

Exhibit P

Dr. Elizabeth Lassen Deposition

*Vargas v. Cook County
18 CV 1865
Exhibits to Defendants Statement of Facts*

Vargas

Lassen Elizabeth

9/27/2019

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION			Page 1	Page 3
1	LETICIA VARGAS, Administrator) of the Estate of Angel Cruz,) Plaintiff,) vs-) No. 18-CV-1865) SHERIFF OF COOK COUNTY, et al.,) Defendants.)	2	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 12 Exhibit 1 Curriculum Vitae of Dr. Lassen 9 13 14 Exhibit 2 Cook County Health and Hospital Systems record, 0035-0037 22 15 16 Exhibit 3 Picture of bed 23 17 18 Exhibit 4 Cook County Health and Hospital Systems record, 0118-0120 36 19 20 Exhibit 6 Cermak Health Services Interagency, Fifteen (15) Minute Observation Form, County 0141-0145 68 21 22 23 24	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
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<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:</p> <p>5 EXAMINATION</p> <p>6 By Mr. Flaxman:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>19 MR. FLAXMAN: I'm confident that we will have a new 20 court reporter.</p> <p>21 MR. RAGEN: All right.</p> <p>22 MR. FLAXMAN: Q Can you state your name for the 23 record, please.</p> <p>24 A Elizabeth Paige Lassen.</p>	<p>Page 5</p> <p>1 plaintiff in the case?</p> <p>2 A No.</p> <p>3 Q And you said you have been deposed two times in 4 relation to your current employment?</p> <p>5 A Correct.</p> <p>6 Q And were you the defendant in either one of 7 those cases?</p> <p>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.</p> <p>11 Q Do you know the outcome of that lawsuit?</p> <p>12 A That -- It was determined to be dropped.</p> <p>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?</p> <p>19 A Yes.</p> <p>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?</p> <p>23 A Yes.</p> <p>24 Q And is there any reason that you wouldn't be</p>
<p>Page 6</p> <p>1 Q And do you understand that you're under oath?</p> <p>2 A Yes.</p> <p>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?</p> <p>6 A I do.</p> <p>7 Q Have you ever given a deposition before?</p> <p>8 A Yes.</p> <p>9 Q When was that?</p> <p>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.</p> <p>13 Q Okay. When was the deposition that was related 14 to Cook County?</p> <p>15 A I can't recall. It's been over two years.</p> <p>16 Q It was at least two years ago?</p> <p>17 A At least two years.</p> <p>18 Q Were you a defendant in that lawsuit?</p> <p>19 A No. I don't believe so.</p> <p>20 Q Do you remember what that lawsuit was about?</p> <p>21 A I think it was about police use of force.</p> <p>22 Q Police employed at the jail?</p> <p>23 A Or correctional officer use of force.</p> <p>24 Q Okay. Do you remember the name of the</p>	<p>Page 8</p> <p>1 able to truthfully and accurately answer my questions 2 today?</p> <p>3 A No.</p> <p>4 Q We referred to your current employment. What 5 is your -- what is your current employment?</p> <p>6 A I'm an outpatient psychiatrist at Hines VA, 7 Veterans Hospital in Maywood.</p> <p>8 Q How long have you been an outpatient 9 psychiatrist at Hines VA?</p> <p>10 A Since 2011, 8 years.</p> <p>11 Q Okay. And was there a time that you were 12 employed at Hines and employed at the Cook County Jail?</p> <p>13 A The entire time, yes. Hines has been my 14 full-time employment since 2011.</p> <p>15 Q Okay.</p> <p>16 A I worked for moonlighting and weekend coverage 17 and evening coverage at the jail part-time.</p> <p>18 Q Okay. Were you ever employed full time at the 19 jail?</p> <p>20 A No.</p> <p>21 Q Did you ever seek full-time employment at the 22 jail?</p> <p>23 A No.</p> <p>24 Q I'm going to hand you what I've marked at the</p>

<p>1 top as Plaintiff's Exhibit No. 1. It's a three-page 2 document.</p> <p>3 Is this a copy of your CV? 4 (Exhibit 1 marked as requested)</p> <p>5 A Yes.</p> <p>6 Q And does it accurately -- accurately list your 7 four positions you've had at the Hines VA Hospital?</p> <p>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.</p> <p>13 Q So the whole time you have been an outpatient 14 psychiatrist, right?</p> <p>15 A Correct.</p> <p>16 Q But these are different job titles?</p> <p>17 A Correct.</p> <p>18 Q As of 2016 you've been the medical director of 19 out patient mental health services?</p> <p>20 A Correct.</p> <p>21 Q What is Oak Lawn telepsychiatry?</p> <p>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>	Page 9	<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.</p> <p>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?</p> <p>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>	Page 11
<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.</p> <p>5 Q Okay. And does -- telepsychiatry services 6 means treatment over a video connection?</p> <p>7 A Correct.</p> <p>8 Q And you also have been since 2011 an assistant 9 professor at Loyola University?</p> <p>10 A Yes.</p> <p>11 Q What courses have you taught at Loyola?</p> <p>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.</p> <p>17 Q And what -- What degree are those students 18 pursuing?</p> <p>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.</p> <p>22 Q And do you -- do you do any classroom teaching?</p> <p>23 A On occasion I've given a lecture about -- a 24 couple case conferences, a few lectures on anxiety</p>	Page 10	<p>1 recently attempted suicide, been violent, unpredictable 2 so she do short checks on close obs patients.</p> <p>3 Q How many -- I think you said initially you 4 worked 20 hours a week, right?</p> <p>5 A Correct.</p> <p>6 Q Was that reduced at some time?</p> <p>7 A It seemed that it became more possible to work 8 a little less in the evenings during the week.</p> <p>9 Q Would you work every evening?</p> <p>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.</p> <p>16 Q I see. What was the leadership change that you 17 mentioned?</p> <p>18 A I was hired under Terry Marshall, and then she 19 was no longer in that role.</p> <p>20 Q What was her role when you were hired?</p> <p>21 A I'm not sure.</p> <p>22 Q Okay. Who replaced Terry Marshall?</p> <p>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 12

