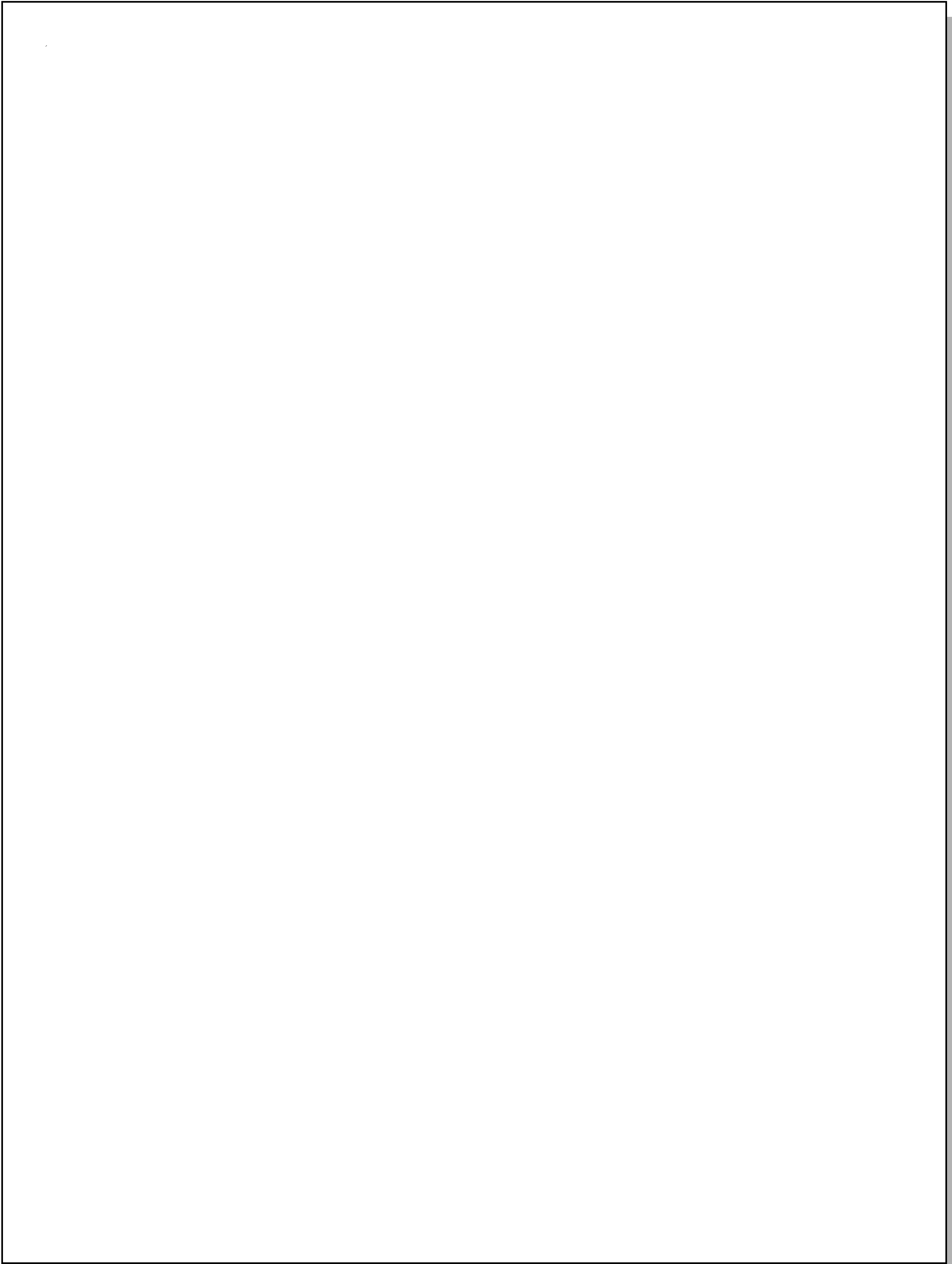

STATE OF ILLINOIS)
)
COUNTY OF COOK)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

ALVIN JONES, JR., as administrator of the estate of TONYA REAVES, deceased and as Guardian of the estate of ALVIN JONES, III,	)	
Plaintiff,	)	
vs.	)	No. 2013 L 000076
PLANNED PARENTHOOD OF ILLINOIS, MANDY GITTLER, M.D., NORTHWESTERN MEMORIAL HOSPITAL, NORTHWESTERN MEDICAL FACULTY FOUNDATION, TACOMA MCKNIGHT, M.D., AND JAMIE MCGUIRE, M.D.	)	
Defendants.	)	

VIDEOTAPED DISCOVERY DEPOSITION

Deposition of MANDY GITTLER, M.D., taken by the Plaintiff herein, pursuant to notice and the provisions of the Code of Civil Procedure of the State of Illinois and the Rules of the Supreme Court thereof pertaining to the taking of depositions for the purpose of DISCOVERY, before JOE NUNEZ-BEILE, a Notary Public within and for the County of Cook and State of Illinois, on the 22nd day of August, 2013, at the hour of 1:19 p.m., at 161 North Clark Street, Chicago, Illinois.

A P P E A R A N C E S

PHILLIPS LAW OFFICES
161 North Clark Street
Suite 4925
Chicago, Illinois 60601
BY: MR. STEPHEN D. PHILLIPS

Appeared on behalf of the Plaintiff

PRETZEL & STOUFFER
One South Wacker Drive
Suite 2500
Chicago, Illinois 60606
BY: MR. BRIAN T. HENRY

Appeared on behalf of the Defendant,
Mandy Gittler, M.D. and Planned Parenthood.

DONOHUE BROWN MATHEWSON & SMYTH, LLC.
140 South Dearborn
Suite 800
Chicago, Illinois 60603
BY: MR. STETSON F. ATWOOD

Appeared on behalf of the Defendant,

Northwestern Memorial Hospital, et al.

ALSO PRESENT:

CHRISTINE J. IVERSEN, J.D.

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1 THE REPORTER: For the record, my name
2 is Joe Beile of Video Instanter. I'm the video
3 recording device operator and officer for this
4 deposition. Our business address is 134 North
5 LaSalle Street, Suite 1400, Chicago, Illinois
6 60602.
7 This deposition is being video recorded
8 and will be transcribed by nonstenographic means
9 pursuant to Illinois Supreme Court Rule 206 and
10 all other applicable State and Local Rules.
11 We are at 161 North Clark Street, in
12 Chicago, Illinois, to take the videotaped
13 discovery deposition of Mandy Gittler, M.D. in the
14 matter of Alvin Jones vs. Planned Parenthood of
15 Illinois, et al., Case No. 2013-L-000076, in the
16 Circuit Court of Cook County Illinois; County
17 Department, Law Division.
18 Today's date is August 22, 2013, and the
19 time is approximately 1:19 p.m. This deposition
20 is being videotaped on behalf of the plaintiff and
21 is being taken at the instance of the plaintiff.
22 Would the attorneys present please
23 introduce themselves for the record.
24 MR. PHILLIPS: Steve Phillips for the

1 plaintiff.
2 MR. ATWOOD: Stetson Atwood on behalf of
3 Northwestern Memorial Hospital and those
4 defendants.
5 MR. HENRY: Brian Henry on behalf of Dr.
6 Gittler and Planned Parenthood of Illinois.
7 THE REPORTER: Would you please raise
8 your right hand?
9 (WHEREUPON, the witness
10 was duly sworn.)
11 E-X-A-M-I-N-A-T-I-O-N
12 BY MR. PHILLIPS:
13 Q. Would you state your full name and spell
14 your last name, please?
15 A. Mandy Lynn Gittler, G-I-T-T-L-E-R.
16 Q. Have you ever given a deposition before?
17 A. No.
18 Q. You understand I'm going to be asking
19 you a series of questions?
20 A. Yes.
21 Q. Mr. Atwood and your own lawyer, Mr.
22 Henry, may ask you questions as well.
23 A. Okay.
24 Q. If there's any question that I ask you

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1 or any other lawyers ask you that you do not
2 understand, will you stop us and let us know
3 before you answer?
4 A. Yes.
5 Q. Okay. Also, let me finish my questions.
6 You may be anticipating where I'm going with a
7 question but let me finish
8 A. Okay.
9 Q. Okay? Prior to the deposition today,
10 did you review any documents other than the chart
11 from Planned Parenthood?
12 A. Yes.
13 Q. What else?
14 A. The chart from Planned Parenthood. I
15 received a copy of Northwestern's record. I guess
16 it's called a record, and I received a copy of a
17 deposition -- another deposition you had done, I
18 think with the plaintiff.
19 Q. Okay. Is that it?
20 A. That I can recall. Yes.
21 Q. Did you look at the autopsy report for
22 Mrs. -- for Ms. Reaves?
23 A. I never saw the report itself.
24 Q. Okay. That begs the question what part

1 of the autopsy did you see?
2 A. I heard from some people what the
3 autopsy found.
4 Q. Okay. And are you aware as you sit her
5 today that the aut -- at autopsy there was found
6 to be a perforated uterus in Ms. Reaves?
7 A. I was told by someone else that there
8 was two perforations in her uterus.
9 Q. Okay. And where in the uterus is your
10 understanding that the perforations occurred in
11 this case?
12 A. I didn't see the autopsy so I'm not
13 exactly clear.
14 Q. What is your understanding of where the
15 perforations were in the uterus, other than the
16 fact that they were in the uterus?
17 A. Again, without seeing the autopsy and
18 having heard different things from different
19 people, I'm not really clear.
20 Q. Okay. So you have no idea?
21 A. I don't have the facts.
22 Q. Do you have an opinion where the
23 perforations were in the uterus for Ms. Reaves
24 that were found at autopsy?

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1 A. No.
2 Q. Now, prior to the deposition, did you
3 review any literature with regard to preparing for
4 this deposition?
5 A. Medical literature? Not -- not
6 specifically in preparation for this but I
7 frequently do literature searches.
8 Q. But what I'm asking is with regard to
9 this particular deposition, did you review any
10 literature?
11 A. No.
12 Q. Okay. You met with your attorney before
13 the deposition?
14 A. True.
15 Q. Did you talk to any of your colleagues
16 about the fact that you were going to give a
17 deposition?
18 A. I think I talked to my colleagues more
19 about the fact -- the facts of the case and the
20 idea that I would be deposed.
21 Q. Has anybody outside of your attorney
22 ever discussed with you the deposition process or
23 anything like that?
24 A. Well, my dad's an attorney, so I heard

1 about what they are, but not -- not for this case.
2 Q. Is your dad an attorney in Illinois?
3 A. Yeah.
4 Q. Is your dad a divorce attorney?
5 A. No.
6 Q. Okay. What type of practice does your
7 dad have?
8 A. He's a labor attorney.
9 Q. Okay. Did you read any books or look on
10 the Internet with regard to how to testify or
11 what's going to happen in the deposition?
12 A. No.
13 Q. Your CV is marked Exhibit 1.
14 A. Yes. Correct.
15 Q. Your education at Rush Medical College
16 is listed as alternative curriculum.
17 A. Yes.
18 Q. What is that?
19 A. When I went to medical school, they were
20 transitioning from basic sciences to more problem
21 based learning, which is now the standard, and so
22 Rush had started an alternative curriculum. If
23 I'm not mistaken, there were 24 of us who decided
24 to do it, and all of our basic sciences were

1 problem based learning.
2 Q. Okay.
3 A. Since then this -- My understanding is
4 most medical schools do have problem based
5 learning as a standard.
6 Q. Are you married?
7 A. No.
8 Q. Okay. Alright, you did your residency
9 at Rush. You finished --
10 A. No.
11 Q. Oh, I'm sorry, you're right. I
12 apologize. You did medical school at Rush.
13 A True.
14 Q. Did you apply for an obstetrics and
15 gynecology residency while you were in medical
16 school?
17 A. No.
18 Q. What did you apply for -- what type of
19 residency when you were in medical school?
20 A. Family medicine.
21 Q. And what was it about family medicine
22 that interested you or intrigued you?
23 A. I specifically had gone to medical
24 school for women and children, and family medicine

1 allowed me not only to take care of women but also
2 to take care of children and include obstetric
3 care.
4 Q. Now, you have a fair amount of
5 obstetrical/gynecological on your employment.
6 A. Mm-hmm.
7 Q. Have you ever applied for -- Strike
8 that.
9 Have you ever applied for a residency in
10 obstetrics and gynecology?
11 A. No.
12 Q. Do you have any certification from any
13 organization in obstetrics and gynecology?
14 A. No.
15 Q. Is there any type of certification that
16 you are eligible to get with regard to obstetrics
17 and gynecology?
18 A. Other than from the American Board of
19 Family Practice?
20 Q. Well, is there any type of certification
21 from the American Board of Family Practice for a
22 subspecialty in obstetrics and gynecology?
23 A. In women's health? There are
24 fellowships that exist now in women's health for

1 family medicine.
2 Q. And did you take one of the fellowships
3 in family medicine for women's health?
4 A. No, at the time that I graduated those
5 fellowships weren't necessarily in existence,
6 unless you wanted to do C-section training in a
7 rural area.
8 Q. Okay. So let's go back to my question.
9 You're board certified in family medicine?
10 A. Mm-hmm.
11 MR. HENRY: You got to say -- You got to
12 say words.
13 THE WITNESS: Yes, yes, yes.
14 BY MR. PHILLIPS:
15 Q. And when did you become board certified
16 in family medicine?
17 A. 2001.
18 Q. And did you pass the family medicine
19 board the first time?
20 A. I did.
21 Q. Both the verbal and the written?
22 A. There is no verbal.
23 Q. Okay.
24 A. There wasn't then. I don't think there

1 is one now either.
2 Q. Alright. Have you recertified in family
3 medicine since --
4 A. I did.
5 Q. Hang on, hang on.
6 MR. HENRY: Wait, let him finish his
7 question.
8 BY MR. PHILLIPS:
9 Q. Have you recertified in family medicine
10 since 2001?
11 A. Yes, I have.
12 Q. What year, roughly?
13 A. 2007 or 2008, but I think it was more
14 2008.
15 Q. And have you had any recertifications in
16 family medicine since 2007 and 2008?
17 A. I'm not due for recertification until
18 2015.
19 Q. Have you ever or do you now hold any
20 special certifications in family medicine related
21 to obstetrics and gynecology?
22 A. Any certifications, no.
23 Q. Other than the fellowship, are there any
24 certifications in family medicine specifically

1 related to obstetrics and gynecology?
2 A. What do you mean by certifications?
3 Q. Well, what I'm trying to find out is
4 people can have a special certificate in a
5 particular -- Hang on, hang on. People can have a
6 special certificate of competence or quality or
7 even --
8 A. Right.
9 Q. -- a subboard.
10 A. Okay. So, no, I don't have any
11 subspecialty certifications, but I have been
12 certified by the American Life also, American Life
13 Saving in Obstetrics, and I have been a teacher
14 for the course.
15 Q. What is American Life Savings?
16 A. No, it's Advanced Life Saving and
17 Obstetrics.
18 Q. Okay, what is Advanced Life Saving and
19 Obstetrics.
20 A. It would be analagous to ACLS or
21 Advanced Cardiac Life Support. So it's a course,
22 two day course that you take to be prepared for
23 obstetric emergencies. I don't know if it's
24 certified by the American College of Obstetrics

1 and Gynecology. I think it might be, but I do
2 know that it's supported by the American Academy
3 of Family Practice.
4 Q. Alright. How many abortions did you
5 perform in your residency?
6 A. As a resident? I don't recall exactly.
7 Do you want me to guess --
8 Q. Give me --
9 A. -- or estimate?
10 Q. Give me your best --
11 A. Estimate?
12 Q. Hang on, hang on. Give me your best
13 reasoned estimates of how many abortions you
14 performed in your residency.
15 A. Probably about 150.
16 Q. And of the 150 or so abortions that you
17 performed in your family practice residency, how
18 many of them were first term versus second term
19 abortions?
20 A. Can you clarify whether you're dividing
21 it 12 weeks gestation or 13 weeks gestation?
22 Q. Well, that's what was my next question
23 was going to be.
24 A. Okay.

1 Q. When we talk about a first term
2 abortion, how many weeks are we talking about?
3 A. The first trimester ends at 12 weeks and
4 6 days, so 12 and 6/7, and so theoretically 13
5 weeks should be the start of the second trimester.
6 Q. So for purposes of this deposition,
7 we're going to call first term abortions 12 and
8 6/7, and we going to call second term abortions
9 past 13 weeks. Fair enough?
10 A. Okay. Yeah.
11 Q. Alright. So how many first term
12 abortions did you perform in your family practice
13 residency? Your best estimate.
14 A. 120.
15 Q. So approximately 30 or so second term
16 abortions you performed in your family practice
17 residency. Is that correct?
18 A. I would estimate approximately. Yeah.
19 Q. Now, second term abortions range from 13
20 weeks to how many weeks?
21 A. The second trimester should go from 13
22 weeks to 26 weeks and 6 days, but again depending
23 on who you ask, that question might vary -- that
24 answer might vary.

1 Q. I'm sorry, what was the longer range?
2 A. 26 and 6/7, but that's a trimester, and
3 there's a distinction in abortion care versus
4 obstetric care, primarily because of the issue of
5 viability at 24 weeks, so --
6 Q. Have you performed any third term
7 abortions in your residency?
8 A. No.
9 Q. Have you ever performed any third term
10 abortions?
11 A. No.
12 Q. What's the farthest along in gestational
13 age that you have performed an abortion?
14 A. 16 and 6/7, or an estimated 16 week
15 gestational age upwards of 16 and 5 or 16 and 6.
16 Q. How many 16 week abortions have you
17 performed in your career, your best estimate?
18 A. My best estimate would probably be about
19 40 or 50. And you said in my career. Right?
20 Yeah, 40 or 50.
21 Q. And is there something about 16 weeks
22 that you use as your cutoff in performing
23 abortions?
24 A. My own -- I mean, my own comfort level

1 with my skill set.

2 Q. And how many second term abortions have

3 you performed in your career, your best estimate?

4 A. Is that the same question that you asked

5 me before or is that different?

6 MR. HENRY: The other one was residency.

7 Now he's asking career.

8 THE WITNESS: No, because when you

9 asked --

10 BY MR. PHILLIPS:

11 Q. Oh, I think you're right. I think

12 you're right.

13 A. Yeah, sorry.

14 Q. So I think you said you performed about

15 50 second term abortions in your career?

16 A. Yeah, but that's not including my

17 residency then.

18 Q. Right. Okay. So how many total second

19 term abortions have you performed in your career,

20 best estimate?

21 A. Well, then probably the 50 plus the 30

22 would be about 80.

