UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DAVID BOURKE, Plaintiff, v. DENIS McDONOUGH, Secretary, U.S. Department of Veterans Affairs, Defendant.	)	No. 22 C 3164 Judge Kennelly

DEFENDANT'S INDEX OF ADDITIONAL EXHIBITS

Exhibit	Description
31	Exhibit 9 to Deposition of Shawn Scheirer (USA000259 – USA000260)
32	Complaint of Employment Discrimination (USA000050)
33	October 2020 Emails (USA000643 – USA000648)
34	December 2020 Emails (USA000656 – USA000660)
35	Deposition of Dr. Raj Uppal

Exhibit 31

From: Scheirer, Shawn D (HIN) <Shawn.Scheirer@va.gov>
Sent: Thursday, May 14, 2020 12:05 PM
To: Bourke, David <David.Bourke@va.gov>; Ousley, Eric <Eric.Ousley@va.gov>
Subject: RE: Reasonable accommodation parking area with a dashboard placard indicating a reserved parking spot

Officer Ousley,

Please have a unit ID a new location for Mr. Bourke Within his requested area. Thank You

Shawn Scheirer, MPA
Human Resources Specialist
Reasonable Accommodation Coordinator
Department of Veterans Affairs
Edward Hines Jr. VA Hospital
5000 S. 5th Avenue
Hines, IL 60141
Ph: 708.202.5347

From: Bourke, David <David.Bourke@va.gov>
Sent: Thursday, May 14, 2020 11:02 AM
To: Ousley, Eric <Eric.Ousley@va.gov>; Scheirer, Shawn D (HIN) <Shawn.Scheirer@va.gov>
Subject: Reasonable accommodation parking area with a dashboard placard indicating a reserved parking spot

I have spoken to the both of you this morning Thursday 5/14/20, about having HR and Hines police, help me in obtaining a new reasonable accommodation parking spot due to my disabilities causing hardship and pain in walking. My disabilities severely limit my ability to ambulate any distance. I hoping the Hines police and Hines human resources, can work together and quickly get a new reserved parking spot assigned to me until the back of Bldg. 200 is opened up again for entrance? I don't know of any area room or closet, in the ED department, where I could lock up my electric scooter safely and have a key to access it when needed? I understand the agreement I had, was rescinded and I understand why, but this still doesn't help me accessing my place of employment(Hines VA hospital ASU, Bldg. 200 basement room B 019. I will be forced to park out front, which will require me to try and walk a greater distance to my duty area with-in the hospital.

The point of this email is to promote communication between the Hines police and Hines human resources in obtaining the closest handicap parking spot available(ASAP) to my duty station location. Please help me in re-obtaining my already awarded reasonable accommodation parking spot, and if possible find-locate a locked room-closet(which I will have my own key) for the safe keeping of my scooter up front by the Hines ED.

I would also request that the Hines police, communicate to the reporting party of my using (with an agreement which is now voided) the parking area, out-back of Bldg. 200 assigned to me by the Hines police and Hines HR and approved-assigned and marked parking spot, congratulations on a job well done, for causing a United States Veteran and Hines employee, great-hardship, pain and suffering plus the added anxiety of having the police call you, and by affect, intimate and cause stress to me, about using an entrance that a certain police person allowed and by his humanity, showed mercy on me, and allowed me to use this entrance to save me the pain of ambulating over a greater distance than necessary. I still had my temperature checked, and received a sticker which was placed on my employee PIV badge holder every day, to comply with the covid-19 access to the hospital. Your insistence of safety, is well disguised behind covid-19 fears, when its apparent you just want to cause trouble and create drama, because of your obvious unhappiness with life itself. May the powers that be, in this life and the next, take notice of your disservice to a fellow-employee and United States Veteran.

Sincerely;

David Bourke, Ambulatory surgery unit Bldg. 200
Basement room B 019 ext. 28019 or 20262.

Exhibit 32

COMPLAINT CASE NUMBER:

OMB NO.: 2900-0716
EXPIRATION DATE: DEC 31, 2019
RESPONDENT BURDEN: 30 Min.

Department of Veterans Affairs

COMPLAINT OF EMPLOYMENT DISCRIMINATION

Read the instructions on the reverse side of this form carefully before completing the front of this form.

1. NAME (Last, first, middle initial) (Please print)	3. MAILING ADDRESS	4a. WORK TELEPHONE NUMBER (Include Area Code)
BOURKE, DAVID P.	[redacted]	(708) 202-8019
2. EMAIL ADDRESS		4b. PRIMARY TELEPHONE NUMBER [redacted]

5. ARE YOU:	6a. JOB TITLE, SERIES AND GRADE	7. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED
☒ A VA EMPLOYEE	ADVANCE MSA GS-6 STEP 6	EDWARD HINES JR. VA HOSPITAL
☐ AN APPLICANT FOR EMPLOYMENT	6b. SERVICE/SECTION/PRODUCT LINE	
☐ A FORMER VA EMPLOYEE		

NOTE: For each employment related matter that you believe was discriminatory you must list the basis *(list one or more of the following)*: **Race** *(Specify)*, **Color** *(Specify)*, **Religion** *(Specify)*, **Sex** *(Male or Female)*, **National Origin** *(Specify)*, **Age** *(Provide date of birth)*, **Disability** *(Specify)*, **Genetic Information** *(including family medical history)*, and/or **Reprisal** for participating in the EEO process or opposing unlawful discrimination.

