

In The Matter Of:

*JOHN COLOMBINI, et al. v.
WESTCHESTER COUNTY HEALTH CARE CORPORATION, et al.*

JIAN HOU, M.D.
January 11, 2005

WILLIAM S. EADDY REPORTING SERVICE
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New York, NY 10170
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HOU, M.D., JIAN - Vol.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

JOHN COLOMBINI, As Administrator of the
Estate of MICHAEL COLOMBINI, Deceased, and
JOHN COLOMBINI and BARBARA COLOMBINI,
Individually,

Plaintiffs,

-against-

WESTCHESTER COUNTY HEALTH CARE CORPORATION,
JIAN HOU, M.D., UNIVERSITY IMAGING MEDICAL
CORPORATION AND MEDICAL ASSOCIATES, P.C.,
VALHALLA ANESTHESIA ASSOCIATES, P.C., NEW
YORK MEDICAL COLLEGE, MARY NADLER, R.N.,
PATRICIA LAURIA, PAUL DANIELS and GENERAL
ELECTRIC COMPANY,

Defendants.

X

709 Westchester Avenue
White Plains, New York
January 11, 2005
10:10 A.M.

EXAMINATION BEFORE TRIAL

EXAMINATION BEFORE TRIAL OF JIAN HOU, M.D., a
Defendant herein, taken by Plaintiffs, pursuant to Order, and
stipulations of adjournment.

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STIPULATIONS

IT IS HEREBY STIPULATED AND AGREED by
and between the attorneys for the respective parties
hereto, that all rights provided by the C.P.L.R.,
including the right to object to any question except
as to the form, or to move to strike any testimony
at this examination are reserved; in addition, the
failure to object to any question or to move to
strike the testimony at this examination shall not
be a bar or waiver to make such motion at, and is
reserved for, the trial of this action.

IT IS FURTHER STIPULATED AND AGREED
that the within examination may be sworn to by the
witness being examined before a Notary Public other
than the Notary Public before whom this examination
was begun, but the failure to do so or to return the
original of this examination to counsel shall not be
deemed a waiver of the rights provided by Rules 3116
and 3117 of the C.P.L.R., and shall further be
controlled thereby.

IT IS FURTHER STIPULATED AND AGREED
that the filing and sealing of the original of this
examination are waived.

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APPEARANCES:

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JIAN HOU, having been first duly sworn by
Rosemarie Tulumello(Ellis), a Notary Public of the
State of New York, was examined and testified as
follows:

EXAMINATION BY
MR. TESSEL:

Q Please state your name for the record.
A Jian Hou.

Q What is your address?
A My business address is Westchester Medical
Center, Department of Anesthesiology,
Valhalla, New York 10595.

MR. CORGAN: For the record,
the doctor has given his business
address although counsel has indicated
a preference for his home address. In
order to accommodate counsel, I will
agree to be the agent for the service
of subpoenas upon this doctor at the
time of trial instead of having to
find him at his home.

Q Just one question about that. Just tell
us what county you live in.
A Westchester.

Page 5

1 Hou
 2 Q Okay. That's fine.
 3 You are a physician licensed to practice
 4 medicine here in the State of New York having
 5 graduated from what school of medicine when?
 6 A I graduated from Sun Yat-sen University of
 7 Medical Science in December 1982.
 8 Q Where is that medical school?
 9 A In China.
 10 Q When did you first immigrate to this country?
 11 A 1990.
 12 Q When you came here, you came on a visa for
 13 foreign students?
 14 A Yes.
 15 Q You had to pass a test; is that right?
 16 A Yes.
 17 Q When you first came to this country, did you
 18 take employment as a physician someplace?
 19 A No.
 20 Q What did you do in medicine following your
 21 coming to this country in 1990?
 22 A I was a graduate student. I was a graduate
 23 starting first at Northeastern University and
 24 then I transfer to the Boston University School
 25 of Medicine.

Page 6

1 Hou
 2 Q Was that in 1990 or '91?
 3 A 1990 I came to the Northeastern University
 4 as the graduate student in pharmacology, and I
 5 transferred to the Boston University School of
 6 Medicine in 1991.
 7 Q To study what?
 8 A In the study of pharmacology.
 9 Q Did you complete your studies in pharmacology?
 10 A I got my Master degree.
 11 Q When was that?
 12 A 1995.
 13 MR. TESSEL: Off the record.
 14 (Whereupon, a discussion was held
 15 off the record.)
 16 Q When you obtained your Master's in pharmacology
 17 at that university, what did you do next
 18 professionally?
 19 A Internship and then residency.
 20 Q Was the internship a one year rotating
 21 internship?
 22 A One years internship, yes.
 23 Q Where?
 24 A New York Hospital of Queens.
 25 Q When did you start that internship?

Page 7

1 Hou
 2 A July 1, 1995.
 3 Q What did you do between your graduation from
 4 your Master's and the start of the internship,
 5 if you were in medicine at all?
 6 A No. I graduate -- before I start
 7 internship I just graduate.
 8 Q Oh, okay.
 9 MR. TESSEL: Off the record.
 10 (Whereupon, a discussion was held
 11 off the record.)
 12 Q When did you graduate?
 13 A '95.
 14 Q You completed that internship in 1996?
 15 A Yes.
 16 Q And starting July 1, 1996, did you enter into
 17 an approved residency training program in one
 18 of the specialties of medicine?
 19 A I was in -- after the internship, I went to
 20 the NYU Medical Center to study my residency in
 21 anesthesiology, NYU, New York University.
 22 Q Okay.
 23 And you remained in that residency in
 24 anesthesiology until it was completed entirely
 25 at NYU?

Page 8

1 Hou
 2 A Yes.
 3 Q When did you complete your residency in
 4 anesthesiology?
 5 A June 30, 1999.
 6 Q Following your completion of your residency in
 7 anesthesiology, did you take the Boards in
 8 anesthesiology?
 9 A Yes.
 10 Q Did you complete your Boards before 2001?
 11 A Yes.
 12 Q Upon completion of your residency in
 13 anesthesiology, did you take employment
 14 someplace as an anesthesiologist?
 15 A Yes.
 16 Q Where?
 17 A Westchester Medical Center.
 18 Q That employment started when?
 19 A July 1, 1999.
 20 Q What was the nature of that employment? Was
 21 it strictly anesthesia?
 22 A Yes.
 23 Q You were in the Department of Anesthesia as one
 24 of the attendings?
 25 A Yes.

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1 Hou
2 Q Who was your supervisor at that time? Who was
3 the head of the department?
4 A That time Dr. Frost was -- she was chairman
5 of the -- our department and then she left.
6 MR. CORGAN: He didn't ask that.
7 MR. TESSEL: That's okay. That's
8 fine.
9 THE WITNESS: Okay.
10 Q You are doing good, Doctor. I don't mean to
11 push it --
12 MR. CORGAN: Don't.
13 A Okay.
14 MR. CORGAN: If he said you are doing
15 good, that doesn't necessarily mean that I
16 believe him.
17 MR. TESSEL: Off the record.
18 (Whereupon, a discussion was held
19 off the record.)
20 Q For how long did you continue your employment
21 at Westchester County Medical Center?
22 A Up to now.
23 Q So it's been continuous to date since the time
24 you started?
25 A Yes.

Page 10

1 Hou
2 Q If we just move ahead to the year 2001, who was
3 the chairman of the Department of
4 Anesthesiology in July of 2001?
5 A I think is Dr. Kubal was acting director.
6 They still -- Dr. "McOldric" was coming.
7 MR. CORGAN: He didn't ask you who
8 was coming. What he wants to know, in
9 2001, who was the head.
10 MR. TESSEL: He answered.
11 MR. CORGAN: You said Dr. Kubal,
12 right?
13 THE WITNESS: I think so, yes.
14 Q Who assigned your duties to you in July of
15 2001? In other words, who picked what your
16 work hours should be and which case you should
17 handle?
18 A Anesthesiologist who was in charge running
19 the OR.
20 Q What is that person's name?
21 MR. CORGAN: If you know.
22 A It most times Dr. Kubal and sometimes other
23 attending anesthesiologist.
24 Q In July of 2001, was all your work efforts at
25 Westchester County Medical Center? Is that the

Page 11

1 Hou
2 only place you worked at?
3 A Yes.
4 Q Full time?
5 A Yes.
6 Q Now, as far as your pay structure for your
7 efforts, was that done through another
8 anesthesia group called Valhalla Anesthesia
9 Associates, P.C.?
10 A Yes.
11 Q So you were employed also by that P.C.?
12 A Yes.
13 Q Just a question or two about that. The chiefs
14 that you have mentioned to us of the Department
15 of Anesthesia at Westchester County Medical
16 Center, were they also employees of this
17 Valhalla P.C.?
18 A They are partner.
19 MR. CORGAN: Well --
20 MR. TESSEL: I understand what he is
21 saying. I'm not going to -- let me move
22 on.
23 MR. CORGAN: Fine.
24 Q In July of 2001, were you either a director,
25 officer, stockholder or partner in this

Page 12

1 Hou
2 Valhalla P.C.?
3 A No.
4 Q You were strictly an employee?
5 A Yes.
6 Q Did a time come in July of 2001 when the infant
7 patient, the decedent in this case, became a
8 patient of yours?
9 MR. TESSEL: It's such a hard question
10 for someone who is not familiar with
11 our jargon.
12 Q Did the child become your patient at some
13 point?
14 A On July 27th.
15 Q The answer is yes, July 27th?
16 A Yes.
17 Q How did it come about that you were assigned to
18 this child that day?
19 A I was assigned by anesthesiologist who is
20 in charge running the floor -- running the OR.
21 Q Could you just give us that name? I'm sorry, I
22 don't recall what you said.
23 MR. CORGAN: Did you give a name?
24 I'm not sure.
25 MR. TESSEL: Previously he had

Page 13

1 Hou
2 mentioned the name.
3 MR. CORGAN: Oh, okay.
4 A I think -- no, it's not Dr. Kubal.
5 MR. CORGAN: He didn't think it was
6 the chief.
7 A No. It was Dr. -- if I can remember it
8 correctly, I think it's Dr. Mandy.
9 Q Could you spell that for us?
10 A M-A-N-D-Y.
11 Q What was his position in the department at that
12 time?
13 A He was attending anesthesiologist.
14 Q Was he also a partner or member --
15 A Partner.
16 Q -- of the P.C.?
17 A Yes.
18 MR. CORGAN: Just note my objection
19 to the use of the word "partner." He
20 is not a lawyer. He is using it
21 incorrectly.
22 MR. TESSEL: I understand, but
23 he initiated those words.
24 MR. CORGAN: I understand.
25 I think we are talking about a

Page 14

1 Hou
2 shareholder when we are talking about
3 a P.C.
4 Did you go to law school, Doctor?
5 THE WITNESS: No.
6 Q Now, Doctor, when you were assigned to attend
7 this child on July 27th, did you take a look at
8 his chart to get some idea of what he was in
9 the hospital for and when he came in and what
10 had been done for him?
11 A I knew my assignment when I came in that
12 day.
13 Q I will be asking about that.
14 A I didn't know the assignment before that.
15 Q Let me see.
16 MR. CORGAN: Why don't you rephrase
17 the question.
18 MR. TESSEL: I can, okay.
19 Q The first time in your life you ever heard
20 about or ever saw this child was when you were
21 assigned to him on July 27th; is that correct?
22 A I didn't see him before. What was the
23 question? Sorry.
24 MR. CORGAN: Listen to the question
25 and just answer the question.

Page 15

1 Hou
2 Q She will read it to you.
3 (Whereupon, the question was read back
4 by the Reporter.)
5 THE WITNESS: Does that mean
6 before when --
7 A You mean before I see the child or --
8 Q Maybe I will try to rephrase it differently.
9 A Yes, could you, please?
10 Q I will do my best, Doctor.
11 Before the anesthesiologist in charge
12 assigned you to take care of this child --
13 A Yes.
14 Q -- had you ever heard of the child before that?
15 A No.
16 Q Had you ever met the child before that?
17 A No.
18 Q When the anesthesiologist in charge assigned
19 you to take care of this child on July 27th --
20 A Yes.
21 Q -- did you go to see the child?
22 A No.
23 Q Did you look at the child's record to acquaint
24 yourself with what the situation was with this
25 child?

Page 16

1 Hou
2 A No.
3 Q What did you do when you were first assigned to
4 attend this child?
5 A I went to the MRI suite to prepare.
6 MR. CORGAN: You want to ask your
7 next question?
8 A Yeah.
9 MR. TESSEL: I wasn't sure he finished
10 his answer.
11 MR. CORGAN: He did.
12 Q To prepare what?
13 A To prepare IV set and some medication,
14 waiting for the child to come.
15 Q Okay.
16 What were you told about this child's
17 situation when the assignment was made
18 directing you to take care of the child?
19 A No.
20 MR. TESSEL: I think he means to say
21 nothing. Is that --
22 MR. CORGAN: No.
23 Q What, if anything, were you told about this
24 child's case?
25 A When they assign, no, they didn't tell me

Page 17

1 Hou
2 about this case.
3 Q Let's go back one notch.
4 When you were assigned to take care of this
5 child on July 27th, were you told what you were
6 being asked to do for the child?
7 THE WITNESS: Okay. Could you -- he
8 means the attending told me what to
9 do; is that the question?
10 MR. CORGAN: No, no, no.
11 I think you may want to rephrase.
12 MR. TESSEL: I will, I'll try.
13 A I want to make sure I understand your
14 question.
15 Q I know you are trying to be accurate. I am
16 also so --
17 A Yes.
18 Q -- let me see if I can phrase it another way.
19 Were you told what your assignment was
20 regarding this child when you were first
21 assigned to take care of him?
22 A No, they didn't tell me what to do.
23 THE WITNESS: Correct?
24 Q When you were first assigned to this child,
25 please tell us what made you go to the MRI room

Page 18

1 Hou
2 to go to see the child?
3 A Assignment to provide anesthesia for the
4 child for the MRI exam.
5 I'm sorry I missed that question.
6 Q It's probably the way I worded the question.
7 Forgive me.
8 So, you were told that this was a child who
9 was going to undergo an MRI that morning?
10 A Yes.
11 Q And they wanted you to go with him and provide
12 anesthesia services for him?
13 A Yes.
14 Q Let's just talk a little bit about anesthesia
15 services.
16 Anesthesia services, if I understand it,
17 are much wider, much broader than just giving
18 anesthesia to someone; am I right?
19 A Yes.
20 Q They include monitoring the vital signs of the
21 patient?
22 A Yes.
23 Q They include giving any oxygen, if necessary?
24 A Yes.
25 Q Did you know what the purpose was of giving

Page 19

1 Hou
2 anesthesia to this child for an MRI?
3 A Yes.
4 Q Could you tell us?
5 A Yes. To provide sedation so the boy can
6 undergo MRI exam.
7 Q I would like you to think back to the specific
8 date, July 27, 2001. Had you ever given
9 anyone any sort of anesthetic services in that
10 MRI suite prior to that date?
11 A Yes.
12 Q On more than one occasion?
13 A Yes.
14 Q So by July 27th you were familiar with the
15 structures of the MRI suite and such things as
16 where the oxygen is contained and so forth?
17 MR. CORGAN: Well, objection.
18 A No.
19 MR. CORGAN: If you want to be a
20 little more specific. We have a little
21 different situation here.
22 MR. TESSEL: You may be right.
23 Q In your previous experiences at this MRI suite
24 before July 27th --
25 A Yes.

