

Exhibit I

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STATE BOARD OF PHYSICIANS

INTERVIEW WITH NICOLA RILEY, M.D.

HELD ON AUGUST 24, 2010

INTERVIEW CONDUCTED BY CHRISTINE FARRELLY

P R O C E E D I N G S

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MR. FARRELLY: This is Christine Farrelly,
Compliance Analyst with the Maryland Board of Physicians.
Today is August 24th. It's approximately 2:00 p.m. I'm
on the telephone with Dr. Riley, who is in Utah. I'm
going to just swear you in, Dr. Riley, and then I'll ask
you to state and spell your name for the record, okay?

DR. RILEY: Yes.

(Witness sworn.)

MS. FARRELLY: Okay, thank you.

EXAMINATION

BY MS. FARRELLY:

Q. Now, could you just state and spell your name
for the record?

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

Q. Thank you. Could you just provide your home
address or address of record?

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

Q. Okay.

A. If that's appropriate.

Q. Sure.

A. Okay, my business address is 1220 East 3900
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. [REDACTED]

10 Q. [REDACTED] 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 [REDACTED]
5 B [REDACTED]?

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 [REDACTED]

5 B [REDACTED] 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 [REDACTED]

22 B [REDACTED]'s chart.

23 Q. Okay. So, now, when did D [REDACTED] -- when was
24 D [REDACTED] 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 Diamond
8 Brewer 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 Diamond 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 Dr. [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 gave 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 [REDACTED]
18 B [REDACTED] 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) [REDACTED] I can't think of it, [REDACTED] maybe?

9 A. [REDACTED]

10 Q. I believe so.

11 A. [REDACTED]

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.)

1 CERTIFICATE OF TRANSCRIBER
2

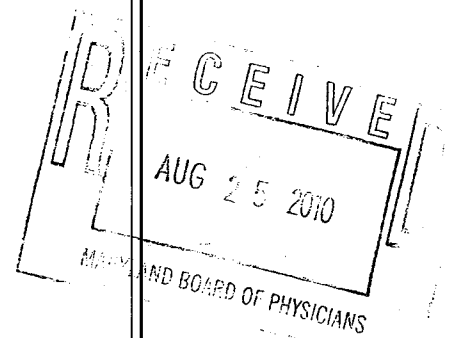
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17
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Exhibit J

In the Matter of:
Board of Physicians



August 21, 2010
Telephonic Interview with C [REDACTED] B [REDACTED]

Condensed Transcript with Word Index



For The Record, Inc.
(301) 870-8025 - www.ftrinc.net - (800) 921-5555

MARYLAND STATE BOARD OF PHYSICIANS

TELEPHONIC INTERVIEW WITH C [REDACTED] B [REDACTED]

HELD ON AUGUST 21, 2010

CONDUCTED BY CHRISTINE FARRELLY

1 doctors into our own car. We didn't know where we were
2 going, so we ended up in Elkton, Maryland, in another
3 building -- clinic building.
4 Q. Okay. Now, when -- when Dr. Brigham did arrive
5 in New Jersey, did he come in the waiting room and say,
6 okay, this is what's going to happen?
7 A. Well, yes. Then he gathered us all to the door
8 outside and told us where we were going to ride -- in
9 what car.
10 Q. Okay. And, so, who did -- you followed the
11 nurse?
12 A. I followed the nurse in the BMW, the white BMW.
13 Q. Okay.
14 A. She was first, then it was the Indian couple.
15 Q. Okay.
16 A. And, then, it was the two Spanish mixtures
17 along with a Spanish girl who belongs to Dr. Brigham's
18 crew.
19 Q. Okay. And, then, there was another nurse -- I
20 can't remember her name.
21 A. Yeah, there was a nurse -- an Indian nurse. I
22 don't know if she rode with Dr. Brigham or not.
23 Q. Okay.
24 A. I know it was like five cars.
25 Q. Okay. Now, do you recall what vehicle Dr.

PROCEEDINGS

1 MS. FARRELLY: This is Christine Farrelly,
2 compliance analyst with the Maryland Board of Physicians.
3 Today is Saturday, August 21st, 2010. The time is a
4 little after noon and I am on the phone with Ms. C [REDACTED]
5 B [REDACTED]

EXAMINATION

BY MS. FARRELLY:

10 Q. Ms. B [REDACTED], if you could state your name for
11 the record.

12 A. C [REDACTED] B [REDACTED]

13 Q. Okay, thank you. Now, you're the mom of some
14 one named D [REDACTED] B [REDACTED] is that correct?

15 A. Yes.

16 Q. Okay. Could you tell me your experience,
17 starting August 13th when you arrived at Dr. Brigham's
18 office in New Jersey?

19 A. We arrived -- me, D [REDACTED] and her boyfriend --
20 and we went into the building. They put us in a waiting
21 room along with two other girls. We had to wait for like
22 about an hour --

23 Q. Okay.

24 A. -- until he arrived. And, then, they gathered
25 everybody up and then we had to follow the nurse and the

1 Brigham rode in?

2 A. I think it was the vehicle with the Florida
3 tags.

4 Q. Okay. Now, did D [REDACTED] say to you, that's the
5 doctor I saw yesterday or?

6 A. Yes. But when he first came in the building, I
7 was going to the bathroom and he -- I never seen him
8 before. All he said was, how is she? And I was like --
9 I turned to him, and I was like, how is who? So, he kept
10 walking and he went in and said something to them other
11 girls.

12 Q. Oh, okay. So --

13 A. And that's when I asked her and she said, yeah,
14 that -- that he was the doctor that prepped her the first
15 day, which was Thursday --

16 Q. Okay.

17 A. -- the day before.

18 Q. Okay, August 12th. Now, what happened when you
19 arrived down in Elkton, Maryland?

20 A. Okay. We -- everybody parked, everybody got
21 out the vehicle. Then, all of a sudden, I seen this
22 other doctor. She was an African-American. She came and
23 I -- I'm pretty sure she came and unlocked the door to
24 that building we went in.

25 After everybody went in, I never knew they had

5

1 locked the door. So, we all went in the back and we all
2 went through our, you know, the little rooms -- the
3 little rooms they put us in.

4 Q. Okay.

5 A. You know, separately. And they took the Indian
6 girl first, because she was in the most pain.

7 Q. Okay.

8 A. Yeah, they put, you know, they had a
9 television, you know, the -- asked if we needed anything
10 to drink, you know, stuff like that.

11 But, in the meantime, they gave them girls some
12 type of pills, you know, to start the contractions,
13 because after awhile they all was hurting.

14 Q. Okay.

15 A. Um-hmm.

16 Q. So, now, it was you and D [REDACTED] and D [REDACTED] --

17 A. Yes.

18 Q. -- and you just were waiting during the first
19 procedure?

20 A. Yes, because -- we were all in our little
21 separate little booths.

22 Q. Okay. Now, who came out to get D [REDACTED]?

23 A. Well, one of the -- one of the -- well, he had
24 two or three other nurses with him.

25 Q. Okay. So, one of the nurses --

6

1 A. You know, to help.

2 Q. Okay. So, one of the nurses came to get
3 Diamond?

4 A. Yeah, after the Indian woman got done. Yeah,
5 they came and got D [REDACTED], okay? D [REDACTED] it's your
6 turn, something like that.

7 Q. Okay. And, then, once she was in the procedure
8 room, did you start getting nervous about how long she
9 was in there?

10 A. Did we?

11 Q. Yes.

12 A. Yes.

13 Q. Okay.

14 A. Because I know the Indian woman was in there
15 not even that long, because I remember -- I remember I
16 had went out to try to find a restaurant or a McDonald's
17 or something -- somewhere to eat. But when I came back
18 -- I did get something to eat -- when I came back the
19 door was locked? I couldn't get in. I had to wait until
20 I, you know, somebody --

21 Q. Oh, okay.

22 A. -- it's a -- when you first walk in, you walk
23 into a -- just like in a hallway.

24 Q. Oh, okay.

25 A. And, then, onto -- to the right, there's --

7

1 there's a room where Dr. Brigham's receptionist -- nurse
2 or receptionist was.

3 Q. Um-hmm.

4 A. Because she kept coming in and out of that
5 room, in and out of that room. I guess they wanted to
6 make sure the door was locked, because she told me the
7 next time I go out and come back in to lock the door.

8 Q. Oh, okay. So, now, what did you -- did you ask
9 questions while D [REDACTED] was in the procedure room?

10 A. Well, I kept hearing her screaming and
11 hollering. And, then -- I mean, it did take long. It
12 took like two hours, I think.

13 Q. Okay.

14 A. But all I kept hearing was her screaming and
15 hollering. And I told the lady that worked there, I
16 can't stand this. I got to leave out. So, I kept going
17 out to the hall, you know, to the other part of the
18 building, you know, in the front.

19 Q. Okay.

20 A. You know, because I didn't want to hear her --

21 Q. Screaming.

22 A. -- and why is she screaming now, because they
23 put her to sleep.

24 Q. Right.

25 A. You know?

8

1 Q. Right. So, now who -- which doctor finally
2 came out of the room to talk to you and D [REDACTED]?

3 A. After -- both of them --

4 Q. Oh, both of them?

5 A. -- Dr. Brigham and Dr. Riley.

6 Q. Okay. And, now, did they come and get you or
7 did they just -- what did they say?

8 A. No, they came -- because the room is right
9 there -- right by where we were -- our little visiting
10 room. They opened the door and came out, and they said,
11 we're having complications. We got to take her over to
12 Union Hospital.

