1 P R O C E E D I N G S

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3 MR. FARRELLY: This is Christine Farrelly,

4 Compliance Analyst with the Maryland Board of Physicians.

5 Today is August 24th. It's approximately 2:00 p.m. I'm

6 on the telephone with Dr. Riley, who is in Utah. I'm

7 going to just swear you in, Dr. Riley, and then I'll ask

8 you to state and spell your name for the record, okay?

9 DR. RILEY: Yes.

10 (Witness sworn.)

11 MS. FARRELLY: Okay, thank you.

12 EXAMINATION

13 BY MS. FARRELLY:

14 Q. Now, could you just state and spell your name

15 for the record?

16 A. I am Dr. Nicola Irene Riley, N I C O L A, I R E

17 N E, Riley, R I L E Y.

18 Q. Thank you. Could you just provide your home

19 address or address of record?

20 A. Okay, I would like to use my business address.

21 Q. Okay.

22 A. If that's appropriate.

23 Q. Sure.

24 A. Okay, my business address is 1220 East 3900

25 South, Suite 4A, as in alpha, Salt Lake City, Utah,

1 84124.

2 Q. Okay, thank you. Now, are you in solo practice

3 out in Utah?

4 A. Yes, it's SMP Family Medicine, Personal

5 Corporation, PC.

6 Q. Okay. Now, what is your -- do you -- or you

7 have -- you have a board certification?

8 A. Yes, I am certified by the American Board of

9 Family Medicine.

10 Q. Okay, and is that a time-limited?

11 A. Excuse me?

12 Q. Is it time-limited? Is it a lifetime or a

13 time-limited?

14 A. My certification is due for a renewal in --

15 December 31st of 2012.

16 Q. Okay, thank you.

17 Now, do you have active Maryland -- physician

18 licensure in any other states?

19 A. Yes, I do.

20 Q. Okay, could you just tell me those states?

21 A. The State of Wyoming and the State of Maryland

22 and the State of Utah. And I currently have an open

23 application for licensure in the State of Virginia.

24 Q. Oh, okay. Virginia. Now, forgive me for just

25 trying to figure out, you live in Utah, but then you, I

1 guess, fly to Maryland? Is that -- to work at American
2 Woman Services?
3 A. Actually, I do live and work in Utah; and I fly
4 every other week to do termination procedures. I fly
5 into Virginia, where I have family, and I stay. It's
6 because I am seeking full custody of my kids to move out
7 of state from Utah, so I'm trying to establish a work
8 history, so that is why I applied for a job in Virginia
9 and Maryland.
10 Q. Oh, okay, I understand. Okay. Now, how long
11 have you been flying -- or, well, let's go backward, I
12 guess. How did you become affiliated with American Woman
13 Services?
14 A. Okay. Basically, I contacted four abortion
15 clinics in the Maryland/Virginia area, and I interviewed,
16 and I accepted a position as a contract employee at the
17 American Woman Services to do first and second trimester
18 procedures. And as per our independent contractor
19 agreement and to train to do third trimester abortions
20 also. I currently do abortions in Utah, and I am medical
21 director of a women's clinic here in Utah where I've been
22 performing abortions up to 14-plus weeks for the past
23 five years.
24 Q. Okay. Now, do you have -- you actually have a
25 formal agreement, like an independent contractor

1 agreement, with American Woman Services?
2 A. Yes, we do. We have -- I have a signed
3 contract where Steve Brigham who was the owner and
4 medical director that hired me.
5 Q. Okay. And, now, what date, on or about, did
6 you sign that contract?
7 A. The contract is dated July 30th, which is a
8 Friday.
9 Q. Okay. Now, out in Utah, you've been doing
10 abortions up to 14 weeks for five years?
11 A. And I trained before that when I was trained to
12 do abortions, I planned -- trained at Planned Parenthood
13 in Denver and at the women's center here that does up to
14 20 weeks here in Utah, during my first year of training,
15 so I did a total of a year's worth of training between
16 Planned Parenthood, the women's center here and the other
17 doctor here in town that does abortions.
18 Q. Okay, so it would be one year of training for
19 abortions after 14 weeks?
20 A. Right.
21 Q. Okay. Just -- just trying --
22 A. With a women's clinic here, because there's
23 only one women's clinic in Utah that can do up to 20-week
24 abortions.
25 Q. Oh, okay. Now, when -- when were you first in

1 contact with Dr. Brigham?

2 A. I think he contacted me, I think, early July is

3 when I started my job search.

4 Q. Okay. And, now, did you -- where did you

5 interview with Dr. Brigham?

6 A. I actually interviewed at the Voorhees clinic.

7 Q. Oh, okay, in New Jersey.

8 A. Mm-hmm.

9 Q. Okay. Okay. Now, did Dr. Brigham tell you his

10 licensure status at that time?

11 A. No, he did not. He did say -- well, no, he did

12 say that he was a licensed New Jersey physician.

13 Q. Okay. And what did he say about the reason

14 that the clinic in Elkton was operating?

15 A. It was my understanding, from memory, is that

16 the initial intake of patients is done at the New Jersey

17 location, where according to -- as you'll see in my

18 exhibits, where they do the initial lab work, consent

19 forms, as well as laminaria insertion, digoxin insertion

20 and ultrasound.

21 Q. Okay.

22 A. But the procedures are done in Maryland.

23 Q. Okay, but what was your understanding of why

24 the procedure couldn't finish in New Jersey?

25 A. It was my -- well, actually, it was my

1 understanding that they couldn't do second trimester
2 procedures in New Jersey, and that's why they were done
3 in Maryland, and that's why they had -- where they had
4 the equipment to do the procedures.
5 Q. Okay. Now, did Dr. Brigham do any training
6 with you?
7 A. We did training starting as of July 30th.
8 Q. Okay. And could you kind of tell me what that
9 training entailed?
10 A. Well, I wouldn't really say training.
11 Basically, I reviewed different charts from different
12 doctors to see how the paperwork was done, what
13 procedures were done in the New Jersey location, because
14 I would not be at the New Jersey location, because I
15 don't have a New Jersey license, nor was I applying for
16 one.
17 So, I did a chart review of about five or six
18 charts. I actually observed him doing procedures in New
19 Jersey at that time to see what the procedure and the
20 protocols were like, for example, what medications are
21 being used, what the informed consent forms looked like.
22 Basically, I met the staff there. I did meet the
23 corporate staff at that location.
24 Q. Okay. Now, you started your training July
25 30th, correct?

1 A. Right.

2 Q. Okay. Now, were you also in Elkton on July

3 30th?

4 A. Yes.

5 Q. Okay. Did you perform abortions in Elkton on

6 July 30th?

7 A. Now, I -- this is where I feel uncomfortable.

8 I was under the impression that we are talking D[redacted]

9 B[redacted] and the date of service for her in reference to

10 me is August 13th.

11 Q. Dr. Riley, you're a licensee of the Board, and

12 you have every right to refuse to answer questions;

13 however, you also have an independent duty to cooperate

14 with the Board's investigation.

15 A. Okay. So, I can say yes, but unfortunately I

16 don't have the charts in front of me. That's why I feel

17 uncomfortable, because now you're asking me to go from

18 memory. So, yes, we -- we did train and do abortions at

19 the Elkton location on the 30th.