8. BASIS	9. CLAIM(S) *(What employment related claim(s) - personnel action(s), incident(s), or event(s) caused you to file this complaint? Briefly state the specific claim, personnel action and/or event that caused you to file this complaint. Use an additional sheet of paper if necessary. You should not include information that violates the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). Some examples are patient medical records, personnel records of other VA employees, etc.)*	10. DATE OF OCCURRENCE *(Enclose the most recent date(s))*
1) DISABILITY (PHYSICAL)	REASONABLE ACCOMMODATION (VIOLATED)	5-14-2020
2) DISABILITY (PHYSICAL)	OTHER (ADA VIOLATION) DENIED VA DOCTOR ORDERED AUTO LIFT ELECTRIC SCOOTER. TRYING TO OVER-TURN DENIAL THRU OTHER MEANS WITHOUT FORMAL COMPLAINT. STRUNG ALONG FOR MANY MONTHS AND ORIGINAL EMPLOYEE LEFT POSITION	12-4-2018

11. REMEDIES SOUGHT *(Use an additional lined paper if necessary)*
1) ALLOW USE OF RA PARKING FOR DISABLED VETERAN
2) FORCE VA TO COMPLY W/VA DOCTOR ORDER & INSTALL AUTO SCOOTER LIFT.

12a. DO YOU HAVE A REPRESENTATIVE?	12c. PROVIDE THE NAME AND ADDRESS OF YOUR REPRESENTATIVE	12d. TELEPHONE NUMBER (Include Area Code)
☐ YES ☒ NO	N/A	N/A
12b. IF "YES," IS HE OR SHE AN ATTORNEY? ☐ YES ☐ NO		12e. EMAIL ADDRESS N/A

13a. HAVE YOU CONTACTED AN EEO COUNSELOR?	13b. NAME OF EEO COUNSELOR	13c. DATE OF INITIAL CONTACT WITH ORM
☒ YES ☐ NO	ROBERT (MIKE) HOOGERWYDE MBA	5-19-2020

14. *If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 10, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (Use an additional sheet of paper, if necessary.)*

15a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE?	15b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	16a. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE?	16b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED.
☐ YES ☒ NO		☐ YES ☒ NO	

17a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE?	17b. IF "YES," PROVIDE THE NAME AND ADDRESS
☒ YES ☐ NO	WHITE HOUSE VETERANS COMPLAINT HOTLINE CASE # 03047464

18. SIGNATURE OF COMPLAINANT (Required)	19. DATE
David P. Bourke	6-25-2020

VA FORM MAR 2017 **4939** SUPERSEDES VA FORM 4939, MAR 2013, WHICH SHOULD NOT BE USED.

CONFIDENTIAL DOCUMENT – GENERATED IN THE ORM COMPLAINT AUTOMATED TRACKING SYSTEM (CATS) - 4/22/2020

Exhibit 33

From: Smith, Carmen A (HIN)
To: Morris, Angela M.; Bisard, Jon; Tepper, Samantha
Subject: RE: Door Closure/Parking Issue
Date: Tuesday, October 13, 2020 10:51:59 AM

Good Day,

I have reached out the employee and advised him that I will assist him with locating another parking spot with a spot to secure his scooter. His response was simple: No. He has stated that this is reprisal and the current accommodation is effective for him. The agency would need to prove undue hardship. My recommendation is the same as before to leave the pharmacy entrance open.

He stated that the reason that there are very few people entering through pharmacy is because the veterans are not aware that they can enter through that door. He has the following suggestions which he wanted shared:

1. Have HR man their own doors because they have less than 40 people.
2. Close down the Directors entrance and require the Director to enter through another door.
3. Allow you alone to continue to enter through the pharmacy entrance, where you will go and retrieve your scooter and then go to the nearest screening entrance.

I am NOT in agreement with the 3 suggestions however the employee insisted that I provide this to leadership in writing and he will be requesting records via a FOIA request and his representative. Due to the sensitivity of this matter, I recommend leaving the entrance open. If the facility does not want to leave the entrance open then they will need to prove undue hardship and show how this accommodation is no longer effective.

Best,

Carmen Smith, VHA-CM
Human Resources Specialist
Reasonable Accommodation Coordinator (578)
VISN 12 Worklife
Ph: 708-202-5668
Fax: 708-202-7345
Email: carmen.smith2@va.gov

Search Accommodation Options by clicking on the below site:

www.askjan.org

Join the VA Pulse RA Community of Practice
https://www.vapulse.net/groups/reasonable-accommodation-services

From: Morris, Angela M. <Angela.Morris4@va.gov>
Sent: Thursday, October 8, 2020 3:56 PM
To: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>; Bisard, Jon <Jon.Bisard@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Subject: RE: Door Closure/Parking Issue

Greetings Carmen,
Our office consulted with Police. It appears that the employee will need to consult further with the RA coordinator to locate a parking spot. Once identified, the new parking spot location should be shared with police for concurrence and engagement with Engineering. Is that correct? If so, can you circle back to the patient and provide an update to the group?

Thanks,

Angela Morris, MPH, LCSW
Acting Associate Director
Edward Hines, Jr. VA Hospital
Phone: 708.202.2152
Mobile: 708.516.9644
Angela.Morris4@va.gov

From: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Sent: Thursday, October 8, 2020 1:03 PM
To: Morris, Angela M. <Angela.Morris4@va.gov>; Bisard, Jon <Jon.Bisard@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Subject: RE: Door Closure/Parking Issue

This would have to go through OGC for concurrence because this is a reasonable accommodation. The agency would have prove undue hardship and that is very difficult to prove. Prepare your written justification along with any supporting documentation and I will review and submit to OGC.