23 Q. How many uterine perforations have you

24 had with the second term abortions you've

1 performed over the course of your career?
2 A. I only have one known -- one perforation
3 and it -- that I guessed occurred.
4 Q. Did you ever -- When was that, by the
5 way?
6 A. It was my third year of residency.
7 Q. Did you ever confirm in that one
8 perforation that you presumed was a uterine
9 perforation, did you ever confirm whether or not
10 it was in fact?
11 A. It was never confirmed to be a
12 perforation.
13 Q. Okay. To this day, do you know whether
14 or not that one case that you thought may have
15 been a uterine perforation in your third year of
16 your residency was not or was a perforation?
17 A. I have no way of -- There was nothing
18 done at the time to confirm whether a perforation
19 was done. So there was no hysteroscopy done.
20 Q. So at least that one event that you
21 thought may have been a uterine perforation your
22 third year of residency, you don't know whether in
23 fact there was a perforation or not. Correct?
24 A. Correct.

1 Q. Okay. What was it that led you to
2 believe that there could have been a uterine
3 perforation in the second term abortion in your
4 third year of residency? Was it excessive
5 bleeding?
6 A. Well, you asked if I had a perforation.
7 I don't think it was a second term abortion. I
8 think she was actually approximately 11 or 12
9 weeks. So she wasn't beyond the 13 week
10 gestation.
11 Q. Okay. So let's go back to my question.
12 Do -- Have you ever had a uterine perforation,
13 either suspected or confirmed --
14 A. Suspected. Yes.
15 Q. Hang on, hang on, hang on.
16 MR. HENRY: Wait. Let him finish.
17 THE WITNESS: How do I know when you're
18 -- Okay.
19 MR. PHILLIPS: I talk slow. I'm older
20 than you.
21 THE WITNESS: I don't know about that.
22 MR. PHILLIPS: I promise you I'm older
23 than you.
24 BY MR. PHILLIPS:

1 Q. Have you ever had a suspected or
2 confirmed uterine perforation in a second term
3 abortion?
4 A. Not to my knowledge.
5 Q. And how many uterine perforations have
6 you suspected or confirmed in a first term
7 abortion that you've performed?
8 A. The one that I mentioned to you would be
9 a first trimester procedure, where my attending
10 who was supervising me suspected I had perforated.
11 Q. And that was the third year of
12 residency?
13 A. Correct.
14 Q. And that's the one that you never
15 confirmed whether it was or was not a perforation?
16 A. It was never confirmed by anyone.
17 Correct.
18 Q. Whether it was or was not?
19 A. Correct.
20 Q. What has been your complication rate for
21 first term abortions over the course of your
22 career?
23 A. I think low. Complications can
24 include --

1 Q. I just want to know --
2 A. The percent?
3 Q. We'll talk about what complications
4 include in a minute --
5 A. Oh.
6 Q. -- but what is your complication rate
7 following first term abortion throughout the
8 course of your career?
9 A. I'd have to guess less than 1 percent.
10 Q. How much less than 1 percent?
11 MR. HENRY: If you could estimate beyond
12 that.
13 BY MR. PHILLIPS:
14 Q. Your best estimate. Well, let's try it
15 this way. How many first term abortions have you
16 performed in your career?
17 A. An estimate is probably about 12,000.
18 Q. And in the 12,000 first term abortions
19 that you've performed, how many of those, best
20 estimate, best range, have you had a complication
21 following the procedure or during the procedure?
22 A. I can only think of one or two, so --
23 Q. And what were those complications?
24 A. I had one patient who had persistent

1 bleeding.
2 Q. And did you ever determine why?
3 A. No.
4 Q. And how long did that patient bleed for?
5 A. The bleeding was controlled by the time
6 the paramedics came and I transferred her to the
7 hospital.
8 Q. Now, the one case of abnormal bleeding
9 that you had following a first term abortion, of
10 your two cases with complications, did you ever
11 determine what the source of that abnormal
12 bleeding was?
13 A. No.
14 Q. Did you ever come up with any suspected
15 source of the abnormal bleeding in that one case
16 of excessive bleeding following a first term
17 abortion?
18 A. After talking with the physician who
19 admitted her and took care of her, it was -- The
20 speculations were either uterine atony, that her
21 uterus just hadn't clamped down, or if she had had
22 either an intrauterine septum or polyp, something
23 that had gotten avulsed at the time of evacuation.
24 Q. The second case that you recall of the

1 two cases of complications that you've had either
2 during or after a abortion, what was the
3 complication?
4 A. I only remember having a conversation
5 with the emergency room. You asked about
6 procedural complications, but that one I didn't
7 transfer the patient, so I don't have as strong of
8 a recollection.
9 Q. Do you have any idea what the
10 complication was in that second case of the two
11 that you've had with complications following
12 abortions?
13 A. Can I ask you a question to clarify? If
14 -- if I have to stop a procedure and can't
15 continue, is that a complication? For example --
16 Q. Do you consider that a complication?
17 A. Sure, because it -- because it's out of
18 the norm. So I did have one patient where I could
19 not dilate her cervix. I could not dilate her
20 cervix.
21 Q. Does that cover the two complications
22 you had?
23 A. Yeah.
24 Q. So in the 12,000 or so abortions that

1 you've performed, you've had two complications
2 over the course of your career, one was
3 uncontrolled bleeding and you never found out the
4 source. That patient was transferred to a
5 hospital, and then the second patient was that you
6 couldn't dilate her cervix?
7 MR. HENRY: Let me object. She didn't
8 use the term uncontrolled. She used the term
9 persistent.
10 BY MR. PHILLIPS:
11 Q. Okay. Fine.
12 A. And when the patient was -- When that
13 patient was transferred, the bleeding had ceased.
14 Q. Okay. So the two complications that
15 you've had following all the abortions you've
16 performed, one would be persistent bleeding, and
17 the other one was that you couldn't dilate the
18 cervix?
19 A. Yes. Yes. Sorry.
20 Q. Anything else?
21 A. I don't recall anything else over the 11
22 years.
23 Q. Have you ever personally spoke to a
24 physician who has had a perforated uterus with a

1 first term abortion?
2 A. Yes.
3 Q. How many doctors?
4 A. Have I spoken with or -- I can think of
5 at least four -- five physicians that I have
6 spoken with personally who have perforated in the
7 first trimester.
8 Q. The five or so physicians that you have
9 spoken to personally with regard to the fact that
10 they had perforations in the first semester --
11 first trimester of abortions, did you ever get
12 into any details with them about how the
13 perforations occurred, the -- the -- whether or
14 not the anatomy in the woman was normal or
15 abnormal or any of the details, or was it simply
16 I've had these perforations?
17 A. I've had these perforations. And -- and
18 really --
19 Q. Okay, hang on. Hang on.
20 A. Oh, I just want to clarify.
21 Q. Was that it? What I want to know is the
22 five or so doctors that you've talked to over the
23 course of your career who have personally
24 experienced perforations in first term abortions,

1 other than the fact that they told you they had
2 perforations, they didn't get into any details as
3 to how it occurred, why it occurred, whether the
4 women had abnormal anatomy or not. Is that
5 correct?
6 A. No, I think more we talked about the
7 care that occurred.
8 Q. Okay. Just the fact that there was a
9 perforation that occurred?
10 A. Yeah.
11 Q. Okay. But did the doctors ever give you
12 any details as to how or why the perforations
13 occurred or the underlying conditions of the
14 ladies?
15 A. I'm not sure I understand your question.
16 Q. Well, what I'm trying to get at is the
17 five or so doctors that told you they had
18 personally had a perforation in their career
19 performing a first term abortion, all I want to
20 know is did they get into the reasons as to why
21 the perforations occurred? Did they have an
22 explanation or is it just simply I've had a
23 perforation?
24 A. I guess I would have to agree with the

1 second statement.
2 Q. I've just had a perforation?
3 A. That they had perforated the uterus.
4 Yeah.
5 Q. Okay. How many physicians have you
6 personally spoken to that have perforated a uterus
7 in a second trimester abortion?
8 A. That was what I was trying to clarify is
9 I didn't always -- The people that I've spoken
10 with who had a perforation, it's more just that
11 they've had a perforation, and I don't always know
12 either how pregnant the woman was or even -- if
13 for some of the cases I know whether the woman was
14 pregnant or not because perforations can occur
15 anytime you're in the uterus, and so, but I don't
16 necessarily know the gestational age. For some of
17 the physicians I know the gestational age.
18 Q. So it's fair to say when you say you've
19 personally talked to four or five physicians who
20 have personally experienced a uterine perforation
21 following an abortion, that includes first term
22 and second term abortions?
23 A. Correct.
24 Q. Okay. You've been performing abortions

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1 since what year?
2 A. 2000.
3 Q. Okay.
4 A. But I was still in residency then for
5 part of it.
6 Q. Of the 12,000 or so abortions that
7 you've performed, has it been pretty consistent
8 ever year, the same amount or similar amount, or
9 have the number of abortions you've performed
10 risen over the years or decreased over the years.
11 How would you describe it?
12 MR. HENRY: Steve, that number was the -
13 - for first term?
14 THE WITNESS: For the first trimester.
15 MR. HENRY: That's not total.
16 THE WITNESS: The 12,000 was about first
17 trimester.
18 MR. PHILLIPS: Yeah, but she's only got
19 like -- like 40 after that, so that's why I say
20 around 12,000.
21 MR. HENRY: Right. Right. Yeah, I just
22 want to make sure you -- you understood that.
23 Yeah.
24 BY MR. PHILLIPS:

1 Q. So when you say you've performed
2 approximately 12,000 first term abortions, you've
3 only performed about 30 or 40 second term
4 abortions. Right?
5 A. No, because the second trimester starts
6 at 13 weeks.
7 Q. Well, how many abortions total have you
8 performed in your career?
9 A. Probably about 15,000.
10 Q. Oh, okay. I missed that.
11 A. Well, because for a lot of people
12 there's the confusion, and even in residency, and
13 this is what differs a little bit in abortion care
14 versus obstetric care is that the 13 week mark,
15 which is -- delineates the first and second
16 trimester for some isn't as significant in
17 abortion care.
18 Q. Alright. Ms. Reaves was 16 weeks.
19 Right?
20 A. Sixteen and 5, 16 and 2 to 16 and 5
21 based on the ultrasound.
22 Q. Alright. How many abortions have you
23 performed post 16 weeks?
24 A. Post 16 and 6/7?

1 Q. No, just 16 weeks how many abortions
2 have you performed?
3 A. Well, considering that the ultrasound
4 after 13 weeks has a two week variation of
5 accuracy, one to two week variation of accuracy, I
6 would -- I guess probably -- I am really
7 estimating here, but I'd guess probably about 200,
8 250.
9 Q. How many 15 to 16 week abortions have
10 you performed?
11 A. I'd say 150, 200.
12 Q. And how many 14 to 15 week abortions
13 have you performed?
14 A. Probably 1 or 2,000, and forgive me if
15 the numbers aren't going to exactly add up, but I
16 think I'm giving you the idea of what you want.
17 Q. Now, are you required either by Planned
18 Parenthood or any governmental agency to keep
19 track of how many abortions you perform?
20 A. Not required. No.
21 Q. Do you keep track of how many abortions
22 you perform?
23 A. I keep a general number in my mind.
24 Yeah.

1 Q. You have a clinic called All Women's
2 Care or something like that?
3 A. All Women's Health.
4 Q. And do you perform any abortions at All
5 Women's Health?
6 A. I do.
7 Q. And how long have you been performing
8 abortions at All Women's Health in Illinois?
9 A. Since we opened June 21st, I think 2006
10 or 7. I get confused.
11 Q. Alright. Do you have insurance for All
12 Women's Health when you perform -- Hang on.
13 Do you have insurance for All Women's
14 Health when you're performing abortions at your
15 facility, All Women's Health?
16 A. I do.
17 Q. And who is that insurance through?
18 A. The -- I'm going to call it a liaison,
19 but the people who help me is a firm called
20 Brunni-Colbath, and I think it's Avco. I -- For
21 whatever reason, that's eluding me right now.
22 Q. Okay. Are you -- are you the sole owner
23 of All Women's Health Care?
24 A. I am.

1 Q. Do you have employees?
2 A. I do.
3 Q. How many?
4 A. At this moment I have three employees.
5 Q. Are there any other physicians employed
6 by All Women's Health Care?
7 A. I do not have anyone employed by me, but
8 I have a contract with University of Chicago for
9 their attendings to come to my office to teach.
10 Q. And what do the attendings at University
11 of Chicago teach at All Women's Health Care?
12 A. Women's Health Care.
13 Q. Do they teach anything to do with
14 abortion?
15 A. Yes, that's as a part of Women's Health
16 Care.
17 Q. Do you -- Strike that.
18 Have you given presentations in the past
19 on abortion?
20 A. Yes.
21 Q. And when's the last time you've given a
22 presentation on abortion?
23 A. Last fall I spoke at the Midwest
24 conference for family medicine.

1 Q. And was that related to abortion?
2 A. Yes, it was -- it was a talk and a
3 hands-on training workshop.
4 Q. Okay. And what was the hands-on
5 training workshop and talk about last fall at the
6 family medicine conference?
7 A. If I recall correctly, it was manual
8 vacuum aspirator in first trimester abortion.
9 Q. Have you -- Strike that.
10 You've given slide show presentations
11 and handouts related to abortion at these seminars
12 you've spoken about, have you not?
13 A. I'm sorry, can you repeat that?
14 Q. Sure. At the seminars that you've spoken
15 about abortion, you've had handouts as well as
16 slide show presentations, have you not?
17 A. Usually I just have a Power Point, and
18 then I get that to whatever program, and if they
19 want to print it out, they can hand it out.
20 Q. Do you still have that Power Point
21 presentation that you've done on abortion?
22 A. I have many Power Point presentations.
23 The one that I gave that time was through the
24 Midwest Access Project, so it's their Power Point.

1 Q. What -- How many Power Point
2 presentations do you have related to abortions?
3 A. I would have to guess.
4 Q. What's your best estimate?
5 A. Are you including miscarriage
6 management?
7 Q. No, we'll exclude miscarriage
8 management.
9 A. How many Power Point presentations, or
10 how many presentations have I given?
11 Q. No, how many -- how many Power Point
12 presentations do you have?
13 A. That I created myself?
14 Q. Let's start there. How many Power Point
15 presentations do you have that you've created
16 yourself related to abortions and how to perform
17 an abortion?
18 A. If I would guess, I'd probably say only
19 three or four.
20 Q. Okay. Is that your best estimate, three
21 or four, rather than a guess?
22 A. No, I'm really guessing.
23 Q. Okay. But you know you have some.
24 Right?

1 A. I know I have some.

2 Q. How many do you know you have, at least

3 two or three?

4 A. I really am guessing. I would assume

5 that I have two or three, but I don't know if

6 they're the same one.

7 Q. Okay. How many do you know you have, as

8 far as presentations you've given related to

9 abortion, Power Point presentations?

10 A. Related to abortion care in general?

11 Q. Yes, and how to perform abortions.

12 A. So you're including a medical abortion?

13 Q. I'm including all abortions. What I

14 want to get at is how many Power Point

15 presentations do you have related to how to

16 perform an abortion.

17 A. I'm still guessing two to three.

18 Q. Okay. And do you have those at your

19 home or at your office?

20 A. I'm pretty sure they're in my office

21 somewhere, and I'm pretty sure they're in my home

22 somewhere.

23 Q. And that's your office in Chicago?

24 A. Correct.

1 Q. How many handouts do you have related to
2 abortion services? Strike that. How many
3 handouts have you put together or papers or
4 presentations, that is written materials, do you
5 have related to how to perform an abortion?
6 A. Besides the copy of the Power Point?
7 Q. Yes.
8 A. None.
9 Q. I noticed you also have a clinic or an
10 address in the State of Washington?
11 A. I did. I sold it in August.
12 Q. So you are no longer practicing in
13 Washington. Is that right?
14 A. I have a Washington State license so I
15 can practice there.
16 Q. But you're not?
17 A. I'm not practicing there now.
18 Q. How long have you quit practicing in the
19 State of Washington?
20 A. When I sold the practice in August of
21 2012.
22 Q. And how long were you -- did you have
23 the dual practice in the State of Washington and
24 the State of Illinois?

1 A. I had Washington for one more year than
2 Chicago, so that's why I think Washington was 2006
3 and then I started Chicago in 2007.
4 Q. And why did you start a practice here in
5 Chicago in 2007?
6 A. Because I wanted to move home. I wanted
7 my children to live in Chicago. I was coming from
8 the Northwest which has really good abortion care
9 and abortion training, and that was not existent
10 in Chicago when I first got here.
11 Q. How many kids do you have?
12 A. I have two.
13 Q. When you say Chicago didn't have good
14 abortion care in 2006 or 2007, what do you mean by
15 that?
16 A. I mean that there was not training for
17 physicians. There was no -- There was not a well-
18 established training curriculum for future
19 providers.
20 Q. How do you know that?
21 A. Because I tried teaching at one of them
22 and they weren't existent. At the time we had a
23 consortium, particularly of family medicine
24 doctors who were trying to get a training program

1 going and that was when there was a big move for
2 fellowships and integrated residency training, so
3 none of that had existed before. And, in fact,
4 right around 2000 -- somewhere between 2006-2007,
5 we had a collaborative meeting of a lot of family
6 medicine people who -- who specifically work with
7 women's health care to figure out how to get this
8 going.
9 Q. Do you hold yourself out as a specialist
10 in abortion services?
11 A. Do I? Abortion care is something that I
12 am skilled at and is a large part of my practice.
13 Q. How much of your practice is abortion
14 services, percentagewise?
15 A. I think right now it's probably 75
16 percent, maybe 60 percent.
17 Q. Do you know of any family practice
18 physicians who perform more abortion services than
19 you do? Do you personally know any?
20 A. I know a lot of family medicine doctors
21 who provide abortions. I just don't know their
22 numbers.
23 Q. Do you know any family practice
24 physician that performs more abortions than you

1 do?
2 A. I don’t know any other physicians’
3 numbers.
4 Q. Do you consider yourself an expert in
5 abortion services?
6 A. I consider myself more knowledgeable
7 than most family medicine and/or obstetric
8 physicians in abortion care.
9 Q. But my question is do you consider
10 yourself an expert in abortion services? I would
11 imagine you do after having 12,000 abortions under
12 your belt.
13 A. I was raised that you’re not allowed to
14 call yourself an expert. Only other people can
15 call you an expert.
16 Q. Okay. Do you consider yourself to be a
17 specialist in abortion and abortion services?
18 A. I consider myself to be a specialist in
19 women’s health.
20 Q. Including abortion services?
21 A. The full spectrum of women’s health,
22 including abortion services.
23 Q. Do you consider yourself to be as well-
24 trained as a obstetrician/gynecologist with regard

1 to abortion?
2 A. I consider myself better trained than
3 most obstetrician/gynecologists in abortion care
4 because it’s not a part of residency training.
5 Q. Abortions are not a part of residency
6 training anymore?
7 A. No.
8 Q. When did that stop?
9 A. Well, no, now they are. But ACOG just
10 made it part of their -- the RRC requirement, the
11 residency requirement. It’s only recently that
12 abortion care has to be included, and it’s why a
13 lot of residencies are now scrambling to try and
14 find training.
15 Q. Well, how long has it been since --
16 since residencies included abortion training in
17 obstetrics and gynecology?
18 A. I’m not an OB/Gyn, but I remember in the
19 last few years a lot of conversation about the
20 RRC.
21 Q. What I’m trying to get at is, is it
22 sounds like there was a window of time here, your
23 understanding, that obstetrics and gynecology
24 residencies weren’t training people to do

1 abortions. Do you know when that window of time
2 is in your opinion?
3 A. Well, the window of time is whenever
4 they initiated it in the last few years and
5 before. So abortion care has never been a part of
6 residency training.
7 Q. Well, where did
8 obstetrician/gynecologists get training in
9 abortions prior to the last couple of years when
10 it began to be involved in residency training?
11 A. I would suggest that the OB/Gynes are
12 not trained in abortion care.
13 Q. My question is the ones -- the OB/Gynes
14 that did perform abortions, and I imagine you've
15 met a lot of OB/Gynes over the course of the years
16 who have done abortions, what's your understanding
17 of where they got their training in abortions
18 prior to the last couple of years when the
19 residencies included it?
20 A. I think either, and again I'm
21 speculating, but I think either they had to seek
22 out the training themselves or like most
23 residencies you can do emphases in the senior part
24 of your residency or in your practice and then

1 become more expert. There are organizations that
2 allow for trainings, if that's something that
3 someone wants.
4 Q. Mrs. Reaves -- Strike that. Ms. Reaves
5 had a dilatation and evacuation abortion.
6 Correct?
7 A. Correct.
8 Q. In the second term abortions that you've
9 performed, have you ever performed any that were
10 not a dilatation and evacuation as such?
11 A. What's the other option?
12 Q. My understanding is that there's
13 instrumentation that can be used.
14 A. Oh, curetting. You mean the curette.
15 Oh, so ask the question again, I'm sorry.
16 Q. Have you ever performed a second term
17 abortion that was not done with a dilatation and
18 evacuation with suction?
19 A. Off hand, no, I can't recall any.
20 Q. I mean, the catheter that you used for
21 Mrs. Reaves, that's the evacuation, that's
22 suction. Right?
23 A. What is it that you're referring to as a
24 catheter?

