

Exhibit P

Dr. Elizabeth Lassen Deposition

Vargas

Lassen Elizabeth

9/27/2019

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

<p style="text-align: right;">Page 1</p> <p>1 IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS 2 EASTERN DIVISION 3 4 LETICIA VARGAS, Administrator) of the Estate of Angel Cruz,) 5) Plaintiff,) 6) 7 -vs-) No. 18-CV-1865 8 SHERIFF OF COOK COUNTY, et al.,) 9 Defendants.) 10 11 Videotaped deposition of ELIZABETH PAIGE 12 LASSEN sworn in telephonically by NADINE WATTS, RPR, CSR 13 and Notary Public, and resworn in person, taken before 14 CAROL CONNOLLY, CSR, CRR, and Notary Public, pursuant to 15 the Federal Rules of Civil Procedure for the United 16 States District Courts pertaining to the taking of 17 depositions, at 2650 South California, Suite 1100, 18 Chicago, Illinois, commencing at 9:38 a.m. on the 27th 19 day of September, A.D., 2019. 20 21 22 23 24</p>	<p style="text-align: right;">Page 3</p> <p>1 I N D E X 2 DEPOSITION OF ELIZABETH PAIGE LASSEN, D.O. 3 TAKEN September 27, 2019 4 5 EXAMINATION BY PAGE 6 Mr. Flaxman 5, 85 7 Ms. Haidari 82 8 Mr. Ragen 84 9 ----- 10 EXHIBITS MARKED 11 PAGE 12 Exhibit 1 Curriculum Vitae of 9 Dr. Lassen 13 14 Exhibit 2 Cook County Health and 22 Hospital Systems record, 15 0035-0037 16 17 Exhibit 3 Picture of bed 23 18 19 Exhibit 4 Cook County Health and 36 Hospital Systems record, 20 0118-0120 21 Exhibit 6 Cermak Health Services 68 Interagency, Fifteen (15) Minute Observation Form, County 0141-0145 22 23 24</p>
<p style="text-align: right;">Page 2</p> <p>1 There were present at the taking of this 2 deposition the following counsel: 3 KENNETH N. FLAXMAN, P.C. by MR. JOEL A. FLAXMAN 4 200 South Michigan Avenue Suite 201 5 Chicago, Illinois 60604 (312) 427-3200 jaf@kenlaw.com 6 7 appeared on behalf of the Plaintiff; 8 9 STATE'S ATTORNEY OF COOK COUNTY, ILLINOIS by MR. WILLIAM RAGEN 10 302 Richard J. Daley Center Chicago, Illinois 60602 11 (312) 603-7944 william.ragen@cookcountyil.gov 12 13 appeared on behalf of the Defendants Cook County, et al., 14 15 STATE'S ATTORNEY OF COOK COUNTY, ILLINOIS by MS. RAANA HAIDARI 16 302 Richard J. Daley Center Chicago, Illinois 60602 17 (312) 603-7944 raana.haidari@cookcountyil.gov 18 19 appeared on behalf of the Defendant Sheriff of Cook County Tom Dart. 20 21 ALSO PRESENT: 22 Mr. Jeremy Manga, Videographer 23 Mr. Andrew Segal, Kenneth Flaxman 24</p>	<p style="text-align: right;">Page 4</p> <p>1 THE VIDEOGRAPHER: We are now on the record. This 2 marks the beginning of media number 1 in the deposition 3 of Dr. Elizabeth Lassen. Today's date is September 27th, 4 2019, and the time is now 9:38 a.m. This is the matter 5 of Vargas versus Sheriff of Cook County. This deposition 6 is being held at 2650 South California Avenue, Chicago, 7 Illinois. 8 Will attorneys please identify themselves. 9 MR. FLAXMAN: Joel Flaxman for the plaintiff. My 10 paralegal Andrew Segal is also present. 11 MR. RAGEN: Bill Ragen for Dr. Lassen, Dr. Paschos, 12 Jaruwan Supasanguan, Manuel Manalastas, Avis Calhoun, 13 Lorraine Chatman, Cherri Krzyzowski, Helen Kanel, 14 Augustus Alabi, and maybe that's it. And Cook County. 15 MS. HAIDARI: Assistant State's Attorney Raana 16 Haidari on behalf of the Sheriff. 17 THE VIDEOGRAPHER: Will the court reporter please 18 swear in the witness. 19 (Whereupon, the following proceedings 20 were transcribed from the videotaped audio 21 recording.) 22 MS. WATTS: Hi, this is Nadine Watts. I am a court 23 reporter and notary public for the State of Illinois. 24 Doctor, would you raise your right hand please.</p>

<p style="text-align: right;">Page 5</p> <p>1 ELIZABETH PAIGE LASSEN, 2 called as a witness herein, having been first duly sworn, 3 was examined upon oral interrogatories and testified as 4 follows: 5 EXAMINATION 6 By Mr. Flaxman: 7 MR. RAGEN: Before we start this deposition I want 8 to state for the record, the court reporter who Joel 9 called for just had a family emergency. All the parties 10 are agreeing to have Dr. Lassen provide testimony, you 11 know, under oath, by the videographer, and that's going 12 to be stenographed later. 13 MR. FLAXMAN: Right. And the other thing is we're 14 going to do a second swear in when our court reporter 15 arrives. 16 MR. RAGEN: Yes, I didn't put that on the record 17 because who knows what's going to happen in the future, 18 but that's the plan. 19 MR. FLAXMAN: I'm confident that we will have a new 20 court reporter. 21 MR. RAGEN: All right. 22 MR. FLAXMAN: Q Can you state your name for the 23 record, please. 24 A Elizabeth Paige Lassen.</p>	<p style="text-align: right;">Page 7</p> <p>1 plaintiff in the case? 2 A No. 3 Q And you said you have been deposed two times in 4 relation to your current employment? 5 A Correct. 6 Q And were you the defendant in either one of 7 those cases? 8 A In one every -- every provider, every physician 9 that had -- had engagement with a particular patient was 10 named, and I was one of those, yes. 11 Q Do you know the outcome of that lawsuit? 12 A That -- It was determined to be dropped. 13 Q Okay. Well, the -- All I want to tell you 14 about the deposition is that I'll ask you to let me 15 finish my questions, and I'll ask you to -- I'll ask you 16 to let me finish talking before you speak, I'll do the 17 same, I'll let you finish your answers before asking 18 questions. Do you understand that? 19 A Yes. 20 Q As you have been doing, I'll ask you to give 21 verbal answers, yes, no instead of shaking your head or 22 mumbling or anything like that. Do you understand that? 23 A Yes. 24 Q And is there any reason that you wouldn't be</p>
<p style="text-align: right;">Page 6</p> <p>1 Q And do you understand that you're under oath? 2 A Yes. 3 Q Okay. You don't have a problem with this 4 procedure this morning was somewhat unorthodox, but you 5 understand you're required to tell the truth? 6 A I do. 7 Q Have you ever given a deposition before? 8 A Yes. 9 Q When was that? 10 A There has been one for Cook County, and I 11 currently work at a different hospital, so I have been 12 deposed there two times. 13 Q Okay. When was the deposition that was related 14 to Cook County? 15 A I can't recall. It's been over two years. 16 Q It was at least two years ago? 17 A At least two years. 18 Q Were you a defendant in that lawsuit? 19 A No. I don't believe so. 20 Q Do you remember what that lawsuit was about? 21 A I think it was about police use of force. 22 Q Police employed at the jail? 23 A Or correctional officer use of force. 24 Q Okay. Do you remember the name of the</p>	<p style="text-align: right;">Page 8</p> <p>1 able to truthfully and accurately answer my questions 2 today? 3 A No. 4 Q We referred to your current employment. What 5 is your -- what is your current employment? 6 A I'm an outpatient psychiatrist at Hines VA, 7 Veterans Hospital in Maywood. 8 Q How long have you been an outpatient 9 psychiatrist at Hines VA? 10 A Since 2011, 8 years. 11 Q Okay. And was there a time that you were 12 employed at Hines and employed at the Cook County Jail? 13 A The entire time, yes. Hines has been my 14 full-time employment since 2011. 15 Q Okay. 16 A I worked for moonlighting and weekend coverage 17 and evening coverage at the jail part-time. 18 Q Okay. Were you ever employed full time at the 19 jail? 20 A No. 21 Q Did you ever seek full-time employment at the 22 jail? 23 A No. 24 Q I'm going to hand you what I've marked at the</p>

<p style="text-align: right;">Page 9</p> <p>1 top as Plaintiff's Exhibit No. 1. It's a three-page 2 document. 3 Is this a copy of your CV? 4 (Exhibit 1 marked as requested) 5 A Yes. 6 Q And does it accurately -- accurately list your 7 four positions you've had at the Hines VA Hospital? 8 A Yes. I mean, one thing -- the primary care 9 behavioral health psychiatrist was just a role, it wasn't 10 like a full-time job. It was one of my many duties, so 11 it's in there. I wasn't ever -- as solely held position. 12 It was part of my other duties. 13 Q So the whole time you have been an outpatient 14 psychiatrist, right? 15 A Correct. 16 Q But these are different job titles? 17 A Correct. 18 Q As of 2016 you've been the medical director of 19 out patient mental health services? 20 A Correct. 21 Q What is Oak Lawn telepsychiatry? 22 A So Hines VA has six community based outpatient 23 clinics, all of our -- Joliet, Elgin, Kankakee, LaSalle, 24 Oak Lawn is also one, one of our larger community</p>	<p style="text-align: right;">Page 11</p> <p>1 disorders. I really don't like that classroom, big 2 presentation setting so I prefer the clinical work, so I 3 have avoided that. 4 Q Okay. And the last work experience listed is 5 correctional psychiatrist at Cook County Jail. What was 6 -- when you were working -- I believe what you said was 7 moonlighting in the evening, correct? 8 A Correct. So I took a moonlighting position. 9 Initially it was 20 hours a week because they only 10 offered a part-time position, that was a lot of hours in 11 addition to a full-time job so -- later -- the latter 12 years I worked fewer evenings, but a typical -- my 13 typical week would be coming in to work in the intake 14 receiving area of jail, and that would usually about be 15 5:00 p.m. to 10:00 p.m. and that's seeing people coming 16 from the various lockups and coming in, evaluating those 17 that need to started to be on meds, in they're in 18 distress, kind of disposition. And then every other 19 weekend I would work Saturday and Sunday, and that's 20 covering our acute inpatient units, so male unit and a 21 female unit, 2 north and 2 west, and we would see -- 22 anywhere on the weekends we would see brand new patients, 23 new intakes, do a full evaluation or anybody on close 24 observation. So they might have behavioral issues</p>
<p style="text-align: right;">Page 10</p> <p>1 clinics, and so I would be housed at Hines and provide 2 telepsychiatry services to veterans in the Oak Lawn area. 3 So it's -- we are like the second in the nation providing 4 telepsychiatry services among VAs. 5 Q Okay. And does -- telepsychiatry services 6 means treatment over a video connection? 7 A Correct. 8 Q And you also have been since 2011 an assistant 9 professor at Loyola University? 10 A Yes. 11 Q What courses have you taught at Loyola? 12 A I am a clinical instructor so I supervise 13 residents about half of their time during their training 14 program. It's been over at Hines VA so I supervise them 15 as they are seeing patients, seeing patients who have 16 been -- help them get their outpatient services. 17 Q And what -- What degree are those students 18 pursuing? 19 A They have completed medical school. They're in 20 their psychiatry residency training program, which is a 21 four-year program typically for general adult psychiatry. 22 Q And do you -- do you do any classroom teaching? 23 A On occasion I've given a lecture about -- a 24 couple case conferences, a few lectures on anxiety</p>	<p style="text-align: right;">Page 12</p> <p>1 recently attempted suicide, been violent, unpredictable 2 so she do short checks on close obs patients. 3 Q How many -- I think you said initially you 4 worked 20 hours a week, right? 5 A Correct. 6 Q Was that reduced at some time? 7 A It seemed that it became more possible to work 8 a little less in the evenings during the week. 9 Q Would you work every evening? 10 A No. I would do maybe Tuesday, Thursday, 11 Friday, alternate the next week, Tuesday, Thursday, just 12 whatever I could do to make that 20-hour mark, but with 13 leadership changes, it seemed like they were more 14 understanding later that I could maybe do 16 hours a week 15 instead of 20. 16 Q I see. What was the leadership change that you 17 mentioned? 18 A I was hired under Terry Marshall, and then she 19 was no longer in that role. 20 Q What was her role when you were hired? 21 A I'm not sure. 22 Q Okay. Who replaced Terry Marshall? 23 A I'm not sure. I don't know if they did away 24 with the position or -- I'm not sure what they did</p>

Page 13

1 structurally.
 2 Q In 2016 when you stopped working at the jail,
 3 who was your supervisor who was in charge of determining
 4 how many hours you would work?
 5 A Dr. Kelner was the chief of psychiatry.
 6 Q What was -- okay. Do you know when Dr. Kelner
 7 became the chief of psychiatry?
 8 A I don't recall.
 9 Q And for the weekends that you would work, what
 10 hours -- what were your hours at the jail?
 11 A It would depend, you know. They -- thankfully
 12 I think they were flexible with that, and since the
 13 patients were on inpatient units, you know, they were
 14 going to be there to be interviewed, so if I had other
 15 obligations, I would come in later, so -- and you work
 16 until you've seen all the new patients not the close obs,
 17 so there's no fit schedule.
 18 Q Were you ever an oncall psychiatrist?
 19 A No.
 20 Q And would you -- Did you say that 2N and 2W
 21 were acute inpatient units?
 22 A I think they are referred to as PSCU,
 23 psychiatric specialty care units, but, yes, those were --
 24 functioned as inpatient psychiatric units, 2 north, 2

Page 14

1 west.
 2 Q Okay. Do you know what -- Is there a formal
 3 set of guidelines for what a PSCU is?
 4 A I don't know the answer to that.
 5 Q Same question, is there a federal regulation or
 6 some other sort of set of guidelines for what constitutes
 7 an inpatient psychiatric unit?
 8 A I imagine there are, but I don't have -- access
 9 to those guidelines to answer that.
 10 Q Okay. But is the -- Does the Hines VA have an
 11 inpatient psychiatric unit?
 12 A Yes.
 13 Q Do you ever work in the Hines VA's inpatient
 14 psychiatric unit?
 15 A Only when I'm on call, which is about two times
 16 a year for a weekend each.
 17 Q Why is it so rare?
 18 A We have 45 psychiatrists.
 19 Q Okay. And are there any ways that the
 20 inpatient psychiatric unit at Hines differs from the
 21 units 2N and 2W at the jail?
 22 A I think operationally -- I mean, there's not a
 23 corrections presence at the Hines -- unless there's an
 24 emergency and they call the Hines police, and they come

Page 15

1 if there's a conflict or somebody's --
 2 Q Let's take a break.
 3 THE VIDEOGRAPHER: Going off the record at 9:52 a.m.
 4 (Off the record)
 5 THE VIDEOGRAPHER: Going on the record. The time is
 6 9:53 a.m.
 7 MR. FLAXMAN: Q Dr. Lassen, you just told me the
 8 one difference between the Hines inpatient unit and units
 9 2N and 2W at the jail is the correctional presence at the
 10 jail, right?
 11 A Correct.
 12 Q Are there any other differences?
 13 A There probably are.
 14 Q Okay.
 15 A But I don't work on either inpatient unit
 16 regularly at this time. I would say we do -- a
 17 similarity is both at Hines and at Cook County you see
 18 the new patients and you see the close obs patients you
 19 don't round on every one.
 20 Q Meaning that the psychiatrist assigned doesn't
 21 observe every single patient in the unit?
 22 A Correct.
 23 Q And do you know if the psychiatrist is present
 24 at the Hines inpatient unit 24/7?

Page 16

1 A So we have a resident psychiatrist available
 2 and on call every -- every night, 24 hours, there's
 3 always coverage. So they cover, but the Loyola Hospital
 4 and an ER and Hines, so basically sometimes they will go
 5 over to Loyola if they get called to that ER, but they
 6 are covering those, and there is always an attending
 7 psychiatrist available by phone for any issues and
 8 questions with their staffing.
 9 Q And when you were working weekends at the 2N
 10 and 2W, was there coverage of a psychiatrist in those
 11 places?
 12 A There's always a psychiatrist available on
 13 call. I was not in that rotation as a part-time
 14 psychiatrist.
 15 Q So when you were -- When you would be present
 16 doing your role on 2N and 2W would there also be a
 17 psychiatrist on call?
 18 A Yes.
 19 Q And would the medical staff who needed to speak
 20 to a psychiatrist contact the psychiatrist on call, or
 21 would they contact you?
 22 A I think it could go either way. If I'm sitting
 23 on that unit and accessible, they might ask me, hey, you
 24 know, this patient is having some symptom, can you help

Page 17

1 us out or put in this order, but if I was over on the
 2 other unit and not right easily available, they would
 3 call the oncall psychiatrist.
 4 Q What is a doctorate of osteopathic medicine?
 5 A I'm a D.O. rather than an M.D., so we --
 6 slightly -- philosophical difference. I would say
 7 difference approach, slightly more holistic. We have all
 8 the same prerequisites as an allopathic medical program.
 9 Different set of tests, but you can take both and
 10 residencies can be -- like D.O.s can go to M.D.
 11 residencies, you know, they're accepted either way. We
 12 just -- in our training, we have additional training in
 13 osteopathic maneuvers. Kind of like chiropractic, we
 14 learn acupuncture, just a bit more holistic as far as the
 15 approach.
 16 Q Is the -- on your CV, it's listed you're
 17 licensed physician and surgeon. That's available to
 18 either M.D. or D.O.?
 19 A Correct.
 20 Q Are you also -- Do you have any licensing as a
 21 psychiatrist?
 22 A Board certification?
 23 Q Yes.
 24 A Yes, I'm board certified.

Page 18

1 Q As a psychiatrist?
 2 A Yes.
 3 Q Okay. Is that -- that's where it says American
 4 Board of Psychiatry and Neurology on your licenses under
 5 board certification?
 6 A That's correct.
 7 Q It also says something here DEA available on
 8 request.
 9 A That's my drug enforcement -- We all have to
 10 have a DEA number to prescribe certain controlled
 11 substances.
 12 Q I see. And referring to your CV, you did a
 13 psychiatry residency at the University of Illinois at
 14 Chicago from 2007 to 2011?
 15 A Yes.
 16 Q And are the -- your employment at the Cook
 17 County Jail and at Hines the only employment you've had
 18 as a psychiatrist?
 19 A There -- I did moonlight at North Shore
 20 Evanston Hospital during residency, so it was a long time
 21 ago. That's it.
 22 Q Is the Evanston Hospital in association with
 23 University of Illinois?
 24 A Not that I know of.

Page 19

1 Q But there is a North Shore system where there's
 2 multiple hospitals?
 3 A Yes.
 4 Q UIC is not one of them?
 5 A Correct. As far as I know.
 6 Q It's probably not. It's the university. But I
 7 won't hold you to that.
 8 When you were working as a psychiatrist at the
 9 jail, how were your shifts determined?
 10 A I would sign up for shifts either in the intake
 11 center evenings or 5:00 o'clock to 10:00 was roughly the
 12 shift length, and I would sign up for every other
 13 weekend. It was just a standing pattern at that time.
 14 Q Was there a sign-up sheet, physically --
 15 A We would create -- we would print off a PDF of
 16 a calendar and write our names in, because on alternate
 17 names were other psychiatrists, so we just filled that
 18 out and give that Dr. Kelner. And if one -- if we were
 19 not available, he would find coverage.
 20 Q And would you hand that to him physically?
 21 A Yes.
 22 Q It wouldn't have been done over e-mail or
 23 anything?
 24 A Correct.

Page 20

1 Q Would it be posted somewhere to show who was
 2 working?
 3 A Taped to the door.
 4 Q To whose door?
 5 A Dr. Kelner's name.
 6 Q Is there a name for that document?
 7 A I don't think so.
 8 Q But it looked like a calendar?
 9 A Correct.
 10 Q When you were doing intakes, was that in a
 11 different location of the jail than 2N and 2W?
 12 A Yes.
 13 Q Where were intakes done?
 14 MR. RAGEN: Timeframe?
 15 MR. FLAXMAN: Q How about when you did intakes.
 16 A It was in more than one location. There was
 17 one building that I think was demolished that we were in
 18 for a while, and then we moved to a new building. I feel
 19 like it's Division 8, but I can't recall specifically.
 20 It was a different area then. Different building.
 21 Q Okay. So when you stopped working at the jail
 22 in 2016, you were doing intakes in what you think was
 23 Division 8?
 24 A I'll go with the newest, tallest building.