13 Q. Okay. Now --

14 A. And I'm like, complications with what? And
15 they said something about the uterus.

16 Q. Okay.

17 A. And they said, it's okay. They said they had
18 to hurry up and get her over there quickly and they
19 wheeled her out the room in the wheelchair.

20 Q. Okay. Now, when Dr. Brigham and Dr. Riley came
21 out, who was the one who was doing the talking?

22 A. They both were.

23 Q. Oh, they both were? Okay.

24 A. Well, wait, wait, wait, no, because Dr. Riley
25 was really doing -- I think she was doing most of the

9

11

1 talking.

2 Q. Okay.

3 A. But he kept, you know, intervening.

4 Q. Okay. So, he interrupted her and said --

5 A. Yes.

6 Q. Okay.

7 A. Yeah.

8 Q. So, now, other than saying, big problems, what
9 else did Dr. Riley and Dr. Brigham say to you?

10 A. Well, that she'll be all right; she'll be all
11 right. We just have to hurry up and get her over to the
12 -- to the other hospital. And I said, well, in the
13 wheelchair? Why don't you call the ambulance? And they
14 said, no, we're going to wheel her over there because the
15 Indian -- the small Indian nurse -- had her both -- both
16 of her legs up while somebody was going to wheel her.

17 I said, you can't wheel her over there like
18 that, call the ambulance. That's why I said, call the
19 ambulance. And he said, no, well, we're going to just
20 put her in the car.

21 Q. Okay.

22 A. And she was out of it. She couldn't even
23 stand. She was just out of it. Eyes were rolling in her
24 head and she didn't know nothing.

25 Q. Okay. So, now, who put D [REDACTED] in the vehicle?

10

12

1 A. They both -- all of them.

2 Q. Okay. Dr. Brigham, Dr. Riley and, then --

3 A. And that Indian -- little Indian nurse --
4 because she went in the back with Dr. Riley holding
5 D [REDACTED] hand, and Dr. Brigham drove over there.

6 Q. Okay, okay. Now, what happened when you got
7 over to Union?

8 A. Okay. Let's see. Soon as we pulled up -- they
9 pulled up on the wrong side of the emergency -- you're
10 supposed to go round the corner. But, in the meantime,
11 Security -- they had Security that had already seen us,
12 out there.

13 Then, they, you know, because we couldn't get
14 to that area -- that door.

15 Q. Oh, okay.

16 A. So, somebody came and opened the door.

17 Q. Oh, okay.

18 A. And then I seen all the head Security and other
19 nurses come up to that door, and I was, you know, that's
20 when they had Security came out and asked Dr. Brigham,
21 who he was. Because he said all he seen was him looking
22 at his badge. I remember -- I remember that.

23 Q. Oh, okay.

24 A. And Dr. Brigham -- but Dr. Brigham said that --
25 the head Security asked him, where is your clinic? And

1 he said -- Dr. Brigham said -- in -- in Elkton.

2 Q. Okay.

3 A. And the building was right across the street.

4 Q. Oh, okay. Now, did Dr. Brigham -- did he tell
5 the staff there who he was or what his name was?

6 A. I think so. You know, after -- after all that,
7 I just went in the room with my daughter.

8 Q. Oh, right, right. That's understandable.

9 A. And, then -- and, plus, talking to the head
10 Security and all the nurses and -- who else -- it was so,
11 I mean, I was like devastated.

12 Q. Oh, I'm sure. I'm sure. So, now, they kind of
13 -- Dr. Brigham and Dr. Riley -- refused outright to call
14 an ambulance?

15 A. Yes. They -- I said call the -- I asked them,
16 I said, call the ambulance. And they said, no, we're
17 going to take her in the car.

18 Q. Okay, okay. So, now, when you got to Union,
19 was -- when you got to Union Hospital, was Dr. Riley or
20 Dr. Brigham in D [REDACTED] room in the ER with her?

21 A. They didn't go in, no. They -- they were out
22 by the nurse's desk.

23 Q. Okay.

24 A. All of a sudden, all -- you know, the nurses
25 came out and was calming me down. The case -- the case

1 manager --

2 Q. Um-hmm.

3 A. -- management she was -- they all were so nice.

4 Q. Right.

5 A. They all tried to help me, you know, calm me
6 down and stuff.

7 Q. Right, right.

8 A. They were all good -- they all were great.

9 Q. Okay. Now --

10 A. They couldn't believe, you know, they never
11 seen nothing, you know, nothing like that happen before
12 in that hospital.

13 Q. Oh, okay, okay. Now, did Dr. Brigham and Dr.
14 Riley just leave Union, you never saw them again or heard
15 from them?

16 A. No. Well, they stayed there for a little bit.
17 They were real -- very nervous. They stayed there, I
18 think, while they were taking D [REDACTED] to go get like
19 tests, like CT-scan.

20 Q. Okay.

21 A. They immediately took her in.

22 Q. Okay.

23 A. Yeah. And started working on her. They
24 immediately did that. Yes, they did.

25 Q. Okay. So, now, did Dr. Aslam and Dr. Gill, at

13

15

1 Union Hospital, did they tell you definitely like what
2 was going on?

3 A. Yes. After the CT-scan and stuff, they said
4 that her uterus was -- had a hole through the back, and
5 something about the intestines.

6 Q. Okay. Now --

7 A. That they messed her up.

8 Q. Right. Now, when Dr. Brigham and Dr. Riley
9 came out of the procedure room, they didn't tell you --
10 did they tell you how severe --

11 A. They didn't say how severe it was until I got
12 to Union.

13 Q. Okay. And they basically were telling you just
14 don't worry about anything?

15 A. Yes.

16 Q. Okay.

17 A. Exactly.

18 Q. So, you didn't know D [REDACTED]'s condition when
19 you were trying to get her to the hospital, you just saw
20 that she was out of it?

21 A. Yes. And I know they said they had -- they
22 would have complications. That's all they told me. They
23 didn't say nothing about the intestines and they did not
24 say anything about how severe that uterus -- how they
25 damaged it, no.

14

16

1 Q. Okay. And, then, were you on the emergency
2 room ramp when they were getting D [REDACTED] out of Dr.
3 Brigham's vehicle?

4 A. Yes.

5 Q. Okay. Because someone else had reported that
6 Dr. Riley wanted the Emergency Room physician to come
7 out?

8 A. She -- I don't know because --

9 Q. Okay.

10 A. -- I don't know.

11 Q. Oh, no, that's fine.

12 A. I don't know that.

13 Q. No, that's fine. I mean, you can only tell me
14 what you know.

15 A. Oh, yes.

16 Q. Yeah.

17 A. Because I was like in and out, in and out,
18 before they even brought like, you know, wheeling her in.
19 Then, when they wheeled her in -- I don't know. Some --
20 some part I can't remember.

21 Q. Oh, no, I'm sure it was a whirlwind. So, I --
22 I appreciate anything you can remember.

23 A. Okay. So, they -- they stayed for not even 10
24 minutes.

25 Q. Oh, maybe 10 minutes? Okay.

1 A. Maybe, maybe.

2 Q. Okay.

3 A. And, then, she gave me a number and say, call
4 her -- told me to call her, you know, to let me know how
5 D [REDACTED] is.

6 Q. Okay.

7 A. And -- but she kept -- I think she had called
8 the hospital once or twice.

9 Q. This is Dr. Riley?

10 A. Yes.

11 Q. Okay.

12 A. Because they told me that she had called there.

13 Q. Okay. But, have you -- you haven't called her,
14 have you?

15 A. Did I -- yes -- yes, I did call her.

16 Q. Oh, you did? Oh, okay. What did you tell her?

17 A. Well, was that okay?

18 Q. Oh, no, no, no. I'm not -- you don't have to
19 ask my permission. I was just curious.

20 A. Oh, okay.

21 Q. No, no.

22 A. I just told her -- I didn't tell her that she
23 got flown to John (sic) Hopkins and I didn't tell them,
24 well, you know, about her intentions. I didn't tell her,
25 you know, what she had done to my daughter. I didn't

1 tell her nothing.

2 Q. Oh, okay. But you did call her?

3 A. I did call her and told her that, oh, yeah,
4 she's okay. She's going to -- I didn't think -- I didn't
5 think I should tell her.

6 Q. Right. The condition of D [REDACTED]?

7 A. Yeah, just in case, because I know all this is
8 going on right now, and I didn't want to warn her, you
9 know, what she's up against.

10 Q. Right, right. So, what day did you end up
11 calling her?

12 A. Okay. I think it's on my -- let me see -- when
13 did this happen, on Friday?

14 Q. Right.

15 A. Probably Monday.

16 Q. Oh, okay, okay.

17 A. So, she had called me back, also.

18 Q. Oh, she did?

19 A. Yes.

20 Q. Okay.

21 A. And I told her that -- what did I tell her? I
22 said, okay, usually, you know, that you didn't finish it,
23 that Union Hospital had to finish it. I said, she had to
24 go to John Hopkins. I did tell her that.