20 Q. Okay.

21 A. But any more specific, I don't have the chart

22 in front of me. So, that's why -- I'm trying to be

23 cooperative, but like I said, I don't have the chart in

24 front of me. All I have is the chart in reference to

25 D[redacted] B[redacted]

1 Q. Okay. Now, did Dr. Brigham participate in the
2 abortions done on July 30th in Elkton?
3 A. He was in consult. For example, when I had
4 questions, I would have him observe and look and he would
5 give recommendations.
6 Q. Okay. So --
7 A. That was -- that was the construct in which we
8 said that we would operate.
9 Q. Okay. And is that in your independent
10 contractor agreement?
11 A. Yes, because I was to be paid for the
12 procedures and to perform them.
13 Q. Okay. So, Dr. Brigham is there in your opinion
14 as a consulting physician?
15 A. Yes.
16 Q. Okay. Now, why is he only there as a
17 consulting physician?
18 A. Oh, it was my understanding that because he
19 didn't have a Maryland license.
20 Q. Okay.
21 A. And I felt more comfortable, especially since
22 even though I've done second trimester, I felt -- just
23 personally felt better having an experienced physician
24 who had done second trimester procedures to advise me,
25 and that's the capacity in which I assumed that he would

1 be operating under, especially since he doesn't have a
2 Maryland license.
3 Q. Okay. Now, just going back, what was your
4 training in third trimester abortions?
5 A. Now, my training in third trimester abortions,
6 I can honestly -- I don't have any official training in
7 third trimester abortion, just in second trimester
8 abortions.
9 Q. Okay.
10 A. And I did my initial training the first year
11 before I started -- became medical director of the
12 women's clinic in Utah.
13 Q. Okay. So, now, some of the abortions at the
14 Elkton location are third trimester, though, correct?
15 A. I have been told that they do third trimester
16 abortions there.
17 Q. Okay. Now, are you stating that you've never
18 done a third trimester abortion in Elkton?
19 A. I did do one case that had fetal anomaly --
20 excuse me -- anomaly of anencephaly, and basically that
21 was basically a partial delivery.
22 Q. Okay. Now, what type of emergency procedures
23 were explained to you by Dr. Brigham about the Elkton
24 location?
25 A. Well, emergency procedures, we didn't talk

1 about emergency procedures, but I always verify when I'm
2 in a location whether we have a crash cart or that we
3 have IV -- ability to obtain IV access and if there's a
4 nearby emergency room.
5 Q. Okay.
6 A. That's my procedure, and I -- and that was the
7 -- that was satisfied when I took a tour of the Elkton
8 location.
9 Q. Okay. All right, so there is a crash cart
10 there --
11 A. (Inaudible).
12 Q. And there's --
13 A. And there's emergency medications, as well as
14 oxygen and IV. And I checked to make sure that
15 everything was not outdated.
16 Q. Okay. Now --
17 A. And that the state hospital was within a two-
18 block radius.
19 Q. Okay. So, now, in your response you say
20 something about a portable machine to monitor vitals.
21 What machine is that?
22 A. (Inaudible) machine and a heart and blood -- a
23 heart rate and blood pressure monitor.
24 Q. Okay. Okay. Now, how does it work out, like
25 the patients are started in New Jersey and they have the

1 laminaria applied. And then what does Dr. Brigham bring
2 down to Elkton for you to review?
3 A. Oh, he brings the complete chart. So, that's
4 where I observe the ultrasounds and verify the ultrasound
5 and to make sure that it is -- agrees with my physical
6 exam.
7 Q. Okay.
8 A. View the ultrasound; I review the
9 documentation, for example, the informed consent, the
10 surgical consent, how many laminaria were inserted, how
11 much digoxin is inserted.
12 Q. And then what about medication administered
13 like that morning before -- before the patients come down
14 to New Jersey -- or to Maryland?
15 A. It -- I review that in the chart, what was
16 done, because usually they have any medications that were
17 administered, as well as vital signs for that morning.
18 And usually the ultrasound is done the day before when
19 the laminaria insertion is done, as well as the digoxin,
20 to verify whether they have dilated, because some
21 patients take two days to dilate. So, they do a repeat
22 ultrasound to determine viability, where their heart rate
23 is noted, whether they're dilated enough or more
24 laminaria needs to be inserted.
25 Q. Okay. Now, in the materials you submitted to

1 the Board, I didn't see any -- on Patient D[redacted] B[redacted]
2 I didn't see an ultrasound or any medication
3 administered.
4 A. I did not send the complete chart.
5 Q. Okay.
6 A. I just sent the pertinent information that
7 pertains to my statement. But there are about another 20
8 pages that are in the complete chart.
9 Q. Okay. You were issued a subpoena for those
10 medical records.
11 A. I was issued -- well, I don't have access to
12 the medical records. They're in the New Jersey location.
13 Q. Okay, but you're the licensee, so you have, as
14 I said, you have an independent duty to cooperate, and if
15 it's your medical record, you need to get that for the
16 Board.
17 A. I never received a subpoena. I -- honestly,
18 I've never -- I have not -- what I received in the e-mail
19 this morning from Dr. Brigham is that he received --
20 well, wait a minute. I haven't received the subpoena.
21 Am I missing something here?
22 Q. Yeah, a subpoena was sent to your address of
23 record like at least over a week ago. I can fax that to
24 you tomorrow morning.
25 A. Well, I have not received a subpoena. All I

1 received is the letter that was in the UPS envelope.

2 Q. Okay.

3 A. Dated August 20th, and it said pursuant to the

4 Medical Practice Acts --

5 Q. Right, no, I know what letter. What is your

6 fax number, and I'll fax you over that subpoena?

7 A. Okay, the fax number to my office is (801).

8 Q. Okay.

9 A.

10 Q. okay. I will fax that to you first thing

11 tomorrow morning. And as I said, you have to -- the

12 subpoena is for the entire medical record. So, you'll

13 have to figure out how to get that from Dr. Brigham.

14 A. Okay.

15 Q. Now --

16 A. Well, actually, what I have -- yeah, see, I

17 have a partial part of the record. I'll have to get the

18 full medical chart, because the charts are kept at the

19 New Jersey location.

20 Q. Okay.

21 A. So . . .

22 Q. So, now, when you leave Elkton, Dr. Brigham

23 takes the medical records immediately?

24 A. He takes the medical records with the patient

25 back up to the New Jersey location and that's where they

1 have follow-up.

2 Q. Okay. Okay. So, but you were -- you're

3 stating that you were able to review the entire medical

4 record the morning of August 13th for Patient D

5 B ?

6 A. Right. He brings the charts down with them,

7 and that's the first contact I have. So, I review the

8 medical record, and then I fill out and I talk to the

9 family, verify the risk and benefits and go over

10 basically the consent to continue with the procedure.

11 And then we bring the patient into the room; and then I

12 do my physical exam; and then I once again inform the

13 patient of the risk involved before I put them under

14 anesthesia and ask them if they want to continue with the

15 procedure before they go under anesthesia, as per my

16 progress notes and abortion log.

17 Q. Okay, okay. Now, just in terms of the record

18 you submitted -- well, let's go back. What time do you

19 meet Dr. Brigham in Elkton?

20 A. Usually they get there -- it depends on when

21 they come down and how many patients, because usually

22 patients and their families follow Dr. Brigham. So, we

23 usually plan on starting the clinic between 10:00 and

24 11:00.