Page 20

1 Hou
2 Q -- had you ever had occasion to use their
3 oxygen sources?
4 A Use the wall oxygen. From the wall oxygen
5 supply.
6 MR. CORGAN: The wall oxygen supply
7 is what he said.
8 Q The answer is yes, you have used the wall
9 oxygen supply?
10 A Yes.
11 Q Where was that located; if you can describe it,
12 with regard to where the tunnel is that the
13 patient is put into for the MRI?
14 A Located in the MRI scan room on the wall,
15 so opposite to the door. It's other wall.
16 This door here and then other side.
17 (Indicating)
18 Q The actual operation of the performance of an
19 MRI, is that done from a control room that's
20 separated from the MRI scanning room?
21 A Yes.
22 Q And it's the person or people in the control
23 room that actually trigger the performance of
24 an MRI on the patient?
25 A When patient is ready, yes.

Page 21

1 Hou

2 Q Now, just as a foundation question, you do

3 remember this case, I assume. Do you remember

4 this case, this child, what happened?

5 A Most of this.

6 Q From your review of the record, am I correct in

7 saying that the child was first brought to the

8 MRI suite where you met the child for the first

9 time at approximately 11:30 in the morning of

10 July 27th? Does that sound right to you?

11 A Yes.

12 Q Who brought the child into the scanning room at

13 around that time?

14 A You mean from the waiting area into the

15 scanning room or could you --

16 Q You make a good point.

17 A -- more specific question?

18 Q When you first saw the child --

19 A Yes.

20 Q -- that morning, was he already in the scanner

21 room or was he in an outside room?

22 A Outside.

23 Q Called what; the waiting area?

24 A First in the hallway.

25 Q The hallway just outside the scanning room?

Page 22

1 Hou

2 A No. Further down outside just passed the

3 reception.

4 Q Did somebody, at some point while you were

5 setting up for the anesthesia, tell you that

6 the patient had arrived and you went out to see

7 the patient? Did that happen?

8 A Yes.

9 Q And you went out to the hallway area that you

10 have described to see the patient for the first

11 time?

12 A Yes.

13 Q The patient came with his chart?

14 A Came with the chart, yes.

15 Q Did you look at the chart to familiarize

16 yourself with this patient?

17 A Yes.

18 Q Did you learn at the time that the patient had

19 been admitted to the hospital on the 24th,

20 three days earlier, because of a suspected mass

21 on the brain?

22 A Yes.

23 Q And did you learn that on the 25th a

24 neurosurgeon had done a craniotomy and removed

25 the benign growth from his brain?

Page 23

1 Hou

2 A I didn't know the benign -- I know removed

3 the brain tumor.

4 Q And did you learn from your review of the chart

5 that the child had that operation under general

6 endotracheal anesthesia?

7 A Yes.

8 Q And did you know who it was that gave that

9 general endotracheal anesthesia?

10 A Who gave?

11 Q Yes.

12 A If I remember correctly, probably Dr.

13 Walker. I don't remember exactly.

14 MR. CORGAN: Don't guess. Is it

15 important that he know that?

16 MR. TESSEL: No, it isn't important.

17 A I don't remember exactly.

18 Q Let me just --

19 A You may find out from the chart.

20 Q I'm going to take a fast look. If I don't find

21 it right away, we will move on. We are

22 talking about the 25th.

23 MR. TESSEL: Mr. Corgan, has the

24 chart been marked for identification at a

25 previous deposition?

Page 24

1 Hou

2 MR. CORGAN: I don't know. I wasn't

3 at the prior deposition.

4 MR. TESSEL: Do you have something

5 that we can mark here?

6 MR. CORGAN: I have a copy of the

7 chart.

8 By the way, it's Dr. Trister.

9 MR. TESSEL: And Dr. Li also.

10 Let's try to do this formally on this

11 one thing so we are both on the same

12 page. Do you have something we can

13 mark as, to the best of your

14 knowledge, a complete or accurate copy

15 of this admission of the patient in

16 July of 2001? If you do, I would like

17 the reporter to mark it as Plaintiffs'

18 Exhibit 1 for identification. Then we

19 can refer to it in the future.

20 MR. CORGAN: Well, I have my

21 copy. I don't know if it's complete,

22 but I have a copy.

23 MR. TESSEL: To the best of your

24 knowledge, that's a copy of the

25 record.

Page 25

1 Hou
 2 MR. ORGAN: Yes, just like
 3 yours.
 4 MR. TESSEL: Let her mark it.
 5 Mine came piecemeal. They gave me
 6 this first and then I got this.
 7 MR. ORGAN: You can mark mine.
 8 (Whereupon, copy of chart was
 9 marked as Plaintiffs' Exhibit 1 for
 10 identification, as of this date.)
 11 Q The anesthesiologist who gave the general
 12 endotracheal anesthesia to this boy in his
 13 operation of July 25th was who?
 14 MR. ORGAN: Did you get the name of
 15 doctor who --
 16 A I just looked at the doctor.
 17 Q Yes?
 18 A Dr. Trister.
 19 Q Can you spell that?
 20 A T-R-I-S-T-E-R.
 21 Q There's another name right after that. Do you
 22 know who that is?
 23 A That's the resident, anesthesia resident,
 24 Dr. Li.
 25 Q Dr. Li, L-I?

Page 26

1 Hou
 2 A L-I, yes.
 3 Q From your review of the chart, did the
 4 operation seem to go smoothly, uneventfully
 5 without complications?
 6 A Yes.
 7 Q Postoperatively was the baby doing okay?
 8 A Yes.
 9 Q I shouldn't call him a baby. It's a child.
 10 From your own review of the record, did
 11 this child have any complications after the
 12 operation up to the time that you got to see
 13 him for the first time on the 27th?
 14 A No.
 15 Q Now, did anyone give you any orders or
 16 recommendations as to what type of sedation you
 17 should use in connection with this proposed MRI
 18 of the child?
 19 A No.
 20 Q I gather from your background in pharmacology
 21 you were quite familiar with the particular
 22 agents of sedation that you were going to use
 23 in this case?
 24 A As anesthesiologist, yes.
 25 Q Are you the one that selected Versed to use for

Page 27

1 Hou
 2 sedation of this child?
 3 A Yes.
 4 Q Just a couple of questions about Versed.
 5 You are familiar with the PDR; you know
 6 what that is?
 7 A Yes.
 8 Q And the warnings given about particular drugs;
 9 am I right?
 10 A Also not just warning.
 11 Q Well, I know not just warnings, but you were
 12 aware that one of the problems with Versed is
 13 that it was a good drug for accomplishing what
 14 you wanted to accomplish, but it had, along
 15 with it, the properties for causing respiratory
 16 depression; is that correct?
 17 A Yes.
 18 Q And it's for that reason that it was important
 19 to very carefully monitor any patient that is
 20 on Versed for sedation, correct?
 21 A Yes.
 22 Q What you are looking for is to make sure that
 23 his respiration is okay?
 24 A Yes.
 25 Q In addition to Versed, there was another drug

Page 28

1 Hou
 2 that you used to assist in this sedation of the
 3 child?
 4 A Propofol.
 5 Q Could you just briefly tell us what the
 6 difference in properties between what that does
 7 and what Versed does?
 8 A Propofol also can cause sedation and it's
 9 different to the Versed. Both -- I would say
 10 both similar, but both can cause sedation and
 11 Propofol can cause -- also can cause
 12 respiratory depression and also can cause other
 13 side effect, too.
 14 Q Sure.
 15 Now, was the method that you chose to
 16 administer both these drugs intravenous?
 17 A Yes.
 18 Q And the dosage that you chose -- I should
 19 rephrase that question.
 20 Are you the one who decided what dosage to
 21 use in this case for this child?
 22 A Yes.
 23 Q In your training as an anesthesiologist, were
 24 you taught that it was important to check the
 25 integrity of the equipment you were going to

1 Hou
 2 talking to, if it does?
 3 A I'm not sure. Maybe. I don't remember.
 4 Q In any event, what I want to be sure about,
 5 this conversation you have related with the MRI
 6 technician that took place in the MRI scanning
 7 room --
 8 A Yes.
 9 Q -- were you two the only ones in the room at
 10 that time?
 11 A First time when I ask her to set up the
 12 room, yes.
 13 Q Now, at the time you had this conversation with
 14 the MRI technician, was the child as yet
 15 arrived in the MRI area?
 16 A The first conversation you mean? To my
 17 best memory just arrive, probably.
 18 Q Had you seen the child yet at the time you were
 19 speaking to the MRI technician for the first time?
 20 A Not yet.
 21 Q Now, I gather from what you said, there are two
 22 separate conversations that you are referring
 23 to with the MRI technician. One where you
 24 questioned her about the oxygen source and
 25 asked her to check on it and then later another

1 Hou
 2 one where she said, in essence, she
 3 did -- it's all set; is that right, two
 4 separate talks?
 5 A Two separate talks, yes.
 6 Q For the first talk you think that the child had
 7 arrived in the area, but was not in the scanner
 8 room?
 9 A No.
 10 Q You hadn't yet gone out to see the child?
 11 A I -- I believe so, I was about to, yes.
 12 Q You were about to, but you were having this
 13 conversation --
 14 A Yes.
 15 Q -- with the MRI technician?
 16 A To the best memory, yes.
 17 Q Yes?
 18 A To my best memory.
 19 Q And after the initial conversation with the MRI
 20 technician, you left the scanning room and went
 21 over to where the child was?
 22 A Yes.
 23 Q Was the child on a stretcher of some kind?
 24 A Yes.
 25 Q Were the child's parents there with him?

1 Hou
 2 A Yes.
 3 Q Was that the first time you had ever met the
 4 parents?
 5 A Yes.
 6 Q At that time, did you explain to the parents
 7 what it was that you were going to be doing in
 8 connection with their child?
 9 A I believe so, yes.
 10 Q To the best of your recollection, what did you
 11 say to them about that?
 12 A I don't remember exactly what they say, but
 13 usually I explain to them the IV sedation, you
 14 know, explain to the -- because they had
 15 anesthesia before, they know. Ask them any
 16 problems from previous -- any complication from
 17 anesthesia from previous surgery. I don't
 18 remember exactly wording. I cannot remember
 19 exactly what I --
 20 Q Okay, all right.
 21 Since you knew at that point that the child
 22 had undergone an operation under general
 23 anesthesia, did you inquire with the anesthesia
 24 department about whether they had any
 25 anesthetic complication with the child on July

1 Hou
 2 25th when he was operated on? Did you ask
 3 anyone about that?
 4 A Ask from the Department of Anesthesia, no.
 5 Q When you first came to work at Westchester
 6 County Medical Center, were you given any sort
 7 of orientation about the physical plant itself
 8 insofar as anesthetic services are concerned by
 9 anyone at the Valhalla P.C. group?
 10 A Orientation to operating room, yes.
 11 Q Okay.
 12 Whatever information you were given about
 13 Westchester County Hospital anesthesia services
 14 when you first came to work for the hospital
 15 and for the Valhalla group, was there ever any
 16 discussion about the color coding of oxygen
 17 canisters? Did that subject ever come up?
 18 A No.
 19 Q During the period of time that you were working
 20 there -- I lost track of the time, but how much
 21 was it until July of 2001?
 22 MR. CORGAN: I believe he arrived in
 23 '99.
 24 Q During your approximate two years that you were
 25 working at this hospital in anesthesia prior to

1 Hou
 2 July of 2001, did you ever notice oxygen
 3 cylinders painted different colors?
 4 A In the hospital?
 5 Q Yes.
 6 A No. In that hospital I know it was painted
 7 green.
 8 Q All of them?
 9 A Yes.
 10 Q Let's see. I want to make sure I'm not saying
 11 something you didn't intend to say.
 12 You did notice that the oxygen cylinders in
 13 Westchester County Hospital were all painted
 14 green?
 15 A Yes.
 16 Q You never saw an oxygen cylinder painted a
 17 different color?
 18 A No.
 19 Q And that's true for the whole two years you
 20 were there, correct?
 21 A Yes.
 22 Q Were you aware in July of 2001 that there are
 23 oxygen canisters that are made of aluminum and
 24 others that may contain ferrous material?
 25 A You mean in this hospital or other

1 Hou
 2 hospital?
 3 Q In this hospital.
 4 MR. CORGAN: In general.
 5 A In general, yes.
 6 Q Did you know how to distinguish between the
 7 ones that are aluminum and the ones that are
 8 iron?
 9 A No.
 10 Q Well then let me finish that whole area by
 11 simply asking: Did you ever ask anybody before
 12 July 27th how do you tell the difference
 13 between oxygen canisters that contain ferrous
 14 material and the ones that don't?
 15 A No.
 16 Q Okay.
 17 Now, when you first left the MRI scanning
 18 room to greet the child and the parents, did
 19 you perform any sort of examination of the
 20 child in that hallway or adjoining area to the
 21 scanning room?
 22 A I did some, yes.
 23 Q Please describe to us what type of exam you did
 24 under the circumstances that prevailed then?
 25 A I -- I cannot remember exactly what I did,

1 Hou
 2 but usually I do check the patient, you know,
 3 review the chart, and if patient cooperate, I
 4 then do some more exam. If not, then some time
 5 if I have to read the chart, review the chart.
 6 Okay. I may check the teeth, ask the parents
 7 about loose teeth or not, you know, if the
 8 patient has loose teeth or not or check -- when
 9 the patient cry, I look in the throat, see
 10 whether airway's okay because child isn't
 11 cooperating when I ask him to open mouth so --
 12 Q You don't remember specifically about this
 13 child then?
 14 A I don't remember exactly what I did.
 15 Q Just a couple of things I want to ask you
 16 about.
 17 By whatever means you did, when you first
 18 saw this child in the area outside the scanning
 19 room, did you check his general appearance and
 20 conclude that the child seemed to be breathing
 21 normally?
 22 A Yes.
 23 Q Was it your routine, for example, to take a
 24 stethoscope and check his lungs and heart by
 25 auscultation?

1 Hou
 2 A If it's outside -- if in the OR holding
 3 area, yes, but that area I'm not sure I could
 4 check. That's why I don't remember exactly.
 5 If I didn't check, I look at chart, you know,
 6 from pediatrician. They check. The other
 7 physician, they check the patient because that
 8 area it's restricted area where I can't use the
 9 stethoscope. I cannot carry the stethoscope in
 10 the restricted area.
 11 Q Why is that?
 12 A Because restricted area, no metallic object
 13 would be allowed.
 14 Q Your experience in going to the MRI unit prior
 15 to July 27th was that they didn't permit the
 16 physicians or anyone else going into the
 17 scanning room to have any metal on them; is
 18 that your understanding?
 19 A Yes.
 20 Q It didn't matter what the metal was; they
 21 couldn't have metal?
 22 A Ferrous metal.
 23 Q Oh, okay.
 24 Stethoscopes all have ferrous metal?
 25 A I don't know.

1 Hou
 2 Q To the best of your knowledge, the morning of
 3 the 27th before you ever saw this child, had he
 4 been given any sedation?
 5 MR. CORGAN: Before you.
 6 Q That's right.
 7 A Could you repeat the question again?
 8 Q Yeah.
 9 Before you got to see the child on the
 10 27th, had he been given any sedation that
 11 morning?
 12 A The child?
 13 Q Yes.
 14 A No.
 15 Q Okay.
 16 The sedation the child got that morning, he
 17 got from you?
 18 A Yes.
 19 Q When you went out to see the child for the
 20 first time in the waiting area or hallway area,
 21 at that same time did the MRI technician you
 22 had spoken to, did she leave the scanning room
 23 at the same time?
 24 A No.
 25 Q She remained in there when you went outside?

1 Hou
 2 A I believe so.
 3 Q When you finished speaking to the child and the
 4 parents in the hallway area outside the
 5 scanning room, explaining to them as best you
 6 could what it was you were going to do
 7 regarding the child, did you at that time
 8 physically take the child into the scanning
 9 room?
 10 A No.
 11 Q Did anybody do it for you?
 12 A No. We go to the waiting area first.
 13 Q When you say "we go to the waiting area first,"
 14 you mean just the child or the child and the
 15 parents?
 16 A Parents too.
 17 Q So you escorted them from the hallway area to
 18 the waiting area?
 19 A Yes.
 20 Q Is the waiting area right outside the scanning
 21 room door?
 22 A Outside, yes -- not just outside, some
 23 certain distance.
 24 Q A few feet or --
 25 A I don't remember how many feet.