<p style="text-align: right;">Page 21</p> <p>1 Q And that was a separate building from Cermak?</p> <p>2 A Yes.</p> <p>3 Q It connected with a tunnel or something?</p> <p>4 A Probably.</p> <p>5 Q Okay.</p> <p>6 A I stayed above ground.</p> <p>7 Q Okay. All right. You're aware that I'm going</p> <p>8 to be asking you some questions about a man who died in</p> <p>9 the jail named Angel Cruz, right?</p> <p>10 A Yes.</p> <p>11 Q Do you remember -- do you remember Mr. Cruz?</p> <p>12 A Yes.</p> <p>13 Q What do you remember about Mr. Cruz?</p> <p>14 A I remember -- I did review my notes, which --</p> <p>15 Q Okay.</p> <p>16 A -- which assisted my memory. I remember a -- a</p> <p>17 brief encounter with a heavysset, young Hispanic</p> <p>18 gentleman.</p> <p>19 Q And did you speak -- you spoke to him?</p> <p>20 A Yes.</p> <p>21 Q Okay. Was that in a cell in 2N?</p> <p>22 A Yes.</p> <p>23 Q Okay. When you said you reviewed your notes,</p> <p>24 do you mean the notes of the medical record?</p>	<p style="text-align: right;">Page 23</p> <p>1 information you entered, some of it is information that</p> <p>2 was already in the system, right?</p> <p>3 A Yes.</p> <p>4 Q Okay. Before we do, let me just show you what</p> <p>5 is marked as Plaintiff's Exhibit 3.</p> <p>6 (Exhibit 3 marked as requested)</p> <p>7 Q Do you recognize this as the cell where</p> <p>8 Mr. Cruz was?</p> <p>9 A I can't recall which cell. That is a Cook</p> <p>10 County -- yeah.</p> <p>11 Q Okay. All right. Let's go back to Exhibit</p> <p>12 No. 2, which is the note. And you said you looked</p> <p>13 through -- it looks like in front of you you have a</p> <p>14 packet of all of Mr. Cruz's medical records, right?</p> <p>15 A I don't know that it's all. It's all that I</p> <p>16 was provided. I think it -- I mean, it looks pretty</p> <p>17 comprehensive, but --</p> <p>18 MR. FLAXMAN: She had the whole thing?</p> <p>19 MR. RAGEN: I mean your --</p> <p>20 MR. FLAXMAN: I don't want to demand to see it.</p> <p>21 MR. RAGEN: That's fine. It's like page 1 through</p> <p>22 226, yeah. That's it -- It's double-sided paper, so --</p> <p>23 MR. FLAXMAN: Okay.</p> <p>24 THE WITNESS: Feel free --</p>
<p style="text-align: right;">Page 22</p> <p>1 A The medical record that's provided.</p> <p>2 Q Did you review anything else before today's</p> <p>3 deposition?</p> <p>4 A No, this was concentration on my own note.</p> <p>5 Q It is a document at the top that's already</p> <p>6 marked Plaintiff's Exhibit 2.</p> <p>7 (Exhibit 2 marked as requested)</p> <p>8 Q This starts at County 35 and goes to County 37.</p> <p>9 Is this a copy of the note you made about</p> <p>10 Mr. Cruz?</p> <p>11 A Yes.</p> <p>12 Q And what we're looking at on paper is not what</p> <p>13 it looked like to you when you were entering it into the</p> <p>14 computer, right?</p> <p>15 A As far as --</p> <p>16 Q I'll ask a better question.</p> <p>17 This is a paper record of your note, correct?</p> <p>18 A Correct.</p> <p>19 Q And this is a note that you entered</p> <p>20 electronically, right?</p> <p>21 A Yes.</p> <p>22 Q And there's a lot of information on here.</p> <p>23 We'll go through it. But before we look at it, I just</p> <p>24 wanted to make sure I understand that some of it is</p>	<p style="text-align: right;">Page 24</p> <p>1 MR. FLAXMAN: Q I haven't -- I just want to make</p> <p>2 sure that I understand and we have on the record, you</p> <p>3 were able to review the records of Mr. Cruz that have</p> <p>4 been labeled in this litigation as County 1 through</p> <p>5 County 226?</p> <p>6 A Yes.</p> <p>7 Q And you reviewed your note which is in front of</p> <p>8 you marked as Exhibit No. 2, right?</p> <p>9 A Yes.</p> <p>10 Q Was there anything else in the records that you</p> <p>11 created?</p> <p>12 A No.</p> <p>13 Q Okay. Did you see your name anywhere else in</p> <p>14 the records?</p> <p>15 A I believe one nursing note says patient seen by</p> <p>16 Dr. Lassen.</p> <p>17 Q Okay. Is that a note about -- that was a</p> <p>18 nurse's note about the note that we're looking at</p> <p>19 Exhibit No. 2, right?</p> <p>20 A Yes.</p> <p>21 Q Let me finally get to asking you about Exhibit</p> <p>22 No. 2.</p> <p>23 At the top it lists service date/time as</p> <p>24 3-19-2016 at 1413. Is that the time that you saw</p>

Page 25

1 Mr. Cruz?
 2 A That is the time that I probably started the
 3 note. Given that he was seen in his room -- I don't have
 4 a traveling computer, notebook. So I go in and see the
 5 patient, have the encounter, go find a computer and -- in
 6 an office that's on the Internet and then write my note.
 7 So I think to me that means that's probably when I
 8 started the note.
 9 Q Okay. And underneath that there's a perform
 10 information and sign information. Is the time for sign
 11 information when you've finished making the note?
 12 A Yes.
 13 Q And you said you didn't have a portable
 14 computer, right?
 15 A Correct.
 16 Q Were there multiple places where you could sit
 17 at a computer and make a note of your encounter?
 18 A While I worked there, there were three rooms
 19 that had -- they were patient interview rooms. So they
 20 had seating for the interviewer, the computer, and then
 21 the detainee.
 22 Q And in this time in March of 2016, was it your
 23 practice to use a computer in one of those patient
 24 interview rooms to enter your notes of the encounter?

Page 26

1 A I would -- that was the computer available to
 2 me to enter my notes, yes.
 3 Q And is -- I've seen some pictures of 2N.
 4 There's something which I think is called a nurse's
 5 station?
 6 A Yes.
 7 Q Are those interview rooms behind the nurse's
 8 station?
 9 A Yes. You go around and just beyond -- from the
 10 nurse's station, you could look into the interview rooms.
 11 Q Are those interview rooms between 2W and 2N?
 12 A No.
 13 Q No. They're separate interview rooms on each
 14 unit?
 15 A Yes.
 16 Q So are there three on 2N that you could do
 17 this?
 18 A At the time I was -- there were three, usually
 19 with the computer.
 20 Q How many were there in 2W?
 21 A Either three or four, also not functioning
 22 computers were an issue.
 23 Q All right. And I believe what you told me is
 24 that you would have gone into the cell -- Am I right that

Page 27

1 you went into the cell to have the encounter with
 2 Mr. Cruz and then went to the computer to type your
 3 notes?
 4 A Yes.
 5 Q And did you take any notes by hand when you
 6 were speaking to Mr. Cruz?
 7 A I cannot recall.
 8 Q You might have?
 9 A I might have, but that didn't happen that
 10 often.
 11 Q Okay. If you had taken notes by hand, would
 12 you have kept them anywhere?
 13 A No.
 14 Q And am I right that to go into Mr. Cruz's cell
 15 a correctional officer would have had to unlock the door
 16 for you?
 17 A Yes.
 18 Q Okay. Well, let me ask you about what is in
 19 this note. The first thing I wanted to ask you about is
 20 there's a line -- well, the first thing under sign-in
 21 information says close obs. Do you see that?
 22 A Under sign -- oh, yes, close obs.
 23 Q Does that mean close observation?
 24 A Yes.

Page 28

1 Q Do you know why Mr. Cruz was on close
 2 observation?
 3 A He was having -- he was -- per the chart and
 4 the other notes by other providers, he was attempting to
 5 hurt himself, jumping off beds, I think trying to hit his
 6 head. So there was a threat to his own safety and
 7 probably the safety of others, physical safety of others.
 8 Q Would you have -- Did you write that note that
 9 says close obs?
 10 A I can't -- I can't say definitively. Probably,
 11 but I cannot say definitively.
 12 Q Okay. And then going down there's one -- a
 13 line that says associated diagnoses. Do you see that?
 14 A Oh, yes.
 15 Q It says none?
 16 A Yes. That's prepopulated. I don't know what
 17 that means.
 18 Q That's not something you typed in?
 19 A No.
 20 Q Okay. And then underneath that box there's a
 21 basic information. Do you see that?
 22 A Yes.
 23 Q Then underneath that it says general
 24 communication. Do you see that?

<p style="text-align: right;">Page 29</p> <p>1 A Yes.</p> <p>2 Q And one thing on here is history limitation.</p> <p>3 It says clinical condition.</p> <p>4 A Yes.</p> <p>5 Q What was that?</p> <p>6 A That means that the mental health -- that</p> <p>7 mental illnesses might be interfering with the ability</p> <p>8 for the person to provide a history.</p> <p>9 Q Okay. Then the next line is documentation</p> <p>10 reviewed, and it says progress Cermak records.</p> <p>11 A Yes.</p> <p>12 Q Does that mean that you reviewed progress</p> <p>13 records of Mr. Cruz?</p> <p>14 A Yes.</p> <p>15 Q Would you have done that on a computer?</p> <p>16 A I didn't.</p> <p>17 Q Do you know which records you reviewed?</p> <p>18 A I typically would review intake notes from</p> <p>19 medical and mental health and nursing, I would check.</p> <p>20 Q Would you review any notes of medication given?</p> <p>21 A Yes, the MAR.</p> <p>22 Q That's -- MAR is medication administration</p> <p>23 record?</p> <p>24 A Yes, that's right.</p>	<p style="text-align: right;">Page 31</p> <p>1 1R. That looks like me.</p> <p>2 Q Okay. But you did intend to continue current</p> <p>3 medications?</p> <p>4 A Yes.</p> <p>5 Q And the -- Okay. So the vital signs that's</p> <p>6 listed on that second page wasn't entered by you?</p> <p>7 A Correct.</p> <p>8 Q Did you review Mr. Cruz's vital signs?</p> <p>9 A Yes.</p> <p>10 Q Why did you review them?</p> <p>11 A It gives you a good sense of how the patient is</p> <p>12 functioning mental health-wise.</p> <p>13 Q And based on reviewing them did you believe he</p> <p>14 was -- there was any issue with how he was functioning at</p> <p>15 that time?</p> <p>16 A No. He looked like his vitals were within</p> <p>17 normal ranges for the most part, with the exception of</p> <p>18 slightly low diastolic blood pressure, but that had been</p> <p>19 hours before, and that wasn't an active issue.</p> <p>20 Q Okay. And you didn't consider 97 beats per</p> <p>21 minute to be abnormal for a heart rate?</p> <p>22 A That is in the -- the range is 80 to 100,</p> <p>23 heavier set gentlemen, and, you know, based on what I was</p> <p>24 reviewing, some of his behavior had been somewhat</p>
<p style="text-align: right;">Page 30</p> <p>1 Q Okay. Would you have done that before or after</p> <p>2 you spoke to Mr. Cruz?</p> <p>3 A It could be either. Preferably before, but I</p> <p>4 can't recall specifically on this.</p> <p>5 Q The next section is subjective, and there's</p> <p>6 kind of a problem list. Do you know if those things</p> <p>7 listed are -- all problems were prepopulated?</p> <p>8 A They were.</p> <p>9 Q Okay. And then the next section is titled</p> <p>10 history of present illness, and it says general</p> <p>11 complaint. And then it says the patient presents with,</p> <p>12 and underneath that is what I believe is your note, is</p> <p>13 that right?</p> <p>14 A Yes.</p> <p>15 Q So starting with PT was seen today, this text</p> <p>16 is the note that you made about Mr. Cruz?</p> <p>17 A Yes.</p> <p>18 Q And am I right that that note meaning the text</p> <p>19 that you entered ends with on this page with housed 2N,</p> <p>20 period?</p> <p>21 A On this page it ends with that. I did -- I see</p> <p>22 my typo impression and plan where I --</p> <p>23 Q Which was your typo?</p> <p>24 A Continue current medications, found currently</p>	<p style="text-align: right;">Page 32</p> <p>1 agitated, so I think that it wouldn't be uncommon for the</p> <p>2 heart rate to fluctuate in the range.</p> <p>3 Q Let me go back to patient presents with, which</p> <p>4 is on that first page. The first thing you wrote is PT,</p> <p>5 and that means patient?</p> <p>6 A Yes.</p> <p>7 Q So patient was seen today, meaning you spoke to</p> <p>8 Mr. Cruz, right?</p> <p>9 A Yes.</p> <p>10 Q And medical records reviewed I think we've</p> <p>11 already talked about, right?</p> <p>12 A Yes.</p> <p>13 Q And case discussed with staff. Do you remember</p> <p>14 who you discussed the case with?</p> <p>15 A Not in particular. In general I would solicit</p> <p>16 input from whichever nurse was working that day and the</p> <p>17 officers that have been on that shift just to get the</p> <p>18 sense of how things have been going.</p> <p>19 Q Okay. But you don't remember who those nurse</p> <p>20 or officers were?</p> <p>21 A Not at that moment.</p> <p>22 Q Okay. The next line says PT seen in his room,</p> <p>23 lying on bed facing the window. Do you see that?</p> <p>24 A Yes.</p>

<p style="text-align: right;">Page 33</p> <p>1 Q And I know that in Exhibit No. 3 you weren't</p> <p>2 sure if that was Mr. Cruz's cell, so I'm not going to ask</p> <p>3 you was that his bed, but does the bed depicted in</p> <p>4 Exhibit No. 3 appear like the bed that you saw Mr. Cruz</p> <p>5 lying in?</p> <p>6 A It looks like an inpatient psychiatric bed, a</p> <p>7 restraint bed in particular.</p> <p>8 Q Okay. And how can you tell it's a restraint</p> <p>9 bed?</p> <p>10 A It has areas where restraints can be tethered.</p> <p>11 Q That's -- You're talking about what I guess</p> <p>12 looks like 1, 2, 3, 4, 5 horizontal openings in the</p> <p>13 bedframe?</p> <p>14 A That's what it appears to me, yeah.</p> <p>15 Q Okay. Do all of the rooms in 2N have restraint</p> <p>16 beds?</p> <p>17 A I don't think I can answer that. I don't</p> <p>18 believe so, but it's -- I don't know.</p> <p>19 Q During your time at the -- When you were</p> <p>20 working weekends at the Cook County Jail, did you ever</p> <p>21 order a detainee into restraints?</p> <p>22 A Yes.</p> <p>23 Q Why would you order a detainee into restraints?</p> <p>24 A If a patient is, you know -- has moved beyond</p>	<p style="text-align: right;">Page 35</p> <p>1 You can answer.</p> <p>2 THE WITNESS: A physician is contacted to put in the</p> <p>3 order and expected to evaluate the patient within a</p> <p>4 certain amount of time and -- but as far as monitoring, I</p> <p>5 think a lot of the, like, vital monitoring is done by</p> <p>6 nonpsychiatrists.</p> <p>7 MR. FLAXMAN: Q Do you know what the certain amount</p> <p>8 of time is that the physician is expected to evaluate the</p> <p>9 patient?</p> <p>10 A I believe it's within 2 hours, and then every 4</p> <p>11 hours to renew -- if it needs to be renewed. It would be</p> <p>12 4 hours maximum that a person -- an order could be for</p> <p>13 restraints.</p> <p>14 Q And did you know that Mr. Cruz had been placed</p> <p>15 in restraints?</p> <p>16 A Yes. He was no longer in restraints when I</p> <p>17 came into the unit.</p> <p>18 Q So you didn't order him placed in restraints?</p> <p>19 A I did not.</p> <p>20 Q Okay. And you didn't -- did you ever order the</p> <p>21 restraints on Mr. Cruz to be renewed?</p> <p>22 A No.</p> <p>23 Q And how did you learn that -- did you learn he</p> <p>24 had been in restraints by reviewing the medical records?</p>
<p style="text-align: right;">Page 34</p> <p>1 verbal aggression into self-injury, if they're trying to</p> <p>2 insert things into their body or cut themselves, hit</p> <p>3 their heads, or if they have injured somebody else, they</p> <p>4 can't -- in verbal de-escalation, any other nonrestraint</p> <p>5 interventions have failed, as a very last resort for the</p> <p>6 patient's safety and the staff safety, we would use</p> <p>7 restraints.</p> <p>8 Q And when you use restraints, was it always in a</p> <p>9 bed?</p> <p>10 A Yes.</p> <p>11 Q It's not shown in this picture, but you talked</p> <p>12 about restraints being tethered. That means it's some</p> <p>13 kind of a thing would be put in these holes that would</p> <p>14 then be strapped onto the detainee, right?</p> <p>15 A We would order locked leather restraints, so</p> <p>16 they were like a strap, but the physicians aren't</p> <p>17 involved in the -- putting the patient in the restraints</p> <p>18 or taking them out.</p> <p>19 Q Okay. Who is involved in that?</p> <p>20 A Nursing and correctional officers, I believe.</p> <p>21 Q And is it your understanding that when using</p> <p>22 restraints at the jail a physician should be monitoring</p> <p>23 somebody who is in restraints?</p> <p>24 MR. RAGEN: Objection, vague.</p>	<p style="text-align: right;">Page 36</p> <p>1 A I did, plus talking with the staff, and I do</p> <p>2 think -- sometimes nursing staff would put an order under</p> <p>3 the psychiatrist's name. So now that I'm thinking of it,</p> <p>4 there is -- there may have been an order that might have</p> <p>5 my name on it though I think that was not put in by me.</p> <p>6 I don't think I was on the premises at that time, but</p> <p>7 that nurse -- nurses are allowed to put in an order if</p> <p>8 they need to under a psychiatrist's name.</p> <p>9 Q Handing you what I marked as Plaintiff's</p> <p>10 Exhibit No. 4.</p> <p>11 (Exhibit 4 marked as requested)</p> <p>12 Q This is a three-page document that goes from</p> <p>13 County 118 to 120.</p> <p>14 Do you recognize this as a list of orders from</p> <p>15 Mr. Cruz's chart?</p> <p>16 A Yes.</p> <p>17 Q And if you turn to the last page, there's two</p> <p>18 orders for psychiatric restraints. Do you see those?</p> <p>19 A Yes.</p> <p>20 Q The second one lists you as the ordering</p> <p>21 physician?</p> <p>22 A That's what I was referencing, but I think the</p> <p>23 order was put in under my name.</p> <p>24 Q And it was put in by a nurse named Manuel</p>

