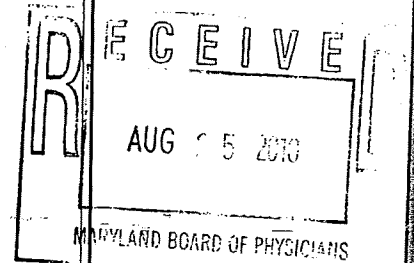


In the Matter of:
Board of Physicians



August 23, 2010
Interview with Kimberly Walker

Condensed Transcript with Word Index



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STATE BOARD OF PHYSICIANS

INTERVIEW WITH KIMBERLY WALKER

HELD ON AUGUST 23, 2010

INTERVIEW CONDUCTED BY CHRISTINE FARRELLY

1

1 there?
 2 A. I do some consulting work there. That's
 3 actually a business that my stepfather owns --
 4 Q. Okay.
 5 A. -- and runs. So, I do some -- I basically try
 6 to assist some of his people in getting government
 7 contracts. I do paperwork and just try to keep myself
 8 busy in the office there. I do still do work with him.
 9 Q. Okay.
 10 A. Mm-hmm.
 11 Q. How many hours a week do you work with them?
 12 A. It varies. Usually 10 or 15 or so. It's not a
 13 full-time job for me at all. But he might have a task
 14 for me that takes me, you know, 30 or 40 hours to
 15 complete. He might have a task where he or somebody
 16 called out of the office; he wants me in there for a few
 17 days a week, that kind of thing.
 18 Q. Okay. So, it's not routine days?
 19 A. No, it's not routine days that I work or
 20 anything. I actually also -- I am employed at Macy's.
 21 Q. Okay.
 22 A. In Bowie Town Center. I work there 15 to 20
 23 hours a week in the evenings. And I do have a regular
 24 schedule there.
 25 Q. Okay.

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PROCEEDINGS

MR. FARRELLY: Okay, today is August 23rd.
 This is Christine Farrelly, Compliance Analyst, at the
 Maryland Board of Physicians. It's approximately 11:15
 a.m. I would just ask the other individuals in the room
 to identify themselves for the record.

MS. SAMMONS: Oh, I'm sorry, Maureen Sammons,
 Compliance Analyst.

MR. COHEN: And I'm Marc A. Cohen, I'm attorney
 for Dr. Kimberly Walker, who's seated to my right.

DR. WALKER: Kimberly M. Walker.

MS. FARRELLY: Okay, thank you.

DR. WALKER: Mm-hmm.

MS. FARRELLY: I'm going to just swear you in.
 (Witness was sworn.)

MS. SAMMONS: Did you want to start with the
 employment stuff?

EXAMINATION

BY MS. FARRELLY:

Q. In your application, you indicated that you, at
 the time, were employed at In-Home -- I'm sorry, let me
 correct -- In-Home Medical Services.

A. In-Home Medical Supplies, yes.

Q. I'm sorry, Supplies. Are you still currently

4

A. But I started that after my application. Well,
 I was there seasonally a couple of times over the past
 few years, and now I have a permanent position there,
 part-time. So, I do that, as well.
 Q. What days of the week is that?
 A. It does vary from week to week. I'm there
 Monday, Wednesday, Thursday, Friday of this week. But
 next week it might only be two or three days. It does
 vary, but I am there 15 to 20 hours a week.
 Q. Okay.
 A. Mm-hmm.
 Q. You said you work evenings. What time do you
 generally start?
 A. Six in the evening until usually 10:00 in the
 evening. And then I work longer shifts on the weekends.
 Q. Okay.
 A. Usually 10:00 in the morning until 6:00 in the
 evening or something like that.
 Q. Okay.
 A. Mm-hmm.
 Q. Any other employment, paid work?
 A. No, nothing else that I get paid to do.
 Q. Okay. Any other, like, volunteer work or --
 A. I've been probably what you are interested in,
 I have been going with American Woman Services, Dr.

5

1 Steven Brigham. I met him in August or September of last
2 year, shortly after I submitted my application. And I
3 was just trying to find employment at the time. He
4 basically said that, you know, he'd be willing to train
5 me and he could work with me with the level of skills
6 that I had once I had a license.

