 64:19 monitoring [5] - 13:19, 73:11, 73:24, 74:9, 74:24 month [4] - 99:19, 100:21, 106:11, 134:4 months [22] - 5:6, 37:4, 37:5, 41:1, 41:17, 42:15, 45:2, 50:19, 51:13, 58:7, 71:14, 78:16, 78:19, 78:21, 106:9, 134:5, 146:6, 146:25, 147:25, 157:5, 157:6 morbidity [2] - 63:17, 64:17 morning [6] - 3:1, 3:2, 3:3, 4:4, 4:5, 46:16 mornings [1] - 89:21 mortality [2] - 63:17, 64:17 most [22] - 24:9, 27:21, 45:2, 47:21, 51:4, 70:17, 70:19, 74:25, 78:22, 99:25, 100:20, 102:23, 105:19, 108:16, 111:22, 112:21, 122:10, 123:24, 124:9, 127:21, 130:23, 132:8 mostly [2] - 89:12, 105:14 Motion [4] - 134:12, 136:1, 139:1, 140:6</p>	<p>motion [3] - 6:17, 85:7, 86:8 motions [1] - 85:11 move [27] - 7:15, 20:13, 29:19, 42:4, 44:13, 45:25, 47:4, 49:22, 54:13, 55:25, 57:13, 63:10, 64:2, 69:4, 74:23, 75:3, 84:12, 99:6, 102:24, 108:20, 125:8, 128:25, 137:3, 143:14, 151:16, 156:3, 159:24 moved [3] - 104:8, 107:8, 109:12 moves [1] - 156:6 moving [2] - 93:23, 94:5 MR [196] - 3:2, 3:5, 3:12, 4:3, 5:1, 7:14, 7:19, 8:6, 8:11, 8:22, 9:5, 9:12, 10:14, 10:24, 11:4, 11:17, 11:19, 11:22, 12:5, 13:9, 13:15, 14:22, 15:16, 15:20, 15:21, 17:2, 17:4, 18:6, 18:10, 18:12, 18:14, 18:17, 18:24, 19:12, 20:13, 20:16, 25:2, 26:1, 26:3, 26:10, 26:12, 29:19, 29:20, 30:4, 30:12, 30:14, 30:16, 33:5, 33:9, 33:10, 34:11, 34:18, 40:17, 40:20, 40:21, 41:8, 41:21, 42:4, 42:6, 43:25, 44:13, 44:15, 45:25, 46:3, 46:11, 46:15, 46:19, 47:4, 47:10, 47:13, 47:15, 48:9, 48:14, 48:22, 48:24, 49:11, 49:14, 49:22, 50:5, 53:2, 53:4, 54:23, 55:22, 55:24, 57:13, 57:16, 57:17, 59:1, 59:3, 59:5, 59:19, 60:1, 60:10, 60:22, 62:11, 63:11, 64:2, 64:24, 65:12, 67:18, 68:19, 69:8, 69:11, 72:15, 73:13, 74:15, 74:17, 76:19, 77:10, 77:12, 77:19, 77:24, 78:2, 79:11, 79:13, 81:6, 81:10, 81:15, 81:16, 82:13, 84:1, 84:8, 84:12, 86:7,</p>	<p>86:16, 92:14, 94:1, 95:20, 96:17, 97:20, 99:2, 114:5, 115:5, 117:11, 119:1, 121:20, 122:23, 122:25, 125:8, 125:16, 125:21, 125:25, 126:3, 126:7, 126:23, 127:6, 132:1, 132:3, 132:24, 133:1, 133:4, 134:19, 134:21, 135:4, 135:7, 135:16, 135:22, 135:24, 136:8, 137:3, 137:12, 138:15, 139:24, 140:5, 140:25, 142:18, 143:14, 144:14, 144:15, 145:5, 145:7, 145:8, 150:2, 150:4, 152:2, 152:4, 154:5, 154:7, 154:19, 155:17, 155:19, 155:24, 156:12, 157:1, 157:8, 157:13, 157:16, 158:9, 158:15, 159:5, 159:12, 159:15, 160:2, 160:6, 160:9, 160:20 MS [107] - 3:3, 3:15, 3:21, 4:25, 7:13, 7:25, 8:9, 9:8, 10:1, 11:3, 11:5, 11:7, 16:17, 17:21, 24:23, 29:23, 33:4, 33:8, 40:13, 47:7, 48:5, 48:12, 48:17, 50:1, 54:20, 62:8, 63:1, 63:3, 65:3, 67:9, 67:12, 68:21, 69:3, 69:14, 69:16, 69:23, 72:20, 73:22, 73:23, 74:20, 75:4, 75:5, 76:22, 77:14, 77:21, 78:5, 78:11, 79:9, 82:9, 84:3, 85:17, 86:17, 87:1, 87:4, 92:11, 92:16, 94:2, 94:3, 96:4, 96:19, 97:22, 97:24, 99:5, 99:7, 102:5, 102:8, 102:10, 103:16, 107:10, 107:11, 114:8, 114:9, 115:10, 115:11, 117:17, 117:23, 117:24, 120:5,</p>	<p>120:6, 121:23, 122:21, 125:11, 131:24, 137:9, 138:1, 138:9, 139:6, 140:1, 141:9, 141:23, 142:3, 142:5, 142:8, 154:21, 154:23, 156:1, 156:14, 156:23, 157:3, 157:7, 157:11, 158:6, 158:13, 159:6, 159:18, 159:23, 160:17 multi [1] - 106:4 multi-decade-long [1] - 106:4 multiple [4] - 61:7, 116:1, 116:19, 153:23 multitude [1] - 104:5 MUMIA [1] - 1:2 Mumia [10] - 5:15, 23:6, 28:16, 28:20, 28:24, 29:13, 29:22, 37:3, 38:17, 147:3 must [1] - 158:25 Myers [1] - 1:20</p>
N				
<p>N-O-E-L [1] - 86:24 NAE [3] - 45:11, 50:9, 50:13 name [8] - 4:6, 11:8, 17:5, 51:24, 86:22, 86:23, 90:14, 131:19 named [2] - 83:21, 131:18 Nancy [1] - 39:24 national [2] - 88:23, 89:10 National [2] - 69:25, 89:9 nationally [1] - 130:8 nature [2] - 75:2, 85:18 NCCHC [1] - 113:21 Neal [16] - 1:15, 7:17, 15:17, 47:6, 49:25, 68:20, 69:2, 69:9, 69:13, 84:2, 85:16, 117:16, 119:2, 125:10, 128:8, 150:6 NEAL [107] - 3:3, 3:15, 3:21, 4:25, 7:13, 7:25, 8:9, 9:8, 10:1, 11:3, 11:5, 11:7, 16:17, 17:21, 24:23, 29:23, 33:4, 33:8,</p>				

40:13, 47:7, 48:5,
48:12, 48:17, 50:1,
54:20, 62:8, 63:1,
63:3, 65:3, 67:9,
67:12, 68:21, 69:3,
69:14, 69:16, 69:23,
72:20, 73:22, 73:23,
74:20, 75:4, 75:5,
76:22, 77:14, 77:21,
78:5, 78:11, 79:9,
82:9, 84:3, 85:17,
86:17, 87:1, 87:4,
92:11, 92:16, 94:2,
94:3, 96:4, 96:19,
97:22, 97:24, 99:5,
99:7, 102:5, 102:8,
102:10, 103:16,
107:10, 107:11,
114:8, 114:9,
115:10, 115:11,
117:17, 117:23,
117:24, 120:5,
120:6, 121:23,
122:21, 125:11,
131:24, 137:9,
138:1, 138:9, 139:6,
140:1, 141:9,
141:23, 142:3,
142:5, 142:8,
154:21, 154:23,
156:1, 156:14,
156:23, 157:3,
157:7, 157:11,
158:6, 158:13,
159:6, 159:18,
159:23, 160:17

near [1] - 51:2

nearly [1] - 22:14

necessarily [4] -
65:23, 66:7, 83:13,
131:12

necessary [3] - 14:15,
64:19, 134:17

necessity [1] - 23:2

necrolytic [14] - 20:7,
45:6, 45:11, 45:15,
45:19, 45:24, 46:5,
46:12, 47:12, 47:16,
47:22, 48:1, 48:25,
49:6

Necrolytic [1] - 49:23

necrosis [1] - 50:12

need [27] - 10:8,
12:11, 15:7, 17:16,
22:23, 46:9, 64:11,
68:22, 82:22, 82:23,
93:3, 99:25, 105:20,
107:8, 107:16,
107:25, 108:16,
108:25, 110:12,

111:20, 115:8,
118:24, 120:3,
122:7, 122:17,
123:1, 128:5

needed [4] - 100:23,
105:10, 107:1,
108:24

needs [1] - 105:2

negative [1] - 36:7

neglect [2] - 15:23,
16:1

never [7] - 46:7, 51:6,
60:20, 106:2,
109:17, 148:15,
150:25

New [12] - 1:12, 7:3,
7:6, 7:7, 7:11, 8:16,
9:7, 9:14, 12:21,
16:4, 46:23

new [9] - 28:5, 33:16,
33:22, 46:17,
100:14, 101:4,
132:15, 133:17,
134:2

newer [2] - 100:19,
100:23

newest [2] - 20:5,
118:17

next [11] - 14:7, 27:19,
43:16, 84:8, 94:9,
107:2, 109:20,
119:23, 121:10,
143:8, 143:24

nice [1] - 131:8

node [2] - 29:9, 56:11

Noel [51] - 2:4, 84:16,
85:9, 86:18, 86:24,
87:5, 92:1, 92:9,
92:12, 92:17, 93:7,
93:20, 94:4, 94:9,
101:21, 103:9,
103:18, 113:15,
114:10, 114:16,
117:2, 117:20,
117:25, 118:12,
118:14, 118:20,
120:7, 123:1,
133:14, 134:23,
137:4, 137:13,
138:1, 138:3,
139:19, 139:22,
140:19, 141:3,
141:9, 141:25,
142:19, 142:20,
148:13, 154:8,
154:24, 156:2,
156:9, 156:16,
156:24, 157:5, 157:9
Noel's [4] - 138:21,
139:9, 140:11, 160:6

non [5] - 42:4, 44:13,
46:6, 60:17, 95:7

non-formulary [1] -

95:7

non-responsive [3] -
42:4, 44:13, 46:6

non-specific [1] -

60:17

none [1] - 56:13

nonetheless [1] -

141:4

normal [25] - 37:18,
41:3, 41:4, 41:19,
53:9, 58:15, 58:18,
70:7, 76:7, 79:25,
80:3, 93:15, 107:20,
108:13, 108:14,
108:25, 146:21,
147:1, 147:5, 149:7,
149:10, 153:14,
153:19, 153:24,
154:3