1 Hou
 2 Q And when you escorted the parents and the child
 3 into the waiting area, did you have any further
 4 conversation with them at that time?
 5 A May. I don't remember exactly.
 6 Q At that time, did you tell the parents you are
 7 going to take the boy into the scanning room
 8 now to sedate him and have the MRI done?
 9 A I think so. You know, I don't remember
 10 exact what I say to them.
 11 Q You said something to them indicating one way
 12 or another you are going to take the child
 13 inside now?
 14 A Yes.
 15 Q Did they, from what you can recall, sit down in
 16 the waiting area while you were doing this,
 17 taking the child in?
 18 A No. They no sit down. They always stand
 19 up.
 20 Q They were standing up?
 21 A Yes.
 22 Q Now physically the child was on a stretcher.
 23 Who is it that took the child on the stretcher
 24 into the scanning room? Are you the one that
 25 pushed the stretcher?

1 Hou
 2 A I'm not only one.
 3 Q You are one of them?
 4 A Yes.
 5 Q Who did it with you?
 6 A I remember some -- either technician or
 7 nurse or father took it and -- I remember about
 8 three persons.
 9 Q You yourself and two other people pushing the
 10 stretcher into the scanning room?
 11 A Well, come with us, you know, at least
 12 three person I remember.
 13 Q Okay.
 14 MR. CORGAN: Into the scanning room
 15 we are talking about.
 16 THE WITNESS: Yeah.
 17 Q Basically, if I understand what you are saying,
 18 you were happy to encourage the parents to
 19 participate so the child would not be so
 20 nervous; was that the idea?
 21 A Yes.
 22 Q When you took the child and the parent or
 23 whoever the two others were that went with you
 24 into the scanning room with the child, was the
 25 technician still in the scanning room?

1 Hou
 2 A Yes.
 3 Q And you have told us what the two monitoring
 4 devices are; it monitors title volume and CO2?
 5 A End title carbon dioxide. I mean when you
 6 breathe -- we call when you breathe, you
 7 breathe, exhale carbon dioxide so this can
 8 monitor the respiration.
 9 Q When you breathe out, you exhale carbon dioxide
 10 and this can monitor that?
 11 A Yes.
 12 Q What else does it do, the cannula? What other
 13 monitor is it connected to?
 14 A And the pulse oximeter.
 15 Q Okay. That's two things you are measuring, the
 16 end expiration carbon dioxide --
 17 A Monitor respiration. Every time you
 18 breathe, you can see the end title CO2.
 19 Q Were there any other monitoring equipment
 20 attached to the child other than the nasal
 21 cannula and the pulse oximeter?
 22 A Carbon-dioxide monitoring, end title carbon
 23 dioxide monitoring I just mentioned.
 24 Q Was there any cardiac monitoring?
 25 A We don't have that. We didn't have that.

1 Hou
 2 Q The same woman that you had mentioned you had
 3 your first conversation?
 4 A I think so, yeah.
 5 Q At what point in this procedure that we have
 6 thus far discussed, did she report to you that
 7 she had checked the oxygen and it was set to
 8 go?
 9 A As soon as we come in the room, as soon we
 10 brought the patient, the boy, in the room, I
 11 ask her "I need oxygen" and she say "it's all
 12 set." She handed it to me.
 13 Q Did you explain to the parents why it was
 14 important to have oxygen for a situation like
 15 this?
 16 A I'm -- I don't remember what I say to them,
 17 but I -- I need to give him oxygen. I didn't
 18 know -- I don't remember what I say to them.
 19 Q Was any oxygen administered to this child prior
 20 to the initiation of sedation?
 21 A You mean the --
 22 Q --Before you did the IV-sedation.
 23 A Yes.
 24 Q Was any oxygen given to the child in the
 25 scanning room?

1 Hou
 2 Q So these are the two monitors that were being
 3 used you told us about?
 4 A Yes.
 5 Q Once these monitors were attached to the child,
 6 did the parents or whoever else was with you
 7 when the child was put on the table leave the
 8 room?
 9 A After the child was sedated -- well, sedate
 10 and ready for exam, then they left the room.
 11 Q Is the next thing you did after the child had
 12 the monitors attached the administration of the
 13 sedation?
 14 A Yes.
 15 Q The parents were still --
 16 A Yes.
 17 Q -- in the scanning room when this happened?
 18 A Yes.
 19 Q It happened with the child on the table next to
 20 the MRI scanner that the --
 21 A Yes.
 22 Q Okay.
 23 Do you recall if the MRI technician was
 24 right there when you administered the sedation?
 25 A Yes.

1 Hou
 2 A In the scan room -- in the scan room?
 3 Q Yes.
 4 A No. In the scan room, no. At the outside
 5 scan room, I gave small amount of Versed to
 6 calm him down because he was refusing to go
 7 into the room. He's crying.
 8 MR. CORGAN: You never asked this
 9 question.
 10 MR. TESSEL: I know. You are right.
 11 A No. I just make sure I don't answer the
 12 wrong --
 13 Q I didn't ask the question, but I'm glad at
 14 least you anticipated me. Let's go back then
 15 for a minute.
 16 I was asking you about whether before the
 17 child was given sedation any oxygen was given
 18 to the child.
 19 A In the scan room. In the scanning room,
 20 correct.
 21 Q Let's go back.
 22 When the child was still outside the
 23 scanning room, did you administer some sedation
 24 there?
 25 A Yes.

1 Hou
 2 Q Where are we talking about now; the waiting
 3 area?
 4 A Waiting area.
 5 Q Okay.
 6 So the parents were there and --
 7 A Yes.
 8 Q -- and you administered IV Versed?
 9 A Yes.
 10 Q What dose?
 11 A I remember about 1 mg.
 12 Q Is that something you administered slowly or
 13 quickly, you tell me?
 14 A I would say, you know, slowly. I would not
 15 say too quickly. I don't know what you mean
 16 how quickly.
 17 Q I understand.
 18 When you administer it, do you do it by
 19 squeezing a plunger on a syringe?
 20 A Yes.
 21 Q And the plunger is connected to a needle that's
 22 in a vein?
 23 A --No. --IV set.
 24 Q Okay.
 25 It's in a catheter --

1 Hou
 2 A Yes.
 3 Q -- that's attached to the child's vein?
 4 A Yes.
 5 Q Where; in an arm?
 6 A I believe it's arm. Patient came with the
 7 IV in place.
 8 Q When you say "came," you mean when the child
 9 was brought down to the waiting area --
 10 A He has.
 11 Q -- he already had a set up for introducing an
 12 IV?
 13 A Yes.
 14 Q Do you know who put that set up in?
 15 A I don't know.
 16 Q You then took the syringe and injected into the
 17 syringe connected to the child's vein the 1 mg.
 18 Versed?
 19 A Yes.
 20 Q Did you -- you have explained to us, I believe,
 21 why you did it in this case?
 22 A Yes.
 23 Q The child was crying and he was afraid; am I
 24 right?
 25 A Yeah, yeah.

1 Hou
 2 Q Did you stay there outside the scanning room to
 3 await observing an affect of the Versed on the
 4 child?
 5 A I waited for, yes.
 6 Q How much are we talking about; a couple of
 7 minutes?
 8 A I didn't have watch.
 9 Q I know.
 10 A So await until the child's stopped crying.
 11 Then we were able to bring him in the scanning
 12 room.
 13 Q So he did stop crying?
 14 A Yes.
 15 Q So there was some degree of sedation at that
 16 point?
 17 A Yeah.
 18 Q And it's at that point he was taken into the
 19 scanning room?
 20 A Yes.
 21 Q Now, I'm not sure I have this right, so please
 22 forgive me, but when he was put on the table --
 23 A Yes.
 24 Q -- in the scanning room, the table next to the
 25 tunnel, is that when you administered the

1 Hou
 2 second dose of Versed?
 3 A That's after I hook the monitor up to put
 4 oxygen, nasal cannula, the child's still
 5 uncooperative, still crying, refuse to lie
 6 down. Then I started to give more, the second
 7 dose the Versed.
 8 Q That's on the table, though?
 9 A Yes, already on the table, yes.
 10 Q I need to just try as best as I can and you can
 11 only answer as best as you can.
 12 A Yes.
 13 Q I'm concerned about the second conversation
 14 with the MRI technician where she is assuring
 15 you that the oxygen is set to go. Did that
 16 happen before you gave the second dose of
 17 Versed?
 18 A Yes.
 19 Q Did she then leave the room after she said that
 20 to you?
 21 A I don't think so. I think she still in the
 22 room.
 23 Q For the MRI machine to work, someone has to go
 24 up into the control room; is that right?
 25 A Usually we -- after we move the patient

1 Hou
 2 into the tunnel, then the technician leaving
 3 the room.
 4 Q And goes up to the control room?
 5 A Before that they stay in the room, scanning
 6 room.
 7 Q Had you ever been back in that control room
 8 before July 27th?
 9 A No.
 10 Q Had you ever seen the oxygen canisters
 11 servicing the wall oxygen before January 27th?
 12 MR. CORGAN: Note my objection.
 13 MR. TESSEL: I will change it.
 14 MR. CORGAN: Off the record.
 15 (Whereupon, a discussion was held
 16 off the record.)
 17 A Could you give me specific question?
 18 Q I will. I will try to do that.
 19 You knew there was a wall source of oxygen,
 20 right?
 21 A Yes.
 22 Q And you knew that that meant that so mewhere
 23 behind the wall there was oxygen tanks?
 24 A I don't know. I didn't know.
 25 Q How would there be a wall source of oxygen

1 Hou
 2 unless it's connected to an oxygen tank?
 3 MR. CORGAN: Objection.
 4 MR. TESSEL: All right.
 5 Q Let me ask you this question: Had you ever
 6 seen oxygen tanks in connection with the wall
 7 source --
 8 A No.
 9 Q -- behind that wall?
 10 A No.
 11 Q You had never been back there, is that what you
 12 are saying; am I right?
 13 A Yes.
 14 Q One more thing about that. Once the
 15 technicians are in the control room and you are
 16 in the scanning room, is there any method of
 17 communication between the two of you?
 18 A No. I can knock the window.
 19 Q All right. I got your point.
 20 There was no microphone or other device
 21 that would enable you to speak to them or them
 22 to you?
 23 A No. To my knowledge.
 24 Q Now, what dose of Versed did you administered
 25 on the table in the scanning room, the second

1 Hou
 2 administration of that drug?
 3 A I gave 0.5 mg.
 4 Q Did you do that slowly or more quickly or --
 5 A 0.5, just a little bit pushing. It's a
 6 small amount, half cc.
 7 Q You are saying there is no way to do that
 8 slowly; it's just a very small amount?
 9 A IV run slowly so --
 10 Q At this point did you observe the child once
 11 again quieting down and stopping crying?
 12 A After second dose, child still -- we waited
 13 for -- trying to lie him down. He still
 14 refuse.
 15 Q Who was she?
 16 MR. CORGAN: He.
 17 A He, the child, the boy, still refuse to lie
 18 down.
 19 Q Okay.
 20 MR. CORGAN: The boy refused to lie
 21 down.
 22 ---THE WITNESS: Yes---
 23 Q At this point did the MRI technician leave the
 24 room?
 25 A I don't think so, no.

1 Hou
 2 Q She was still there?
 3 A Yes.
 4 Q What about the parents or parent?
 5 A Still there.
 6 Q Up to the time you administered the second dose
 7 of Versed, did you administer any Propofol?
 8 A You mean after or before?
 9 Q Up to the time that you gave the second dose of
 10 Versed, had you given any Propofol?
 11 A No.
 12 Q So what did you do after the second injection,
 13 IV injection of Versed, with the child still
 14 crying and still not cooperating?
 15 A Yes, so I gave another 0.5 mg. Versed.
 16 Q A third dose?
 17 A Yes.
 18 Q Had you yet given any Propofol?
 19 A Not yet.
 20 Q Now the third injection of Versed, what was the
 21 dosage?
 22 A 0.5.
 23 Q Did you again do that slowly as you could --
 24 A Yes.
 25 Q -- for that small amount?

Page 61

1 Hou

2 A Yes.

3 Q And did you observe the affect of that?

4 A Yes.

5 Q What was the affect?

6 A The child cried a little bit, but still

7 cannot lie still.

8 Q All the same people were still there then, the

9 MRI technician --

10 A They still in the room.

11 Q -- the parent or parents?

12 What did you do next?

13 A Then I administered Propofol.

14 Q So that was the first Propofol you administered

15 to the child?

16 A Yes.

17 Q That was after the third injection of Versed?

18 A Yes.

19 Q The Propofol, what dosage did you use?

20 A I did IV. I gave titrated dose and I -- .5

21 or 5 mg. and 5 mg.

22 Q Okay. That was given IV --

23 A Yes.

24 Q -- given through a syringe?

25 A Yeah, use a syringe to give through the IV

Page 62

1 Hou

2 set:

3 Q Yes.

4 But what I'm saying is that the drug itself

5 is loaded into the syringe?

6 A Yes.

7 Q You put in 10 mg., administered 5 first?

8 A Yes.

9 Q Then observed?

10 A Yes.

11 Q And then gave him the other 5?

12 A Yes.

13 Q What was the affect of the first injection of 5

14 mg. of Propofol?

15 A Patient is more cooperative, you know, is

16 better.

17 Q He wasn't crying as much and he seemed to be

18 accepting --

19 A Yes.

20 Q -- being lied down?

21 A Yes.

22 Q And then when you gave him the second dose,

23 what was the affect?

24 A But when the technician tried to put a head --

25 something like that, he still moved. That's

Page 63

1 Hou

2 why I gave second dose of Propofol.

3 (Indicating)

4 Q When the technician did what?

5 A They try to -- I don't know what they --

6 you know, try to -- lie down on the table, they

7 put something on your head before you move the

8 patient through the tunnel. The patient had to

9 be motionless, still, but the boy still moved

10 that time so I gave second dose the Propofol.

11 Q What is it that was put on the patient's head

12 to move him into the tunnel?

13 A To hold his head so he don't move the head.

14 I don't know what it called, the terminology

15 for that.

16 MR. CORGAN: It's a head piece that

17 holds the patient's head in place.

18 A To stabilize the head so the patient would

19 not move during his exam.

20 Q Is it cloth or is it -- what type of device is

21 it? What is it made of?

22 A What's it made of? I don't know what it's

23 made.

24 Q Fair enough.

25 Whatever it was, it was something that the

Page 64

1 Hou

2 MRI technician put on the child?

3 A On the table, yeah:

4 Q When you finished the last 5 mg. of Propofol --

5 A Yes.

6 Q -- was the child now completely sedated --

7 A Yes.

8 Q -- in your view?

9 A Yes.

10 Q And you kept an eye on that pulse oximeter --

11 A Yes.

12 Q -- is that right --

13 A Yes.

14 Q -- while you were doing this?

15 A Yes.

16 Q At the point when you completed the second

17 dosage of Propofol, were you able to move the

18 child into the tunnel?

19 A Yes.

20 Q Who helped you, if anyone, do that?

21 A Technician did.

22 Q The parents were still there?

23 A I think so.

24 Q To get the child in the tunnel, does the tunnel

25 have a moving surface like a track?

Page 65

1 Hou

2 A Yeah, the table like this move. I -- some

3 button the technician know how to operate on

4 there. (Indicating)

5 Q The technician has some sort of button that

6 enables the child to --

7 A Slide along.

8 Q -- slide along into the tunnel?

9 A The table slide in the tunnel.

10 Q The examining table?

11 A Not examining table -- yeah, yeah,

12 examining table.

13 Q The one you were doing the administering of the

14 drugs on --

15 A Yes.

16 Q -- slides right into the tunnel with the child

17 on it?