25 Q. Okay.

1 A. And the date in question, my first contact with
2 the patient was approximately -- with her family was
3 approximately 10:45 to 11:00 on August 13th.
4 Q. Okay.
5 A. I did not participate in any of the care on
6 August 12th.
7 Q. Okay. Okay, so, what happened at 10:45 to
8 11:00 a.m. on -- with this patient, D[redacted] B[redacted] on
9 August 13th?
10 A. Okay, so that's when I review the chart, and
11 then I ask the question -- any questions I might have in
12 reference to medical history, for example, she has a
13 history of asthma. And I believe I asked, have you had
14 any exacerbations lately, do you have, you know, your
15 inhaler with you?
16 Q. Okay. Now, where did this conversation take
17 place in the Elkton office? Was this in front of the
18 patient's boyfriend and mother?
19 A. Oh, it takes place partially with the family.
20 I ask the family if they have any questions, to make sure
21 they have no questions and they want to continue with the
22 procedure. And then we take the patient back into the --
23 the actual exam room.
24 Q. Okay.
25 A. Right, and that's where I further go over the

1 medical history and I do my physical exam.

2 Q. Okay, now, how many patients were scheduled for

3 that Friday, August 13th?

4 A. Three patients were scheduled and D

5 B was the second patient.

6 Q. Okay. So, now --

7 A. And --

8 Q. I'm sorry, go ahead.

9 A. Oh, that's fine. After she was stabilized in

10 the E/R, I had to go back to the clinic because I had

11 another procedure to perform.

12 Q. Okay. Now, so, what time did you start the

13 first patient?

14 A. Okay, the first patient was started -- I

15 believe they got there at 10:00. The first patient was

16 started approximately -- about 10:10.

17 Q. Okay.

18 A. And it was a fairly uneventful procedure and

19 was completed within 20 to 25 minutes, and the patient

20 was in recovery. And then that's when I started

21 reviewing approximately about 10:45, 10:50, D

22 B's chart.

23 Q. Okay. So, now, when did D -- when was

24 D brought into the procedure room?

25 A. Approximately about -- I would say a little bit

1 before 11:00.

2 Q. Eleven a.m.?

3 A. Procedure around 11:00 a.m.

4 Q. Okay. So, now, what medications did you

5 administer at that time?

6 A. The medications that we administer are called

7 twilight, and it's basically ketamine and fentanyl

8 (inaudible) each.

9 Q. Okay.

10 A. And then misoprostol rectally.

11 Q. Okay. And that's it?

12 A. At that point in time.

13 Q. Okay. Now, does the patient at that time

14 usually have an IV access port?

15 A. No.

16 Q. Okay. But you said oxygen is available there

17 if necessary?

18 A. Yes, there's oxygen, there's (inaudible) and

19 there's an IV set up and ready to go for a patient.

20 Q. Okay. All right, so, now you started the

21 procedure at 11:00 a.m. Can you just walk me through

22 that? What happened?

23 A. Okay, so, the procedure was started at

24 approximately 11:00 a.m., after I reviewed the chart and

25 reviewed the risks and benefits with the patient. The

1 patient was given anesthetic; vital signs were monitored
2 continuously throughout. And, I'm sorry, this is where
3 I'm actually going to read from my note.
4 Okay, so, for pain management, the patient was
5 given two milligrams IV of Midazolam, 100 micrograms of
6 fentanyl and 32 (inaudible) of ketamine. Paracervical
7 block, the patient was then put in lithotomy position and
8 then a paracervical block was administered using 1
9 percent lidocaine with (inaudible) oxytocin. And then --
10 and this is after -- before misoprostol had been inserted
11 rectally.
12 Q. Okay.
13 A. It was monitored by Pulsox symmetry individual
14 observation by myself, Dr. Brigham and the medical
15 assistants in attendance. And, so, after the
16 paracervical block was done, the speculum was then
17 inserted and the laminaria were then extracted, the gauze
18 and laminaria that had been inserted 24 to 48 hours
19 previously was extracted.
20 At that point in time, the patient -- it was
21 noticed that she was dilated approximately four to five
22 centimeters, and at that time, we began the D&E procedure
23 using suction, with a 5/16 cannula and forceps, as well
24 as various obstetrical maneuvers. Partial fetal tissue
25 was extracted, as well as amniotic fluid was released.

1 And then approximately, I would say, about 10 to 15
2 minutes into the procedure, what I do is every two -- one
3 to two minutes I stop suctioning and then observe the
4 vaginal vault, to see what fetal parts (inaudible) and
5 then at that time, about 10 to 15 minutes into the
6 procedure, I (inaudible) extra-uterine tissue.
7 That's when I instructed the medical assistant
8 to shut off the suction machine. I told Dr. Brigham to
9 come and to look, and he verified it. And I said -- I
10 started transporting her to the emergency room. He did
11 verify that there was extra-uterine tissue.
12 I went to obtain IV access. She had IV access
13 for about two to three minutes, then her vein was blown.
14 At that time, they were getting her dressed, and I went
15 out to tell the family to follow us via POV to the Union
16 Hospital which was approximately a block and a half away,
17 and to follow us via POV.
18 And then at that time, at a simultaneous point,
19 had the other medical assistants get the emergency room
20 doctor on the phone. So, as we then transported her,
21 after we got her dressed, we put the Pulsox on her, as
22 well as the inflatable blood pressure cuff. We put her
23 into the POV. Dr. Brigham drove. I sat in the back with
24 the patient, observing her vital signs while I was
25 talking on the phone to the E/R doctor, Dr. Gill.

1 And I basically gave her a brief, you know,
2 this is D[redacted] or an 18-year-old, African-American
3 female, with a possible uterine perforation at 22 weeks
4 gestation. I said that we are approximately one to two
5 minutes away from the E/R location. Her vital signs are
6 currently stable. I told them what medications, pain
7 management-wise, that she had been given. The IV access
8 had been obtained but was not consistent and was not
9 currently present and we need that as soon as we came in.
10 And then at that time, I said we are in front
11 of the emergency room, I am going to shut off the phone,
12 I will be in within one to two minutes. Please have a
13 wheelchair, as well as nursing staff.
14 Q. Okay.
15 A. For the emergency room.
16 Q. Okay.
17 A. And I would say this actually occurred -- from
18 the time I observed uterine tissue to the time when I got
19 to the emergency room, I want to say it was definitely
20 less than 10 minutes.
21 Q. Okay.
22 A. I had her up and out.
23 Q. Okay. Now, how quickly -- or what happened on
24 the emergency room ramp?
25 A. Okay, so the emergency room ramp, you know, of

1 course they stopped us to try to obtain ID, and I said
2 can we please get the patient into the emergency room.
3 And, so, that's when I was talking with Dr. Gill and
4 briefing her on the patient's status and exactly what had
5 transpired at the Elkton clinic. And Dr. Gill did not
6 know that there was an abortion clinic two blocks down
7 the street at the High Street location.
8 I did follow the patient into the E/R room,
9 where she was hooked up and IV access was being obtained.
10 I instructed the mother to get her insurance information
11 if she had it or to provide demographic information for
12 the clerk so she could be checked in. I further briefed
13 Dr. Gill, and I told her that I suspect that there was
14 ex-uterine tissue; therefore, a possible perforation.
15 And I did identify myself as being Dr. Nicola Riley. I
16 did leave my name, as well as a cell phone number.
17 Q. Okay.
18 A. And that -- I don't remember there being much
19 time on the emergency room ramp.
20 Q. Okay. Now, did the family request that you
21 call an ambulance?
22 A. No, they did not.
23 Q. Okay. Now, who was -- you said that people
24 were getting her dressed. Who was getting the patient
25 dressed?