Nos [3] - 2:18, 69:20,
160:4

note [5] - 3:5, 53:5,
53:13, 58:14, 59:9

noted [3] - 26:17,
42:5, 105:24

notes [7] - 68:23,
96:24, 148:21,
149:4, 149:6,
150:13, 150:15

nothing [4] - 14:11,
48:12, 122:21, 157:7

notice [2] - 85:18,
143:3

noticed [1] - 142:21

November [6] - 5:16,
5:21, 41:1, 41:18,
42:16, 99:19

nowhere [1] - 80:18

number [24] - 21:22,
21:25, 36:9, 38:12,
40:7, 42:1, 43:14,
66:23, 67:1, 67:3,
84:25, 85:13,
103:10, 108:11,
108:19, 110:17,
110:18, 110:19,
118:7, 118:10,
138:4, 141:14,
149:24, 151:22

numbered [2] -

144:25, 161:9

numbers [14] - 22:15,
35:18, 35:20, 35:21,
36:14, 36:17, 93:14,
111:18, 112:11,
130:3, 130:8,
142:11, 142:13,

155:7

numerous [2] - 25:20,
27:23

nurse [3] - 104:20,
106:25, 129:24

O

object [7] - 10:1,
17:21, 48:17, 73:13,
85:17, 95:25, 115:5

objection [54] - 4:25,
7:13, 7:17, 7:25, 8:9,
9:8, 10:6, 15:17,
16:17, 17:20, 19:9,
19:23, 20:14, 29:23,
40:13, 44:13, 45:25,
47:7, 48:5, 48:16,
50:1, 54:20, 62:8,
63:1, 65:3, 67:9,
69:7, 69:11, 69:18,
72:15, 74:15, 76:19,
77:10, 77:19, 77:24,
78:1, 82:9, 92:14,
94:1, 95:20, 96:17,
97:20, 99:2, 114:5,
119:1, 121:20,
125:10, 131:24,
137:7, 155:17,
155:22, 156:12,
157:1, 160:1

objections [2] - 65:8,
138:22

obstetrics [1] - 87:19

obtaining [1] - 53:21

obviously [3] - 11:13,
18:16, 113:19

occasion [1] - 41:23

occasions [2] - 9:20,
14:7

occur [3] - 32:10,
47:24, 147:10

occurred [2] - 6:13,
143:2

October [16] - 5:17,
5:20, 23:14, 24:8,
24:9, 25:14, 27:12,
31:23, 41:2, 41:18,
68:1, 70:20, 70:21,
71:23, 81:24, 99:19

OF [2] - 1:1, 1:8

off-site [1] - 105:16

offer [3] - 92:11, 99:9,
99:12

offered [8] - 12:17,
13:1, 13:7, 13:11,
52:12, 52:16, 96:11,
129:14

offering [1] - 157:18

offhand [1] - 67:4

office [1] - 88:9

Office [12] - 1:17, 3:9,
85:1, 105:3, 105:4,
109:12, 111:15,
119:16, 120:8,
120:18, 128:21,
128:22

Official [3] - 161:3,
161:14, 161:17

official [2] - 85:9,
85:10

officials [2] - 85:1,
85:2

often [7] - 47:18,
47:21, 48:2, 49:7,
51:22, 105:23,
106:14

old [2] - 74:17

older [6] - 39:1, 39:10,
39:11, 40:7, 40:8,
83:1

Olson [1] - 39:24

on-site [1] - 104:20

once [13] - 35:5,
54:17, 62:22, 71:3,
95:4, 104:9, 105:23,
106:5, 106:7,
117:11, 139:2,
147:14, 153:6

one [76] - 6:24, 12:11,
15:20, 17:3, 17:13,
18:7, 18:13, 19:2,
21:22, 21:25, 22:4,
29:12, 29:15, 41:22,
43:14, 43:16, 45:2,
48:14, 50:6, 50:17,
54:7, 56:17, 59:1,
60:2, 62:17, 63:9,
65:1, 65:11, 67:19,
69:6, 76:20, 82:16,
82:19, 83:18, 88:6,
89:6, 89:22, 95:12,
95:13, 100:21,
100:23, 101:12,
101:13, 102:19,
104:14, 104:19,
106:6, 110:1, 110:3,
113:1, 116:2,
117:14, 118:24,
124:15, 128:8,
131:9, 134:4,
137:21, 140:1,
144:20, 145:3,
145:12, 145:19,
145:22, 149:4,
150:13, 152:11,
154:2, 154:25,
155:19, 159:19,
159:23

one-fourth [1] -

<p>118:24</p> <p>ones [20] - 23:17, 23:20, 24:9, 43:10, 43:11, 43:23, 44:17, 63:18, 64:17, 70:17, 71:10, 83:22, 101:19, 111:8, 111:22, 130:9, 132:8, 153:23, 154:4</p> <p>ongoing [2] - 62:14, 114:1</p> <p>opined [2] - 52:21, 57:18</p> <p>opinion [17] - 12:13, 12:17, 12:20, 13:10, 13:11, 30:8, 30:22, 31:6, 31:14, 31:19, 32:2, 52:12, 76:16, 98:16, 98:25, 150:10, 155:16</p> <p>opinions [8] - 12:25, 13:1, 13:7, 19:7, 19:19, 98:10, 98:14, 119:3</p> <p>Oppman [3] - 84:15, 85:8, 86:2</p> <p>opportunities [1] - 85:12</p> <p>opportunity [5] - 11:14, 28:17, 86:11, 100:24, 158:4</p> <p>oppose [1] - 86:11</p> <p>opposed [1] - 89:3</p> <p>opposition [2] - 134:12, 136:1</p> <p>Opposition [1] - 140:6</p> <p>option [1] - 133:22</p> <p>oral [3] - 86:14, 157:18, 157:23</p> <p>order [3] - 6:18, 95:8, 97:16</p> <p>Order [1] - 6:22</p> <p>ordered [1] - 96:22</p> <p>organization [7] - 8:17, 8:21, 8:23, 10:13, 33:13, 88:24, 89:1</p> <p>organizations [1] - 119:10</p> <p>original [1] - 137:17</p> <p>orlow [1] - 39:24</p> <p>otherwise [2] - 10:5, 95:15</p> <p>ourselves [4] - 88:8, 111:24, 114:1, 119:21</p> <p>outfit [1] - 7:10</p> <p>outlined [1] - 127:19</p> <p>outpatient [1] - 88:3</p> <p>outset [1] - 15:5</p>	<p>outside [2] - 46:4, 147:10</p> <p>overall [8] - 18:20, 31:21, 60:18, 61:4, 121:24, 138:5, 155:3</p> <p>overestimated [1] - 120:25</p> <p>overnight [1] - 32:10</p> <p>overruled [1] - 54:21</p> <p>overseen [1] - 92:3</p> <p>oversight [4] - 18:1, 91:9, 91:17, 139:3</p> <p>owing [1] - 81:3</p> <p>own [6] - 5:18, 15:7, 70:10, 141:22, 142:16, 147:6</p>	<p>137:19, 138:23, 139:20, 140:20, 141:4, 148:6, 149:25</p> <p>Paragraph [28] - 133:5, 136:17, 136:18, 136:23, 137:2, 137:6, 137:14, 137:22, 139:23, 141:2, 142:6, 142:17, 142:21, 143:4, 143:9, 143:17, 144:24, 145:2, 145:10, 145:11, 146:20, 148:4, 148:13, 150:1, 150:2, 150:6, 150:7, 150:21</p> <p>paragraph-long [1] - 48:7</p> <p>paragraphs [3] - 11:21, 12:1, 14:3</p> <p>parameters [1] - 82:3</p> <p>pardon [1] - 122:4</p> <p>parenchymal [1] - 146:4</p> <p>Parkway [1] - 1:17</p> <p>part [17] - 4:8, 4:17, 4:19, 5:5, 5:16, 9:18, 16:24, 16:25, 38:23, 89:20, 106:15, 131:6, 138:3, 144:9, 152:24, 156:20</p> <p>part-time [1] - 89:20</p> <p>participate [3] - 39:17, 40:14, 130:1</p> <p>participated [1] - 40:14</p> <p>participating [2] - 39:21, 40:1</p> <p>particular [7] - 8:17, 19:15, 20:2, 63:14, 105:9, 139:17, 155:8</p> <p>particularly [2] - 12:3, 12:8</p> <p>parties [1] - 160:22</p> <p>parts [1] - 106:20</p> <p>pass [1] - 112:13</p> <p>past [13] - 42:15, 50:19, 71:14, 78:21, 123:25, 129:9, 130:17, 130:24, 133:7, 146:24, 146:25, 147:14, 157:5</p> <p>pathogenesis [1] - 47:22</p> <p>pathogenic [1] - 44:11</p> <p>patient [22] - 30:3, 45:23, 52:18, 55:14,</p>	<p>62:20, 68:8, 68:11, 73:8, 73:10, 73:11, 74:3, 74:6, 105:9, 105:13, 105:15, 106:1, 106:17, 106:24, 107:17, 110:9, 111:20, 116:14</p> <p>patient's [3] - 68:12, 105:6, 119:15</p> <p>patients [68] - 21:8, 21:15, 21:16, 23:1, 24:12, 24:19, 25:5, 25:19, 26:14, 26:18, 27:5, 27:7, 27:14, 27:15, 27:20, 28:3, 33:20, 33:25, 34:1, 36:9, 36:10, 36:11, 39:4, 43:8, 45:11, 49:2, 56:3, 61:19, 62:18, 63:16, 63:19, 64:15, 64:16, 64:18, 65:19, 65:23, 65:24, 66:11, 66:19, 66:21, 66:22, 66:23, 70:3, 70:9, 72:6, 72:12, 74:9, 75:23, 75:24, 82:14, 82:22, 82:25, 83:1, 83:20, 92:1, 92:3, 92:6, 99:15, 99:24, 100:2, 100:5, 113:11, 113:13, 121:18, 132:21, 144:10</p> <p>Paul [2] - 2:4, 86:24</p> <p>pause [3] - 3:20, 11:24, 157:14</p> <p>pay [3] - 68:16, 68:18, 74:4</p> <p>PDF [1] - 114:21</p> <p>pediatrics [1] - 87:18</p> <p>pending [1] - 132:13</p> <p>Penn [1] - 89:25</p> <p>PENNSYLVANIA [3] - 1:1, 1:10, 1:25</p> <p>Pennsylvania [16] - 1:14, 1:18, 1:21, 4:15, 5:8, 5:11, 66:24, 67:8, 88:15, 90:3, 101:19, 127:20, 130:6, 161:5, 161:18, 161:19</p> <p>people [16] - 20:25, 21:6, 21:18, 22:24, 26:21, 28:23, 28:24, 37:17, 43:6, 45:21, 50:9, 76:12, 108:14, 108:24, 113:8, 152:16</p>	<p>per [7] - 21:13, 21:19, 22:20, 55:15, 68:15, 72:3, 82:6</p> <p>percent [61] - 21:4, 21:8, 21:10, 21:13, 21:16, 21:18, 21:19, 22:7, 22:13, 22:15, 22:19, 22:20, 26:18, 28:5, 36:2, 36:3, 36:6, 36:7, 36:15, 36:20, 36:21, 37:1, 70:9, 72:1, 72:8, 95:4, 104:14, 105:1, 106:2, 110:11, 110:16, 110:18, 110:20, 115:14, 115:16, 115:20, 115:23, 116:3, 116:4, 116:9, 116:11, 116:13, 116:14, 116:18, 120:14, 120:15, 120:24, 121:1, 121:3, 123:3, 123:14, 123:21, 125:1, 129:11, 130:9, 147:6, 155:5, 155:9, 155:19</p> <p>percentage [5] - 72:8, 110:9, 110:14, 110:15, 156:22</p> <p>perfect [1] - 10:7</p> <p>performance [7] - 8:25, 9:1, 9:6, 9:13, 16:5, 18:18, 18:20</p> <p>performed [3] - 91:22, 105:16, 106:23</p> <p>perhaps [3] - 5:17, 51:8, 68:25</p> <p>period [9] - 21:11, 74:13, 76:24, 79:1, 88:4, 93:18, 96:21, 127:22, 144:4</p> <p>periodically [1] - 104:22</p> <p>person [14] - 6:14, 15:22, 16:9, 22:4, 39:9, 50:18, 77:23, 83:18, 111:10, 111:13, 115:24, 123:14, 128:14, 129:7</p> <p>personal [2] - 15:7, 117:13</p> <p>personally [4] - 86:2, 98:20, 147:18, 147:19</p> <p>personnel [1] - 150:23</p> <p>phone [2] - 28:22, 105:7</p>
---	--	--	--	---