Best,

Carmen Smith, VHA-CM
Human Resources Specialist

Reasonable Accommodation Coordinator (578)
VISN 12 Worklife
Ph: 708-202-5668
Fax: 708-202-7345
Email: carmen.smith2@va.gov

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---

From: Morris, Angela M. <Angela.Morris4@va.gov>
Sent: Thursday, October 8, 2020 12:57 PM
To: Bisard, Jon <Jon.Bisard@va.gov>; Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Subject: RE: Door Closure/Parking Issue

Greetings,
We are reaching our limits with the screening labor pool. Therefore, we have reviewed available options to ensure we are maintaining safety precautions related to COVID screenings at our entry points. Based on the team's assessment, that particular entrance is used by up to 40 people a day. Due to current staffing limitations, it is in the best interest for our organization to close this entrance and reallocate screening resources. We have initiated this discussion for preplanning purposes so we can offer another location close to open entrances.

From: Bisard, Jon <Jon.Bisard@va.gov>
Sent: Thursday, October 8, 2020 12:42 PM
To: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Cc: Morris, Angela M. <Angela.Morris4@va.gov>
Subject: RE: Door Closure/Parking Issue

Not my call, but for what it's worth I agree. Also, based on my interactions with the complainant I would not be surprised if he claims reprisal if this occurs. Jon

---

From: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Sent: Thursday, October 8, 2020 12:36 PM
To: Bisard, Jon <Jon.Bisard@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Cc: Morris, Angela M. <Angela.Morris4@va.gov>
Subject: RE: Door Closure/Parking Issue

Jon, I am coming in at the end of this without any knowledge. Samantha contacted me for me to reach out to Mr. Bourke. I spoke with him and he stated that he cannot physically walk to another entrance. There is staff at the pharmacy entrance now that handle screenings. My suggestion is do not move them so that he can continue to use the entrance. The accommodation is currently effective for him.

Best,

Carmen Smith, VHA-CM
Human Resources Specialist
Reasonable Accommodation Coordinator (578)
VISN 12 Worklife
Ph: 708-202-5668
Fax: 708-202-7345
Email: carmen.smith2@va.gov

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From: Bisard, Jon <Jon.Bisard@va.gov>
Sent: Thursday, October 8, 2020 12:32 PM
To: Tepper, Samantha <Samantha.Tepper@va.gov>; Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Cc: Morris, Angela M. <Angela.Morris4@va.gov>; Bisard, Jon <Jon.Bisard@va.gov>
Subject: RE: Door Closure/Parking Issue

All, this issue is a part of Mr. Bourke's discrimination complaint which is currently in the investigative stage.
It is my understanding that prior to filing the complaint the Hospital Director (Doctor Braverman) denied Mr. Bourke's request to use that door as he was entering without COVID screening. Jon

---

From: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Sent: Thursday, October 8, 2020 12:17 PM
To: Tepper, Samantha <Samantha.Tepper@va.gov>
Cc: Morris, Angela M. <Angela.Morris4@va.gov>; Cooper, Tammy C. FHCC Lovell <Tammy.Cooper2@va.gov>; Bisard, Jon <Jon.Bisard@va.gov>
Subject: RE: Door Closure/Parking Issue

Good Day,

It is the advisement of the RA office not to close the pharmacy entrance. The facility would have to prove that this is truly an undue hardship on the agency. Due to the current EEO investigation this will look like reprisal. It is the advisement of this office not to pursue this. The current accommodation is effective for the employee. If staffing is the issue then perhaps you all can close another entrance other than outpatient pharmacy.

Best,

Carmen Smith, VHA-CM
Human Resources Specialist
Reasonable Accommodation Coordinator (578)
VISN 12 Worklife
Ph: 708-202-5668
Fax: 708-202-7345
Email: carmen.smith2@va.gov

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From: Tepper, Samantha <Samantha.Tepper@va.gov>
Sent: Thursday, October 8, 2020 11:47 AM
To: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>; Coleman, Kimberly P (HIN) <Kimberly.Coleman@va.gov>; Ousley, Eric <Eric.Ousley@va.gov>; Tumpis, Joseph <Joseph.Tumpis@va.gov>; Colby, Richard <Richard.Colby3@va.gov>
Cc: Morris, Angela M. <Angela.Morris4@va.gov>
Subject: Door Closure/Parking Issue

Good morning,

Due to staffing and the low use of the pharmacy entry at Hines the decision has been made to make that an exit only. We know that Mr. Bourke uses that door and we would like to avoid the EEO and WHVA complaints that happened last time that door was closed for entry.

Carmen is going to reach out to Mr. Bourke to inform him that the door will be closing for entry and that he will need to work with Police to find a new parking spot.

I am giving everyone a heads up about this.

Thank you,

Samantha Tepper, LCSW
Edward Hines Jr. Veterans Hospital
Health System Specialist to Associate Director
Office: 708-202-2452
Cell: 708-973-3758

Exhibit 34

From:	Morris, Angela M.
To:	Fong, Bryan E. FHCC Lovell; Powell, Adam (HIN)
Cc:	Beidelschies, Jon E (HIN)
Subject:	RE: RA discussion follow-up
Date:	Wednesday, December 2, 2020 3:57:00 PM

Thank you Bryan.