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1 Q. Well, I read that there was a 16 --
2 MR. HENRY: Cannula?
3 THE WITNESS: Cannula.
4 BY MR. PHILIPS:
5 Q. Cannula, I'm sorry.
6 A. Cannula.
7 Q. Right, cannula.
8 A. Oh, cannula. Okay.
9 Q. Okay. Have you ever performed a 16 week
10 abortion without doing it by use of the cannula
11 and the suction?
12 A. Without that at all. No. No, that is -
13 - No.
14 Q. Okay. Now, are there any other owners
15 of All Women's Health in the Chicago office?
16 A. No, as I mentioned before, I'm the sole
17 owner.
18 Q. And were you the sole owner in the
19 Tacoma, Washington, All Women's Health Center?
20 A. Yes, I was.
21 Q. Have you ever applied for privileges at
22 any hospital and been denied?
23 A. Not that I can recall.
24 Q. Have you ever applied for privileges at

1 a hospital and been told withdraw your
2 application, we're not going to give you
3 privileges or words to that effect?
4 A. Not that I can recall.
5 Q. Have your privileges to practice at any
6 hospital ever been restricted?
7 A. When I apply for privileges, you have to
8 apply for specific privileges, and the privileges
9 that I've applied for I've always gotten.
10 Q. Have you ever applied -- Strike that.
11 Have you ever been on staff at any
12 hospital and your privileges have been revoked?
13 A. My privileges have never been revoked.
14 There was a lapse, and I don't even know if this
15 would count necessarily, just as far as the
16 appropriate paperwork.
17 Q. Okay. Have your privileges at any
18 hospital ever been revoked because of any patient
19 care issues?
20 A. Not to my knowledge.
21 Q. Has your license to practice medicine
22 ever been revoked in any state?
23 A. Not revoked and not to my knowledge.
24 Q. Okay. Have you ever had any licensing

1 issues in any state?
2 A. I've let licenses lapse where I don't
3 renew them.
4 Q. Okay. Anything else?
5 A. Not to my knowledge.
6 Q. Have you ever been disciplined by any
7 hospital or any governmental agency or any board
8 or anything like that, any association?
9 A. Does that include fines?
10 Q. Sure.
11 A. I might -- My lab license might be fined
12 at All Women's Health right now.
13 Q. When you say right now your lab license
14 might be fined, what do you mean?
15 A. It's pending. I'm waiting to hear from
16 CMS.
17 Q. Was there an issue with your lab at All
18 Women's Health?
19 A. When they did the semiannual
20 credentialing.
21 Q. What did they find?
22 A. They found that -- They found a number
23 of things. One, there was an immediate jeopardy
24 for not doing a quality control, and what's the

1 other thing they found -- I think they found that
2 I hadn't proven the education or training of my
3 staff. So it just wasn't in writing, but again
4 this is all pending, so I'm still trying to figure
5 that out.
6 Q. When did that start, that issue with
7 your license?
8 A. We -- They came -- Well, it's a CLIA
9 license, it's a lab license. So it's actually not
10 me. It's my clinic.
11 Q. When did the clinic license issue start?
12 A. We were inspected June 6th, and we heard
13 from them -- This is part of the question,
14 sometime around July 3rd or 5th.
15 Q. Is that this year?
16 A. Yes.
17 Q. Prior to this issue with your clinical -
18 - with your clinic license this year, any other
19 issues with regard to licensing, either -- either
20 corporatewise or personally?
21 A. Not that I can recall.
22 Q. Have you ever been given any honors or
23 awards?
24 A. Yes.

1 Q. What honors or awards have you received?
2 A. I was a bronze tablet at University of
3 Illinois.
4 Q. Okay. I see that there's four
5 university honors listed on your CV.
6 A. Uh-huh.
7 Q. Any other honors or awards since those
8 university honors?
9 A. I've gotten honors within different
10 hospitals from -- They have programs where a
11 patient can award you something for good
12 performance but it's not an official -- officially
13 recognized.
14 Q. Under presentations, it's got update on
15 medical abortion performed 2008. Do you see that?
16 A. Mm-hmm.
17 Q. Do you still have that?
18 A. Do I have a copy of it?
19 Q. Yes.
20 A. I don't know.
21 Q. Spring into action, March of 2006. Do
22 you still have a copy of that?
23 A. That was I was a panelist so there's no
24 copy.

1 Q. The path to becoming an abortion
2 provider, do you still have any materials related
3 to that?
4 A. That again I was a panelist.
5 Q. How about on clinical presentations and
6 publications, which of these do you still have?
7 MR. HENRY: You still have some type of
8 PowerPoint?
9 BY MR. PHILLIPS:
10 A. Materials. Yeah, or materials.
11 Q. Do I have it or is it documented?
12 A. Well, first question, which of these
13 materials on clinical presentations and
14 publications do you have, whether on PowerPoint or
15 in writing or that are on your computer that you
16 can print out?
17 A. Yeah, I'm pretty sure I still have the
18 premenstrual syndrome -- premenstrual syndrome,
19 cultural aspects of women's health. Those are the
20 only ones that I'm really certain that I have.
21 Q. Okay. And these are separate and apart
22 from those abortion presentations, those two or
23 three that you told me about earlier. Correct?
24 A. Because those I was a panelist. Yeah.

1 Q. Okay. The two to three that you have
2 the materials for at your office or at your home
3 or both, those are not listed on this clinical
4 presentations, publications, committees, and
5 research area. Correct?
6 A. Correct.
7 Q. Okay. Have you done any first term
8 abortions -- Strike that.
9 How many of the first term abortions
10 that you've done have been done by the suction
11 method, like was used in Ms. Reaves case?
12 Q. For first trimester procedures where
13 when the vacuum aspiration can either be done with
14 an electric vacuum or a manual vacuum, and in fact
15 at any gestation you can use a manual vacuum, but
16 if you put both of those together as a vacuum
17 aspiration, all of the first trimester are vacuum
18 aspiration.
19 Q. Okay. So literally every abortion that
20 you've performed is a vacuum aspiration.
21 A. Correct.
22 Q. Okay. So you don't scrape the uterus
23 and scrape the fetus before you do the aspiration
24 in the abortions you perform?

1 A. The word you're referring to is
2 curetting, and no I do not curette. Curetting is
3 historically how abortions were done prior to
4 having vacuum or the suction rather, and then once
5 suction came around, and I don't know the timing
6 of this, now some physicians will do aspirating
7 and curetting. When I was trained, I was trained
8 in how to curette, but my standard of care is not
9 to curette.
10 Q. So of the 12,000 abortions -- 12,000 or
11 so abortions you've performed, all of them have
12 been suction aspiration without curetting before.
13 Correct?
14 A. Vacuum aspiration for the first
15 trimester is correct.
16 Q. Okay. The same with the second
17 trimester. Right?
18 A. In the second trimester, I have curetted
19 a few times.
20 Q. How many times -- Strike that.
21 How many second trimester abortions have
22 you performed where you curetted the fetus before
23 you did the vacuum aspiration?
24 MR. HENRY: I'm just objecting. She

1 didn't say it was before.
2 THE WITNESS: Yeah, I've never curetted
3 a fetus. I've curetted the uterus.
4 BY MR. PHILLIPS:
5 Q. Okay. Alright. How many second term
6 abortions have you performed where you curetted
7 the uterus before you did the vacuum aspiration?
8 A. Never.
9 Q. Okay. Looking at Exhibit No. 3.
10 A. Thank you.
11 Q. Does Exhibit No. 3 accurately depict how
12 a first or second term abortion is performed,
13 generally?
14 A. Generally. Yeah, but the cannula's not
15 in the uterus.
16 Q. Okay, where is the cannula?
17 A. It's in the vagina.
18 Q. Okay. So other than the cannula being a
19 bit too close to the uterus in Exhibit No. 3,
20 Exhibit 3 is accurate, generally?
21 A. Well, no, the other thing is this
22 cannula looks like it's metal, which is
23 historically what was used, and I've never really
24 even seen a metal cannula.

1 Q. Anything else?
2 A. I can't tell the way the tenaculum -- I
3 can't tell where the tenaculum's applied.
4 Q. Okay. May I see that?
5 A. Sure.
6 Q. When you perform a second or first year.
7 Strike that. When you -- Strike that.
8 When you perform a first or second
9 trimester abortion, do you use a speculum on the
10 anterior and posterior of the vagina so you can
11 visualize in?
12 A. Yeah, I place a speculum.
13 Q. Two speculums. Right?
14 A. No, one.
15 Q. One. On the anterior or posterior or
16 both?
17 A. Well, the speculum is one entity, and
18 when you open it, usually it will be anterior and
19 posterior but depending on the anatomy of the
20 vagina, it can swivel a little bit depending on
21 someone's anatomy.
22 Q. Okay. So you've used a speculum
23 routinely throughout the course of your career
24 when you're performing abortions?

1 A. Yes, routinely throughout my entire
2 career.
3 Q. Okay. And when you use a speculum, are
4 you able to visualize the opening of the cervix?
5 A. The cervical os? The goal of placing a
6 speculum is to visualize the cervical os.
7 Q. So when you put the speculum in before
8 you're going to perform an abortion, that's so you
9 can see the opening of the cervix. Right?
10 A. Correct.
11 Q. And then you dilate the cervix. Right?
12 A. No.
13 Q. You dilate the cervix before you put the
14 speculum in?
15 A. No, but I -- I do dilate after, but
16 there are a few steps in between.
17 Q. Okay. No, I'm -- I'm not getting the
18 steps. I just want to know when you -- Before --
19 Strike that.
20 At some point before you dilate the
21 cervix, you put a speculum in so you can see.
22 A. Correct.
23 Q. Now, when you put the cannula in to
24 aspirate the fetus, what do -- does the cannula go

1 all the way past the opening of the cervix into
2 the uterus?
3 A. So depending on the gestational age and
4 the cannula you're using, the goal is to get
5 through the endocervical canal. So the cervix is
6 approximately 4 centimeters, and you need to get
7 through the endocervical canal in order to get to
8 the body of the uterus.
9 Q. Okay, let me simplify this for those of
10 us that have never performed an abortion. Looking
11 at Exhibit 4, where I've circled in blue pen --
12 A. Exhibit 4. Okay.
13 Q. The exhibit that I've circled in Exhibit
14 4 in blue pen, is that generally how far the
15 cannula goes in to aspirate the uterus and the
16 fetus?
17 A. Again, depending on the gestation,
18 usually you'll feel for the fundus first. So the
19 fundus is the end, the top curved part, and so at
20 first you'll go to the fundus to know in fact that
21 you are in the uterus.
22 Q. Can you mark the fundus, please?
23 A. Sure.
24 Q. Okay.

1 A. Oh, can I keep this, though?
2 Q. I'm going to ask you -- Well, okay,
3 you've just marked fundus on Exhibit 4. Right?
4 A. Mm-hmm. Yes, yes. Sorry.
5 Q. So when the cannula goes in past the
6 cervix, you try to put it in so you can feel the
7 fundus which is the back part of the uterus. Is
8 that correct?
9 A. Right. But what's important to remember
10 is you have to get through the endocervical or the
11 -- the internal os. So there's an external os,
12 which is the part that you see. You go through
13 the endocervical canal, and then the internal os,
14 where the cervico-uteral junction is, is what you
15 want to be sure that you get through.
16 Q. Okay. Os means opening?
17 A. Mouth. It means mouth in Latin.
18 Q. Okay. Alright. So there's an external
19 opening to the cervix. There's an internal
20 opening to the cervix.
21 A. Correct.
22 Q. Now, when the cannula goes in, Exhibit
23 4, you want to push it back to the fundus, which
24 is the furthest part of the uterus. Is that

1 correct?
2 A. What you want to do is prior to
3 releasing any pressure, you want to make sure you
4 are within the uterus. And one of the ways that
5 you know you're in the uterus is if you reach an
6 end point, the fundus, because if you are out of
7 the uterus, then there won't be an end point on
8 the cannula.
9 Q. Okay. And did you in fact insert the
10 cannula to Ms. Reaves' fundus of her uterus?
11 A. At the -- When she was 16 weeks prior to
12 evacuating the fetus? No, because the fundus is
13 too far away at that point.
14 Q. How far in, using this diagram, did you
15 insert the cannula in Ms. Reaves, or using Exhibit
16 3?
17 A. Cannulas -- So the cannula has a 10 cm
18 mark on it, and usually -- There's a -- a line on
19 the cannula that will tell you when you're at 10
20 centimeters, and I do not recall going beyond 10
21 centimeters.
22 Q. So are you saying you don't recall and
23 you may have, or you didn't go beyond 10
24 centimeters or you just don't know in Ms. Reaves,

1 as far as the cannula being -- Let me start over.
2 You have a landmark on the cannula of 10
3 centimeters. Right?
4 A. Right.
5 Q. And 10 centimeters is from the tip, and
6 then there's a mark on the cannula. Right?
7 A. For -- for the rigid cannulas. Yes.
8 Q. Is that what you used for Ms. Reaves, a
9 rigid cannula?
10 A. I used a rigid cannula at one point and
11 a flexible cannula at one point. The flexibles
12 have different centimeter marks, so you can see
13 where you are from 5 centimeters to 10
14 centimeters.
15 Q. Let's start -- Which cannula did you use
16 on Ms. Reaves first, the flexible or the rigid?
17 A. The 16 rigid.
18 Q. Okay. Now, the first cannula you used on
19 Ms. Reaves, what are the markings on it?
20 A. There's just a demarcation that's about
21 10 centimeters.
22 Q. So there's only one marking and that's
23 10 centimeters on the first cannula you used with
24 Ms. Reaves and that would be the hard one. Right?

1 A. Rigid. Correct.
2 Q. Okay. Now, on Ms. Reaves, do you recall
3 whether or not you inserted the rigid cannula past
4 10 cm or not?
5 A. I do not recall, but I use that 10
6 centimeter mark. I'm aware of the 10 centimeter
7 mark. So I don't recall going beyond the 10
8 centimeter mark.
9 Q. Can you say you did not go beyond the 10
10 centimeter mark or you just don't remember?
11 A. I can say I don't recall.
12 Q. Do you from time to time with a second
13 trimester abortion go beyond 10 centimeters?
14 A. If I'm beyond 10 centimeters, I won't
15 have suction on. So the idea and the way I was
16 trained is the suctioning is the part that confers
17 the most danger, and so until I'm absolutely sure
18 I'm in the uterus, I don't have suction. I have
19 had cases where -- and, in fact, the case I
20 mentioned before where I was beyond 10 centimeters
21 but I didn't do any suction.
22 MR. PHILLIPS: Okay. We got to change
23 tapes.
24 THE REPORTER: This is the end of tape

1 number one. The time is 2:18 p.m., and the
2 running length of this tape is 59 minutes and 58
3 seconds.
4 (WHEREUPON, a videotape
5 change was made.)
6 THE REPORTER: This is the beginning of
7 tape number two. The time is 2:21 p.m. We're now
8 back on the record.
9 BY MR. PHILLIPS:
10 Q. Prior to inserting the cannula on Ms.
11 Reaves, did you insert any other instruments past
12 her cervix?
13 A. Dilators.
14 Q. Okay, and how far past the cervix, the
15 external opening, did you insert the dilators?
16 A. Past the external os probably about 5 or
17 6 centimeters.
18 Q. Did the -- Are the dilators capable of
19 perforating a uterus?
20 A. Yes.
21 Q. And if the dilators are not used
22 properly, it certainly could perforate a uterus?
23 A. Correct.
24 Q. Is the cannula used incorrectly capable

1 of perforating a uterus?
2 A. Yes.
3 Q. Did you use a curette on Ms. Reaves
4 during the first abortion procedure you did on her
5 on 7/20/12?
6 A. I don't recall using a curette.
7 Q. Does the operative report or any record
8 indicate whether or not you used a curette on Ms.
9 Reaves in the first abortion procedure that you
10 performed on July 20th?
11 A. It doesn't indicate that I curetted.
12 Q. Can you say you did not based on that
13 report, or you just --
14 A. Yeah, I can.
15 Q. Okay. So you -- Based on the records in
16 this case and your memory, you did not use a
17 curette on Ms. Reaves in the first procedure you
18 did on July 20th. Is that right?
19 A. I did not use a metal curette.
20 Q. Did you use any curette?
21 A. It's not officially a curette, but the 7
22 -- the flexible cannulas have a special aperture.
23 Instead of it being completely round, it's -- it's
24 curved on one edge, specifically the size that I

1 used within a flat -- a flat portion, and so
2 depending -- While it’s not considered curetting,
3 it has a curette function in some ways.
4 Q. While you were using the cannula with
5 Ms. Reaves, were you able to see into her uterus
6 with your naked eyes.
7 MR. HENRY: Steve, just real quick. Are
8 we talking about the initial procedure?
9 MR. PHILLIPS: Yes.
10 MR. HENRY: And with the rigid cannula?
11 MR. PHILLIPS: Yes.
12 BY MR. PHILLIPS:
13 Q. With the first procedure, the rigid
14 cannula, were you able to see into Ms. Reaves
15 uterus?
16 A. No.
17 Q. Did you do the first procedure on July
18 20, 2012, with the use of an ultrasound?
19 A. Not during the time of the first
20 aspiration.
21 Q. And if you had, it would’ve been checked
22 on the operative report. Right?
23 A. Correct. Yeah.
24 Q. What other instruments came in contact

1 with Ms. Reaves uterus in the first procedure on
2 July 20, 2012, other than the rigid cannula and
3 the dilators?
4 A. Speculum, tenaculum. I think it’s a 22
5 gauge needle that I use for anesthesia, ring
6 forceps. Yeah.
7 Q. Are all of the instruments that you used
8 in the first procedure on July 20, 2012, on Ms.
9 Reaves capable of perforating her uterus if not
10 used properly?
11 A. I would -- Yeah, I would assume so.
12 Yeah.
13 Q. Now, at the end of the first procedure
14 that you did on Ms. Reaves on July 20, 2012, is it
15 fair to say that you did not notice any
16 abnormalities or abnormal or excessive bleeding?
17 A. I think that’s incorrect.
18 Q. Okay. Did you immediately notice?
19 A. No.
20 Q. Okay. That’s what I’m getting at.
21 Okay, you did the first aspiration, the first
22 procedure on July 20, 2012. At the time you did
23 the procedure, did you notice any abnormalities or
24 unusual bleeding?