<p style="text-align: right;">Page 37</p> <p>1 Manalastas, is that right?</p> <p>2 A Yes, who is trained in restraints.</p> <p>3 Q Okay. How do you know that Nurse Manalastas is</p> <p>4 trained in restraints?</p> <p>5 A Actually, that's a good question. I don't know</p> <p>6 that for sure. He works on an inpatient psychiatric unit</p> <p>7 and that's a modality available.</p> <p>8 Q I'm sorry. The word you said was modality?</p> <p>9 A Yeah. That's one of the interventions that</p> <p>10 inpatient psychiatric units have.</p> <p>11 Q Okay. And I just wasn't familiar with the</p> <p>12 words. M-O-D-A-L-I-T-Y?</p> <p>13 A Yes.</p> <p>14 Q Okay. And did Nurse Manalastas speak to you</p> <p>15 before entering this order?</p> <p>16 A I don't think so.</p> <p>17 Q Do you know why Nurse Manalastas entered this</p> <p>18 order with you as the ordering physician?</p> <p>19 A He probably knew that I was -- I can't -- I</p> <p>20 mean, I can't guess, but they have the -- they know who's</p> <p>21 coming every weekend so he knew he would see me that day</p> <p>22 I imagine, but I can't predict --</p> <p>23 Q Okay. And so you were not present at 8:08 when</p> <p>24 this order is -- states that it's starts, right?</p>	<p style="text-align: right;">Page 39</p> <p>1 about the system of entering orders, do you know what the</p> <p>2 phrase pending complete means?</p> <p>3 A I do not know what that indicates as I look at</p> <p>4 it here today.</p> <p>5 Q Let me go back to Exhibit No. 2. And we were</p> <p>6 looking at your narrative at the bottom of the first</p> <p>7 page. In the second sentence in that second paragraph</p> <p>8 you wrote PT denies any SI or HI.</p> <p>9 A Yes.</p> <p>10 Q Can you tell me -- What is SI?</p> <p>11 A Suicidal ideation.</p> <p>12 Q That is HI?</p> <p>13 A Homicidal ideation.</p> <p>14 Q And how did you determine that the patient</p> <p>15 denied those things?</p> <p>16 A I asked him.</p> <p>17 Q What question did you ask?</p> <p>18 A Have you had any thoughts about hurting</p> <p>19 yourself? Are you having those thoughts now? Are you</p> <p>20 thinking about hurting anybody else at this time?</p> <p>21 Q The next thing you wrote is was he able to</p> <p>22 sleep last night. Do you see that?</p> <p>23 A Yes.</p> <p>24 Q Is that something you learned by talking to</p>
<p style="text-align: right;">Page 38</p> <p>1 A I do not think so, no.</p> <p>2 Q And I think you told me that you were never the</p> <p>3 oncall psychiatrist, right?</p> <p>4 A Correct.</p> <p>5 Q So do you know why Nurse Manalastas didn't</p> <p>6 contact the oncall psychiatrist?</p> <p>7 A I don't know.</p> <p>8 Q Okay. Did Nurse Manalastas talk to you about</p> <p>9 this order once you arrived at the jail on March 19th?</p> <p>10 A I can't recall, but I mean he -- he was good</p> <p>11 with communication so I have no reason to think he did</p> <p>12 not.</p> <p>13 Q Okay. And it's your understanding of the</p> <p>14 policy at the jail that it was appropriate for Nurse</p> <p>15 Manalastas to enter this order with you listed as the</p> <p>16 ordering physician?</p> <p>17 A That's my understanding. And I do see it says</p> <p>18 pending complete so I don't know what that means. Under</p> <p>19 status -- order status.</p> <p>20 Q I see. But you don't -- you're speculating</p> <p>21 about what that means, right?</p> <p>22 A I'm just putting it out that it seems different</p> <p>23 than the one above, but I can't recall.</p> <p>24 Q But as -- I mean in terms of your knowledge</p>	<p style="text-align: right;">Page 40</p> <p>1 Mr. Cruz?</p> <p>2 A Yes.</p> <p>3 Q And did you know that he was in restraints</p> <p>4 while he was sleeping?</p> <p>5 MR. RAGEN: Objection to foundation.</p> <p>6 THE WITNESS: I can't -- I presume so, but I can't</p> <p>7 say for -- I think I would have reviewed the chart. So</p> <p>8 knowing he's coming out of restraints, that he was, but I</p> <p>9 wasn't there overnight.</p> <p>10 MR. FLAXMAN: Q In your experience with ordering</p> <p>11 restraints and renewing restraint orders, should a</p> <p>12 detainee who is sleeping be kept in restraints?</p> <p>13 A I think sometimes they end up sleeping. If</p> <p>14 they, you know, have had -- for instance, with what I</p> <p>15 read here, somebody -- more generally if someone is</p> <p>16 doing, you know -- very activated, aggressive, they go</p> <p>17 down -- sometimes medications are given around the time</p> <p>18 of physical restraint, there can also be chemical</p> <p>19 restraint using certain medications and those can make</p> <p>20 people pretty sleepy. So I think it happens that people</p> <p>21 that required physical restraint might end up sleeping,</p> <p>22 but we try to evaluate them frequently enough to get to</p> <p>23 the least restrictive setting as soon as possible.</p> <p>24 Q When you evaluates somebody to determine</p>

<p style="text-align: right;">Page 41</p> <p>1 whether to continue a restraint order, what are you 2 looking for?</p> <p>3 A I would ask -- I mean, he was not in restraints 4 when I interviewed Angel, so are you saying in general? 5 You're asking in general what I would look for?</p> <p>6 Q Yes.</p> <p>7 A Okay. So if someone was still restrained, I 8 need to find out where they're at as far as -- are they 9 still thinking of hurting themselves, are they 10 threatening to do so, are they threatening to, you know, 11 start punching the walls or kill somebody else. So I'm 12 asking about that try to get -- engage a conversation, 13 how could you handle things differently if you start 14 getting -- urge to hurt yourself again, you know.</p> <p>15 If they can have that conversation with me, 16 then I'll ask, like, if we take you out of restraints, do 17 you think that you could stay safe for -- and so it's a 18 conversation, plus clinical observation.</p> <p>19 Q In your experience at the Cook County Jail, did 20 you ever assess a patient in restraints to determine 21 whether to continue a restraint order when the patient 22 was sleeping?</p> <p>23 A I would wake them up if they happened to be 24 sleeping.</p>	<p style="text-align: right;">Page 43</p> <p>1 MR. RAGEN: Object to speculation, incomplete 2 hypothetical.</p> <p>3 You can answer.</p> <p>4 THE WITNESS: Okay. I mean, I would prefer to have 5 a conversation with them. I think there may be 6 exceptions to that, but -- from what I recall, otherwise, 7 I would want to talk with them before making any changes 8 to that status.</p> <p>9 MR. FLAXMAN: Q The next thing after -- I'm going 10 back to Exhibit No. 2. We just talked to you about 11 Mr. Cruz is able to sleep and also appetite is decreased, 12 which PT attributes to being in here, and that he has a 13 lot on his mind.</p> <p>14 Was that also based on your conversation with 15 Mr. Cruz?</p> <p>16 A Yes.</p> <p>17 Q And then you wrote denies AVH. What does AVH?</p> <p>18 A Yes. He denied auditory and visual 19 hallucinations.</p> <p>20 Q Meaning you asked him if he was having 21 hallucinations, and he said no?</p> <p>22 A Correct.</p> <p>23 Q The next line says compliant with medications. 24 And how did you determine that he was compliant with</p>
<p style="text-align: right;">Page 42</p> <p>1 Q Okay.</p> <p>2 A And then we could have a conversation unless 3 they say something like no, I'm going to kill myself, 4 like if you let me up I'm going to do X -- okay, then 5 they've kind of put me in a position where I'm a little 6 stuck with okay, you're not ready yet. But if they're 7 calm enough to be sleeping and able to contract for 8 safety, we can come up with another plan, then that would 9 be a good opportunity to let them up.</p> <p>10 Q And contract for safety is a phrase that I've 11 heard, but I'm not sure I understand what it means. What 12 do you mean when you say contract for safety?</p> <p>13 A I mean, I think it is kind of -- we probably 14 overuse it, but it's -- the patient and the provider can 15 come up with a verbal agreement of either a plan, like a 16 -- can you -- can you contract with me that you're not 17 going to hurt yourself or what you're going -- those 18 thoughts return, you're going to let me know. So it's 19 like a negotiation in a way, and it requires some trust 20 between provider and patient.</p> <p>21 Q And did I understand you right that if a 22 patient was sleeping, you would also -- you would not 23 just take their sleeping as meaning they were calm, you 24 would also want to have a conversation with the patient?</p>	<p style="text-align: right;">Page 44</p> <p>1 medications?</p> <p>2 A Review of the MAR.</p> <p>3 Q Were you ever responsible for giving medication 4 to detainees?</p> <p>5 A Actually handing it to them?</p> <p>6 Q Yes.</p> <p>7 A No.</p> <p>8 Q Who was responsible for that?</p> <p>9 A Nursing.</p> <p>10 Q Okay. Were you ever responsible for 11 prescribing medication to detainees?</p> <p>12 A Yes.</p> <p>13 Q And then next thing you wrote was no SE 14 reported. What is SE?</p> <p>15 A Side effects.</p> <p>16 Q Meaning no side effects of the medication?</p> <p>17 A Correct.</p> <p>18 Q Again, that's from a question you asked 19 Mr. Cruz, right?</p> <p>20 A Yes.</p> <p>21 Q Okay. The next thing that's written here is 22 CPM. What does that mean?</p> <p>23 A Continue present management.</p> <p>24 Q And the next line says CONT. Does that mean</p>

<p style="text-align: right;">Page 45</p> <p>1 continue?</p> <p>2 A Continue.</p> <p>3 Q Close observation Q 15 minute checks for UPV.</p> <p>4 A Unpredictable behavior.</p> <p>5 Q What does the Q mean?</p> <p>6 A Every -- it's Latin.</p> <p>7 MR. FLAXMAN: Here's our court reporter. Let's take</p> <p>8 a break.</p> <p>9 THE VIDEOGRAPHER: Going off the record, 10:32 a.m.</p> <p>10 (Off the record)</p> <p>11 (Whereupon, the court reporter arrives.)</p> <p>12 THE VIDEOGRAPHER: Going on the record. This marks</p> <p>13 the beginning of media number 2, the time is 10:41 a.m.</p> <p>14 (Whereupon, the remaining proceedings were</p> <p>15 taken down by court reporter Carol Connolly,</p> <p>16 CSR, CRR.)</p> <p>17 (Witness resworn)</p> <p>18 MR. FLAXMAN: Q The last thing I was asking you</p> <p>19 about is on Exhibit 2 at the bottom, and you wrote: A</p> <p>20 close observation Q 15 min checks. I think you told me</p> <p>21 what Q means, but please tell me again.</p> <p>22 A It's -- Without a Latin dictionary, I can't</p> <p>23 recall. It's a Q meaning -- We use it prescribing like Q</p> <p>24 daily, or -- so that means every 15 minutes.</p>	<p style="text-align: right;">Page 47</p> <p>1 around their neck and really injure themselves, there's a</p> <p>2 safety smock that's impossible to tear into strips and a</p> <p>3 blanket that's not able to be tethered to anything.</p> <p>4 Q And so when you assessed Mr. Cruz, he already</p> <p>5 had a safety smock and blanket?</p> <p>6 A Yes.</p> <p>7 Q And you meant it's a safety smock and the</p> <p>8 safety blanket?</p> <p>9 A Correct.</p> <p>10 Q The next line you wrote house 2N?</p> <p>11 A That's his housing, continue that.</p> <p>12 Q Did you have the authority to change a</p> <p>13 detainee's housing?</p> <p>14 A Yes.</p> <p>15 Q And when would you do that?</p> <p>16 A If somebody was doing better and stable from a</p> <p>17 psychiatric standpoint, not a risk to themselves or</p> <p>18 others, stable with medication, I could discharge them</p> <p>19 off of an acute unit, also alternatively on the intake,</p> <p>20 that's when I would determine where they were housed.</p> <p>21 Q And if they were discharged from the acute</p> <p>22 unit, somebody else within the jail system would then be</p> <p>23 responsible for giving them a housing assignment, right?</p> <p>24 A Could you repeat that?</p>
<p style="text-align: right;">Page 46</p> <p>1 Q Okay. And who was responsible for doing the</p> <p>2 15-minute checks?</p> <p>3 MR. RAGEN: Objection, speculation.</p> <p>4 THE WITNESS: The checks are done by nursing and</p> <p>5 corrections. I'm not sure about the frequency with</p> <p>6 mental health specialists, if they participate in that or</p> <p>7 not.</p> <p>8 MR. FLAXMAN: Q Okay. Do you know if whoever is</p> <p>9 doing those 15-minute checks makes a record of their</p> <p>10 checks?</p> <p>11 A I believe they do.</p> <p>12 Q Is that something you've ever reviewed?</p> <p>13 A If it was put into Cerner, into the computer</p> <p>14 electronic medical record system, probably so. If it's</p> <p>15 paper, I don't -- you know, I don't know.</p> <p>16 Q Okay. The next line says CONT meaning</p> <p>17 continue, right?</p> <p>18 A Yes.</p> <p>19 Q Then it says safety smock and blanket.</p> <p>20 A Yes.</p> <p>21 Q What's a safety smock?</p> <p>22 A It is a -- almost like a -- I mean, it's like a</p> <p>23 smock, a two-sided smock. If somebody is wearing a</p> <p>24 regular uniform, this can be shredded and people can tie</p>	<p style="text-align: right;">Page 48</p> <p>1 Q It's not that important.</p> <p>2 You wouldn't pick where they would go next,</p> <p>3 right?</p> <p>4 A Not specifically.</p> <p>5 Q It was somebody else's job is what I mean.</p> <p>6 A I would determine level of acuity with regard</p> <p>7 to psychiatric need.</p> <p>8 Q Okay. That's -- Let me ask this a better way.</p> <p>9 What's a level of acuity?</p> <p>10 A The acute unit is the highest level of acuity.</p> <p>11 It's an inpatient setting, and I believe at the time it</p> <p>12 was P4. So that's considered P4, and then -- I may be</p> <p>13 off on the numbers, so I'm going to stop with that. But</p> <p>14 then there's an intermediate level, and then an</p> <p>15 outpatient psychiatric level, and then no psychiatric</p> <p>16 needs could also be identified for a patient.</p> <p>17 Q I understand you're not -- You said you don't</p> <p>18 know about all the -- P4, the other letters. What is P4?</p> <p>19 A I don't know what they were using that as an</p> <p>20 abbreviation for. It's just a system to say if somebody</p> <p>21 needs to go to the acute unit, they are the highest level</p> <p>22 of psychiatric need.</p> <p>23 Q And whose designation is that?</p> <p>24 A Usually the psychiatrist.</p>

Page 49

1 Q Well, is that a designation that is within the
2 Cook County Jail or is it something that's used widely
3 within psychiatric services?
4 A Just local to this system as far as their
5 numbering and how they are --
6 Q Okay. And the four different levels of acuity,
7 were those also levels that you used when you were doing
8 intakes?
9 A Yes.
10 Q You would have responsibility for assigning the
11 level of acuity to a new detainee?
12 A With regard to psychiatry, yes.
13 Q With regard to psychiatry. Okay. And if there
14 was a detainee who needed -- Is there a level of acuity
15 that would need something higher than inpatient
16 psychiatric care?
17 A No, that's the highest.
18 Q Was there ever -- if a detainee needed
19 psychiatric care that wasn't available within the
20 inpatient units at Cermak, could you send them to another
21 facility?
22 A Can you tell me what you are thinking of?
23 Q Well, it's -- Were there psychiatric services
24 that were not available in 2N or 2W?

Page 50

1 A Yes. For instance, ECT, electric convulsive
2 therapy, not available as far as I know, things could
3 have changed, but I was working as a moonlighting
4 psychiatrist, so I was not making those determinations.
5 Q If a detainee on 2N or 2W required some kind of
6 care that wasn't available there, did you have the power
7 to send that detainee to another facility?
8 MR. RAGEN: Objection, vague.
9 THE WITNESS: Are you talking about for psychiatric
10 issues or --
11 MR. FLAXMAN: Q Well, sure.
12 A Personally as a moonlighting psychiatrist, I
13 don't think I could have done that.
14 Q Okay.
15 A I think -- my example -- that might be what
16 you're asking -- if somebody did cut themselves open and,
17 you know -- but that's making sure they get the medical
18 care they need. So there weren't a lot of -- I mean, we
19 can handle most things in Cermak, and it can run like a
20 fairly typical inpatient psychiatric, but a lot of
21 inpatient psychiatric units do not offer ECT, for
22 example, so -- so I don't know what arrangements they
23 make if they ever --
24 Q But that wouldn't be something -- ECT or

Page 51

1 something like that wouldn't be something you were
2 dealing with as a weekend person?
3 A Correct.
4 Q Let me go back to Exhibit No. 2. We got to the
5 end of your note on the first page, and then the second
6 page lists histories first. Would that section be
7 prepopulated?
8 A Yes.
9 Q And then the next thing that was entered by you
10 is all the way at the bottom of the third page under
11 impression and plan, is that right?
12 A Yes.
13 Q You wrote disposition, patient psych, which
14 we've already discussed, right?
15 A Yes.
16 Q Why did you -- why did you choose the
17 disposition of inpatient psych?
18 A He had very recently been acting in an
19 impulsive and dangerous in a disorganized way. It looked
20 like while he was improving in the sense that he was no
21 longer requiring restraints, I could interview him, he
22 could communicate with me, so it did look like things
23 were improving for him from a psychiatric standpoint,
24 but, you know, given how recently he had been in such

Page 52

1 distress and actually attempting to hurt himself, then he
2 needed inpatient psychiatric care in my opinion.
3 Q Okay. The next line is medication
4 recommendation, and you wrote continue current
5 medications, correct?
6 A Yes.
7 Q Does your note list what those medications are?
8 A No, it did not prepopulate that.
9 Q But I believe you told me before that you would
10 have looked at the medication administration --
11 administration record to see his medications, right?
12 A Yes.
13 Q Do you remember what his medications were?
14 A I could find it in here. I wouldn't want to
15 misquote it.
16 Q Sure. Why don't you look at that and I may be
17 able to direct you to it.
18 MR. RAGEN: Do you mind if I help her?
19 MR. FLAXMAN: No, not at all.
20 MR. RAGEN: I didn't pick a date. I took you to the
21 MAR.
22 THE WITNESS: Okay. Do you want me to read it to
23 you?
24 MR. FLAXMAN: Q Why don't you tell me what page

<p style="text-align: right;">Page 53</p> <p>1 you're looking at.</p> <p>2 A I'm looking at 112.</p> <p>3 Q That's a portion of the medication</p> <p>4 administration record?</p> <p>5 A Correct. I chose March 19th.</p> <p>6 Q Okay. And based on looking at that, are you</p> <p>7 able to say which medication you ordered to be continued?</p> <p>8 A I did not order medications. I just did not</p> <p>9 alter them, the orders were already in the system.</p> <p>10 Q So what orders did you -- but you chose not to</p> <p>11 alter them, right?</p> <p>12 A I chose not to alter them.</p> <p>13 Q What medications are we talking about?</p> <p>14 A The Risperidone, 2 milligrams.</p> <p>15 Q What is Risperidone?</p> <p>16 A That is a second generation antipsychotic.</p> <p>17 Q 112 also lists diazepam.</p> <p>18 MR. RAGEN: Are you pointing to --</p> <p>19 MR. FLAXMAN: Q That's listed medication -- First</p> <p>20 one listed on page 112. D-I-A-Z-E-P-A-M.</p> <p>21 A I don't know if that was a scheduled medication</p> <p>22 or a -- you know, as needed if he -- I don't know that.</p> <p>23 That is Valium, so antianxiety agitation medication.</p> <p>24 Q The next section of this chart has orders and</p>	<p style="text-align: right;">Page 55</p> <p>1 A Yes.</p> <p>2 Q But a patient on close observations could also</p> <p>3 not be in restraints, right?</p> <p>4 A Correct.</p> <p>5 Q How did you choose which patients to -- what</p> <p>6 order to assess patients in?</p> <p>7 A I would show up and start seeing patients. So</p> <p>8 -- new admissions took longer, close obs -- I would try</p> <p>9 to work with the staff to see if there was somebody that</p> <p>10 they would, you know -- this person might be -- needed</p> <p>11 their medication sooner, I would try to prioritize that,</p> <p>12 but really it's a list of patients, and you get in there</p> <p>13 and start seeing them.</p> <p>14 Q How would you get that list?</p> <p>15 A It was printed -- I don't know. It was</p> <p>16 physically there when I arrived. I think it's -- the</p> <p>17 patient list with name, DOC number, and room assignment.</p> <p>18 Q Would that say who was on close observation?</p> <p>19 A Depends on the mental health specialist or if</p> <p>20 they had the time to mark that, but if not, I would talk</p> <p>21 with staff and review records.</p> <p>22 Q Okay. Was there a requirement for you to</p> <p>23 assess a patient in restraints within a certain amount of</p> <p>24 time from when a restraint order was entered or</p>
<p style="text-align: right;">Page 54</p> <p>1 there's orders medication. So if you look at page 122,</p> <p>2 does that -- at the bottom it list diazepam. Does that</p> <p>3 explain how it was prescribed?</p> <p>4 A Order start time. Okay. It looks -- I would</p> <p>5 interpret this to be a scheduled medication then. So it</p> <p>6 was written for Valium 5 milligrams daily.</p> <p>7 Q Why do you think it was daily?</p> <p>8 A Because it says UD.</p> <p>9 Q Okay. Risperidone also says UD on the next</p> <p>10 page?</p> <p>11 A UD, yes.</p> <p>12 Q Meaning daily?</p> <p>13 A Daily.</p> <p>14 Q One of the things I think you told me earlier</p> <p>15 was that your -- your duties when you were working</p> <p>16 weekends would be to make rounds on patients, is that</p> <p>17 right?</p> <p>18 A Oh. The close obs we were not to make rounds</p> <p>19 every patient. We were to see the close observations and</p> <p>20 any new admissions.</p> <p>21 Q Okay. And would some of the close obs patients</p> <p>22 -- close obs -- Let me start again.</p> <p>23 A patient on close observations might be in</p> <p>24 restraints, right?</p>	<p style="text-align: right;">Page 56</p> <p>1 continued?</p> <p>2 MR. RAGEN: Can you have the question read back.</p> <p>3 (Whereupon, the following was read back:</p> <p>4 "Q Was there a requirement for you to assess a</p> <p>5 patient in restraints within a certain amount</p> <p>6 of time from when a restraint order was entered</p> <p>7 or continued?")</p> <p>8 THE WITNESS: Yes.</p> <p>9 MR. FLAXMAN: Q And what was the amount of time?</p> <p>10 A I feel like -- I wish I had the JCAHO</p> <p>11 guidelines here. I think it's one hour. I would treat</p> <p>12 it like one hour if I'm on the premises.</p> <p>13 Q What is JCAHO?</p> <p>14 A Joint Commission accrediting body.</p> <p>15 Q When you're saying that, you're saying J --</p> <p>16 A JCAHO. Joint -- no. Joint --</p> <p>17 Q I was going to say J dash C-O, but if you think</p> <p>18 it's a different way.</p> <p>19 A I don't want to miss --</p> <p>20 Q What is the Joint Commission?</p> <p>21 A They come and evaluate hospitals to make sure</p> <p>22 that policies and procedures are being enacted.</p> <p>23 Q And they publish a set of guidelines?</p> <p>24 MR. RAGEN: Objection, speculation.</p>