7 I didn't realize the licensing process would
8 take so long. After my medical evaluation in December,
9 in January, I thought it would be fairly soon after that.
10 So, in January, I started going to watch him do cases.
11 And the extent of my involvement there was just watching.
12 I just observed him do cases to see if I was interested
13 in working with them.

14 I would do that about two days a week. Usually
15 it averaged out to be maybe three or four times over a
16 month. I wouldn't be there every single week, but I
17 would go about three to four times a month and watch him
18 do cases.

19 Q. Where were you going?

20 A. The place I would go to was in Elkton,
21 Maryland.

22 Q. Okay.

23 A. Mm-hmm.

24 Q. So, now, you started last -- I'm sorry --

25 A. Mm-hmm.

7

1 Q. Okay. Now, how did you kind of meet Dr.
2 Brigham? Was -- did you see an ad?

3 A. I did. It was a website. I went to his
4 website and he put under employment, it says, you know,
5 will -- any licensed physician willing to train, that
6 sort of thing. Yeah, it was an ad on his website.

7 Q. Okay. Now, could you just take us back to like
8 when you -- when you called him how it worked out. Did
9 you go and meet with him and --

10 A. What I did is I submitted my CV online, and I
11 received a call from someone in his human resources
12 department, and he called me up for an interview. I went
13 to see him in New Jersey in Voorhees in that office. And
14 I met with him, and, you know, I told him a little bit
15 about my background, and he thought that he could, you
16 know, potentially employ me once I had a license.

17 Q. Okay.

18 A. Mm-hmm.

19 Q. And then what other physicians have you met at
20 the Elkton location?

21 A. Let's see, I met Dr. Shepard, because he's
22 usually -- at the Elkton location?

23 Q. Yeah.

24 A. Just Dr. Shepard, and I met a Dr. Riley. I met
25 her one time.

6

1 Q. -- let's just clarify it.

2 A. Mm-hmm.

3 Q. Okay. Last August or September, which was 2009

4 --
5 A. Mm-hmm.

6 Q. -- so almost a year ago --

7 A. No, I didn't start going out there until
8 January.

9 Q. Oh, okay.

10 A. But I met him in August or September, and --

11 Q. Okay.

12 A. -- he kind of, you know, was waiting around for
13 me to get my license, and then he said, oh, well, maybe
14 it might be a good idea if you come watch cases with us
15 and so I did.

16 Q. Okay.

17 A. Yeah.

18 Q. So, since January of --

19 A. Since January.

20 Q. -- 2010.

21 A. Mm-hmm.

22 Q. You go three or four times a month --

23 A. Mm-hmm.

24 Q. -- to the Elkton location.

25 A. Mm-hmm.

8

1 Q. Okay.

2 A. Mm-hmm.

3 Q. Was that recent that you met --

4 A. It was. It was about -- maybe about three
5 weeks ago or so.

6 Q. Dr. Riley?

7 A. Dr. Riley, yeah, three or four weeks ago. And
8 Dr. Shepard is usually at the Elkton location when we go
9 and do cases.

10 Q. How many hours does Dr. Shepard spend?

11 A. I mean, the whole -- there are not a lot of
12 patients there. So, some days it's one patient; some
13 days it's like four or five patients. So, the total time
14 that, you know, that it takes us about two hours or so
15 that, you know, they're even in the facility. So, Dr.
16 Shepard is there usually, you know, the entire time that,
17 you know, the two hours that, you know, Dr. Brigham and
18 the rest of the staff is there.

19 Q. Okay.

20 A. Mm-hmm.

21 Q. So, now, who is performing the abortions that
22 you're observing?

23 A. Dr. Brigham.

24 Q. Dr. Brigham.

25 A. Mm-hmm.

9

1 Q. Okay. So, I guess -- how many abortions have
 2 you seen Dr. Brigham do in Elkton?
 3 A. I would -- I don't know, maybe 50 or so.
 4 Q. About 50?
 5 A. Yeah. I -- that's a rough estimate. I could
 6 take a piece of paper and calculate it out, but I'm
 7 guessing like maybe two to three cases each time I've
 8 gone, and I've probably, you know, if I've gone three
 9 times over the last five or six months, that would
 10 probably be about 50 or so.
 11 Q. Okay.
 12 A. Yeah.
 13 Q. Now, have you ever done anything with Dr.
 14 Brigham there?
 15 A. No.
 16 Q. Okay.
 17 A. No.
 18 Q. So, your role is --
 19 A. I just stand there and watch.
 20 Q. Okay.
 21 A. Yes.
 22 Q. So, Dr. Brigham is effectively training you by
 23 performing abortions and --
 24 A. Well, I don't know -- I don't even know if he
 25 considers that training, per se.