1 A. Not until I had removed the speculum.
2 Q. Okay. And what did you notice when you
3 removed the speculum following the first procedure
4 you did on July 20th?
5 A. Well, I removed the speculum and I was
6 doing my paperwork, which is just lateral to the
7 patient. And then when I was done with my
8 paperwork and looked back, there seemed to be
9 extra blood on the chuck?
10 Q. On the what?
11 A. It's a thing under someone's bottom to -
12 - for to collect things.
13 Q. Okay. So between the time you removed
14 the speculum and the time you were doing your
15 paperwork and then you went back -- Strike that.
16 How long was it that it took you to do
17 your paperwork after you removed the speculum that
18 you looked down and saw a lot of blood?
19 A. It probably -- It wasn't a lot of blood,
20 but it was probably about 5 minutes, and -- and
21 there was blood on the chuck.
22 Q. More than you expected?
23 A. Enough that I went back to do a bimanual
24 exam.

1 Q. Okay. Was the blood that you saw
2 underneath Ms. Reaves bottom, after you did your
3 paperwork, just after you finished the first
4 procedure on July 20th, was that more than you
5 expected or anticipated?
6 A. The amount on the chuck wasn't more, it
7 was that there was still drops coming from her
8 vagina, and that I wouldn't expect.
9 Q. Okay. How many times in your career had
10 you still seen drops coming from a women's vagina
11 following an abortion procedure like you did on
12 Ms. Reaves?
13 A. Very often.
14 Q. So what was it about Ms. Reaves' drops
15 from her vagina after you did your paperwork,
16 after you did the first procedure, that caused you
17 concern or that led you to want to investigate
18 more?
19 A. I think because they were still dripping
20 and I kept an eye on it. I put my hand on her
21 fundus, and because -- You know, for a 16 week
22 pregnancy you can feel -- I could feel the fundus,
23 or I should have felt a pretty hard uterus, and I
24 didn't feel that.

1 Q. What happened next?
2 A. If I recall, I put a lot of fundal
3 pressure. It's called suprapubic massage, and I
4 tend to use my fist just because of my height. So
5 I gave suprapubic massage, didn't feel firming,
6 and then put two fingers in her vagina to do a
7 bimanual, so intra and extrauterine massage.
8 Q. How long did you do that?
9 A. I would be guessing, but I'd say
10 probably about 1 or 2 minutes -- 30 seconds to 1
11 minute.
12 Q. Between the time that you removed the
13 speculum in the first procedure on July 20th and
14 the time you started the second procedure on Ms.
15 Reaves on July 20th, how long was that?
16 A. I think based on the chart notes we
17 finished -- And just to clarify, there seems to be
18 a little bit of difference in some of the
19 calibrations of clocks. So we finished at about -
20 - I think we left the room at about 1:07 according
21 to one clock, and then we came back in at -- Let
22 me see. We came back in the room -- Anesthesia
23 started at 1502. So she was probably, which is
24 3:02. So she was probably back in the room by

1 about 2:50 -- 2:40 -- 2:55 to -- Yeah, I'd say
2 2:55.
3 Q. Okay. Look at page 28, please. Whose
4 writing is on page 28? Would that be the LPN, R.
5 Torres or Tarras?
6 A. So there's two different writings and,
7 again, I don't know everyone's handwriting.
8 Q. Okay, let me ask you this. Your writing
9 does not appear on page 28 of the Planned
10 Parenthood records. Correct?
11 A. I don't see my writing.
12 Q. Okay. Now, at 1:41 bleeding is noted to
13 be heavy?
14 A. Correct.
15 Q. And does your memory -- Is your memory
16 the same or similar that at 1:41 Ms. Reaves had
17 heavy bleeding?
18 A. My recollection is that the nurse came
19 to tell me that she -- when she checked her pad
20 she had heavy bleeding.
21 Q. Okay. And did you determine whether or
22 not Ms. Reaves had heavy bleeding around 1:41 p.m.
23 A. Did I look at the pad myself?
24 Q. Did you come to the conclusion that Ms.

1 Reaves did indeed have heavy bleeding around 1:41?
2 A. At around 1:41 her pad was soaked.
3 Q. Okay. My question is did you yourself
4 come to the conclusion that Ms. Reaves had heavy
5 bleeding around that time?
6 A. I came to the conclusion that I needed
7 to figure out if she was actively bleeding.
8 Q. Okay, that's not my question. Did you
9 determine yourself whether or not Ms. Reaves had
10 heavy bleeding at around 1:41?
11 A. I determined at that time that the pad
12 that had been in her underwear for over half an
13 hour was soaked. So over the course of that time
14 she had had excessive bleeding.
15 Q. My question is heavy bleeding. Did you
16 think it was heavy?
17 A. Over that 30 minute period she had more
18 blood on her pad than I would've liked.
19 Q. Okay. You need to answer my question.
20 Did you make a determination whether or not you
21 felt Ms. Reaves at about 1:41 p.m. had heavy
22 bleeding?
23 A. I determined at 1:41 that based on the
24 nurse calling it heavy bleeding, I wanted to see

1 what the volume of bleeding was happening at that
2 time.
3 MR. HENRY: He just wants to know
4 whether you at that point decided heavy. If you
5 didn't, then just tell him.
6 BY MR. PHILLIPS:
7 Q. And if you did, tell me that too.
8 A. I decided that I wanted to know.
9 Q. Okay. My question is did you personally
10 determine whether or not you thought Ms. Reaves
11 had heavy bleeding around 1:41 p.m. I want to
12 know heavy bleeding.
13 A. I think if I have to answer your
14 question how you're wording it, that at 1:41 there
15 was more bleeding on her pad and I wanted to know
16 if it was happening.
17 Q. No, you've told me that, but my question
18 is different, and under the law I'm allowed to ask
19 my questions and -- Okay?
20 A. Mm-hmm.
21 Q. And I've got a nurse or an LPN who says
22 heavy bleeding.
23 A. Mm-hmm.
24 Q. Okay?

1 A. Mm-hmm.
2 Q. You need to answer my question, alright?
3 Let's stick to my question. Strike that.
4 Did you yourself make a determination
5 whether or not Ms. Reaves had heavy bleeding at
6 1:41 or around that time?
7 A. Can you rephrase that because I'm
8 answering it how I know it, and so one of the
9 issues is --
10 MR. HENRY: If you can't answer his
11 question as phrased, just say I can't answer it as
12 phrased.
13 THE WITNESS: I can't answer it as
14 phrased.
15 BY MR. PHILLIPS:
16 Q. Do you know what the nurse meant when
17 she documented heavy bleeding at 1:41 p.m.?
18 A. The pad was saturated with blood.
19 Q. Did you ask her?
20 A. Yes.
21 Q. Okay. And she -- Did -- did the nurse
22 tell you the pad is saturated with blood at 1:41
23 p.m. or that the patient was having active heavy
24 bleeding?

1 A. The pad was soaked. It was saturated.
2 Q. Did you ask the nurse around 1:41 p.m.
3 whether or not Ms. Reaves was having active heavy
4 bleeding?
5 A. Yeah. Yes. That's what I asked, was
6 she still bleeding.
7 Q. And what did the nurse say?
8 A. I don't know.
9 Q. You don't know what the nurse said, or
10 the nurse said I don't know if she's bleeding?
11 A. The nurse -- The nurse said I'm not sure
12 if she's still actively bleeding.
13 Q. Now, at two o'clock, the nurse wrote
14 that there's clot. Right?
15 A. Yes.
16 Q. And did the nurse tell you at two
17 o'clock that there's clot with regard to Ms.
18 Reaves?
19 A. Yes.
20 Q. Was the clot actually coming out of her
21 vagina at two o'clock?
22 A. Yes.
23 Q. And did you do an examination of Ms.
24 Reaves --

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1 A. Yes.
2 Q. -- at around two o'clock?
3 A. Yes.
4 Q. And did you notice whether or not there
5 was clot at two o'clock for Ms. Reaves?
6 A. I don't recall the exact time, but when
7 I was able to evaluate Ms. Reaves, there was blood
8 in her vagina.
9 Q. Okay. Now, a -- An occult bleed behind
10 Ms. Reaves uterus would be a emergency situation.
11 True?
12 A. A bleed within her pelvis?
13 Q. Yes.
14 A. Yes, any -- any active bleeds within her
15 pelvis would be an emergent situation.
16 Q. But it's also true that there can be an
17 occult bleed behind the uterus that because of the
18 clot can be slowing or stopping the bleeding until
19 the clot breaks loose. True?
20 A. If you're referring to the idea that
21 within the abdomen or pelvis you can have bleeding
22 and the bleeding itself puts pressure on the
23 vessel to minimize the bleeding, yeah, there's a
24 lot of potential space in the pelvis and abdomen.

1 Q. And an occult bleed where the blood
2 itself is tamponading the rest of the blood it,
3 that's a very dangerous situation, is it not?
4 A. Any bleed within the abdomen or pelvis
5 would be very dangerous.
6 Q. Um, you did a pre-op ultrasound on Ms.
7 Reaves. Is that correct?
8 A. No, I evaluated and reviewed the
9 ultrasound that was done preoperatively.
10 Q. And there's no evidence in this case
11 that Ms. Reaves had any abnormalities in her
12 vagina, her cervix, or her uterus. Correct?
13 A. Not according to the ultrasound that I
14 saw.
15 Q. Okay. And not according to everything
16 you know about her. Right? You're -- you just
17 limited that response to the ultrasound is what
18 I'm getting at.
19 A. Correct.
20 Q. Um, there's no evidence in this case
21 that Ms. Reaves had any abnormalities in her
22 uterus or cervix or any abnormal anatomy. True?
23 A. At one point when I was with Ms. Reaves,
24 I did speculate that she had an abnormal anatomy.

1 Q. What was that?
2 A. At what point or what did I speculate?
3 Q. Well, first of all, what was the
4 speculation?
5 A. I speculated that she either had a
6 bicornuate uterus, which is an abnormally shaped
7 uterus or an extra uterus.
8 Q. Did you ever determine whether in fact
9 Ms. Reaves had a extra uterus or a bicornuate
10 uterus?
11 A. No.
12 Q. So you have no evidence that Ms. Reaves
13 had a abnormal uterus, abnormal cervix, abnormal
14 vagina. Correct?
15 A. I have no evidence.
16 Q. Okay. And you have no evidence that Ms.
17 Reaves had any placental or fetal abnormalities.
18 True?
19 A. Correct.
20 Q. Um, what was the brand of cannula you
21 used with the rigid?
22 A. I don't know.
23 Q. What color was it?
24 A. Clear.

1 Q. Alright. What time did you finish the
2 first procedure on Ms. Reaves?
3 MR. HENRY: You could look at the
4 records.
5 THE WITNESS: Yeah, I mean, the first
6 procedure we finished at approximately 1:04.
7 BY MR. PHILLIPS:
8 Q. And of the -- What did you say, about 50
9 or so second trimester abortions you've performed.
10 Is that right?
11 A. No.
12 Q. Oh, I'm sorry, 200. I apologize.
13 A. No,
14 MR. HENRY: No, it's more than that.
15 THE WITNESS: Because we're talking --
16 You're talking over 13 weeks. Right? So second
17 trimester starts --
18 MR. PHILLIPS: I thought -- I thought it
19 was 13,000 first term and -- Oh, 2,000. Is that
20 right? I'm checking someone who's keeping good
21 notes.
22 MR. HENRY: Well, it was 1 --
23 THE WITNESS: Can you repeat the
24 question?

1 MR. HENRY: It was 1 to 2,000 in 14
2 weeks, 150 to 200 in 15 weeks, 200 to 250 at 16
3 weeks.
4 BY MR. PHILLIPS:
5 Q. Alright, let me make this easy. Of the
6 second trimester abortions you've performed, what
7 is the percentage of them that you have done under
8 ultrasound guidance?
9 A. Um, maybe 5 to 10 percent.
10 Q. And what's the reason you did 5 to 10
11 percent second trimester abortions with ultrasound
12 guidance?
13 A. Sometimes I use it if I have any
14 question of being intrauterine and/or being
15 completed with the procedure. Sometimes I use it
16 when I'm training, so that the either med student
17 or resident can visualize, and, quite honestly,
18 now I do it all of the time because I was told
19 that an attorney would ask me why I don't do it.
20 Q. When were you told to start doing second
21 trimester abortions under ultrasound guidance?
22 After the Reaves case?
23 A. Yeah.
24 Q. Um, prior to the Reaves case, when's the

1 last time you did a second trimester abortion
2 under ultrasound guidance?
3 A. I don't recall.
4 Q. Was it over 5 years before that, 10
5 years before that?
6 A. I don't recall.
7 Q. Do you have any idea?
8 A. I really don't recall.
9 Q. I mean, do you have any idea whatsoever?
10 Was it --
11 A. I would speculate that I had done it
12 within the last year.
13 Q. How many?
14 A. Um --
15 Q. Or is that just speculation?
16 MR. HENRY: If you know. You've just --
17 THE WITNESS: No, I'm speculating.
18 MR. PHILLIPS: You're speculating?
19 MR. HENRY: Right.
20 THE WITNESS: Yeah, I'm speculating.
21 BY MR. PHILLIPS:
22 Q. Okay.
23 A. When I ever have any questions --
24 Q. Alright. Just hang on. So as you sit

1 here today, you have no memory whatsoever about
2 the last time prior to Ms. Reaves case that you
3 did a second trimester abortion under ultrasound
4 guidance. Is that right?
5 A. I couldn't say exactly.
6 Q. Can you say generally?
7 A. Within a year.
8 Q. Okay. How many within the last year?
9 A. Only second trimester? I would be
10 guessing.
11 Q. No idea?
12 A. No.
13 Q. How many first trimester abortions have
14 you done under ultrasound guidance?
15 A. What percentage? Probably -- probably
16 the same, 5 to 10 percent.
17 Q. There are benefits to using an
18 ultrasound during the course of an abortion.
19 Right?
20 A. If the ultrasound is helpful, then there
21 is a benefit.
22 Q. Well, what are the benefits of using an
23 ultrasound during a second term or first term
24 abortion?

1 A. If you have any question about the
2 anatomy, or if in fact you are within the body of
3 the fundus.
4 Q. The ultrasound gives you further
5 information with regard to performing abortion.
6 Right?
7 A. Mm-hmm.
8 Q. Yes?
9 A. Yes. I'm sorry.
10 Q. What are the dangers or detriments to
11 using an ultrasound during a first or second term
12 abortion? There aren't any, are there?
13 A. Well, patient comfort is one. A lot of
14 the procedures I do patients are awake, and it's
15 pretty uncomfortable to have someone between your
16 legs, on your belly. So sometimes with patient
17 comfort, I'll wait until the speculum's removed to
18 do an ultrasound.
19 Q. Other than a patient being
20 uncomfortable, are there any other detriments or
21 negatives to using ultrasound during the course of
22 an abortion for guidance?
23 A. None that come to my mind right now.
24 Q. Was Ms. Reaves put to sleep during the

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1 course of her first procedure on June 20, 2012?
2 A. Was she sedated? Yes.
3 Q. Okay. So you -- you could have
4 certainly safely and easily done the first
5 procedure on July 20, 2012, under ultrasound
6 guidance. True?
7 A. Correct.
8 Q. How long would it take to do an
9 ultrasound on Ms. Reaves during the first
10 procedure on June 20th?
11 A. In what way does the ultrasound increase
12 the length?
13 Q. No. How long would it take to do an
14 ultrasound during the first procedure you did on
15 Ms. Reaves on July 20th? It would just take a
16 matter of 2, 3 minutes. Right?
17 A. I don't think it would -- To do it
18 intraoperatively, it wouldn't increase the time.
19 Q. Okay. Would you -- Would you -- If you
20 had chosen to do ultrasound guidance on Ms. Reaves
21 on July 20th, could you either have done it
22 externally the ultrasound or internally the
23 ultrasound?
24 A. You can't -- To my knowledge, you can't

1 do a vaginal ultrasound while you're doing the
2 procedure.
3 Q. You can do a vaginal ultrasound either
4 before the procedure on July 20th or after the
5 procedure on July 20th.
6 A. For vaginal. Correct.
7 Q. Okay. And that could've been done
8 safely? A vaginal ultrasound could have been done
9 safely on Ms. Reaves either before the procedure
10 or after the first procedure on July 20th. Right?
11 A. Correct. I'm -- I'm not sure if the
12 ultrasound that was done was vaginally or
13 abdominally
14 Q. Okay, but a vaginal could have been
15 done --
16 A. Yes.
17 Q. -- safely?
18 A. Yes.
19 Q. Okay. The machine that was used for the
20 ultrasound for Ms. Reaves on July 20, 2012, could
21 have been used either externally or internally in
22 her vagina. Correct?
23 A. At any time during the day or during the
24 procedure?