18 A Yes.

19 Q The child is still supine?

20 A Yes.

21 Q When the child's slid into the tunnel, the MRI

22 technician is the one that knows and decides

23 how far in the child should go?

24 A Yes.

25 Q At that time when the child was in as far as

Page 66

1 Hou

2 the child went, were you able to observe all

3 the monitoring equipment?

4 A Yes.

5 Q At that point, did the MRI technician and the

6 parents leave the scanning room?

7 A Yes.

8 Q Now, just one more question about that so we

9 can move on, and that is, when you were

10 finished with all of this sedation that you

11 administered to the child and the child was in

12 the tunnel --

13 A Yes.

14 Q -- was he still crying and fighting the

15 situation?

16 A No.

17 MR. TESSEL: Please forgive me, Mr.

18 Corgan. I know I probably asked this

19 six different ways and I'm still

20 confused.

21 Q The assurance that the oxygen was set up and

22 would work, at what point was that given to you

23 by the MRI technician? By what point, I mean

24 when in connection with these administrations

25 of sedation did she say that to you?

Page 67

1 Hou

2 A As soon I -- as soon we brought the patient

3 in the room, first thing I ask her, "I need

4 oxygen."

5 Q You said "I need oxygen" and she said it's all

6 set up?

7 A All set, yeah. She came to me.

8 Q Was any imaging ever done on the child at that

9 session where you sedated him?

10 A No.

11 Q When everyone left the room, did you observe

12 something about the pulse oximeter that

13 concerned you?

14 A Going down little bit.

15 Q In the terminology you folks use, we are

16 talking now about oxygen saturation?

17 A Yes.

18 Q That's what the pulse oximeter can measure?

19 A Yes.

20 Q The normal or desirable saturation is in the

21 high 90s, 98, 99 percent or more; that's what

22 you would like to have?

23 A Yes.

24 Q That's what it was at the time the child was

25 put into the tunnel?

Page 68

1 Hou

2 A When child was in tunnel, saturation --

3 what's the question? When the -- after --

4 correct, when the child was -- saturation was

5 99 in that time.

6 Q Once the child was put into the tunnel, the

7 next step would be for the control room to

8 begin the MRI process, right?

9 A Yes.

10 Q Before that happened and after the child was

11 put into the tunnel, you noted a dropping of

12 the saturation?

13 A Yes.

14 Q It went down first to what?

15 A It kind of 99 to 98, 97.

16 Q Then to 95 at some point?

17 A It's going down like 98, 97, something like

18 that. I don't know how fast this goes.

19 Q That's okay.

20 When you observed it going from 99, 98, 97,

21 did you become concerned --

22 A Yes.

23 Q -- about the integrity of the child's

24 respiratory system?

25 A Oxygenation, yeah.

Page 69

1 Hou

2 Q At that point you are alone in the scanning

3 room, in the tunnel area, with the child; no

4 one else is in the room?

5 A Yes.

6 Q When you became concerned about the dropping of

7 the oxygen as shown on the pulse oximeter, what

8 is the first thing you did to, if you did, to

9 express your concern to someone about this?

10 A I -- that time I see the patient still

11 breathing, so I went to check the oxygen

12 source.

13 Q How far away are we talking about from the

14 tunnel where the child was to the where the

15 oxygen source in the wall is?

16 A Not too far. I don't know how many feet.

17 Q I know you didn't measure it. Can you give us

18 your best estimate?

19 A From tunnel to the wall?

20 Q Could you say 7, 8, 10 feet, something like

21 that, approximately?

22 A I don't know how many feet.

23 Q Okay.

24 A Not too far. Just in the room. Us in the

25 pretty much center and wall is there.

Page 70

1 Hou

2 (Indicating)

3 MR. CORGAN: You have pictures.

4 A When --

5 MR. CORGAN: Please, I'm talking.

6 You have pictures that you have taken

7 and, Mr. Tessel, and your people have

8 examined the space so you may want to

9 be guided --

10 MR. TESSEL: Off the record.

11 (Whereupon, a discussion was held

12 off the record.)

13 Q So you left the immediate side of the child

14 when you saw the dropping of the oxygen

15 saturation and went right to the wall source?

16 A Yes.

17 Q The idea being to get oxygen to give to the

18 child; am I right, that was your intention?

19 A My intention to -- yeah, I go there and

20 increase the oxygen flow that can provide more

21 oxygen to the child.

22 Q Were there any monitors or devices on the wall

23 that you could see regarding this oxygen?

24 A The flow meter.

25 Q Could you explain to us what that is; what a

Page 71

1 Hou

2 flow meter is?

3 A Flow meter, when you -- oxygen going

4 through, the ball inside, you know, it rise.

5 You -- okay, when turn on, rise and then there

6 is a measure on flow meter to indicate how many

7 liters is delivered to the --

8 Q This flow meter, is it a glass transparent

9 tube?

10 A Yes.

11 Q It has some sort of ball inside it?

12 A Yes.

13 Q When the oxygen is actually flowing into the

14 flow meter --

15 A Yeah, the ball move.

16 Q -- the ball will go up?

17 MR. CORGAN: The float.

18 A Float.

19 Q It floats and you can tell at that point when

20 it settles at a certain level -- what does that

21 tell you?

22 A That tells me how much oxygen it delivered.

23 Q -- Liters per minute, is that how its measured?

24 A Yes.

25 Q Just one more thing. You may have said this

Page 72

1 Hou

2 before. Please forgive me.

3 Did you have to turn something on to do

4 this?

5 MR. CORGAN: When?

6 A When?

7 Q When you went over to the wall.

8 MR. CORGAN: Hold it. Objection.

9 You may want to step back and at what

10 point of time are we here?

11 MR. TESSEL: Yeah, I will.

12 Q You went over to the wall --

13 A Yes.

14 Q -- to try to get the oxygen to deliver to the

15 child?

16 A Not to try deliver. I try to increase.

17 MR. CORGAN: This is after he noticed

18 that the O2 sats were falling a bit.

19 MR. TESSEL: Right.

20 Q Did the child have some sort of oxygen tube in

21 his mouth or nose?

22 A Yes.

23 Q Was that connected to anything that was

24 connected to the wall?

25 A Yeah, connected to the wall oxygen, yes.

1 Hou
 2 Q Okay.
 3 I didn't really get this earlier. There
 4 is, then, as part of the equipment --
 5 A Yes.
 6 Q -- before this child was even put into the
 7 tunnel --
 8 A Yes.
 9 Q -- a tube going into the child's nose that
 10 stretches out and goes to where the wall oxygen
 11 source is?
 12 A Yes, yes.
 13 Q And it's connected to the flow meter?
 14 A Yes.
 15 Q So you are saying that there was some oxygen
 16 going in or you had no way of knowing prior to
 17 this -- prior to the time that the oxygen
 18 saturation was dropping on the pulse oximeter?
 19 A Yes.
 20 Q Did you see any indication the child was ever
 21 getting oxygen from the wall source?
 22 A You mean --
 23 Q In other words --
 24 A Could you rephrase the question?
 25 Q You used the words you were trying to increase

1 Hou
 2 A The knob.
 3 Q A knob?
 4 A Yeah.
 5 Q You turned the knob?
 6 A All I did, turn on -- the knob is already
 7 loose.
 8 Q You turned it on more?
 9 A Yes.
 10 Q I got it, okay.
 11 When you first went to turn it on, the ball
 12 wasn't floating and when you --
 13 A I wouldn't say I first go turn it on. It's
 14 already on.
 15 MR. CORGAN: Objection.
 16 Q Was the ball floating?
 17 A The ball didn't -- let's get in context.
 18 MR. CORGAN: You are confusing him --
 19 A Yeah, you are confusing me.
 20 MR. CORGAN: Hold it, please.
 21 You are confusing him because you are
 22 not laying the groundwork. He's
 23 confused between when it was first
 24 turned on and when he noticed it was
 25 not flowing -- or, I'm sorry, when he

1 Hou
 2 the oxygen flow.
 3 A Yes.
 4 Q That's what you did at the wall source was to
 5 try to increase the oxygen flow. Had oxygen
 6 been going into the child before that or you
 7 have no way of knowing?
 8 A I don't remember if the -- I didn't go
 9 there physically to check the flow meter
 10 before, but the technician, she told me it's
 11 all set.
 12 Q I know that. That I got.
 13 I'm trying to get --
 14 A And then --
 15 Q You used the words -- I believe you said --
 16 when you did go over to the wall source when
 17 you felt the child needed oxygen, you went over
 18 there to increase the flow or to turn it on in
 19 the first place?
 20 A No turn it on. Is on already.
 21 Q Okay.
 22 A It was already on when I went there. It's
 23 already on, but the ball didn't float.
 24 Q Tell me what device did you touch to try to
 25 what you call increase the flow?

1 Hou
 2 noticed that the O2 sats were falling.
 3 MR. TESSEL: I think you are
 4 right.
 5 MR. CORGAN: Two different
 6 points in time.
 7 MR. TESSEL: You are right.
 8 A Yes.
 9 Q Let's go back and finish this and clear this up
 10 as best we can.
 11 The first time you went over to that wall
 12 source, was that when the child's oxygen sats
 13 were dropping?
 14 A Yes.
 15 Q When you went to the wall source, you could see
 16 the flow meter?
 17 A Yes.
 18 Q You could see the ball in the flow meter?
 19 A Yes.
 20 Q When you first went there, was the ball up and
 21 floating or not?
 22 A When I went to see it, it's not floating.
 23 Q You then opened wide the valve --
 24 A Yes.
 25 Q -- to see if by increasing the oxygen flow the

1 Hou
2 communication?
3 MR. CORGAN: Yes.
4 A I don't remember what I -- I say. I cannot
5 hear this anyway, so I had to knock the door --
6 not -- the window, sorry.
7 Q Why did you stop knocking on the window? Did
8 something come to your attention?
9 A No. I want to get the control room
10 attention.
11 Q That's why you knocked on the window. I'm
12 asking you why did you stop knocking on the
13 window. Did somebody respond in some way?
14 A Yes.
15 Q How did you observe this response?
16 A I saw someone left the control room.
17 Q You could see in through the window and saw
18 someone leaving it?
19 A I guess, yes. It's not clear, but you can
20 see someone.
21 Q You saw some movement --
22 A Yes.
23 Q -- in the window?
24 A Yes.
25 Q So you waited?

1 Hou
2 A Technician.
3 Q The same woman that you had talked to
4 previously?
5 A I think so, yes.
6 Q She opened the door and asked you what did you
7 want?
8 A I went -- yeah. I told her I needed
9 oxygen. I said the oxygen was not working.
10 The wall oxygen is not working. I need oxygen.
11 Q Did you suggest to her in any way, by your tone
12 or your language, that you felt this was an
13 emergency now?
14 A The tone of it? I tell her it's urgent.
15 I would say it's urgent. I didn't say I need
16 emergently, but I just --
17 Q Just so we have the setting clear, it had been
18 some minutes since you last observed the baby
19 at the time that that person came into the
20 scanning room?
21 A Yes.
22 Q So you didn't exactly know where the sats were
23 at that point?
24 A When?
25 Q When the MRI technician came into the scanning

1 Hou
2 A And the door opening.
3 Q What door opened?
4 A The exam room.
5 Q The what?
6 MR. CORGAN: The examining room.
7 Q The scanning room?
8 MR. CORGAN: Scanning room.
9 A Yeah.
10 Q You saw someone open the door to the scanning
11 room?
12 A Yes. I didn't come -- I didn't see them
13 come: I saw someone left the control room.
14 Q Okay.
15 When did you next have contact with anyone
16 after you saw this person leaving the control
17 room?
18 A Then the door was open.
19 Q What door was open?
20 A The scan room.
21 Q Okay.
22 Was there somebody in the door when it was
23 opened?
24 A Someone open the door.
25 Q Who?

1 Hou
2 room.
3 A When I talk to her that time?
4 Q Yes.
5 A It was 95 or -- I don't remember the last
6 time I saw it and I talk to her.
7 Q The last time you saw it it was around 95?
8 A Yes.
9 Q Now you are trying to get her attention. You
10 check --
11 A Sorry, sorry. You are confusing me. I
12 went to check. I found -- knock the door.
13 When the door opened, then I came to the -- I
14 went to the door.
15 Q You knocked on the window you said?
16 A Yeah, I knock the window.
17 Q Go ahead.
18 A And then when she opened the door, I went
19 to the door. Then I saw that time, I saw the
20 saturation was about 95.
21 Q On the way from the wall source to the door
22 when you saw the MRI technician open the door
23 to the scanning room, you were able to see the
24 child and what the sats were?
25 A From the door, yes, you can see because

1 Hou
 2 second --
 3 Q And it consists of a control room and related
 4 areas all within the suite?
 5 MR. TESSEL: I'm struggling. We are
 6 all struggling. I'm not getting
 7 anywhere with this. Let me back off.
 8 Q Doctor, what, if anything, did you say that
 9 caused some nurse, who presumably you have
 10 never seen before, to come over and hand you a
 11 canister of oxygen? What, if anything, did you
 12 say?
 13 A She probably overheard. She overheard
 14 because I told the technician I need oxygen.
 15 Q Yes?
 16 MR. CORGAN: He said she overheard.
 17 Q You are saying that it is your view that this
 18 nurse who handed you the canister or brought
 19 the canister into the room or whatever it
 20 was --
 21 A Yes.
 22 Q -- must have -- you are assuming must have
 23 overheard the urgency you had in your voice
 24 when you spoke to the MRI technician?
 25 A Yes.

1 Hou
 2 A Yes.
 3 Q Now, did she bring it into the room and hand it
 4 to you -- I mean into the scanner room and hand
 5 it to you? In short, did she come into the
 6 scanner room with the canister?
 7 A I don't remember exactly what did she go,
 8 what is location is, but we both at the door at
 9 the time so --
 10 Q The door was open at the time?
 11 A Yes.
 12 Q The canister was transferred from the nurse's
 13 hands to your hands?
 14 A Yes.
 15 MR. CORGAN: He said they were both
 16 at the door at the time.
 17 A Yes.
 18 Q And it was open?
 19 MR. CORGAN: And the door was open.
 20 A Yes.
 21 Q What you are saying is you are not sure if this
 22 transfer took place within the scanner room or
 23 right in the doorway; is that what you are
 24 saying?
 25 A What you mean "the doorway"?

1 Hou
 2 Q You don't remember any additional call for
 3 oxygen after the MRI technician went away that
 4 brought this nurse with the canister to you?
 5 A I don't remember.
 6 Q Now, the door was open when this nurse came
 7 over to you; is that correct?
 8 A Yes.
 9 Q The nurse was holding a canister?
 10 A Yes.
 11 Q Could you just explain that to us, about how
 12 big is the canister?
 13 A How big the canister is?
 14 Q Show me with your hands about how long. Is it
 15 this way? This way?
 16 A About this long. (Indicating)
 17 MR. TESSEL: What does that look like;
 18 about two feet?
 19 MR. CORGAN: Two and a half feet.
 20 Q Two and a half feet. Does that sound right to
 21 you?
 22 A Yeah.
 23 Q So it's a round cylinder?
 24 A Yes.
 25 Q And it was painted green as you remember it?