1 A. Okay, so, we have two medical assistants, and
2 unfortunately, I don't have their names readily available
3 with me. I don't -- let me see -- I'm looking at what I
4 have in front of me. Okay, but they should -- the two
5 medical assistants that accompany -- they have two
6 medical assistants that accompany the patients and their
7 families from the New Jersey location.
8 Q. Okay. Now, are these -- what are the
9 credentials of these staff?
10 A. You know what, I am a contract employee. I do
11 not have that information.
12 Q. Okay.
13 A. But I know that they did work when I observed
14 Dr. Brigham doing procedures during my interview and
15 during the afternoon I spent observing procedures with
16 Dr. Brigham. I know that they do work at that initial
17 location.
18 Q. Okay.
19 A. And I imagine all of their personnel paperwork
20 is there.
21 Q. Okay. Now, you said you instructed staff to do
22 --
23 A. One of two things. Get the emergency room
24 phone number so I could speak to the emergency room
25 doctor to tell them that we had an incoming patient. And

1 the other one to get the patient dressed and in a
2 wheelchair into the POV.
3 Q. Okay.
4 A. And to hook up the Pulsox as well as the vital
5 sign.
6 Q. Okay. Now, who was responsible for starting
7 the IV access?
8 A. I started the IV access.
9 Q. Okay. Now, who went out and talked with the
10 family while this was occurring?
11 A. Okay, while this was occurring, after I started
12 IV access and I had one of the assistants get her dressed
13 and the other assistant getting her -- getting the phone
14 number for me, I actually am the one that went out to the
15 family and spoke to them and told them to please follow
16 us by POV, that there had been a complication, that I was
17 taking her to the emergency room for further care.
18 Q. Okay. Now, what was Dr. Brigham during --
19 doing during this time frame?
20 A. I can honestly, Ms. Farrelly, he was standing
21 off to the side, because I took control of the situation
22 and I got my patient to the emergency room. If you
23 really want to know the truth, he was just standing off
24 to the side, as he did in the emergency room.
25 Q. Okay.

1 A. Because I was the one that briefed the
2 emergency room doctor as to what had transpired at the
3 High Street location, and then I went back and forth
4 between talking to Dr. Gill and then checking on the
5 patient in the E/R room. And then once the mother came
6 back with the insurance information, I told the boyfriend
7 to sit with the mother in the waiting room while D[redacted]
8 B[redacted] was being stabilized --
9 Q. Okay.
10 A. -- and to provide information for the intake
11 clerk.
12 Q. Okay. Now, what was the patient's condition
13 when the staff were getting her dressed and at the -- at
14 the Elkton location?
15 A. She was still -- I mean, she was still under
16 anesthesia, so that's why it took both aides to help get
17 her dressed.
18 Q. Okay.
19 A. But that's why -- when I went out to talk to
20 the family, then I came back, I helped them get her
21 dressed, I saw that the IV line had been blown. I did
22 not wait to try to put in another IV access. I said
23 let's get her into the car and get to the emergency room.
24 The emergency room -- and I will speak to the emergency
25 room doctor. I dialed the emergency room as we were

1 getting into the POV.

2 Q. Okay.

3 A. And I said -- that's when I told Dr. Brigham

4 drive the car.

5 Q. Okay. Now, I guess -- I'm just trying to

6 figure out, now, when was -- in the material you gave me,

7 that you faxed to me, I did review it. And we talked

8 about you're unfamiliar with the qualifications of the

9 staff at Elkton. That's correct?

10 A. Right, because, like I said, I am a contract

11 employee. I am contracted to do abortion procedures. I

12 have nothing to do with the staff that he brings with

13 him.

14 Q. Okay.

15 A. Or their human resources, what their

16 credentials are, you know. I read their name tags, and

17 they are to assist me.

18 Q. Okay. Now, in the materials that you gave --

19 that you had faxed up to our Board, there's a page here

20 called surgical counseling record.

21 A. Okay, hold on. Hold on.

22 Q. Okay, sure.

23 A. Okay, so I have Exhibit 1, which is the

24 informed consent for abortion after 14 weeks. I have

25 that.

1 Q. No.

2 A. Then I have Number 2, which is surgical

3 counseling record.

4 Q. Yes, that's the one I'm referring to.

5 A. Number 2, uh-huh.

6 Q. I just had a question, because the date of the

7 form is 8/9/2010, but then it's crossed off and changed

8 to August 12 of 2010.

9 A. Okay.

10 Q. Do you know who crossed that out?

11 A. No, I do not.

12 Q. Now --

13 A. But this, like I said, all of this paperwork is

14 done one to two days before when the patient -- it's done

15 during initial intake, where they do the ultrasound, the

16 lab, the laminaria insertion, all the consent forms are

17 done one to two days before the procedure. And then

18 they're followed up with the doctors at the New Jersey

19 location.

20 Q. Okay. So, this would be something that would

21 have been completed in New Jersey?

22 A. Right. The only thing I complete and to

23 clarify your record is that I have initial contact with

24 the patient and her chart and record as of August 13th.

25 Q. Okay. Okay. So, now, this isn't your

1 signature at all on this form --
2 A. No.
3 Q. -- because you weren't there.
4 A. No.
5 Q. Okay, understood.
6 A. My signature is the abortion record and the
7 progress note afterwards.
8 Q. Okay. All right, let's go to that Exhibit
9 Number 5 from the materials that you submitted, this
10 abortion record. It's titled Abortion Record.
11 A. The Abortion Record, okay.
12 Q. Okay. I guess I just had a few questions about
13 this. It says post size is 21.5 weeks, and I guess in a
14 couple other places it's like identified as 21.2, and
15 then a different place it's 21.5. So, I guess why is
16 there so much inconsistency?
17 A. There's only inconsistency by one week. It
18 depends on exactly via the ultrasound. And, so, what I
19 will do is I will try to fax -- I do have a copy of the
20 ultrasound, and what I will do is include that, and what
21 it -- basically what it says via the ultrasound and
22 versus what I feel when I do my physical exam.
23 Q. Oh, okay, I understand. Okay.
24 A. But by my physical exam.
25 Q. Okay, okay, that makes sense. Now, the

1 medications given in the middle of the page here, there's
2 no time at all. Do you ever document the time that the
3 medications are given?
4 A. Usually -- usually, we -- I mean, usually we
5 do, like if I do a separate progress note like I did in
6 this instance.
7 Q. Okay. But not on -- this is actually a form
8 provided by Dr. Brigham?
9 A. Yeah, this is part -- this is a typical
10 abortion record that I have seen in all the other charts
11 via the American Woman's Services.
12 Q. Oh, okay, all right, that's helpful. Thank
13 you. Now, on page 2 of this abortion record, the
14 examination of products of conception, is that a portion
15 that is usually completed?
16 A. Yes, once the abortion is completed, and I
17 don't know what the other doctors do, but I always look
18 at my fetal tissue. I do that in Utah, and I do that
19 when I perform procedures in Maryland. I actually look
20 at the tissue and then they have a separate clerk or
21 whoever actually who does the tissue weight and fetal
22 foot length and fills all this part in.
23 Q. Okay.
24 A. So, I actually absorb -- observe and make sure
25 I have all fetal parts before I finish my paperwork.