10

1 Q. Okay.
 2 A. He -- you know, I do watch him do cases, and it
 3 helps me. I just like to be in a medical environment
 4 really.
 5 Q. Okay.
 6 A. But, you know, I don't think that would -- he
 7 would call that the extent of my training, you know.
 8 Q. Okay.
 9 A. Yeah.
 10 Q. So, you're more there just to observe Dr.
 11 Brigham --
 12 A. Mm-hmm.
 13 Q. -- do the abortions and it's not really a
 14 training that you're thinking it's a training.
 15 A. I mean, it wouldn't be -- sorry --
 16 MS. SAMMONS: Oh, no, I'm sorry. I just felt
 17 like this vibration. Sorry.
 18 THE WITNESS: I'm sorry.
 19 BY MS. FARRELLY:
 20 Q. I'm sorry, no, we can go back. You don't
 21 really feel it -- it's training right now?
 22 A. I mean, it's training in a way. I'm learning.
 23 I can't say that, you know, not watching would be more
 24 beneficial, so I'm sure I'm learning something by
 25 watching.

11

1 Q. Okay.
 2 A. But, you know, it definitely wouldn't qualify
 3 as, you know, making me qualified to actually do the
 4 procedures once I am licensed.
 5 Q. Okay.
 6 A. I wouldn't consider it --
 7 Q. Right.
 8 A. -- yeah.
 9 Q. You'd have to kind of -- once you are licensed,
 10 you'd have to start formal training.
 11 A. Exactly, exactly.
 12 Q. In order to feel like you are competent in
 13 those procedures.
 14 A. Mm-hmm, exactly.
 15 Q. Okay. Now, I guess I would just ask why -- if
 16 you know --
 17 A. Mm-hmm.
 18 Q. -- why does Dr. Brigham come down to Elkton?
 19 MR. COHEN: Only if you know.
 20 THE WITNESS: Yeah, I don't know.
 21 BY MS. FARRELLY:
 22 Q. Okay.
 23 A. Yeah.
 24 Q. Okay, so, when you talked with him about, you
 25 know, come to Elkton to observe --

12

1 A. Mm-hmm.
 2 Q. -- he didn't say why he has an Elkton location
 3 compared to some other location?
 4 A. No. I mean, I know he has a lot of locations,
 5 so I just -- I don't know. Yeah.
 6 Q. Okay, so he didn't say this would be the best
 7 place for you to observe or anything along those lines?
 8 A. No.
 9 Q. Okay.
 10 A. No.
 11 Q. Now, what days does Dr. Brigham generally do
 12 abortions in Elkton?
 13 A. Wednesday and Friday.
 14 Q. Okay.
 15 A. Mm-hmm.
 16 Q. And then what time does -- do you arrive or Dr.
 17 Brigham?
 18 A. Usually like 10:00 in the morning.
 19 Q. Okay.
 20 A. Mm-hmm.
 21 Q. Okay. It's the Board's understanding that the
 22 abortions performed in Elkton are late-term abortions.
 23 A. Mm-hmm.
 24 Q. Is that what you've generally observed?
 25 A. Sometimes there -- there are late cases;

13

1 sometimes they're not. Sometimes they're like second
 2 trimester. I'm not sure what's late. Is that beyond 20
 3 weeks?
 4 Q. Yes.
 5 A. Okay.
 6 Q. I guess that would be -- let's just use that as
 7 a parameter.
 8 A. Okay, yeah, so it varies. He -- he basically
 9 calls the later cases -- he calls them grace patients. I
 10 don't know if it's a -- I don't know what grace means,
 11 but he calls them grace patients. And I'll say about
 12 maybe 30 percent of the patients I've seen him do have
 13 been those late cases. The majority of them are actually
 14 second trimester cases.
 15 Q. Okay. Now, what is Dr. Shepard doing there
 16 when you're there?
 17 A. Usually he, you know, he meets and greets the
 18 patients. He fills out paperwork. He observes the
 19 cases, he sits in the room actually while Dr. Brigham
 20 does the procedures. And he's -- I don't know -- it's my
 21 understanding he's the medical director or something and
 22 that that's his role. I don't know.
 23 Q. Okay.
 24 A. Yeah.
 25 Q. It's our understanding that Dr. Shepard is kind