<p style="text-align: right;">Page 57</p> <p>1 THE WITNESS: I can't speak to JCAHO's operations.</p> <p>2 MR. FLAXMAN: Q Have you ever reviewed JCAHO</p> <p>3 guidelines?</p> <p>4 A By guidelines, do you mean for the agency?</p> <p>5 Q Well, you referred to something called JCAHO</p> <p>6 guidelines.</p> <p>7 A I feel like that that is -- that -- I don't</p> <p>8 know that they produce standards. I think they hold</p> <p>9 hospitals to their standards. So I feel like -- again, I</p> <p>10 have not worked in an inpatient unit in 3 years, so I</p> <p>11 think that we see them within an hour.</p> <p>12 Q Okay. Well, when you were employed at the Cook</p> <p>13 County Jail, were you aware of policies of Cermak?</p> <p>14 A I am aware of policies.</p> <p>15 Q Okay. Did you ever get training on Cermak</p> <p>16 policies?</p> <p>17 A We would get annual training. I'd have to see</p> <p>18 it to recite it.</p> <p>19 Q See what?</p> <p>20 A Like the policies, you know, or detailed</p> <p>21 information.</p> <p>22 Q Well -- I'm just asking generally. During your</p> <p>23 work at Cermak, would you rely on written policies of</p> <p>24 Cermak?</p>	<p style="text-align: right;">Page 59</p> <p>1 do that, and I'm sure the timing part was in that, too.</p> <p>2 Q Do you recall if the trainings you received</p> <p>3 about restraints were in-person trainings?</p> <p>4 A Yes.</p> <p>5 Q Yes, they were?</p> <p>6 A I remember parts of that because they were</p> <p>7 showing the restraint usage so I remember parts --</p> <p>8 portions of it are, but, again, it was 3 years ago.</p> <p>9 Q Right. Do you recall who was leading the</p> <p>10 training?</p> <p>11 A I don't.</p> <p>12 Q Did you know that there was a written policy</p> <p>13 about the use of restraints at Cermak?</p> <p>14 A I mean, all the hospitals I think that have</p> <p>15 inpatient units have these policies in place.</p> <p>16 Q Did you ever review the written policy about</p> <p>17 restraints at Cermak?</p> <p>18 A I have. I'm sure, but -- I mean --</p> <p>19 Q I understand you can't tell me every word</p> <p>20 that's in it.</p> <p>21 A Right.</p> <p>22 Q Did you review it as part of your training?</p> <p>23 A I think that would be part of my training, yes.</p> <p>24 Q Do you recall the length of time that a</p>
<p style="text-align: right;">Page 58</p> <p>1 A What do you mean rely?</p> <p>2 Q Well, did you ever review written policies of</p> <p>3 Cermak while you worked at Cermak?</p> <p>4 A I think -- with part of the annual training was</p> <p>5 to, you know, review those, and these were mandatory</p> <p>6 trainings.</p> <p>7 Q And who would lead the annual trainings?</p> <p>8 A It was a variety of people in the online</p> <p>9 module.</p> <p>10 Q So the training was done online?</p> <p>11 A It was a combination from what I recall.</p> <p>12 Q Were the online portions videos?</p> <p>13 A I'm not sure if they were video clips or</p> <p>14 PowerPoints or -- I can't remember the content.</p> <p>15 Q Okay. Do you remember receiving training about</p> <p>16 the use of restraints?</p> <p>17 A Yes.</p> <p>18 Q What do you remember about that training?</p> <p>19 A That involved -- I think we would talk about</p> <p>20 when it's appropriate to use, what things we could do</p> <p>21 instead of restraints, interventions that, you know,</p> <p>22 could, you know -- moving a person to a quiet room, lower</p> <p>23 stimulus, anything to avoid the restraints, and then also</p> <p>24 for the staff that would put people in restraints, how to</p>	<p style="text-align: right;">Page 60</p> <p>1 restraint order was supposed to be for?</p> <p>2 MR. RAGEN: Objection, vague.</p> <p>3 THE WITNESS: Like one order?</p> <p>4 MR. FLAXMAN: Q I want to -- yes. My question is</p> <p>5 about when you would determine that it was necessary to</p> <p>6 order a detainee into restraints. Do you understand that</p> <p>7 I'm asking about that?</p> <p>8 A Yes.</p> <p>9 Q And was there a standard for how long that</p> <p>10 order would last?</p> <p>11 A The order was for 4 -- up to 4 hours.</p> <p>12 Q And would you always order it to last for 4</p> <p>13 hours?</p> <p>14 A I did, yes.</p> <p>15 Q And after 4 hours, you or another professional</p> <p>16 would determine whether to continue the order, is that</p> <p>17 right?</p> <p>18 A Yes.</p> <p>19 Q Could you or could another medical professional</p> <p>20 end the restraint order before the 4 hours ran out?</p> <p>21 A Yes.</p> <p>22 Q And why would you do that?</p> <p>23 A I think if someone's situation had changed and</p> <p>24 they were no longer a threat to themselves and other</p>

<p style="text-align: right;">Page 61</p> <p>1 people, somehow that was -- you know, they had calmed 2 down, it was a possibility. 3 Q Do you remember ever doing that? 4 A I mean -- I really -- I can't recall. 5 Probably, but -- 6 Q And how would you learn if the detainee in 7 restraints situation had changed? 8 A In talking with staff typically or if I -- they 9 were on close obs and interviewing them. 10 Q And when you say talking with staff, I think 11 we've talked about nurses and mental health workers. 12 Those are two different types of professionals, right? 13 A Yes. 14 Q Which one -- would you hear from either one of 15 them about whether a detainee needed to be in restraints? 16 A I would get input from everyone. It's a team. 17 Q Okay. Do you know if it was nurse or a mental 18 health worker who's responsible for the 15-minute checks? 19 MR. RAGEN: I'm sorry. Can you repeat the question? 20 (Whereupon, the following was read back: 21 "Q Do you know if it was nurse or a mental 22 health worker who's responsible for the 23 15-minute checks?") 24 THE WITNESS: Without looking at the policy, nursing</p>	<p style="text-align: right;">Page 63</p> <p>1 did you know that he had been in restraints earlier? 2 A I can't remember exactly, but in my typical 3 review process, I would know that, yes. 4 Q And did you know why he was taken out of 5 restraints? 6 A Typically people are taken out of restraints 7 when they've demonstrated they can be calm, they're no 8 threatening to hurt themselves or others, so I -- he was 9 out of restraints when I was on the unit so I'm not sure 10 at what time that happened. 11 Q How would you -- I mean, if you wanted to know 12 that, how would you have found out? 13 A If I wanted to know -- Could you ask that 14 again? 15 Q If you wanted to know why Mr. Cruz was taken 16 out of restraints, how would you have found out that 17 information? 18 A When I talk with staff, they would inform me. 19 Q Okay. 20 A So-and-so calmed down, they're doing okay, 21 we're -- 22 Q Do you know what range of motion exercises are? 23 A Broadly, yes. 24 Q And did you -- should a patient in restraints</p>
<p style="text-align: right;">Page 62</p> <p>1 is involved in that. 2 MR. FLAXMAN: Q Okay. Would you also get 3 information from correctional officers? 4 A Yes. 5 Q I wanted to go back to Exhibit No. 4, which was 6 the orders. On the last page of that exhibit we talked 7 before about the order that Nurse Manalastas made to 8 continue Mr. Cruz in restraints. Do you remember that? 9 A Yes. 10 Q And you don't as we sit here today remember 11 whether you talked to Nurse Manalastas at any time about 12 this order, right? 13 A I cannot recall specifically, no. 14 Q When you were on site and performed an 15 assessment and determined that a restraint order should 16 be continued, would you enter that order into the 17 computer? 18 A Yes. 19 Q And so would the order say that you were the 20 one who entered it? 21 A If I was continuing a restraint order, it 22 requires a new order, yes, so it would say I would enter 23 that. 24 Q Okay. Did you -- Before you spoke to Mr. Cruz,</p>	<p style="text-align: right;">Page 64</p> <p>1 be given range of motion exercises? 2 A Yes. 3 Q How often should a patient in restraints be 4 given range of motion exercises? 5 A I would -- that's not under the psychiatry role 6 so I'm not sure. There are probably exceptions when a 7 patient is particularly violent or, you know, they're -- 8 you can't always do them, that's my understanding. But I 9 don't know the specifics. 10 Q What's your understanding of why range of 11 motion exercises should be done? 12 A It's my understanding that with the restraints 13 you want to make sure their circulation of the 14 extremities. 15 Q Why do you want to make sure there's 16 circulation of the extremities? 17 A You just don't want to cut off blood supply to 18 any of the extremities with the restraints. 19 Q I just didn't hear the words -- You don't want 20 to cut off blood supply -- 21 A Blood supply to the extremities using the 22 restraints. 23 Q So it was -- When you were employed in Cermak, 24 it was not your responsibility to give range of motion</p>

<p style="text-align: right;">Page 65</p> <p>1 exercises, right?</p> <p>2 A Correct.</p> <p>3 Q Do you know whose responsibility that was?</p> <p>4 A Offhand, I do not.</p> <p>5 Q When you reviewed Mr. Cruz's chart, did you</p> <p>6 look to see if he had been given range of motion</p> <p>7 exercises?</p> <p>8 A In preparation for this today or --</p> <p>9 Q In preparation for assessing Mr. Cruz, did you</p> <p>10 review whether the chart showed that he had been given</p> <p>11 range of motion exercises?</p> <p>12 A I can't recall. I mean, I reviewed the records</p> <p>13 available.</p> <p>14 Q Okay. Is the risk from a lack of circulation</p> <p>15 that a patient might develop a blood clot?</p> <p>16 A I think there are a couple health risks, but,</p> <p>17 again, that's not my area of expertise as far as the --</p> <p>18 I'm there for the psychiatric aspects. I think any sort</p> <p>19 of restraint can block blood flow that can cause a</p> <p>20 gangrenous issue -- issues and blood return issues, and</p> <p>21 probably a lot of other things, including circulation</p> <p>22 problems.</p> <p>23 Q When a patient comes out of restraints, are</p> <p>24 there any medical conditions that they are at a higher</p>	<p style="text-align: right;">Page 67</p> <p>1 from second generation antipsychotics?</p> <p>2 A I'm not aware of that specific risk factor.</p> <p>3 Q In 2016, were you aware that obesity was a risk</p> <p>4 factor for DVT?</p> <p>5 A I think that's one of many risk factors, yes.</p> <p>6 Q Okay. You knew Mr. Cruz was obese, right?</p> <p>7 A Yes.</p> <p>8 Q Is there any testing that a doctor could order</p> <p>9 to determine if a patient is experiencing or going to</p> <p>10 experience a DVT?</p> <p>11 A That's not my area of expertise. If I had --</p> <p>12 you know, I think you can order a medical consult if</p> <p>13 there was something stressing, but he was telling me he</p> <p>14 was not in distress.</p> <p>15 Q Did you order any medical consults or any other</p> <p>16 medical assessment of Mr. Cruz?</p> <p>17 A No.</p> <p>18 Q I use the word assessment. I'm just going to</p> <p>19 ask it. Did you order any other medical tests for</p> <p>20 Mr. Cruz?</p> <p>21 A No.</p> <p>22 Q And that was because having spoken to him you</p> <p>23 were not concerned about his health?</p> <p>24 A I mean, I saw that he was able to communicate</p>
<p style="text-align: right;">Page 66</p> <p>1 risk of developing?</p> <p>2 A I'm trying to think. I don't know, but -- I</p> <p>3 haven't seen the recent literature about that. Are you</p> <p>4 asking specific -- are you asking me to list them or --</p> <p>5 Q The ones that you're aware of, yes.</p> <p>6 A Okay. I mean, I think any sedentary position</p> <p>7 you've -- I'm sure there are medical repercussions -- I</p> <p>8 have to think about it. About -- Can you repeat the</p> <p>9 question?</p> <p>10 Q Do you mind reading it back?</p> <p>11 A I'm sorry.</p> <p>12 (Whereupon, the following was read back:</p> <p>13 "Q When a patient comes out of restraints, are</p> <p>14 there any medical conditions that they are at a</p> <p>15 higher risk of developing? The one's that</p> <p>16 you're aware of.)</p> <p>17 A The ones that I'm aware of. I think edema,</p> <p>18 perhaps DVT, perhaps dislocation of, you know, joints.</p> <p>19 That's probably all I can come up at this time.</p> <p>20 Q Okay. Are you aware that second generation</p> <p>21 antipsychotics can pose an increased risk of DVT?</p> <p>22 A There is a warning for increased risk of stroke</p> <p>23 with second generation antipsychotics.</p> <p>24 Q But you've never heard of increased risk of DVT</p>	<p style="text-align: right;">Page 68</p> <p>1 with me, he was psychiatrically improving, and denied any</p> <p>2 side effects, discomforts, so I took him at his word.</p> <p>3 MR. RAGEN: He's looking over his notes. He's going</p> <p>4 through them.</p> <p>5 MR. FLAXMAN: Q This is a document I already marked</p> <p>6 as Plaintiff's Exhibit 6. These are some forms. They</p> <p>7 have the Bates label County 141 to 145. Do you recognize</p> <p>8 these forms?</p> <p>9 (Exhibit 6 marked as requested)</p> <p>10 A Yes.</p> <p>11 Q What are they?</p> <p>12 A These are the close obs forms.</p> <p>13 Q Do you know who completed these forms?</p> <p>14 A It appears to be nursing, I think.</p> <p>15 Q Okay. Do you recognize any of the signatures</p> <p>16 though?</p> <p>17 A I mean, I can't really decipher that.</p> <p>18 Q And --</p> <p>19 A I can look at the other ones.</p> <p>20 Q Will you please look at all five pages to make</p> <p>21 sure that you don't recognize any of those signatures?</p> <p>22 A Wow. No.</p> <p>23 Q Okay. Why did you say that you believe these</p> <p>24 were done by nursing?</p>

<p style="text-align: right;">Page 69</p> <p>1 A It says circulation safety and these would be 2 by the nurse when I would come on for shift or for -- 3 come into work. This is how I would find out who is on 4 close obs. 5 Q Would every detainee on close observation have 6 one of these forms? 7 A Yes. 8 Q And where was it kept? 9 A Where I checked. So there may be more than one 10 location, a folder by the nurse. So I would just make 11 sure that I got everybody because I didn't want to rely 12 on the other list. 13 Q So -- You would actually see a piece of paper 14 like the one that's in front of you for this form, right? 15 A Yes, there were a lot. 16 Q Multiple pieces of paper for each detainee? 17 A That's my understanding, yes. 18 Q Does the -- at the bottom of the page there's 19 the signatures that we can't read. Under the box that 20 says star/title, can you read that is CNI? 21 A That looks like CNI. 22 Q Does that acronym mean anything to you within 23 the Cook County Jail? 24 A So many acronyms. That, no. I don't want to</p>	<p style="text-align: right;">Page 71</p> <p>1 pretty I think upset by it, so I didn't go looking for 2 details. It's upsetting. It was very upsetting. 3 Q Did you ever learn what the cause of death was? 4 A I did. 5 Q How did you learn that? 6 A You know, word on the street I think when it 7 comes out, plus there's autopsy results, but I heard that 8 it was a PE. 9 Q And for the record, what is PE? 10 A Pulmonary embolism. 11 Q Did you say you reviewed the autopsy results? 12 A I did. I looked at them. 13 Q When did you look at them? 14 A It was part of the packet. 15 Q Did you review them -- So you looked at the 16 autopsy results to prepare for today's deposition, is 17 that right? 18 A I just looked through what I -- yeah, I looked 19 through that as part of just review of documents. 20 MR. RAGEN: They're in the chart. 21 MR. FLAXMAN: Q Okay. In 2016 did you take a look 22 at the autopsy results? 23 A No. 24 Q Did anyone from the jail ever speak to you</p>
<p style="text-align: right;">Page 70</p> <p>1 guess. 2 Q Are you familiar with a restraint logbook that 3 was kept in 2N? 4 A No. In that -- I mean, it must exist, but -- I 5 don't know that it must exist, but I don't look at that. 6 I'm not sure about it. 7 Q Okay. So it was -- When you ordered or renewed 8 an order for restraints, it was not your responsibility 9 to write down information about that in a logbook kept in 10 2N? 11 A No. 12 Q Okay. Do you know whose responsibility it was 13 to make those? 14 A I do not. 15 Q Did you learn at some time that Mr. Cruz died? 16 A Pardon me? 17 Q Did you learn at some time that Mr. Cruz died 18 at Cook County Jail? 19 A Yes. 20 Q How did you learn that? 21 A I came to work on Sunday, and by the time I was 22 there, I think the staff told me. 23 Q What did they tell you? 24 A That he passed away and -- but people were</p>	<p style="text-align: right;">Page 72</p> <p>1 about Mr. Cruz's death? 2 A I think that -- I stopped working there shortly 3 thereafter so I -- I didn't have much in the way of 4 conversations about it. 5 Q When did you stop working at the jail? 6 A I think I stopped in June of 2016. It might 7 have been July of 2016. 8 Q Okay. 9 A I can check -- 10 Q If it's on your CV, sure. 11 A July, 2016. 12 Q Did you ever talk to Dr. Kelner about 13 Mr. Cruz's death? 14 A I mean, he's my supervisor there, so -- I mean 15 I -- afterward I think I would check in with him, but I 16 can't remember a specific conversations, other than -- 17 no, I can't even remember specifics, but it wouldn't be 18 uncommon for me to go and talk with him, but nothing in 19 depth or -- it was just -- I don't know. It's still 20 upsetting to think about, you know. 21 Q Why is it upsetting? 22 A Because it's just unfortunate, and I think that 23 we tried to provide the best care that we could for this 24 gentleman and -- and this is -- like all of this is just</p>