<p>1 structurally.</p> <p>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?</p> <p>5 A Dr. Kelner was the chief of psychiatry.</p> <p>6 Q What was -- okay. Do you know when Dr. Kelner 7 became the chief of psychiatry?</p> <p>8 A I don't recall.</p> <p>9 Q And for the weekends that you would work, what 10 hours -- what were your hours at the jail?</p> <p>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.</p> <p>18 Q Were you ever an oncall psychiatrist?</p> <p>19 A No.</p> <p>20 Q And would you -- Did you say that 2N and 2W 21 were acute inpatient units?</p> <p>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</p>	<p>Page 13</p> <p>1 if there's a conflict or somebody's --</p> <p>2 Q Let's take a break.</p> <p>3 THE VIDEOGRAPHER: Going off the record at 9:52 a.m.</p> <p>4 (Off the record)</p> <p>5 THE VIDEOGRAPHER: Going on the record. The time is 6 9:53 a.m.</p> <p>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?</p> <p>11 A Correct.</p> <p>12 Q Are there any other differences?</p> <p>13 A There probably are.</p> <p>14 Q Okay.</p> <p>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.</p> <p>20 Q Meaning that the psychiatrist assigned doesn't 21 observe every single patient in the unit?</p> <p>22 A Correct.</p> <p>23 Q And do you know if the psychiatrist is present 24 at the Hines inpatient unit 24/7?</p>
<p>1 west.</p> <p>2 Q Okay. Do you know what -- Is there a formal 3 set of guidelines for what a PSCU is?</p> <p>4 A I don't know the answer to that.</p> <p>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?</p> <p>8 A I imagine there are, but I don't have -- access 9 to those guidelines to answer that.</p> <p>10 Q Okay. But is the -- Does the Hines VA have an 11 inpatient psychiatric unit?</p> <p>12 A Yes.</p> <p>13 Q Do you ever work in the Hines VA's inpatient 14 psychiatric unit?</p> <p>15 A Only when I'm on call, which is about two times 16 a year for a weekend each.</p> <p>17 Q Why is it so rare?</p> <p>18 A We have 45 psychiatrists.</p> <p>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?</p> <p>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</p>	<p>Page 14</p> <p>Page 16</p> <p>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.</p> <p>9 Q And when you were working weekends at the 2N 10 and 2W, was there coverage of a psychiatrist in those 11 places?</p> <p>12 A There's always a psychiatrist available on 13 call. I was not in that rotation as a part-time 14 psychiatrist.</p> <p>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?</p> <p>18 A Yes.</p> <p>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?</p> <p>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</p>

<p>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.</p> <p>4 Q What is a doctorate of osteopathic medicine?</p> <p>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.</p> <p>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.?</p> <p>19 A Correct.</p> <p>20 Q Are you also -- Do you have any licensing as a 21 psychiatrist?</p> <p>22 A Board certification?</p> <p>23 Q Yes.</p> <p>24 A Yes, I'm board certified.</p>	<p>Page 17</p> <p>1 Q But there is a North Shore system where there's 2 multiple hospitals?</p> <p>3 A Yes.</p> <p>4 Q UIC is not one of them?</p> <p>5 A Correct. As far as I know.</p> <p>6 Q It's probably not. It's the university. But I 7 won't hold you to that.</p> <p>8 When you were working as a psychiatrist at the 9 jail, how were your shifts determined?</p> <p>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.</p> <p>14 Q Was there a sign-up sheet, physically --</p> <p>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.</p> <p>20 Q And would you hand that to him physically?</p> <p>21 A Yes.</p> <p>22 Q It wouldn't have been done over e-mail or 23 anything?</p> <p>24 A Correct.</p>
<p>1 Q As a psychiatrist?</p> <p>2 A Yes.</p> <p>3 Q Okay. Is that -- that's where it says American 4 Board of Psychiatry and Neurology on your licenses under 5 board certification?</p> <p>6 A That's correct.</p> <p>7 Q It also says something here DEA available on 8 request.</p> <p>9 A That's my drug enforcement -- We all have to 10 have a DEA number to prescribe certain controlled 11 substances.</p> <p>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?</p> <p>15 A Yes.</p> <p>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?</p> <p>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.</p> <p>22 Q Is the Evanston Hospital in association with 23 University of Illinois?</p> <p>24 A Not that I know of.</p>	<p>Page 18</p> <p>1 Q Would it be posted somewhere to show who was 2 working?</p> <p>3 A Taped to the door.</p> <p>4 Q To whose door?</p> <p>5 A Dr. Kelner's name.</p> <p>6 Q Is there a name for that document?</p> <p>7 A I don't think so.</p> <p>8 Q But it looked like a calendar?</p> <p>9 A Correct.</p> <p>10 Q When you were doing intakes, was that in a 11 different location of the jail than 2N and 2W?</p> <p>12 A Yes.</p> <p>13 Q Where were intakes done?</p> <p>14 MR. RAGEN: Timeframe?</p> <p>15 MR. FLAXMAN: Q How about when you did intakes.</p> <p>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.</p> <p>20 It was a different area then. Different building.</p> <p>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?</p> <p>24 A I'll go with the newest, tallest building.</p>