14

1 of an older gentleman. Is that --
 2 A. That's correct.
 3 Q. Okay.
 4 A. Mm-hmm.
 5 Q. Does he seem totally with it to you?
 6 A. Yeah, he is.
 7 Q. Okay.
 8 A. Yeah.
 9 Q. Now, it's also our understanding that he has a
 10 disability, a physical disability.
 11 A. He's -- I don't think it's a physical
 12 disability. I would -- I don't know, but I would guess
 13 that he probably has osteoporosis.
 14 Q. Okay.
 15 A. He's a little bit -- yeah, hunched over, but I
 16 don't think he has a physical disability.
 17 Q. Okay.
 18 A. Yeah.
 19 Q. Because it was our understanding that he had
 20 one arm that kind of didn't work.
 21 A. I never noticed that.
 22 Q. Okay.
 23 A. If that's the case.
 24 Q. Oh, that's -- yeah, that's fine.
 25 A. Yeah.

15

1 Q. I just --
 2 A. Okay.
 3 Q. -- am curious. Now, you've never seen Dr.
 4 Shepard do abortions there?
 5 A. I have not.
 6 Q. Okay. And now you met Dr. Riley you said about
 7 three weeks ago in Elkton?
 8 A. Yeah, about three or four weeks ago, mm-hmm.
 9 Q. Okay. Have you heard any kind of scuttlebutt
 10 about anything that happened up in Elkton?
 11 A. I actually did.
 12 Q. Okay.
 13 A. Yeah.
 14 Q. What did you hear and --
 15 A. I just -- I heard that she had a complication
 16 with one of the patients and that they essentially had to
 17 take the patient to the hospital and the patient had to
 18 have an abdominal procedure, bowel repair. So, I did
 19 hear that.
 20 Q. Okay.
 21 A. Yeah.
 22 Q. Who did you hear that from?
 23 A. I heard that from Dr. Brigham.
 24 Q. Oh, okay.
 25 A. Mm-hmm.

16

16

1 Q. Do you talk to Dr. Brigham frequently?
 2 A. He actually called to inform me, but I wasn't
 3 there the date that happened. So, he called to let me
 4 know that that had happened. And, you know, just, I
 5 guess, to let me know that they wouldn't be there the
 6 following week because it was his anniversary or
 7 something. And, you know, basically to give me the
 8 option of coming back to resume, you know, watching them
 9 or not.
 10 Q. Oh, okay.
 11 A. You know, because he said that there was an
 12 investigation as a result of it.
 13 Q. Oh, okay.
 14 A. Yeah.
 15 Q. Okay, so, he knew. When did he call you?
 16 A. Hmm, probably -- I know the incident happened
 17 like a couple of -- on a Friday. And I think I probably
 18 heard from him on Tuesday, because I was supposed to come
 19 out there on Wednesday.
 20 Q. Okay.
 21 A. Yeah.
 22 Q. So, the Tuesday following the incident?
 23 A. Mm-hmm.
 24 Q. Okay. And now what's your understanding of the
 25 facility's emergency procedures?

17

1 A. You know, I hadn't really thought about it.

2 Q. Okay.

3 A. You know, to be honest with you, I kind of

4 assumed that they were at the location close to the

5 hospital, you know, because they had some kind of

6 relationship with the hospital or, you know, I -- I

7 didn't -- I never inquired about that. And, yeah, I just

8 don't know.

9 Q. Okay.

10 A. I don't know. Yeah.

11 Q. Okay. Do you know Dr. Brigham's licensure

12 status?

13 A. No, I don't.

14 Q. Okay. Did he tell you he was a licensed

15 physician?