<p>photograph [1] - 70:4 phrase [1] - 44:9 PHS [1] - 90:23 physical [4] - 106:20, 107:17, 107:20 physician [6] - 19:19, 20:2, 74:3, 88:3, 89:13, 107:6 physicians [1] - 88:24 pick [2] - 108:19, 116:19 picked [4] - 110:16, 110:17, 110:21, 116:18 picture [3] - 116:2, 120:23, 131:7 Pittsburgh [3] - 1:14, 90:13, 90:17 place [5] - 3:6, 54:1, 61:18, 83:18, 100:18 placed [1] - 83:2 Plaintiff [4] - 1:3, 2:7, 23:5, 121:21 PLAINTIFF [1] - 1:10 Plaintiff's [32] - 11:1, 23:22, 24:1, 32:25, 34:11, 46:8, 46:15, 47:4, 47:8, 47:9, 48:12, 50:2, 50:3, 53:2, 59:4, 59:21, 75:21, 81:7, 125:12, 125:14, 125:24, 126:8, 133:1, 134:22, 136:4, 136:15, 136:22, 137:4, 140:10, 140:15, 160:11, 160:12 Plan [1] - 125:19 planus [3] - 43:9, 43:19, 44:12 platelet [30] - 35:15, 38:21, 40:22, 41:2, 41:6, 41:19, 41:24, 41:25, 75:12, 104:3, 104:25, 108:10, 108:23, 108:25, 109:4, 109:6, 109:14, 109:19, 110:4, 110:7, 112:17, 146:22, 147:1, 147:5, 153:21, 156:10, 156:20, 156:21, 156:25, 157:4 platelets [9] - 40:23, 58:6, 108:6, 108:14, 110:22, 111:14, 119:14, 120:9, 156:16</p>	<p>played [1] - 144:8 pleasure [1] - 157:17 pleural [1] - 60:13 plus [1] - 108:6 point [25] - 10:6, 14:19, 65:7, 77:6, 77:22, 91:20, 93:21, 94:5, 97:12, 97:18, 104:23, 104:24, 109:11, 109:17, 110:13, 117:20, 119:4, 120:18, 120:22, 137:11, 139:4, 142:12, 147:23, 149:17, 155:15 pointed [1] - 46:22 policies [2] - 91:21, 91:24 policy [1] - 12:15 pool [4] - 108:19, 110:25, 113:7, 113:11 pooled [2] - 108:4, 110:23 poor [1] - 13:5 population [1] - 104:19 portal [3] - 105:18, 112:2, 112:7 portion [2] - 41:16, 126:25 pose [7] - 15:16, 17:3, 35:22, 46:22, 62:22, 64:13, 73:14 posed [3] - 48:6, 52:20, 156:14 posing [1] - 18:8 position [7] - 11:11, 19:3, 64:25, 85:10, 85:16, 86:2, 90:6 positions [3] - 90:16, 157:19, 159:21 positive [6] - 36:8, 36:9, 70:6, 99:16, 103:11, 104:12 possibility [5] - 37:8, 37:9, 37:11, 38:4, 98:22 possible [3] - 37:16, 44:20, 57:21 possibly [1] - 105:7 post [1] - 118:17 post-dates [1] - 118:17 posterior [1] - 60:13 Practice [6] - 34:22, 87:12, 87:14, 87:16, 88:22, 88:23 practice [12] - 30:23,</p>	<p>31:9, 31:17, 31:24, 64:1, 68:3, 68:5, 68:7, 68:12, 89:3, 89:19, 90:12 pre [5] - 27:5, 27:14, 75:23, 76:5, 76:6 pre-diabetes [5] - 27:5, 27:14, 75:23, 76:5, 76:6 preceptor [1] - 89:23 precipitous [1] - 56:25 preclude [1] - 103:4 predict [1] - 35:25 predictability [1] - 155:5 predicting [2] - 115:19, 115:22 Prednisone [2] - 43:2, 57:1 prejudiced [1] - 85:5 Preliminary [5] - 121:24, 134:13, 136:1, 138:25, 140:7 preliminary [1] - 122:2 preparation [2] - 51:23, 131:20 prepared [4] - 3:4, 137:18, 158:2, 161:11 prepping [1] - 141:10 prescribe [1] - 98:2 presence [1] - 35:25 present [6] - 5:20, 21:23, 73:6, 93:16, 123:24, 154:13 presentation [1] - 158:10 preserving [1] - 20:13 pressure [3] - 112:7, 112:8, 112:11 pretty [3] - 83:19, 135:13, 149:23 prevent [3] - 27:4, 27:13, 75:22 previous [4] - 67:12, 76:8, 101:12, 132:11 previously [1] - 74:24 PREVIOUSLY [1] - 3:25 primarily [6] - 22:5, 39:3, 74:14, 77:5, 82:15, 82:19 priorities [6] - 80:13, 81:18, 82:1, 102:25, 127:7, 127:18 prioritization [25] - 24:10, 25:8, 70:22, 71:1, 71:5, 71:7, 71:8, 71:11, 71:13, 71:16, 72:5, 73:4,</p>	<p>74:24, 76:23, 80:8, 80:21, 80:25, 102:18, 102:19, 102:22, 121:13, 126:15, 127:2, 127:4 prioritize [1] - 72:14 prioritized [1] - 24:11 prioritizing [2] - 72:24, 122:9 priority [12] - 63:15, 80:17, 80:22, 81:3, 81:5, 83:3, 83:18, 102:25, 103:1, 128:1, 158:24 Prison [2] - 90:14, 90:21 prison [5] - 12:9, 32:7, 89:14, 89:20, 100:7 prisoner [1] - 17:8 prisoners [2] - 91:2, 133:11 prisons [1] - 89:11 Prisons [10] - 30:25, 31:10, 31:18, 34:15, 34:22, 64:22, 80:8, 80:20, 101:18, 101:24 Prisons' [1] - 72:21 private [6] - 68:2, 68:5, 68:7, 68:11, 89:19, 90:12 probability [2] - 110:9, 155:3 problem [1] - 3:17 problems [2] - 106:3, 125:2 procedure [1] - 12:18 Procedure [1] - 125:19 procedures [2] - 91:22, 91:24 proceed [6] - 3:4, 4:1, 34:17, 100:4, 128:22, 158:5 proceeding [2] - 16:22, 146:10 PROCEEDINGS [1] - 1:8 Proceedings [1] - 1:22 proceedings [8] - 3:20, 11:24, 85:18, 123:24, 157:15, 160:17, 160:24, 161:8 process [2] - 100:3, 122:9 Procrit [6] - 57:11, 79:17, 79:23, 80:2, 80:5, 153:9</p>	<p>produced [1] - 1:22 product [1] - 6:3 Professional [1] - 89:8 Professorship [1] - 89:25 proffer [1] - 19:7 profile [2] - 106:22, 108:7 profiles [1] - 71:25 program [1] - 89:22 Program [2] - 87:12, 89:24 progress [8] - 21:4, 21:19, 38:1, 38:2, 53:5, 53:13, 140:18, 148:21 progressed [6] - 64:18, 65:21, 77:5, 112:2, 119:22, 140:17 progresses [1] - 104:24 progressing [1] - 139:13 progression [21] - 23:11, 25:23, 26:17, 27:4, 27:13, 35:12, 37:24, 38:5, 38:7, 38:10, 38:19, 39:4, 40:23, 64:19, 75:22, 106:24, 138:16, 138:19, 139:8, 140:22, 144:18 Progression [2] - 39:19, 39:23 progressive [2] - 66:2, 156:5 promise [1] - 159:21 promptly [1] - 159:22 prongs [1] - 121:25 pronounce [1] - 62:16 pronouncing [1] - 4:6 proper [3] - 19:21, 19:22, 86:10 properly [4] - 14:5, 15:1, 85:11, 95:24 proponents [1] - 110:3 propose [1] - 117:19 proposed [1] - 53:19 protocol [72] - 72:21, 72:24, 72:25, 73:3, 73:4, 84:22, 99:15, 99:17, 99:18, 99:20, 99:21, 99:23, 100:12, 100:14, 100:15, 100:18, 100:21, 100:22, 100:23, 100:24,</p>
--	---	--	--	--