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

<p>1 Mr. Cruz?</p> <p>2 A That is the time that I probably started the</p> <p>3 note. Given that he was seen in his room -- I don't have</p> <p>4 a traveling computer, notebook. So I go in and see the</p> <p>5 patient, have the encounter, go find a computer and -- in</p> <p>6 an office that's on the Internet and then write my note.</p> <p>7 So I think to me that means that's probably when I</p> <p>8 started the note.</p> <p>9 Q Okay. And underneath that there's a perform</p> <p>10 information and sign information. Is the time for sign</p> <p>11 information when you've finished making the note?</p> <p>12 A Yes.</p> <p>13 Q And you said you didn't have a portable</p> <p>14 computer, right?</p> <p>15 A Correct.</p> <p>16 Q Were there multiple places where you could sit</p> <p>17 at a computer and make a note of your encounter?</p> <p>18 A While I worked there, there were three rooms</p> <p>19 that had -- they were patient interview rooms. So they</p> <p>20 had seating for the interviewer, the computer, and then</p> <p>21 the detainee.</p> <p>22 Q And in this time in March of 2016, was it your</p> <p>23 practice to use a computer in one of those patient</p> <p>24 interview rooms to enter your notes of the encounter?</p>	<p>Page 25</p> <p>1 you went into the cell to have the encounter with</p> <p>2 Mr. Cruz and then went to the computer to type your</p> <p>3 notes?</p> <p>4 A Yes.</p> <p>5 Q And did you take any notes by hand when you</p> <p>6 were speaking to Mr. Cruz?</p> <p>7 A I cannot recall.</p> <p>8 Q You might have?</p> <p>9 A I might have, but that didn't happen that</p> <p>10 often.</p> <p>11 Q Okay. If you had taken notes by hand, would</p> <p>12 you have kept them anywhere?</p> <p>13 A No.</p> <p>14 Q And am I right that to go into Mr. Cruz's cell</p> <p>15 a correctional officer would have had to unlock the door</p> <p>16 for you?</p> <p>17 A Yes.</p> <p>18 Q Okay. Well, let me ask you about what is in</p> <p>19 this note. The first thing I wanted to ask you about is</p> <p>20 there's a line -- well, the first thing under sign-in</p> <p>21 information says close obs. Do you see that?</p> <p>22 A Under sign -- oh, yes, close obs.</p> <p>23 Q Does that mean close observation?</p> <p>24 A Yes.</p>
<p>1 A I would -- that was the computer available to</p> <p>2 me to enter my notes, yes.</p> <p>3 Q And is -- I've seen some pictures of 2N.</p> <p>4 There's something which I think is called a nurse's</p> <p>5 station?</p> <p>6 A Yes.</p> <p>7 Q Are those interview rooms behind the nurse's</p> <p>8 station?</p> <p>9 A Yes. You go around and just beyond -- from the</p> <p>10 nurse's station, you could look into the interview rooms.</p> <p>11 Q Are those interview rooms between 2W and 2N?</p> <p>12 A No.</p> <p>13 Q No. They're separate interview rooms on each</p> <p>14 unit?</p> <p>15 A Yes.</p> <p>16 Q So are there three on 2N that you could do</p> <p>17 this?</p> <p>18 A At the time I was -- there were three, usually</p> <p>19 with the computer.</p> <p>20 Q How many were there in 2W?</p> <p>21 A Either three or four, also not functioning</p> <p>22 computers were an issue.</p> <p>23 Q All right. And I believe what you told me is</p> <p>24 that you would have gone into the cell -- Am I right that</p>	<p>Page 26</p> <p>1 Q Do you know why Mr. Cruz was on close</p> <p>2 observation?</p> <p>3 A He was having -- he was -- per the chart and</p> <p>4 the other notes by other providers, he was attempting to</p> <p>5 hurt himself, jumping off beds, I think trying to hit his</p> <p>6 head. So there was a threat to his own safety and</p> <p>7 probably the safety of others, physical safety of others.</p> <p>8 Q Would you have -- Did you write that note that</p> <p>9 says close obs?</p> <p>10 A I can't -- I can't say definitively. Probably,</p> <p>11 but I cannot say definitively.</p> <p>12 Q Okay. And then going down there's one -- a</p> <p>13 line that says associated diagnoses. Do you see that?</p> <p>14 A Oh, yes.</p> <p>15 Q It says none?</p> <p>16 A Yes. That's prepopulated. I don't know what</p> <p>17 that means.</p> <p>18 Q That's not something you typed in?</p> <p>19 A No.</p> <p>20 Q Okay. And then underneath that box there's a</p> <p>21 basic information. Do you see that?</p> <p>22 A Yes.</p> <p>23 Q Then underneath that it says general</p> <p>24 communication. Do you see that?</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 mental illnesses might be interfering with the ability for the person to provide a history.</p> <p>9 Q Okay. Then the next line is documentation reviewed, and it says progress Cermak records.</p> <p>11 A Yes.</p> <p>12 Q Does that mean that you reviewed progress 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 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 record?</p> <p>24 A Yes, that's right.</p>	<p>Page 29</p> <p>1 1R. That looks like me.</p> <p>2 Q Okay. But you did intend to continue current medications?</p> <p>4 A Yes.</p> <p>5 Q And the -- Okay. So the vital signs that's 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 functioning mental health-wise.</p> <p>13 Q And based on reviewing them did you believe he was -- there was any issue with how he was functioning at that time?</p> <p>16 A No. He looked like his vitals were within normal ranges for the most part, with the exception of slightly low diastolic blood pressure, but that had been 19 hours before, and that wasn't an active issue.</p> <p>20 Q Okay. And you didn't consider 97 beats per minute to be abnormal for a heart rate?</p> <p>22 A That is in the -- the range is 80 to 100, heavier set gentlemen, and, you know, based on what I was reviewing, some of his behavior had been somewhat</p>
<p>1 Q Okay. Would you have done that before or after you spoke to Mr. Cruz?</p> <p>3 A It could be either. Preferably before, but I can't recall specifically on this.</p> <p>5 Q The next section is subjective, and there's kind of a problem list. Do you know if those things listed are -- all problems were prepopulated?</p> <p>8 A They were.</p> <p>9 Q Okay. And then the next section is titled history of present illness, and it says general complaint. And then it says the patient presents with, and underneath that is what I believe is your note, is that right?</p> <p>14 A Yes.</p> <p>15 Q So starting with PT was seen today, this text 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 that you entered ends with on this page with housed 2N, period?</p> <p>21 A On this page it ends with that. I did -- I see 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>Page 30</p> <p>1 agitated, so I think that it wouldn't be uncommon for the heart rate to fluctuate in the range.</p> <p>3 Q Let me go back to patient presents with, which is on that first page. The first thing you wrote is PT, and that means patient?</p> <p>6 A Yes.</p> <p>7 Q So patient was seen today, meaning you spoke to Mr. Cruz, right?</p> <p>9 A Yes.</p> <p>10 Q And medical records reviewed I think we've already talked about, right?</p> <p>12 A Yes.</p> <p>13 Q And case discussed with staff. Do you remember who you discussed the case with?</p> <p>15 A Not in particular. In general I would solicit input from whichever nurse was working that day and the officers that have been on that shift just to get the sense of how things have been going.</p> <p>19 Q Okay. But you don't remember who those nurse 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, lying on bed facing the window. Do you see that?</p> <p>24 A Yes.</p>