1 Q. Okay. Okay.
2 A. Just a few of my comments, this patient was
3 immediately sent via POV to the E/R.
4 Q. Okay. Now, is there a reason that you didn't
5 call an ambulance?
6 A. We didn't call an ambulance. I personally
7 didn't call an ambulance because I knew that the
8 emergency room was down the street and I would be the
9 one, I could take her myself or take her by POV quicker.
10 Q. Okay.
11 A. Because she was stable vital sign-wise. There
12 was no drop in her Pulsox, and so from that standpoint,
13 she was stable. So, that's why I said okay, what's the
14 quickest way to pull up and get her there, and I said
15 POV, and that's when I looked at Dr. Brigham and I said,
16 you drive the car, I'm going to monitor her, I'm going to
17 talk to the E/R doctor on the way.
18 Q. Okay.
19 A. It was a judgment call.
20 Q. Okay, understood. Now, you had attached in
21 your material Diamond's informed consent. You don't --
22 do you do a new informed consent on the day of the
23 procedure in Elkton? Or you just go with the one from
24 New Jersey?
25 A. I go with the one from New Jersey, but if you

1 notice, I always discuss with the patient before I put
2 them under anesthesia, and I'm very clear about that.
3 Q. Okay.
4 A. You know, the risks that are involved, and I
5 actually use the word hole in your uterus or uterine
6 perforation. And a lot of people don't understand what
7 perforation means.
8 Q. Right.
9 A. Especially an 18-year-old female. And then I
10 ask them, you know, do you want to, even though you've
11 had procedures and three's probable fetal demise, because
12 they do, according to protocol from other charts that I
13 looked at in Elkton, do make sure that there is fetal
14 demise before they even come to me, I ask them, do you
15 want to continue with the procedure before I even touch a
16 patient.
17 Q. Okay.
18 A. To allow me to take care of you and examine you
19 and do you still want to go ahead with the abortion
20 procedure.
21 Q. Okay. Now, what type of -- you keep referring
22 to it as POV, what does that stand for? Personal
23 vehicle?
24 A. I'm former military, it's personal vehicle.
25 Q. Okay, okay. Now, what type of vehicle was it

1 that D[redacted] was put into?

2 A. Ms. Farrelly, it was a car that was drivable.

3 Q. Okay.

4 A. I'm sorry, you know, I have a patient who I

5 want to get to the E/R. If he had the keys, it was a car

6 that was drivable.

7 Q. Okay.

8 A. Because I know it was one of the cars that they

9 had driven down from New Jersey.

10 Q. Okay, so it wasn't your -- your personal

11 vehicle?

12 A. No. I usually get there an hour before,

13 because I come from Virginia.

14 Q. Okay.

15 A. And drive up from Virginia, and I usually meet

16 them there around -- between 9:30 and 10:00.

17 Q. Okay. Okay. So, it was a car that Dr. Brigham

18 had the keys to. It wasn't your personal vehicle?

19 A. I just -- this is what I basically told him,

20 get a vehicle, we're taking her to the E/R now.

21 Q. Okay.

22 A. I remember saying that.

23 Q. Okay.

24 A. Make it happen.

25 Q. Okay. Now, you mentioned that you explained

1 the risk of the hole in the uterus. Now, did you think
2 that the extent of D[redacted] complications were more than
3 the uterus?
4 A. No. All I know is that I observed ex-uterine
5 tissue and to any abortion doctor, they are -- they need
6 to be further looked at and taken care of and the
7 procedure needs to be term -- stopped at that time.
8 Q. Okay.
9 A. You just immediately stop what you're doing,
10 and that's what we did. I said, shut the machine off,
11 we're transporting her out.
12 Q. Okay. So, now, did you observe any kind of
13 small bowel complications at that time?
14 A. That's not possible from looking via a
15 speculum.
16 Q. Okay.
17 A. So, I noticed that when I checked when I said
18 every one to two minutes I stop suctioning and look at
19 what's in the vaginal vault. In the vaginal vault, I saw
20 extra-uterine tissue that is not what normally I see to
21 be placenta or products of conception or pregnancy. And,
22 so, the only other recourse it could be is bowel. And
23 any abortion doctor knows that and you stop the
24 procedure.
25 Q. Okay.

1 A. You just -- and you stabilize the patient and
2 you have them further taken care of by either a general
3 surgeon or an OB/GYN.
4 Q. Okay. So, you're not trained at all to repair
5 any kind of uterine perforation?
6 A. No, I'm a family practice doctor.
7 Q. Okay.
8 A. I am not an OB/GYN.
9 Q. Okay, understood.
10 A. Yes.
11 Q. Okay. Now, you state in your response that the
12 patient was stable.
13 A. (Inaudible).
14 Q. Can you tell me what -- what -- how did you
15 evaluate that she was stable at that time to bring over
16 in the private vehicle?
17 A. Oh, basically I had continuing monitoring of
18 her blood pressure and heart rate and O2 sats.
19 Q. Okay.
20 A. I was looking to see if, one, she was bleeding
21 out, meaning that the heart rate increases and the blood
22 pressure decreases. Or was she having an embolism,
23 meaning that the O2 sat would desat or go down.
24 Q. Okay.
25 A. Uh-huh.

1 Q. Now, was she dehydrated at that time?
2 A. No, the patient was not dehydrated at that
3 time.
4 Q. Okay.
5 A. Via vital signs. Dehydration is usually
6 indicated by change in vital signs to include increased
7 heart rate and/or increased blood pressure. Like I said
8 we were only 10 to 15 minutes into the procedure, even
9 though the patients are normally -- nothing by mouth for
10 an hour or two before the procedure, the patient did not
11 exhibit any signs of dehydration.
12 Q. Okay.
13 A. Nor was there any extra bleeding.
14 Q. Okay. Now, does Doctor -- have you met Dr.
15 George Shepard at Elkton?
16 A. Dr. George Shepard at Elkton?
17 Q. Yeah, he's an older gentleman.
18 A. An older Indian gentleman?
19 Q. Oh, I'm not sure. I just didn't know I you met
20 Dr. Shepard at Elkton, at the Elkton location.
21 A. I do know that while I was doing procedures on
22 the 30th, we did have two visiting doctors.
23 Q. Okay.
24 A. And one was -- was an older Indian gentleman
25 and a younger African-American woman.