From: Fong, Bryan E. (HIN) <Bryan.Fong1@va.gov>
Sent: Wednesday, December 2, 2020 3:51 PM
To: Morris, Angela M. <Angela.Morris4@va.gov>; Powell, Adam (HIN) <Adam.Powell2@va.gov>
Cc: Beidelschies, Jon E (HIN) <Jon.Beidelschies@va.gov>
Subject: RE: RA discussion follow-up

Walked the possible paths from the workplace to the doors. By B228's entrance there is no easily securable space within the lobby. The only possible options near B228's doors would be the first conference room in Mental Health's Admin area on the first floor. Anywhere else would probably be pushing the 40-50 ft. distance marker for the RA or is not secure enough.

V/r

Bryan Fong
Facility Planner
Edward Hines, Jr. VA Hospital
5000 S. 5th Ave.
Building 1, Room G413
Hines, IL 60141
Office: 708-202-8387 x24621
Bryan.Fong1@va.gov

Hazard Zet Forward

From: Morris, Angela M. <Angela.Morris4@va.gov>
Sent: Tuesday, December 1, 2020 4:13 PM
To: Fong, Bryan E. (HIN) <Bryan.Fong1@va.gov>; Powell, Adam (HIN) <Adam.Powell2@va.gov>
Cc: Beidelschies, Jon E (HIN) <Jon.Beidelschies@va.gov>
Subject: FW: RA discussion follow-up

Greetings,
We are hoping to temporarily relocate someone with an RA so the pharmacy entrance of building 200 can be closed. Bryan, can you assess whether there is a location available in building 228 that is within the distance mentioned below?

Thank you,
Angela

From: Smith, Carmen A (HIN)

Sent: Friday, November 20, 2020 11:53 AM
To: Morris, Angela M. <Angela.Morris4@va.gov>; Tepper, Samantha <Samantha.Tepper@va.gov>
Subject: RE: RA discussion follow-up

His scooter is parked/locked by the pharmacy entrance in the evening. His work station is located in the basement. He works in ambulatory surgery bldg. 200 rm B019.

Employee cannot walk more than 15ft without cane or walker. With cane or walker no more than 40-50ft. I would not have the distance between his parking spot and work station. You would need to speak with someone at the facility who would possibly know the distance between his parking spot and work location because I wouldn't have that information.

Best,

Carmen Smith
Human Resources Specialist
Reasonable Accommodation Coordinator (578)
VISN 12 Worklife
Ph: 708-202-5668
Fax: 708-202-7345
Email: carmen.smith2@va.gov

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From: Morris, Angela M. <Angela.Morris4@va.gov>
Sent: Wednesday, November 18, 2020 10:56 AM
To: Tepper, Samantha <Samantha.Tepper@va.gov>; Smith, Carmen A (HIN)

<Carmen.Smith2@va.gov>
Subject: RA discussion follow-up

Good morning,
Per last week's RA discussion with OGC- Carmen, can you provide Sam the current location of the employee's secures storage space for his scooter and the distance from his parking spot to his work area? Sam, can you work with Bryan to find a secure storage area near e entrance of building 228? Please reach out if you have any questions.

Thank you,
Angela

Get Outlook for iOS

From: Morris, Angela M.
To: Smith, Carmen A; Tumpis, Joseph
Cc: McField, Deshaun
Subject: Re: RAs parking at south entrance 200 and the Crane
Date: Friday, December 4, 2020 8:50:05 AM

Thank you both. Have a great day!

Get Outlook for iOS

From: Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Sent: Friday, December 4, 2020 8:43:10 AM
To: Tumpis, Joseph <Joseph.Tumpis@va.gov>; Morris, Angela M. <Angela.Morris4@va.gov>
Cc: McField, Deshaun <Deshaun.McField@va.gov>
Subject: RE: RAs parking at south entrance 200 and the Crane

Good morning Joe and likewise.

As requested.

David Bourke: David.bourke@va.gov
Reserved Parking # 1011
His tour starts around 6 or 6:30am.

[redacted]@va.gov
Reserved Parking #1010
She works for Chapel service and her parking spot I believe is closer to the Chapel entrance.
Depending on where she is located, she may or may not be impacted.

Best,

Carmen Smith
Human Resources Specialist
Reasonable Accommodation Coordinator (578)
VISN 12 Worklife Benefits
Office Phone: 708-202-5668
Mobile Phone: 708-973-1822
Email: carmen.smith2@va.gov

Search Accommodation Options by clicking on the below site:

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From: Tumpis, Joseph <Joseph.Tumpis@va.gov>
Sent: Friday, December 4, 2020 7:53 AM
To: Morris, Angela M. <Angela.Morris4@va.gov>; Smith, Carmen A (HIN) <Carmen.Smith2@va.gov>
Cc: McField, Deshaun <Deshaun.McField@va.gov>
Subject: RAs parking at south entrance 200 and the Crane

Carmen,

I'm glad we could talk this morning regarding the impacts from the large crane we are setting up at the south entrance of bldg. 200. As mentioned I can work with the contractors to allow the two individuals with RAs to still park near the rear bldg. 200 entrance.

I will need their name and contact info so we can coordinate the times we get them in and out of the secured space.

Sincerely,

Joseph Tumpis P.E.
Assistant Chief Engineering Services (a.k.a. FMS)
Edward Hines, Jr. VA Hospital
Telephone: 708-202-8387, Ext. 21132
Cell: 608-220-5723
Bldg. 2, Room 138

Exhibit 35

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DAVID BOURKE,)
Plaintiff,)
vs.) Case No. 22 CV 3164
DENIS MCDONOUGH, SECRETARY,)
U.S. DEPARTMENT OF)
VETERANS AFFAIRS, UNITED)
STATES OF AMERICA,)
Defendant.)