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

<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>Page 37</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>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>Page 38</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>

Page 41	Page 43
<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?</p> <p>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>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>
Page 42	Page 44
<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>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>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 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 the beginning of media number 2, the time is 10:41 a.m.</p> <p>14 (Whereupon, the remaining proceedings were taken down by court reporter Carol Connolly, CSR, CRR.)</p> <p>17 (Witness resworn)</p> <p>18 MR. FLAXMAN: Q The last thing I was asking you about is on Exhibit 2 at the bottom, and you wrote: A close observation Q 15 min checks. I think you told me what Q means, but please tell me again.</p> <p>22 A It's -- Without a Latin dictionary, I can't recall. It's a Q meaning -- We use it prescribing like Q daily, or -- so that means every 15 minutes.</p>	<p>Page 45</p> <p>1 around their neck and really injure themselves, there's a safety smock that's impossible to tear into strips and a blanket that's not able to be tethered to anything.</p> <p>4 Q And so when you assessed Mr. Cruz, he already 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 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 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 psychiatric standpoint, not a risk to themselves or others, stable with medication, I could discharge them off of an acute unit, also alternatively on the intake, that's when I would determine where they were housed.</p> <p>21 Q And if they were discharged from the acute unit, somebody else within the jail system would then be responsible for giving them a housing assignment, right?</p> <p>24 A Could you repeat that?</p>	<p>Page 47</p>
<p>1 Q Okay. And who was responsible for doing the 15-minute checks?</p> <p>3 MR. RAGEN: Objection, speculation.</p> <p>4 THE WITNESS: The checks are done by nursing and corrections. I'm not sure about the frequency with mental health specialists, if they participate in that or not.</p> <p>8 MR. FLAXMAN: Q Okay. Do you know if whoever is doing those 15-minute checks makes a record of their 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 electronic medical record system, probably so. If it's paper, I don't -- you know, I don't know.</p> <p>16 Q Okay. The next line says CONT meaning 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 smock, a two-sided smock. If somebody is wearing a regular uniform, this can be shredded and people can tie</p>	<p>Page 46</p> <p>1 Q It's not that important.</p> <p>2 You wouldn't pick where they would go next, 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 to psychiatric need.</p> <p>8 Q Okay. That's -- Let me ask this a better way. What's a level of acuity?</p> <p>10 A The acute unit is the highest level of acuity. It's an inpatient setting, and I believe at the time it was P4. So that's considered P4, and then -- I may be off on the numbers, so I'm going to stop with that. But then there's an intermediate level, and then an outpatient psychiatric level, and then no psychiatric needs could also be identified for a patient.</p> <p>17 Q I understand you're not -- You said you don't 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 abbreviation for. It's just a system to say if somebody needs to go to the acute unit, they are the highest level of psychiatric need.</p> <p>23 Q And whose designation is that?</p> <p>24 A Usually the psychiatrist.</p>	<p>Page 48</p>

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 49	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 51
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 50	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	Page 52

<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>Page 53</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>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>Page 54</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>