25 Q. Oh, okay, okay.

17

19

1 A. So they finished it. I said -- and I said
2 something about getting my money back. That's what I
3 told her.

4 Q. Oh, okay, okay.

5 A. Yeah. That's \$2,000.

6 Q. Right, right. And what did she say to that?

7 A. She said that she didn't have nothing to do
8 with that, that Voorhees -- the Women's Medical

9 Q. Okay.

10 A. -- Voorhees, you know, I would have to call
11 there, but I never called there because Dr. Brigham
12 called me.

13 Q. Oh, Dr. Brigham called you?

14 A. Yes, the next day, and was concerned about
15 D [REDACTED] and was asking me questions. And, also, I --
16 and, again, I did not tell him that, you know, what
17 happened, that, you know about the intestines -- but, you
18 know what? He did mention something about her
19 intestines.

20 Q. So, they knew that?

21 A. But I didn't know it at, you know, when it
22 first happened.

23 Q. Oh, okay.

24 A. But, then, he did bring that up.

25 Q. Oh, he mentioned D [REDACTED]'s intestines?

1 Q. Okay.

2 A. I think it was -- it might have been Tuesday.

3 Q. Oh, okay. And did he call you --

4 A. I have -- I left -- I mean, I still have his
5 numbers on my Caller ID, I never erased them.

6 Q. Oh, really.

7 A. Yeah, I said, I'm not going to erase them
8 because I might need it, you know, if they said they
9 called me.

10 Q. Yeah. No, that would be really helpful if I
11 could get the number he called you from and, then, the
12 specific date, that would probably really help us.

13 A. Okay. I will have to call you back.

14 Q. Yeah, you're on the phone right now, so I
15 understand.

16 Now, what else did Dr. Brigham say to you when
17 he called?

18 A. Well, basically, that's it, because he didn't -
19 - well, eh was telling me -- okay, well, I'm glad [REDACTED]
20 is all right, and I hope she's going to be getting
21 better. You know, stuff like that.

22 Q. Okay. Did he say that in any way, like, he was
23 responsible for what had happened?

24 A. No, he -- no, he did not.

25 Q. Okay.

18

20

1 A. Yes. He talked about her intestines.

2 Q. Oh, okay.

3 A. I think -- but I know we were talking about
4 that. But one day after that he had said for me -- when
5 D [REDACTED] come out -- for me to come there and he will
6 write a check to her, all she got to do is sign a release
7 -- a release something.

8 Q. Oh, okay.

9 A. For her to get her check -- her money back.

10 Q. Okay. Oh, so he wants you to sign a release
11 saying he's not responsible for anything?

12 A. Oh, that's what it is? A release for something
13 to get her money back.

14 Q. Right. Well --

15 A. Something like that.

16 Q. -- yeah, sometimes a release means that you're
17 not going to hold him responsible for anything. That's
18 why I was --

19 A. Oh -- but we didn't go.

20 Q. -- oh, no, I was just curious, because that's
21 usually the term "release," that's usually what that
22 means. That's why I was curious.

23 Now, what day, exactly, do you remember Dr.
24 Brigham calling you?

25 A. Monday or Tuesday.

1 A. Because I didn't, you know, I didn't, you know,
2 say too much to him.

3 Q. Right. Now, did he say anything about, like,
4 she's -- she's a patient of mine and that's why I'm
5 concerned, or anything like that?

6 A. No, he did not.

7 Q. Okay.

8 A. Now I'm looking at -- I do have Dr. Brigham's
9 number right here. I'm looking at it right now.

10 Q. Oh, okay.

11 A. [REDACTED] --

12 Q. Okay.

13 A. -- [REDACTED]. This is the number he called me from.

14 Q. Okay, [REDACTED]?

15 A. Yes.

16 Q. And what would the area be like, 609?

17 A. No, 856.

18 Q. Oh, 856, okay, thanks.

19 A. But they have an 800 --

20 Q. Right.

21 A. -- an 800 number, also.

22 Q. Right, right. I know they have the 800.

23 A. Do you want that?

24 Q. No, no, I know the 800 number.

25 A. Oh, okay, all right.

21

23

1 Q. Is there anything else that you can tell me
2 about Dr. Riley and Dr. Brigham's behavior, like when
3 they came out --
4 A. Soon as they came out from trying to do her
5 procedure, they looked very nervous.
6 Q. Okay, okay.
7 A. Yes, they were.
8 Q. Were they like looking at each other, you know,
9 what I mean? Or what -- what kind of nervous behavior
10 were they doing?
11 A. I can't explain it, I don't know.
12 Q. No, no, that's fine. I didn't know. Some
13 people show certain signs.
14 A. Oh, well, did you talk to my daughter already?
15 Q. Oh, yes, I did, ma'am.
16 A. Okay, because what she told me, because I went
17 back there, she said Dr. Brigham was in the back patting
18 her, like, shoulder.
19 Q. Right.
20 A. Yeah, while Dr. Riley was doing her.
21 Q. Right.
22 A. And I think she said, D [REDACTED] did you think
23 Dr. Riley was -- it wasn't -- it couldn't have been her
24 first time.
25 Q. Her first time doing an abortion?

22

1 A. Oh, she said, it seemed like he was training
2 her.
3 Q. Oh, right, right. Yeah, D [REDACTED] did tell me
4 that.
5 A. Um-hmm.
6 Q. Is there anything else that you think would
7 help our investigation in terms of Dr. Brigham or Dr.
8 Riley, any other information?
9 A. Well, you know, that's all I know --
10 Q. Okay.
11 A. -- from what I experienced, that Friday -- last
12 Friday.
13 Q. Okay.
14 A. But I wish I never heard of them.
15 Q. Okay, I understand.
16 MS. FARRELLY: I'm just going to stop the
17 recording right now. So, it's been about 20 minutes
18 we've been on the phone. Hang on one second.
19 (Whereupon, the interview was
20 concluded).
21
22
23
24
25

CERTIFICATE OF TRANSCRIBER

1 I, Diane Quade, do hereby certify that the
2 foregoing proceedings were transcribed by me via
3 audiotape and reduced to typewriting under my
4 supervision; that I am neither counsel for, related to,
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DIANE QUADE, Transcriber

<p>A</p> <p>abortion 21:25</p> <p>action 23:7,11</p> <p>African-American 4:22</p> <p>ambulance 9:13,18 9:19 11:14,16</p> <p>analyst 2:4</p> <p>appreciate 14:22</p> <p>area 10:14 20:16</p> <p>arrive 3:4</p> <p>arrived 2:17,19,24 4:19</p> <p>asked 4:13 5:9 10:20 10:25 11:15</p> <p>asking 17:15</p> <p>Aslam 12:25</p> <p>attorney 23:9</p> <p>audiotape 23:5</p> <p>August 1:14 2:5,17 4:18</p> <p>awhile 5:13</p>	<p>11:13,20 12:13 13:8 17:11,13 18:24 19:16 21:17 22:7</p> <p>Brigham's 2:17 3:17 7:1 14:3 20:8 21:2</p> <p>bring 17:24</p> <p>brought 14:18</p> <p>building 2:20 3:3,3 4:6,24 7:18 11:3</p>	<p>CONDUCTED 1:18</p> <p>contractions 5:12</p> <p>corner 10:10</p> <p>correct 2:14</p> <p>couldn't 6:19 9:22 10:13 12:10 21:23</p> <p>counsel 23:6,9</p> <p>couple 3:14</p> <p>crew 3:18</p> <p>CT-scan 12:19 13:3</p> <p>curious 15:19 18:20 18:22</p>	<p>6:19 7:6,7 8:10 10:14,16,19</p> <p>Dr 2:17 3:4,17 22,25 7:1 8:5,5,20 20,24 9:9,9 10:2,2,4,5,20 10:24,24 11:1,4,13 11:13,19,20 12:13 12:13,25,25 13:8,8 14:2,6 15:9 17:11 17:13 18:23 19:16 20:8 21:2,2,17,20 21:23 22:7,7</p> <p>drink 5:10</p> <p>drove 10:5</p>	<p>5:18 6:22 17:22 21:24,25</p> <p>five 3:24</p> <p>Florida 4:2</p> <p>flown 15:23</p> <p>follow 2:25</p> <p>followed 3:10,12</p> <p>foregoing 23:4</p> <p>Friday 16:13 22:11 22:12</p> <p>front 7:18</p> <p>further 23:8</p>
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Exhibit K

SMP FAMILY MEDICINE & HOMECARE

NICOLA RILEY, M.D.

801-747-0922 Tel./Appt.

801-747-0924 Fax

St. Marks Hospital, Central Medical Bldg.
1220 East 3900 South, #4A
Salt Lake City, Utah 84124

From: Nicola Riley, M.D.
SMP Family Medicine
1220 East 3900 South, Suite 4A
Salt Lake City, Utah 84124

To: Jeri Warhaftig, Deputy Attorney General
NJ Office of the Attorney General
Division of Law
124 Halsey Street, 5th Floor
Newark, NJ 07701
(973) 648-7487 (Tele)
(973) 648-7782 (Fax)

Date September 1, 2010

Reference: Dr. Steven Brigham (Bureau File #10-3717-10-1097)

To Whom It May Concern:

The following information was requested on August 31, 2010 by Mr. Lizzano via a notarized certification:

1. Your identification and licensure in Maryland.

I, Nicola I. Riley, MD am a licensed, board certified family medicine physician, in the state of Maryland.