1 Q. During the procedure. What I'm saying
2 is --
3 A. No, you can't use it --
4 Q. Wait, hang on, I know. The ultrasound
5 machine itself that was used for Ms. Reaves was
6 capable of doing either an external --
7 A. Oh, yes. Yes.
8 Q. -- or internal -- Hang on. The
9 ultrasound machine that was used for Ms. Reaves on
10 June -- July 20th could've been done either
11 internally or externally. That machine was
12 capable of doing both. Correct?
13 A. Correct.
14 Q. Turn to page 31, please.
15 MR. HENRY: What is that page?
16 THE WITNESS: It's the operative report.
17 BY MR. PHILLIPS:
18 Q. Operative report. By the way, you
19 looked through these records that are labeled
20 Exhibit 2, pages 1 through 48 prior to coming here
21 today. Right?
22 A. Correct.
23 Q. Um, did you ever see the operative
24 report from Ms. Reaves' abortion back in 2010?

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1 A. I did not.
2 Q. Did you ask anybody what happened to the
3 operative report from 2010, the abortion that Ms.
4 Reaves had?
5 A. I did not.
6 Q. Um, did you at the time that you
7 performed the abortion on Ms. Reaves, did you
8 review the operative report from the April 2010
9 abortion?
10 A. I did not. The patient, however, said
11 there were no problems.
12 Q. Okay. Did you ask anybody at Planned
13 Parenthood on April -- I'm sorry, did you ask
14 anybody at any time at Planned Parenthood whether
15 the April 2010 procedure report for her abortion
16 that day was available?
17 A. No.
18 Q. Um, if you had wanted to see the
19 operative report for Ms. Reaves from April of
20 2010, was there a computer system at -- at Planned
21 Parenthood or any written record that you could've
22 gotten that day?
23 A. I'm -- I don't know where all of the
24 records are kept. I'm presuming that if I had

1 wanted to see it, I could.

2 Q. Where would you have seen it?

3 A. I would've had to ask someone to -- I

4 think I would've had to ask them for her old chart

5 of if we had a record on her.

6 Q. And how are you paid at Planned

7 Parenthood? Are you paid per abortion?

8 A. Per procedure. If I'm doing an

9 abortion, I get paid per abortion. If I'm doing a

10 vasectomy, I get paid per vasectomy.

11 Q. Do you do anything at Planned Parenthood

12 as far as procedures, other than abortion or

13 vasectomy?

14 A. I place IUDs. I do Implanon. I am paid

15 hourly if I am doing primary care. As far as

16 patient procedures, it would be within the

17 spectrum of primary care and women's health.

18 Q. How much do you get paid per abortion at

19 Planned Parenthood for a first trimester abortion

20 and second trimester abortion?

21 MR. HENRY: I'm going to object to this.

22 What relevance does this have?

23 MR. PHILLIPS: Well, I think it is

24 because it could be a joint enterprise type thing

1 here. That's why.
2 MR. HENRY: What's a joint enterprise?
3 Joint enterprise with who?
4 MR. PHILLIPS: With Planned Parenthood.
5 MR. HENRY: Well, we've already admitted
6 she's an agent.
7 MR. PHILLIPS: I understand that, but
8 there could be more to this. It's a discovery
9 dep.
10 THE WITNESS: I honestly don't know
11 exactly how much I get paid.
12 BY MR. PHILLIPS:
13 Q. Well, do you get paid more for a first
14 term abortion or a second term abortion, or you
15 get paid the same amount for both?
16 A. Um, I get paid different amounts, but I
17 don't know at what gestation the pay changes.
18 Q. Do you charge more when you do an
19 abortion at your own facility than you get paid
20 for an abortion at Planned Parenthood.
21 A. Do I? So at my office?
22 Q. Yeah.
23 A. At my office I am paid salary, if I'm
24 paid.

1 Q. I see. Okay. So you have a set amount
2 that you charge for an abortion at your office.
3 Right?
4 A. For me?
5 Q. Yes.
6 A. No, I get paid a salary.
7 Q. No, what I'm saying is at all Women's
8 Health, when you perform an abortion, the
9 patient's charged an amount of money for that
10 abortion. Right?
11 A. Oh, the fee for service? Correct,
12 whatever services people have at my office they
13 pay.
14 Q. Okay. What I'm getting at is, is the
15 charge that you're office charges for an abortion
16 in your office higher, lower, or the same as in
17 Planned Parenthood?
18 A. I don't know.
19 Q. Do you have any idea?
20 MR. HENRY: Don't guess.
21 BY MR. PHILLIPS:
22 Q. Well, put it this way --
23 A. I don't know.
24 Q. Ms. Reaves was charged $459 for her

1 abortion.
2 A. And sedation.
3 Q. Hang on, hang on. Ms. Reaves was
4 charged $459 for the abortion that was performed
5 on July 20th at Planned Parenthood. Right?
6 A. Mm-hmm.
7 Q. Yes?
8 A. That's what it says on this sheet.
9 Q. What do you charge for the same service
10 at your clinic?
11 A. Um, I don't know.
12 Q. Do you have any idea? I mean it is your
13 clinic.
14 A. I know, but I'm the medical director and
15 doctor, and I have a new executive director who
16 handles most of the business affairs.
17 Q. What do you think you charge?
18 MR. HENRY: Again, object if you're
19 speculating.
20 THE WITNESS: I -- I truly don't know.
21 I've handed off all of the administrative stuff,
22 so I don't know.
23 BY MR. PHILLIPS:
24 Q. Do you have any idea what you would've

1 charged at your clinic for a second trimester
2 abortion in July of 2012?
3 A. No. I mean I know -- I know we --
4 Q. How much? How much?
5 A. No, no, no. What I was going to tell
6 you is I know that the price changes or it used to
7 change at 12 weeks, 14 weeks, and 16 weeks.
8 Q. How much?
9 A. I don't know.
10 Q. You have no idea?
11 A. No.
12 Q. Of the percentage of abortions that you
13 performed in the last three years prior to Ms.
14 Reaves, what would be the percentage of them
15 performed at Planned Parenthood versus your own
16 clinic?
17 A. I don't know.
18 Q. Well, do you have -- do you have some
19 range, reasonable estimate? Do you perform 90
20 percent of your abortions at Planned Parenthood in
21 the three years prior to Ms. Reaves or 90 percent
22 at your office? What's the range?
23 A. Tell me which years we're talking about.
24 Q. Oh, let's take -- What can you break it

1 down? What years are easiest for you to break
2 down?
3 A. Unfortunately at this point in my life
4 years seem to be blending, but the -- I started
5 out working minimally with Planned Parenthood so I
6 truly don't know how many procedures I was doing
7 there, and I worked at multiple other clinics and
8 different places.
9 Q. Okay. In the three years prior to Ms.
10 Reaves, that would be the years 2009, 2010, 2011,
11 up to July of 2012, what percentages of abortions
12 that you performed were done at Planned
13 Parenthood?
14 A. For all of my abortions I would guess
15 maybe 30 percent.
16 Q. Okay.
17 A. Twenty-five percent.
18 Q. And how many of them were done at your
19 office?
20 A. Maybe another 30 percent.
21 Q. And the other? The other abortions, the
22 other 30 or so or 40 percent, where would they be
23 done?
24 A. Either my office in Washington or

1 National Health Care in Peoria. And what I can't
2 recall is if I was still working in Wisconsin.
3 Q. Okay. Go to page 31, please. Does your
4 handwriting appear on page 31?
5 A. Yes.
6 Q. Where -- where does it start?
7 A. At the top.
8 Q. Okay. As I'm holding this up, is this
9 your handwriting or is this your handwriting or is
10 it both?
11 A. Well, my initial's right there. There's
12 my initial regarding the history, and then
13 basically from here down is my handwriting.
14 Q. Okay.
15 A. Except for that signature right there,
16 that initial, the reproductive health associate.
17 That's not me.
18 Q. So the writing above laboratory results
19 is not your writing.
20 A. Correct.
21 Q. But you initialed that you confirmed the
22 history?
23 A. Yes, that I read it and talked to the
24 patient about it.

1 Q. Alright. Laboratory results, is that
2 your writing?
3 A. No.
4 Q. Okay. Do you recall any conversations
5 you had with Ms. Reaves?
6 A. Prior to the procedure I don't remember
7 any specifics.
8 Q. Do you remember any conversations you
9 had with Ms. Reaves before the procedure on July
10 20th?
11 A. I don't recall any specifics with her,
12 but I always ask about four of the same questions
13 to every patient.
14 Q. Which are?
15 A. Do you have any questions for me, are
16 you certain about your decision today, do you have
17 any questions about the procedure, and do you have
18 any questions about birth control.
19 Q. Do you recall Ms. Reaves answers to any
20 of those questions?
21 A. Not specifically.
22 Q. Okay, generally do you recall any of
23 them?
24 A. Nothing out of the ordinary. No, I

1 don't recall.

2 Q. Okay. Basically, the only con -- You

3 don't recall any conversations you had with Ms.

4 Reaves before the first procedure, but you have

5 four questions that you ask and the patient has to

6 answer them accurately or you don't do the

7 abortion. Right? Is that right?

8 A. Yeah, I mean there's not a right answer.

9 It's more I want to be sure that their questions

10 are answered and they're certain.

11 A. Right.

12 Q. But I won't -- I won't proceed with a

13 procedure if there's something that I think that I

14 shouldn't proceed with a procedure.

15 A. Okay. Do you recall any conversations

16 you had with any family member or Ms. Reaves'

17 mother prior to the procedure?

18 Q. Not prior to the procedure.

19 A. Okay. Now, what position was Ms. Reaves

20 in during the course of the abortion? Was she on

21 her back with her legs up?

22 A. Dorsal lithotomy.

23 Q. Operative report, time started is that

24 12:51?

1 A. Correct.
2 Q. And you wrote over -- initially you
3 wrote a 13 and you wrote over it with a 2?
4 A. Mm-hmm.
5 Q. Is that right?
6 A. Yeah, because I was putting the time
7 finished where the time started went.
8 Q. Okay. By the way, when did you fill out
9 page 31, you're writing or portion of it?
10 A. The initial of her history I do when I'm
11 talking to the patient to make sure that's all
12 true. Some of the things I'll do prior to the
13 procedure, but the majority of it is what I do
14 after the procedure.
15 Q. Okay. How long after the procedure did
16 you fill out the parts below physical examination?
17 A. I went immediately from my seat to the
18 counter.
19 Q. So you did it then?
20 A. Yeah.
21 Q. Now, cannula size, can you read that?
22 What does it say?
23 A. 16R and 7F.
24 Q. And what does that stand for?

1 A. Sixteen rigid and 7 flexible.
2 Q. And is that the diameter of the
3 cannulas?
4 A. It's supposed to be the diameter in
5 millimeters. The catch, though, is the 16s are,
6 if I'm not mistaken, they're a metric I think.
7 Q. Alright. So which -- which part of the
8 procedure did you do with the rigid cannula?
9 A. The majority of the procedure.
10 Q. Up until what point?
11 A. Up until after I had finished
12 documenting and then came back to see if she was
13 firm.
14 Q. Okay. So you did use a flexible cannula
15 during the first procedure you did on 7/20?
16 A. Did I use a flexible cannula with the
17 first procedure? Yes, but it was a second pass.
18 Q. Meaning?
19 A. Meaning I had removed the speculum, the
20 tray was still there, I was documenting, and
21 then --
22 MR. HENRY: Okay, you -- you
23 misunderstood his question.
24 THE WITNESS: Oh, I'm sorry.

1 MR. HENRY: During the initial procedure
2 did you use the flexible or was that after --
3 later on?
4 BY MR. PHILLIPS:
5 Q. What I'm trying to get at you did two
6 procedures on Ms. Reaves, the first was the
7 evacuation. Right?
8 A. Yes.
9 Q. And the second procedure, what do you
10 call that second procedure you did on 7/20?
11 A. Well, so the second time we went back in
12 the room was also an evacuation.
13 Q. Okay.
14 A. What I was referring to was the passes
15 that I do.
16 Q. Alright, hang on. You did two
17 evacuations on 7/20. Right?
18 A. Well, three if you include the one that
19 I did the first time we were in the room.
20 Q. Okay. So you did three evacuations on
21 Ms. Reaves on 7/20. Right?
22 A. Correct.
23 Q. Okay. The first evacuation, did you use
24 a rigid or flexible cannula?

1 A. Rigid.
2 Q. The second evacuation that you did on
3 Ms. Reaves, did you use a rigid or flexible
4 cannula?
5 A. Flexible.
6 Q. The third evacuation you did on Ms.
7 Reaves, did you use a rigid or flexible cannula?
8 A. Let me look and see. If I recall it was
9 a flexible.
10 Q. Alright. Now, the first evacuation you
11 did on Ms. Reaves, how long did that take?
12 A. Approximately 13 minutes.
13 Q. Alright. And then you did your
14 paperwork. Right?
15 A. Correct.
16 Q. And then you noticed there was blood
17 dripping from her vagina. Right?
18 A. Correct.
19 Q. What did you do then, the second
20 procedure?
21 A. No, as I mentioned, I gave suprapubic
22 massage. I gave her fundal massage to see if her
23 uterus was contracting down, um, which it was not,
24 and then I did a bimanual and then did another

1 pass with -- or another aspiration with a 7
2 flexible cannula.
3 Q. Okay. Now, the second procedure that
4 you did with the number 7 flexible cannula, did
5 you do that under ultrasound guidance?
6 A. Yes.
7 Q. And why did you decide to use the
8 ultrasound?
9 A. Um, I think because it was already on
10 her abdomen. Postoperatively I always do
11 ultrasounds and so it was already on her abdomen.
12 Q. When you did the second insertion of the
13 -- Strike that.
14 When you did the insertion of the
15 flexible cannula for the first time, which would
16 be the second procedure, did you feel anything
17 abnormal or unusual or see anything abnormal or
18 unusual?
19 A. Not that I recall.
20 Q. Did you document anything abnormal or
21 unusual at that point?
22 A. Other than her boggy uterus and -- and
23 the bleeding?
24 Q. No. Okay, what is the significance of a

1 boggy -- Strike that.
2 When did you first notice Ms. Reaves had
3 a boggy uterus?
4 A. When I first put my hand on her abdomen
5 after documenting.
6 Q. Okay. So you first noticed Ms. Reaves
7 had a boggy uterus after you realized she was
8 having blood dripping from her vagina?
9 A. After I felt her uterus.
10 Q. Okay, my question is, is you're doing
11 your paperwork --
12 A. Right.
13 Q. -- after you did the first abortion.
14 You look over, you see blood dripping from her
15 uterus, you then put your hands on top of her
16 belly. Right?
17 A. So when I saw the blood dripping from
18 her vagina, yeah, I -- I put my hand on her
19 abdomen.
20 Q. At that point you see she's got -- you
21 feel she's got a boggy uterus. Right?
22 A. Her uterus did not feel firm, so I
23 wanted to check -- She had a --
24 Q. That's a boggy uterus. Right, not firm?

1 A. Right.

2 Q. Just stick to my -- We got to get

3 through this. Okay?

4 A. I could not feel her uterus through her

5 abdomen, so that's when I chose to do a bimanual

6 so I could tell if her uterus was firm or not.

7 Q. How did you arrive at the conclusion

8 that Ms. Reaves had a boggy uterus after the first

9 aspiration after the first procedure?

10 A. When I put my right hand in her vagina

11 and my left hand on her abdomen I was able to feel

12 the uterus itself and it was not firm.

13 Q. And that was abnormal. Right?

14 A. It should be firm.

15 Q. Okay. So that was abnormal to have a

16 boggy uterus?

17 A. Yes.

18 Q. Okay. And the potential causes of a

19 boggy uterus after a procedure like Ms. Reaves are

20 what? What is the most likely cause?

21 A. Uterine atony can be -- For her case --

22 Well, well uterine atony can be that the uterus is

23 not contracting down. Theoretically if it's not

24 contracting down it's because either it's been

1 stretched too much, like a multi-gravid, someone
2 who's been pregnant multiple times, and so that's
3 the cause of the boggy uterus. And while the
4 boggy uterus can lead to bleeding, the boggy
5 uterus is not the only cause of bleeding.
6 Q. Well, boggy -- the boggy uterus can
7 certainly be a sign of ischemia to the uterus.
8 Correct?
9 A. I haven't heard that one before.
10 Q. Well, if the uterus isn't -- isn't
11 getting blood flow, it's not going to be able to
12 contract. True?
13 A. I've never had anyone word it like that.
14 The boggy uterus has more to do with the
15 contractility of it, and based on how the uterus
16 is, the contraction of the uterus is what controls
17 the bleeding.
18 Q. Okay. My question is the uterus is like
19 a muscle, is it not?
20 A. The uterus is a muscle.
21 Q. Okay. And muscles need blood flow in
22 order to contract. Right?
23 A. Yes.
24 Q. Okay, that's simple anatomy. Right?

1 Right?
2 A. Okay.
3 Q. Do you agree?
4 A. Well, I'm going to follow you because --
5 Q. Okay, but my --
6 A. Yes.
7 Q. Okay?
8 A. Yes.
9 Q. In order -- If a muscle is not getting
10 blood, it's not going to be able to contract.
11 Right?
12 A. I -- Based on physiology, I would -- I
13 mean, I -- I would assume it wouldn't contract.
14 Q. A uterus that is not receiving adequate
15 blood flow is not going to be able to contract.
16 It is going to become boggy. True?
17 A. Perhaps, but the majority of the
18 contraction of the uterus has to do with the
19 muscle itself in a reflexive snap back after it's
20 no longer been stretched.
21 Q. Let's go back to my question. Isn't it
22 true that a uterus that is not receiving adequate
23 blood flow is going to become boggy, more likely
24 than not?

1 A. I would be speculating if I answered
2 that. I guess physiologically --
3 MR. HENRY: If you don't know --
4 THE WITNESS: No, I don't know.
5 BY MR. PHILLIPS:
6 Q. Do you think that that makes sense that
7 a uterus that is not receiving adequate blood flow
8 is going to be boggy?
9 MR. HENRY: Again, only if you feel
10 qualified to answer.
11 THE WITNESS: I don't think that makes
12 sense.
13 BY MR. PHILLIPS:
14 Q. Um, alright, you see that the -- Can you
15 read that page, the bottom part, please?
16 A. Where it's my handwriting?
17 Q. Mm-hmm.
18 A. Patient with boggy uterus after
19 procedure.
20 Q. Did you say patent or patient?
21 A. Patient.
22 Q. Okay.
23 A. PT is patient.
24 Q. Okay.