The deposition of RAJ B. UPPAL, M.D., called for examination pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before RYAN K. KOHLER, Certified Shorthand Reporter of the State of Illinois, via Zoom videoconference, on July 25, 2023, at the hour of 10:01 a.m.

Reported by: RYAN K. KOHLER, CSR
License No.: 084-004747

REMOTE APPEARANCES:

KENNETH N. FLAXMAN, P.C.
BY: MR. KENNETH N. FLAXMAN
200 South Michigan Avenue
Suite 201
Chicago, Illinois 60018
(312) 427-3200
knf@kenlaw.com
Representing the Plaintiff;

UNITED STATES ATTORNEY'S OFFICE
BY: MS. NICOLE FLORES
219 South Dearborn Street
9th Floor
Chicago, Illinois 60604
(312) 886-9082
Nicole.flores3@usdoj.gov
Representing the Defendant.

I N D E X

E X H I B I T S

(NO EXHIBITS MARKED.)

THE REPORTER: Good morning. My name is Ryan Kohler, CSR. Pursuant to notice and agreement of the parties, this deposition is proceeding via Zoom videoconference, and the oath will be administered to the witness remotely.

Will all parties please state their agreement to proceed remotely on the record.

MR. FLAXMAN: I am Kenneth Flaxman for the plaintiff.

MS. FLORES: Nicole Flores on behalf of the defendant and we agree.

THE WITNESS: Raj Uppal.

(Witness sworn.)

RAJ B. UPPAL, M.D.,

called as a witness herein, having been first duly sworn was examined and testified as follows:

EXAMINATION

BY MR. FLAXMAN:

Q. Good morning, Doctor. My name is Kenneth Flaxman. I represent David Bourke.

Am I correct that David Bourke -- that you, in the course of your work at the VA, have treated David Bourke?

A. Yes, I have.

Q. Okay. Let me just give you some background. This is not a case against you. There's no claim in this case or any other case of which I'm aware that you did anything wrong. We're not here to make you look bad or to challenge your medical judgment. This is just questions about the treatment that you provided to David. So I hope that -- that we're not tense and as -- as usually I would be if I was deposing a doctor who was a defendant. You're not a defendant. You're a witness. You're a treater.

I hope you've had a chance to talk to your attorney, and I hope you had a chance to look at the medical records. And when I ask you questions, if you need to look at any of your medical records, go right ahead. Just tell us what you're looking at. Is that okay?

A. Yes, it's okay. Thank you.

Q. Thank you.

Could you give us a brief summary of your background?

A. I have been working at Hines VA Hospital since 2003. Currently I am the section

chief of Hines Interventional Pain Clinic.

Q. When did you finish medical school?

A. A long time ago back in India, 1981.

Q. And when did you come to this country?

A. I was married to my wife who was a U.S. immigrant, her family has been here since 1901, long time. And then I went to Nebraska, did my internship in surgery, came back to Northwestern, did residency in anesthesiology and did a pain fellowship in pain management. And right after that, I came to work for Hines VA Hospital.

Q. When were you first licensed as a doctor?

A. '81 in India.

Q. Oh, okay. And you've been at the VA the whole time you've been --

A. Since 2003, yes.

Q. Okay. Oh.

A. Yes.

Q. In the course of your -- you're a section chief, is that --

A. Yes.

Q. As a section chief, do you see

patients?
A. Yes, I do.
Q. Okay. When did you first meet the plaintiff in this case, David Bourke?
A. If I recollect, around 2015, 2016.
Q. And what were his issues, problems?
A. At that time he had back pain when we initially met.
Q. Did you -- do you remember the first time you met him?
A. I don't remember the exact dates, but in clinic because he's also employee for the VA hospital.
Q. Did he present any other problems other than back pain?
A. Yes. Subsequently he had neck pain both hips pain, right and left hip pain.
Q. Was he able to walk without pain?
A. He was using a cane. He always had pain in his hips when he was walking.
Q. And am I correct that you never formed an opinion -- well, did you ever form an opinion about the source of his pain?
A. He had osteoarthritis which is a

degenerative arthritis of his hips. And that's the most common cause of hip pain.

Q. Is that a reversible condition?

A. It's a degenerative disease so it continues to be degenerative as a person goes up in age.

Q. Did you ever form an opinion about what caused his hip issues?

A. Specifically in any age group when you age past 50 there is some degeneration for the joints. But in his specific -- personally, I don't have an opinion as to his specific condition for his hips.

Q. Other than age, did you conclude that there was another cause for his hip pain?

A. I don't think so.

Q. Okay. Did his hip pain -- well, are you still treating Mr. Bourke?

A. As a matter of fact, I have three more partners. So I work now two days a week at the VA, two days I work for the VISN [phonetic] in some other responsibility in the VISN. So I have my clinic on Tuesday and procedures on Thursdays. So now my other partners, which is

Dr. Huang, Dr. Wilkinson and Dr. Aziz, have been doing procedures and treating him.

Q. And could you spell for us the names of those other doctors?

A. Certainly. First, Dr. Nermeen Aziz, N-e-r-m-e-e-n, last name Aziz, A-z-i-z. Next doctor is Dr. Lindsay Wilkinson, L-i-n-d-s-a-y, last name Wilkinson, W-i-l-k-i-n-s-o-n. And the third physician is Dr. James, J-a-m-e-s, last name H-u-a-n-g.

Q. When is the last time that you treated Mr. Bourke?

A. Should be more than two years ago probably. I don't have the date in front of me. I can open the chart, but I think it should be about -- because I used to do procedures on Wednesdays. Mr. Bourke wanted to get all his procedures done with sedation. So I do them on Thursdays so there's no sedation, I do them under local. So his procedures are done either on Mondays or Wednesdays when we provide local sedation under anesthesia.