License #: D71213

Issued: 07/20/2010

Expire: 06/30/2011

2. A description of the procedures you performed on patients D [REDACTED] B [REDACTED], SD (25 weeks), NC (18.4 weeks) at Dr. Brigham's office in Elkton, MD on August 13, 2010.

The procedure on D [REDACTED] B [REDACTED] is enclosed in my abortion log and three page procedure note addendum, exhibit #1. Procedures on patients SD and NC were similar but without any noted complications. All original charts are at the New Jersey clinic location in possession of the attending physician, Dr. Brigham. I do not possess copies of these charts.

3. Identify all medications provided to these patients (pre-medication), where that was given and by whom.

I can only identify premedication given to D [REDACTED] B [REDACTED] (i.e. doxycycline and Tylenol #3) at the New Jersey clinic location prior to transport to the Maryland clinic on August 13, 2010. It is on that date that had initial contact with the patient and their family, chart review and verbal patient consult/review with Dr. Brigham on the prior visits at the New Jersey location. Please see my copy of D [REDACTED] B [REDACTED] chart, exhibit #2. All other charts are in the possession of Dr. Brigham.

SMP FAMILY MEDICINE & HOMECARE

NICOLA RILEY, M.D.

801-747-0922 Tel./Appt.

801-747-0924 Fax

St. Marks Hospital, Central Medical Bldg.
1220 East 3900 South, #4A
Salt Lake City, Utah 84124

Reference: Dr. Steven Brigham (Bureau File #10-3717-10-1097)

4. Please explain "fetal demise" determination prior to beginning your procedure.

Fetal demise was determined by reviewing the charts prior to the abortion procedure, i.e. was fetal cardiac heart beat was observed on previous day ultra sound at the New Jersey clinic or if Digoxin was administered the previous day at the New Jersey clinic by the attending physician.

5. Please provide a physical description of patients SD & NC.

Pt SD was an Indian woman (i.e. from India, not American Indian) accompanied by her husband. NC was of Mexican or Hispanic origin and accompanied by another female family member.

6. Identify who was present during these procedures and who was in possession of the medical charts for these patients upon completion of the procedure on August 13, 2010. Include a copy of your contract with Dr. Brigham.

Dr. Brigham was in consultation during all three procedures as well as two of the New Jersey clinic medical assistants. As stated during the initial previous questioning by Mr. Lizzano; all charts are property and kept at the New Jersey clinic, where each patient received their initial workup, fetal demise initiated, consent obtained and final follow up care given. My contract with Dr. Brigham is included as exhibit #3.

Please contact me at 801-747-0922 if further clarification is needed.

Nicola Riley, MD

Nicola Riley 9/1/10

CC: Richard Lizzano, Investigator
NJ Office of the Attorney General
DCA Enforcement Bureau
2201 Route 38, Suite 201
Cherry Hill, New Jersey 08002
Tel: (856) 482-4360
Fax : (856) 482-7618

Exhibit #1

Case: 2011-0118

August 22, 2010

To whom it may concern,

I, Nicola Riley MD, am a contracted employee of The American Women's Services, cooperative offices located in Voorhees, New Jersey. I performed a voluntary 2nd trimester D & E on the patient, D██████ B██████ on August 13th, 2010 at the Elkton, Maryland clinic location. Her initial work-up, care (laminaria/ultrasound/labwork, surgical & informed consent, and fee payments were performed/ collected on August 12, 2010 at The American Healthcare Services, PC. Clinic in Voorhees, New Jersey. (Enclosure #1, #2, #3, #4)

The procedure was initiated and performed at the Elkton, Maryland clinic on August 13th, 2010 by myself, the attending physician. I introduced myself and then consulted the patient and her family in attendance (mother and boyfriend). I reviewed the chart before commencement of the procedure and assessed the patient's vital signs and physical exam. The patient was in stable condition and once again I informed the patient of the risk (Enclosure #5, abortion record). Patient was allowed to ask questions before anesthesia was administered on August 12th, 2010 at approximately 11:00 AM (CORRECTION: APPROXIMATELY 12:00 PM.). Patient agreed to proceed forward with the D& E.

As noted in the procedure note (Enclosure #6, three page progress note), the procedure was stopped when extra uterine tissue was noted in the vaginal vault. The family was notified that we would be transporting the patient to the nearby ER, two blocks away. The patient was dressed, IV access attempted and immediately transported via POV with Dr. Brigham, the consulting physician on duty and myself in attendance to the nearby hospital two blocks away. I was in telephone contact during the 3-5 min drive the nearby emergency room with Dr. Gill, the on call doctor. The patient's family followed in their POV. The patient was being monitored by portable vital sign equipment by the accompanying medical assistant. The patient history and possible complication was reported to Dr. Gill upon arrival to the ER.

The patient was then further stabilized by the ER staff and I instructed the patient's mother to retrieve insurance information for the ER intake clerk. Once the patient was stabilized by the ER staff, I then returned to the Elkton clinic to finish procedures on the remaining patient. At approximately 2-3 pm, I was contact by Dr Islam, the Union hospital Ob/GYN that the patient had a uterine perforation and was being transported to John's Hopkins hospital.

#1

Corrected Copy

Case: 2011-0118

Later that evening I was contacted by Dr. Kratz from John's Hopkins hospital that the patient had successfully undergone a small bowel resection with anastomosis by Dr. Christiansen and posterior uterine repair. I filled Dr. Kratz in on the specifics of my initial part in the pregnancy termination procedure.

Afterwards, I followed up with the patient and her mother via telephone contact within the next 48 hours. The patient's mother had concerns of hospital cost and refund of the initial fees. I directed her to the administration offices at the initial patient intake clinic in New Jersey and the hospital social/insurance case manager. Further follow up was then done by the New Jersey, clinic supervising staff and physician. I then was contacted by Dr. Elizabeth Purcell, on follow paperwork for the fetal demise certificate, which she agreed to complete

Please see enclosed procedure notes/records and informed consent.

Please contact me at [REDACTED] for further questions.

Nicola Riley, MD

ABORTION RECORD

Patient Number: DB

Date: 8-13-10

8/13/10 ml I have discussed with the patient the abortion she has requested, and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her condition and the procedure. The patient was referred here with laminaria inserted. Her general physical exam was within normal limits.

Vital Signs:

B/P: 127/92 Pulse: 87 O2 Saturation: 100 Temp:

PRE-EVACUATION EXAM:

Vagina ☒ WNL ☐ Other:
 Cervix ☒ WNL ☐ Other: , Dilated: cm
 Adnexa ☒ WNL ☐ Other:
 Uterus ☒ WNL ☐ Other:
☐ ANT ☐ MID ☒ POST SIZE: 27.5 weeks

Pain Management: Para cervical block: 1% Lidocaine with vasopressin and oxytocin
☒ Midazolam 2 mg IV ☒ Fentanyl 100 ug IV ☒ ketamine 3 cc IV
☐ Other

8/13/10 ml The patient was continuously monitored using pulse oximetry and visual observation. Her medical condition and vital signs ☒ did ☐ did not remain within normal limits at all times during the procedure.

The patient ☐ did ☒ did not, spontaneously deliver the fetus and placenta.

Adjunctive measures used to facilitate the delivery of the fetus, the abortion procedure and/or to stop bleeding:

- ☒ Obstetrical maneuvers
- ☐ Forceps use
- ☐ Sharp curettage of the endometrium
- ☒ Vacuum aspiration of amniotic fluid, blood, parts, etc.
- ☐ CNS decompression using 6mm vacurette
- ☐ Uterine Massage
- ☐ Silver Nitrate cauterization
- ☐ Monsel's Solution application

Comments:

It did take extra-uterine tissue observed. Procedure immediately stopped and see attached note. Pt transported in stable condition to L&H consented.

#5

ABORTION RECORD, PAGE 2

Examination of Products of Conception:

- A. Tissue Weight _____ gm
- B. POC grossly identified:
- | | | | |
|----------|------------------------------|-----------------------------|----------------------------|
| Villi: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Sac: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Parts: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Decidua: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
- C. Fetal Foot length: _____ mm
- D. Final Estimated Gestation: _____ wks. LMP: _____
- E. ☐ Repeat urine HCG showed:
☐ Tissue to Lab
☐ Quantitative Serum B-HCG sent to Lab
☐ Ectopic Pregnancy Fact Sheet given to patient.

Comments:

Sent to ER via P&V

Pt. Should seek follow-up care:

☐ Routine F/U in 2 weeks Other: *Follow*

MEDICATIONS ORDERED

☐ MicroRhogam ☐ Rhogam ☐ Other

MEDICATIONS DISPENSED

- ☐ Doxycycline 100 mg po BID x 6 days
☐ EES 250 mg po QID x 7 days
☐ Amoxicillin 1.5 gms po 6 hr post-AB
☐ Acetaminophen 100 mg po PRN
☐ Other: _____

MEDICATIONS PRESCRIBED

- ☐ Ibuprofen 400-800 mg po TID x 3 days PRN cramping
☐ Ferrous Gluconate 300 mg po BID x 90 days, begin completion of post-op antibiotics
☐ Metronidazole 500 mg 1 tablet po BID x 7 days
☐ Methergine 0.2 mg po TID x 3 days
☐ Other: _____

Additional Comments:

Physician's Signature: _____

8/13/10

Recommendation of Hospital physicians.