<p style="text-align: right;">Page 73</p> <p>1 upsetting.</p> <p>2 Q Do you believe there's something else that you</p> <p>3 or somebody at the jail could have done to help Mr. Cruz?</p> <p>4 A No. I feel like we did the care that we could</p> <p>5 have given how sick he was.</p> <p>6 Q What do you mean when you say given how sick he</p> <p>7 was?</p> <p>8 A He sounded very psychiatrically ill and</p> <p>9 suffering a great deal.</p> <p>10 Q Did you diagnose Mr. Cruz as schizophrenic?</p> <p>11 A No.</p> <p>12 Q Do you know who did?</p> <p>13 MR. RAGEN: Objection, speculation.</p> <p>14 THE WITNESS: Are you asking at Cook County or in</p> <p>15 the community? I don't know in the community. I think</p> <p>16 he was initially seen in intake, so the intake</p> <p>17 psychiatrist probably -- or someone in intake usually</p> <p>18 would enter a diagnosis.</p> <p>19 MR. FLAXMAN: Q Okay. And when you say it's a</p> <p>20 tragic case given how sick he was, you're referring to</p> <p>21 his schizophrenia?</p> <p>22 A Yes.</p> <p>23 Q Did you know about any other medical conditions</p> <p>24 that Mr. Cruz was suffering from?</p>	<p style="text-align: right;">Page 75</p> <p>1 A Right.</p> <p>2 Q You would have relied on other notes within the</p> <p>3 record?</p> <p>4 A Yes.</p> <p>5 Q Okay. The picture that's still floating</p> <p>6 around, Exhibit 3, I understand you don't -- you can't</p> <p>7 say for sure whether this was Mr. Cruz's cell, right?</p> <p>8 A Correct.</p> <p>9 Q But it does look like the cell where Mr. Cruz</p> <p>10 would have been, right?</p> <p>11 A Yes.</p> <p>12 Q And looking straight into the cell, you can see</p> <p>13 a window on the far wall, right?</p> <p>14 A Yes.</p> <p>15 Q In your note when you said Mr. Cruz was facing</p> <p>16 the window. Did you mean he was facing a window on the</p> <p>17 far wall of the cell?</p> <p>18 A Yes.</p> <p>19 Q Was there also a window on the door?</p> <p>20 A There is technically.</p> <p>21 Q But that's not the window you were referring</p> <p>22 to?</p> <p>23 A Correct.</p> <p>24 Q Okay. And besides this one encounter with</p>
<p style="text-align: right;">Page 74</p> <p>1 A I think listed in his medical evaluation was</p> <p>2 poly substance and asthma and obesity.</p> <p>3 Q But those were also diagnoses made by somebody</p> <p>4 else at the jail, not you?</p> <p>5 A Correct.</p> <p>6 Q Going back to those conversations that I was</p> <p>7 asking about. Would you say that all your conversation</p> <p>8 with other employees at the jail about Mr. Cruz were</p> <p>9 informal conversations?</p> <p>10 A Yes, informal.</p> <p>11 Q I mean, nobody sat you down and did an</p> <p>12 interview about Mr. Cruz, right?</p> <p>13 A No.</p> <p>14 Q Did you know that Dr. Kelner wrote a report</p> <p>15 looking into Mr. Cruz's death?</p> <p>16 A I did not -- I mean, I'm not -- not involved</p> <p>17 with that process at Cook County.</p> <p>18 Q Did you know how long Mr. Cruz had been</p> <p>19 suffering from schizophrenia?</p> <p>20 A Can I refer to other -- I can look at other</p> <p>21 people's notes and tell you, but I don't know -- I think</p> <p>22 he was 21 in the notes. So maybe 2 years, but that's</p> <p>23 me --</p> <p>24 Q As you sit here today, you don't remember?</p>	<p style="text-align: right;">Page 76</p> <p>1 Mr. Cruz that I've asked you lot of questions about, did</p> <p>2 you ever have any other encounters with Mr. Cruz?</p> <p>3 A Never.</p> <p>4 Q Do you recall how busy you were on your shift</p> <p>5 on March 19th, 2016?</p> <p>6 A I do not.</p> <p>7 Q Were you always busy in that time period?</p> <p>8 A It fluctuated, but it's a pretty busy unit,</p> <p>9 especially since state hospitals have closed down. It's</p> <p>10 a large psychiatric unit.</p> <p>11 Q Dr. Lassen, have you ever been sued in relation</p> <p>12 to your work at the Cook County Jail?</p> <p>13 A I don't believe so.</p> <p>14 Q This is an exhibit I marked as plaintiff's</p> <p>15 Exhibit 7A. It's a complaint in a case called Brown</p> <p>16 versus Howard, et al. case number 15 CV 2906. Do you see</p> <p>17 at the top under Defendant's Answer To Plaintiff's First</p> <p>18 Amended Complaint, it says: Now come the defendants</p> <p>19 Dr. Howard and Dr. Lassen?</p> <p>20 A Yes.</p> <p>21 Q If you go to the second page, paragraph 5 it</p> <p>22 says: Upon information and belief defendant Lassen is a</p> <p>23 doctor of osteopathic medicine employed by CCDOC, and/or</p> <p>24 Cermak Health Services of Cook County, CCDOC's medical</p>

<p style="text-align: right;">Page 77</p> <p>1 provider.</p> <p>2 MR. RAGEN: What paragraph are you at?</p> <p>3 MR. FLAXMAN: Q Paragraph 5 on the second page.</p> <p>4 It says some other information. Is that paragraph</p> <p>5 describing you?</p> <p>6 A It is.</p> <p>7 Q Do you know who Jason Allan Brown is?</p> <p>8 A I do not recall Jason Allan Brown. When is</p> <p>9 this? Okay.</p> <p>10 Q Paragraph 12 starts by saying as part of the</p> <p>11 booking and intake on process on or about September 10,</p> <p>12 2014 -- I'm just looking at page 4. That just starts by</p> <p>13 describing the booking and intake process on a certain</p> <p>14 date, September 10, 2014. And the two paragraphs down,</p> <p>15 paragraph 14, says later that same day -- later the same</p> <p>16 day -- I believe referring to September 10th, 2014 --</p> <p>17 Jason met with defendant Lassen for a psychiatric</p> <p>18 screening.</p> <p>19 A Okay.</p> <p>20 MR. RAGEN: Is there a question?</p> <p>21 MR. FLAXMAN: Q Well, my question is, do you</p> <p>22 understand this to be a lawsuit that was filed against</p> <p>23 you in relation to your role doing screening at the Cook</p> <p>24 County Jail?</p>	<p style="text-align: right;">Page 79</p> <p>1 Q Are there any other cases where you were sued</p> <p>2 in connection with your employment at the Cook County</p> <p>3 Jail?</p> <p>4 A Not that I know of.</p> <p>5 Q But there might be ones you don't know about?</p> <p>6 A Perhaps.</p> <p>7 Q Do you have any idea why you wouldn't know</p> <p>8 about lawsuits that were filed against you?</p> <p>9 MR. RAGEN: Objection, argumentative.</p> <p>10 THE WITNESS: I work somewhere else. I haven't been</p> <p>11 here -- haven't been working at Cook County for a few</p> <p>12 years, and I feel like many people are often named it</p> <p>13 seems, so I feel like people -- I don't know.</p> <p>14 MR. FLAXMAN: Let me take a quick break. I'm almost</p> <p>15 finished.</p> <p>16 THE VIDEOGRAPHER: Going off the record at</p> <p>17 11:38 a.m.</p> <p>18 (Off the record)</p> <p>19 THE VIDEOGRAPHER: Q Going on the record. This</p> <p>20 marks the beginning of media number 3. The time is</p> <p>21 11:43 a.m.</p> <p>22 MR. FLAXMAN: Q Dr. Lassen, did you look again at</p> <p>23 Exhibit No. 7A, that complaint?</p> <p>24 A 7A?</p>
<p style="text-align: right;">Page 78</p> <p>1 A Yes.</p> <p>2 Q Do you have any idea why you were not aware of</p> <p>3 this lawsuit?</p> <p>4 A I mean, I know I've been deposed a handful of</p> <p>5 times, but I guess it wasn't clear to me I was in this</p> <p>6 role of that. Sometimes it can be -- I wish I could</p> <p>7 remember it more.</p> <p>8 Q The last page of this --</p> <p>9 A Last page.</p> <p>10 Q It says -- it's page 12, so it's a double</p> <p>11 sided. Go to the back of that. It says, respectfully</p> <p>12 submitted, and it lists Anita Alvarez, who was then the</p> <p>13 State's Attorney of Cook County, then there's a /S/Andrea</p> <p>14 Huff who is listed as an Assistant State's Attorney. Do</p> <p>15 you know Andrea Huff is?</p> <p>16 A I don't recall Andrea Huff. I have met a</p> <p>17 handful of state's attorneys, but without seeing pictures</p> <p>18 or faces --</p> <p>19 Q So having looked at this, does this refresh</p> <p>20 your recollection that you have been sued at least once</p> <p>21 in connection with your job duties at the Cook County</p> <p>22 jail?</p> <p>23 A I mean, that looks like what this says, so,</p> <p>24 yes, thank you for refreshing my recollection.</p>	<p style="text-align: right;">Page 80</p> <p>1 Q I just thought I saw you looking at it.</p> <p>2 A I just looked at it.</p> <p>3 Q Having looked at it, does it -- do you remember</p> <p>4 anything else about it?</p> <p>5 A No.</p> <p>6 Q Okay. Just leave it.</p> <p>7 Do you recall what hours you worked on</p> <p>8 March 19th, 2016?</p> <p>9 A No.</p> <p>10 Q Would the hours that you worked be recorded</p> <p>11 anywhere?</p> <p>12 MR. RAGEN: Objection, speculation.</p> <p>13 If you know.</p> <p>14 THE WITNESS: They would be -- I'm trying to</p> <p>15 remember if we had swipe cards or some sort of check in,</p> <p>16 check out process.</p> <p>17 MR. FLAXMAN: Q Do you remember if there was a</p> <p>18 check in, check out process?</p> <p>19 A We would swipe cards to check in.</p> <p>20 Q Would you swipe the card to check out?</p> <p>21 A Yes.</p> <p>22 Q Where did you do that? Where did you swipe the</p> <p>23 cards?</p> <p>24 A The first floor of Cermak.</p>

<p style="text-align: right;">Page 81</p> <p>1 Q And we talked before about a calendar on 2 Dr. Kelner's door. Do you remember that? 3 A Yes. 4 Q Did that contain your shift times? 5 A No. 6 Q Where was Dr. Kelner's door? 7 A Also in the first floor of Cermak, Cermak 8 Hospital. 9 Q Are 2N and 2W on the second floor? 10 A Yes. 11 Q Is there a basement? 12 A Yes. 13 Q Do you know what's in the basement? 14 A The emergency room. 15 Q Did you ever send patients to the emergency 16 room? 17 A Yes. 18 Q If a patient needed some kind of nonpsychiatric 19 medical care, is that when you would send a patient to 20 the emergency room? 21 A Yes. 22 Q Were the only doctors on 2N or 2W psychiatrists 23 like yourself? 24 A The only -- routinely, yes.</p>	<p style="text-align: right;">Page 83</p> <p>1 Angel Cruz? 2 A They were doing their routine duties at that 3 time, and for close obs they would be near by the door to 4 let me in. 5 Q Would they do anything -- would they come into 6 the room? 7 A Sometimes. 8 Q Under what circumstance would they come into 9 the room or the cell? 10 A I think if they felt there was concern for a 11 patient harming him or herself or the staff injury. 12 Q Do you recall if on March 19th, 2016 13 correctional officers escorted you into the cell or came 14 into the cell with you? 15 A They had to let me in, but I can't -- I cannot 16 recall where they were standing. 17 Q Do you know if it was a sheriff -- Let me 18 strike that. 19 You said that sheriff deputies, Cook County 20 correctional officers, interchangeable, or nurses put on 21 the ordered restraints, correct? 22 A That's my understanding. 23 Q Do you know if it was a CO who put on the 24 restraints -- put the restraints on Angel Cruz?</p>
<p style="text-align: right;">Page 82</p> <p>1 Q When would a nonpsychiatrist doctor be on 2N or 2 2W? 3 A I mean, I would -- I would imagine they have 4 medical consultants that would come in emergency then -- 5 not emergency, just be consultants. 6 MR. FLAXMAN: I don't have any other questions. 7 MS. HAIDARI: Just a couple questions. 8 EXAMINATION 9 By Ms. Haidari: 10 Q Do correctional officers make psychiatric 11 determinations for the restraints? Did that question 12 make sense? I'll rephrase it. 13 Do correctional officers ever make the 14 restraint determinations, the psychiatric restraint 15 determinations? 16 A No. 17 Q And do you know if correctional officers 18 ordered the restraints in this instance? 19 A They cannot order restraints. 20 Q And do you recall in what capacity sheriff 21 officers were present on March 19th, 2016? 22 A Can you repeat that? 23 Q Do you recall in what capacity correctional 24 officers were present on March 19th, 2016 when you saw</p>	<p style="text-align: right;">Page 84</p> <p>1 A I do not. 2 MS. HAIDARI: That's all I have. Thank you. 3 EXAMINATION 4 By Mr. Ragen: 5 Q You talked a little bit about the timeframe, 6 4-hour timeframe and 15-minute timeframe. Do you recall 7 that? 8 A Yes. 9 Q The 4-hour timeframe is the timeframe at which 10 certain hospitals you'll check on a patient to make sure 11 that they -- that it's appropriate for them to stay in 12 restraints? 13 A Yes. 14 Q Is there anything special about the 4-hour 15 timeframe like, for example, a 5-hour timeframe would 16 that still be within the standard of care? 17 MR. FLAXMAN: Objection, foundation. 18 THE WITNESS: Seems universal across inpatient 19 psychiatric units that it's a 4-hour determination. 20 MR. RAGEN: Q Okay. Was all of the care and 21 treatment you rendered to this patient within the 22 standard of care? 23 A I believe it was. 24 MR. RAGEN: Yeah, that's it.</p>

<p style="text-align: right;">Page 85</p> <p>1 FURTHER EXAMINATION</p> <p>2 By Mr. Flaxman:</p> <p>3 Q You saw Mr. Cruz on 2N, right?</p> <p>4 A Yes.</p> <p>5 MR. RAGEN: This is outside the scope, but I don't</p> <p>6 care.</p> <p>7 MR. FLAXMAN: Just one more.</p> <p>8 Q Were you also assigned to 2W on March 19th of</p> <p>9 2016?</p> <p>10 A We didn't -- we knew to cover -- like any</p> <p>11 weekends I just knew to cover both, so there's no one or</p> <p>12 the other.</p> <p>13 MR. FLAXMAN: Thank you.</p> <p>14 MR. RAGEN: I just do that because, I mean, it's</p> <p>15 fine, just know --</p> <p>16 MR. FLAXMAN: I should have asked.</p> <p>17 MR. RAGEN: Stay on the record.</p> <p>18 It's just, you know, we're working really well</p> <p>19 on discovery, you know, like we should allow each other,</p> <p>20 you know, courtesies like this. You thought of a</p> <p>21 question afterward, that's totally fine with me to go</p> <p>22 outside the scope totally.</p> <p>23 We will reserve.</p> <p>24 THE VIDEOGRAPHER: Going off the record. The time</p>	<p style="text-align: right;">Page 87</p> <p>1 STATE OF ILLINOIS)</p> <p style="text-align: center;">) SS:</p> <p>2 COUNTY OF C O O K)</p> <p>3</p> <p>4 The within and foregoing deposition of the</p> <p>5 aforementioned witness was taken before CAROL CONNOLLY,</p> <p>6 CSR, CRR and Notary Public, at the place, date and time</p> <p>7 aforementioned.</p> <p>8 There were present during the taking of the</p> <p>9 deposition the previously named counsel.</p> <p>10 The said witness was first duly sworn in</p> <p>11 telephonically by Nadine Watts and then resworn in in</p> <p>12 person by Carol Connolly, examined upon oral</p> <p>13 interrogatories; the first 54 minutes of questions and</p> <p>14 answers were transcribed from videotaped audio by the</p> <p>15 undersigned, and the remaining questions and answers were</p> <p>16 taken down in person and transcribed by the undersigned</p> <p>17 acting as stenographer and Notary Public; and the within</p> <p>18 and foregoing is a true, accurate and complete record of</p> <p>19 all of the questions asked of and answers made by the</p> <p>20 forementioned witness, at the time and place hereinabove</p> <p>21 referred to.</p> <p>22 The signature of the witness was not waived,</p> <p>23 and the deposition was submitted, pursuant to Rule 30 (e)</p> <p>24 and 32 (d) 4 of the Rules of Civil Procedure for the</p>
<p style="text-align: right;">Page 86</p> <p>1 is 11:50 a.m.</p> <p>2 (Off the record)</p> <p>3 - - - - -</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 88</p> <p>1 United States District Courts, to the deponent per copy</p> <p>2 of the attached letter.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

1	The undersigned is not interested in the within	1	DEPOSITION REVIEW
2	case, nor of kin or counsel to any of the parties.	2	CERTIFICATION OF WITNESS
3	Witness my official signature and seal as	3	ASSIGNMENT REFERENCE NO: 3562190
4	Notary Public in and for Cook County, Illinois on this	4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5	11th day of October, 2019 A.D.	5	DATE OF DEPOSITION: 9/27/2019
6		6	WITNESS' NAME: Elizabeth P. Lassen
7		7	In accordance with the Rules of Civil
8		8	Procedure, I have read the entire transcript of
9		9	my testimony or it has been read to me.
10		10	I have made no changes to the testimony
11		11	as transcribed by the court reporter.
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
1		1	DEPOSITION REVIEW
2		2	CERTIFICATION OF WITNESS
3		3	ASSIGNMENT REFERENCE NO: 3562190
4		4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5		5	DATE OF DEPOSITION: 9/27/2019
6		6	WITNESS' NAME: Elizabeth P. Lassen
7		7	In accordance with the Rules of Civil
8		8	Procedure, I have read the entire transcript of
9		9	my testimony or it has been read to me.
10		10	I have listed my changes on the attached
11		11	Errata Sheet, listing page and line numbers as
12		12	well as the reason(s) for the change(s).
13		13	I request that these changes be entered
14		14	as part of the record of my testimony.
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
1	Veritext Legal Solutions	1	DEPOSITION REVIEW
2	1100 Superior Ave	2	CERTIFICATION OF WITNESS
3	Suite 1820	3	ASSIGNMENT REFERENCE NO: 3562190
4	Cleveland, Ohio 44114	4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5	Phone: 216-523-1313	5	DATE OF DEPOSITION: 9/27/2019
6		6	WITNESS' NAME: Elizabeth P. Lassen
7		7	In accordance with the Rules of Civil
8		8	Procedure, I have read the entire transcript of
9		9	my testimony or it has been read to me.
10		10	I have listed my changes on the attached
11		11	Errata Sheet, listing page and line numbers as
12		12	well as the reason(s) for the change(s).
13		13	I request that these changes be entered
14		14	as part of the record of my testimony.
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
1	October 11, 2019	1	DEPOSITION REVIEW
2	To: William Ragen, Esq.	2	CERTIFICATION OF WITNESS
3	Case Name: Vargas, Leticia v. Sheriff Of Cook County et al.	3	ASSIGNMENT REFERENCE NO: 3562190
4	Veritext Reference Number: 3562190	4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5	Witness: Elizabeth P. Lassen	5	DATE OF DEPOSITION: 9/27/2019
6	Deposition Date: 9/27/2019	6	WITNESS' NAME: Elizabeth P. Lassen
7		7	In accordance with the Rules of Civil
8		8	Procedure, I have read the entire transcript of
9		9	my testimony or it has been read to me.
10		10	I have listed my changes on the attached
11		11	Errata Sheet, listing page and line numbers as
12		12	well as the reason(s) for the change(s).
13		13	I request that these changes be entered
14		14	as part of the record of my testimony.
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
1	Dear Sir/Madam:	1	DEPOSITION REVIEW
2	Enclosed please find a deposition transcript. Please have the witness	2	CERTIFICATION OF WITNESS
3	review the transcript and note any changes or corrections on the	3	ASSIGNMENT REFERENCE NO: 3562190
4	included errata sheet, indicating the page, line number, change, and	4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5	the reason for the change. Have the witness' signature notarized and	5	DATE OF DEPOSITION: 9/27/2019
6	forward the completed page(s) back to us at the Production address	6	WITNESS' NAME: Elizabeth P. Lassen
7	shown	7	In accordance with the Rules of Civil
8	above, or email to production-midwest@veritext.com.	8	Procedure, I have read the entire transcript of
9	If the errata is not returned within thirty days of your receipt of	9	my testimony or it has been read to me.
10	this letter, the reading and signing will be deemed waived.	10	I have listed my changes on the attached
11		11	Errata Sheet, listing page and line numbers as
12		12	well as the reason(s) for the change(s).
13		13	I request that these changes be entered
14		14	as part of the record of my testimony.
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
1	Sincerely,	1	DEPOSITION REVIEW
2	Production Department	2	CERTIFICATION OF WITNESS
3		3	ASSIGNMENT REFERENCE NO: 3562190
4	NO NOTARY REQUIRED IN CA	4	CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
5		5	DATE OF DEPOSITION: 9/27/2019
6		6	WITNESS' NAME: Elizabeth P. Lassen
7		7	In accordance with the Rules of Civil
8		8	Procedure, I have read the entire transcript of
9		9	my testimony or it has been read to me.
10		10	I have listed my changes on the attached
11		11	Errata Sheet, listing page and line numbers as
12		12	well as the reason(s) for the change(s).
13		13	I request that these changes be entered
14		14	as part of the record of my testimony.
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	

Lassen Elizabeth

Pages - - -

1	ERRATA SHEET	
	VERITEXT LEGAL SOLUTIONS MIDWEST	
2	ASSIGNMENT NO: 3562190	
3	PAGE/LINE(S) / CHANGE /REASON	
4	_____	
5	_____	
6	_____	
7	_____	
8	_____	
9	_____	
10	_____	
11	_____	
12	_____	
13	_____	
14	_____	
15	_____	
16	_____	
17	_____	
18	_____	
19	_____	
20	Date Elizabeth P. Lassen	
21	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____	
22	DAY OF _____, 20____.	
23	_____ Notary Public	
24	_____	
25	Commission Expiration Date	

Transcript Word Index

[0035-0037 - 97]