101:1, 101:4, 101:8,
101:10, 101:11,
101:14, 102:1,
102:2, 102:18,
102:19, 102:21,
103:3, 103:17,
103:20, 103:25,
104:9, 104:21,
105:12, 108:12,
108:15, 110:10,
112:24, 114:11,
114:14, 114:19,
114:22, 114:24,
116:21, 116:25,
117:2, 117:7,
117:18, 117:21,
118:1, 118:3, 118:5,
118:16, 119:5,
119:7, 121:13,
125:6, 127:20,
129:8, 133:23,
133:24, 134:3,
160:15

Protocol [3] - 114:17,
125:20, 126:9

protocols [8] - 100:20,
101:15, 101:17,
102:18, 109:3,
113:6, 113:16, 144:8

Protopic [5] - 92:21,
96:8, 97:12, 98:2,
151:25

provide [5] - 9:24,
77:17, 82:23, 97:17,
98:16

provided [9] - 9:20,
14:8, 30:25, 53:8,
98:25, 105:6,
106:25, 107:22,
149:9

provider [5] - 4:14,
5:11, 61:20, 62:2,
90:9

Provider [1] - 94:24

providers [6] - 18:19,
29:17, 33:20, 34:1,
62:20, 104:20

provides [1] - 33:24

providing [3] - 15:24,
94:13, 120:21

provisions [1] - 161:5

pruritic [2] - 47:20,
49:3

pruritis [3] - 44:23,
44:24, 45:4

psoriasis [10] - 44:21,
48:3, 49:8, 50:22,
51:17, 51:20, 51:21,
52:19, 151:7, 152:8
psoriatic [3] - 50:10,

54:6, 151:2

psychiatry [1] - 87:18

public [2] - 20:20,
121:23

publication [1] - 47:2

published [3] - 24:1,
34:15, 39:17

PubMed [2] - 49:15,
49:17

Pugh [4] - 111:5,
111:9, 111:12,
111:15

pull [3] - 69:6, 109:8,
116:24

purely [1] - 16:21

purpose [2] - 107:7,
107:12

purposes [5] - 15:2,
84:21, 85:4, 104:3,
143:21

purpura [3] - 43:9,
44:12, 83:10

Purpura [1] - 43:17

pursuant [1] - 161:5

purview [1] - 119:3

put [12] - 70:19, 70:25,
75:1, 75:6, 87:8,
104:16, 113:22,
116:1, 119:20,
123:17, 139:7, 159:1

putting [2] - 120:23,
155:13

Q

qualifications [1] -

12:6

qualify [1] - 76:6

quality [3] - 27:22,
27:23, 91:24

Quality [1] - 125:19

QUESTION [1] - 41:17

questioned [1] - 16:13

questioning [3] -
16:23, 72:22, 120:4

questions [23] - 8:24,
46:22, 68:19, 70:12,
75:14, 79:9, 79:14,
80:7, 80:23, 84:1,
105:8, 106:18,
125:5, 128:4, 128:8,
128:11, 134:7,
139:24, 143:15,
147:15, 153:25,
154:19, 157:8

quick [1] - 102:5

quickly [3] - 109:8,
156:2, 158:21

quite [1] - 39:12

quote [9] - 14:4, 18:8,

24:15, 33:15, 50:8,
53:21, 61:15, 140:8,
148:7

quoted [2] - 31:23,
79:23

quoting [1] - 53:6

R

Radiologist [1] - 59:9

raise [1] - 158:1

raised [3] - 85:13,
86:13, 113:3

raising [2] - 79:19,
113:9

Ramon [3] - 51:24,
52:4, 52:6

range [6] - 41:3, 41:4,
41:19, 58:15, 58:18,
80:3

rank [1] - 89:25

rapid [1] - 26:17

rapidly [2] - 71:21,
82:2

rapidly-changing [1] -

71:21

rare [1] - 47:16

rash [4] - 50:24,
50:25, 51:6, 55:16

rate [2] - 81:25, 139:8

rates [2] - 22:15, 72:1

rather [2] - 21:19,
159:10

rating [1] - 18:18

rationale [1] - 114:3

re [2] - 46:9, 144:25

re-numbered [1] -

144:25

re-visit [1] - 46:9

reach [2] - 140:14,
141:18

read [28] - 11:14,
24:15, 25:10, 25:17,
33:3, 41:11, 41:15,
42:13, 42:15, 42:17,
48:8, 49:5, 49:15,
49:17, 50:6, 50:14,
53:5, 60:8, 63:7,
75:15, 75:17, 76:9,
115:3, 115:8,
117:12, 126:22,
126:24, 133:9

reading [7] - 35:23,
36:18, 53:10, 62:9,
70:18, 117:14, 133:8

readings [1] - 156:10

reads [1] - 115:7

ready [5] - 3:10, 69:2,
143:14, 158:5

realize [1] - 142:10

realized [2] - 139:2,
141:9

really [7] - 106:10,
110:3, 111:21,
114:6, 119:3,
142:15, 159:8

REALTIME [1] - 1:24

reason [9] - 21:22,
87:24, 87:25,
110:16, 116:1,
137:20, 138:11,
146:19, 154:8

reasonable [9] -
12:15, 12:17, 13:11,
13:20, 13:22,
108:18, 110:17,
110:21, 119:22

reasons [8] - 9:23,
84:13, 88:6, 134:16,
144:20, 145:12,
153:16, 153:18

rebuttal [2] - 157:12,
157:16

RECALLED [1] - 3:24

receipt [2] - 159:4,
159:19

receive [9] - 24:13,
74:7, 76:12, 76:18,
77:2, 88:4, 96:8,
97:12, 113:16

received [7] - 3:8,
57:1, 57:3, 79:16,
84:22, 97:15, 128:24

receives [1] - 67:21

receiving [7] - 51:12,
51:15, 76:11, 94:7,
130:13, 132:21,
133:11

recent [10] - 24:9,
31:23, 37:5, 51:4,
70:17, 70:19, 78:22,
100:20, 130:23,
148:1

recently [2] - 71:12,
74:23

recess [1] - 69:1

recipients [1] - 83:21

recognize [3] -
131:19, 134:23

recognizing [1] -
156:18

recollection [2] -
131:21, 133:10

recommend [11] -
24:19, 25:4, 61:14,
61:25, 63:12, 68:9,
68:13, 68:16, 68:18,
81:18, 130:21

Recommendation [1]

- 138:25

recommendation [21]

- 24:14, 30:22, 62:6,
62:13, 62:23, 62:24,
63:4, 64:14, 65:16,
65:18, 66:15, 66:20,
67:20, 74:13, 81:23,
93:22, 95:10, 97:11,
97:25, 154:16

recommendations [7]

- 25:11, 94:25, 95:1,
95:2, 95:16, 133:19,
146:12

recommended [9] -

24:10, 24:12, 81:20,
95:13, 96:15,
133:17, 146:8,
146:15, 152:16

recommending [4] -

144:21, 145:12,
146:19, 153:17

recommends [2] -

26:4, 95:7

reconstruct [1] -

143:1

record [16] - 41:16,
42:20, 54:3, 55:15,
75:1, 85:24, 86:23,
96:3, 98:19, 124:7,
126:25, 149:17,
157:24, 158:21,
158:22, 158:23

recorded [1] - 1:22

records [19] - 29:2,
29:3, 29:5, 29:6,
29:16, 29:18, 42:13,
42:15, 42:17, 42:19,
45:1, 53:1, 53:11,
53:12, 55:9, 55:11,
76:2, 93:2