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: XB - 10 - #1562

PATIENT NAME: J [REDACTED] B [REDACTED]

It is an 184/0 African-American female
G₁P₀ @ 21.2 weeks gestation by U.S.

It agreed to termination of pregnancy
sp. lamination. At approximately 1:00 PM
It taken for procedure. Pre-Op
vitals were stable @ 127/92 B/P, Pulse 87
& O₂ saturation 100%.

It given sedation as per protocol, 2mg
Midazolam, 100 ug fentanyl and 1 cc Ketamine
IV w/o complication. It was monitored
via Pulse oximetry, Visual observation
by physician & staff & B/P measurement.
It vital signs throughout procedure were
stable.

After removal of lamination & administration
of local anesthesia i.e. 2 cc of 1% lidocaine
and 5 units Pitocin and 5 units
Oxytocin, 4 tablets of 200ug Misoprostol
administered rectally. It's Membranes

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: 15-10-#1562

PATIENT NAME: [REDACTED] B [REDACTED]

were ruptured + amniotic fluid drained w/o complication. Additional ketamine administered prior to D+E.

D+E procedure commenced using Brier forceps w/o complication. After removal of fetal arm/leg + feet (thru), extra uterine tissue was observed. Procedure immediately stopped, vitals began recovered and stable.

Dr. Kelaj informed staff to start IV, check vitals and call Union Hospital ER for immediate transport. It

family informed of possible complication and need to transport to Union Hospital ER 2 block away. Family agreed to follow

Dr. Kelaj + staff members + Pt. in FOX line time constraints. Vitals were stable

(a 130/70, Pula 85, O₂ Sat 100%,

ER staff. Doctor was on notice of

losing Pt. (Dr. Gill, MD).

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: AB-10-#1502

PATIENT NAME: D [REDACTED] B [REDACTED]

An EK, Dr. Gill was given report in person by Dr. Kelz. It was then further stabilized and signed in by family. (ie Insurance info given by Mother & demographics by husband)
Dr. Kelz was informed with the Low Bay Dr. Glan, OB/GYN Physician. Dr. Kelz informed pt stable but needed transport to John Hopkins for surgery & complication repair. Dr. Kelz followed up with Dr. Glan again @ approximately 2:27 pm. It listed as stable and transport pending in next 5-10 minutes

End Note

Quincy man (8/13/10) (14:45)

Exhibit #2

Laminaria Insertion & Induction of Intrauterine Fetal Demise

Patient's Name: [REDACTED] Date: 8/12/10 Chart#: 1562

Vital Signs: BP: 104/70 Pulse: 85 Temp: 97.4

I have discussed with the patient the abortion she has requested and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her decision.

The patient was placed in the lithotomy position. The perineum was prepped and draped.

On Pelvic Examination:

Vagina ☒ WNL [] Other: _____
Cervix ☒ WNL [] Other: _____
Adnexa ☒ WNL [] Other: _____
Uterus ☒ WNL [] Other: _____ [] Ant [] Mid [] Post

Approximate Size of Uterus:

13 14 15 16 17 18 19 20 21 22 23 24 25

[] Periumbilical prep was done. 10cc of 1% Lidocaine injected subcutaneously. Under ultrasonographic guidance a 7-inch spinal needle was inserted through the skin and into the fetus.

_____ cc. (500mcg/2cc) Digoxin was injected to cause fetal demise.

Laminaria insertion: Total number of Laminaria Inserted: 7 LOCAL/TWILIGHT

5 10mm Laminaria Japonica [] Membranes ruptured.
_____ 8mm Laminaria Japonica [] Umbilical chord ligated.
_____ 6mm Laminaria Japonica [] Lamioel 5mm. # _____
_____ 5mm Laminaria Japonica [] Lamicel 3mm. # _____
_____ 4mm Laminaria Japonica
_____ 3mm Laminaria Japonica
2 2mm Laminaria Japonica

Sterile gauze packing was then placed in the vagina. Patient was taken to the recovery room for observation.

Medications administered and/or prescribed to her:

_____ Misoprostol tabs, _____ x 200 mg, p.o. started at _____ am/pm. and repeated every _____ hrs.
_____ Misoprostol tabs (_____ #) placed p.v.
_____ Mifepristone tabs 100 mg p.o. at _____
_____ Hydrocodone
_____ Dilaudid
X Doxycycline 100 mg B.I.D.

X Other: Tylenol #3

Return to Vonk office on 8/13 at 8 am/pm.

MD signature: [Signature]

Second Trimester Non-Surgical Abortion

Name: D [REDACTED] B [REDACTED] Chart # 1562 Date: 8/12/10

Age: _____ LMP: _____

LABORATORY TEST RESULTS:

VITAL SIGNS: BP 104/70 Pulse 85 Temp 97.4 Ht 5'1 1/2 Wt 122

BLOOD: Hct/Hgb: 1 RH: +ve

URINE: Glu/Pro: neg/neg LSPT: _____ Signature of Lab Tech: [Signature]

Non-Surgical Abortion - Delivery Notes Date: _____ Time: Start _____ End: _____

Ultrasound examination on _____ revealed the gestational age to be _____ wks LMP.
On _____ a 2nd ultrasound examination [] did, [] did not confirm fetal demise.

The patient was brought into the exam room and placed in the lithotomy position. The patient was noted to be having contractions. The gauze and laminaria were manually removed.

Vagina [] WNL [] Other: _____
Cervix # [] WNL [] Other: _____ Dilated: _____ cm Effaced: _____ %
Adnexa [] WNL [] Other: _____
Uterus [] WNL [] Other: _____ [] Ant [] Mid [] Post Size: _____ wks.

Pain Management: Paracervical block: 1% lidocaine with vasopressin and oxytocin.

[] Conscious sedation: _____ mg Midazolam _____ ug Fentanyl. [] Other: _____

The patient was continuously monitored by pulse oximetry, VS readings, cardiac rhythm and visual observation. The patient remained awake and talking throughout the delivery.

BP: _____ / _____ Ps: _____ O₂ Sat: _____ Cardiac Rhythm: NL/ABN Staff Int: _____

The patient [] did or [] did not, spontaneously deliver the fetus and placenta.

Adjunctive measures used to facilitate delivery of the fetus/placenta and/or to stop bleeding:

- _____ Obstetrical maneuvers
- _____ Forceps assistance to delivery.
- _____ Sharp curettage of the endometrium.
- _____ Vacuum aspiration of amniotic fluid, blood, placenta, or retained POC.
- _____ CNS decompression using a 6mm vacurette
- _____ Uterine massage.
- _____ Silver nitrate cauterization
- _____ Monsel's solution application

Following delivery, the patient sat up, dressed herself, and walked to the recovery area.
Comments: _____

American Healthcare Services, P.C.

Recovery Room Record

Patient Name: [REDACTED]

Date: 8/12/10

Chart#: 1562

Type Of Procedure: 2nd Tr

of Weeks: 21.5

Time	BP	P	Initials	Bleeding			Cramping			Comments
				Min	Mod	Heavy	Min	Mod	Heavy	
11:35	121/88	78								
11:45	127/92	87								
	/									
	/									
	/									
	/									

☐ Ibuprofen/ Tylenol administered for abdominal cramping
(Ibuprofen/Tylenol administrado para el dolor abdominal)

☒ Nourishment given post-abortion (Alimento dado despues del aborto)

☒ Urged patient to stay for one hour (Instó al paciente a permanecer por una hora)

☒ Instructed patient to follow-up with a 2 week visit

(Paciente fue instruido a regresar en a semanas para seguimiento)

☒ Verbal and written post-operative instructions, emergency contact and 24 hour hotline number given to patient with her understanding

(Instrucciones verbales y escrita posoperativas, contacto de emergencia número de línea directa dado al paciente con su comprensión)

☒ Antibiotic given and explained to pt. with pt.'s understanding

(Antibiótico dado y explicado al pt. con la comprensión de pt.)

I have received the above information and medications:
(He recibido de información y medicinas)

[REDACTED]
Patient Signature
(La firma del paciente)

Additional Comments: I.V. started in _____ area with _____ of Ringer's Lactate infusing with _____ of Pitocin added. I.V. was removed without any problems. Patient tolerated the procedure well and denies any complaints or discomfort.

[Signature]
Recovery Room Nurse

8/12/10
Date

Time

American Healthcare Services, P.C.

Post-Laminaria Insertion Instructions

You have just completed the first step of your abortion procedure. The material that the doctor has just placed in the opening of your uterus is called laminaria. It is a type of seaweed that is compressed and prepared for medical use. Between now and the time of your procedure it will absorb moisture and swell, opening your cervix in a safe and natural way. This is being done for your comfort and safety.

The laminaria is designed not to go too far up into your uterus, so don't worry about the possibility of this happening. It will in no way interfere with your using the bathroom. You should also not be concerned if the laminaria or gauze packing falls out. If this does occur, just be sure to tell us when you return to the office. The doctor will remove the laminaria before he/she does your procedure.