Page 57	Page 59
<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>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>
Page 58	Page 60
<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>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>

Page 61	Page 63
<p>1 people, somehow that was -- you know, they had calmed 2 down, it was a possibility.</p> <p>3 Q Do you remember ever doing that?</p> <p>4 A I mean -- I really -- I can't recall.</p> <p>5 Probably, but --</p> <p>6 Q And how would you learn if the detainee in 7 restraints situation had changed?</p> <p>8 A In talking with staff typically or if I -- they 9 were on close obs and interviewing them.</p> <p>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?</p> <p>13 A Yes.</p> <p>14 Q Which one -- would you hear from either one of 15 them about whether a detainee needed to be in restraints?</p> <p>16 A I would get input from everyone. It's a team.</p> <p>17 Q Okay. Do you know if it was nurse or a mental 18 health worker who's responsible for the 15-minute checks?</p> <p>19 MR. RAGEN: I'm sorry. Can you repeat the question?</p> <p>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?")</p> <p>24 THE WITNESS: Without looking at the policy, nursing</p>	<p>1 did you know that he had been in restraints earlier?</p> <p>2 A I can't remember exactly, but in my typical 3 review process, I would know that, yes.</p> <p>4 Q And did you know why he was taken out of 5 restraints?</p> <p>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.</p> <p>11 Q How would you -- I mean, if you wanted to know 12 that, how would you have found out?</p> <p>13 A If I wanted to know -- Could you ask that 14 again?</p> <p>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?</p> <p>18 A When I talk with staff, they would inform me.</p> <p>19 Q Okay.</p> <p>20 A So-and-so calmed down, they're doing okay, 21 we're --</p> <p>22 Q Do you know what range of motion exercises are?</p> <p>23 A Broadly, yes.</p> <p>24 Q And did you -- should a patient in restraints</p>
Page 62	Page 64
<p>1 is involved in that.</p> <p>2 MR. FLAXMAN: Q Okay. Would you also get 3 information from correctional officers?</p> <p>4 A Yes.</p> <p>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?</p> <p>9 A Yes.</p> <p>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?</p> <p>13 A I cannot recall specifically, no.</p> <p>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?</p> <p>18 A Yes.</p> <p>19 Q And so would the order say that you were the 20 one who entered it?</p> <p>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.</p> <p>24 Q Okay. Did you -- Before you spoke to Mr. Cruz,</p>	<p>1 be given range of motion exercises?</p> <p>2 A Yes.</p> <p>3 Q How often should a patient in restraints be 4 given range of motion exercises?</p> <p>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.</p> <p>10 Q What's your understanding of why range of 11 motion exercises should be done?</p> <p>12 A It's my understanding that with the restraints 13 you want to make sure their circulation of the 14 extremities.</p> <p>15 Q Why do you want to make sure there's 16 circulation of the extremities?</p> <p>17 A You just don't want to cut off blood supply to 18 any of the extremities with the restraints.</p> <p>19 Q I just didn't hear the words -- You don't want 20 to cut off blood supply --</p> <p>21 A Blood supply to the extremities using the 22 restraints.</p> <p>23 Q So it was -- When you were employed in Cermak, 24 it was not your responsibility to give range of motion</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>Page 65</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>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>Page 66</p> <p>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>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.</p> <p>5 Q Would every detainee on close observation have 6 one of these forms?</p> <p>7 A Yes.</p> <p>8 Q And where was it kept?</p> <p>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.</p> <p>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?</p> <p>15 A Yes, there were a lot.</p> <p>16 Q Multiple pieces of paper for each detainee?</p> <p>17 A That's my understanding, yes.</p> <p>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?</p> <p>21 A That looks like CNI.</p> <p>22 Q Does that acronym mean anything to you within 23 the Cook County Jail?</p> <p>24 A So many acronyms. That, no. I don't want to</p>	<p>Page 69</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.</p> <p>3 Q Did you ever learn what the cause of death was?</p> <p>4 A I did.</p> <p>5 Q How did you learn that?</p> <p>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.</p> <p>9 Q And for the record, what is PE?</p> <p>10 A Pulmonary embolism.</p> <p>11 Q Did you say you reviewed the autopsy results?</p> <p>12 A I did. I looked at them.</p> <p>13 Q When did you look at them?</p> <p>14 A It was part of the packet.</p> <p>15 Q Did you review them -- So you looked at the 16 autopsy results to prepare for today's deposition, is 17 that right?</p> <p>18 A I just looked through what I -- yeah, I looked 19 through that as part of just review of documents.</p> <p>20 MR. RAGEN: They're in the chart.</p> <p>21 MR. FLAXMAN: Q Okay. In 2016 did you take a look 22 at the autopsy results?</p> <p>23 A No.</p> <p>24 Q Did anyone from the jail ever speak to you</p>
<p>1 guess.</p> <p>2 Q Are you familiar with a restraint logbook that 3 was kept in 2N?</p> <p>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.</p> <p>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?</p> <p>11 A No.</p> <p>12 Q Okay. Do you know whose responsibility it was 13 to make those?</p> <p>14 A I do not.</p> <p>15 Q Did you learn at some time that Mr. Cruz died?</p> <p>16 A Pardon me?</p> <p>17 Q Did you learn at some time that Mr. Cruz died 18 at Cook County Jail?</p> <p>19 A Yes.</p> <p>20 Q How did you learn that?</p> <p>21 A I came to work on Sunday, and by the time I was 22 there, I think the staff told me.</p> <p>23 Q What did they tell you?</p> <p>24 A That he passed away and -- but people were</p>	<p>Page 70</p> <p>1 about Mr. Cruz's death?</p> <p>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.</p> <p>5 Q When did you stop working at the jail?</p> <p>6 A I think I stopped in June of 2016. It might 7 have been July of 2016.</p> <p>8 Q Okay.</p> <p>9 A I can check --</p> <p>10 Q If it's on your CV, sure.</p> <p>11 A July, 2016.</p> <p>12 Q Did you ever talk to Dr. Kelner about 13 Mr. Cruz's death?</p> <p>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.</p> <p>21 Q Why is it upsetting?</p> <p>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>