1 MR. HENRY: Start again.
2 BY MR. PHILLIPS:
3 Q. Yeah.
4 A. Patient with boggy uterus after
5 procedure. MVA and 7 flex used with cessation of
6 bleeding and a firm uterus. Misoprostol 800
7 micrograms rectal placed.
8 Q. What does MVA mean?
9 A. Manual vacuum aspirator.
10 Q. Okay. And then -- So are you saying
11 that after you did the second procedure with the
12 manual vacuum aspirator with the 7 flexible the
13 bleeding stopped and the uterus firmed up?
14 A. Correct.
15 Q. And did you come to a conclusion as to
16 why that happened?
17 A. Because I had stimulated the uterus to
18 contract.
19 Q. Was there any blood that you took out
20 with this manual aspiration with the flexible the
21 first time you used the flexible?
22 A. I'm speculating, but I think it was only
23 about 5 or 10 cc.
24 Q. Okay, a very small amount.

1 A. Very small, yeah, about a teaspoon.
2 Q. Were you able to rule out an occult
3 bleed in Mrs. -- Strike that.
4 Were you able to rule out an occult
5 bleed in Ms. Reaves' uterus at the time you did
6 this second aspiration, which is the first time
7 you did a flexible cannula?
8 A. I wasn't able to rule in or out an
9 occult bleed.
10 Q. Okay. Um, let's go back up where it
11 says upper right -- I'm sorry, middle right of the
12 page, page 31, it says uncomplicated MVA. Are you
13 referring to the first procedure that you did?
14 A. Where are you looking?
15 Q. Here.
16 A. Uncomplicated MVA and suction curettage.
17 Q. When you say uncomplicated MVA and
18 suction curettage, is that the first procedure you
19 were referring to on page 31 when you circled
20 that?
21 A. Both of those I deemed uncomplicated.
22 Q. Okay. Tissue examined by RHA. What
23 does that mean?
24 A. It means the reproductive health

1 associate working in the lab that day.
2 Q. What is fetal part C plus T plus 4L
3 identified. What does that mean?
4 A. Calvarium -- Oh, calvarium, thorax, and
5 four limbs.
6 Q. Okay. Clean stripe on ultrasound at end
7 of procedure. What does that mean?
8 A. It means that the uterus was empty.
9 Q. What does the stripe refer to?
10 A. Endometrial stripe is a sign that
11 opposing sides of the uterus are together and so
12 you see the line formed by them touching.
13 Q. Alright. So when you put on page 31
14 uncomplicated MVA and SC, you're referring to both
15 the rigid cannula suction as well as the flexible
16 cannula suction procedure. Right?
17 A. Correct.
18 Q. So you're referring to the first two
19 procedures?
20 A. Correct.
21 Q. Okay. Um, after you did the second
22 procedure with this flexible cannula, you couldn't
23 find a source for what you felt was abnormal or
24 excessive bleeding, the bleeding that prompted you

1 to do the second procedure. Is that right?
2 A. No, that's not right.
3 Q. Okay.
4 A. The bleeding was because she had a boggy
5 uterus. Her uterus was atonic.
6 Q. Okay.
7 A. Which is the most common cause of
8 bleeding.
9 Q. Did -- Strike that.
10 It's true that you never arrived at a
11 reason for her having a boggy uterus after the
12 first procedure. Correct?
13 A. Because her uterus wasn't squeezing.
14 Q. Okay. But you never arrived at the
15 reason why that was occurring. It was just a
16 condition that you saw --
17 ` A. Correct.
18 Q. -- but you -- you didn't know the reason
19 why. You just said I have a boggy uterus, I got
20 to find out --
21 A. Right.
22 Q. You never determined why Ms. Reaves had
23 a boggy uterus after the first procedure on July
24 20th. True?

1 A. The physiology, no.
2 Q. Okay. Okay. When did you do the third
3 procedure?
4 A. I think if I look at the records, we got
5 her back into the room at about 3, and then the
6 procedure started about 3:04.
7 Q. And why did you bring Ms. Reaves --
8 Strike that.
9 Where did Ms. Reaves go after the second
10 procedure and before the third procedure?
11 A. She was in the recovery room.
12 Q. How far away is the recovery room from
13 the operating room?
14 A. Across the hall.
15 Q. Alright. And why was Ms. Reaves brought
16 into the operating room for the third procedure?
17 A. Because once I realized that she was
18 still bleeding, then I wanted to know what was
19 going on. I wanted to look, listen, and feel.
20 Q. And how did you realize that Ms. Reaves
21 was still bleeding that prompted you to take her
22 in for the third procedure?
23 A. Because if you recall, I had mentioned
24 she had been in the recovery for about half-an-

1 hour. They checked her pad and it was soaked, and
2 I didn't know if that had occurred right after the
3 procedure or during that whole time, and so I
4 wanted to see from kind of time zero what the
5 current level of bleeding was.
6 Q. And what did you see -- What did you see
7 just before you brought her in for the third
8 procedure?
9 A. She had a moderately soaked pad. It
10 wasn't as soaked as before, but it hadn't as been
11 as long of a time period.
12 Q. When you saw the moderately soaked pad
13 prior to the third procedure, that was more than
14 you expected. True?
15 A. True.
16 Q. What -- what were you thinking at that
17 time as far as the reason that Ms. Reaves was
18 still bleeding just prior to this third procedure?
19 A. Her uterus was probably boggy again.
20 Q. And did you have any explanation as to
21 why Ms. Reaves' uterus was boggy just prior to
22 this third procedure?
23 A. Second trimester procedures have a
24 greater likelihood of not firming up, but other

1 than that, I have no -- And the history of her
2 being boggy, so her uterus had already shown me
3 that it wasn't clamping down very well.
4 Q. Prior to the third procedure on July
5 20th, you couldn't rule out a uterine perforation
6 in Ms. Reaves. Correct?
7 A. I couldn't rule it out? I couldn't rule
8 it out.
9 Q. Okay. And even up until the time Ms.
10 Reaves left Planned Parenthood on July 20th, you
11 couldn't rule out the fact that she had a
12 perforated uterus. Correct?
13 A. I couldn't rule it out.
14 Q. Um, and rule out means exclude.
15 Correct?
16 A. That's my understanding, yeah.
17 Q. Okay. Now, the third procedure that you
18 did on Ms. Reaves on July 20th, what do you call
19 that procedure?
20 A. Aspiration.
21 Q. Okay. And what type of cannula did you
22 use in the third procedure?
23 A. I think a 7 flex.
24 Q. The same as the second?

1 A. Yes.

2 Q. Now, the third procedure you did on Ms.

3 Reaves, were you able to visualize with your eye

4 what was going on inside Ms. Reaves uterus?

5 A. I did have ultrasound guidance.

6 Q. Okay. But were you able to visualize

7 with your eye -- your naked eye by looking up Ms.

8 Reaves' vagina and cervix into her uterus at all,

9 in either the second or third procedure?

10 A. No, I wasn't.

11 Q. So you're relying on the ultrasound to,

12 quote, visualize, unquote, the uterus in the

13 second and third procedure for Ms. Reaves. Is

14 that right?

15 A. Correct.

16 Q. Are you able to identify an occult

17 hemorrhage on ultrasound?

18 A. It depends on where the hemorrhage is

19 you would be able to either see the -- an abnormal

20 fluid collection.

21 Q. Okay. And based -- Did you review the

22 Northwestern records in this case?

23 A. I saw -- I was given a copy of them.

24 Yes.

1 Q. Okay, did you review them?
2 A. I tried my best.
3 Q. Well, did you review the operative
4 reports for Ms. Reaves at Northwestern?
5 A. I don't recall if that was in the
6 package I got.
7 Q. Um, did -- Why don't you take a look at
8 that.
9 A. No, I've never seen this one before.
10 MR. HENRY: You want to break? If -- if
11 you're going to have her read it, I want to make
12 sure she has enough time.
13 THE REPORTER: This is the end of tape
14 number two. The time is 3:17 p.m., and the
15 running length of this tape is 55 minutes and 25
16 seconds.
17 (WHEREUPON, a videotape
18 change was made.)
19 THE REPORTER: This is the beginning of
20 tape number three. The time is 3:25 p.m. We're
21 now back on the record.
22 BY MR. PHILLIPS:
23 Q. Okay, Doctor, based on your review of
24 the autopsy while we were off the record, where in

1 the uterus was the perforation identified?
2 A. The autopsy identifies something in the
3 left -- I think the left broad ligament. Yeah,
4 left broad ligament.
5 Q. Okay. That's the left side of Ms.
6 Reaves body. Is that right?
7 A. Correct.
8 Q. Okay. And, um, that uterine perforation
9 is identified in autopsy. You can't rule out the
10 fact that that occurred at Planned Parenthood.
11 Correct?
12 A. It's not clear that a perforation
13 occurred at Planned Parenthood.
14 Q. So my question is, you can't say whether
15 or not that perforation I identified -- Strike
16 that.
17 You can't say whether or not the
18 perforation -- perforated uterus identified at
19 autopsy occurred at Planned Parenthood or not.
20 Correct?
21 A. I can't say that.
22 Q. Okay. If the perforation did occur at
23 Planned Parenthood, you would have been the person
24 who caused that perforation. Correct?

1 A. If there had been a perforation, yes.
2 Q. Okay. Is there anything about the
3 location of that perforation that speak for or
4 against that perforation occurring at Planned
5 Parenthood?
6 A. Not that I can -- Not to my knowledge.
7 Q. Okay. Thank you very much. Looking at
8 Group Exhibit No. 5A through -- Oh, I'll just --
9 Wait, never mind. If she's nice enough to do
10 that, I'm going to be nice enough to wait.
11 Um, looking at Exhibits 32 and 33 --
12 A. The pages?
13 Q. Yeah, lower right hand corner of the
14 Planned Parenthood records.
15 A. Okay, say those numbers again, please.
16 Q. Looking at the anesthesia record, which
17 is --
18 A. Oh, okay.
19 Q. -- pages 32, 33, 34. Correct?
20 A. Correct, that's what I have.
21 Q. How many liters of lactated ringers, the
22 IVF did Ms. Reaves receive at Planned Parenthood?
23 A. I'm not sure if it would be a thousand
24 on page 34 is the repetition of what's on 33. So

1 it would be -- She has written the total as a
2 thousand.
3 Q. Um, pages 33, 30 -- No, strike that.
4 Pages 32 through 34 were filled out by
5 the CRNA. Right?
6 A. Correct.
7 Q. Your handwriting does not appear on
8 pages 32 through 34. Is that right?
9 A. Correct.
10 Q. So you're not sure whether Ms. Reaves
11 received 1,000 or 2,000 liters of IVF. Correct?
12 A. Correct.
13 Q. Okay. Is there any way you can from
14 your memory or from deciphering these documents
15 whether it's 1,000 or 2,000 liters of intravenous
16 fluids?
17 A. I couldn't tell.
18 Q. Okay. Um, the reason -- Who made the
19 decision to give Ms. Reaves between 1,000 and
20 2,000 liters of IVF? Was that you or was that the
21 anesthesiologist?
22 A. Again, it's not clear if she did get the
23 1,000 to 2,000 or total 1,000, but it was the
24 anesthesiologist who -- who was in charge of IV

1 fluids.

2 Q. And the reason that the IV fluids were

3 given to Ms. Reaves, somewhere between 1,000 to

4 2,000 milliliters was because of the blood loss.

5 Right?

6 A. The IV was started because she was

7 getting sedation. So at least 250 cc is given to

8 every patient who has sedation.

9 Q. Okay. So anything in excess of the 250

10 cc of IV fluid that Ms. Reaves received was given

11 in response to her bleeding. Right?

12 A. Or the amount of time that she had an IV

13 in because in order to keep it patent, keep the IV

14 patent, you have to have fluid continuously

15 flowing or it'll clot off.

16 MR. ATWOOD: Steve, can we go off the

17 record for 1 second? I'm confused. Is she saying

18 milliliters or liters?

19 MR. PHILLIPS: Good point.

20 THE WITNESS: Milliliters.

21 MR. ATWOOD: Because -- Yeah, because

22 there were some questions asked, and I thought you

23 were saying 1 to 2,000 liters, and I'm thinking

24 how.

1 MR. PHILLIPS: You're right. I screwed
2 up.
3 MR. ATWOOD: So -- Okay.
4 MR. PHILLIPS: My fault.
5 BY MR. PHILLIPS:
6 Q. Okay. Earlier in the deposition when
7 you or I or both of us talked about between 1,000
8 and 2,000 liters --
9 MR. HENRY: Either 1,000 or 2,000.
10 THE WITNESS: Milliliters.
11 BY MR. PHILLIPS:
12 Q. Yeah, we're actually talking
13 milliliters. Right?
14 A. Milliliters. Correct.
15 Q. Um, if Ms. Reaves did not have the
16 abnormal or excessive bleeding after the first
17 procedure, how many milliliters of fluid would she
18 have gotten probably, somewhere between 250 and
19 350 or 250-ish?
20 A. It could be 250 to 500 depending on the
21 size bags they were hanging and the speed of the -
22 - that the nurse left it open in the discovery
23 room?
24 Q. What do think it would've been, 250 or

1 500?
2 A. I'd be guessing.
3 Q. Okay. Looking at Exhibit 5A through 5V,
4 as in Victor, are you able to determine whether or
5 not there is a uterine perforation on any of those
6 ultrasounds?
7 A. No, I'm not.
8 Q. Okay. Are you able to determine whether
9 or not there is clot -- blood clot, either occult
10 or nonoccult on any of those ultrasounds, Exhibit
11 5A through 5B?
12 A. No, I'm not.
13 Q. Okay, that's all I have. Is -- is the
14 reading of those ultrasounds to determine whether
15 or not there is a uterine perforation on there, is
16 that beyond your expertise?
17 A. Can I diagnose a uterine perforation?
18 If there's free fluid that I can see, I can
19 diagnose it.
20 Q. Have you ever seen a uterine perforation
21 on ultrasound?
22 A. I have.
23 Q. How many have you seen?
24 A. Probably 10 -- 6 to 10.

1 Q. And when is the last time, prior to Ms.
2 Reaves, did you see a uterine perforation on an
3 ultrasound?
4 A. In person or in a book?
5 Q. In person.
6 A. Probably five or six years prior.
7 Q. Are those ultrasounds, 5A through 5V,
8 are any of them internal ultrasounds, vaginal
9 ultrasounds?
10 A. I believe yes.
11 Q. Which ones?
12 A. The first ones when we went back into
13 the room.
14 Q. Okay, would you look at those?
15 A. So sometimes the transducer will tell
16 you. I'm not sure I could tell you which ones
17 exactly were vaginal.
18 Q. What is your best estimate -- your best
19 understanding of which one of those ultrasounds in
20 Group Exhibit 5 are -- are vaginal?
21 A. Again, I wouldn't be able to tell you
22 certainly, but once I had the speculum in I didn't
23 have a vaginal probe.
24 Q. Give me your best understanding of which

1 of those are vaginal ultrasounds of Group Exhibit
2 5?
3 A. If any of them are vaginal, and again I
4 can't be certain, it would probably be just the
5 first ones after we went back into the room.
6 MR. HENRY: And what are the numbers on
7 the back?
8 THE WITNESS: Oh, I'm sorry. C, D, and
9 E, maybe F.
10 BY MR. PHILLIPS:
11 Q. But you don't know whether they truly
12 are vaginal ultrasounds. Correct?
13 A. I can't recall, and I don't know how to
14 read on here which is which.
15 Q. Could you turn to page 39 please.
16 A. Yes.
17 Q. Do you see -- Who's writing is this, do
18 you know?
19 A. It is one of the nurses.
20 Q. Do you know -- and strike that.
21 Do you agree that at the time of --
22 around the time of discharge Ms. Reaves had heavy
23 bleeding, uncontrollable bleeding?
24 A. No.

1 Q. Do you know how this nurse on page 39
2 arrived at this diagnosis of heavy bleeding,
3 uncontrollable bleeding?
4 A. Because when the patient was in the
5 recovery room, she had the heavy bleeding at -- I
6 think at the time that this was written, the
7 patient was in the procedure room.
8 Q. So let me ask you this. At 1350 --
9 sometime after 1353 was Ms. Reaves in the
10 procedure room? Oh, at some time after 3:53, was
11 Ms. Reaves in the procedure room?
12 A. Yes.
13 Q. And that was when she received the
14 flexible catheter aspiration -- third one?
15 A. The second -- Yes.
16 Q. Okay. The heavy bleeding that's on page
17 39 is what led to you doing the third procedure.
18 Is that right?
19 A. But the heavy bleeding is documenting
20 the time after I had done that.
21 Q. Okay, my -- Here's my question. There's
22 a nurse on page 39 who's referring to heavy
23 bleeding, uncontrollable bleeding.
24 A. Right.

1 Q. Did you at any time either before the
2 third procedure or after the third procedure
3 determine that Ms. Reaves had heavy bleeding,
4 uncontrollable bleeding?
5 A. She had heavy bleeding prior to me
6 taking her back to the procedure, and in the
7 procedure room the bleeding was controlled.
8 Q. And that was the third procedure?
9 A. Correct.
10 Q. Okay. So it's your understanding that
11 this diagnosis of heavy bleeding, uncontrollable
12 bleeding by the nurse was prior to the third
13 procedure?
14 MR. HENRY: Let me just object because
15 it causes her to speculate as to what the nurse
16 meant, but -- If you know, you know; if you don't,
17 you don't.
18 THE WITNESS: I would assume the nurse
19 meant based on what she had seen in the recovery
20 room.
21 BY MR. PHILLIPS:
22 Q. Okay, do you believe that Ms. Reaves had
23 uncontrollable bleeding prior to the third
24 procedure?

1 A. It was uncontrolled but it was
2 controllable because I controlled it.
3 Q. Okay. Um, who decided to call the
4 ambulance?
5 A. I did.
6 Q. And what time did you decide to call the
7 ambulance?
8 A. Again, I'd have to speculate on times
9 because some of the clocks are not calibrated
10 appropriately, but I think I had decided after we
11 were in the procedure room that I wanted to call
12 the ambulance.
13 Q. Okay, what time did you -- did you call
14 the ambulance? And I know the clocks may be --
15 A. I didn't call the ambulance, the nurse
16 does.
17 Q. What time did you order the ambulance be
18 called, and I know the clocks can be off 1 or 2 or
19 3 minutes. I get that, but I want to know what
20 time?
21 MR. HENRY: You want an exact time?
22 BY MR. PHILLIPS:
23 Q. A range.
24 A. I'd speculate around 4, sometime before

1 4.

2 Q. How long before 4?

3 MR. HENRY: If you know, again.

4 THE WITNESS: I don't know.

5 BY MR. PHILLIPS:

6 Q. Alright, well, look at page 40.

7 A Mm-hmm.

8 Q. Do you know whose writing this is?

9 A. I don't. If I guessed it's one of the

10 recovery room nurses.