Do Not do Any of The Following Between Now and Your Appointment Time:

- Put anything inside of your vagina
- Have sexual intercourse
- Use tampons
- Take a tub bath

You May Take Showers and you **MUST** take the antibiotics, which have been prescribed, as directed.

We can be reached at our 24-hour HOTLINE at 1-800-ABORTION. Our answering service can reach us at any time, so please do not hesitate to call if you are having any problems before your next appointment, such as severe labor-like cramps, fever or bleeding. Do not be concerned about spotting or having a yellow discharge from your vagina.

YOU MUST BE ON TIME TOMMOROW. Also, you should have someone with you who can help you return home. It is important for your safety that you do not eat or drink anything for 8 hours prior to your appointment. **THIS INCLUDES WATER, GUM AND CANDY.** Also, **DO NOT**, take any medication, drugs or drink any alcohol before your procedure without your doctor's okay.

The day of the procedure, please wear loose fitting clothing (i.e., jogging pants, appropriate underwear, t-shirts). Do not wear many layers of clothing. You want to be as comfortable as possible. There are also gowns available that you have the choice of using.

Remember that your abortion really begins when the laminaria is inserted into your cervix. Therefore, you **MUST** return for your procedure at the scheduled time. If an emergency arises which will cause you to be late for your appointment, **CALL US IMMEDIATELY.**

You next appointment is schedule at 8:00 on 8/13/10

*American Medical Services, PC*AMA SIGN-OUT FORM

I have been informed by the medical staff of American Medical Services, PC that it is in my best interest to remain on the premises of their office for at least one hour after my abortion procedure. I understand that this recommendation is being made to protect me by allowing the medical staff to monitor me for any possible complications that might arise as a result of my abortion procedure. I understand that these complications could include bleeding, hemorrhage, post-abortal syndrome, infection, as well as other complications. I also understand that the potential consequences of these complications, if left untreated, could include surgery, loss of fertility, and/or death. Understanding all of the above, I still wish to leave the office early, even though this is against my medical advice. I will not hold American Medical Services, PC, their doctors, or any of their staff responsible for the consequences of my leaving early.

Patient Name:

D [REDACTED] B [REDACTED]

Patient Signature:

[REDACTED] B [REDACTED]

Date:

8-12-10

Witness:

[REDACTED]

American Healthcare Services, P.C.

Chart Number: 1562

OBSTETRICAL SONOGRAM REPORT

Patient Name: D [REDACTED] B [REDACTED] Date 8/9/10

LMP: 3 Weeks by Date: _____

Fetal# 1 2 3
Position: vertex breach trans

Fetal Measurements:

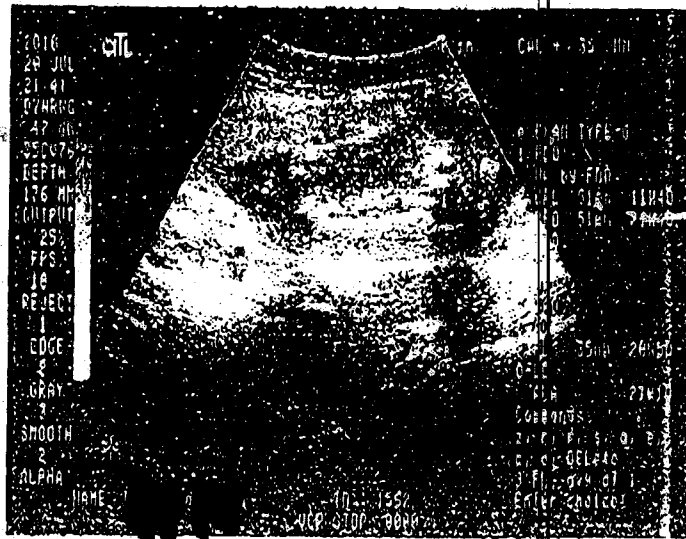
BPD: 51 mm 21 weeks 4 days
CRL: _____ mm _____ weeks _____ days
FL: 35 mm 20 weeks 5 days
Gestational Sac: _____ mm _____ weeks _____ days
Placenta: _____ ant. _____ post. _____ fundal
Fluid: _____ normal _____ polyhyd _____ oligohydramnios
Heartbeat: _____ normal _____ slow _____ fast _____ absent
Movement: _____ normal _____ slow _____ fast _____ absent

FINAL ESTIMATED GESTATIONAL AGE: 20+2 (Weeks) 21.5

Comments: Trans Abcd C/Ls for gest age

[Signature]
Ultrasound Technician Signature

[Signature] 8/13/10
Physician Signature MD



Laminaria Insertion & Induction

Patient's Name: D [REDACTED] B [REDACTED] Date: 8/12/10 Chart#: 1562

Vital Signs: BP: 104/70 Pulse: 85 Temp: 97.4

I have discussed with the patient the abortion she has requested and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her decision.

The patient was placed in the lithotomy position. The perineum was prepped and draped.

On Pelvic Examination:

Vagina ☒ WNL ☐ Other: _____
 Cervix ☒ WNL ☐ Other: _____
 Adnexa ☒ WNL ☐ Other: _____
 Uterus ☒ WNL ☐ Other: _____ [] Ant [] Mid [] Post

Approximate Size of Uterus:

13 14 15 16 17 18 19 20 21 22 23 24 25

[] Periumbilical prep was done. 10cc of 1% Lidocaine injected subcutaneously. Under ultrasonographic guidance a 7-inch spinal needle was inserted through the skin and into the fetus.

_____ cc. (500mcg/2cc) Digoxin was injected to cause fetal demise.

Laminaria insertion:

Total number of Laminaria Inserted: 7

LOCAL/TWILIGHT

5 10mm Laminaria Japonica ☐ Membranes ruptured.
 _____ 8mm Laminaria Japonica ☐ Umbilical chord ligated.
 _____ 6mm Laminaria Japonica ☐ Lamicel 5mm. # _____
 _____ 5mm Laminaria Japonica ☐ Lamicel 3mm. # _____
 _____ 4mm Laminaria Japonica
 _____ 3mm Laminaria Japonica
2 2mm Laminaria Japonica

Sterile gauze packing was then placed in the vagina. Patient was taken to the recovery room for observation.

Medications administered and/or prescribed to her:

_____ Misoprostol tabs, _____ x 200 mg, p.o. started at _____ am/pm. and repeated every _____ hrs.
 _____ Misoprostol tabs (_____ #) placed p.v.
 _____ Mifepristone tabs 100 mg p.o. at _____
 _____ Hydrocodone
 _____ Dilaudid
X Doxycycline 100 mg B.I.D.
X Other: Tylenol #3

Return to Vonh office on 8/13 at 8 am/pm.

MD signature: [Signature]

American Healthcare Services, P.C.

Recovery Room Record

Patient Name: [REDACTED]

Chart#: 1562

Date: 8/12/10

Type Of Procedure: 2nd Tr

of Weeks: 21.5

Time	BP	P	Initials	Bleeding			Cramping			Comments
				Min	Mod	Heavy	Min	Mod	Heavy	
11:35	121/88	78								
11:45	127/92	87								
	/									
	/									
	/									
	/									

☐ Ibuprofen/Tylenol administered for abdominal cramping
(Ibuprofen/Tylenol administrado para el dolor abdominal)

☒ Nourishment given post-abortion (Alimento dado despues del aborto)

☒ Urged patient to stay for one hour (Instó al paciente a permanecer por una hora)

☒ Instructed patient to follow-up with a 2 week visit

(Paciente fue instruido a regresar en 2 semanas para seguimiento)

☒ Verbal and written post-operative instructions, emergency contact and 24 hour hotline number given to patient with her understanding

(Instrucciones verbales y escrita posoperativas, contacto de emergencia número de línea directa dado al paciente con su comprensión)

☒ Antibiotic given and explained to pt. with pt.'s understanding

(Antibiótico dado y explicado al pt. con la comprensión de pt.)

I have received the above information and medications:

(He recibido de información y medicinas)

[REDACTED]
Patient Signature
(La firma del paciente)

Additional Comments: I.V. started in _____ area with _____ of Ringer's Lactate infusing with _____ of Pitocin added. I.V. was removed without any problems. Patient tolerated the procedure well and denies any complaints or discomfort.

[Signature]
Recovery Room Nurse

8/12/10
Date

Time

American Healthcare Services, P.C.

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- Put anything inside of your vagina
- Have sexual intercourse
- Use tampons
- Take a tub bath

You May Take Showers and you MUST take the antibiotics, which have been prescribed, as directed.

We can be reached at our 24-hour HOTLINE at 1-800-ABORTION. Our answering service can reach us at any time, so please do not hesitate to call if you are having any problems before your next appointment, such as severe labor-like cramps, fever or bleeding. Do not be concerned about spotting or having a yellow discharge from your vagina.

YOU MUST BE ON TIME TOMMOROW. Also, you should have someone with you who can help you return home. It is important for your safety that you do not eat or drink anything for 8 hours prior to your appointment, **THIS INCLUDES WATER, GUM AND CANDY.** Also, **DO NOT** take any medication, drugs or drink any alcohol before your procedure without your doctor's okay.

The day of the procedure, please wear loose fitting clothing (i.e., jogging pants, appropriate underwear, t-shirts). Do not wear many layers of clothing. You want to be as comfortable as possible. There are also gowns available that you have the choice of using.