16 A. I mean, I assumed he was. He has offices in

17 quite a few locations. So, I just assumed that he was.

18 I don't know if we ever discussed -- we -- he did tell me

19 that -- he talked about some things that he -- that had

20 happened to him in the past and that in New Jersey he

21 couldn't do certain cases or something, but that's the

22 extent of -- yeah, that's the extent of it.

23 Q. Did he ever tell you what the law regarding

24 abortions was up in New Jersey? Did he ever mention

25 like, oh, I can't do abortions after this many weeks up

18

1 here?

2 A. He said something about inserting laminaria,

3 but I'm not sure, I don't recall what exactly the rule

4 was, but he did mention something about laminaria

5 insertion and the laws in New Jersey.

6 Q. Oh, okay. Now, the patients who you witnessed

7 Dr. Brigham do the abortions on --

8 A. Mm-hmm.

9 Q. -- in Elkton --

10 A. Mm-hmm.

11 Q. -- were the patients -- was that laminaria

12 inserted in Elkton, Maryland?

13 A. No.

14 Q. Okay, so it was inserted at another location?

15 A. Obviously. Yeah, when they arrived, well, the

16 first process of the procedure is he removes the

17 laminaria, so they're already inserted.

18 Q. Okay.

19 A. Mm-hmm.

20 Q. Now, does he administer medication there in

21 Elkton when he's doing abortions?

22 A. Mm-hmm.

23 Q. Okay, what medications would that be?

24 A. He gives the patients misoprostol sometimes, I

25 guess to prepare them, you know, for the case. He gives

19

1 them a twilight sedation which is a combination of

2 bursette (phonetic) and ketamine, and I feel like

3 fentanyl as well.

4 Q. Fentanyl?

5 A. Mm-hmm. So, he gives them an IV sedation.

6 Q. Okay. Now, the -- forgive me for my

7 mispronunciation.

8 A. Mm-hmm.

9 Q. The first medication you mentioned?

10 A. Mm-hmm. Bursette?

11 Q. No, mis --

12 A. Oh, misoprostol.

13 Q. Uh-huh. Yeah.

14 A. It's Cytotec. I'm not sure if you're familiar

15 with that term.

16 Q. Okay.

17 A. It's basically a medication that was FDA-

18 approved for GI uses, but it's commonly used in

19 obstetrics to dilate the cervix.

20 Q. Okay.

21 A. Yeah.

22 Q. Now, is that medication administered at Elkton

23 or some -- or at the other location?

24 A. I've seen it given at Elkton.

25 Q. Okay.

20

1 A. Yeah. I don't know, they probably give it

2 there as well. It's not uncommon for patients to receive

3 it over a course of days to help soften and get the

4 cervix prepared for a procedure like that.

5 Q. Oh, okay.

6 A. Mm-hmm.

7 Q. Yeah, I guess that was my question, because I

8 thought that the way that it went or protocol --

9 A. Mm-hmm.

10 Q. -- is they insert the laminaria and then, like,

11 the following day they give the medication to start

12 contractions.

13 A. Mm-hmm, mm-hmm.

14 Q. And then they would perform a dilation and

15 evacuation.

16 A. Mm-hmm. Essentially I -- it's also useful to

17 help contract the uterus.

18 Q. Okay.

19 A. So, and -- and to help make sure the placenta

20 doesn't adhere to the uterine wall.

21 Q. Oh, okay.

22 A. So, it can be given during the procedure, as

23 well.

24 Q. Okay.

25 A. Yeah, the purpose is for that.

21

23

1 Q. Okay.
 2 A. Yeah.
 3 Q. Okay. So, now, did Dr. Brigham ever go over
 4 any, like, say for instance policies and procedures about
 5 the office?
 6 A. No.
 7 Q. Okay.
 8 A. No.
 9 Q. What about the staff who were with him?
 10 A. Mm-hmm.
 11 Q. Are they nurses, medical assistants?
 12 A. I'm not sure what their credentials are. I
 13 know a few of them were foreign medical graduate
 14 positions, doctors.
 15 Q. Okay.
 16 A. Just because, yeah, I met a few that trained in
 17 other places and there is -- there are a few nurses that
 18 are consistently there. And then there have been kind of
 19 a flux of different nurses that work in and out of that
 20 office.
 21 Q. Now, do the foreign medical graduates, do they
 22 assist Dr. Brigham?
 23 A. No one -- I mean, he -- he pretty much is able
 24 to do everything on his own. I mean, the nursing staff
 25 that he has essentially hands him equipment or hands him,