11 Q. Do you have any reason to believe that

12 any of the events that are written in page 40 are

13 inaccurately either observed or recorded?

14 A. I don't have any reason to believe that.

15 No.

16 Q. Okay. Um --

17 A. Oh, can I clarify one thing?

18 Q. I guess.

19 A. The -- At one point she says the patient

20 returned to the procedure room for re-aspiration

21 in which she began to bleed. It was she was

22 brought to the procedure room because she was

23 bleeding.

24 Q. This nurse wrote down patient brought to

1 recovery room for observation. Patient in
2 recovery for 45 minutes. Bleeding was checked and
3 had one thick pad soaked with blood. Do you agree
4 with that?
5 A. Yes.
6 Q. Page 40 continues patient returned back
7 to chair to observe for 15 more minutes. Patient
8 checked pad again for bleeding, in which bleeding
9 was heavy with large clots passing. Do you agree
10 with that?
11 A. Correct.
12 Q. Did you see the large clots?
13 A. No.
14 Q. Do you have any reason to believe that
15 the nurse who wrote with large clots passing on
16 page 40 was incorrect in her observations or
17 recording?
18 A. I don’t have any reason to believe that.
19 Q. Okay. On page 40 it continues. Patient
20 went -- returned to procedure room for re-
21 aspiration in which she began to bleed heavily.
22 Do you agree with that?
23 A. No.
24 Q. And what do you disagree with?

1 A. She was --
2 MR. HENRY: She just -- she just
3 testified to this, but say it again.
4 THE WITNESS: She was brought to the
5 procedure room because she was bleeding heavily
6 but wasn't bleeding heavily in the procedure room.
7 BY MR. PHILLIPS:
8 Q. Okay.
9 A. In fact, we had stopped the bleeding in
10 the procedure room.
11 Q. And that was the second procedure.
12 Right?
13 A. No, that's the third one, since you're
14 counting all three.
15 Q. Okay. And then patient was given at
16 3:12 10 units of Pitocin IV dorsum right hand.
17 A. Mm-hmm.
18 Q. Do you agree with that?
19 A. I -- I gave -- I asked them to give her
20 Pitocin.
21 Q. Do you have any reason to believe that
22 this sentence on page 40, patient was given at
23 1512 10 units of Pitocin IV dorsum right hand --
24 Do you have any reason to believe that's

1 inaccurate?

2 A. I have no reason to believe it's

3 inaccurate.

4 Q. And then page 40 continues at 1522 10

5 units of Pitocin IV dorsum right hand given. Do

6 you have any reason to believe that's inaccurate?

7 A. I do not.

8 Q. And then it says at 1525 Methergine

9 IM/milliliter/0.02 [sic] milligrams given IMO. Do

10 you have any reason to believe that's inaccurate?

11 A. It's IM. But, no, that is correct.

12 Q. And page 40, 1553 Toradol 30 milligrams

13 IV given at dorsum right hand. Do you have any

14 reason to believe that's inaccurate?

15 A. No.

16 Q. And on page 40, it says patient

17 continued heavy bleeding. Do you have any reason

18 to believe that's inaccurate?

19 A. Yes.

20 Q. And why is that inaccurate?

21 A. Because her bleeding had subsided.

22 Q. Completely stopped?

23 A. No subsided.

24 Q. Meaning that it slowed down?

1 A. Yeah.
2 Q. And how would you describe when this
3 nurse on page 40 wrote patient continued heavy
4 bleeding, how would you describe the bleeding, as
5 light, medium, or heavy?
6 A. Light.
7 Q. Okay. And then page 40 it says 1617
8 ambulance came, patient sent to ER via ambulance
9 CFD. Do you see that?
10 A. Yes, I do.
11 Q. Is that accurate?
12 A. I'm not sure if it was Chicago Fire but
13 I did hand her off to paramedics.
14 Q. Okay. And it says patient in stable
15 condition?
16 A. Correct.
17 Q. Is that accurate?
18 A. Correct.
19 Q. Do you recall -- The notes indicate that
20 you had a conversation with a resident from
21 Northwestern.
22 A. Correct.
23 Q. Do you recall any of the conversation
24 that you had with the resident at Northwestern?

1 A. I do.

2 Q. And who was the resident that you spoke
3 to at Northwestern?

4 A. I don't remember who it was. It was
5 whoever had the on-call pager.

6 Q. How many residents did you speak to at
7 Northwestern on the day of Ms. Reaves transfer?

8 A. At least two that I can recall.

9 Q. Male or female?

10 A. They sounded female.

11 Q. And the first resident you spoke to at
12 Northwestern on 7/20, what did she say to you and
13 what did you say to her?

14 A. I told her that I was transferring a
15 patient after a 16 week procedure, that she had
16 had a boggy uterus after. We brought her back for
17 a re-aspiration because she was bleeding. Her
18 uterus was contracting down fine, but on
19 ultrasound I couldn't really identify her anatomy.
20 I was a little confused by it. And so while her
21 bleeding had subsided, I wanted her to be
22 monitored.

23 Q. And what did the resident say to you?

24 A. I will see her when she gets here.

1 Q. Now, you had a second conversation with
2 the resident at Northwestern?
3 A. Yeah. Yes.
4 Q. How long after the first conversation
5 was the second conversation with the resident?
6 A. The second conversation was at about
7 7:30 at night.
8 Q. And was that a female as well?
9 A. Correct, and that was the intern.
10 Q. Okay. Now, the first resident you spoke
11 to at Northwestern, was that prior to the time
12 that the ambulance picked up Ms. Reaves?
13 A. That I don't recall because I had
14 trouble getting in touch with Northwestern. We
15 tried calling them multiple times, and I stopped
16 waiting by the phone.
17 Q. How many times did you call Northwestern
18 before you spoke to a resident?
19 A. Well, when I spoke to the resident, we
20 page them, but I had called the emergency room I
21 think three -- two or three times.
22 Q. Over what period of time did you call
23 Northwestern two or three times before someone
24 responded. How many minutes?

1 A. I would be guessing. I don't know
2 exactly.
3 Q. What's your best estimate, 20 minutes,
4 30 minutes?
5 A. No, maybe 10 minutes.
6 Q. Okay.
7 A. Because at that point the patient was
8 already being transferred.
9 Q. The first resident you spoke to at
10 Northwestern, what service was that resident on?
11 A. OB/Gyn.
12 Q. Now, at about 7:30 at night you spoke to
13 an intern?
14 A. Correct, I think it was the intern.
15 Q. And, um, was that a general medicine
16 intern?
17 A. No, it was the OB/Gyn intern.
18 Q. Okay, now, the intern you spoke to, the
19 OB/Gyn intern at about 7:30 p.m., what did you say
20 to her, what did she say to you?
21 A. I asked her how Tonya was doing, and she
22 said they just got out of the OR. They had done
23 an aspiration and she said that they had gotten
24 some placental tissue. They were giving her blood

1 and she was stable. And I asked the resident -- I
2 know it was an intern because I asked her when she
3 said that there was some placenta left, I asked
4 her if they had identified a cotyledon, which is a
5 component of the placenta, it's got little pieces,
6 and I know at a term delivery you look for the
7 placenta in whole, but I didn't know you could do
8 that at 16 weeks, and so she said she didn't know
9 the answer, but she would check with the senior
10 resident.
11 Q. And did you ever hear back from that
12 person?
13 A. No.
14 Q. Um, did -- Do you recall any
15 conversations you had with Tonya Reaves at any
16 time during the course of the procedures or after
17 the procedures?
18 A. Yes.
19 Q. And what do you recall?
20 A. After the third aspiration when the
21 bleeding was controlled but I had made the
22 decision to send her to the emergency room, she
23 was still lying in the bed. She was with Ms.
24 Joyce, her mom, and she was telling me that she

1 felt fine and that she really didn't want to go.
2 Q. Anything else?
3 A. She was worried about the car because it
4 was parked in the Treasure Island parking lot.
5 Q. Do you recall any conversations you had
6 with Ms. Johns, her mother, Tonya's mother?
7 A. Yeah, I was introduced to her as Ms.
8 Joyce.
9 Q. Okay.
10 A. But I do remember in detail our
11 conversation.
12 Q. Tell me about that.
13 A. So after the third aspiration and prior
14 to calling the ambulance, I went to talk to her to
15 explain that I really wanted to call an ambulance.
16 And part of the reason I was talking to her is
17 Tonya wanted me to tell her mom before I called
18 the ambulance because she didn't want her mom
19 freaking out. So I went in and talked to Ms.
20 Joyce, told her that, um, I had seen more bleeding
21 than I would've liked, everything was stable now
22 but because her uterus had been a little -- I
23 think I used the word floppy -- that's usually
24 what I use with patients or family -- I wanted

1 someone to monitor her in case it got floppy again
2 and didn't contract down, but I also told her that
3 I -- based on the ultrasound there was something
4 that I couldn't identify in her anatomy, so I
5 wanted to be sure that someone could get whatever
6 appropriate -- could look at it and tell me what
7 that was.
8 Q. What did you see on the ultrasound that
9 you couldn't identify that caused you some
10 concern?
11 A. In specifically 5C, 5F, and then all of
12 -- a lot of these L and N, I thought I was looking
13 at the body of two uteri. I thought I was looking
14 at two fundi here, because there's two rounded
15 heterogeneous -- Could you hold that up for the
16 camera and point out what you're referring to?
17 And point, if you would -- Put it next to you and
18 point out. Can you zoom in on that so we don't
19 have to mark that up?
20 THE REPORTER: Just --
21 THE WITNESS: Where do you want me to
22 put it?
23 BY MR. PHILLIPS: Hold it behind you.
24 It's the old fashioned way, and you can just point

1 out what you thought.

2 THE WITNESS: So this is the first

3 ultrasound that we did when we went back in the

4 room.

5 THE REPORTER: Okay. Just one moment,

6 please.

7 MR. PHILLIPS: I'm going to hold it.

8 THE REPORTER: Okay, one moment, please.

9 Just hold it straight. Let me -- let me zoom in.

10 MR. PHILLIPS: I'm going to hold it.

11 THE REPORTER: Okay, one moment, please.

12 Okay, go ahead.

13 THE WITNESS: So for the first

14 ultrasound, this right here looks like a uterus

15 with a possible endometrial stripe, but there's

16 another heterogeneous collection there and I

17 didn't know what that was.

18 BY MR. PHILLIPS:

19 Q. Anything else on these ultrasounds that

20 confused you?

21 A. Well, in all of the different views,

22 that persists.

23 THE REPORTER: One moment, please. One

24 moment. Let me zoom out. Okay, can you show us

1 again, please?

2 THE WITNESS: In all of the subsequent,

3 I still keep seeing these two well-rounded solid

4 structures.

5 BY MR. PHILLIPS:

6 Q. Did you ever keep any personal notes

7 with regard to Tonya Reaves that aren't in the

8 Planned Parenthood records?

9 A. No, I sent one E-mail to my medical

10 director regarding the transfer.

11 Q. Okay. And do you still have that?

12 Well, you still have the E-mail. Right?

13 A. I think so.

14 Q. Okay.

15 A. Yeah.

16 Q. Um, did you make any notes in any diary

17 or anything like that about Tonya Reaves?

18 A. I don't keep a diary.

19 Q. Did you publish anywhere or have you

20 spoken about Tonya Reaves case anywhere?

21 A. I've spoken to colleagues about the

22 case.

23 Q. Look at page 41 of the records, please,

24 which is your note. Can you -- can you read that

1 note, please, out loud?

2 A. Patient had increased vaginal bleeding

3 in recovery. Brought to procedure room.

4 Ultrasound consistent with bicornuate versus two

5 uteri. Under ultrasound guidance, both canals

6 entered. Aspiration done with approximately 20 cc

7 of clot removed. Sent to pathology for

8 evaluation. Patient monitored, and after 15

9 minutes approximately 10 cc clot in the vagina.

10 Patient given Pitocin 20 milligrams IV, Methergine

11 0.2 mg IM and approximately 10 minutes later

12 decreased vaginal bleeding. Continued tender at

13 uterus. Spoke with Dr. Hoke, who's my medical

14 director. Transferred to Northwestern Memorial

15 Hospital for monitoring. Explained to patient's

16 mom. Telephone call to ER and transferred but no

17 answer. Paged to OB/Gyn; resident report given.

18 Patient vital signs stable throughout. 911

19 called. No Pitocin was given after the second

20 aspiration and Methergine during.

21 Q. Are you on staff at Northwestern?

22 A. I am clinical faculty.

23 Q. Can you admit patients at Northwestern

24 under your name?

1 A. Northwestern doesn't allow family
2 medicine doctors to have privileges in their
3 hospital.
4 Q. Okay. Did you ever talk to Mr. Alvin
5 Jones, who's Tonya's fiancee?
6 A. I never spoke with Mr. Alvin Jones.
7 Q. Did you speak to any member of Tonya's
8 family, other than her mother?
9 A. When I called to give condolences to Ms.
10 Joyce, someone else answered the phone, and I
11 think it was an uncle, but I don't recall who that
12 was.
13 Q. Do you recall any of that conversation?
14 A. Yes, I do. I asked to speak to Ms.
15 Joyce because I wanted to give my condolences for
16 Tonya's death.
17 Q. And what did he say to you and what did
18 you say to him?
19 A. I don't remember exactly what he said,
20 but there was a hesitation in letting me talk to
21 Ms. Joyce.
22 Q. Did you talk to her at that time?
23 A. I did ultimately.
24 Q. And what did Ms. Johns/Joyce say to you

1 when you called afterwards to give her your
2 condolences?
3 A. Thank you.
4 Q. That’s it?
5 A. I think we talked about how difficult it
6 was, how sad she is. It was a brief conversation.
7 Q. When you say you talked to Ms. Joyce
8 about how difficult it was when you made that call
9 after Tonya died, when you’re saying how
10 difficult, you’re talking about the fact that the
11 lady died, a young woman died?
12 A. That her daughter was dead. Correct.
13 Q. Did you tell Ms. Johns/Ms. Joyce what
14 you thought happened or how it happened?
15 A. No.
16 Q. What brand and model was the cannula
17 that you used, the flexible one and the rigid one?
18 A. As I mentioned before, I don’t know the
19 brand.
20 Q. Okay. How many inches is the opening of
21 the cervix from the outside of the vagina?
22 A. How many -- Is the cervical os from the
23 vagina? It depends on the patient.
24 Q. Ms. Reaves?

1 A. I don't know exactly.
2 Q. Do you have an estimate?
3 A. I'd be guessing.
4 Q. Is there anything about Ms. Reaves that
5 made her more high risk than any other or high
6 risk, or was she just your normal average patient?
7 A. I never like calling any patient normal
8 or average. There was nothing about her history
9 or physical exam that was remarkable. A second
10 trimester procedure does carry more risks,
11 primarily because of the uterus itself.
12 Q. Right, but --
13 A. Tonya was --
14 Q. Go ahead.
15 A. -- by definition her body mass index was
16 31, which theoretically is more difficult as far
17 as procedures, but her habitus didn't make it
18 difficult for me.
19 Q. Do you think that there was anything
20 about Tonya Reaves made her more -- that made her
21 at risk or a higher risk than any one of your
22 other abortion patients?
23 A. Than any other 16 week patient? No, I
24 don't think there was anything in particular.

1 Q. Um, did you ever use -- Did you ever
2 curettage Tonya's uterus with anything other than
3 the flexible or the rigid cannula?
4 A. I don't recall.
5 Q. If you had used a curettage other than
6 the flexible or rigid cannula, would you have
7 noted that in the record, or you may have?
8 A. Yeah, I would have.
9 Q. You would have?
10 A. I use a curette infrequently and so I do
11 note when I'm using it.
12 Q. Okay. And so based on the -- Is there
13 any evidence in the record that you used a curette
14 at all with --
15 A. No.
16 Q. Now, after you aspirate the first
17 procedure, second procedure, third procedure you
18 did on Tonya, you used the tip of the cannula to
19 curettage the uterus. Right?
20 A. No.
21 Q. Did you use any type of curettage
22 procedure at all with Tonya?
23 A. No. What I was trying to clarify is
24 that the anatomy of the flexible cannulas, some

1 people will say by virtue of it having a
2 horizontal line, that will curette.
3 Q. Okay. But you didn't use any curette in
4 any form whatsoever on Tonya?
5 A. No.
6 Q. And you used an ultrasound for -- for
7 both the second and third procedures on Tonya?
8 A. Correct.
9 Q. How many abortions did you perform on
10 7/20?
11 A. I don't know.
12 Q. Do you have any idea?
13 A. No.
14 Q. They keep track of that at Planned
15 Parenthood, I presume?
16 A. I would think so.
17 Q. Do you have any idea idea how many
18 abortions you performed on 7/19 or 7/18?
19 A. No.
20 Q. Do you -- What did you do the morning of
21 7/20? Did you do abortions or were you at your
22 clinic doing something else? What did you do that
23 morning?
24 A. The day in question I was at Planned

1 Parenthood all day.
2 Q. What time did you start at Planned
3 Parenthood on 7/20?
4 A. I don't know exactly. I usually get
5 there some time between 9 and 9:30.
6 Q. Okay.
7 A. Sometimes a little earlier than 9.
8 Q. And what were the hours that you were
9 scheduled to work at Planned Parenthood on 7/20?
10 A. I don't have hours. I am there until
11 all patients are seen and everything's done.
12 Q. Okay. How many hours typically do you
13 spend at Planned Parenthood on a day like in July?
14 A. It can vary anywhere from, gosh, six
15 hours to nine hours, I guess.
16 Q. And how long does it take you to perform
17 a first trimester abortion?
18 A. Approximately 5 minutes.
19 Q. Um, do you have any idea how many
20 abortions you performed at Planned Parenthood at
21 7/20?
22 A. No. Did you perform any abortions after
23 Tonya on 7/20?
24 A. After I saw her the first time, yeah.

1 Q. How many?

2 A. I don't know.

3 Q. Any idea?

4 A. No.

5 Q. After -- after the third aspiration for

6 Tonya, did you perform more abortions on 7/20?

7 A. I am speculating but I think --

8 MR. HENRY: No, you're not speculating.

9 Either you know or you don't know.

10 THE WITNESS: I don't know exactly.

11 BY MR. PHILLIPS:

12 Q. Do you have an idea?

13 A. Approximately two.

14 Q. What time did you leave Planned

15 Parenthood on 7/20?

16 A. I don't know.

17 Q. Did you go to Northwestern at all on

18 7/20 to see Tonya or to talk to anybody?

19 A. I didn't go to Northwestern.

20 Q. You've been an advocate for abortion

21 services for many years?