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

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

<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>

	Page 85	Page 87
<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>1 STATE OF ILLINOIS)</p> <p>2) SS:</p> <p>3 COUNTY OF C O O K)</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 the</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>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>	Page 86	Page 88

1 The undersigned is not interested in the within
 2 case, nor of kin or counsel to any of the parties.
 3 Witness my official signature and seal as
 4 Notary Public in and for Cook County, Illinois on this
 5 11th day of October, 2019 A.D.
 6
 7
 8

9 <%20551,Signature%>
 10 CAROL CONNOLLY, CSR, CRR
 11 CSR No. 084-003113
 12 Notary Public
 13 One North Franklin Street
 14 Suite 3000
 15 Chicago, Illinois 60606
 16 Phone: (312) 386-2000

1 DEPOSITION REVIEW
 2 CERTIFICATION OF WITNESS
 3 ASSIGNMENT REFERENCE NO: 3562190
 4 CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
 5 DATE OF DEPOSITION: 9/27/2019
 6 WITNESS' NAME: Elizabeth P. Lassen
 7 In accordance with the Rules of Civil
 8 Procedure, I have read the entire transcript of
 9 my testimony or it has been read to me.
 10 I have made no changes to the testimony
 11 as transcribed by the court reporter.

12 _____
 13 Date Elizabeth P. Lassen
 14 Sworn to and subscribed before me, a
 15 Notary Public in and for the State and County,
 16 the referenced witness did personally appear
 17 and acknowledge that:
 18 They have read the transcript;
 19 They signed the foregoing Sworn
 20 Statement; and
 21 Their execution of this Statement is of
 22 their free act and deed.

23 I have affixed my name and official seal
 24 this _____ day of _____, 20 _____.
 25

26 Notary Public
 27 Commission Expiration Date

1 Veritext Legal Solutions
 2 1100 Superior Ave
 3 Suite 1820
 4 Cleveland, Ohio 44114
 5 Phone: 216-523-1313
 6
 7 October 11, 2019
 8 To: William Ragen, Esq.
 9
 10 Case Name: Vargas, Leticia v. Sheriff Of Cook County et al.
 11
 12 Veritext Reference Number: 3562190
 13 Witness: Elizabeth P. Lassen Deposition Date: 9/27/2019
 14
 15 Dear Sir/Madam:
 16
 17 Enclosed please find a deposition transcript. Please have the witness
 18 review the transcript and note any changes or corrections on the
 19 included errata sheet, indicating the page, line number, change, and
 20 the reason for the change. Have the witness' signature notarized and
 21 forward the completed page(s) back to us at the Production address
 22 shown
 23 above, or email to production-midwest@veritext.com.
 24
 25 If the errata is not returned within thirty days of your receipt of
 26 this letter, the reading and signing will be deemed waived.
 27
 28 Sincerely,
 29 Production Department
 30
 31 NO NOTARY REQUIRED IN CA

1 DEPOSITION REVIEW
 2 CERTIFICATION OF WITNESS
 3 ASSIGNMENT REFERENCE NO: 3562190
 4 CASE NAME: Vargas, Leticia v. Sheriff Of Cook County et al.
 5 DATE OF DEPOSITION: 9/27/2019
 6 WITNESS' NAME: Elizabeth P. Lassen
 7 In accordance with the Rules of Civil
 8 Procedure, I have read the entire transcript of
 9 my testimony or it has been read to me.
 10 I have listed my changes on the attached
 11 Errata Sheet, listing page and line numbers as
 12 well as the reason(s) for the change(s).
 13 I request that these changes be entered
 14 as part of the record of my testimony.

15 I have executed the Errata Sheet, as well
 16 as this Certificate, and request and authorize
 17 that both be appended to the transcript of my
 18 testimony and be incorporated therein.

19 Date Elizabeth P. Lassen
 20 Sworn to and subscribed before me, a
 21 Notary Public in and for the State and County,
 22 the referenced witness did personally appear
 23 and acknowledge that:
 24 They have read the transcript;
 25 They have listed all of their corrections
 26 in the appended Errata Sheet;
 27 They signed the foregoing Sworn
 28 Statement; and
 29 Their execution of this Statement is of
 30 their free act and deed.
 31 I have affixed my name and official seal
 32 this _____ day of _____, 20 _____.
 33
 34 Notary Public
 35 Commission Expiration Date