recross [1] - 79:10

Recross [1] - 2:2

RECROSS [1] - 79:12

red [3] - 58:1, 58:5,
80:5

Redirect [3] - 2:2,
80:8, 82:10

redirect [2] - 68:21,
154:20

REDIRECT [2] - 69:22,
154:22

reduce [6] - 22:13,
22:20, 27:6, 27:14,
28:2, 75:24

reduction [2] - 23:3,
25:22

refer [6] - 11:16,
18:17, 70:2, 102:14,
105:13, 146:20

reference [4] - 10:9,
12:3, 18:15, 31:9

referrals [1] - 88:5 referred [13] - 12:13, 34:10, 41:15, 55:19, 84:24, 88:9, 89:6, 102:12, 104:3, 105:3, 105:21, 126:24, 151:24 referred-to [2] - 41:15, 126:24 referring [35] - 17:6, 23:17, 23:19, 23:21, 23:22, 23:25, 24:6, 24:24, 26:10, 27:3, 30:9, 30:11, 30:13, 30:20, 33:3, 36:13, 36:15, 36:17, 46:15, 47:13, 53:2, 54:24, 55:2, 59:3, 59:19, 80:24, 81:6, 83:4, 83:5, 83:7, 127:10, 131:25, 140:5, 151:9, 151:14 refers [3] - 11:8, 33:25, 34:24 reflected [1] - 25:21 reflective [2] - 30:23, 31:16 reformulate [1] - 73:20 refresh [1] - 131:21 refreshes [1] - 133:10 refused [1] - 96:20 regard [2] - 61:12, 131:20 regarding [6] - 33:22, 67:13, 70:13, 79:4, 98:17, 114:11 regards [2] - 34:6, 34:7 regimen [2] - 74:18, 74:19 regimens [1] - 33:16 region [1] - 91:10 Regional [1] - 90:19 regional [1] - 91:8 regular [3] - 62:2, 104:18, 106:1 reinserted [1] - 137:16 rejected [2] - 139:20, 141:3 related [8] - 23:2, 42:3, 44:10, 47:23, 79:6, 98:5, 98:6, 98:12 relates [1] - 107:13 relation [2] - 108:4, 113:15 relationship [5] - 79:4, 98:17, 98:20, 98:22, 140:21	relatively [2] - 38:18, 144:17 released [1] - 134:4 relevance [9] - 7:13, 7:15, 7:25, 8:9, 9:8, 17:21, 74:15, 82:10, 121:20 relevant [5] - 12:24, 18:4, 18:5, 74:16, 74:22 reliability [2] - 14:24, 19:5 reliable [2] - 47:2, 49:19 Relief [1] - 140:7 relief [1] - 84:19 rely [2] - 110:4, 157:21 remediated [2] - 24:21, 25:6 remember [2] - 35:3, 64:12 removed [8] - 25:9, 81:25, 136:17, 136:18, 136:23, 137:15, 142:24, 144:25 renal [6] - 27:6, 27:15, 75:24, 83:7, 83:19, 108:8 renew [4] - 7:17, 8:7, 8:16, 15:17 renewed [1] - 7:24 repeat [5] - 9:10, 15:5, 27:9, 35:14, 82:17 repeated [1] - 41:9 rephrase [3] - 62:10, 94:2, 97:22 replace [1] - 100:15 reply [1] - 138:21 report [71] - 5:23, 5:24, 5:25, 6:1, 6:3, 9:14, 9:16, 9:18, 10:2, 10:3, 10:21, 11:7, 11:15, 13:4, 13:5, 13:25, 17:6, 17:12, 17:17, 17:24, 18:6, 18:12, 19:1, 25:13, 25:14, 26:1, 26:14, 26:20, 27:2, 27:12, 27:20, 28:8, 28:9, 28:10, 29:2, 30:5, 30:10, 30:15, 30:17, 30:20, 33:11, 51:23, 52:2, 54:17, 54:19, 55:3, 55:18, 55:19, 55:21, 59:6, 60:5, 60:8, 60:20, 60:21, 60:23, 61:14, 62:9, 62:12, 63:4, 63:5, 63:7, 80:13,	81:8, 84:23, 109:7, 109:9, 141:13, 146:14, 152:6 Report [1] - 138:25 reported [2] - 27:21, 61:2 REPORTED [1] - 161:15 reporter [4] - 41:15, 126:24, 158:20, 161:23 Reporter [3] - 161:3, 161:14, 161:17 REPORTER [3] - 1:24, 41:17, 127:1 reporting [1] - 116:8 reports [1] - 51:4 representation [1] - 141:5 representative [1] - 129:23 represented [1] - 16:7 representing [1] - 19:24 represents [3] - 66:2, 66:4, 88:24 reproduction [1] - 161:22 reputable [1] - 33:13 request [2] - 85:22, 121:24 requested [2] - 98:10, 129:14 required [1] - 72:4 requirements [1] - 89:3 requiring [1] - 6:18 resembles [2] - 48:2, 49:8 Residency [4] - 87:12, 87:14, 87:16, 89:24 residency [2] - 87:21, 89:22 resolution [1] - 51:22 resolved [3] - 50:24, 51:1, 160:16 Resolving [1] - 51:2 resolving [1] - 51:9 resources [1] - 77:7 respect [27] - 11:10, 13:7, 13:13, 17:23, 18:22, 18:25, 19:16, 20:1, 20:12, 32:22, 40:22, 58:10, 65:15, 71:17, 78:20, 93:22, 102:21, 118:8, 120:21, 121:18, 122:16, 139:15, 139:18, 140:2, 143:17, 150:22,	157:18 respective [3] - 157:19, 159:21, 160:22 respond [1] - 85:19 response [5] - 26:6, 54:25, 55:7, 64:8, 72:1 responsibilities [2] - 10:11, 91:13 responsibility [6] - 10:15, 15:24, 19:20, 90:18, 91:2, 91:7 responsible [7] - 7:10, 15:22, 16:2, 16:10, 18:1, 18:24, 90:25 responsive [5] - 42:4, 44:13, 46:2, 46:6, 64:10 rest [1] - 57:8 result [4] - 9:1, 37:7, 47:24, 121:15 resulted [1] - 14:15 resulting [1] - 76:13 results [1] - 128:24 retrospective [1] - 45:10 returned [1] - 80:3 reversed [1] - 78:10 review [30] - 11:5, 28:12, 29:9, 40:16, 40:19, 42:19, 42:20, 51:4, 53:1, 53:15, 54:3, 56:24, 58:25, 59:6, 59:16, 68:23, 76:1, 76:3, 78:17, 105:5, 109:23, 110:25, 111:19, 113:8, 119:8, 119:16, 128:20, 131:5, 157:21, 157:23 Review [7] - 4:9, 4:10, 5:2, 5:8, 67:17, 105:4, 120:1 reviewability [1] - 117:18 reviewed [28] - 29:3, 29:6, 29:16, 29:18, 45:1, 45:19, 54:3, 55:9, 55:11, 58:13, 58:16, 61:9, 93:2, 106:23, 109:13, 109:17, 117:25, 118:3, 118:4, 118:13, 118:25, 120:17, 121:9, 124:7, 128:25, 141:11, 141:24, 142:8	reviewing [7] - 45:8, 53:10, 98:19, 107:14, 110:10, 113:13, 114:14 rheumatological [2] - 54:2, 54:14 Rheumatologist [1] - 29:7 rheumatology [3] - 53:19, 53:25, 54:4 Rheumatology [1] - 54:8 rid [1] - 143:23 Rights [1] - 15:9 Riker's [1] - 16:5 Rikers [17] - 6:25, 7:20, 8:4, 8:14, 10:16, 10:18, 11:11, 12:24, 14:23, 15:3, 15:23, 15:25, 16:10, 16:15, 17:9, 19:1, 19:22 risk [14] - 38:10, 38:25, 39:3, 39:8, 39:9, 40:10, 63:16, 63:25, 64:17, 64:20, 65:21, 81:4, 82:24, 112:15 Risk [2] - 39:18, 39:23 RMR [1] - 1:23 RMR,CRR [2] - 161:13, 161:16 ROBERT [1] - 1:9 Robert [2] - 1:11, 39:25 role [5] - 67:13, 67:15, 91:15, 94:24, 117:22 rolling [1] - 110:20 roughly [2] - 71:12, 118:24 round [1] - 111:23 routine [2] - 106:22, 127:18 rule [6] - 50:21, 53:20, 85:14, 85:22, 86:8, 108:18 ruled [4] - 50:19, 50:21, 53:20, 153:7 rules [1] - 15:10 ruling [1] - 86:11 run [2] - 87:5, 89:18 running [2] - 3:17, 147:1 rupturing [1] - 112:15
S				
s/Kristin [1] - 161:13 safely [1] - 77:9 Sandy [1] - 39:24				