Q. And, well, you said about two years ago. Why did you stop seeing Mr. Bourke?

A. Well, same time. He has been seeing other providers because I -- my tour of duty changed.

Q. So it's now 2023. Did you stop seeing Mr. Bourke in 2021?

A. Give or take maybe -- maybe '21 or '22, give or take. That should be in my notes -- my last note for him in the record.

Q. Did you look at any records to prepare for this deposition?

A. Not recently.

Q. Okay.

A. I have not.

Q. And do you have your notes in front of you?

A. I do not, but I can -- I remember what I've done for him.

Q. Okay. Am I making that noise or --

A. No, this is my -- any time I get an alert, I can minimize it, I am going to stop it, yeah, this --

Q. Oh, okay. All right. Well --

A. If there is an issue, an alert comes to me and I cannot stop it.

Q. Okay. Well, if there's an alert that requires your presence, let us know and --

A. No, I appreciate that.

Q. Okay. From when you first started seeing Mr. Bourke in 2015 or 2016 to when you stopped seeing him in 2021 or 2022, did his condition get worse?

A. Mr. Bourke always had moderate to severe pain, multiple sources of his pain including his back and hips and neck, and he has been on chronic opioid management therapy from his primary provider for his pain. So his pain is preexisting; even before I saw him, he has been on pain medications.

So my view was that we were trying to manage his pain in addition to getting his opioid medication, do some interventional procedures for him to make it optimal pain for him. Because it's a multimodal treatment. So on one hand, he had the opioid medication which he was consistently taking, and then we were trying to reduce his pain by our interventions. And he had multiple injections. You may have reviewed his record. We did his radiofrequency

ablations in the neck, in the back, in the sacroiliac joint and in the hips.

Q. Well, were you -- was part of your work with Mr. Bourke to manage his medication?

A. No, this was -- not fully because his opioid medication was done through his primary doctor, I think Mr. Michael Egan who is a nurse practitioner. Then we will give some recommendation to him. We did try Suboxone for him, but he didn't tolerate it. We gave a short trial of Suboxone for him, but he didn't tolerate and he went back to opioids.

Q. And when you say opioids, was he taking Percocet?

A. Morphine. Morphine and Percocet. He was, I believe, taking morphine and some other breakthrough drugs through his primary which is Michael Egan.

Q. Was he also taking oxycodone?

A. He was taking multiple opioids. Because he -- as I said, for moderate to severe pain, that's when his pain was controlled.

Q. Did you notice any change in Mr. Bourke's mobility from when you first

started seeing him to when you stopped seeing him?

A. He was always using a cane and I -- he had a wheelchair parked in the ASU, but he was walking there because we had -- I'm in building 200 in the basement. We have ASU, ambulatory surgery unit, where he was working. And we have preop area where the patients are taken for preop area evaluation, then the recovery room, then the OR. So Mr. Bourke will take the patient from the ASU, his desk, to the preop area, and then many times he will take the family members to the recovery room. So he was mobile, but he used a cane.

Q. Did you ever see him use a scooter?

A. Scooter I had seen him using when he was leaving ASU to go somewhere. He had his scooter parked right behind his desk.

Q. Well, did you see him move from place to place using the scooter?

A. He was walking with a cane.

Q. Okay.

A. He was using his scooter to go long distance or wherever that I had seen a few

times. I was there very limited in the ASU on a Thursday busy with the practice, but whenever I saw him, he was walking with a cane.

Q. Could you tell us what a radiofrequency nerve ablation is?

A. Certainly. So let me give you example for the hip. So hip has sensory nerve supply coming from femoral nerve and sciatic nerve. Femoral nerve is in the front so those sensory branches of the femoral nerve which supply majority of the hip, we burn those 80 degrees centigrade with a process called radiofrequency ablation. We heat up, put a probe there in the hip at two locations and then we burn those. And the purpose of that is the pain sensation going from the hip to the spinal cord, those are blocked. So now that's -- ultimately those nerves regenerate so this is not something which is permanent. This is something which may last three months to six months to a year depending upon the individual's response.

But that is the purpose of radiofrequency ablations. That we are burning the articular branches sensory which carry the

pain sensation, whether it's the neck, the spine or the SI joint or the hip. So that is the purpose behind it.

And the objective of this is to reduce the pain from the hip. We cannot change the anatomy, but it is just basically to burn those nerves to reduce the pain sensation going through the spinal cord.

Q. Were you doing nerve ablation once a month at any time?

A. No, no. I think -- I think it's at least done three to six months away. Different parts can be done. For example, if you had a neck ablation, you can have a spine ablation done. But the same part, same body part, for example, hip, if you're doing a hip left or right, you can do it if the patient had no response. But I believe Mr. Bourke had a reasonable response, not a hundred percent efficacy but 50 to 60 percent pain relief with ablations, and it lasted variable months. Sometimes he would say it lasted three months or six months depending upon his individual response which cannot be predicted.

Q. Do you recall any time when you did a radiofrequency nerve ablation more than once in a month?

A. I don't -- I don't recollect. I do not recollect more than a month. I'm not looking at the record, but on the same part, for example, hip or SI joint or the spine or the neck, it is possible sometimes if the indications are you missed that branch -- it's a very tiny branch, if you miss, you can really go back. There's no contraindication to go back. But I don't remember specifically in Mr. Bourke's case that we went back frequently, but we -- but he had multiple radiofrequency ablations.