22 A. Yes.

23 Q. Have you lobbied any politicians or

24 governmental bodies with regard to abortion

1 services? We're close.
2 A. I haven't --
3 MR. HENRY: Well, yeah, I've got
4 questions to ask too and we're 3 minutes away.
5 MR. PHILLIPS: Oh, oh.
6 THE WITNESS: I can call my sitter. I
7 don't -- I haven't lobbied, like politically
8 lobbied.
9 BY MR. PHILLIPS:
10 Q. Okay.
11 A. I'm often called to speak, but --
12 Q. You've heard about complication rates
13 with regard to first term and second term
14 abortions. Right?
15 A. I've heard about it.
16 Q. Your complication rate is actually
17 extremely low. Agreed?
18 A. Correct.
19 Q. Less than any published statistics
20 you've seen. Right?
21 A. I haven't -- I don't think I've seen
22 published statistics, and I don't know accurately
23 my complication rate.
24 Q. Have you ever seen or consulted any type

1 of published statistics with regard to
2 complication rates for first term or second term
3 abortions?
4 A. Historically when I was training, I
5 looked at that data.
6 Q. Do you remember what it says, any of
7 them?
8 A. I don't recall.
9 Q. Okay. Do you have any idea as far as
10 any literature with regard to the reasons
11 complications occur rather than just the fact that
12 complications do occur?
13 A. One of the reasons is if someone's not
14 trained properly. One of the reasons is if it's
15 not a safe and legal abortion, but other than
16 that, I don't know of any reasons.
17 Q. Okay. So one of the major reasons is
18 that's there complications following abortions
19 would be negligence by the provider. True?
20 MR. HENRY: Objection. She never said
21 that.
22 MR. PHILLIPS: I'm asking a question.
23 THE WITNESS: What I would say is that
24 complications that may occur have to do with

1 someone not being trained appropriately.
2 BY MR. PHILLIPS:
3 Q. Okay. Is that negligence, performing an
4 abortion and not being trained appropriately? I
5 would think it would, wouldn't it?
6 A. Well, I can't speculate, but if
7 someone's not trained to do something, then they
8 shouldn't do it.
9 Q. I mean, a doctor should not perform
10 abortion services if they're not trained
11 appropriately. True?
12 A. I would agree with that statement.
13 Q. And it would be negligence to not be
14 trained appropriately and perform abortion
15 services. True?
16 A. Based on what you're saying, if someone
17 didn't -- didn't have the skill and training, then
18 yes.
19 Q. Okay. And, um, one of the major reasons
20 for abortion complications is improper training or
21 inadequate training. Right?
22 A. I disagree. I think in the United
23 States right now because of the low rate of
24 complications, a lot of is it is what we would

1 call idiopathic where you don't really know why
2 something has happened.
3 Q. Have you ever seen any studies as to
4 determine why complications occur following
5 abortions and a breakdown of the reasons?
6 A. No.
7 Q. Certainly one of the reasons for
8 complications following an abortion is physician
9 negligence. True?
10 A. I would agree with that statement.
11 Q. In fact, that's a major cause, isn't it?
12 MR. HENRY: Again, objection.
13 BY MR. PHILLIPS:
14 Q. Isn't that a major cause?
15 A. I don't know the answer to that.
16 Q. You don't know whether physician
17 negligence is or is not a major cause. Is that
18 right?
19 A. Well, if you're asking about the cause
20 of complications in abortions, I don't know if the
21 cause is negligence.
22 Q. My question is do you know whether or
23 not physician negligence is a major cause of
24 complications with abortions?

1 A. In the United States, I believe that it
2 is not, but I'm -- Based on what I read about in
3 2001.
4 Q. Are you guessing because that data's
5 old?
6 A. Um, based on the data in 2001, that
7 answer is correct. I'm not sure what's changed in
8 the last 12 years.
9 Q. How many abortion providers are there in
10 Illinois that you're aware of for first term
11 abortions?
12 A. I don't know that number.
13 MR. HENRY: You know, we're past four
14 o'clock, so why don't we just --
15 MR. PHILLIPS: I'm almost done, unless
16 you want to -- What do you want to do?
17 MR. HENRY: Well --
18 MR. PHILLIPS: I'm close. I mean I'm
19 real close, but you want to make a call? Can you
20 stay for a few minutes?
21 THE WITNESS: I probably can. I was
22 prepared to be here earlier and so that's my child
23 care.
24 MR. HENRY: I know, that's the issue.

1 THE WITNESS: I'm more than happy if you
2 want to pause I can call and see if they can stay.
3 I don't mind, it's just -- I just found out about
4 the change in time yesterday.
5 MR. PHILLIPS: I'm really close. It's
6 your call.
7 MR. HENRY: Well, what's really close?
8 You've been really close for a while?
9 MR. PHILLIPS: Have I?
10 MR. HENRY: Yeah.
11 MR. PHILLIPS: I'm on my last page, and
12 I think I've asked most of them, so I'm --
13 MR. HENRY: Okay, well, it looks like
14 another 15 or 20 minutes?
15 MR. PHILLIPS: Oh, no, no, no, no, no.
16 I'm thinking less than 5.
17 THE WITNESS: Let's go.
18 BY MR. PHILLIPS:
19 Q. When the phrase risk of complications is
20 used, it means that certain conditions occur.
21 True?
22 A. Can you please repeat that?
23 Q. You've heard the phrase that there's
24 risks of complications with a certain procedure.

1 Right?
2 A. Correct.
3 Q. The phrase risk of complication or risk
4 of the procedure simply means that certain
5 conditions can occur.
6 A. Correct.
7 Q. The phrase risk of complication does not
8 mean why those complications occur or the reasons
9 for those complications. It just means that the
10 complications occur. Is that true?
11 A. Correct.
12 Q. Is there any conversation you had with
13 Ms. Reaves or Ms. Johns or any family member that
14 you and I have not spoken about?
15 A. I don't think so.
16 Q. That's all I have.
17 E-X-A-M-I-N-A-T-I-O-N
18 BY MR. HENRY:
19 Q. All the instruments that are used for an
20 abortion procedure, those instruments can be used
21 properly and the patient can still experience a
22 perforation. Correct?
23 A. Correct.
24 Q. That's the reason why patients are told

1 about the risk of perforation prior to the
2 procedure. Correct?
3 A. Correct.
4 Q. Using ultrasound is not a guarantee that
5 you will not have a perforation. Correct?
6 A. Absolutely.
7 Q. The ultrasound is not a -- does not give
8 you a 3-dimensional picture. Correct?
9 A. Correct.
10 Q. And atonic uterus is the most common
11 cause of a boggy uterus. Correct?
12 A. Atonic uterus and boggy uterus are
13 synonymous. Atonic uterus is the most common
14 cause of hemorrhage or bleeding from a pregnant
15 uterus.
16 Q. After an abortion procedure?
17 A. Either after an abortion or of delivery.
18 Q. Your -- your note that you read talks
19 about that the ultrasound was consistent with a
20 biconuate --
21 A. Cornuate.
22 Q. Cornuate versus two uteri. Explain
23 that.
24 A. A normal uterus should be shaped like a

1 balloon and a bicornuate has two horns. It almost
2 looks like a heart, and two uteri would literally
3 be two separate balloons next to each other. And
4 so when I did the ultrasound and saw two
5 heterogeneous masses, it looked like two uteri,
6 which is incredibly rare. I've seen it before,
7 but it would be more likely that she had a
8 bicornuate uterus.
9 Q. The ultrasound did not reveal any
10 findings that suggested that a perforation had
11 occurred. Is that correct?
12 A. Correct.
13 Q. Was there anything on physical
14 examination while the patient was still at planned
15 parenthood that indicated to you that there was a
16 perforation that had occurred?
17 A. None at all.
18 Q. That's all I have.
19 F-U-R-T-H-E-R E-X-A-M-I-N-A-T-I-O-N
20 BY MR. PHILLIPS:
21 Q. Um, you referenced a conversation with a
22 Dr. Hoke, the medical director of Planned
23 Parenthood.
24 A. Mm-hmm.

Electronically signed by Joe Beile (301-218-692-8396) f4f5257b-756a-47ca-87d6-6ceeb0d16f0

1 Q. Yes?
2 A. Correct.
3 Q. What did you say to Dr. Hoke, and what
4 did Dr. Hoke say to you during this conversation
5 you had with him about Tonya?
6 A. Her. She's the medical director. I
7 called her to let her know that I had a patient,
8 16 week, had had some heavy bleeding in the
9 recovery room, we brought her back. Her uterus
10 had been boggy and the bleeding was controlled,
11 but I wanted to send her to the emergency room.
12 Q. What did Dr. Hoke say to you?
13 A. She said if the uterus -- if the vaginal
14 bleeding had stopped and the patient was stable I
15 didn't have to sand her.
16 Q. Any further conversation?
17 A. With Dr. Hoke that day? I ultimately
18 did send her an E-mail confirming that I had sent
19 the patient.
20 Q. Did you ever verbally discuss Tonya with
21 Dr. Hoke again?
22 A. Yes.
23 Q. When?
24 A. The next day.

Electronically signed by Joe Beile (301-218-692-8396) f4f5257b-756a-47ca-87d6-6ceeb0d16f0

1 Q. Tell us about that conversation. What
2 did you say to her, what did she say to you?
3 A. I got a phone call at about five
4 o'clock, maybe 5:30 or 6. It was evening, and she
5 called to let me know that Tonya had died.
6 Q. Anything further?
7 A. She tried to tell me as much as she knew
8 about the course of events, but there was nothing
9 substantive.
10 Q. What did Dr. Hoke tell you about the
11 course of events this day after Tonya died when
12 she told you that Tonya died because I had been on
13 the phone with the resident at 7:30 and the
14 patient was stable, so when did she die, and she
15 wasn't certain but she thought it was sometime
16 around 11 or 12. She actually hadn't been
17 contacted either. The way we found out she died
18 is a reporter had contacted Planned Parenthood
19 asking about the death of the patient, at which
20 time I think either Caroline -- either the vice
21 president or the medical director tried to figure
22 out what -- what patient of ours had died.
23 Q. Did Dr. Hoke or any other physician
24 evaluate Tonya or the ultrasounds on July 20th?

1 A. At Planned Parenthood? Not to my
2 knowledge.
3 Q. Okay. So no other physician assisted
4 you or evaluated Tonya at Planned Parenthood.
5 Correct?
6 A. Correct.
7 Q. Did any other physician. Strike that.
8 Did any other physician or person visualize the
9 ultrasounds or consult on the ultrasounds for
10 Tonya?
11 A. Any other physician? No, we did send
12 copies to -- I think we sent copies to the ER but
13 they don't Xerox well.
14 Q. Okay. So my question is, while Tonya
15 was at Planned Parenthood or even after she was at
16 Planned Parenthood, you're not aware of any
17 physician evaluating or reading those ultrasounds?
18 A. Correct.
19 Q. Um, did any other person at Planned
20 Parenthood ever visualize Tonya's cervix or into
21 her vagina during the course of your procedures?
22 A. It's possible that the staff in the room
23 who are assisting me, but, no, they weren't
24 looking in her vagina.

1 Q. Okay. There was no other healthcare
2 provider at Planned Parenthood who was determining
3 why Tonya was bleeding abnormally or
4 uncontrollably or whether or not she had a
5 perforated uterus or not, other than you at
6 Planned Parenthood. Correct?
7 A. Well, the nurses in the recovery room
8 assessed the bleeding, but after the procedure,
9 while we were waiting for the ambulance to come, I
10 was the only one.
11 Q. What I'm trying to get at is there was
12 no other person at Planned Parenthood who was
13 making a determination whether or not Tonya had a
14 perforated uterus, other than you. Correct?
15 A. Can you rephrase that?
16 Q. All I'm trying to get at is there was no
17 other physician who was assisting you --
18 A. Correct.
19 Q. Hang on. There was no other physician
20 at Planned Parenthood who was assisting you,
21 consulting with you, guiding you, working with you
22 during the course of your care and treatment for
23 Tonya Reaves. Right?
24 A. Correct, I was the only physician in

1 person.

2 Q. Okay. Have you ever published anything,

3 documents or in the literature about Tonya Reaves'

4 case?

5 A. No.

6 Q. Okay. Do you plan on doing that?

7 A. No.

8 Q. Okay. That's all I -- Have I exhausted

9 your memory with regard to conversations with

10 anybody about Tonya Reaves?

11 A. No.

12 Q. Okay, what else you got?

13 A. My conversations with Ms. Joyce, the

14 mom.

15 Q. Okay, what else -- What other

16 conversations with Ms. Joyce that we haven't

17 talked about?

18 A. When I went in the room, she was trying

19 to understand what was going on, and I was

20 explaining to her that I wasn't exactly sure,

21 Tonya was stable, and she said, well, what could

22 happen, what could happen, and I said there's

23 always a risk of someone dying, but I don't think

24 that will happen because she's stable right now,

1 and in this situation if there's some bleeding
2 going on or if they can't stop bleeding, then they
3 may have to remove her uterus, but at that time
4 that seemed like the worst case scenario.
5 Q. And when was that conversation at, after
6 the second?
7 A. After I had -- After the third
8 aspiration and before I called the ambulance,
9 because Tonya wanted me to talk to her mom before
10 I called the ambulance.
11 Q. Any further conversations with any
12 person about Tonya Reaves that you and I have not
13 spoken about?
14 A. When Tonya was being transferred in the
15 ambulance chair, so she was up and alert sitting
16 in the -- they -- instead of a gurney, they have
17 the gurneys that sit up. She was with Ms. Joyce,
18 and she was kind of giggling that she didn't want
19 to go and who would watch the car.
20 Q. At the time Tonya was transferred from
21 Planned Parenthood to Northwestern in the
22 ambulance, was she still bleeding?
23 A. Not when she moved from the table to the
24 paramedics. She was not actively bleeding at that

1 time.

2 Q. And how do you know that?

3 A. Because I checked.

4 Q. How did you check?

5 A. When we transferred her, there was a

6 clean chuck under her, and there were little drops

7 of blood, which is normal to come from the vagina,

8 but there wasn't any pooling.

9 Q. Prior to the time that the ambulance

10 door closed and took Tonya away, when was the last

11 time you saw bleeding beyond absolute minimum?

12 A. Prior -- prior to the third evacuation

13 when I placed that speculum she had bleeding -- or

14 clot in her vagina and then I aspirated, and then

15 at that point we had given the Methergine, we had

16 given Pitocin. She had already had the

17 misoprostol and there was not any notable

18 bleeding.

19 Q. Now, how many minutes was it between the

20 time that the third procedure ended, the third

21 aspiration and the time the ambulance left Planned

22 Parenthood?

23 A. Um, I think about 20 minutes.

24 Q. And how many minutes was it between the

1 time that the second aspiration ended and the
2 third aspiration began?
3 A. Well, she -- The second one was at about
4 1:04, approximately 1:04, and then she came back
5 at 3 -- What 15 -- 3.
6 Q. And how many minutes was it between the
7 time the first aspiration ended and the second
8 aspiration began?
9 A. Maybe 4 minutes.
10 Q. Okay, that's all I have.
11 MR. ATWOOD: I have one quick que --
12 MR. HENRY: Just one more question.
13 F-U-R-T-H-E-R E-X-A-M-I-N-A-T-I-O-N
14 BY MR. HENRY:
15 Q. When you spoke to the intern at around
16 7:30 that evening, did the intern mention to you
17 that when they did their procedure they had found
18 any perforation?
19 A. No, I asked what she saw, and she said
20 that there was a little bit of -- and she used the
21 word placenta; I use products of conception, and
22 she said the patient had been severely anteflexed.
23 Um, but otherwise --
24 Q. But there was no mention of them finding

1 a perforation?
2 A. No.
3 Q. Okay, that's all I have.
4 MR. ATWOOD: Brian, I have one quick
5 question.
6 E-X-A-M-I-N-A-T-I-O-N
7 BY MR. ATWOOD:
8 Q. On that -- The conversation you had with
9 the resident on-call, I mean that first call you
10 had --
11 A. Correct.
12 Q. -- from --
13 A. When I was giving report.
14 Q. Right, that call. Did you ever mention
15 to that resident that you suspected a perforation?
16 A. I -- I didn't mention that.
17 Q. Okay. Fair enough. Thanks.
18 F-U-R-T-H-E-R E-X-A-M-I-N-A-T-I-O-N
19 BY MR. PHILLIPS:
20 Q. Did you ever mention to that resident
21 that you called anything that suggested there may
22 be a perforation or words to that effect, or you
23 just said I'm sending a patient over with
24 bleeding?

1 A. No, I said I'm sending a patient over
2 with anatomy that I can't identify who had
3 bleeding, and so I wanted that to be clarified.
4 Q. Okay, that's all I have.
5 THE REPORTER: Signature?
6 MR. HENRY: Reserved.
7 MR. PHILLIPS: We better attach all the
8 exhibits before we go on an Easter egg hunt.
9 THE REPORTER: This is the end of tape
10 number three. This is the end of today's
11 testimony. The time is 4:17 p.m., and the running
12 length of this tape is 52 minutes and 15 seconds.
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1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)
4 I, JOE NUNEZ BEILE, a Notary
5 Public within and for the County of Cook and
6 State of Illinois, do hereby certify that MANDY
7 GITTLER, M.D., the deponent, was by me first duly
8 sworn to testify the truth, the whole truth and
9 nothing but the truth in the cause aforesaid;
10 that the deposition of the said MANDY GITTLER,
11 M.D., was taken before me at 161 North Clark
12 Street, Suite 4925, Chicago, Illinois, commencing
13 at the hour of 1:19 p.m. on the 22nd day of
14 August, A.D. 2013, and was concluded at the hour
15 of 4:17 p.m. on that date.
16 I further certify that the
17 testimony given at said deposition by said
18 witness was recorded by an audio/visual recording
19 device, by me in the presence of said witness and
20 thereafter transcribed into typewriting under my
21 direction and control.
22 I further certify that the
23 foregoing transcript of said deposition is a
24 true, complete and correct report of the entire

1 testimony so given by said witness, together with
2 such other matters and things as counsel for the
3 parties present at the taking of said deposition
4 desire to have appear of record.
5 I further certify that I am not
6 counsel for, nor attorney for any of the parties
7 to the aforesaid cause, nor am I related to any
8 of the parties to the aforesaid cause, nor am I
9 interested in any manner in the said cause or in
10 its outcome.
11 I further certify that the
12 deponent has reserved the right to review and
13 certify this transcript.
14 IN WITNESS WHEREOF, I have
15 hereunto set my hand and affix my seal of office,
16 at Chicago, Illinois this 26th day of September,
17 A.D. 2013.
18
19

20
21 NOTARY PUBLIC
22
23 My commission expires:
24 September 5, 2016.