0	15 3:20 45:3,20,24 46:2,9 61:18,23 76:16 84:6	24/7 15:24	44114 -:2
0035-0037 3:15	16 12:14	2650 1:17 4:6	45 14:18
0118-0120 3:19	18 1:7	27 3:3	5
0141-0145 3:21	1820 -:2	27th 1:18 4:3	5 3:6 33:12 54:6 76:21 77:3 84:15
084-003113 -:9	1865 1:7	2906 76:16	5:00 11:15 19:11
1	19th 38:9 53:5 76:5 80:8 82:21 82:24 83:12 85:8	2n 13:20 14:21 15:9 16:9,16 20:11 21:21 26:3,11,16 30:19 33:15 47:10 49:24 50:5 70:3,10 81:9,22 82:1 85:3	54 87:13
1 3:12 4:2 9:1,4 23:21 24:4 33:12	1r 31:1	2w 13:20 14:21 15:9 16:10,16 20:11 26:11,20 49:24 50:5 81:9,22 82:2 85:8	6
10 77:11,14	2 3:14 11:21,21 13:24,24 22:6,7 23:12 24:8,19,22 33:12 35:10 39:5 43:10 45:13,19 51:4 53:14 74:22	3 3:16 23:5,6 33:1,4,12 57:10 59:8 75:6 79:20	6 3:20 68:6,9
10:00 11:15 19:11	20 11:9 12:4,12,15 -:16 -:22 -:22	30 87:23	603-7944 2:11,17
10:32 45:9	200 2:4	3000 -:11	60602 2:10,16
10:41 45:13	2007 18:14	302 2:10,16	60604 2:5
100 31:22	201 2:4	312 2:5,11,17 -:12	60606 -:11
10th 77:16	2011 8:10,14 10:8 18:14	3-19-2016 24:24	68 3:20
11 -:4	2014 77:12,14,16	32 87:24	7
11:38 79:17	2016 9:18 13:2 20:22 25:22 67:3 71:21 72:6,7,11 76:5 80:8 82:21,24 83:12 85:9	35 22:8	7a 76:15 79:23,24
11:43 79:21	2019 1:19 3:3 4:4 -:5 -:4	3562190 -:7 -:2 -:2 -:2	8
11:50 86:1	20551 -:8	36 3:18	8 8:10 20:19,23
1100 1:17 -:1	21 74:22	37 22:8	8:08 37:23
112 53:2,17,20	216-523-1313 -:3	386-2000 -:12	80 31:22
118 36:13	22 3:14	4 3:18 33:12 35:10,12 36:10 36:11 60:11,11,12,15,20 62:5 77:12 84:6,9,14,19 87:24	82 3:7
11th -:5	226 23:22 24:5	427-3200 2:5	84 3:8
12 77:10 78:10	23 3:16		85 3:6
120 36:13	24 16:2		9
122 54:1			9 3:12
14 77:15			9/27/2019 -:8 -:3 -:3
141 68:7			9:38 1:18 4:4
1413 24:24			9:52 15:3
145 68:7			9:53 15:6
			97 31:20

[a.d. - available]

a			
a.d.	administrator	andrew	asking (cont.)
1:19 -:5	1:4	2:23 4:10	66:4,4 73:14 74:7
a.m.	admissions	angel	aspects
1:18 4:4 15:3,6 45:9,13	54:20 55:8	1:4 21:9 41:4 83:1,24	65:18
79:17,21 86:1	adult	anita	assess
abbreviation	10:21	78:12	41:20 55:6,23 56:4
48:20	affixed	annual	assessed
ability	-:15 -:21	57:17 58:4,7	47:4
29:7	aforementioned	answer	assessing
able	87:5,7	8:1 14:4,9 33:17 35:1 43:3	65:9
8:1 24:3 39:21 42:7 43:11	afterward	76:17	assessment
47:3 52:17 53:7 67:24	72:15 85:21	answers	62:15 67:16,18
abnormal	agency	7:17,21 87:14,15,19	assigned
31:21	57:4	antianxiety	15:20 85:8
accepted	aggression	53:23	assigning
17:11	34:1	antipsychotic	49:10
access	aggressive	53:16	assignment
14:8	40:16	antipsychotics	47:23 55:17 -:2 -:2 -:2
accessible	agitated	66:21,23 67:1	assistant
16:23	32:1	anxiety	4:15 10:8 78:14
accrediting	agitation	10:24	assisted
56:14	53:23	anybody	21:16
accurate	ago	11:23 39:20	associated
87:18	6:16 18:21 59:8	appear	28:13
accurately	agreeing	33:4 -:11 -:15	association
8:1 9:6,6	5:10	appeared	18:22
acknowledge	agreement	2:7,12,19	asthma
-:11 -:16	42:15	appears	74:2
acronym	al	33:14 68:14	attached
69:22	1:8 2:13 76:16 -:6 -:3 -:3	appended	88:2 -:7
acronyms	alabi	-:11,18	attempted
69:24	4:14	appetite	12:1
act	allan	43:11	attempting
-:14 -:20	77:7,8	approach	28:4 52:1
acting	allopathic	17:7,15	attending
51:18 87:17	17:8	appropriate	16:6
activated	allow	38:14 58:20 84:11	attorney
40:16	85:19	area	2:9,15 4:15 78:13,14
active	allowed	10:2 11:14 20:20 65:17	attorneys
31:19	36:7	67:11	4:8 78:17
acuity	alter	areas	attributes
48:6,9,10 49:6,11,14	53:9,11,12	33:10	43:12
acupuncture	alternate	argumentative	audio
17:14	12:11 19:16	79:9	4:20 87:14
acute	alternatively	arrangements	auditory
11:20 13:21 47:19,21 48:10	47:19	50:22	43:18
48:21	alvarez	arrived	augustus
addition	78:12	38:9 55:16	4:14
11:11	amended	arrives	authority
additional	76:18	5:15 45:11	47:12
17:12	american	asked	authorize
address	18:3	39:16 43:20 44:18 76:1	-:11
-:15	amount	85:16 87:19	autopsy
administration	35:4,7 55:23 56:5,9	asking	71:7,11,16,22
29:22 52:10,11 53:4	andrea	7:17 21:8 24:21 41:5,12	available
	78:13,15,16	45:18 50:16 57:22 60:7	16:1,7,12 17:2,17 18:7

[available - close]

available (cont.) 19:19 26:1 37:7 49:19,24 50:2,6 65:13	believe (cont.) 68:23 73:2 76:13 77:16 84:23	call 14:15,24 16:2,13,17,20 17:3	changed 50:3 60:23 61:7
ave -:1	best 72:23	called 5:2,9 16:5 26:4 57:5 76:15	changes 12:13 43:7 -:12 -:7 -:7,9
avenue 2:4 4:6	better 22:16 47:16 48:8	calm 42:7,23 63:7	charge 13:3
avh 43:17,17	beyond 26:9 33:24	calmed 61:1 63:20	chart 28:3 36:15 40:7 53:24 65:5 65:10 71:20
avis 4:12	big 11:1	capacity 82:20,23	chatman 4:13
avoid 58:23	bill 4:11	card 80:20	check 29:19 72:9,15 80:15,16,18 80:18,19,20 84:10
avoided 11:3	bit 17:14 84:5	cards 80:15,19,23	checked 69:9
aware 21:7 57:13,14 66:5,16,17 66:20 67:2,3 78:2	blanket 46:19 47:3,5,8	care 9:8 13:23 49:16,19 50:6,18 52:2 72:23 73:4 81:19 84:16,20,22 85:6	checks 12:2 45:3,20 46:2,4,9,10 61:18,23
b	block 65:19	carol 1:14 45:15 87:5,12 -:9	chemical 40:18
back 23:11 32:3 39:5 43:10 51:4 56:2,3 61:20 62:5 66:10,12 74:6 78:11 -:15	blood 31:18 64:17,20,21 65:15,19 65:20	case 7:1 10:24 32:13,14 73:20 76:15,16 -:2 -:6 -:3 -:3	cherri 4:13
based 9:22 31:13,23 43:14 53:6	board 17:22,24 18:4,5	cases 7:7 79:1	chicago 1:18 2:5,10,16 4:6 18:14 -:11
basement 81:11,13	body 34:2 56:14	cause 65:19 71:3	chief 13:5,7
basic 28:21	booking 77:11,13	ccdoc 76:23	chiropractic 17:13
basically 16:4	bottom 39:6 45:19 51:10 54:2 69:18	ccdoc's 76:24	choose 51:16 55:5
bates 68:7	box 28:20 69:19	cell 21:21 23:7,9 26:24 27:1,14 33:2 75:7,9,12,17 83:9,13 83:14	chose 53:5,10,12
beats 31:20	brand 11:22	center 2:10,16 19:11	circulation 64:13,16 65:14,21 69:1
bed 3:16 32:23 33:3,3,4,6,7,9 34:9	break 15:2 45:8 79:14	cermak 3:20 21:1 29:10 49:20 50:19 57:13,15,23,24 58:3 58:3 59:13,17 64:23 76:24 80:24 81:7,7	circumstance 83:8
bedframe 33:13	brief 21:17	cerner 46:13	civil 1:15 87:24 -:5 -:5
beds 28:5 33:16	broadly 63:23	certain 18:10 35:4,7 40:19 55:23 56:5 77:13 84:10	classroom 10:22 11:1
beginning 4:2 45:13 79:20	brown 76:15 77:7,8	certificate -:11	clear 78:5
behalf 2:7,12,19 4:16	building 20:17,18,20,24 21:1	certification 17:22 18:5 -:1 -:1	cleveland -:2
behavior 31:24 45:4	busy 76:4,7,8	certified 17:24	clinical 10:12 11:2 29:3 41:18
behavioral 9:9 11:24	ca -:24	change 12:16 47:12 -:13,14 -:8 -:3	clinics 9:23 10:1
belief 76:22	calendar 19:16 20:8 81:1		clips 58:13
believe 6:19 11:6 24:15 26:23 30:12 31:13 33:18 34:20 35:10 46:11 48:11 52:9	calhoun 4:12		close 11:23 12:2 13:16 15:18 27:21,22,23 28:1,9 45:3,20 54:18,19,21,22,23 55:2,8
	california 1:17 4:6		

[close - deal]

close (cont.) 55:18 61:9 68:12 69:4,5 83:3	connected 21:3	cookcountyil.gov 2:11,17	cruz 1:4 21:9,11,13 22:10 23:8 24:3 25:1 27:2,6 28:1 29:13 30:2,16 32:8 33:4 35:14,21 40:1 43:11,15 44:19 47:4 62:8,24 63:15 65:9 67:6,16 67:20 70:15,17 73:3,10,24 74:8,12,18 75:9,15 76:1,2 83:1,24 85:3
closed 76:9	connection 10:6 78:21 79:2	copy 9:3 22:9 88:1	cruz's 23:14 27:14 31:8 33:2 36:15 65:5 72:1,13 74:15 75:7
clot 65:15	connolly 1:14 45:15 87:5,12 -:9	correct 7:5 9:15,17,20 10:7 11:7,8 12:5 15:11,22 17:19 18:6 19:5,24 20:9 22:17,18 25:15 31:7 38:4 43:22 44:17 47:9 51:3 52:5 53:5 55:4 65:2 74:5 75:8,23 83:21	csr 1:12,14 45:16 87:6 -:9,9
cni 69:20,21	consider 31:20	correctional 6:23 11:5 15:9 27:15 34:20 62:3 82:10,13,17,23 83:13 83:20	current 7:4 8:4,5 30:24 31:2 52:4
combination 58:11	considered 48:12	corrections 14:23 46:5 -:12 -:17	currently 6:11 30:24
coming 11:13,15,16 37:21 40:8	constitutes 14:6	counsel 2:2 87:9 -:2	curriculum 3:12
commencing 1:18	consult 67:12	county 1:8 2:9,13,15,19 3:14,18,21 4:5,14 6:10,14 8:12 11:5 15:17 18:17 22:8,8 23:10 24:4,5 33:20 36:13 41:19 49:2 57:13 68:7 69:23 70:18 73:14 74:17 76:12,24 77:24 78:13,21 79:2,11 83:19 87:2 -:4 -:6 -:3,10 -:3 -:15	cut 34:2 50:16 64:17,20
commission 56:14,20 -:19 -:25 -:25	consultants 82:4,5	couple 10:24 65:16 82:7	cv 1:7 9:3 17:16 18:12 72:10 76:16
communicate 51:22 67:24	consults 67:15	courses 10:11	d
communication 28:24 38:11	cont 44:24 46:16	court 1:1 4:17,22 5:8,14,20 45:7 45:11,15 -:7	d.o. 3:2 17:5,18
community 9:22,24 73:15,15	contact 16:20,21 38:6	courtesies 85:20	d.o.s 17:10
complaint 30:11 76:15,18 79:23	contacted 35:2	courts 1:16 88:1	daily 45:24 54:6,7,12,13
complete 38:18 39:2 87:18	contain 81:4	cover 16:3 85:10,11	daley 2:10,16
completed 10:19 68:13 -:15	content 58:14	coverage 8:16,17 16:3,10 19:19	dangerous 51:19
compliant 43:23,24	continue 30:24 31:2 41:1,21 44:23 45:1,2 46:17 47:11 52:4 60:16 62:8	covering 11:20 16:6	dart 2:19
comprehensive 23:17	continuing 62:21	create 19:15	dash 56:17
computer 22:14 25:4,5,14,17,20,23 26:1,19 27:2 29:15 46:13 62:17	contract 42:7,10,12,16	created 24:11	date 4:3 24:23 52:20 77:14 87:6 -:8 -:3,9,19 -:3,13,25 -:20 -:25
computers 26:22	controlled 18:10	crr 1:14 45:16 87:6 -:9	day 1:19 32:16 37:21 77:15,16 -:5 -:16 -:22 -:22
concentration 22:4	conversation 41:12,15,18 42:2,24 43:5 43:14 74:7		days -:18
concern 83:10	conversations 72:4,16 74:6,9		de 34:4
concerned 67:23	convulsive 50:1		dea 18:7,10
condition 29:3	cook 1:8 2:9,13,15,19 3:14,18 4:5,14 6:10,14 8:12 11:5 15:17 18:16 23:9 33:20 41:19 49:2 57:12 69:23 70:18 73:14 74:17 76:12,24 77:23 78:13,21 79:2,11 83:19 -:4 -:6 -:3 -:3		deal 73:9
conditions 65:24 66:14 73:23			
conferences 10:24			
confident 5:19			
conflict 15:1			

[dealing - employment]

dealing 51:2	describing 77:5,13	direct 52:17	dropped 7:12
dear -:10	designation 48:23 49:1	director 9:18	drug 18:9
death 71:3 72:1,13 74:15	detailed 57:20	discharge 47:18	duly 5:2 87:10
decipher 68:17	details 71:2	discharged 47:21	duties 9:10,12 54:15 78:21 83:2
deceased 43:11	detainee 25:21 33:21,23 34:14 40:12	discomforts 68:2	dvt 66:18,21,24 67:4,10
deed -:14 -:20	49:11,14,18 50:5,7 60:6	discovery 85:19	e
deemed -:19	61:6,15 69:5,16	discussed 32:13,14 51:14	earlier 54:14 63:1
defendant 2:19 6:18 7:6 76:22 77:17	detainees 44:4,11	dislocation 66:18	easily 17:2
defendants 1:9 2:12 76:18	detainee's 47:13	disorders 11:1	eastern 1:2
defendant's 76:17	determination 84:19	disorganized 51:19	ect 50:1,21,24
definitively 28:10,11	determinations 50:4 82:11,14,15	disposition 11:18 51:13,17	edema 66:17
degree 10:17	determine 39:14 40:24 41:20 43:24	distress 11:18 52:1 67:14	effects 44:15,16 68:2
demand 23:20	47:20 48:6 60:5,16 67:9	district 1:1,1,16 88:1	either 7:6 15:15 16:22 17:11,18
demolished 20:17	determined 7:12 19:9 62:15	division 1:2 20:19,23	19:10 26:21 30:3 42:15
demonstrated 63:7	determining 13:3	doc 55:17	61:14
denied 39:15 43:18 68:1	develop 65:15	doctor 4:24 67:8 76:23 82:1	electric 50:1
denies 39:8 43:17	developing 66:1,15	doctorate 17:4	electronic 46:14
department -:22	diagnose 73:10	doctors 81:22	electronically 22:20
depend 13:11	diagnoses 28:13 74:3	document 9:2 20:6 22:5 36:12 68:5	elgin 9:23
depends 55:19	diagnosis 73:18	documentation 29:9	elizabeth 1:11 3:2 4:3 5:1,24 -:8 -:4,9
depicted 33:3	diastolic 31:18	documents 71:19	-:4,13 -:20
deponent 88:1	diazepam 53:17 54:2	doing 7:20 16:16 20:10,22 40:16	else's 48:5
deposed 6:12 7:3 78:4	dictionary 45:22	46:1,9 47:16 49:7 61:3	email -:17
deposition 1:11 2:2 3:2 4:2,5 5:7 6:7	died 21:8 70:15,17	63:20 77:23 83:2	embolism 71:10
6:13 7:14 22:3 71:16 87:4,9	difference 15:8 17:6,7	door 20:3,4 27:15 75:19 81:2,6	emergency 5:9 14:24 81:14,15,20 82:4
87:23 -:8,11 -:1,3 -:1,3	differences 15:12	83:3	82:5
depositions 1:17	different 6:11 9:16 17:9 20:11,20,20	double 23:22 78:10	employed 6:22 8:12,12,18 57:12
depth 72:19	38:22 49:6 56:18 61:12	dr 3:12 4:3,11,11 5:10 13:5,6	64:23 76:23
deputies 83:19	differently 41:13	15:7 19:18 20:5 24:16	employees 74:8
	differs 14:20	72:12 74:14 76:11,19,19	employment 7:4 8:4,5,14,21 18:16,17
		79:22 81:2,6	79:2

[enacted - full]

enacted 56:22	evenings 11:12 12:8 19:11	factors 67:5	flaxman (cont.) 77:21 79:14,22 80:17 82:6
enclosed -:11	everybody 69:11	failed 34:5	84:17 85:2,7,13,16
encounter 21:17 25:5,17,24 27:1 75:24	exactly 63:2	fairly 50:20	flexible 13:12
encounters 76:2	examination 3:5 5:5 82:8 84:3 85:1	familiar 37:11 70:2	floating 75:5
ends 30:19,21	examined 5:3 87:12	family 5:9	floor 80:24 81:7,9
enforcement 18:9	example 50:15,22 84:15	far 17:14 19:5 22:15 35:4 41:8 49:4 50:2 65:17 75:13,17	flow 65:19
engage 41:12	exception 31:17	federal 1:15 14:5	fluctuate 32:2
engagement 7:9	exceptions 43:6 64:6	feel 20:18 23:24 56:10 57:7,9 73:4 79:12,13	fluctuated 76:8
enter 25:24 26:2 38:15 62:16,22 73:18	executed -:10	felt 83:10	folder 69:10
entered 22:19 23:1 30:19 31:6 37:17 51:9 55:24 56:6 62:20 -:9	execution -:14 -:19	female 11:21	following 2:2 4:19 56:3 61:20 66:12
entering 22:13 37:15 39:1	exercises 63:22 64:1,4,11 65:1,7,11	fewer 11:12	follows 5:4
entire 8:13 -:5 -:5	exhibit 3:12,14,16,18,20 9:1,4 22:6 22:7 23:5,6,11 24:8,19,21 33:1,4 36:10,11 39:5 43:10 45:19 51:4 62:5,6 68:6,9 75:6 76:14,15 79:23	fifteen 3:20	force 6:21,23
er 16:4,5	exhibits 3:10	filed 77:22 79:8	foregoing 87:4,18 -:13 -:18
errata -:13,18 -:7,10,18 -:1	exist 70:4,5	filled 19:17	forementioned 87:20
escalation 34:4	expected 35:3,8	finally 24:21	form 3:21 69:14
escorted 83:13	experience 11:4 40:10 41:19 67:10	find 19:19 25:5 41:8 52:14 69:3 -:11	formal 14:2
especially 76:9	experiencing 67:9	fine 23:21 85:15,21	forms 68:6,8,12,13 69:6
esq -:5	expertise 65:17 67:11	finish 7:15,16,17	forward -:15
estate 1:4	expiration -:19 -:25 -:25	finished 25:11 79:15	found 30:24 63:12,16
et 1:8 2:13 76:16 -:6 -:3 -:3	explain 54:3	first 5:2 27:19,20 32:4,4 39:6 51:5,6 53:19 76:17 80:24 81:7 87:10,13	foundation 40:5 84:17
evaluate 35:3,8 40:22 56:21	extremities 64:14,16,18,21	fit 13:17	four 9:7 10:21 26:21 49:6
evaluates 40:24	f	five 68:20	franklin -:10
evaluating 11:16	faces 78:18	flaxman 2:3,3,23 3:6 4:9,9 5:6,13,19 5:22 15:7 20:15 23:18,20 23:23 24:1 35:7 40:10 43:9 45:7,18 46:8 50:11 52:19 52:24 53:19 56:9 57:2 60:4 62:2 68:5 71:21 73:19 77:3	free 23:24 -:14 -:20
evaluation 11:23 74:1	facility 49:21 50:7		frequency 46:5
evanston 18:20,22	facing 32:23 75:15,16		frequently 40:22
evening 8:17 11:7 12:9	factor 67:2,4		friday 12:11
			front 23:13 24:7 69:14
			full 8:14,18,21 9:10 11:11,23