1	ERRATA SHEET
2	VERITEXT LEGAL SOLUTIONS MIDWEST
3	ASSIGNMENT NO: 3562190
4	PAGE/LINE(S) / CHANGE /REASON
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_____. _____ Notary Public
23	_____
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
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 3:20 68:6,9
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	603-7944 2:11,17
10:00 11:15 19:11	20 11:9 12:4,12,15 -:16 -:22 -:22	30 87:23	60602 2:10,16
10:32 45:9	200 2:4	3000 -:11	60604 2:5
10:41 45:13	2007 18:14	302 2:10,16	60606 -:11
100 31:22	201 2:4	312 2:5,11,17 -:12	68 3:20
10th 77:16	2011 8:10,14 10:8 18:14	3-19-2016 24:24	7 76:15 79:23,24
11 -:4	2014 77:12,14,16	32 87:24	8 8:10 20:19,23
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	8:08 37:23
11:43 79:21	2019 1:19 3:3 4:4 -:5 -:4	3562190 -:7 -:2 -:2 -:2	80 31:22
11:50 86:1	20551 -:8	36 3:18	82 3:7
1100 1:17 -:1	21 74:22	37 22:8	84 3:8
112 53:2,17,20	216-523-1313 -:3	386-2000 -:12	85 3:6
118 36:13	22 3:14	4 3:12	9 3:12
11th -:5	226 23:22 24:5	9/27/2019 -:8 -:3 -:3	9:38 1:18 4:4
12 77:10 78:10	23 3:16	9:38 1:18 4:4	9:52 15:3
120 36:13	24 16:2	9:53 15:6	97 31:20
122 54:1			
14 77:15			
141 68:7			
1413 24:24			
145 68:7			

[a.d. - available]

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

[available - close]

available (cont.)	believe (cont.)	call	changed
19:19 26:1 37:7 49:19,24	68:23 73:2 76:13 77:16	14:15,24 16:2,13,17,20	50:3 60:23 61:7
50:2,6 65:13	84:23	17:3	changes
ave	best	called	12:13 43:7 -:12 -:7 -:7,9
-:1	72:23	5:2,9 16:5 26:4 57:5 76:15	charge
avenue	better	calm	13:3
2:4 4:6	22:16 47:16 48:8	42:7,23 63:7	chart
avh	beyond	calmed	28:3 36:15 40:7 53:24 65:5
43:17,17	26:9 33:24	61:1 63:20	65:10 71:20
avis	big	capacity	chatman
4:12	11:1	82:20,23	4:13
avoid	bill	card	check
58:23	4:11	80:20	29:19 72:9,15 80:15,16,18
avoided	bit	cards	80:18,19,20 84:10
11:3	17:14 84:5	80:15,19,23	checked
aware	blanket	care	69:9
21:7 57:13,14 66:5,16,17	46:19 47:3,5,8	9:8 13:23 49:16,19 50:6,18	checks
66:20 67:2,3 78:2	block	52:2 72:23 73:4 81:19	12:2 45:3,20 46:2,4,9,10
	65:19	84:16,20,22 85:6	61:18,23
b	blood	carol	chemical
back	31:18 64:17,20,21 65:15,19	1:14 45:15 87:5,12 -:9	40:18
23:11 32:3 39:5 43:10 51:4	65:20	case	cherri
56:2,3 61:20 62:5 66:10,12	board	7:1 10:24 32:13,14 73:20	4:13
74:6 78:11 -:15	17:22,24 18:4,5	76:15,16 -:2 -:6 -:3 -:3	chicago
based	body	cases	1:18 2:5,10,16 4:6 18:14
9:22 31:13,23 43:14 53:6	34:2 56:14	7:7 79:1	-:11
basement	booking	cause	chief
81:11,13	77:11,13	65:19 71:3	13:5,7
basic	bottom	ccdoc	chiropractic
28:21	39:6 45:19 51:10 54:2	76:23	17:13
basically	69:18	ccdoc's	choose
16:4	box	76:24	51:16 55:5
bates	28:20 69:19	cell	chose
68:7	brand	21:21 23:7,9 26:24 27:1,14	53:5,10,12
beats	11:22	33:2 75:7,9,12,17 83:9,13	circulation
31:20	break	83:14	64:13,16 65:14,21 69:1
bed	15:2 45:8 79:14	center	circumstance
3:16 32:23 33:3,3,4,6,7,9	brief	2:10,16 19:11	83:8
34:9	21:17	cermak	civil
bedframe	broadly	3:20 21:1 29:10 49:20	1:15 87:24 -:5 -:5
33:13	63:23	50:19 57:13,15,23,24 58:3	classroom
beds	brown	58:3 59:13,17 64:23 76:24	10:22 11:1
28:5 33:16	76:15 77:7,8	80:24 81:7,7	clear
beginning	building	cerner	78:5
4:2 45:13 79:20	20:17,18,20,24 21:1	46:13	cleveland
behalf	busy	certain	-:2
2:7,12,19 4:16	76:4,7,8	18:10 35:4,7 40:19 55:23	clinical
behavior		56:5 77:13 84:10	10:12 11:2 29:3 41:18
31:24 45:4	c	certificate	clinics
behavioral		-:11	9:23 10:1
9:9 11:24	ca	certification	clips
belief	-:24	17:22 18:5 -:1 -:1	58:13
76:22	calendar	certified	close
believe	19:16 20:8 81:1	17:24	11:23 12:2 13:16 15:18
6:19 11:6 24:15 26:23	calhoun	change	27:21,22,23 28:1,9 45:3,20
30:12 31:13 33:18 34:20	4:12	12:16 47:12 -:13,14 -:8 -:3	54:18,19,21,22,23 55:2,8
35:10 46:11 48:11 52:9	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	crus'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	cont 44:24 46:16	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	contact 16:20,21 38:6	courses 10:11	d
communication 28:24 38:11	contacted 35:2	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	contain 81:4	courtesies 85:20	d.o.s 17:10
complaint 30:11 76:15,18 79:23	content 58:14	courts 1:16 88:1	daily 45:24 54:6,7,12,13
complete 38:18 39:2 87:18	continue 30:24 31:2 41:1,21 44:23 45:1,2 46:17 47:11 52:4 60:16 62:8	cover 16:3 85:10,11	daley 2:10,16
completed 10:19 68:13 -:15	continued 53:7 56:1,7 62:16	coverage 8:16,17 16:3,10 19:19	dangerous 51:19
compliant 43:23,24	continuing 62:21	covering 11:20 16:6	dart 2:19
comprehensive 23:17	contract 42:7,10,12,16	cpm 44:22	dash 56:17
computer 22:14 25:4,5,14,17,20,23 26:1,19 27:2 29:15 46:13 62:17	controlled 18:10	create 19:15	date 4:3 24:23 52:20 77:14 87:6 -:8 -:3,9,19 -:3,13,25 -:20 -:25
computers 26:22	conversation 41:12,15,18 42:2,24 43:5 43:14 74:7	created 24:11	day 1:19 32:16 37:21 77:15,16 -:5 -:16 -:22 -:22
concentration 22:4	conversations 72:4,16 74:6,9	crr 1:14 45:16 87:6 -:9	days -:18
concern 83:10	convulsive 50:1		de 34:4
concerned 67:23	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		dea 18:7,10
condition 29:3	41:19 49:2 57:12 69:23 70:18 73:14 74:17 76:12,24		deal 73:9
conditions 65:24 66:14 73:23	77:23 78:13,21 79:2,11 83:19 -:4 -:6 -:3 -:3		
conferences 10:24			
confident 5:19			
conflict 15:1			