<p>Sara [1] - 39:24</p> <p>saw [4] - 46:7, 52:18, 84:23, 98:20</p> <p>scale [3] - 35:21, 75:7, 114:3</p> <p>scale-back [1] - 114:3</p> <p>scaled [1] - 113:12</p> <p>scales [1] - 55:17</p> <p>scan [7] - 59:16, 59:19, 59:24, 61:2, 61:7, 146:7, 146:14</p> <p>scans [2] - 29:11, 61:11</p> <p>scarred [1] - 123:19</p> <p>scarring [4] - 65:25, 66:4, 66:5, 66:6</p> <p>scene [1] - 100:19</p> <p>schedule [1] - 105:13</p> <p>scheduled [2] - 105:15, 107:1</p> <p>schedules [1] - 106:13</p> <p>schizophrenic [1] - 17:14</p> <p>Schleicher [11] - 94:11, 94:17, 94:21, 95:8, 95:19, 96:3, 96:22, 97:16, 98:1, 98:15, 98:16</p> <p>Schuylikill [1] - 59:25</p> <p>SCI [3] - 89:21, 90:13, 90:16</p> <p>science [2] - 100:6, 140:19</p> <p>scientific [1] - 110:2</p> <p>scope [4] - 72:15, 82:9, 105:15, 119:24</p> <p>score [53] - 35:3, 35:8, 35:11, 35:25, 36:15, 36:22, 36:24, 37:4, 37:7, 37:9, 37:13, 38:22, 38:23, 66:16, 66:17, 104:4, 105:1, 109:15, 109:25, 110:5, 111:2, 111:5, 111:6, 111:12, 112:25, 113:1, 113:4, 113:9, 113:10, 115:1, 115:13, 116:4, 116:7, 118:19, 119:6, 119:9, 119:14, 119:25, 120:9, 120:11, 120:13, 120:24, 121:4, 123:9, 123:17, 154:25, 156:11, 156:21</p> <p>scores [8] - 36:22, 36:23, 66:22,</p>	<p>103:24, 111:8, 114:4, 118:8, 120:7</p> <p>Scranton [2] - 1:21, 161:19</p> <p>SCRANTON [2] - 1:10, 1:25</p> <p>screen [3] - 14:4, 15:1, 117:1</p> <p>screened [1] - 104:11</p> <p>screening [3] - 99:10, 99:12, 104:2</p> <p>screenings [1] - 14:16</p> <p>search [1] - 45:9</p> <p>searched [1] - 108:17</p> <p>seated [1] - 86:25</p> <p>second [10] - 14:12, 25:17, 26:10, 30:20, 38:24, 52:2, 54:7, 119:8, 130:7, 151:12</p> <p>secondary [10] - 42:9, 52:13, 53:8, 148:9, 148:16, 149:10, 149:14, 149:20, 150:11, 152:11</p> <p>section [9] - 9:19, 11:7, 11:19, 25:9, 30:14, 76:8, 114:25, 146:1, 152:15</p> <p>Section [2] - 125:19, 161:6</p> <p>see [32] - 14:10, 15:19, 16:17, 18:15, 29:13, 31:2, 32:5, 41:8, 53:16, 62:20, 63:21, 64:5, 88:9, 106:13, 106:14, 107:18, 107:20, 110:25, 111:25, 117:5, 131:24, 133:6, 135:4, 136:17, 137:10, 143:22, 145:19, 149:11, 150:15, 154:17, 156:17, 158:20</p> <p>seek [2] - 98:14, 115:18</p> <p>seeking [4] - 6:22, 85:9, 92:21, 92:24</p> <p>seem [2] - 130:10, 132:22</p> <p>segment [1] - 60:14</p> <p>send [2] - 100:1, 100:8</p> <p>sense [1] - 116:13</p> <p>sensitive [1] - 35:19</p> <p>sensitivity [15] - 36:2, 36:6, 36:9, 36:11, 36:14, 36:20, 37:1, 115:13, 115:16, 115:20, 116:3, 116:6, 116:8, 116:9,</p>	<p>116:11</p> <p>sent [1] - 3:21</p> <p>sentence [9] - 14:7, 14:25, 27:12, 30:20, 48:18, 48:19, 50:6, 116:12</p> <p>September [14] - 53:6, 53:13, 79:15, 140:7, 142:21, 143:3, 143:11, 144:21, 148:24, 149:1, 149:22, 153:10, 153:19</p> <p>series [3] - 56:10, 104:5, 153:9</p> <p>serious [5] - 19:21, 20:18, 102:23, 153:7, 158:17</p> <p>seriously [3] - 9:21, 14:8, 127:21</p> <p>serve [3] - 12:1, 67:16, 107:7</p> <p>served [1] - 20:10</p> <p>services [3] - 9:25, 16:12, 91:21</p> <p>Services [14] - 11:11, 84:16, 84:17, 85:1, 85:2, 90:4, 90:14, 90:22, 91:12, 91:15, 91:16, 91:18, 100:11, 129:23</p> <p>set [9] - 70:14, 80:13, 80:16, 81:17, 126:15, 127:2, 127:4, 127:7, 161:9</p> <p>setting [9] - 13:12, 31:20, 32:4, 32:19, 61:22, 61:23, 88:3, 113:17</p> <p>settings [1] - 31:25</p> <p>seven [1] - 90:1</p> <p>several [5] - 9:20, 12:13, 14:7, 23:20, 147:25</p> <p>severe [15] - 83:2, 83:5, 83:6, 83:8, 83:13, 83:15, 83:23, 83:24, 105:19, 112:16, 122:10, 147:21, 147:23, 147:24, 147:25</p> <p>severity [3] - 104:22, 111:7, 112:8</p> <p>shared [1] - 46:16</p> <p>sharing [1] - 55:8</p> <p>short [2] - 24:20, 25:6</p> <p>shorthand [1] - 1:22</p> <p>show [10] - 8:17, 10:10, 10:24, 15:7, 15:11, 19:2, 61:8,</p>	<p>101:21, 127:12, 145:17</p> <p>showed [5] - 136:4, 144:22, 145:14, 146:8, 152:10</p> <p>showing [4] - 126:8, 134:22, 146:14, 152:5</p> <p>shown [2] - 28:2, 44:4</p> <p>sick [5] - 61:21, 61:22, 106:10, 121:14, 153:2</p> <p>sickest [8] - 13:20, 63:25, 65:13, 65:19, 66:21, 72:6, 72:11, 82:25</p> <p>side [2] - 71:25, 130:10</p> <p>Sign [1] - 49:24</p> <p>sign [7] - 38:18, 40:23, 135:14, 135:20, 137:5, 140:19, 142:23</p> <p>signature [3] - 135:11, 135:18, 137:19</p> <p>signed [18] - 133:6, 134:25, 135:8, 135:19, 135:25, 136:5, 136:9, 136:11, 136:16, 136:18, 136:25, 137:6, 137:15, 137:20, 138:8, 142:20</p> <p>significance [3] - 61:2, 112:4, 113:5</p> <p>significant [8] - 9:23, 23:3, 36:1, 36:3, 37:8, 37:9, 37:11, 77:6</p> <p>Significant [1] - 37:16</p> <p>significantly [2] - 40:10, 108:23</p> <p>silly [1] - 159:10</p> <p>similar [1] - 116:10</p> <p>simple [1] - 95:6</p> <p>simply [4] - 31:5, 63:8, 82:1, 122:14</p> <p>simultaneous [1] - 159:16</p> <p>single [6] - 11:13, 18:7, 110:3, 115:25, 123:22, 131:7</p> <p>single-spaced [2] - 11:13, 18:7</p> <p>sit [4] - 67:7, 67:10, 105:5, 111:18</p> <p>Site [11] - 90:13, 90:16, 90:18, 90:24, 90:25, 91:8, 91:9,</p>	<p>92:2, 95:11, 105:7, 111:24</p> <p>site [8] - 91:1, 91:3, 91:7, 104:20, 105:6, 105:16, 128:20, 128:21</p> <p>sites [2] - 91:10, 91:11</p> <p>sitting [1] - 111:23</p> <p>situation [2] - 32:7, 159:5</p> <p>six [7] - 42:15, 67:25, 71:14, 89:1, 91:10, 106:9, 137:14</p> <p>six-pages [1] - 137:14</p> <p>sixth [1] - 33:6</p> <p>skin [56] - 29:10, 42:3, 42:8, 42:11, 42:21, 43:5, 43:7, 44:1, 44:6, 44:9, 44:17, 44:20, 45:23, 46:8, 50:9, 50:20, 51:12, 52:12, 52:22, 53:7, 53:8, 53:16, 54:14, 54:17, 54:24, 55:16, 56:11, 57:2, 57:19, 83:23, 92:22, 94:9, 94:14, 95:18, 95:23, 96:2, 96:5, 96:8, 98:4, 98:11, 98:18, 98:23, 124:10, 124:22, 124:23, 147:12, 147:19, 147:21, 148:8, 148:16, 149:8, 149:9, 149:13, 149:19, 150:10, 150:22</p> <p>slightly [3] - 108:14, 147:2, 153:15</p> <p>slowly [1] - 156:5</p> <p>smeared [1] - 17:15</p> <p>Society [1] - 24:3</p> <p>Sofosbuvir [1] - 71:23</p> <p>solely [1] - 84:21</p> <p>Solutions [8] - 4:8, 4:16, 4:18, 4:19, 4:20, 4:23, 5:10, 67:17</p> <p>someone [21] - 3:21, 13:1, 15:11, 22:12, 38:4, 38:6, 38:7, 39:9, 66:6, 66:13, 67:20, 67:21, 70:7, 76:24, 78:7, 80:18, 104:8, 105:2, 112:20, 117:22, 154:13</p> <p>Somerset [1] - 90:17</p> <p>sometime [2] - 5:16, 84:16</p>
---	--	--	--	--

sometimes [3] - 9:21, 14:8, 72:3
somewhat [3] - 14:5, 63:7, 153:12
somewhere [1] - 155:11
sorry [29] - 9:10, 11:2, 24:23, 25:1, 27:9, 27:10, 39:13, 41:5, 48:14, 53:15, 54:12, 57:16, 59:19, 69:14, 82:17, 87:1, 91:14, 94:2, 94:19, 99:11, 102:5, 107:10, 127:16, 128:5, 128:17, 141:23, 142:3, 150:2, 150:18
sort [1] - 107:3
Sources [1] - 131:15
space [1] - 60:13
spaced [2] - 11:13, 18:7
speaking [6] - 30:3, 64:10, 71:17, 76:25, 77:1, 103:23
speaks [1] - 155:6
Specialist [7] - 52:3, 52:15, 52:18, 52:21, 148:7, 148:11, 150:9
specialist [4] - 87:25, 88:7, 95:6
specialists [9] - 87:22, 88:5, 88:10, 94:25, 95:14, 95:16, 98:11, 119:18, 146:12
specialty [1] - 88:2
specific [11] - 14:22, 20:4, 35:22, 37:22, 41:24, 60:17, 64:11, 89:2, 89:15, 133:19, 135:13
specifically [13] - 28:21, 31:12, 32:24, 37:20, 39:12, 43:1, 43:8, 45:23, 101:18, 133:19, 134:8, 143:16, 145:16
specificity [2] - 36:3, 36:21
specimens [1] - 50:9
speculation [1] - 157:2
spell [1] - 86:22
spent [1] - 82:7
spleen [1] - 107:18
split [2] - 158:15, 159:8
spoken [2] - 114:10, 114:13
spokesman [1] -

89:10
spontaneously [1] - 130:9
Spruce [1] - 1:20
staff [12] - 9:20, 10:2, 10:9, 10:11, 11:8, 14:7, 14:25, 94:25, 95:15, 97:25, 98:17, 146:16
stage [13] - 26:15, 35:19, 38:14, 38:15, 40:10, 66:2, 72:11, 106:11, 108:25, 119:8, 123:10, 125:1, 155:20
stages [4] - 36:1, 36:19, 78:8, 78:9
stand [1] - 126:4
standard [23] - 10:4, 12:14, 12:15, 13:2, 30:7, 30:21, 31:5, 31:9, 31:14, 31:20, 32:3, 32:12, 32:17, 32:23, 33:18, 34:8, 64:1, 66:14, 70:13, 70:15, 74:6, 74:21, 77:16
standards [5] - 30:23, 30:24, 32:6, 32:7, 89:14
standing [2] - 39:7, 89:4
standpoint [1] - 16:1
start [5] - 42:23, 51:16, 69:4, 108:20, 144:2
started [7] - 42:21, 51:15, 57:11, 74:23, 102:3, 106:7, 147:23
starting [3] - 3:16, 42:17, 79:14
starts [1] - 132:15
State [2] - 89:25, 91:23
state [9] - 30:7, 86:22, 88:14, 89:3, 90:16, 148:6, 149:6, 150:22, 155:15
statement [26] - 9:2, 30:21, 31:4, 32:8, 40:6, 40:12, 40:18, 45:9, 47:11, 48:7, 62:8, 63:5, 67:13, 70:15, 75:11, 75:15, 75:17, 132:23, 139:10, 141:11, 141:18, 142:1, 144:11, 144:12, 148:17
statements [4] - 20:8,

81:21, 139:18, 142:10
STATES [1] - 1:1
States [12] - 20:21, 20:22, 20:23, 21:23, 22:1, 33:18, 45:20, 46:7, 87:10, 161:4, 161:6, 161:17
states [5] - 6:10, 10:2, 26:8, 140:5, 155:9
Statewide [1] - 90:22
statewide [3] - 85:2, 103:13, 103:17
stating [1] - 30:6
statistic [1] - 21:18
status [5] - 3:22, 93:5, 94:16, 108:8, 111:20
stay [1] - 145:7
staying [1] - 54:17
Steinhart [1] - 86:1
stenographer [1] - 157:22
step [2] - 119:23, 157:9
steps [2] - 104:8, 128:8
stick [1] - 94:8
still [12] - 48:16, 51:6, 51:12, 58:15, 58:21, 79:25, 94:10, 107:16, 136:20, 138:7, 153:14, 159:1
stimulates [1] - 80:5
stop [2] - 142:15, 142:16
stopped [1] - 57:23
stopping [1] - 57:25
straightforward [1] - 151:3
stratification [3] - 63:25, 64:21, 82:24
stream [1] - 80:6
Street [1] - 1:20
strength [2] - 86:14, 157:24
stricken [2] - 137:20, 142:9
strictly [1] - 64:9
strike [10] - 29:19, 42:4, 44:13, 45:25, 50:17, 53:18, 57:13, 64:3, 107:10, 123:23
strives [1] - 34:25
strong [2] - 44:10, 58:3
stronger [1] - 114:7
strongly [3] - 47:17, 49:1, 119:11
Study [4] - 23:15, 24:2, 24:18, 30:6

study [1] - 39:18
subject [4] - 9:6, 9:13, 113:20, 114:2
submission [1] - 85:12
submit [3] - 13:15, 19:2, 159:20
submitted [3] - 9:16, 28:12, 138:10
submitting [1] - 157:18
subsidiary [1] - 7:8
subspecialties [1] - 87:17
substance [2] - 141:2, 142:6
substantial [2] - 63:17, 72:8
success [3] - 22:15, 71:25, 81:25
successful [3] - 28:4, 28:6, 71:24
successfully [1] - 26:19
sue [1] - 85:9
sued [1] - 85:8
suffer [3] - 20:6, 76:13, 76:17
suffered [2] - 42:8, 152:25
sufficient [1] - 117:15
sugar [1] - 93:13
sugars [6] - 93:8, 93:17, 93:23, 93:24, 94:5, 94:8
suggest [1] - 14:11
suggested [3] - 132:21, 146:15, 159:3
suggesting [1] - 59:10
suggests [2] - 59:13, 146:3
suitability [1] - 9:24
Suite [2] - 1:11, 1:20
summary [1] - 152:15
summer [1] - 113:3
Superintendent [1] - 86:1
Superintendent's [1] - 3:9
supervise [4] - 12:23, 14:5, 14:13, 15:1
supervision [2] - 161:11, 161:23
supervisor [1] - 15:24
supervisory [2] - 10:10, 10:15
supplements [1] - 92:22
support [3] - 8:12,