1 Hou
 2 Q The door to the scanner room was open?
 3 A Yes.
 4 Q You were in the doorway, the nurse came to the
 5 doorway with the canister?
 6 A Yes.
 7 Q She handed you the canister?
 8 A Yes.
 9 Q What I'm trying to find out is did you get to
 10 take any steps into the scanner room after she
 11 handed you the canister or was it that the
 12 moment it was handed to you in the doorway it
 13 left your hands?
 14 A I probably received the canister -- I
 15 received the canister -- she handed to me and I
 16 couldn't remember how many steps I move, but I
 17 took -- maybe just turned and -- or just turn
 18 around and then flew out my hand.
 19 Q I understand what you are saying.
 20 A I just couldn't remember how many steps I
 21 move and --
 22 Q I understand. Let's just take this slow and we
 23 will finish with this.
 24 The nurse passed the canister to you in the
 25 doorway. Your best recollection is when it

1 Hou
 2 was passed to you, you turned toward the room,
 3 whether you took a step or two steps or no
 4 steps, you don't remember, but when you turned
 5 toward the room --
 6 A Yes.
 7 Q -- it left your hands?
 8 A That's my best, yeah.
 9 Q Obviously when it started leaving your hands
 10 you did your best to try to grab it, but you
 11 couldn't stop it --
 12 A Yes.
 13 Q -- am I right?
 14 A Yes.
 15 Q And that canister went -- could we call it --
 16 flying through the room and into the tunnel
 17 where the child's head was?
 18 A Yeah.
 19 Q And it struck the child, right?
 20 A Yes.
 21 Q So am I correct in saying you never got to use
 22 this canister that the nurse gave you to
 23 oxygenate the child?
 24 A Yes.
 25 Q And in the excitement, confusion, concern that

1 Hou
 2 took place when this event occurred, you have
 3 no idea what the sats were at that point when
 4 the child was struck with that canister; am I
 5 right?
 6 A Yeah.
 7 Q When the child was struck by the canister, the
 8 child was at that time alone in the tunnel, the
 9 only person anywhere near the child was you
 10 approximately in the doorway to the scanner
 11 room, correct? There is no one else in the
 12 room?
 13 A Yes.
 14 Q Was there quite a commotion when this happened?
 15 Do you know what I mean by that term?
 16 MR. CORGAN: Objection to the form.
 17 You mean when it happened, before it
 18 happened, after it happened?
 19 MR. TESSEL: Immediately after it
 20 happened.
 21 Q Immediately after it happened, was there a
 22 great deal of excitement in that area?
 23 A I was in shock.
 24 Q Did the parents come right to the area? Did
 25 they hear the commotion?

1 Hou
 2 A Yes.
 3 Q Yes?
 4 A He came very quickly, yes.
 5 Q Did you and the parents -- and I will ask you
 6 if there was anyone else later -- did you and
 7 parents go over to the baby in the tunnel?
 8 MR. CORGAN: Objection to the form.
 9 MR. TESSEL: Help me. I will change
 10 it.
 11 MR. CORGAN: You keep saying "baby."
 12 Rephrase the question.
 13 Q Did you and the parents, when this incident
 14 occurred, go directly to the child in the --
 15 A Yes.
 16 Q -- tunnel?
 17 A Yes.
 18 Q So it was you and the mother and father?
 19 A I think father. I don't -- I couldn't
 20 remember how many people. I remember the
 21 father there.
 22 MR. CORGAN: Note my objection. You
 23 know, the witness has testified he was
 24 there, the wife was not.
 25 MR. TESSEL: Oh, okay.

1 Hou
 2 MR. CORGAN: That's his
 3 recollection.
 4 MR. TESSEL: Doesn't matter
 5 either, but --
 6 Q When you got to the tunnel where the canister
 7 was lying in the tunnel --
 8 A Yes.
 9 Q -- what did you observe, and I don't need a lot
 10 of detail, but basically what did you observe
 11 about the child?
 12 A Canister and the -- I saw bleeding on his
 13 face.
 14 Q The canister was adjacent to the child's face
 15 and the child's face was bleeding; is that
 16 about what you observed?
 17 A Yes.
 18 Q Did anyone come into the room at that time
 19 right after you and the parent or parents went
 20 to the tunnel to look at what happened to the
 21 baby?
 22 A Yes.
 23 Q To the child?
 24 A Yes.
 25 Q Who came in?

1 Hou
 2 A Maybe technician, maybe a nurse or
 3 radiology resident. I don't remember. Some
 4 people came.
 5 Q I know you said were you in a state of shock.
 6 A Yes.
 7 Q Did you participate in removing the child from
 8 the tunnel?
 9 A I tried. I tried to move the canister. I
 10 couldn't move it.
 11 Q You couldn't get the canister out of the way?
 12 A Yes.
 13 Q So tell us what you observed about how the
 14 canister was gotten away from the baby's head
 15 and how the baby was gotten out the tunnel.
 16 How did that all happen?
 17 MR. CORGAN: Note my objection to the
 18 form.
 19 A I think the MRI technician got the baby
 20 out.
 21 Q Who got the canister out?
 22 A When they move the table out -- I don't
 23 know who. I don't remember who, who got.
 24 Q The MRI technician that you are talking about
 25 that came to the scene after the canister had

1 Hou
 2 Q Why couldn't you remove the canister? Please
 3 explain to us so we understand why you couldn't
 4 remove the canister.
 5 A Because magnetic.
 6 Q It was being affixed --
 7 A Yes.
 8 Q -- there by the magnetic forces of the MRI
 9 machine?
 10 A Yes.
 11 Q To your knowledge, did somebody shut down the
 12 magnetic forces before the canister was
 13 removed?
 14 A I didn't know what they do.
 15 Q Would it be fair to say that at the point that
 16 you first came to the child, found the canister
 17 against his head, a lot of what took place
 18 after that is blurry in your mind?
 19 A Yes.
 20 Q A number of people came to the scene to try --
 21 A Yes.
 22 Q -- to try to help out --
 23 A Yes.
 24 Q -- would that be fair?
 25 A Yes.

1 Hou
 2 struck the child, is that the same MRI
 3 technician we have been talking about all
 4 along?
 5 A I'm not sure that time. I'm not sure.
 6 Q You said you had been to that MRI set up before
 7 July 27th and I was trying to -- were you
 8 acquainted with who the MRI technicians were by
 9 July of 2001 from your prior experience there?
 10 A I know one's a male and a female.
 11 Q Those are the two you are familiar with?
 12 A Yes.
 13 MR. CORGAN: That wasn't the
 14 question. He is asking you whether you
 15 were acquainted with them. Did you
 16 know them by name? Were they friends
 17 of yours?
 18 A No, not friends.
 19 Q Did you know their faces from having seen them
 20 before?
 21 A Yes.
 22 Q You said that you tried to remove the canister
 23 from the tunnel, but were unable to. I believe
 24 that's what you said.
 25 A I think I did try to get.

1 Hou
 2 Q I think -- I may be wrong about this, but I
 3 think that you realized even then in your
 4 condition then that it was urgent that the
 5 child be intubated if his oxygen is to be
 6 restored and controlled, correct?
 7 A No. After we got the patient out, I saw
 8 the patient's bleeding, the mouth, and I need
 9 to protect his airway and also make sure he's --
 10 he was -- he'll be oxygenated.
 11 Q One of the things you are concerned with when
 12 you see blood coming out of the mouth is maybe
 13 he's going to aspirate that blood --
 14 A Yes.
 15 Q -- and shut down his airway, correct?
 16 A Yes.
 17 Q So you must have -- maybe I'm guessing -- but
 18 you must have taken some sort of suction device
 19 to assure cleaning out the airway and then put
 20 in an endotracheal tube?
 21 A You mean the -- we brought the -- we didn't
 22 intubate the patient in the scan room. We
 23 brought the patient out of the scan room.
 24 Q Okay.
 25 You and others removed the child from the

Page 101

1 Hou
 2 scanning room after this incident, correct?
 3 A Yes, yes.
 4 Q And brought the patient to where?
 5 A Just outside scanning room.
 6 Q The waiting area?
 7 A Yeah.
 8 MR. CORGAN: Just for the record, you
 9 have been calling this the waiting
 10 area, but previously we have
 11 established the waiting area -- what
 12 you are calling the waiting area is
 13 the holding area.
 14 Q Is that a better word for it?
 15 A Yes.
 16 MR. CORGAN: Because there is a
 17 waiting area in the MRI suite where
 18 the patients wait. It's something
 19 completely different.
 20 A Holding area.
 21 Q The holding area is the place where the person
 22 about to undergo an MRI is kept --
 23 A Yes.
 24 Q -- before he is taken into the scanning room?
 25 A Yes, yes.

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1 Hou
 2 Q I'm sorry, I used the words waiting area but
 3 that's what you have described it as.
 4 Now what I want to know, once you got the
 5 child back into the holding area out of the
 6 scanning room --
 7 A Yes.
 8 Q -- after this incident had occurred, did you
 9 then decide that the child needed to be
 10 intubated?
 11 A Yes.
 12 Q And you told us the reasons for it were
 13 twofold: First to try to protect the airway
 14 from aspiration of blood and second was to
 15 deliver oxygen to the child?
 16 A And also patient is trauma, too.
 17 Q Well, okay.
 18 Did anyone assist you with intubating the
 19 baby in the holding area outside the scanning
 20 room after this event occurred?
 21 A I did it myself. I intubated the patient
 22 myself. Somebody -- yeah, somebody outside
 23 help me.
 24 Q Where did you get the endotracheal tube from?
 25 A In the holding area.

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1 Hou
 2 Q There is endotracheal tubes kept outside in the
 3 holding area?
 4 A Yes.
 5 I think also, if I remember correctly, and
 6 the -- when the incident happened, someone
 7 called a code and the emergency team arrive
 8 very quickly. I don't know.
 9 Q Before the emergency team arrived or code team,
 10 if you will --
 11 A Yes.
 12 Q -- had you intubated the baby in the holding
 13 area?
 14 A I try to memorize whether I intubated when
 15 they arrive, before they arrive or --
 16 MR. CORGAN: Would this help you,
 17 Doctor?
 18 THE WITNESS: Yeah.
 19 MR. CORGAN: You are allowed to read
 20 your notes.
 21 Q It's fine, no problem. If the question I asked
 22 is answered in the notes, that's fine.
 23 A I think I intubated, yeah.
 24 Q You definitely intubated the baby, right?
 25 A Yes, yes, yes.

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1 Hou
 2 Q The only question you are raising now is
 3 whether the emergency team had responded yet at
 4 the time you put in the tube?
 5 A I -- this -- I intubated after -- before
 6 they come.
 7 Q Before they came?
 8 A Yeah.
 9 Q Okay, that's what I wanted to know.
 10 With a child you need a certain size tube;
 11 is that right?
 12 A Yes.
 13 Q They come in different sizes?
 14 A Yes.
 15 Q Is there a choice of tubes that were waiting in
 16 the holding area that you could select from or
 17 was this an emergency and you got the first one
 18 you could get your hands on?
 19 A I explain to you before, I set -- I setting
 20 in the holding area, so I had the tube at --
 21 the endotracheal tube ready in the holding
 22 area.
 23 Q Are you saying you dealt with the endotracheal
 24 tubes in the holding area before the child was
 25 even taken into the MRI room, the scanner room?

1 Hou
 2 A What's the question?
 3 MR. CORGAN: Objection to the form,
 4 "dealt with."
 5 MR. TESSEL: That's not -- I'm not
 6 married to that language. I'm just --
 7 MR. CORGAN: I understand that, but I
 8 don't think he understands what you
 9 are asking him.
 10 Q What were you just telling me about selecting
 11 the endotracheal tube before?
 12 A No. I'm saying the endotracheal tube, they
 13 are available in the holding area, as I try to
 14 say.
 15 Q They have a number of different sizes in the
 16 holding area?
 17 A I think so, yes.
 18 Q Did you have to estimate what size you wanted
 19 for the child?
 20 A My experience his age, the tube I chose is
 21 all right.
 22 Q --Is what?
 23 A I use the 5 or 5.5 is okay for him.
 24 Q And there was one in the waiting room in the
 25 holding area?

1 Hou
 2 A Yes.
 3 Q You had not done anything with the endotracheal
 4 tubes in the holding area, if I understand you,
 5 before the child was taken into the MRI
 6 scanning room? You had hadn't dealt with them
 7 before, had you?
 8 A What's mean "dealt"?
 9 MR. CORGAN: He doesn't know what the
 10 word "dealt" means.
 11 Q You say there were endotracheal tubes kept in
 12 the holding area. I'm trying to find out if
 13 you touched them or did anything with them
 14 before the child was first brought into the
 15 scanning room?
 16 A I don't think so.
 17 Q Who is Dr. Singh, S-I-N-G-H?
 18 A He's the attending pediatrician, work in
 19 the pediatric ICU.
 20 Q Is there anyone that you can remember from the
 21 code or stat team after you intubated the baby
 22 that was present in the holding area and
 23 eventually participated in removing the child
 24 I, believe, to the emergency room?
 25 A I recognized when the anesthesia resident

1 Hou
 2 came and other doctors. I didn't know their
 3 name.
 4 Q Who is the anesthesia resident?
 5 A He left. He finished. He graduated.
 6 Q I know. What is his name?
 7 A I try to remember his name.
 8 Q I'm not going to bug you about that. I want to
 9 ask you about this, though.
 10 Did this anesthesia resident come to the
 11 holding area --
 12 A Yes.
 13 Q -- before the baby was taken to the emergency
 14 room?
 15 A Yes.
 16 Q And did he come as part of the stat code team?
 17 A Yes.
 18 Q At the time he arrived you had already
 19 intubated the baby or did he assist you with
 20 the intubation?
 21 A I think I intubated.
 22 Q Did you go with the baby to the emergency room?
 23 A Yes.
 24 Q Did you do anything there other than observe?
 25 A Probably just observe because was -- baby

1 Hou
 2 was taken care of by emergency physician.
 3 Q Now, Doctor, once you put in the endotracheal
 4 tube, was it connected to some oxygen source to
 5 deliver to the baby?
 6 A Yes.
 7 Q What kind of oxygen source?
 8 A Ambu bag.
 9 Q The Ambu bag is connected to a mask?
 10 A Connected to the endotracheal tube.
 11 Q Oh, straight to the endotracheal tube?
 12 A Yes.
 13 Q That's a bag that you could pump?
 14 A Yes.
 15 Q Is it connected to an oxygen source?
 16 A Yes, there is oxygen sources in the holding
 17 area.
 18 Q What kind of oxygen; a canister of some kind?
 19 A Yeah, I think on the wall, on the wall of
 20 the holding area, and the code team, I don't
 21 know, they brought in oxygen canister or when
 22 transport it was oxygen canister and when we
 23 use in the holding area, probably used from the
 24 wall oxygen supply.
 25 Q That is a different wall source than we have

1 Hou
 2 been talking about?
 3 A Yeah. In the holding area.
 4 Q Anyway, did you ever see the child again after
 5 you left the emergency room with the child
 6 there, with the stat team, with the pediatric
 7 emergency team?
 8 A Yes.
 9 Q When?
 10 A I -- I went -- I stay in the emergency room
 11 and I went with the child to the CAT scan, and
 12 then later I went to the pediatric ICU.
 13 Q You went with the child to the CAT scan room
 14 for what purposes? Is there something you did
 15 or just as an observer?
 16 A You know, I want to help, you know, see if
 17 they need me, how I can help. Also I was, you
 18 know, I was pray for the child and tried to do
 19 my best to help the child.
 20 Q When you took the child to the CAT scan room,
 21 who went with you?
 22 A No me. Whole emergency -- you know, the
 23 pediatric, pediatric team.
 24 Q Whatever was done in the emergency room, the
 25 next thing that happened regarding the care of

1 Hou
 2 Muscatel, I remember, he's trying to suture,
 3 close the wounds upstairs.
 4 Q Is that the last time you saw the child?
 5 A I don't remember. Probably. I don't
 6 remember exactly.
 7 Q Now, have you, at some point, made written
 8 notes of your observations of the circumstances
 9 surrounding this incident involving the child
 10 in the MRI scanning room?
 11 A I wrote a note. You have it.
 12 Q The answer is you did write a note summarizing
 13 your observations of what took place in this
 14 incident?
 15 A Yes.
 16 Q Did you write this note after the child was
 17 already taken for emergency care?
 18 A I think so.
 19 Q Which note is it that you are referring to
 20 when you say you wrote a note after the child
 21 was already taken for emergency care? If there
 22 is some note you are talking about, tell me and
 23 we can mark it.
 24 A Progress note here.
 25 Q Can I see what you are --