1 Q. I'm just making sure.
 2 Did he require you to sign any sort of like
 3 letter of intent or give you a tentative offer of
 4 employment or anything like that?
 5 A. Nothing.
 6 Q. Okay.
 7 A. No.
 8 Q. Do you get paid for your observations?
 9 A. He does give me gas and toll money, so it's
 10 like \$50 a session that he gives me. He doesn't --
 11 Q. Okay, right.
 12 A. -- yeah.
 13 Q. Okay. Okay. But you're not touching patients
 14 or equipment?
 15 A. Nothing. I -- nothing.
 16 Q. Okay, okay. Just to ask one more time on the
 17 record --
 18 A. Mm-hmm. Mm-hmm.
 19 Q. You have personally witnessed Dr. Brigham not
 20 only perform abortions but also inject medications into
 21 patients about 50 times since January?
 22 A. That's correct.
 23 Q. Okay, all right.
 24 MS. FARRELLY: I don't have anything else. Do
 25 you, Maureen?

22

24

1 you know, what he asks for, gauze and that sort of thing.
 2 But it's -- it's pretty much a one-person show.
 3 Q. Okay.
 4 A. Yeah.
 5 Q. And that show is the Dr. Steven Brigham show?
 6 A. Pretty much, yeah.
 7 Q. Okay. Now, you mentioned these IV medications.
 8 Does Dr. Brigham start the IV line?
 9 A. He gives them -- it's not an IV line.
 10 Q. Okay.
 11 A. He just gives them intravenously. It's like a
 12 one-time dosage.
 13 Q. Oh, okay.
 14 A. But if they need more, he'll give them more
 15 during the procedure.
 16 Q. Oh, okay. So, you personally witnessed Dr.
 17 Brigham inject patients with this medication?
 18 A. Yes.
 19 Q. Okay.
 20 A. Mm-hmm.
 21 Q. And would that be the same amount of times that
 22 you've seen Dr. Brigham perform abortions in Elkton?
 23 A. Yes, mm-hmm.
 24 Q. Okay. Hang on one sec.
 25 A. Mm-hmm.

1 MS. SAMMONS: Neither do I.
 2 MS. FARRELLY: Okay. We're going to just stop
 3 the recording.
 4 (Whereupon, there was a brief pause.)
 5 MS. FARRELLY: Okay, this is Christine
 6 Farrelly. I just wanted to actually thank Mr. Cohen for
 7 reminding me of something, so we're going to go back on
 8 the record. It's 20 of 12:00, and we're with Dr. Walker.
 9 FURTHER EXAMINATION
 10 BY MS. FARRELLY:
 11 Q. There were some documents obtained from the
 12 Elkton location by the police department, and they do
 13 identify your name on a recovery room log.
 14 A. Okay.
 15 Q. Do you recognize these three patient names at
 16 all?
 17 A. Probably not, no.
 18 Q. Is there -- the date on it was August 4th of
 19 2010.
 20 A. Mm-hmm.
 21 Q. So, it would have been maybe a couple weeks
 22 ago.
 23 A. Okay.
 24 Q. Dr. Shepard does not perform abortions,
 25 correct?

25

1 A. Right.
 2 Q. Okay, so Dr. Shepard's name is on it, and then
 3 I'm guessing this is you --
 4 A. Mm-hmm.
 5 Q. -- Dr. Wolker, even though it's spelled
 6 incorrectly.
 7 A. Okay.
 8 Q. But it's your testimony that you did not touch
 9 those --
 10 A. No, absolutely not.
 11 Q. -- those patients?
 12 A. No.
 13 Q. Okay. So, these abortions would have been
 14 completed by Dr. Brigham?
 15 A. That would be correct.
 16 Q. Okay.
 17 A. Mm-hmm.
 18 Q. Okay. Thank you. We're just going to stop the
 19 recording.
 20 (Whereupon, the interview was
 21 concluded.)
 22
 23
 24
 25

26

1
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