1 Q. Okay. Now, can you tell me about your follow-
2 up? I guess you had called the -- I guess you talked
3 with Dr. Aslam.
4 A. Yes. So, basically, like I said, when the
5 patient was stabilized, I left with Dr. Gill my name and
6 as well as my phone number. And I told her that after I
7 finished doing procedures that I would be calling to
8 check on the patient. And about -- within, let's see, by
9 3:00 I had been contacted by Dr. Aslam, and he had
10 informed me that there had been a complication, that she
11 was being taken to Johns Hopkins.
12 Q. Okay.
13 A. Within the next five to ten minutes.
14 Q. Okay.
15 A. And, so, he confirmed what I suspected.
16 Q. Okay. Now, did you have follow-up from any
17 Johns Hopkins physicians?
18 A. Yes. I actually spoke to -- and I believe this
19 was in my notes. Later on that -- well, let's see, wait
20 a minute, no, no, it's not in this note, but in my
21 statement, I list that I had spoken to the -- one of the
22 assisting or actual attending doctors, a Dr. Kratz from
23 Johns Hopkins Hospital. And she said that she's the one,
24 I believe, that did the -- that she was the OB/GYN and
25 that Dr. Christianson (phonetic) was the surgeon who did

1 the bowel resection and asimosis, and she said that the
2 patient was stable and that she had informed the mother
3 that the patient did not require a hysterectomy nor a
4 colostomy.
5 And my main questions to were is she still able
6 to produce children, and so this I asked her -- the
7 doctor lots of questions, you know, how is the patient
8 doing, how is she stable, how big was the perforation,
9 where was it located, you know, how much bowel had to be
10 resected, did she require a colostomy. And, so, we
11 talked in reference to that.
12 Q. Okay. Now, I think you mentioned earlier, this
13 is definitely a known complication of abortions, correct?
14 A. Unfortunately, yes.
15 Q. Okay. I guess -- now, what -- what happened
16 following that? You guys went back and you still had one
17 more patient, is that correct?
18 A. Yes, we still had one more patient that was --
19 actively needed to be taken care of.
20 Q. Okay. Now, are you there on both Wednesdays
21 and Fridays?
22 A. No, I'm only there on Fridays.
23 Q. Only Fridays, okay. And it's every other week?
24 A. Yes.
25 Q. Okay. So, now you were there July 30th and

1 then so it would have been two weeks from then, which is
2 the August 13th date. Now, have you been back since
3 August 13th?
4 A. Since August 13th, yes, I had clinic this past
5 -- let me check my dates so far. I'm just pulling out my
6 calendar.
7 Q. Oh, yeah, that's fine.
8 A. Okay, so, I was there on the 20th and 21st.
9 Q. Of July? Oh, of August.
10 A. Of August.
11 Q. Okay, 20th and 21st.
12 A. And then the 13th.
13 Q. Okay.
14 A. The 14th. I was not there on the 6th and 7th.
15 Q. Okay.
16 A. And I was there on the 30th and the 31st.
17 Q. Of July.
18 A. Right.
19 Q. Okay. So, now, the clinic operates on
20 Saturdays, as well, or you were just in the vicinity?
21 A. No, I work at other locations -- I work at
22 other clinics for American Woman's Services in Maryland.
23 Q. Oh, okay, I'm sorry. I didn't have that
24 understanding. Okay, so, on Fridays you're at Elkton?
25 A. Right.

1 Q. Okay. So, then --
2 A. And I believe they use the location on
3 Wednesdays, as far as my knowledge, that the Elkton
4 location is used on Wednesdays and Fridays.
5 Q. Oh, okay. So, now what location are you
6 working at on these other dates?
7 A. I work at the Baltimore office.
8 Q. Okay.
9 A. And at the (inaudible) office.
10 Q. And I'm sorry, I didn't get that part.
11 A. The Baltimore and Frederick office.
12 Q. Oh, okay, Frederick. And that -- I'm guessing
13 those are Saturdays?
14 A. Yes.
15 Q. Okay.
16 A. Because I'm only -- I usually am only in town
17 Thursday, Friday, Saturday.
18 Q. Okay, now, what are the -- are they the same
19 clinic hours on Saturdays?
20 A. No, each clinic has their different session
21 hours.
22 Q. Okay. So, for instance, what are Baltimore's
23 session hours?
24 A. They usually start between 9:00 and 10:00.
25 Q. Okay. And Frederick is later in the day?

1 A. It's in the afternoon.

2 Q. Well, what time would that be?

3 A. Usually after 4:00.

4 Q. After 4:00 p.m.? Okay.

5 A. Mm-hmm.

6 Q. Okay. Now, did you have an interaction with

7 the Elkton Police Department on August 20th?

8 A. I've had two altercations, actually, with the

9 Elkton Police.

10 Q. Okay.

11 A. The first time in reference to D[redacted] B[redacted]

12 I was in the middle of doing procedures, they came into

13 the clinic, and I believe one of the staff members went

14 out and told them that Dr. Riley was doing procedures and

15 that if they could talk to me afterwards. And, so, then

16 after the procedures were done, I went out and talked to

17 them. And I presented my ID, as well as my Maryland

18 identification card.

19 Q. Okay.

20 A. Basically -- I told them I couldn't give them

21 any medical information in reference to Ms. B[redacted]

22 because that's a violation of HIPAA. But he told me that

23 there had been a complaint filed with a possible criminal

24 investigation and is this a legitimate business. I said

25 -- and basically I game him paperwork showing the

1 American Woman's Center website, and I said here's the
2 phone number to call. I will call and get you their
3 license number, because I had checked myself before I
4 start a job, whether they have a devout business, and so
5 I got the license number and I gave it to the Officer
6 David that was on duty, as well as the Sergeant Lunberg
7 that was on duty. And they asked about any other doctors
8 on the premises, and that's when I said there is a Dr.
9 Brigham, and they said can you get him, and that's when I
10 went in the back and Dr. Brigham was gone.
11 Q. Okay.
12 A. He had left the building.
13 Q. Okay. Okay. So, Dr. Brigham didn't tell you
14 he was leaving?
15 A. No.
16 Q. Okay. So, did the police ever have an
17 opportunity to talk with Dr. Brigham?
18 A. Not at that interaction that I know of. And I
19 -- and I told the police, they said look at the premises,
20 once the patient was in a personal vehicle in order to
21 protect her identity.
22 Q. Okay. And did the police stay and do that once
23 the patient was finished?
24 A. Yes. I took them around. It was very kind of
25 heated, I can actually say. And I said -- I told them,

1 you have to respect the patients' privacy. So, I made
2 sure that the patient was in recovery and I let them walk
3 through the clinic, and then I asked them if they had any
4 more questions. I gave them my information on how to
5 contact me in Salt Lake, as well as my cell phone number.
6 They had access to my ID, as well as my Maryland license.
7 And I had provided them with the address of the main
8 clinic location in the Voorhees location, as well as the
9 phone number, and I had obtained for them the business
10 license number.
11 Q. Yeah, where did you obtain the business license
12 number from.
13 A. I actually just called. I called and got the
14 business license number.
15 Q. From Voorhees?
16 A. Yeah.
17 Q. Oh, okay.
18 A. Yeah.
19 Q. Okay. Now, you said that you produced a
20 Maryland photo ID?
21 A. No. I produced my Utah driver's license --
22 Q. Oh, okay.
23 A. -- and my physician license.
24 Q. Oh, okay, understood.
25 A. Because they were questioning -- they said that

1 they were there questioning whether this was a legitimate
2 business and whether we were legitimate doctors. And I
3 said I'm a legitimate doctor. Here's my driver's
4 license; here's my Maryland license.
5 Q. Okay, okay. Now, do you have -- have you
6 applied for a DEA number that's attached your Maryland
7 work?
8 A. Yes.
9 Q. Okay, have you received that yet?
10 A. No, I haven't.
11 Q. So, now, if you have to write prescriptions for
12 patients, say in follow-up or pain medications, whose DEA
13 number are you using?
14 A. Oh, I don't use anybody's DEA number. I
15 recommend ibuprofen and/or Tylenol.
16 Q. Okay, so you have not written any prescriptions
17 to any American Woman's Services patients?
18 A. No.
19 Q. Okay, so, no prescriptions written at all in
20 Maryland.
21 A. No. If they receive any pain medication
22 prescriptions, it would have to be from the New Jersey
23 location, either during their follow-up or Dr. Brigham
24 would provide it for them, I would imagine, since he was
25 the one that accompanied them back to the clinic.