1 Hou
 2 the child, he was taken to CAT scan to see --
 3 A Yes.
 4 Q -- to see if they can find the extent of
 5 whatever injury he had?
 6 A Yes, yes.
 7 Q You stayed there with him when that was being
 8 done?
 9 A Yes.
 10 Q Did you ever get the results that you can
 11 recall?
 12 A I didn't.
 13 Q Then from there the child went directly to
 14 PICU?
 15 A Yes.
 16 Q You went with the child?
 17 A I'm not sure I went with them that time
 18 because I -- I'm not sure. I went pediatric
 19 later.
 20 Q You went in to check and see how the child was
 21 doing, basically, later?
 22 A Yes.
 23 Q Do you recall anything about that?
 24 A The child was unconscious and trauma and
 25 ENT surgeon, attending -- attending surgeon

1 Hou
 2 A (Handing)
 3 Q What you are handing me is one of three sheets.
 4 You are talking about this top sheet here?
 5 MR. CORGAN: He is talking about the
 6 progress note --
 7 A Progress.
 8 MR. CORGAN: -- of 7/27/01, 12:30
 9 P.M., entitled "anesthesia."
 10 Q Do you remember when it was that you wrote
 11 this?
 12 A 12:30, yeah.
 13 Q This was after the child had been to CAT scan?
 14 A Probably I wrote in the CAT scan room.
 15 MR. TESSEL: I'm going to mark this
 16 copy counsel has furnished to all of
 17 us today as Plaintiffs' Exhibit 1A for
 18 identification.
 19 (Whereupon, progress note was
 20 marked as Plaintiffs' Exhibit 1A for
 21 identification, as of this date.)
 22 Q I will just ask you one or two things about it,
 23 Doctor.
 24 You have read this over in preparation for
 25 this deposition, what you wrote in the progress

1 Hou
 2 note of 12:30 P.M.? You read it over to
 3 refresh your recollection about this?
 4 A Yes.
 5 MR. CORGAN: Did you read this?
 6 THE WITNESS: Oh, yes.
 7 Q The only question I want to ask you about it,
 8 having read it over, in your view, is it
 9 accurate and a fair description of what took
 10 place?
 11 A I would not say it's completed.
 12 Q I'm sorry, wouldn't say it's --
 13 MR. CORGAN: Completely --
 14 A Accurate.
 15 Q There are --
 16 A Or clearly. I would say clearly. It's not
 17 completely clear because at that time I was in
 18 state of shock.
 19 Q I understand that.
 20 Is there anything in this statement that
 21 you now realize is in some way in error?
 22 A Probably I would say more clearly about how
 23 the introduced the oxygen tank into the room.
 24 Q I heard about that one. Okay.
 25 Please read to me the sentence or words

1 Hou
 2 that you feel need to be corrected to more
 3 accurately reflect what you believe took place?
 4 A (Reading) I immediately call MRI technician
 5 and nurse to inform them about wall oxygen.
 6 One nurse, question mark Mary, brought oxygen
 7 tank into the room, then oxygen tank went into
 8 MRI tunnel although I tried to catch it
 9 unsuccessfully.
 10 Q Is that the part that you say needs correcting?
 11 A Yes.
 12 Q What correction should be made?
 13 A When I said immediately call out for help,
 14 informed the technician, MRI, that when
 15 informed them about oxygen, the failure of wall
 16 oxygen supply and I need oxygen and the nurse
 17 handed me the oxygen tank and I probably -- I
 18 brought into the room and then it was yanked
 19 out of my arms into the machine.
 20 Q We could simplify this. Please tell me, if you
 21 can, what are the words in this Exhibit 1A that
 22 you think should be changed to what you just
 23 said? What is the change?
 24 A Yeah, "one nurse --" here. Informed them
 25 about failure of oxygen, wall oxygen supply and

1 Hou
 2 need oxygen and the nurse -- one nurse brought
 3 the oxygen tank into the room, I would change
 4 that. I would say the nurse handed oxygen tank
 5 to me.
 6 Q Okay, I understand what you are saying now.
 7 In the report that you wrote at 12:30 P.M.
 8 it says "One nurse, parenthesis --" what is in
 9 parenthesis; a question mark?
 10 MR. CORGAN: "Question mark Mary."
 11 MR. TESSEL: I see.
 12 Q Close parenthesis -- you think her name was
 13 Mary --
 14 A Yeah. I'm not sure.
 15 Q -- the nurse that you are talking about?
 16 A Yeah.
 17 Q You said here in the written report that the
 18 nurse brought an oxygen tank into the room.
 19 That's the part you want to change?
 20 A Yes.
 21 Q Anything else about this that needs to be
 22 changed?
 23 A And also I just mention I informed the MRI
 24 technician about a failure of -- failure of the
 25 wall oxygen supply. I didn't say that. I just

1 Hou
 2 say about wall oxygen.
 3 MR. CORGAN: He wants to add the
 4 word "failure" of the wall oxygen supply.
 5 A Supply and I need oxygen.
 6 Q Right.
 7 Let's stay with the first correction.
 8 The point you are making is that you
 9 believe that, unlike what you wrote here that
 10 the nurse who you thought was Mary brought the
 11 tank into the scanning room, you now believe
 12 you are the one that brought it into the
 13 scanning room; is that what you are saying?
 14 That's the first correction?
 15 A I say she hand oxygen to me. I would say
 16 it this way, she hand oxygen tank to me.
 17 Q Well, you wrote in here "brought the oxygen
 18 tank into the room."
 19 A I say I need to change that.
 20 Q So who brought it into the room; you or her?
 21 A She hand oxygen to me. I brought it into
 22 the room.
 23 Q You turned around. I think you recalled you
 24 turned around and it was then it was yanked out
 25 of your hands?

1 Hou
 2 A That's my -- she hand to me. I brought
 3 into the room. I could say that.
 4 Q Fair enough.
 5 Let me follow the second thing that you
 6 mentioned. Where is the second thing?
 7 MR. CORGAN: It's above it. Just
 8 above it, the sentence that precedes what
 9 we just talked about.
 10 Q You wrote in here, "I immediately call MRI
 11 technician and nurse to inform them about the
 12 wall oxygen." Okay. What you are saying is --
 13 A I would change -- I would just -- I would --
 14 right now I would say I informed the MRI
 15 technician on the failure of the wall oxygen
 16 supply and tell her I need oxygen.
 17 Q What you are saying about what you wrote here
 18 is that whereas you simply said you informed
 19 them about the wall oxygen, you are saying more
 20 accurately you informed them that the wall
 21 oxygen wasn't working and that you needed
 22 oxygen; is that what you are saying?
 23 A Yes, yes.
 24 Q Okay.
 25 Anything else about this that needs

1 Hou
 2 correction or supplementing?
 3 A If I could have more detail, but I didn't
 4 add more detail.
 5 Q About what?
 6 A What was the event happen, but I didn't
 7 write in detail.
 8 Q You are saying there is something in this
 9 report that you feel should have more detail
 10 than what you wrote. I just would like to know
 11 what is it that you are referring to that needs
 12 more detail. Read to me the words you have and
 13 what you think needs more detail.
 14 A Like this, I -- patient was sedated
 15 gradually with Versed and Propofol to the point
 16 patient is well sedated and also I should
 17 mention I noticed the saturation was beginning
 18 to fall and no oxygen -- no sufficient oxygen
 19 through the wall. I would have added some more
 20 there. I didn't.
 21 Q You didn't mention your noticing the patient's
 22 oxygen saturation beginning to fall and that's
 23 why you went to the wall source to look for
 24 oxygen?
 25 A Yes.

1 Hou
 2 Q You didn't make that clear in here, but that's
 3 the fact?
 4 A Yes.
 5 Q Okay.
 6 Anything else that would improve, in your
 7 view, what you wrote here and make it more
 8 accurate or more complete other than what you
 9 have already told us?
 10 A I think saturation here down to 95. That
 11 one should be probably go in the -- before.
 12 Q Okay.
 13 You are speaking after the part of this
 14 report where you say SpO2 decreased to 95
 15 percent is something, an observation that
 16 should go earlier in this report?
 17 A Yes.
 18 Q Where, just show me where you would think this
 19 would make more sense or fit chronologically?
 20 A Before the accident -- before the incident
 21 happened.
 22 Q Where?
 23 Oh, okay, I see what you are saying. So
 24 what you are saying, the statement you make
 25 here about the SP02 dropping to 95 percent, you

1 Hou
 2 would like to make it clear that what you are
 3 talking about there --
 4 A Yes.
 5 Q -- is before you went to try to get oxygen from
 6 the wall source?
 7 A No. Before the incident happened, yes.
 8 Q Before the incident?
 9 A Before the tank was --
 10 Q When the incident happened, you weren't
 11 anywhere near the child. I mean, you were in
 12 the doorway, okay. I'm sorry, I don't mean to
 13 argue.
 14 A It is last time -- I say last time I saw
 15 the saturation.
 16 Q Let's do it --
 17 A I would say that's the last time I
 18 remember.
 19 MR. CORGAN: I think what he is
 20 saying --
 21 MR. TESSEL: It's clear now.
 22 MR. CORGAN: -- he has testified to
 23 you as to the details of this event --
 24 MR. TESSEL: Yes.
 25 MR. CORGAN: -- which he feels

1 Hou
2 more accurately reflect events as they
3 unfolded --
4 MR. TESSEL: Indeed.
5 MR. CORGAN: -- than does the
6 note that he wrote.
7 Q So what you are saying now about the decrease
8 in the SpO2 to 95 percent should be made
9 clearer that what you are talking about is the
10 last time you saw the child's oxygen
11 saturations before the incident?
12 A To my best memory, yes.
13 Q Anything else we need to correct or change or
14 explain or as explained by you now is that
15 accurate to the best of your knowledge?
16 MR. CORGAN: It's not whether you
17 want to add detail. It's just whether
18 it's accurate. Is it grossly
19 accurate?
20 MR. TESSEL: Let's do it that
21 way.
22 MR. CORGAN: Is there any major
23 inaccuracy that you can see --
24 MR. TESSEL: Fair enough.
25 MR. CORGAN: -- with the

1 Hou
2 understanding that we are not saying
3 that there is? We just want to know
4 whether or not you feel that the rest
5 of it is accurate.
6 A That's all I could think about this time.
7 Q Okay.
8 A At this time.
9 Q It's okay, Doctor.
10 This note, Plaintiffs' Exhibit 1A for
11 identification, is this the first note you
12 wrote about the events of this MRI incident?
13 This is the first note?
14 A I wrote some in my anesthesia.
15 Q I'm just asking about the timing. Is this the
16 first thing you wrote, Plaintiffs' Exhibit 1A
17 for identification?
18 A No. This is the -- the first note.
19 (Indicating)
20 Q This you wrote at 12:30 P.M. You are saying
21 you wrote something before 12:30 P.M.?
22 A Yes.
23 Q What?
24 A I just --
25 MR. CORGAN: The other two notes.

1 Hou
2 A The other two notes, one's here, the
3 anesthesia record. (Indicating)
4 Q You are showing me a graphic anesthesia record,
5 correct?
6 A Yes.
7 Q When did you write that?
8 A I think as soon as I had the -- I don't --
9 to my best memory, probably as soon I had -- I
10 was -- I was -- I was able to write that. Mean
11 somebody took care of child and I was writing.
12 Q Tell me when you are talking about. I know you
13 can't give me an exact time.
14 A I would say after the incident.
15 Q After the baby was taken to the emergency room
16 is when you wrote the graphic anesthesia chart;
17 yes?
18 A I think so.
19 MR. TESSEL: Please mark the graphic
20 anesthesia chart as Plaintiffs'
21 Exhibit 1B for identification.
22 MR. CORGAN: The only thing I
23 want you to clarify is that the
24 anesthesia record that he is referring
25 to is something that he maintains

1 Hou
2 during the course of the procedure, so
3 I think some part of this was done
4 before, some part during and some part
5 after.
6 A Yeah, some part I finish this --
7 MR. TESSEL: Off the record.
8 (Whereupon, a discussion was held
9 off the record.)
10 (Whereupon, graphic anesthesia
11 chart was marked as Plaintiffs'
12 Exhibit 1B for identification, as of
13 this date.)
14 Q Now, Doctor, off the record I believe you
15 suggested that Plaintiffs' Exhibit 1B has
16 material that you wrote on it after the child
17 had been taken to the emergency room after the
18 incident, but also some material that you may
19 have written on it before that.
20 A Yes.
21 Q The parts that you wrote after, that is the
22 narrative part under "remarks"?
23 A This part. (Indicating)
24 Q That's what you wrote later, correct?
25 A Yeah. So I would like to correct some

Page 125

1 Hou

2 mistakes.

3 Q I will get to that. I didn't even get to ask

4 you that yet, but I will.

5 Now, just to make this clearer, the

6 narrative part under "remarks" on Plaintiffs'

7 Exhibit 1B for identification, is that

8 something you wrote before 12:30 P.M., so I

9 have the order of things right?

10 A This one? (Indicating)

11 Q Yes.

12 A Before 12:30? Yes, I think so before

13 12:30.

14 Q Okay.

15 Now are there other things that you wrote

16 on here at the time that you wrote the

17 "remarks" section? This is Plaintiffs' Exhibit

18 1B. There is some materials up above the

19 "remarks" section. Is there anything in those

20 materials that you wrote at or about the time

21 that you wrote the "remarks" section?

22 A I don't remember exactly which part, but I --

23 --when I wrote, I don't remember which exactly

24 which part.

25 Q But some parts you did write at the same time

Page 126

1 Hou

2 you wrote the "remarks"?

3 A Maybe, yeah.

4 Q Are there any parts that you could tell me you

5 definitely wrote before you wrote the "remarks"

6 section?

7 Let me help you. Up at the top it says

8 here "status post craniotomy, resection of

9 brain tumor." When did you write that?

10 A I don't remember. Probably when I start

11 the chart.

12 Q At the top it says "anesthesiologist" and it

13 has your name there.

14 A Yes.

15 Q First of all, did you write anything on this

16 chart, Plaintiffs' Exhibit 1B --

17 A This part someone wrote it for me.

18 (Indicating)

19 Q You are speaking of the upper left-hand corner

20 where it has the patient's name and hospital

21 number and his address? Do you see that

22 that's -- someone else filled out?

23 A I think so.

24 Q Everything else on Plaintiffs' Exhibit 1B you

25 wrote?

Page 127

1 Hou

2 A Yes.

3 Q Now, when did you put your name on the top of

4 the chart and the date, 7/27/01, if you can

5 remember?

6 A Maybe when I start writing this chart.

7 Q When would you have started writing this chart;

8 before or after the child was taken into the

9 scanning room?

10 A In the scanning room.

11 Q Before or after he got his Versed?

12 A After.

13 Q Then it says "Preop diagnosis." When did you

14 write that?

15 A I don't remember exactly. Probably I wrote

16 when I started chart.

17 Q When it says "procedure, MRI of the brain,"

18 when did you write that?

19 If you don't recall, say so and we can move

20 on.

21 A Yeah, I don't recall.

22 Q Now we have some information about the child.

23 "Age 6, sex male, height 44 inches, weight 45

24 pounds." When did you write that?

25 If you don't recall, say it.

Page 128

1 Hou

2 A I don't recall.

3 Q Then you record some lab data here, I see.

4 A Yeah.

5 Q The child's hematocrit, what was that based on?

6 Was that a recent hematocrit that was done or

7 is it the original hematocrit done before his

8 first operation?

9 A Based on the -- oh, I don't remember that.

10 Q Okay.

11 A Probably the most recent I would have, if

12 it's available, maybe, in the chart.