157:19, 159:20
supported [1] - 156:19
supporting [1] - 86:10
surely [1] - 14:18
surfaces [1] - 47:22
surgery [1] - 87:18
surprise [2] - 52:11, 52:14
Surveillance [1] - 33:12
survival [1] - 26:19
suspect [1] - 40:9
suspended [1] - 133:24
sustain [2] - 19:23, 155:22
sustained [10] - 8:1, 8:10, 26:6, 42:5, 72:1, 76:21, 77:13, 77:20, 96:18, 157:2
Suzanne [1] - 1:19
SVR [2] - 26:5, 26:13
SWORN [2] - 3:25, 86:21
symptom [1] - 27:21
symptoms [3] - 83:2, 106:19, 107:17
synopsis [1] - 24:13
system [6] - 12:9, 14:15, 89:20, 100:7, 104:17, 105:25
System [1] - 63:25
systemic [3] - 10:22, 10:23, 19:2

T

Tab [2] - 145:23, 148:18
tab [1] - 151:10
table [6] - 49:12, 111:23, 111:24, 118:13, 119:20, 131:11
tables [10] - 25:8, 70:22, 71:1, 71:5, 71:8, 71:9, 71:13, 71:16, 76:23, 81:1
talks [2] - 14:12, 145:2
tarda [4] - 43:9, 43:17, 44:12, 83:11
targeting [1] - 108:15
tasks [1] - 18:13
teach [1] - 88:2
teams [1] - 111:7
technical [1] - 65:8
Technology [1] - 1:17
ten [1] - 68:22
tend [1] - 38:1

term [5] - 26:14, 26:19, 51:8, 103:2, 152:21
terminated [1] - 9:3
termination [1] - 9:2
terms [4] - 8:13, 12:22, 13:19, 21:1
test [15] - 13:23, 20:4, 35:19, 36:7, 36:9, 37:1, 78:23, 89:13, 99:14, 104:12, 109:5, 115:25, 116:2, 123:3, 123:22
tested [1] - 99:16
TESTIFIED [2] - 3:25, 86:21
testified [28] - 6:24, 8:12, 8:22, 12:6, 13:23, 16:4, 16:9, 18:24, 20:4, 20:6, 40:13, 65:13, 73:8, 75:6, 80:8, 80:9, 91:4, 92:9, 93:17, 96:7, 100:10, 116:21, 117:25, 137:5, 139:15, 140:21, 146:11, 155:11
testify [2] - 12:16, 95:24
testifying [3] - 73:7, 130:4, 137:15
testimony [25] - 12:3, 44:1, 45:15, 46:4, 46:12, 63:21, 64:5, 73:7, 73:14, 73:17, 84:5, 95:22, 99:3, 102:17, 103:24, 123:6, 131:20, 135:25, 136:23, 139:6, 142:19, 151:2, 157:20, 158:10
testing [6] - 33:22, 99:9, 99:12, 105:10, 111:21, 155:8
tests [33] - 37:18, 56:8, 56:11, 56:12, 56:13, 70:5, 76:2, 76:3, 104:2, 104:6, 106:3, 106:16, 106:22, 107:14, 107:16, 108:3, 108:7, 108:8, 110:1, 110:6, 110:13, 110:24, 111:3, 116:1, 116:19, 119:17, 121:3, 124:21, 149:7, 153:6
THE [242] - 1:1, 1:1,

1:9, 1:10, 1:15, 1:18, 3:1, 3:4, 3:11, 3:13, 3:19, 3:23, 4:1, 7:16, 8:1, 8:2, 8:10, 8:16, 8:24, 9:9, 9:10, 10:6, 11:6, 11:12, 11:18, 11:21, 11:23, 11:25, 13:3, 13:13, 13:22, 15:4, 15:17, 17:20, 18:5, 18:8, 18:11, 18:13, 18:15, 18:21, 19:9, 19:13, 20:15, 24:25, 29:24, 30:2, 30:11, 30:13, 34:16, 40:19, 41:7, 41:11, 41:14, 41:17, 41:20, 42:5, 43:13, 43:14, 43:16, 43:17, 43:18, 43:19, 43:20, 43:21, 43:22, 43:23, 43:24, 44:14, 46:1, 46:7, 46:18, 47:6, 47:8, 48:11, 48:16, 48:23, 49:25, 50:2, 54:21, 54:22, 55:23, 57:14, 59:2, 59:24, 60:21, 62:10, 63:2, 63:6, 64:4, 64:14, 65:4, 65:5, 65:6, 67:10, 67:11, 67:14, 67:16, 68:20, 68:24, 69:2, 69:6, 69:10, 69:12, 69:15, 69:17, 69:19, 72:17, 72:19, 73:17, 74:16, 75:1, 76:21, 77:11, 77:13, 77:20, 77:25, 78:4, 78:6, 78:7, 79:10, 81:8, 82:11, 82:12, 84:2, 84:4, 84:6, 84:7, 84:11, 85:11, 86:5, 86:8, 86:19, 86:22, 86:24, 86:25, 87:2, 92:15, 95:21, 96:2, 96:18, 97:23, 99:3, 99:6, 102:7, 102:9, 103:13, 103:14, 103:15, 114:6, 115:7, 117:16, 117:19, 119:2, 119:8, 119:25, 120:2, 120:3, 122:2, 122:4, 122:6, 122:9, 122:12, 122:13, 122:14, 122:18, 122:20, 122:22, 125:10, 125:12, 125:17, 125:22, 125:23, 125:24, 126:2, 126:6, 126:22, 127:1,

127:4, 132:2, 132:25, 133:3, 134:20, 135:6, 135:12, 135:14, 135:15, 135:23, 136:7, 137:7, 137:10, 137:13, 137:17, 137:22, 137:24, 137:25, 138:7, 138:14, 139:14, 139:25, 140:3, 140:24, 141:1, 141:22, 142:2, 142:4, 142:6, 142:15, 143:16, 143:18, 143:19, 143:20, 144:12, 145:6, 150:1, 150:3, 152:3, 154:6, 154:20, 155:18, 155:22, 155:25, 156:16, 156:20, 157:2, 157:9, 157:12, 157:17, 158:8, 158:12, 158:22, 158:24, 159:8, 159:14, 159:16, 159:19, 160:1, 160:3, 160:8, 160:11, 160:14, 160:19, 160:21
Therapy [1] - 24:4
therapy [14] - 24:13, 25:7, 27:4, 27:13, 51:14, 51:15, 57:11, 64:16, 68:14, 75:20, 75:22, 77:2, 77:6, 80:21
therefore [5] - 24:17, 25:4, 75:20, 75:22, 121:6
thereof [1] - 8:25
they've [1] - 74:23
third [4] - 27:3, 30:19, 121:25, 146:19
thousand [2] - 104:25, 109:3
THREE [1] - 1:8
three [22] - 8:5, 14:14, 41:1, 41:17, 44:4, 51:9, 51:10, 78:19, 78:21, 87:12, 87:14, 146:25, 147:5, 153:16, 153:18, 158:15, 158:19, 159:1, 159:2, 159:4, 159:7
three-year [2] - 8:5, 87:12
threshold [3] - 112:13,

113:2, 113:10
thrombocytopenia [1] - 40:25
tied [1] - 17:14
tighten [1] - 113:7
timing [1] - 141:24
Title [1] - 161:6
today [5] - 20:20, 55:8, 65:22, 130:12, 157:18
together [5] - 116:1, 119:20, 120:23, 155:13, 159:2
took [3] - 53:25, 100:10, 153:20
tool [2] - 13:24, 119:6
top [2] - 33:6, 154:11
topical [4] - 43:1, 50:23, 51:16, 95:8
totally [3] - 50:25, 74:18, 144:25
toward [1] - 82:4
tracking [2] - 104:17, 105:25
tract [1] - 60:16
trained [1] - 104:21
training [2] - 88:4, 113:17
transcribe [1] - 157:22
transcript [7] - 1:22, 158:13, 159:1, 159:20, 161:7, 161:10, 161:22
TRANSCRIPT [1] - 1:8
transcription [1] - 1:22
transferase [3] - 25:21, 25:22, 37:20
translates [1] - 116:10
transmitted [2] - 22:4, 107:25
transplant [2] - 83:21, 111:7
transplantation [2] - 24:22, 25:7
transplants [3] - 21:23, 22:24, 23:2
traveling [1] - 158:18
treat [11] - 51:17, 51:18, 51:22, 58:11, 66:21, 68:14, 72:5, 72:11, 72:12, 100:1, 102:24
treated [38] - 23:10, 26:18, 34:2, 42:24, 50:19, 50:22, 62:25, 63:12, 63:19, 63:23, 64:7, 64:19, 65:1, 65:14, 65:17, 65:20, 65:24, 66:7, 66:9,