1 Q. Okay.
2 A. And he's a licensed New Jersey doctor.
3 Q. Okay.
4 A. As far as I know.
5 Q. Okay. So, now, can you describe your second
6 interaction with the Elkton Police?
7 A. Okay, for my second interaction with the Elkton
8 Police occurred just this last -- let me look at my
9 calendar again to make sure I have the right date. Okay,
10 so that would have occurred Friday, the 20th.
11 Q. Okay.
12 A. So, basically, I got there two hours earlier,
13 because I kind of suspected by the way I was treated that
14 they might try to impede procedures based on the Elkton
15 location, and sure enough, as I was there, they're -- I
16 was drinking my coffee and it was about two hours before
17 patients were due to arrive, and I was reading. A plain-
18 clothes detective comes up and approaches my car and asks
19 for identification. And I said, who are you? And I got
20 her identification, I took a picture and I got a copy of
21 her badge, and I gave her my identification. She then
22 went to her police car, and the next thing I know,
23 another POV or a detective shows up and there are six
24 police cars, as well as the chief of police.
25 Q. Oh, okay. So, what happened then?

1 A. So, basically, they start questioning me about
2 Maryland law and illegal criminal activity and an open
3 criminal investigation. And then that's when I say,
4 unless I'm being subpoenaed or unless I'm being arrested,
5 I need to have either an attorney present or you need to
6 let me leave the premises. So, basically it took them
7 about 10 minutes to finally let me leave the premises,
8 because they had blocked in both entrances and exits.
9 Q. Oh, okay.
10 A. So, they had patients who were going to be
11 coming to this location who are in active need of
12 physician care, and you're impeding me from taking care
13 of the (inaudible) because I had been notified by Dr.
14 Brigham that they were already on their way from New
15 Jersey.
16 Q. Oh.
17 A. That's why I went early to see if there would
18 be -- basically what I consider a picket line.
19 Q. Oh, okay. Okay. Now, how many patients were
20 coming down from New Jersey on the 20th?
21 A. Four patients.
22 Q. Four? So, what location were those patients
23 treated at?
24 A. They were initially treated at the -- once
25 again, the Voorhees clinic location, that's where all the

1 initial Elkton patients are treated.

2 Q. Oh, okay. Maybe I just jumped the gun. What

3 happened? Did you actually end up going back to Elkton?

4 I was wondering what happened to the four patients from

5 New Jersey.

6 A. They were so advanced I had to -- this is why I

7 was so adamant about leaving the parking lot is because

8 they were in active -- how do I describe this -- they

9 were an active process of possible delivery, you know,

10 and/or in need of stabilization.

11 Q. Okay.

12 A. We went to the Baltimore location, which is

13 approximately about 45 minutes away.

14 Q. Oh, okay, okay.

15 A. So, I called the Baltimore location, I had Dr.

16 Brigham call the Baltimore location and have them get

17 everything ready. I got there about an hour before they

18 got there, and I set everything up to perform procedures,

19 which they do have the equipment for, and I worked that

20 day.

21 Q. Okay, okay. Yeah, because --

22 A. (Inaudible).

23 Q. Now, what -- you said there was a search

24 warrant for Elkton?

25 A. Well, this is what I received this morning is

1 that I had spoken to Dr. Brigham, and then he casually
2 mentions to me that there is an application and affidavit
3 for search and seizure warrant that I knew nothing about
4 and a search and seizure warrant. So, I said, you need
5 to send this immediately to me, because if I need to seek
6 legal representation, I need to see exactly what my name
7 is on. And this is when I have this information in front
8 of me, which is very disturbing. And that's why even
9 though I want to freely give information to the Maryland
10 Board, the accusations in these warrants are pretty
11 serious.
12 Q. Yeah, again, I haven't seen them. I know that
13 it was reported that the police went in and served, I
14 guess, a search warrant. But I didn't know exactly what
15 was taken during that search warrant and, you know, what
16 they ended up -- what the basis of the warrant was.
17 A. Well, the basis of the warrant for the -- of
18 the warrant and I freely disclose this, because I am
19 shocked by it, it is basically murder.
20 Q. Oh, okay.
21 A. So, please excuse me for being more guarded
22 than when I spoke to you yesterday.
23 Q. Okay. So, what did they take from Elkton? Do
24 you know?
25 A. No, I don't. I imagine they might have taken

1 fetal tissue, because -- because I know they keep them
2 until they're disposed as hazardous waste.
3 Q. Okay.
4 A. And/or if it needs to be taken to the
5 examiner's office, so I imagine they must have found
6 fetal tissue and taken them to the medical examiner's
7 office. That's what I imagine. But this affidavit that
8 I'm looking at in front of me uses that word "murder."
9 And that's why, Ms. Farrelly, excuse me that I am more
10 guarded today.
11 Q. No, no, I mean, our Board has nothing really to
12 do with the -- whatever criminal investigation, so, you
13 know, I'm just trying to figure out what happened and,
14 you know --
15 A. And that's -- and that's why I didn't cancel
16 our interaction today. So, you know, because I want it
17 to be known my participation in the procedure of D
18 B . And like I said, after I followed up via
19 telephone conversation with the OB/GYN at Johns Hopkins,
20 I didn't get a chance, even though I tried to contact the
21 surgeon, that was near impossible, I did follow up within
22 24 hours with the patient and her mother.
23 And then afterwards there was a question about
24 the fetal death certificate with Dr. Elizabeth Purcell
25 (phonetic), and she actually did the fetal demise

1 certificate.

2 Q. Okay.

3 A. And then that was the end of my contact. And

4 then we're here where we are at now.

5 Q. Okay. Yeah, I mean, I only have a couple more

6 questions. I guess you must have keys to the Elkton

7 location because you open the office. Is that correct?

8 A. No, I do not. That's why I was in the parking

9 lot. I -- like I said, I'm a contract employee.

10 Q. Okay.

11 A. I do procedures with the consultation of Dr.

12 Brigham. Like I said, I review the chart -- my first

13 contact with these patients are when they actually come

14 into the Elkton office. That's why I was waiting outside

15 in the parking lot, because I don't have keys to the

16 location.

17 Q. Okay, okay. So, that's Dr. Brigham, okay.

18 A. Keys to any of the locations. Usually Dr.

19 Brigham has his own staff at each location, i.e., office

20 manager, medical assistants, a phlebotomist.

21 Q. Okay. Now, have you spoken with Dr. Brigham

22 about the Board's investigation?