13 Q Physical status 3 you gave him?

14 A Yes.

15 Q Do you know when you wrote that, by any chance?

16 A I gave it when I gave it -- when I wrote --

17 when I did my pre-op assessments.

18 Q And you said he's been NPO for over eight

19 hours; is that right?

20 A More than that.

21 Q Do you recall when you wrote that?

22 A More than eight hours, yeah.

23 Q Do you recall when you wrote that?

24 A I don't know.

25 Q Now let's go to the graph itself.

1 Hou
 2 At some point you put an "11:30, 12" and
 3 "13" speaking of the times involved, correct?
 4 When did you write that?
 5 A I write that when I -- in the scan room.
 6 Q Now, when did you put down this "Versed"?
 7 A Probably in the scan room.
 8 Q Well, there are two entries under "Versed."
 9 Were they both written at the same time?
 10 A Because I had no place to write it.
 11 Q I know.
 12 Were they both written at the same time?
 13 A I think so, yeah. There's a slash. That
 14 means I give twice, not once. That's my --
 15 MR. CORGAN: He didn't ask you that.
 16 Q The first entry under "Versed" is what; 1.0?
 17 A No. Just 1.
 18 Q I'm sorry, 1?
 19 A Yeah. And then --
 20 Q Meaning 1 mg.?
 21 A Yes.
 22 Q Then 0.5 meaning 0.5 mg.?
 23 A Yes.
 24 Q And then a third dose, 0.5 mg.?
 25 A Yes.

1 Hou
 2 Q Then about -- if you look at the top, it says
 3 "oxygen" and you put these dotted lines to show
 4 how long the patient was administered oxygen;
 5 is that right?
 6 A Yeah.
 7 Q According to this, you are saying this patient
 8 got oxygen to -- I'm trying to estimate what
 9 this would be. Maybe -- what; 11:45? You tell
 10 me what time that is or is that just a very
 11 rough --
 12 A Yeah, just rough.
 13 Q Okay. I will not bug you about it.
 14 Please go down to the bottom of that
 15 column. I will show you what I just want you
 16 to tell me what it says and what it means here.
 17 A That's end title carbon dioxide.
 18 Q End title --
 19 MR. CORGAN: Carbon dioxide.
 20 A Carbon dioxide.
 21 Q What is the 35?
 22 A That mean the number showing.
 23 Q On the monitor?
 24 A Yes.
 25 Q That would be when; at the time it was started?

1 Hou
 2 Q Now, you did those things at different times?
 3 A Yes.
 4 Q When did you write them?
 5 A I think it's in the scan room.
 6 Q I know.
 7 Was it after the three Verseds were done?
 8 A Yes.
 9 Q Below it you have the Propofol. You put down
 10 10, which would be 10 mg.?
 11 A Yeah. I explain to you I give twice, but
 12 no space so I just write it 10.
 13 Q I understand what you saying. You gave it two
 14 times, 5 mg. each?
 15 A Yes.
 16 Q The second entry under that, is that Propofol
 17 also?
 18 A Propofol infusing, yeah.
 19 Q But what did you write next to -- you have a
 20 couple of dots and an "X."
 21 A That mean continues.
 22 Q Right, okay.
 23 But you have told us the way it -- actually
 24 it was two separate 5 mg. injections.
 25 A Yes.

1 Hou
 2 A Yes.
 3 Q When did you write that?
 4 A Probably in the scan room, yeah.
 5 Q Then what is underneath that?
 6 A There is a saturation.
 7 Q SpO2?
 8 A Yes.
 9 Q What did you write next to it?
 10 A I wrote 99 and 95 and 98. I corrected it.
 11 I think it's 95.
 12 Q When did you write those numbers down? Did you
 13 write all three of them at the same time?
 14 A I wrote the 99 first.
 15 Q And then when did you write the 95?
 16 A Later.
 17 Q Well, you had already told us, and I don't want
 18 to go over this a lot, you told us the last
 19 time you were able to assess the saturations
 20 they were 95.
 21 A To my best memory.
 22 Q Where does the 98 come from? Is that after you
 23 intubated him?
 24 A Yes.
 25 Q Okay.

Page 133

1 Hou

2 So that you couldn't have written that

3 until 12:30?

4 A No. Intubate before 12:30.

5 Q Oh, all right.

6 A This is what I did in the CAT scan room.

7 Q Now, I'm looking down here. I don't see any

8 monitoring of blood pressure. Am I wrong about

9 that?

10 A I mention before we --

11 Q You couldn't bring the cuff in the room; is

12 that what you were telling me earlier?

13 A Yeah.

14 Q But you did monitor pulse, I see.

15 A That's from the pulse oximeter that showed

16 the heart rate.

17 Q Right.

18 So those dots represent pulse rates or

19 heart rates --

20 A Yes.

21 Q -- ranging somewhere from looks like about 78

22 to 85 or thereabouts?

23 A --Yeah.

24 Q Down at the bottom, what is the --

25 A "SV." That means spontaneous --

Page 134

1 Hou

2 Q Spontaneous ventilation?

3 A Yes.

4 Q At the bottom, those stick figures, that shows

5 the child was in the supine position?

6 A Yes.

7 Q Now, I'm going to get to your "remarks" section

8 because I know you wanted to supplement that or

9 correct that in some way. Before I do, I just

10 want you to help me with one thing.

11 Go back to Plaintiffs' Exhibit 1A for

12 identification. In the first sentence after

13 the word "monitors" you have a start of what

14 looks like a parenthesis --

15 A Yes.

16 Q -- here.

17 A Yes.

18 Q Oh, you have both.

19 Could you read to me what's in that? Just

20 read it slowly so I can write it down.

21 A (Reading) Pulse oximeter.

22 Q What is does it say?

23 A (Reading) Pulse oximeter.

24 MR. CORGAN: Pulse oximeter.

25 Q "Sp"?

Page 135

1 Hou

2 A "SpO2," that's abbreviation, but we --

3 saturation mean the pulse oximeter, and "ET

4 CO2," that -- that means end title carbon

5 dioxide, end title CO2.

6 Q You are speaking here about the two monitors

7 that were being used?

8 A That's available, yes.

9 Q One more thing on that report.

10 If you go down, you say "in order to

11 protect his airway," and what is the word after

12 "and"?

13 A (Reading) Protect his airway and maintain

14 oxygenation.

15 Q Now, Doctor, you have indicated that as to

16 Plaintiffs' Exhibit 1B for identification, the

17 graphic chart, there is narrative material

18 written by you that is, I assume, what you are

19 saying you feel that needs some correction or

20 explanation; is that correct, that you feel you

21 need to do something about that verbally?

22 A Yes.

23 Q What I would like you to do is to specifically

24 tell me the words or sentence that you feel may

25 be incorrect and how you think it should be

Page 136

1 Hou

2 worded?

3 A (Reading) One nurse brought an oxygen tank

4 into the room, the oxygen tank was sucked into

5 the scanner tunnel.

6 Q Okay.

7 That's a full sentence as I read this?

8 A Yeah.

9 Q Okay.

10 What is there about that sentence that you

11 feel needs correction?

12 A I -- as I say before, one nurse hand the

13 oxygen tank to me and I tried use the oxygen to

14 restore the oxygen supply to my patient and I

15 brought it -- I moved -- I brought the tank

16 into the room and just yanked it out from my

17 hand.

18 Q And the distinction you are making is the issue

19 of whether the nurse physically handed this to

20 you in the scanning room or whether she handed

21 it to you in the doorway and you turned into

22 the scanning room; is that the distinction you

23 are making here?

24 A No. I wanted to say -- what I tried to

25 say, she did -- I don't remember whether she

1 Hou
 2 physically go into the scan room. I try to say
 3 she handed the oxygen tank to me.
 4 Q She --
 5 A Yeah -- sorry. She hand the oxygen tank to
 6 me. I was in the scan room, so I brought -- I
 7 took -- I received -- I took the oxygen tank.
 8 Q I think I understand you. The words you use,
 9 "one nurse brought an oxygen tank into the
 10 room," you feel that should be changed to "a
 11 nurse handed me the oxygen tank in the doorway
 12 to the room"?
 13 A The doorway or -- yeah, or -- you know, I
 14 don't know that location. That's why we were
 15 both at the --
 16 MR. CORGAN: The doctor doesn't know
 17 the location, but he didn't want to
 18 say that she brought it into the room
 19 because --
 20 MR. TESSEL: Off the record.
 21 (Whereupon, a discussion was held
 22 off the record.)
 23 Q I understand and it's okay.
 24 A I mean she gave me the oxygen tank.
 25 Q Yeah, I know.

1 Hou
 2 A Yeah.
 3 Q "MRI technician and nurse were informed." Now
 4 let's stop there. What is there about that
 5 that you want to correct?
 6 A I would say I just informed the MRI
 7 technician.
 8 Q And your point is that the nurse you are
 9 referring to probably overheard this?
 10 A Yeah. I didn't talk to her directly.
 11 Q Okay. But that's the idea?
 12 A I just make it clearer, this sentence. I
 13 talked to her, you know, to -- I just make sure --
 14 I don't know how to say it more perfectly, but
 15 I just want to make clear I spoke to the
 16 technician, MRI technician.
 17 Q Can you recall any words, whatever, that were
 18 exchanged between you and the nurse who brought
 19 the canister of oxygen to you and gave it to
 20 you?
 21 A To my best memory, I heard she say "here's
 22 the oxygen tank. Here's oxygen," or something
 23 like that.
 24 MR. TESSEL: Off the record.
 25 (Whereupon, a discussion was held

1 Hou
 2 The only other thing I want to ask you, is
 3 there anything else in Plaintiffs' Exhibit 1B
 4 for identification that you think needs
 5 explanation or correcting or change in some
 6 fashion, please let's do it now so we can move
 7 on?
 8 A (Reading) See, when I -- I say when I
 9 informed them -- I say MRI technician and nurse
 10 were informed. I don't know what -- should
 11 say, just informed to the technician.
 12 Q Doctor, if you will read the whole sentence
 13 that you are referring to, then we can
 14 understand what you are trying to say.
 15 A (Reading) MRI technician and nurse were
 16 informed. I didn't remember I spoke to the
 17 nurse directly.
 18 Q Wait, wait. The sentence -- is it maybe two
 19 sentences? It's hard to tell from the
 20 punctuation.
 21 "Wall oxygen supply was found
 22 insufficient."
 23 A "Insufficient," yeah.
 24 Q Is the -- that word, I think, it says
 25 "insufficient"?

1 Hou
 2 off the record.)
 3 Q Doctor, anything else in that note that needs
 4 correction and amplification or explanation or
 5 have we -- is the note as it stands as
 6 corrected by you in your testimony here
 7 accurate and sufficient?
 8 A In this note I should say oxygen also
 9 beginning to -- also found saturation beginning
 10 to fall.
 11 Q Okay.
 12 Does it make mention of that at all in this
 13 note?
 14 A Yeah.
 15 Q It makes mention of that?
 16 A I made mark there. (Indicating)
 17 Q Please show me what you are talking about,
 18 Doctor?
 19 A I said 95 there. (Indicating)
 20 MR. CORGAN: Oh, you have a little
 21 star. Is that what you are saying?
 22 THE WITNESS: Yes.
 23 MR. CORGAN: And the star refers to
 24 the 95?
 25 THE WITNESS: Yes.

1 Hou
 2 Q Let's read the sentence then as corrected by
 3 you now.
 4 A I just want to -- same as the note that I
 5 wrote in the second note.
 6 MR. CORGAN: What would you like the
 7 note to say in that regard?
 8 A So before MRI scan started, patient's --
 9 noticed patient's saturation beginning to fall
 10 and I found the oxygen wall oxygen supply was
 11 insufficient.
 12 Q What do you mean by "insufficient"; another way
 13 of saying it wasn't working?
 14 A Yes.
 15 Q All right.
 16 I'm trying to find the place in your note
 17 where that would fit.
 18 Now you have just told counsel this
 19 asterisk that you have over here, star, if you
 20 will, that appears after the sentence that says
 21 "breathing spontaneously with SpO2" -- meaning
 22 sats "-- of 99 percent."
 23 A Yeah, that's beginning.
 24 Q Now, what is the star? Why did you put a star
 25 there?

1 Hou
 2 A Why I put a star here?
 3 Q Yes.
 4 A I want make sure the 95 is because I put a
 5 95 there. That's why I make sure.
 6 (Indicating)
 7 Q I got it.
 8 A People don't confuse.
 9 Q Okay.
 10 You anesthesiologists are used to putting
 11 key numbers in the remarks section directing
 12 attention of the reader to some place on the
 13 graph.
 14 A Yes.
 15 Q Is that what you did here?
 16 A Yeah.
 17 Q So the place on the graph where you have the
 18 star is right under the sats of 95?
 19 A It's going down. I don't have much space
 20 to write it.
 21 Q So what you are saying was originally the
 22 child's sats were 99 percent --
 23 A Yes.
 24 Q -- but a point was reached where the sats had
 25 fallen to 95 and that's when you were trying to

1 Hou
 2 get the oxygen?
 3 A When beginning to fall I already went to
 4 check and then called.
 5 Q Anything else in here that you feel needs
 6 correction or further explanation?
 7 A At this time the only major changes I would
 8 like to do, if I had to change it, is that.
 9 No, no this is major change I would like to
 10 mention.
 11 Q All right. You have told us the changes you
 12 think should be made, okay?
 13 A Yeah.
 14 Q Are you saying that you are satisfied with the
 15 rest of it substantially reflecting what took
 16 place?
 17 A At this -- yes.
 18 Q That's fine.
 19 Now there is a third document which we are
 20 going to mark as Plaintiffs' Exhibit 1C for
 21 identification called the Preanesthesia
 22 Assessment Record.
 23 Would you turn to that and tell us when you
 24 wrote that?
 25 (Whereupon, Preanesthesia

1 Hou
 2 Assessment Record was marked as
 3 Plaintiffs' Exhibit 1C for
 4 identification, as of this date.)
 5 Q My question, Doctor, is when did you write
 6 Exhibit 1C, if you remember?
 7 A To my best memory, before I started case.
 8 Q You filled out this entire sheet in your
 9 handwriting, other than the name of the patient
 10 in the upper corner there?
 11 A Yeah.
 12 Q And where is it that you filled out this whole
 13 sheet?
 14 A Where? In the MRI.
 15 Q Before the child came in?
 16 A No. After I -- after I saw the child.
 17 Q After you sedated the child?
 18 A No. After I saw the child, interviewed
 19 him, then I wrote most, if not completely.
 20 Probably most. Usually when I talk to the
 21 patient and then I wrote this or when I'm with
 22 the child I write down. That's the way I do.
 23 Q Are you saying that parts of this you did when
 24 you first met the child in the --
 25 A I would say almost most the part because

1 Hou
 2 when I review the chart and talk to them, I
 3 just filled them out. That's why the
 4 handwriting so bad.
 5 Q All right.
 6 Is there anything on this sheet that you
 7 think needs correction or change?
 8 A If I was to write a day with the tests.
 9 You know, the lab results, I didn't write down
 10 the day.
 11 Q I'm sorry, what is that?
 12 A When this was taken, the day. I didn't
 13 write down the day this, so other than that
 14 correction, I don't know what I should correct.
 15 Q What didn't you write down the day? What are
 16 you referring to; the lab results?
 17 A Yeah. You asked me before. I didn't know.
 18 Q You didn't put down --
 19 A I didn't remember the day, probably, from
 20 the chart. I don't remember.
 21 Q I'm looking at a CBC and, maybe, an SMA-6. Is
 22 that what we are looking at here?
 23 A Yeah.
 24 Q Those are lab tests that had been done on the
 25 child at some time following the child's