Q. Just to be clear for me, is a radiofrequency nerve ablation something that you would do when somebody was experiencing pain?

A. That is correct. We have other patients who have the same similar procedure, yes.

Q. What's a lumbar medial branch injection?

A. Correct. So in the spine of the back, there are facet joints which let you move

backwards, sideways. Those facet joints have dual nerve supply called the medial branch. So give an example. Let us say you have L4-5 facet, then from the spinal cord branch comes -- it's called a medial branch. It has two branches. One supplies the L4 facet. One supplies the L5 facet. So before we ablate, we do a diagnostic block. We go back for some local anesthesia there. That if that nerve is blocked by a local anesthetic and patient gets 50 to 80 percent pain relief for a day, then we will go back and burn those. If patient has no response from those nerve blocks, then the radiofrequency ablation is not indicated actually because that's not going to work.

So the medial branch in the spine, into the lumbar spine, are the sensory fibers going to the facet taking pain sensation to the spinal cord. That is the purpose of this.

Q. And that's -- is it -- is that something you do to alleviate pain?

A. That is correct. It's a minimally invasive procedure.

Q. Do you recall performing that procedure

on Mr. Bourke?

A. Yes, I have performed it.

Q. Do you remember how many times?

A. I don't remember exactly the times. It should be in the record, but I have performed them.

Q. And how often is that procedure offered to a patient who's in pain?

A. Depending upon -- let's say we can't control the pain with medications and we can't control the pain with other modalities, maybe physical therapy, occupational therapy, other modalities, and then interventional procedures are offered based on specific indications, based on the findings. That is the reason for offering and we have many patients who we offer medial branch blocks and RFAs. RFA stands for radiofrequency ablation.

Q. Is that something that's performed every month?

A. Every -- every week. For different patients, not for the same patient, but we do it -- every week there are RFAs on the schedule.

Q. No, but for the -- how often would one

patient expect to get a lumbar medial branch injection?

A. Yes. So one or two -- two blocks. Sometimes one block, sometimes two blocks.

Q. Would that happen -- would that patient receive that procedure every month?

A. No. That procedure could be sometimes four weeks apart, six weeks apart, depending upon the OR schedule. But those two have to be done to confirm the efficacy of these blocks that then a patient is a candidate for radiofrequency ablation.

Q. Do you recall ever treating Mr. Bourke with an epidural steroid injection?

A. I may have done it because that's one procedure which we offer. I don't -- I don't have the record in front of me, but I may have done it, yes.

Q. Could you explain to us what that procedure consists of?

A. Certainly. So in the back, spinal cord is covered by many ligaments. From the skin -- if I go in somebody's back from the skin -- you have skin, you have subcutaneous tissue, you

have supraspinous ligament, you have interspinous ligament, then ligamentum flavum, then the dura, then the spinal cord.

The purpose of that is we take a needle from the back of the spine, go through these ligaments by the technique of loss of resistance. Once we reach ligamentum flavum, then you have sudden loss of resistance and then you reach the epidural space.

And you put some steroids, Depo-Medrol 18 milligrams, and with some normal saline. The concept behind this is that the steroids bring down the inflammation and the swelling from the nerves which cause the pain. So it takes two, three days before they become effective. Sometimes they may not be effective because that may not be the source of the pain.

But the steroid injections are done as diagnostic and therapeutic. Diagnostic means when you do them a patient gets relief. They were diagnostic. Well, hey, you have the problem in the nerves, and if it didn't work, that may not be the problem. Not always but that may not be the problem.

Therapeutic means if the patient responds to those injections, they can get extended pain relief within three months to six months. Some patients might get it yearly.

Q. How often do you perform that procedure on a patient?

A. Usually two or three in a year.

Q. Do you remember any conversations you had with Mr. Bourke at any time you saw him as a patient?

A. Yeah, he's a pleasant person. Yeah. We -- when I went to ASU, he would always ask me about the next procedure. I said, Mr. Bourke, please call the clinic, set up -- set up your schedule. And he was kind and gracious. Because -- naturally because I don't carry a schedule on me so I will always guide him to please call the clinic and he was gracious. He would call the clinic, set up a time.

Q. Did he ever tell you what he thought was causing his pain?

A. He had multiple reasons for thinking. One was osteoarthritis. He said my joint, Dr. Uppal, is giving in. So I said, Mr. Bourke,

it's degeneration, all of us go through degenerative joint disease, everybody responds differently. So nothing beyond this reasoning what I'm talking to you about.

Q. Now, you recall when there were door closings at Hines during COVID?

A. Yes, I do remember that.

Q. Did you have to come in to your area through a different door?

A. No, no. I park in the -- if you know -- have you been to Hines? You know the --

Q. Not recently.

A. Okay. So building 200 is a tall building. It's a 16-story building, very tall building. First off is building one which is a hundred years old. So I park in building one, then walk back to building 200.

So Hines has multiple entrances. One is on the east side by Loyola which is next to building 228. Then building 200 has two entrances; one is on the north side where everybody comes, one on the south side.

So I do remember during pandemic when they had all the checkpoints, they will take

your temperature, they will give you a sticker that you're okay, cough, symptoms, they'll screen you and they'll let you in.

So initially when the pandemic started we had everything on building 200 and the main entrance we used to come through then. Then they subsequently opened building one, then they opened the south side of building 200, then building 228 ultimately when they had a full understanding.

Then in the later part of the pandemic when things were slowing down, cases were going down, at that end they had closed down the south entrance to building 200, which is just by the pharmacy in building 200. But I never -- your question, I never -- I used to park in building one which is -- I normally park because I can walk in the morning so I park far away from building 200.