[dealing - employment]

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

[enacted - full]

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

[functioned - injure]

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

[injured - list]

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

[listed - needed]

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

[needs - participate]

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

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

[providing - resident]

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

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

[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 36:6 39:20 40:17 45:13 48:11 54:4 55:20,24 56:6,9 59:24 62:11 63:10 66:19 70:15,17,21 76:7 79:20 83:3 85:24 87:6,20	trust 42:19
systems 3:14,18	thank 78:24 84:2 85:13	truth 6:5	
t	thankfully 13:11	truthfully 8:1	
taken 1:13 3:3 27:11 45:15 63:4,6 63:15 87:5,16	therapy 50:2	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	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	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	tunnel 21:3	
tallest 20:24	thinking 36:3 39:20 41:9 49:22	turn 36:17	
taped 20:3	third 51:10	type 27:2	
taught 10:11	thirty -:18	typed 28:18	
teaching 10:22	thought 80:1 85:20	types 61:12	
team 61:16	thoughts 39:18,19 42:18	typical 11:12,13 50:20 63:2	
tear 47:2	threat 28:6 60:24	typically 10:21 29:18 61:8 63:6	
technically 75:20	threatening 41:10,10 63:8	typo 30:22,23	
telephonically 1:12 87:11	three 9:1 25:18 26:16,18,21 36:12	u	
telepsychiatry 9:21 10:2,4,5	thursday 12:10,11	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	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	uncommon 32:1 72:18	
terms 38:24		underneath 25:9 28:20,23 30:12	
terry 12:18,22		undersigned 87:15,16 -:1	
testified 5:3		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		understanding 12:14 34:21 38:13,17 64:8 64:10,12 69:17 83:22	
testing 67:8		unfortunate 72:22	
tests 17:9 67:19		uniform 46:24	
tethered 33:10 34:12 47:3		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	

[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 59:12,16
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	wrote 32:4 39:8,21 43:17 44:13 45:19 47:10 51:13 52:4 74:14
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	y
university 10:9 18:13,23 19:6	videos 58:12	whichever 32:16	yeah 23:10,22 33:14 37:9 71:18 84:24
unlock 27:15	videotaped 1:11 4:20 87:14	widely 49:2	year 10:21 14:16
unorthodox 6:4	violent 12:1 64:7	william 2:9 -5	years 6:15,16,17 8:10 11:12 57:10 59:8 74:22 79:12
unpredictable 12:1 45:4	visual 43:18	william.ragen 2:11	young 21:17
upset 71:1	vitae 3:12	window 32:23 75:13,16,16,19,21	
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		witness' -:14	
use 6:21,23 25:23 34:6,8 45:23 58:16,20 59:13 67:18		word 37:8 59:19 67:18 68:2 71:6	
usually 11:14 26:18 48:24 73:17		words 37:12 64:19	
v			
va 8:6,9 9:7,22 10:14 14:10	wanted 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	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	
vague 34:24 50:8 60:2	warning 66:22	worked 8:16 11:12 12:4 25:18 57:10 58:3 80:7,10	
valium 53:23 54:6	watts 1:12 4:22,22 87:11	worker 61:18,22	
vargas 1:4 4:5 -6 -:3 -:3	ways 14:19	workers 61:11	
variety 58:8	wearing 46:23	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	
various 11:16	week 11:9,13 12:4,8,11,14	works 37:6	
vas 10:4	weekend 8:16 11:19 14:16 19:13 37:21 51:2	wow 68:22	
va's 14:13	weekends 11:22 13:9 16:9 33:20		
verbal 7:21 34:1,4 42:15			
veritext -:1,7 -:1			
veritext.com. -:17			