23 A. No, not really. I did speak to him yesterday,

24 and I told him that I had a telephone interview, and

25 that's when he mentioned the part about the warrant and

1 seizure, and I was like, well, I need a copy of that.
2 Q. Oh, okay.
3 A. And that's -- I had this morning via e-mail.
4 Q. Okay, okay. Now, the only thing I'm a little
5 confused about and maybe you can help clarify, you state
6 that the procedure started at around 11:00, but then the
7 patient didn't end up in the E/R until like 1:00-ish.
8 A. Well, as far as I -- from my notes -- okay, I
9 see what you mean, because, yeah, because my procedure
10 notes say 1:00, so I must have done my first patient at
11 11:00 a.m. My first patient was at 11:00 a.m. I need to
12 correct that. My first patient must have been at 11:00.
13 And then D[redacted] B[redacted] was the second patient
14 afterwards, because each patient usually takes about, you
15 know, half an hour to 45 minutes. And then we clean up
16 the area, so it would sound as though her procedure
17 probably started between 12:00 and 12:30.
18 Q. Okay. Okay. So --
19 A. I'm just making corrections.
20 Q. Okay.
21 A. My first patient was probably at 11:00.
22 Q. Okay. Now, with --
23 A. And it was --
24 Q. -- would that be written down anywhere? Do you
25 have like a list of the patients and times? Is that

1 provided to you, you know, like that day or --
2 A. No.
3 Q. Okay.
4 A. Even in my -- the additional information I have
5 in my chart, usually there's a recovery log, and I'd have
6 to look and see if the copy of the recovery log -- and we
7 just use initials, we don't use the complete patient
8 name.
9 Q. Okay. Now, I guess, you know, you don't have
10 to answer this, but are you concerned about Dr. Brigham
11 disappearing on you?
12 A. Yes, I am. I was hoping -- yes, I am, because
13 that -- to me, that's unprofessional.
14 Q. Okay. Well, as you know, he doesn't have a
15 Maryland license. So, you know, and you say he's just
16 consulting, that he --
17 A. Right. And that's -- and that was my
18 understanding, that he was just to consult. That's why I
19 did the procedures and, you know, I feel comfortable
20 doing abortions. Like I said, I trained during my
21 initial year of training, you know, up to 20 weeks, and I
22 did one there on-site, you know, doing up to 24 weeks
23 and/or if sometimes ultrasounds are off by one or two
24 weeks, I wanted to have another doctor there to consult
25 with. But like I said, I am -- I am -- I am concerned

1 when a doctor does not follow up with patient care.
2 Q. Okay. And how do you think Dr. Brigham didn't
3 follow up?
4 A. For example, I was kind of surprised that since
5 he had the initial interaction with the patient that when
6 it took time to have this patient go to the emergency
7 room, Dr. Brigham was pretty much hands off.
8 Q. Okay.
9 A. And, so, I -- I am -- and I'm the type of
10 doctor I -- my patients come first, and like I said,
11 within 10 minutes, she was in the emergency room with an
12 IV access being monitored, as should be done when a
13 complication is noted.
14 Q. Okay. Okay. Do you have anything else that
15 you want our Board to know during its investigation that
16 you think will help evaluate your case?
17 A. Well, yeah, the one thing I want the Board to
18 know that even though I'm family practice, I spent a
19 whole year of training doing abortions under an OB/GYN,
20 Dr. Ravula Berkey (phonetic), who is also one of my
21 attending, followed the residence, you know, during my
22 OB/GYN rotations, as well as my surgical rotations. I
23 did train for an amount of time at the Planned Parenthood
24 in Denver, in Colorado Springs, as well as with Dr. Madre
25 Shaw (phonetic), who does up to 20 weeks in Salt Lake

1 City, Utah.
2 Q. Okay.
3 A. I'm drawing a blank. I can't remember his last
4 name. Dr. -- at Mount Olympus (inaudible) abortions up
5 to 14 weeks. And I've been doing this for five years.
6 And, knock on wood, I have never had a complication.
7 Q. Okay. So, this was your --
8 A. And this is, you know, my first complication,
9 and I felt as though I handled it to the best of my
10 ability and that the patient was quickly taken, once a
11 complication was noted, taken to a higher level facility
12 where she could be appropriately treated.
13 Q. Okay. Now, did Dr. Brigham suggest not calling
14 the ambulance or it was all you who decided to just take
15 the patient in the private vehicle?
16 A. I think I did -- remember asking Dr. Brigham
17 how soon do you think we can get an ambulance here, and
18 he probably said four to five minutes, and I was like,
19 she needs to go now.
20 Q. Okay.
21 A. And, so, I (inaudible) she needs to go now, and
22 I want to be with her to monitor. And like I said, it's
23 the hospital truly a block and a half away. We almost
24 even considered just taking her not even in the POV, just
25 taking her right down the street via wheelchair, and I

1 said, no, that would be uncomfortable and a violation of
2 the patient's privacy.
3 Q. Okay. Now, who considered just taking her in
4 the wheelchair?
5 A. Dr. Brigham.
6 Q. Okay, that was his suggestion, and I was like,
7 no, we need to preserve that patient's privacy, and we
8 can get there just as quick in the POV.
9 Q. Okay.
10 A. I said -- and I said, get the car and drive.
11 Q. Okay. Understood. Okay.
12 A. And I did tell the patient's family that we
13 were taking her via POV and that would be the quickest
14 way for them to follow immediately after.
15 Q. Okay.
16 A. And I was on the phone call -- on the phone
17 with the emergency room doctor, and I think at that time
18 I had already had the phone number given to me by the
19 other assistant that was there who I told to get the
20 hospital's E/R line.
21 Q. Okay. Okay. All right, well, I think I'm
22 going to -- I'm sorry, go ahead.
23 A. The only thing I would change is the 11:00 on
24 page 1 of my statement, the 11:00, that's probably when I
25 started the first patient. And D[redacted] B[redacted] was the

1 second patient on that day. So, usually there's a one-
2 hour turnover by the time we complete a procedure, clean
3 up the room, review the chart, talk to the patient, so it
4 would be more like 12:00, 12:15. But that's the only
5 thing I would change in my statement is I would change
6 the time to 12:00, 12:15.
7 Q. Okay.
8 A. Because there is a one -- there is usually one
9 hour between each patient, staggered.
10 Q. Okay. Okay. Well, I'm going to stop the
11 recording, if you don't have anything else. I'm done, so
12 it's around three --
13 A. Okay. Oh, I do want to make clear --
14 Q. Oh, sure.
15 A. -- I did not know that there was a subpoena for
16 the chart, so I will fax over immediately within the next
17 hour the complete chart that I have.
18 Q. Okay. Okay.
19 A. And I don't know if there's anything more at
20 the New Jersey location, but that's where the original
21 chart is kept.
22 Q. Okay. And I --
23 A. Where all the original charts are kept.
24 Q. And I -- as I said, I'll fax that subpoena to
25 you tomorrow morning and, you know, if you can just try

1 to get the record from Dr. Brigham, that would be
2 helpful.
3 A. Okay, so I have to mention that just from my
4 conversation with Dr. Brigham, at the time that this
5 procedure was completed that evening, I made a copy of
6 the chart, and that is what I'm going to fax over to you
7 at, let's see -- what is your fax number?
8 Q. (410) I can't think of it, maybe?
9 A.
10 Q. I believe so.
11 A.
12 Q. No, you know what, Dr. Riley, let me just stop
13 the recording. Hang on one sec. Okay, it's now
14 approximately 3:05 my time.
15 (Whereupon, the interview was
16 concluded.)
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1 CERTIFICATE OF TRANSCRIBER

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3 I, Sara J. Vance, do hereby certify that the

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15 SARA J. VANCE

16 Transcriber

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