Remember that your abortion really begins when the laminaria is inserted into your cervix. Therefore, you **MUST** return for your procedure at the scheduled time. If an emergency arises which will cause you to be late for your appointment, **CALL US IMMEDIATELY.**

Your next appointment is schedule at 8:00 on 8/13/10

American Medical Services, PC

AMA SIGN-OUT FORM

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Patient Name: D [REDACTED] B [REDACTED]

Patient Signature: [Signature] [REDACTED] B [REDACTED]

Date: 8-12-10

Witness: [Signature]

Second Trimester Non-Surgical Abortion

Name: [REDACTED] Chart # 1562 Date: 8/12/10

Age: _____ LMP: _____

LABORATORY TEST RESULTS:

VITAL SIGNS: BP 104/70 Pulse 85 Temp 97.4 Ht 5'11/2 Wt 122

BLOOD: Hct/Hgb: _____ RH: +ve

URINE: Glu/Pro: neg neg LSPT: _____ Signature of Lab Tech: [Signature]

Non-Surgical Abortion - Delivery Notes Date: _____ Time: Start _____ End: _____

Ultrasound examination on _____ revealed the gestational age to be _____ wks LMP.
On _____ a 2nd ultrasound examination [] did, [] did not confirm fetal demise.

The patient was brought into the exam room and placed in the lithotomy position. The patient was noted to be having contractions. The gauze and laminaria were manually removed.

Vagina [] WNL [] Other: _____
Cervix [] WNL [] Other: _____ Dilated: _____ cm Effaced: _____ %
Adnexa [] WNL [] Other: _____
Uterus [] WNL [] Other: _____ [] Ant [] Mid [] Post Size: _____ wks.

Pain Management: Paracervical block: 1% lidocaine with vasopressin and oxytocin.

[] Conscious sedation: _____ mg Midazolam _____ ug Fentanyl. [] Other: _____

The patient was continuously monitored by pulse oximetry, VS readings, cardiac rhythm and visual observation. The patient remained awake and talking throughout the delivery.

BP: _____ / _____ Ps: _____ O₂Sat: _____ Cardiac Rhythm: NL/ABN Staff Int: _____

The patient [] did or [] did not, spontaneously deliver the fetus and placenta.

Adjunctive measures used to facilitate delivery of the fetus/placenta and/or to stop bleeding:

- _____ Obstetrical maneuvers
- _____ Forceps assistance to delivery.
- _____ Sharp curettage of the endometrium.
- _____ Vacuum aspiration of amniotic fluid, blood, placenta, or retained POC.
- _____ CNS decompression using a 6mm vacurette
- _____ Uterine massage.
- _____ Silver nitrate cauterization
- _____ Monsel's solution application

Following delivery, the patient sat up, dressed herself, and walked to the recovery area.

Comments:

Exhibit #3

PHYSICIAN INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT made as of this the 30th day of July, 2010 by and between:

American Medical Associates, P.C., a Professional Corporation authorized to practice medicine and surgery in Maryland, as well as Virginia Health Group, P.C. a Virginia Professional Corporation organized in Virginia and authorized to practice medicine and surgery in Virginia (hereinafter collectively referred to as "the Professional Corporation" or just the "PC")

AND

Nicola Irene Riley, M.D., holder of license No. D71213 authorizing her to practice medicine and surgery in the State of Maryland, and who is in the process of applying for a license to practice medicine in Virginia, as well as any Professional Corporation owned by said physician; (Hereinafter collectively referred to as "the Doctor")

WHEREAS, the Professional Corporation desires to contract with the Doctor on and after July __, 2010 upon the terms and conditions hereinafter set forth, and the Doctor desires to accept such a contractual relationship, it is hereby AGREED as follows:

1. The Doctor shall practice medicine, and shall perform the medical services listed in the Appendix, including abortion procedures, for the Professional Corporation on specified days and hours to be mutually agreed upon.

2. The Doctor will be paid according to the following schedule for abortions performed upon those patients who are paying directly out-of-pocket for their abortion procedure:

\$	45.00 per 12 week pregnancy and less
\$	60.00 per 13-14 week pregnancy
\$	100.00 per 15-16 week pregnancy
\$	150.00 per 17-18 week pregnancy
\$	200.00 per 19-20 week pregnancy
\$	250.00 per 21-22 week pregnancy
\$	300.00 per 23-24 week pregnancy
\$	400.00 per 25-26 week pregnancy
\$	500.00 per 27-28 week pregnancy
\$	600.00 per 29-30 week pregnancy
\$	700.00 per 27-28 week pregnancy
\$	800.00 per 29-30 week pregnancy
\$	900.00 per 31-32 week pregnancy
\$	1,000.00 per 32-33 week pregnancy
\$	1,100.00 per 34-35 week pregnancy
\$	1,200.00 per 36-37 week pregnancy

#2

"Week pregnancy" always refers to menstrual age unless otherwise stated.

2. The Doctor agrees to insert cervical dilators ("Laminaria") when medically indicated for her or other doctors who will perform second trimester abortions. The Doctor will be paid \$25.00 for each patient in which she inserts Laminaria.
3. The Doctor agrees to administer I.V. Sedation when requested by the patient and medically indicated. The Doctor will be paid \$15.00 for each patient in which he/she administers I.V. sedation.
4. The Doctor agrees to perform gynecological examinations, including post-operative examinations on any and all patients who have been scheduled for the time in which he/she is practicing in the office. These post-operative examinations include patients who may or may not have had surgery performed by another physician. The Doctor will be paid \$25.00 for each patient she sees as an office visit.
5. The Doctor agrees that absolutely no additional fees will be paid to her for any service which is rendered without a written request and a written response which will then become an amendment to this contract.
6. The Doctor will be responsible for obtaining her own medical malpractice insurance. The Professional Corporation shall not be financially responsible for any part of the premiums.
7. The Doctor agrees to appear and be ready to begin seeing patients on time, which both parties agree is one hour after the first patient is scheduled. The Doctor agrees to be on time. If she is late, then after a 15 minute "grace period", the doctor agrees that she will be charged a late fee of \$150.00/hour, prorated to every 15 minutes, to cover the costs of staffing and "lost" patients resulting from the doctor's tardiness.
8. The Doctor acknowledges that the doctor is working for the Professional Corporation as an independent contractor and as such shall hold harmless and indemnify the Professional Corporation, its individual shareholders, officers and directors, its successors and assigns, from and against any and all liabilities, costs, damages, suits, expenses, and attorneys' fees resulting from or attributable to any and all negligent acts and/or omissions attributable to the Doctor.
9. The term of this agreement shall be open-ended. The Doctor and the Professional Corporation agree to give eight (8) weeks advanced written notice if either party chooses to terminate this agreement.
11. The Doctor agrees to give (4) weeks advanced written notice if he/she is unable to attend a scheduled session due to vacation time or personal obligations.

12. The Doctor agrees that the medical practice of the Professional Corporation, and the patient records of patients whom the Doctor has rendered care on behalf of the Professional Corporation, shall be and remain the sole property of the Professional Corporation.

13. The Doctor agrees to supervise nurse practitioners and other nurses and to provide back-up and to enter into necessary agreements with these nurse practitioners to facilitate their practice with the Professional Corporation.

14. RESTRICTIVE COVENANTS

14.1 Non-Interference. During the period of time Doctor is contracted by Professional Corporation pursuant to the terms of this Agreement and for a period of three (3) years thereafter, neither Doctor nor any corporation, partnership, or other business entity or person owned or controlled by, directly or indirectly, the Doctor, shall engage or participate in any effort or act to induce any of the patients, third party payers, health care services providers, physicians, suppliers, associates, employees, or independent contractors of Professional Corporation to cease to be a patient of, or otherwise to do business with, as the case may be, the Professional Corporation.

14.2 Confidentiality and Nondisclosure. Doctor acknowledges a duty of confidentiality owed to Professional Corporation. Doctor shall not, nor shall any corporation, partnership, or other business entity or person owned or controlled by Doctor, directly or indirectly, at any time during or after her employment by Professional Corporation, disclose or make accessible to anyone, use, or retain in writing or any other medium, without the express written authorization of Professional Corporation, any Confidential Information of Professional Corporation. Doctor hereby acknowledges that the Confidential Information is the property of Professional Corporation, that she shall not duplicate or make use of any such Confidential Information other than in pursuit of Professional Corporation's activities, and that, upon termination of this Agreement for any reason, she shall deliver to Professional Corporation, without further demand, all copies thereof, in any medium whatsoever, which are then in her possession. "Confidential Information" shall mean the terms and conditions of this Agreement and all types of proprietary data, trade secrets and confidential information of Professional Corporation, or any of its affiliates, which is not legitimately in the public domain, including, but not limited to, all pricing or business strategies, compensation or financial information, patient lists, patient files, charge data, price lists, contract forms and other books, records or files relating to Professional Corporation's business, or that of any of its affiliates.