1 Hou
 2 admission to the hospital?
 3 A Yeah. I got this from the chart.
 4 Q Yes, of course.
 5 What you are saying is even though there is
 6 no specific space for it, you would have liked
 7 to have put down dates those tests were done?
 8 A Yeah.
 9 Q But you don't remember what they are now?
 10 A No.
 11 Q Anything else that you think needs correction
 12 or change?
 13 A Maybe you ask your question, remind me.
 14 Q I can ask the question different.
 15 Is there anything on this sheet that you
 16 think is inaccurate?
 17 A I don't know what. You say inaccurate when
 18 you ask me that, you remind me, I explain to
 19 you.
 20 Q Physical status or risk status or however the
 21 American Society of Anesthesiology puts this,
 22 that's done like class 1, class 2, class 3; do
 23 you follow me?
 24 A Yes.
 25 Q On Exhibit 1C, you have the physical status as

1 Hou
 2 II?
 3 A 3.
 4 Q That's 3?
 5 A Yes.
 6 Q Can I see your copy?
 7 A (Indicating)
 8 Q I'm reading here.
 9 A Oh, that's -- this is physical status.
 10 (Indicating)
 11 MR. CORGAN: That's class.
 12 A That's the Mallampati. That's different.
 13 This is oral, when you open the mouth and see
 14 how good I can see your throat. That's
 15 different. We are talking about this status.
 16 MR. CORGAN: You asked him the ASA
 17 status?
 18 MR. TESSEL: I did.
 19 MR. CORGAN: ASA status is on the
 20 bottom right-hand corner.
 21 MR. TESSEL: You're correct. I see it.
 22 Q What did you write down there about something
 23 sedation?
 24 A (Reading) Plan: IV sedation. That's
 25 anesthesia plan for the --

1 Hou
 2 Q So let's read that part. It says "discussion
 3 and plan." This plan is your plan, correct?
 4 A Yes.
 5 Q Did anyone give you an order to give the baby
 6 this sedation?
 7 A Is it they request anesthesia just or IV
 8 sedation. That's the reason need
 9 anesthesiology. When they booked the case,
 10 they ask anesthesiology to give anesthesia.
 11 Q Who? Who booked the case, as you say?
 12 A Who booked the case?
 13 MR. CORGAN: Asked and answered that
 14 already. You mean --
 15 A No, I --
 16 MR. CORGAN: What do you mean?
 17 Hold on, don't answer.
 18 What do you mean by "booked the case"?
 19 MR. TESSEL: I don't know. I didn't
 20 use those words, he did.
 21 MR. CORGAN: Well, then why don't we
 22 get it defined so we know what we are
 23 talking about?
 24 Q Doctor, let me just go back then to be clear
 25 about this.

1 Hou
 2 Somebody told you your services would be
 3 needed to handle anesthesia services for this
 4 MRI that was going to be done on the child,
 5 correct?
 6 A Yes.
 7 Q I think you gave us the name of who told you
 8 that.
 9 Did that person tell you that they wanted
 10 you to anesthetize the patient?
 11 A What do you mean "anesthetize the patient"?
 12 Q Pardon?
 13 A What do you mean "anesthetize the patient"?
 14 Give general anesthesia or give IV sedation?
 15 Q To your knowledge, did anyone specifically
 16 order Versed and Propofol to be given?
 17 A No.
 18 Q You are the one that decided that?
 19 A Yes.
 20 Q Okay, fair enough.
 21 Now, under "plan" you say "plan: IV
 22 sedation" and that's what you did in this case,
 23 IV sedation?
 24 A Yes.
 25 Q Underneath you have the long abbreviation of

1 Hou
 2 A Yes.
 3 Q And you assumed, of course, that in connection
 4 with that the risks and benefits had been
 5 already explained to the family, correct?
 6 A Yes. If I didn't tell them in more in
 7 detail because I explain I did -- I couldn't
 8 remember exactly what I did talk to them about.
 9 Q I will ask you about one thing only and if you
 10 can answer it, please do and we can move on.
 11 In giving whatever explanation you gave
 12 about benefits, risks, complications,
 13 alternatives to the family -- I assume you are
 14 talking about the family not to the child,
 15 right?
 16 A No.
 17 Q Am I right?
 18 A Yes.
 19 Q In doing that, did you ever say to the family
 20 that you know one of the risks of this sedation
 21 we are going to give is that the child's
 22 respiratory function could be impaired and we
 23 may have to take other emergency steps? Did
 24 you say something like that to them?
 25 A I don't remember --

1 Hou
 2 benefits/risks/complications -- is that what
 3 the "C" is?
 4 A Yes.
 5 Q What is the "A"?
 6 A Alternatives.
 7 Q -- and alternatives of anesthesia were
 8 explained.
 9 Who did you explain this to, the benefits,
 10 the risks, the alternatives, complications?
 11 Who did you explain this to, Doctor, or did you
 12 just write that down?
 13 A I did explain. I don't know -- I don't
 14 remember what I explain in detail, but when I
 15 ask the patient they had previously surgery,
 16 they already know something about this, so I
 17 don't remember exactly what I spoke to the
 18 parents, but usually I say IV sedates the
 19 patient for -- because now few years ago, I
 20 don't remember. I give -- usually I talk to
 21 patient, you know, I going to give IV sedation,
 22 you know.
 23 Q One of the points you make is that you knew the
 24 patient had undergone general anesthesia just a
 25 couple of days before?

1 Hou
 2 Q All right.
 3 A -- what I say. I -- no, I don't remember.
 4 Q Have we finished with this? Is there anything
 5 you need to correct or add or supplement on
 6 Plaintiffs' Exhibit 1C for identification?
 7 A If you have any question, you ask me. I
 8 did few years ago. I don't know what should I
 9 add on now. You ask me now.
 10 Q I could only ask you today. That's the first
 11 time I've met you.
 12 Doctor, I just want --
 13 A You have any question you want to be
 14 clarified, you can ask me so I can explain.
 15 MR. CORGAN: He knows that.
 16 Q The issue really is is there anything written
 17 there that you think is inaccurate and needs to
 18 be corrected, that you think by looking at it,
 19 Plaintiffs' Exhibit 1C?
 20 A I don't know. I don't know what I should
 21 say at this time, at this point.
 22 Q You said you don't know what you should say at
 23 this point?
 24 MR. CORGAN: He doesn't know what to
 25 say.

1 Hou
 2 A Yeah.
 3 MR. CORGAN: So, Doctor, would you
 4 agree that at this time you are not
 5 aware of anything that you want to
 6 change now?
 7 MR. TESSEL: Good, good.
 8 THE WITNESS: It's a few years
 9 ago. I don't know what I --
 10 MR. CORGAN: No, no.
 11 Is this generally accurate? This
 12 is not a trick question. It's not a
 13 trick question. It's a simple
 14 question. Do you have anything else
 15 to add or change; yes or no?
 16 THE WITNESS: Now I don't know
 17 what I should change now because --
 18 MR. CORGAN: Answer no.
 19 THE WITNESS: -- because I
 20 explain to you when I do preop, I
 21 usually get information from the
 22 child, from the interviewer, the
 23 patient, from doing physical, so this
 24 few years ago. I don't remember
 25 exactly what should I --

1 Hou
 2 A If you have a question, I may be able to
 3 explain to you, but I -- you ask --
 4 Q Okay, Doctor, now, you have told us about three
 5 documents that you wrote, you personally wrote
 6 in connection with the events that took place
 7 on July 27th in connection with this MRI
 8 incident. Did you give any other written
 9 report to anyone, not your lawyer, to anyone in
 10 connection with this incident other than these
 11 three pieces of paper that we marked?
 12 A I didn't write anything, no.
 13 Q No other written report?
 14 A I didn't give any other than the lawyer.
 15 Q That's not my business.
 16 What I'm interested in, however, is did you
 17 discuss with any personnel at the hospital on
 18 this day or within the days subsequent to this,
 19 your view of what took place, verbally
 20 discussed it with someone at the hospital who
 21 was looking into this incident?
 22 A- Someone from the hospital?-- You mean the
 23 physicians or --
 24 Q Pardon?
 25 A You mean doctors?

1 Hou
 2 Q Maybe we should put this in context.
 3 The time you wrote these exhibits, A, B and
 4 C, 1A, B and C, was much closer to the events
 5 than we are today, correct? You wrote these
 6 exhibits back in the year 2001?
 7 A Yes.
 8 Q And you wrote these notes around the time the
 9 events occurred, correct?
 10 A Yes.
 11 Q That would be your best recollection at that
 12 time?
 13 A Yes.
 14 Q Are you saying there is something today that
 15 you remember better than you remembered in
 16 2001, or in fairness to you, I could make a
 17 suggestion, in fairness, you were upset and
 18 shocked by what took place in this case, and I
 19 think you are saying that, perhaps, if you had
 20 to do it all over again, you would have wrote
 21 additional things down, correct?
 22 A I don't -- I don't know how to answer your
 23 question.
 24 Q How about I don't bother you about this
 25 anymore?

1 Hou
 2 I don't remember I talk. I discuss -- not
 3 in detail, no, I don't remember.
 4 Q Was there a time when you were called in to
 5 risk management or any of the people looking
 6 into this incident --
 7 A Yes.
 8 Q -- and you were asked to tell your version of
 9 what happened?
 10 A Risk manager, yes.
 11 Q When did that take place; the day of this event
 12 or a day later or a week later, you tell me?
 13 A I don't remember when. Very shortly.
 14 Q Shortly after the event?
 15 A Yes.
 16 Q Did you explain to the risk manager what you
 17 observed and what you knew about it?
 18 A Yes.
 19 Q Did he make out a report for you to sign?
 20 A No.
 21 Q Did you ever write it out?
 22 A No.
 23 Q Okay.
 24 Did you ever discuss what happened with any
 25 officials of the State of New York?

1 Hou
 2 A Official State of New York? Yes.
 3 Q When was that?
 4 A It was after the incident.
 5 Q Of course after the incident, but when?
 6 A I couldn't remember when. It was shortly.
 7 Q Shortly after?
 8 A Yes.
 9 Q Who did you speak to?
 10 A Was it O --
 11 MR. TESSEL: If you can help him with
 12 the name.
 13 A I don't remember the name.
 14 THE WITNESS: Who was that?
 15 Q It was from some department of the State of New
 16 York?
 17 A Yes.
 18 Q Do you remember what department?
 19 THE WITNESS: O --
 20 A O -- I mean, you know, what kind of
 21 professional -- profession.
 22 Q Department of Professional Responsibility?
 23 A --No.--Professional --
 24 THE WITNESS: What is that? You can
 25 help me out.

1 Hou
 2 MR. CORGAN: No, I can't help you
 3 out.
 4 Q Professional Standards?
 5 A No. OP -- Office of OP.
 6 Q Where did you have this conversation; at the
 7 hospital or someplace else?
 8 A The hospital mostly.
 9 I think it's Professional Misconduct,
 10 something like that.
 11 Q Okay.
 12 A I don't remember exactly. OPM? Sorry, I
 13 don't remember.
 14 Q It was an investigator from that department?
 15 A Yes.
 16 Q They asked you what you knew about it and you
 17 told them?
 18 A Yes.
 19 Q Was it put down in writing any place?
 20 A I didn't write. I didn't give any --
 21 MR. CORGAN: No written statements.
 22 A I didn't write down anything.
 23 Q Do you remember giving an Affidavit in this
 24 case?
 25 A Yes.

1 Hou
 2 Q A sworn statement?
 3 A Yes.
 4 MR. TESSEL: Let's just mark that for
 5 identification as Plaintiffs' Exhibit 2. I
 6 don't have to ask him anything about it.
 7 Q Can you tell me if this is a true copy of the
 8 Affidavit you gave in this case?
 9 A Yes.
 10 MR. TESSEL: Did you draft this?
 11 MR. CORGAN: I don't know. Let me
 12 see.
 13 I see I notarized it.
 14 Q Doctor, let her put Plaintiffs' Exhibit 2 on
 15 there.
 16 (Whereupon, Affidavit was marked
 17 as Plaintiffs' Exhibit 2 for
 18 identification, as of this.)
 19 Q Doctor, there is a date on there as to when you
 20 swore to that. Do you want to just turn to
 21 the end and give me the date that's at the end?
 22 MR. CORGAN: November 1, 2003.
 23 A --Yes.
 24 Q Is that it?
 25 A Yes.

1 Hou
 2 MR. CORGAN: That's when it was
 3 notarized.
 4 Q Doctor, if you need to take the time, do it,
 5 but if you know what's in there, just tell me
 6 if there is anything in there that you consider
 7 is inaccurate or needs explaining?
 8 A This is very accurate.
 9 Q Okay, that's a simple -- that's the first easy
 10 one you gave me, okay.
 11 MR. TESSEL: Do you need a copy of
 12 this?
 13 MR. CORGAN: No.
 14 MR. TESSEL: Off the record.
 15 (Whereupon, a discussion was held
 16 off the record.)
 17 Q Have we now talked about and marked every
 18 document you have every written or signed about
 19 this event?
 20 A I think so, yeah. To my best, yeah.
 21 Q Did you ever have a conversation with the
 22 parents after this event in which you
 23 discussed, apart from how badly you felt, what
 24 happened?
 25 A No.

1 Hou
 2 Q Have you ever talked, since the event, about
 3 this matter with Mary Nadler, R.N.?
 4 A No.
 5 Q Same question for Patricia Lauria?
 6 A No.
 7 Q Same question for Paul Daniels?
 8 A No.
 9 Q What is your present status at Westchester
 10 County Medical Center? You are an attending
 11 anesthesiologist?
 12 A Yes.
 13 Q Anything else?
 14 A I'm assistant professor.
 15 Q At the New York Medical College?
 16 A Yes.
 17 Q And your professorship is in anesthesiology?
 18 A Yes. I'm a Board certified
 19 anesthesiologist.
 20 Q Yes, yes.
 21 I know there are some anesthesiologists
 22 that specialize in pediatric anesthesia. Is
 23 that your specialty?
 24 A No.
 25 Q I'm sorry I kept you this long, Doctor.

1 Hou
 2 CONTINUED EXAMINATION BY
 3 MR. TESSEL:
 4 Q Before this event, had you ever had any
 5 such treatments that counsel just asked
 6 you about?
 7 A No.
 8 Q What you are saying, in essence, that this
 9 event profoundly affected you?
 10 A Yes.
 11 MR. TESSEL: I have no further
 12 questions.
 13 (Whereupon, at 1:30 P.M. the
 14 Examination of Jian Hou was
 15 concluded.)
 16
 17
 18
 19 JIAN HOU
 20
 21 Subscribed and sworn to before me
 22 this day of _____, 2005.
 23
 24
 25 Notary Public

1 Hou
 2 A It's okay.
 3 Q I had to do this.
 4 MR. TESSEL: I have no further
 5 questions.
 6 MR. CORGAN: Do you have any
 7 questions?
 8 MR. SHALHOUB: No.
 9 MR. CORGAN: I have a couple of
 10 questions.
 11 EXAMINATION BY
 12 MR. CORGAN:
 13 Q Doctor, you mentioned that you where in
 14 shock at the time following this event.
 15 A Yes.
 16 Q Were you ever treated for shock?
 17 A Excuse me?
 18 Q Were you ever treated for shock?
 19 A Yes.
 20 Q Were you ever treated by a psychiatrist?
 21 A Yes.
 22 Q Were you ever treated with medication?
 23 A Yes.
 24 Q Thank you.
 25 MR. CORGAN: That's all I have.

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CERTIFICATE

I HEREBY CERTIFY that the Witness was duly sworn by me, the officer before whom this Examination Before Trial was taken, and that the minutes herein are a true and accurate transcription of the proceedings hereunder.

ROSEMARIE TULUMELLO(ELLIS)

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STATE OF) PG. OF PGS.
S S:

COUNTY OF)
I, Jian Hou, wish to make the following changes, for the following reasons:

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JIAN HOU
Subscribed and sworn to before me
this day of 2005.

Notary Public

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