[functioned - injure]

functioned 13:24	guidelines 14:3,6,9 56:11,23 57:3,4,6	higher 49:15 65:24 66:15	hypothetical 43:2
functioning 26:21 31:12,14	h	highest 48:10,21 49:17	i
further 85:1	haidari 2:15 3:7 4:15,16 82:7,9	hines 8:6,9,12,13 9:7,22 10:1,14 14:10,13,20,23,24 15:8,17 15:24 16:4 18:17	idea 78:2 79:7
future 5:17	half 10:13	hired 12:18,20	ideation 39:11,13
g	hallucinations 43:19,21	hispanic 21:17	identified 48:16
gangrenous 65:20	hand 4:24 8:24 19:20 27:5,11	histories 51:6	identify 4:8
general 10:21 28:23 30:10 32:15 41:4,5	handful 78:4,17	history 29:2,8 30:10	illinois 1:1,18 2:5,9,10,15,16 4:7 4:23 18:13,23 87:1 -:4,11
generally 40:15 57:22	handing 36:9 44:5	hit 28:5 34:2	illness 30:10
generation 53:16 66:20,23 67:1	handle 41:13 50:19	hold 19:7 57:8	illnesses 29:7
gentleman 21:18 72:24	happen 5:17 27:9	holes 34:13	imagine 14:8 37:22 82:3
gentlemen 31:23	happened 41:23 63:10	holistic 17:7,14	important 48:1
getting 41:14	happens 40:20	homicidal 39:13	impossible 47:2
give 7:20 19:18 64:24	harming 83:11	horizontal 33:12	impression 30:22 51:11
given 6:7 10:23 25:3 29:20 40:17 51:24 64:1,4 65:6,10 73:5,6 73:20	head 7:21 28:6	hospital 3:14,18 6:11 8:7 9:7 16:3 18:20,22 81:8	improving 51:20,23 68:1
gives 31:11	heads 34:3	hospitals 19:2 56:21 57:9 59:14 76:9 84:10	impulsive 51:19
giving 44:3 47:23	health 3:14,18,20 9:9,19 29:6,19 31:12 46:6 55:19 61:11,18 61:22 65:16 67:23 76:24	hour 12:12 56:11,12 57:11 84:6 84:9,14,15,19	included -:13
go 16:4,22 17:10 20:24 22:23 23:11 25:4,5 26:9 27:14 32:3 39:5 40:16 48:2,21 51:4 62:5 71:1 72:18 76:21 78:11 85:21	hear 61:14 64:19	hours 11:9,10 12:4,14 13:4,10,10 16:2 31:19 35:10,11,12 60:11,13,15,20 80:7,10	including 65:21
goes 22:8 36:12	heard 42:11 66:24 71:7	house 47:10	incomplete 43:1
going 5:11,14,17 8:24 13:14 15:3 15:5 21:7 28:12 32:18 33:2 42:3,4,17,17,18 43:9 45:9 45:12 48:13 56:17 67:9,18 68:3 74:6 79:16,19 85:24	heart 31:21 32:2	housed 10:1 30:19 47:20	incorporated -:12
good 31:11 37:5 38:10 42:9	heavier 31:23	housing 47:11,13,23	increased 66:21,22,24
great 73:9	heavyset 21:17	howard 76:16,19	indicates 39:3
ground 21:6	held 4:6 9:11	huff 78:14,15,16	indicating -:13
guess 33:11 37:20 70:1 78:5	helen 4:13	hurt 28:5 41:14 42:17 52:1 63:8	inform 63:18
	help 10:16 16:24 52:18 73:3	hurting 39:18,20 41:9	informal 74:9,10
	hereinabove 87:20		information 22:22 23:1,1 25:10,10,11 27:21 28:21 57:21 62:3 63:17 70:9 76:22 77:4
	hey 16:23		initially 11:9 12:3 73:16
	hi 4:22 39:8,12		injure 47:1

[injured - list]

injured 34:3	issues 11:24 16:7 50:10 65:20,20	kill 41:11 42:3	lawn 9:21,24 10:2
injury 34:1 83:11	j	kin -:2	lawsuit 6:18,20 7:11 77:22 78:3
inpatient 11:20 13:13,21,24 14:7,11 14:13,20 15:8,15,24 33:6 37:6,10 48:11 49:15,20 50:20,21 51:17 52:2 57:10 59:15 84:18	jaf 2:6	kind 11:18 17:13 30:6 34:13 42:5,13 50:5 81:18	lawsuits 79:8
input 32:16 61:16	jail 6:22 8:12,17,19,22 11:5,14 13:2,10 14:21 15:9,10 18:17 19:9 20:11,21 21:9 33:20 34:22 38:9,14 41:19 47:22 49:2 57:13 69:23 70:18 71:24 72:5 73:3 74:4 74:8 76:12 77:24 78:22 79:3	knew 37:19,21 67:6 85:10,11	lead 58:7
insert 34:2	jaruwan 4:12	know 5:11 7:11 12:23 13:6,11,13 14:2,4 15:23 16:24 17:11 18:24 19:5 23:15 28:1,16 29:17 30:6 31:23 33:1,18 33:24 35:7,14 37:3,5,17,20 38:5,7,18 39:1,3 40:3,14,16 41:10,14 42:18 46:8,15,15 48:18,19 50:2,17,22 51:24 53:21,22,22 55:10,15 57:8 57:20 58:5,21,22 59:12 61:1,17,21 63:1,3,4,11,13 63:15,22 64:7,9 65:3 66:2 66:18 67:12 68:13 70:5,12 71:6 72:19,20 73:12,15,23 74:14,18,21 77:7 78:4,15 79:4,5,7,13 80:13 81:13 82:17 83:17,23 85:15,18,19 85:20	leadership 12:13,16
instance 40:14 50:1 82:18	jason 77:7,8,17	knowing 40:8	leading 59:9
instructor 10:12	jcaho 56:10,13,16 57:2,5	knowledge 38:24	learn 17:14 35:23,23 61:6 70:15 70:17,20 71:3,5
intake 11:13 19:10 29:18 47:19 73:16,16,17 77:11,13	jcaho's 57:1	knows 5:17	learned 39:24
intakes 11:23 20:10,13,15,22 49:8	jeremey 2:22	krzyzowski 4:13	leather 34:15
intend 31:2	job 9:10,16 11:11 48:5 78:21	label 68:7	leave 80:6
interagency 3:20	joel 2:3 4:9 5:8	labeled 24:4	lecture 10:23
interchangeable 83:20	joint 56:14,16,16,20	lack 65:14	lectures 10:24
interested -:1	joints 66:18	large 76:10	legal -:1 -:1
interfering 29:7	joliet 9:23	larger 9:24	length 19:12 59:24
intermediate 48:14	july 72:7,11	lasalle 9:23	leticia 1:4 -:6 -:3 -:3
internet 25:6	jumping 28:5	lassen 1:12 3:2,12 4:3,11 5:1,10 5:24 15:7 24:16 76:11,19 76:22 77:17 79:22 -:8 -:4,9 -:4,13 -:20	letter 88:2 -:19
interpret 54:5	june 72:6	latin 45:6,22	letters 48:18
interrogatories 5:3 87:13	k		level 48:6,9,10,14,15,21 49:11 49:14
interventions 34:5 37:9 58:21	kanel 4:13		levels 49:6,7
interview 25:19,24 26:7,10,11,13 51:21 74:12	kankakee 9:23		licensed 17:17
interviewed 13:14 41:4	kelner 13:5,6 19:18 72:12 74:14		licenses 18:4
interviewer 25:20	kelner's 20:5 81:2,6		licensing 17:20
interviewing 61:9	kenlaw.com 2:6		limitation 29:2
involved 34:17,19 58:19 62:1 74:16	kenneth 2:3,23		line 27:20 28:13 29:9 32:22 43:23 44:24 46:16 47:10 52:3 -:13 -:7 -:3
issue 26:22 31:14,19 65:20	kept 27:12 40:12 69:8 70:3,9		list 9:6 30:6 36:14 52:7 54:2 55:12,14,17 66:4 69:12

[listed - needed]

listed 11:4 17:16 30:7 31:6 38:15 53:19,20 74:1 78:14 -:7,17	lying 32:23 33:5	mean (cont.) 72:14,14 73:6 74:11,16 75:16 78:4,23 82:3 85:14	minutes 45:24 87:13
listing -:7	m	meaning 15:20 30:18 32:7 42:23 43:20 44:16 45:23 46:16 54:12	misquote 52:15
lists 24:23 36:20 51:6 53:17 78:12	m.d. 17:5,10,18	means 10:6 25:7 28:17 29:6 32:5 34:12 38:18,21 39:2 42:11 45:21,24	modality 37:7,8
literature 66:3	madam -:10	meant 47:7	module 58:9
litigation 24:4	mail 19:22	media 4:2 45:13 79:20	moment 32:21
little 12:8 42:5 84:5	making 25:11 43:7 50:4,17	medical 9:18 10:19 16:19 17:8 21:24 22:1 23:14 29:19 32:10 35:24 46:14 50:17 60:19 65:24 66:7,14 67:12 67:15,16,19 73:23 74:1 76:24 81:19 82:4	monitoring 34:22 35:4,5
local 49:4	male 11:20	medication 29:20,22 44:3,11,16 47:18 52:3,10 53:3,7,19,21,23 54:1,5 55:11	moonlight 18:19
location 20:11,16 69:10	man 21:8	medications 30:24 31:3 40:17,19 43:23 44:1 52:5,7,11,13 53:8,13	moonlighting 8:16 11:7,8 50:3,12
locked 34:15	management 44:23	medicine 17:4 76:23	morning 6:4
lockups 11:16	manalastas 4:12 37:1,3,14,17 38:5,8,15 62:7,11	meds 11:17	motion 63:22 64:1,4,11,24 65:6,11
logbook 70:2,9	mandatory 58:5	memory 21:16	moved 20:18 33:24
long 8:8 18:20 60:9 74:18	maneuvres 17:13	mental 9:19 29:6,7,19 31:12 46:6 55:19 61:11,17,21	moving 58:22
longer 12:19 35:16 51:21 55:8 60:24	manga 2:22	mentioned 12:17	multiple 19:2 25:16 69:16
look 22:23 26:10 39:3 41:5 51:22 52:16 54:1 65:6 68:19,20 70:5 71:13,21 74:20 75:9 79:22	manuel 4:12 36:24	met 77:17 78:16	mumbling 7:22
looked 20:8 22:13 23:12 31:16 51:19 52:10 71:12,15,18,18 78:19 80:2,3	mar 29:21,22 44:2 52:21	michigan 2:4	n
looking 22:12 24:18 39:6 41:2 53:1 53:2,6 61:24 68:3 71:1 74:15 75:12 77:12 80:1	march 25:22 38:9 53:5 76:5 80:8 82:21,24 83:12 85:8	midwest -:17 -:1	nadine 1:12 4:22 87:11
looks 23:13,16 31:1 33:6,12 54:4 69:21 78:23	mark 12:12 55:20	milligrams 53:14 54:6	name 5:22 6:24 20:5,6 24:13 36:3 36:5,8,23 55:17 -:6 -:3,4,15 -:3,4,21
lorraine 4:13	marked 3:10 8:24 9:4 22:6,7 23:5,6 24:8 36:9,11 68:5,9 76:14	min 45:20	named 7:10 21:9 36:24 79:12 87:9
lot 11:10 22:22 35:5 43:13 50:18,20 65:21 69:15 76:1	marks 4:2 45:12 79:20	mind 43:13 52:18 66:10	names 19:16,17
low 31:18	marshall 12:18,22	minute 3:21 31:21 45:3 46:2,9 61:18,23 84:6	narrative 39:6
lower 58:22	matter 4:4		nation 10:3
loyola 10:9,11 16:3,5	maximum 35:12		near 83:3
	maywood 8:7		necessary 60:5
	mean 9:8 14:22 21:24 23:16,19 27:23 29:12 37:20 38:10,24 41:3 42:12,13 43:4 44:22 44:24 45:5 46:22 48:5 50:18 57:4 58:1 59:14,18 61:4 63:11 65:12 66:6 67:24 68:17 69:22 70:4		neck 47:1
			need 11:17 36:8 41:8 48:7,22 49:15 50:18
			needed 16:19 49:14,18 52:2 53:22 55:10 61:15 81:18

[needs - participate]

needs 35:11 48:16,21	nurses 36:7 61:11 83:20	oh 27:22 28:14 54:18	ordered 53:7 70:7 82:18 83:21
negotiation 42:19	nurse's 24:18 26:4,7,10	ohio -:2	ordering 36:20 37:18 38:16 40:10
neurology 18:4	nursing 24:15 29:19 34:20 36:2 44:9 46:4 61:24 68:14,24	okay 6:3,13,24 7:13 8:11,15,18 10:5 11:4 12:22 13:6 14:2 14:10,19 15:14 18:3 20:21 21:5,7,15,21,23 23:4,11,23 24:13,17 25:9 27:11,18 28:12,20 29:9 30:1,9 31:2,5 31:20 32:19,22 33:8,15 34:19 35:20 37:3,11,14,23 38:8,13 41:7 42:1,4,6 43:4 44:10,21 46:1,8,16 48:8 49:6,13 50:14 52:3,22 53:6 54:4,9,21 55:22 57:12,15 58:15 61:17 62:2,24 63:19 63:20 65:14 66:6,20 67:6 68:15,23 70:7,12 71:21 72:8 73:19 75:5,24 77:9,19 80:6 84:20	orders 36:14,18 39:1 40:11 53:9 53:10,24 54:1 62:6
new 5:19 11:22,23 13:16 15:18 20:18 49:11 54:20 55:8 62:22	o		osteopathic 17:4,13 76:23
newest 20:24	oak 9:21,24 10:2		outcome 7:11
night 16:2 39:22	oath 5:11 6:1		outpatient 8:6,8 9:13,22 10:16 48:15
nonpsychiatric 81:18	obese 67:6		outside 85:5,22
nonpsychiatrist 82:1	obesity 67:3 74:2		overnight 40:9
nonpsychiatrists 35:6	object 43:1		overuse 42:14
nonrestraint 34:4	objection 34:24 40:5 46:3 50:8 56:24 60:2 73:13 79:9 80:12 84:17		p
normal 31:17	obligations 13:15	oncall 13:18 17:3 38:3,6	p.c. 2:3
north 11:21 13:24 18:19 19:1 -:10	obs 12:2 13:16 15:18 27:21,22 28:9 54:18,21,22 55:8 61:9 68:12 69:4 83:3	once 38:9 78:20	p.m. 11:15,15
northern 1:1	observation 3:21 11:24 27:23 28:2 41:18 45:3,20 55:18 69:5	ones 66:5,17 68:19 79:5	p4 48:12,12,18,18
notarized -:14	observations 54:19,23 55:2	one's 66:15	packet 23:14 71:14
notary 1:13,14 4:23 87:6,17 -:4,10 -:24 -:10,18 -:15,23 -:23	observe 15:21	online 58:8,10,12	page 3:5,11 9:1 23:21 30:19,21 31:6 32:4 36:12,17 39:7 51:5,6,10 52:24 53:20 54:1 54:10 62:6 69:18 76:21 77:3,12 78:8,9,10 -:13,15 -:7 -:3
note 22:4,9,17,19 23:12 24:7,15 24:17,18,18 25:3,6,8,11,17 27:19 28:8 30:12,16,18 51:5 52:7 75:15 -:12	occasion 10:23	open 50:16	pages 68:20
notebook 25:4	o'clock 19:11	openings 33:12	paige 1:11 3:2 5:1,24
notes 21:14,23,24 25:24 26:2 27:3,5,11 28:4 29:18,20 68:3 74:21,22 75:2	october -:5 -:4	operationally 14:22	paper 22:12,17 23:22 46:15 69:13 69:16
number 4:2 18:10 45:13 55:17 76:16 79:20 -:7,13	offer 50:21	operations 57:1	paragraph 39:7 76:21 77:2,3,4,10,15
numbering 49:5	offered 11:10	opinion 52:2	paragraphs 77:14
numbers 48:13 -:7	offhand 65:4	opportunity 42:9	paralegal 4:10
nurse 32:16,19 36:7,24 37:3,14 37:17 38:5,8,14 61:17,21 62:7,11 69:2,10	office 25:6	oral 5:3 87:12	pardon 70:16
	officer 6:23 27:15	order 17:1 33:21,23 34:15 35:3 35:12,18,20 36:2,4,7,23 37:15,18,24 38:9,15,19 41:1,21 53:8 54:4 55:6,24 56:6 60:1,3,6,10,11,12,16 60:20 62:7,12,15,16,19,21 62:22 67:8,12,15,19 70:8 82:19	part 8:17 9:12 11:10 16:13 31:17 58:4 59:1,22,23 71:14,19 77:10 -:9
	officers 32:17,20 34:20 62:3 82:10 82:13,17,21,24 83:13,20		participate 46:6
	official -:3 -:15 -:21		

[particular - providers]

particular 7:9 32:15 33:7	phone 16:7 -:12 -:3	portions 58:12 59:8	pressure 31:18
particularly 64:7	phrase 39:2 42:10	pose 66:21	presume 40:6
parties 5:9 -:2	physical 28:7 40:18,21	position 9:11 11:8,10 12:24 42:5	pretty 23:16 40:20 71:1 76:8
parts 59:6,7	physically 19:14,20 55:16	66:6	previously 87:9
paschos 4:11	physician 7:8 17:17 34:22 35:2,8	positions 9:7	primary 9:8
passed 70:24	36:21 37:18 38:16	possibility 61:2	print 19:15
patient 7:9 9:19 15:21 16:24 24:15	physicians 34:16	possible 12:7 40:23	printed 55:15
25:5,19,23 30:11 31:11	pick 48:2 52:20	posted 20:1	prioritize 55:11
32:3,5,7 33:24 34:17 35:3,9	picture 3:16 34:11 75:5	power 50:6	probably 15:13 19:6 21:4 25:2,7 28:7
39:14 41:20,21 42:14,20,22	pictures 26:3 78:17	powerpoints 58:14	28:10 37:19 42:13 46:14
42:24 48:16 51:13 54:19,23	piece 69:13	practice 25:23	61:5 64:6 65:21 66:19
55:2,17,23 56:5 63:24 64:3	pieces 69:16	predict 37:22	73:17
64:7 65:15,23 66:13 67:9	place 59:15 87:6,20	prefer 11:2 43:4	problem 6:3 30:6
81:18,19 83:11 84:10,21	placed 35:14,18	preferably 30:3	problems 30:7 65:22
patients 10:15,15 11:22 12:2 13:13	places 16:11 25:16	premises 36:6 56:12	procedure 1:15 6:4 87:24 -:5 -:5
13:16 15:18,18 54:16,21	plaintiff 1:5 2:7 4:9 7:1	preparation 65:8,9	procedures 56:22
55:5,6,7,12 81:15	plaintiff's 9:1 22:6 23:5 36:9 68:6	prepare 71:16	proceedings 4:19 45:14
patient's 34:6	76:14,17	prepopulate 52:8	process 63:3 74:17 77:11,13 80:16
pattern 19:13	plan 5:18 30:22 42:8,15 51:11	prepopulated 28:16 30:7 51:7	80:18
pdf 19:15	please 4:8,17,24 5:23 45:21 68:20	prerequisites 17:8	produce 57:8
pe 71:8,9	-:11,11	prescribe 18:10	production -:15,17,22
pending 38:18 39:2	plus 36:1 41:18 71:7	prescribed 54:3	professional 60:15,19
people 11:15 40:20,20 46:24 58:8	pointing 53:18	prescribing 44:11 45:23	professionals 61:12
58:24 61:1 63:6 70:24	police 6:21,22 14:24	presence 14:23 15:9	professor 10:9
79:12,13	policies 56:22 57:13,14,16,20,23	present 2:1,21 4:10 15:23 16:15	program 10:14,20,21 17:8
people's 74:21	58:2 59:15	30:10 37:23 44:23 82:21,24	progress 29:10,12
perform 25:9	policy 38:14 59:12,16 61:24	87:8	provide 5:10 10:1 29:8 72:23
performed 62:14	poly 74:2	presentation 11:2	provided 22:1 23:16
period 30:20 76:7	portable 25:13	presents 30:11 32:3	provider 7:8 42:14,20 77:1
person 1:13 29:8 35:12 51:2 55:10	portion 53:3		providers 28:4
58:22 59:3 87:12,16			
personally 50:12 -:11 -:15			
pertaining 1:16			
philosophical 17:6			