14.3 Covenant Not to Compete. During the period of time Doctor is contracted with the Professional Corporation pursuant to the terms of this Agreement and for a period of three (3) years thereafter, regardless of the reason for the termination of this

Agreement, without the prior written consent of Professional Corporation, Doctor shall not, directly or indirectly, own, manage, operate, join, control, finance or participate in the ownership, management, operation, control or financing of, or be connected as an officer, ~~director, partner, principal, contractor, agent, representative, consultant or otherwise with~~ any medical practice performing abortions located within a 100 mile radius of (i) the current offices of Professional Corporation in Cheverly, Frederick, Silver Spring or Baltimore Maryland or Fairfax, Virginia or (ii) any other office of Professional Corporation staffed by Doctor. In this regard, "staffed by Doctor" means an office in which Doctor worked during her period of independent contractorship. This restrictive covenant is limited to and only applies to abortion services, and not to any other Ob/Gyn services.

14.4 Equitable Remedies. Doctor acknowledges that the restrictions contained in this section 14 are reasonable and necessary to protect the legitimate interests of Professional Corporation and that any violation of such restrictions would result in irreparable injury to Professional Corporation. If the period of time or other restrictions specified in this Article 14 should be adjudged unreasonable at any proceeding, then the period of time or such other restrictions shall be reduced by the elimination or reduction of such portion thereof so that such restrictions may be enforced in a manner adjudged to be reasonable. Doctor acknowledges that Professional Corporation shall be entitled to preliminary and permanent injunctive relief for a violation of any such restrictions without having to prove actual damages or to post a bond; Professional Corporation shall also be entitled to an equitable accounting of all earnings, profits and other benefits arising from such violation, which rights shall be cumulative and in addition to any other rights or remedies to which Professional Corporation may be entitled in law or equity; in addition, Professional Corporation shall be entitled to payment of all costs and legal fees incurred in obtaining equitable relief. In the event of a violation, the periods referred to in this Article shall be extended by a period of time equal to that period beginning with the commencement of any such violation and ending when such violation shall have been finally terminated in good faith. Doctor hereby waives any objections on the grounds of improper jurisdiction or venue to the commencement of an action in the State of Maryland and agrees that effective service of process may be made upon her by first class U.S. mail. DOCTOR ACKNOWLEDGES THAT THE TERMS OF THIS SECTION 14.3 HAVE BEEN NEGOTIATED AT ARM'S-LENGTH. DOCTOR REPRESENTS THAT she UNDERSTANDS THE FULL EXTENT AND IMPLICATION OF THE TERMS OF THIS SECTION 14.3 AND HEREBY KNOWINGLY AND VOLUNTARILY AGREES TO BE BOUND HEREBY.

15. The Doctor and the Professional Corporation agree that the Doctor is an independently practicing corporation/physician who shall practice her profession to the best of her abilities and shall exercise her own professional judgment in the care and treatment of all patients. The Professional Corporation promulgates its' own minimum standards of practice, consistent with the published standards of the National Abortion

Federation. The Doctor agrees that she will adhere to these minimum standards of practice. Above and beyond these minimum standards, however, the Doctor is free to practice her profession as she sees fit, and the Professional Corporation agrees that it will not interfere with the exercise of such professional judgment.

16. The Doctor and the Professional Corporation agree that the Doctor is an independent contractor, and not an employee. She shall be paid biweekly, by check drawn on the bank account of the Professional Corporation. No taxes shall be withheld from the Doctors biweekly check. At the end of the calendar year the Professional Corporation shall report all earnings of the Doctor to the Internal Revenue Service via a 1099 form, which shall also be provided to the Doctor.

American Medical Associates, P.C. and Virginia Health Group, P.C.

By: Steve C. Brigham
Steve Brigham, M.D.

Nicola Irene Riley M.D. 7/30/10
Nicola Irene Riley, M.D.

Exhibit L

Via Facsimile and Regular U.S. Mail

June 30, 2010

Ms. Siobhan B. Krier, Esq.
Deputy Attorney General
State of NJ Department of Law and Public Safety
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, NJ 07101
Fax: 1-973-648-7782

RECEIVED
DIVISION OF LAW
2010 JUL -7 AM 11:34

Re: Request for Additional Time to Answer Demand for Statement

Dear Ms. Krier:

I am writing to respectfully request additional time to answer your Demand for Statement Under Oath in Writing, which was sent to my prior attorney, Mr. John Jackson. Arriving in today's mail, I received correspondence from Mr. Jackson regarding this matter and his inability to represent me on this matter. Mr. Jackson has been on a trial since June 1. Apparently, the documents indicate that an answer to the Demand is being requested this very day.

I am writing to respectfully request an extension of time of 30 days to attempt to obtain legal counsel and to then submit an answer to the Demand, along with all of the supporting documents which were also requested.

I looked briefly at the Demand and it appears that you may have the false impression that late-term abortions are being done by us in an office setting in New Jersey. This portion of your Demand I can directly answer now in this letter. We are not performing any abortions beyond 14 weeks in an office setting in New Jersey. This will be set forth in more detail in the formal answers that I will submit under oath to the questions in your Demand. I am providing this information to you now, in case you or the Board wanted an immediate answer to this part of your Demand by today.

I hope that you will grant me this extension of time to attempt to find legal counsel and to submit the answers to the rest of your Demand. Thank you for your consideration of this request.

Sincerely yours,

Steve C. Brigham, M.D.

Steve Brigham, M.D.

American Women's Services

1 Alpha Avenue, Suite 20
Voorhees, NJ 08043-1049

UNITED STATES POSTAGE
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9090 500.440 JUN 30 10
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MAILED FROM ZIP CODE 08043

Mr. Nicholas B. Kruer, Esq.
Deputy Attorney General
State of New Jersey
Division of State & Public Safety
124 Albany St, 5th floor
P.O. Box 45029
Newark, NJ 07101

07101+8023

07101+8023

Exhibit M

IN THE MATTER OF

STEVEN CHASE BRIGHAM, M.D.

Respondent

Unlicensed

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BEFORE THE

*

MARYLAND STATE

*

BOARD OF PHYSICIANS

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Case Numbers: 2007-0448, 2010-0304.

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& 2011-0117

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CEASE AND DESIST ORDER

Pursuant to the authority granted to the Board under Md. Health Occ. Ann. § 14-206 (e), the Maryland State Board of Physicians (the "Board") hereby orders Steven Chase Brigham, M.D., (the "Respondent") (D.O.B. 08/29/1956), a physician unlicensed in Maryland to immediately **Cease and Desist** from practicing medicine in Maryland without a license.

Based upon the investigative information received by the Board thus far, the Board has probable cause to believe that the following facts are true:

1. The Respondent is not and has never been licensed to practice medicine in Maryland.
2. The Respondent has performed surgical procedures in Elkton, Maryland on a regular basis, performing two to three procedures on each visit during each of approximately two visits per week for at least several months prior to the date of this Order.
3. On August 13, 2010, the Respondent initiated a procedure, which then had to be completed on an urgent basis. The Respondent then followed the patient in an automobile as the patient, under his instructions, traveled to Elkton, Maryland for the completion of the procedure. In Elkton, Maryland, the patient was admitted, as planned, to a clinic owned by the Respondent for the completion of the procedure. The Respondent directed the surgical procedure that took place at his clinic on that date.
4. As recently as Friday, August 20, 2010, the Respondent arranged for and attempted to assist in surgical procedures at Elkton, Maryland.

5. The Respondent has been observed performing surgical procedures on approximately 50 occasions in Maryland at the Elkton location since January 2010.

The health of Maryland patients is being endangered by the Respondent's unlicensed practice of medicine in this State. The Board's investigation into the matter is ongoing.

CONCLUSIONS OF LAW

The practice of surgery, the assisting in or direction of the practice of surgery by another, and the initiation of a procedure which then must be completed on an urgent basis by medical treatment in this State planned and participated in by the initiator of the procedure, constitutes the practice of medicine in Maryland. The Respondent's apparent practicing of medicine without a license in Maryland to the detriment of Maryland patients justifies and requires the Board to exercise its powers under Md. Health Occ. Code Ann ("H.O.") §14-206 (e) to issue a Cease and Desist Order to the Respondent.

ORDER

Based on the foregoing, it is this 25th day of August, 2010, by a majority of the quorum of the Board:

ORDERED that pursuant to the authority vested by Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann ("H.O.") § 14-206 (e), the Respondent shall **IMMEDIATELY CEASE and DESIST** practicing medicine without a license at American Women's Services located at 3506 N. Calvert Street, Suite 110, Baltimore, MD 21218; 6005 Landover Road, Suite 6, Cheverly, MD 20785; 801 Toll House Avenue, H-6, Frederick, MD 21201; 4700 Berwyn House Road, College Park, MD; 126 East High Street, Elkton, MD 21921; and any other Maryland locations. This prohibition includes but is not limited to performing any surgical procedure in Maryland, initiating procedures that then must be completed on an urgent basis by

medical treatment in Maryland planned and participated in by the initiator of the procedure, and assisting in the provision of any surgical procedure in Maryland by providing direction or assistance during the procedure to any physician performing a procedure in Maryland. And it is further

ORDERED that this is a public document pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

25 August 2010
Date

P. T. Elder
Paul T. Elder, M.D.
Board Chair

NOTICE

This Order is effective when issued. If the Respondent either challenges this Order or violates it, the matter is adjudicated according to the procedures in the Board's regulations at COMAR 10.32.02.03. See COMAR 10.32.02.09