66:11, 66:15, 66:21, 68:17, 73:12, 73:25, 80:19, 80:22, 81:19, 81:21, 82:1, 82:22, 92:1, 92:7, 101:2, 101:5, 102:24, 125:3, 129:10
treating [13] - 13:20, 24:21, 25:6, 26:21, 52:21, 63:25, 66:24, 67:2, 74:9, 95:15, 103:20, 132:12, 147:18
Treatment [3] - 128:18, 128:19, 129:18
treatment [107] - 6:19, 13:13, 18:25, 19:15, 20:6, 23:19, 23:21, 24:11, 24:19, 25:4, 25:15, 26:4, 26:9, 26:13, 26:24, 28:1, 28:4, 28:6, 32:23, 33:17, 33:18, 33:23, 50:23, 51:9, 51:12, 51:20, 52:16, 53:22, 57:2, 57:19, 57:22, 57:25, 61:22, 64:9, 67:8, 68:9, 68:15, 70:5, 71:18, 71:24, 72:3, 72:14, 73:3, 73:12, 74:1, 74:18, 74:19, 74:25, 75:2, 76:11, 76:12, 80:10, 80:13, 80:16, 80:17, 81:3, 81:5, 81:18, 82:3, 82:4, 82:15, 82:19, 82:23, 83:3, 84:24, 92:3, 99:25, 100:5, 100:6, 103:4, 104:1, 105:20, 105:21, 108:16, 113:25, 121:6, 121:17, 121:22, 122:7, 122:8, 122:16, 122:17, 126:16, 127:2, 128:1, 128:9, 129:1, 129:6, 130:21, 132:5, 132:16, 132:22, 133:16, 133:24, 134:16, 143:25, 144:1, 144:2, 144:21, 145:13, 146:20, 152:16, 152:18, 153:17, 154:13, 158:4, 158:17
treatments [4] - 43:1, 51:16, 58:15, 93:3

trend [3] - 78:20, 82:4, 82:6
trending [1] - 157:4
tried [1] - 143:1
trouble [1] - 131:5
troubling [2] - 14:14, 139:21
true [12] - 7:12, 8:8, 37:17, 45:7, 50:16, 50:18, 81:4, 81:19, 82:20, 148:13, 148:14, 161:7
try [8] - 7:15, 35:14, 46:22, 65:11, 73:16, 110:4, 110:22, 111:21
trying [1] - 141:23
turn [6] - 58:24, 70:11, 93:7, 94:9, 114:16, 118:12
turning [1] - 26:1
twenty [2] - 68:24, 159:19
twenty-one [1] - 159:19
twice [2] - 51:10
two [21] - 5:6, 11:21, 12:1, 13:15, 14:3, 33:16, 37:4, 61:9, 84:13, 85:3, 89:21, 93:14, 104:2, 104:4, 131:22, 142:10, 143:20, 146:6, 147:4, 159:5
type [3] - 95:13, 107:22, 108:3
typed [4] - 148:21, 148:24, 149:4, 152:5
typically [1] - 95:15

U

ultimate [2] - 19:20, 129:19
ultimately [4] - 16:10, 17:17, 18:24, 72:12
ultrasound [9] - 29:11, 58:25, 59:6, 144:22, 145:13, 145:17, 146:1, 153:19, 153:22
ultrasounds [2] - 61:9, 61:11
ultraviolet [3] - 50:23, 51:11, 51:15
um-hum [1] - 81:2
unaware [1] - 62:4
uncommon [4] - 43:6, 56:1, 147:16, 147:17
under [14] - 13:20,

13:22, 62:23, 66:13, 74:17, 83:1, 104:9, 108:11, 114:24, 117:18, 161:11, 161:23
undergoing [2] - 17:11, 42:2
underlying [2] - 56:9, 124:22
undermine [1] - 20:1
unfortunately [1] - 33:5
unintelligible [1] - 41:4
United [12] - 20:20, 20:22, 20:23, 21:23, 22:1, 33:18, 45:20, 46:7, 87:10, 161:4, 161:6, 161:17
UNITED [1] - 1:1
University [2] - 87:11, 89:25
unknown [1] - 47:23
unless [4] - 10:10, 143:14, 144:24, 161:23
Unlikely [1] - 37:15
unnecessary [1] - 70:6
unnumbered [1] - 33:5
unquote [2] - 61:15, 148:8
unresponsive [6] - 29:19, 42:24, 43:3, 57:13, 64:2, 64:3
untreated [1] - 63:17
unvariant [1] - 40:7
up [30] - 3:6, 3:16, 26:14, 26:15, 26:18, 27:9, 39:14, 55:10, 62:3, 67:14, 78:22, 81:22, 89:1, 109:8, 109:12, 113:7, 116:24, 117:23, 119:21, 120:8, 120:17, 124:17, 128:20, 144:5, 145:21, 156:11, 156:13, 156:17, 156:21
update [1] - 100:24
updated [7] - 23:19, 33:21, 100:9, 100:23, 101:24, 102:4, 117:3
upper [1] - 105:15
upwards [3] - 72:2, 72:8, 157:4
urgent [1] - 17:16

useful [7] - 10:13, 11:15, 11:16, 13:23, 20:12, 25:8, 70:22
uses [7] - 35:10, 35:16, 110:6, 112:24, 118:7, 119:10, 119:11
utilization [1] - 91:9
utilized [5] - 37:4, 43:2, 61:12, 64:21, 64:22

V

V.A. [12] - 31:11, 110:10, 110:17, 117:6, 117:9, 117:13, 117:18, 117:21, 117:25, 118:7, 118:25, 119:10
V.A.'s [3] - 116:21, 116:25, 118:3
valid [1] - 10:6
value [1] - 109:21
values [1] - 107:15
varices [14] - 105:17, 105:18, 105:21, 112:3, 112:4, 112:6, 112:12, 112:15, 112:19, 112:22, 128:15, 128:25, 129:1
variety [3] - 20:7, 124:5, 147:19
various [3] - 90:15, 108:17, 124:2
vasculitis [2] - 43:10, 43:21
vast [3] - 95:3, 104:18, 121:5
verbatim [1] - 73:17
version [3] - 102:4, 116:24, 137:21
Veterans [5] - 31:1, 31:18, 64:23, 73:2, 101:18
Viekira [1] - 33:16
view [5] - 64:20, 82:24, 86:13, 138:14, 160:19
vigorously [1] - 19:25
Vincent [1] - 1:16
Viral [1] - 33:12
viral [30] - 20:5, 38:12, 38:15, 38:17, 38:18, 104:13, 138:19, 139:7, 139:10, 139:11, 139:12, 139:13, 139:16,

139:19, 140:10, 140:11, 140:13, 140:15, 140:17, 140:21, 143:20, 143:21, 143:22, 143:24, 144:1, 144:2, 144:4, 144:17, 153:20
viremia [1] - 62:16
virologic [1] - 72:1
virological [1] - 26:6
virus [6] - 22:7, 38:6, 38:13, 70:9, 139:8
Virus [3] - 34:14, 49:24, 101:23
visit [4] - 46:9, 51:5, 107:2, 111:17
visits [2] - 55:14, 61:20
voice [1] - 131:11
vs [1] - 1:5

W

wait [10] - 3:11, 3:12, 76:14, 76:17, 77:9, 77:17, 110:18, 122:19, 128:5, 129:2
waiting [3] - 73:12, 73:25, 74:7
walk [1] - 104:8
walls [1] - 89:14
wants [3] - 73:14, 96:8, 98:7
WASHINGTON [1] - 1:24
webinars [1] - 113:22
WEDNESDAY [1] - 1:9
week [2] - 51:10, 89:21
weekly [1] - 51:11
weeks [7] - 23:20, 158:15, 158:19, 159:1, 159:2, 159:4, 159:7
weight [2] - 12:25, 19:7
well-defined [2] - 47:20, 49:3
wexford [1] - 131:15
whatsoever [1] - 144:9
whereas [1] - 91:18
white [1] - 58:5
whole [1] - 124:21
wide [1] - 20:22
wider [1] - 151:4
wish [3] - 3:11, 126:22, 160:23
withdraw [3] - 17:2,

48:22, 131:4
within-mentioned [1] - 161:8
WITNESS [40] - 8:2, 9:10, 30:2, 40:19, 41:14, 41:20, 43:14, 43:17, 43:19, 43:21, 43:23, 54:22, 59:24, 60:21, 64:14, 65:5, 67:10, 67:16, 72:19, 78:7, 81:8, 82:12, 84:6, 86:24, 96:2, 103:14, 119:8, 120:2, 122:4, 122:9, 122:13, 122:18, 127:4, 135:14, 137:17, 137:24, 143:18, 143:20, 150:3, 156:20
witness [18] - 48:20, 62:9, 65:9, 84:9, 86:17, 119:2, 126:1, 126:5, 132:24, 133:13, 134:19, 135:4, 141:22, 142:16, 142:17, 145:5, 152:2, 156:15
witness' [1] - 49:11
witnesses [2] - 139:14, 157:10
Witnesses [1] - 2:2
women [2] - 38:1, 38:2
wonderful [1] - 131:10
word [4] - 55:4, 115:22, 131:5, 149:19
worded [1] - 122:5
wording [1] - 115:9
words [3] - 115:19, 151:1, 151:4
workshops [1] - 113:22
world [4] - 8:15, 12:24, 20:22, 45:16
worthy [1] - 85:14
wound [1] - 60:18
write [3] - 28:10, 54:18, 62:12
writing [1] - 86:10
written [4] - 28:15, 39:20, 53:5, 85:12
wrote [1] - 28:14

Y

Yeager [1] - 161:13
YEAGER [4] - 1:23, 161:3, 161:13, 161:16
year [16] - 8:5, 21:13,

21:19, 22:20, 56:6,
57:9, 82:8, 87:12,
89:15, 90:21, 106:5,
106:6, 113:2,
131:17, 152:24,
152:25

years ^[12] - 21:11,
26:16, 40:7, 87:14,
89:1, 89:23, 90:2,
90:17, 92:8, 100:19,
131:22, 156:6

yesterday ^[13] - 6:24,
12:7, 12:14, 19:7,
20:4, 21:9, 21:12,
35:2, 35:11, 37:3,
45:8, 84:22, 126:4

York ^[11] - 1:12, 7:3,
7:6, 7:7, 7:11, 8:16,
9:7, 9:14, 12:21,
16:4

young ^[1] - 17:8

yourself ^[4] - 52:6,
54:19, 118:19, 133:9

Z

zero ^[6] - 22:14, 22:17,
22:21, 111:21,
143:22, 144:3

zinc ^[2] - 47:23, 92:21