[providing - resident]

providing 10:3	questions (cont.) 82:6,7 87:13,15,19	receiving 11:14 58:15	relied 75:2
pscu 13:22 14:3	quick 79:14	recite 57:18	rely 57:23 58:1 69:11
psych 51:13,17	quiet 58:22	recognize 23:7 36:14 68:7,15,21	remaining 45:14 87:15
psychiatric 13:23,24 14:7,11,14,20 33:6 36:18 37:6,10 47:17 48:7,15,15,22 49:3,16,19 49:23 50:9,20,21 51:23 52:2 65:18 76:10 77:17 82:10,14 84:19	r	recollection 78:20,24	remember 6:20,24 21:11,11,13,14,16 32:13,19 52:13 58:14,15,18 59:6,7 61:3 62:8,10 63:2 72:16,17 74:24 78:7 80:3 80:15,17 81:2
psychiatrically 68:1 73:8	raana 2:15 4:15	recommendation 52:4	rendered 84:21
psychiatrist 8:6,9 9:9,14 11:5 13:18 15:20,23 16:1,7,10,12,14 16:17,20,20 17:3,21 18:1 18:18 19:8 38:3,6 48:24 50:4,12 73:17	raana.haidari 2:17	record 3:14,18 4:1 5:8,16,23 15:3 15:4,5 21:24 22:1,17 24:2 29:23 45:9,10,12 46:9,14 52:11 53:4 71:9 75:3 79:16 79:18,19 85:17,24 86:2 87:18 -:9	renew 35:11
psychiatrists 14:18 19:17 81:22	ragen 2:9 3:8 4:11,11 5:7,16,21 20:14 23:19,21 34:24 40:5 43:1 46:3 50:8 52:18,20 53:18 56:2,24 60:2 61:19 68:3 71:20 73:13 77:2,20 79:9 80:12 84:4,20,24 85:5 85:14,17 -:5	recorded 80:10	renewed 35:11,21 70:7
psychiatrist's 36:3,8	raise 4:24	recording 4:21	renewing 40:11
psychiatry 10:20,21 13:5,7 18:4,13 49:12,13 64:5	ran 60:20	records 23:14 24:3,10,14 29:10,13 29:17 32:10 35:24 55:21 65:12	repeat 47:24 61:19 66:8 82:22
pt 30:15 32:4,22 39:8 43:12	range 31:22 32:2 63:22 64:1,4,10 64:24 65:6,11	reduced 12:6	repercussions 66:7
public 1:13,14 4:23 87:6,17 -:4,10 -:10,18 -:15,23 -:23	ranges 31:17	refer 74:20	rephrase 82:12
publish 56:23	rare 14:17	reference -:7 -:2 -:2	replaced 12:22
pulmonary 71:10	rate 31:21 32:2	referenced -:11 -:15	report 74:14
punching 41:11	read 40:15 52:22 56:2,3 61:20 66:12 69:19,20 -:5,6,12 -:5 -:6,17	referencing 36:22	reported 44:14
pursuant 1:14 87:23	reading 66:10 -:19	referred 8:4 13:22 57:5 87:21	reporter 4:17,23 5:8,14,20 45:7,11 45:15 -:7
pursuing 10:18	ready 42:6	referring 18:12 73:20 75:21 77:16	request 18:8 -:9,11
put 5:16 17:1 34:13 35:2 36:2,5 36:7,23,24 42:5 46:13 58:24 83:20,23,24	really 11:1 47:1 55:12 61:4 68:17 85:18	refresh 78:19	requested 9:4 22:7 23:6 36:11 68:9
putting 34:17 38:22	reason 7:24 38:11 -:14 -:8 -:3	refreshing 78:24	required 6:5 40:21 50:5 -:24
q	recall 6:15 13:8 20:19 23:9 27:7 30:4 38:10,23 43:6 45:23 58:11 59:2,9,24 61:4 62:13 65:12 76:4 77:8 78:16 80:7 82:20,23 83:12,16 84:6	regard 48:6 49:12,13	requirement 55:22 56:4
question 14:5 22:16 37:5 39:17 44:18 56:2 60:4 61:19 66:9 77:20,21 82:11 85:21	receipt -:18	regular 46:24	requires 42:19 62:22
questions 7:15,18 8:1 16:8 21:8 76:1	received 59:2	regularly 15:16	requiring 51:21
		regulation 14:5	reserve 85:23
		related 6:13	residencies 17:10,11
		relation 7:4 76:11 77:23	residency 10:20 18:13,20
			resident 16:1

[residents - signature]

residents 10:13	right (cont.) 26:23,24 27:14 29:24 30:13	saw 24:24 33:4 67:24 80:1	sentence 39:7
resort 34:5	30:18 32:8,11 34:14 37:1	82:24 85:3	separate 21:1 26:13
respectfully 78:11	37:24 38:3,21 42:21 44:19	saying 41:4 56:15,15 77:10	september 1:19 3:3 4:3 77:11,14,16
responsibility 49:10 64:24 65:3 70:8,12	46:17 47:23 48:3 51:11,14	says 18:3,7 24:15 27:21 28:9,13	service 24:23
responsible 44:3,8,10 46:1 47:23 61:18	52:11 53:11 54:17,24 55:3	28:15,23 29:3,10 30:10,11	services 3:20 9:19 10:2,4,5,16 49:3
61:22	59:9,21 60:17 61:12 62:12	32:22 38:17 43:23 44:24	49:23 76:24
restrained 41:7	65:1 67:6 69:14 71:17	46:16,19 54:8,9 69:1,20	set 14:3,6 17:9 31:23 56:23
restraint 33:7,8,15 40:11,18,19,21	74:12 75:1,7,10,13 85:3	76:18,22 77:4,15 78:10,11	setting 11:2 40:23 48:11
41:1,21 55:24 56:6 59:7	risk 47:17 65:14 66:1,15,21,22	78:23	shaking 7:21
60:1,20 62:15,21 65:19	66:24 67:2,3,5	schedule 13:17	sheet 19:14 -:13 -:7,10,18 -:1
70:2 82:14,14	risks 65:16	scheduled 53:21 54:5	sheriff 1:8 2:19 4:5,16 82:20 83:17
restraints 33:10,21,23 34:7,8,12,15	risperidone 53:14,15 54:9	schizophrenia 73:21 74:19	83:19 -:6 -:3 -:3
34:17,22,23 35:13,15,16,18	role 9:9 12:19,20 16:16 64:5	schizophrenic 73:10	shift 19:12 32:17 69:2 76:4 81:4
35:21,24 36:18 37:2,4 40:3	77:23 78:6	school 10:19	shifts 19:9,10
40:8,11,12 41:3,16,20	room 25:3 32:22 55:17 58:22	scope 85:5,22	shore 18:19 19:1
51:21 54:24 55:3,23 56:5	81:14,16,20 83:6,9	screening 77:18,23	short 12:2
58:16,21,23,24 59:3,13,17	rooms 25:18,19,24 26:7,10,11,13	se 44:13,14	shortly 72:2
60:6 61:7,15 62:8 63:1,5,6	33:15	seal -:3 -:15 -:21	show 20:1 23:4 55:7
63:9,16,24 64:3,12,18,22	rotation 16:13	seating 25:20	showed 65:10
65:23 66:13 70:8 82:11,18	roughly 19:11	second 5:14 10:3 31:6 36:20 39:7,7	showing 59:7
82:19 83:21,24,24 84:12	round 15:19	51:5 53:16 66:20,23 67:1	shown 34:11 -:16
restrictive 40:23	rounds 54:16,18	76:21 77:3 81:9	shredded 46:24
results 71:7,11,16,22	routine 83:2	section 30:5,9 51:6 53:24	si 39:8,10
resworn 1:13 45:17 87:11	rudely 81:24	sedentary 66:6	sick 73:5,6,20
return 42:18 65:20	rpr 1:12	seeing 10:15,15 11:15 55:7,13	side 44:15,16 68:2
returned -:18	rule 87:23	78:17	sided 23:22 46:23 78:11
review 21:14 22:2 24:3 29:18,20	rules 1:15 87:24 -:5 -:5	seek 8:21	sign 19:10,12,14 25:10,10 27:20
31:8,10 44:2 55:21 58:2,5	run 50:19	seen 13:16 24:15 25:3 26:3	27:22
59:16,22 63:3 65:10 71:15	s		signature 87:22 -:3,8 -:14
71:19 -:12 -:1 -:1	safe 41:17	30:15 32:7,22 66:3 73:16	
reviewed 21:23 24:7 29:10,12,17	safety 28:6,7,7 34:6,6 42:8,10,12	segal 2:23 4:10	
32:10 40:7 46:12 57:2 65:5	46:19,21 47:2,5,7,8 69:1	self 34:1	
65:12 71:11	sat 74:11	send 49:20 50:7 81:15,19	
reviewing 31:13,24 35:24	saturday 11:19	sense 31:11 32:18 51:20 82:12	
richard 2:10,16			
right 4:24 5:13,21 9:14 12:4			
15:10 17:2 21:7,9 22:14,20			
23:2,11,14 24:8,19 25:14			

[signatures - symptom]

signatures 68:15,21 69:19	sooner 55:11	star 69:20	stuck 42:6
signed -:13 -:18	sorry 37:8 61:19 66:11	start 5:7 41:11,13 54:4,22 55:7	students 10:17
signing -:19	sort 14:6 65:18 80:15	55:13	subjective 30:5
signs 31:5,8	sounded 73:8	started 11:17 25:2,8	submitted 78:12 87:23
similarity 15:17	south 1:17 2:4 4:6	starting 30:15	subscribed -:10 -:14 -:21
sincerely -:21	speak 7:16 16:19 21:19 37:14	starts 22:8 37:24 77:10,12	substance 74:2
single 15:21	57:1 71:24	state 4:23 5:8,22 76:9 87:1 -:10	substances 18:11
sir -:10	speaking 27:6	-:15	sued 76:11 78:20 79:1
sit 25:16 62:10 74:24	special 84:14	statement -:13,14 -:19,19	suffering 73:9,24 74:19
site 62:14	specialist 55:19	states 1:1,16 37:24 88:1	suicidal 39:11
sitting 16:22	specialists 46:6	state's 2:9,15 4:15 78:13,14,17	suicide 12:1
situation 60:23 61:7	specialty 13:23	station 26:5,8,10	suite 1:17 2:4 -:11 -:2
six 9:22	specific 66:4 67:2 72:16	status 38:19,19 43:8	sunday 11:19 70:21
sleep 39:22 43:11	specifically 20:19 30:4 48:4 62:13	stay 41:17 84:11 85:17	supasanguan 4:12
sleeping 40:4,12,13,21 41:22,24	specifics 64:9 72:17	stayed 21:6	superior -:1
42:7,22,23	speculating 38:20	stenographed 5:12	supervise 10:12,14
sleepy 40:20	speculation 43:1 46:3 56:24 73:13	stenographer 87:17	supervisor 13:3 72:14
slightly 17:6,7 31:18	80:12	stimulus 58:23	supply 64:17,20,21
smock 46:19,21,23,23 47:2,5,7	spoke 21:19 30:2 32:7 62:24	stop 48:13 72:5	supposed 60:1
solely 9:11	spoken 67:22	stopped 13:2 20:21 72:2,6	sure 12:21,23,24 22:24 24:2
solicit 32:15	ss 87:1	straight 75:12	33:2 37:6 42:11 46:5 50:11
solutions -:1 -:1	stable 47:16,18	strap 34:16	50:17 52:16 56:21 58:13
somebody 34:3,23 40:15,24 41:11	staff 16:19 32:13 34:6 36:1,2	strapped 34:14	59:1,18 63:9 64:6,13,15
46:23 47:16,22 48:5,20	55:9,21 58:24 61:8,10	street 71:6 -:10	66:7 68:21 69:11 70:6
50:16 55:9 73:3 74:3	63:18 70:22 83:11	stressing 67:13	72:10 75:7 84:10
somebody's 15:1	staffing 16:8	strike 83:18	surgeon 17:17
someone's 60:23	standard 60:9 84:16,22	strips 47:2	swear 4:18 5:14
somewhat 6:4 31:24	standards 57:8,9	stroke 66:22	swipe 80:15,19,20,22
soon 40:23	standing 19:13 83:16	structurally 13:1	sworn 1:12 5:2 87:10 -:10,13 -:14
	standpoint 47:17 51:23		-:18 -:21
			symptom 16:24

[system - unit]

system 19:1 23:2 39:1 46:14 47:22 48:20 49:4 53:9	text 30:15,18	time (cont.) 26:18 31:15 33:19 35:4,8	trust 42:19
systems 3:14,18	thank 78:24 84:2 85:13	36:6 39:20 40:17 45:13	truth 6:5
t	thankfully 13:11	48:11 54:4 55:20,24 56:6,9	truthfully 8:1
taken 1:13 3:3 27:11 45:15 63:4,6 63:15 87:5,16	therapy 50:2	59:24 62:11 63:10 66:19	try 40:22 41:12 55:8,11
talk 38:8 43:7 55:20 58:19 63:18 72:12,18	thing 5:13 9:8 23:18 27:19,20 29:2 32:4 34:13 39:21 43:9 44:13,21 45:18 51:9	timeframe 20:14 84:5,6,6,9,9,15,15	trying 28:5 34:1 66:2 80:14
talked 32:11 34:11 43:10 61:11 62:6,11 81:1 84:5	things 30:6 32:18 34:2 39:15 41:13 50:2,19 51:22 54:14 58:20 65:21	times 6:12 7:3 14:15 78:5 81:4	tuesday 12:10,11
talking 7:16 33:11 36:1 39:24 50:9 53:13 61:8,10	think 6:21 12:3 13:12,22 14:22 16:22 20:7,17,22 23:16 25:7 26:4 28:5 32:1,10 33:17 35:5 36:2,5,6,22 37:16 38:1,2,11 40:7,13,20 41:17 42:13 43:5 45:20 50:13,15 54:7,14 55:16 56:11,17 57:8,11 58:4,19 59:14,23 60:23 61:10 65:16 65:18 66:2,6,8,17 67:5,12 68:14 70:22 71:1,6 72:2,6 72:15,20,22 73:15 74:1,21 83:10	timing 59:1	tunnel 21:3
tallest 20:24	thinking 36:3 39:20 41:9 49:22	title 69:20	turn 36:17
taped 20:3	third 51:10	titled 30:9	type 27:2
taught 10:11	thirty -:18	titles 9:16	typed 28:18
teaching 10:22	thought 80:1 85:20	today 8:2 30:15 32:7 39:4 62:10 65:8 74:24	types 61:12
team 61:16	thoughts 39:18,19 42:18	today's 4:3 22:2 71:16	typical 11:12,13 50:20 63:2
tear 47:2	threat 28:6 60:24	told 15:7 26:23 38:2 45:20 52:9 54:14 70:22	typically 10:21 29:18 61:8 63:6
technically 75:20	threatening 41:10,10 63:8	tom 2:19	typo 30:22,23
telephonically 1:12 87:11	three 9:1 25:18 26:16,18,21 36:12	top 9:1 22:5 24:23 76:17	u
telepsychiatry 9:21 10:2,4,5	thursday 12:10,11	totally 85:21,22	ud 54:8,9,11
tell 6:5 7:13 33:8 39:10 45:21 49:22 52:24 59:19 70:23 74:21	tie 46:24	tragic 73:20	uic 19:4
telling 67:13	time 4:4 8:11,13,14,17,18,21 9:10,13 10:13 11:10,11 12:6 15:5,16 16:13 18:20 19:13 24:23,24 25:2,10,22	trained 37:2,4	uncommon 32:1 72:18
terms 38:24		training 10:13,20 17:12,12 57:15,17 58:4,10,15,18 59:10,22,23	underneath 25:9 28:20,23 30:12
terry 12:18,22		trainings 58:6,7 59:2,3	undersigned 87:15,16 -:1
testified 5:3		transcribed 4:20 87:14,16 -:7	understand 6:1,5 7:18,22 22:24 24:2 42:11,21 48:17 59:19 60:6 75:6 77:22
testimony 5:10 -:6,7 -:6,9,12		transcript -:11,12 -:5,12 -:5,11,17	understanding 12:14 34:21 38:13,17 64:8 64:10,12 69:17 83:22
testing 67:8		traveling 25:4	unfortunate 72:22
tests 17:9 67:19		treat 56:11	uniform 46:24
tethered 33:10 34:12 47:3		treatment 10:6 84:21	unit 11:20,21 14:7,11,14,20 15:8,15,21,24 16:23 17:2 26:14 35:17 37:6 47:19,22 48:10,21 57:10 63:9 76:8 76:10
		tried 72:23	
		true 87:18	

[united - young]

united 1:1,15 88:1	versus 4:5 76:16	weekends (cont.) 54:16 85:11	write 19:16 25:6 28:8 70:9
unites 50:21	veterans 8:7 10:2	went 27:1,2	written 44:21 54:6 57:23 58:2
units 11:20 13:13,21,23,24 14:21 15:8 37:10 49:20 59:15 84:19	video 10:6 58:13	west 11:21 14:1	59:12,16
universal 84:18	videographer 2:22 4:1,17 5:11 15:3,5 45:9,12 79:16,19 85:24	we've 32:10 51:14 61:11	wrote 32:4 39:8,21 43:17 44:13 45:19 47:10 51:13 52:4 74:14
university 10:9 18:13,23 19:6	videos 58:12	whichever 32:16	y
unlock 27:15	videotaped 1:11 4:20 87:14	widely 49:2	yeah 23:10,22 33:14 37:9 71:18 84:24
unorthodox 6:4	violent 12:1 64:7	william 2:9 -:5	year 10:21 14:16
unpredictable 12:1 45:4	visual 43:18	william.ragen 2:11	years 6:15,16,17 8:10 11:12 57:10 59:8 74:22 79:12
upset 71:1	vitae 3:12	window 32:23 75:13,16,16,19,21	young 21:17
upsetting 71:2,2 72:20,21 73:1	vital 31:5,8 35:5	wise 31:12	
upv 45:3	vitals 31:16	wish 56:10 78:6	
urge 41:14	vs 1:7	witness 4:18 5:2 23:24 35:2 40:6 43:4 45:17 46:4 50:9 52:22 56:8 57:1 60:3 61:24 73:14 79:10 80:14 84:18 87:5,10 87:20,22 -:3 -:8,11 -:1,4,11 -:1,4,15	
usage 59:7	w	witness' -:14	
use 6:21,23 25:23 34:6,8 45:23 58:16,20 59:13 67:18	waived 87:22 -:19	word 37:8 59:19 67:18 68:2 71:6	
usually 11:14 26:18 48:24 73:17	wake 41:23	words 37:12 64:19	
v	wall 75:13,17	work 6:11 11:2,4,13,19 12:7,9 13:4,9,15 14:13 15:15 55:9 57:23 69:3 70:21 76:12 79:10	
va 8:6,9 9:7,22 10:14 14:10	walls 41:11	worked 8:16 11:12 12:4 25:18 57:10 58:3 80:7,10	
vague 34:24 50:8 60:2	want 5:7 7:13 23:20 24:1 42:24 43:7 52:14,22 56:19 60:4 64:13,15,17,19 69:11,24	worker 61:18,22	
valium 53:23 54:6	wanted 22:24 27:19 62:5 63:11,13 63:15	workers 61:11	
vargas 1:4 4:5 -:6 -:3 -:3	warning 66:22	working 11:6 13:2 16:9 19:8 20:2,21 32:16 33:20 50:3 54:15 72:2,5 79:11 85:18	
variety 58:8	watts 1:12 4:22,22 87:11	works 37:6	
various 11:16	ways 14:19	wow 68:22	
vas 10:4	wearing 46:23		
va's 14:13	week 11:9,13 12:4,8,11,14		
verbal 7:21 34:1,4 42:15	weekend 8:16 11:19 14:16 19:13 37:21 51:2		
veritext -:1,7 -:1	weekends 11:22 13:9 16:9 33:20		
veritext.com. -:17			