Q. Did Mr. Bourke ever tell you that the COVID closings caused him to have to walk further to get from his car to his place of -- to his workplace?

A. Yeah, he did mention to me, yes.

Q. And what -- could you tell us as best you can what he said about that?

A. No. What I said was that walking may temporarily cause your pain to be a little more because you're walking. In the larger contest, we recommend people walking 150 minutes a week if you have arthritis of hip, knee or anything because walking makes your range of motion better. It removes -- it improves your stiffness and your pain ultimately gets better.

So with him using the cane, he was walking in the preop area so I did learn and I said I'm sorry to hear that, Mr. Bourke, that they closed this, but work with the hospital wherever you can park. Because in the front of the building on building 200 you have parking for the veterans. Because he's also a veteran. So I didn't go beyond this because I knew he -- this was his concern that he had to walk a little bit extra because of the building 200 closing.

Q. Did he ever tell you that his pain was getting worse because of the walking?

A. Any time I was down there, he would

tell me when I walk my pain is a little worse. Because I was -- Mr. Bourke, his pain has been, as I said, moderate to severe all the time. So he was aggravated because of pain, but he was -- during that time, he was aggravated because of his walking. But then all day he was walking there from ASU to preop taking the patients back and forth to recovery room, so -- and he was taking his medication, pain medication, all the way through ever since I have known him.

Q. Did you ever try to get him off of opioids?

A. He was taking his pain medication prescribed by his providers.

Q. But was there ever a time when you were involved in weaning him off of opioids?

A. We tried to do with the buprenorphine one time. He didn't tolerate.

Q. Okay. Now, you talked about walking being better -- being good for Mr. Bourke?

A. Yes.

Q. I might be paraphrasing it.

A. Yes.

Q. Is that within your area of expertise

as a pain doctor?

A. Yes. The -- we encourage everybody with hip pain, knee pain, to have walking exercise as much as they can tolerate. The reason being, initially when you start walking, you may have a little extra pain because you're not properly conditioned. And we encourage all veterans who come to our clinic to make exercise an integral part of their management. Really, truly multimodal. So you have one side pain medication, we are doing interventional injection, but then we also encourage everybody to have exercise programs they can tolerate.

So the walking is the least demanding on the body because you can take your pace and then we also encourage them to keep your cane, keep your walker.

And as a matter of fact, when you walk with any osteoarthritis in the body, pain eventually becomes better. Your range of motion improves. Your stiffness improves. And you're going to -- overall, it's a good thing for the body.

Q. Well, did Mr. Bourke's condition

improve during the time you treated him?

A. His condition and his pain, I was -- his pain always improved with interventions. He would always report back to me after the radiofrequency ablation, Dr. Uppal, I'm doing much better. As a matter of fact, when he was coming, he was -- his pain would get worse, he would call the clinic, I'm getting close, get me another radiofrequency ablation. So our staff was very compassionate and caring like we are for all the veterans. He would call the clinic, make another appointment.

Q. What is a trigger point injection?

A. Trigger point injection is, for example, somebody has neck pain, okay, or you have a shoulder pain, sometimes the muscle gets spasms, local spasms, and they cause pain. So what we do is we take a needle, take some local anesthesia, dilute with some steroid, and we put the needle in. And if the patient says, oh, this is the place which hurts me the most and that is the trigger point that is creating the pain. So we inject half CC of local anesthesia, some steroid that calms down those muscles.

That's called trigger point injections.

Q. What kinds of steroids do you use?

A. Dexamethasone.

Q. You have to say that slower for me.

A. Yeah. D-e-x-a-m-e-t-h-a-s-o-n-e. Dexamethasone.

Q. And what quantity of it do you use?

A. Four milligram in 10 CCs.

Q. And is there -- is that something that you can do every week?

A. You can do more frequently because we don't do TPIs every week, but you can if need be in the acute phase. But once those things settle down, then you can bring them in month or two months or three months, if needed.

I'm going to drink some water with your permission, Mr. Flaxman, if you don't mind?

Q. No, go ahead, go ahead.

A. Please go ahead.

Q. Are you board certified in any specialty?

A. I am not.

Q. Okay. And before coming to the VA, where were you employed?

A. I was doing my residency and fellowship at Northwestern.

Q. Well, you -- let me go back.

You finished med school in 2003; is that right?

A. '81.

Q. Excuse me?

A. '81.

Q. I'm sorry. You finished in '81. I'm making you younger than you are.

A. That's okay. That's okay. That's okay. No problem.

Q. You finished in '81 at Nebraska?

A. Yes.

Q. And then where did you do your --

A. No, no, no, India. I am from India.

Q. Oh. My notes are very good.

A. That's okay.

Q. And you came to this country in 1901? I'm joking --

A. No, 1984. 1984.

Q. And you finished Nebraska in 2003?

A. Correct.

No, no, I finished Northwestern in

2001.

Q. Northwestern, oh.

A. And then I did my fellowship.

Q. Okay. After Northwestern, what did you do?

A. One year Resurrection.

Q. And then what did you do?

A. 2002. Then 2003 Hines.

Q. Say it slow for me.

A. Then 2002 Resurrection one year. 2003 till today at Hines.

Q. Oh, okay. Have you ever tried to get board certified?

A. I tried one time. I didn't pass the written test so I dropped it, I gave up. Because I -- it was not a requirement for Hines.

Q. Okay. Do you have any other employment other than --

A. Yes, I do.

Q. Okay.

A. I work for Northwestern one day a week at Valley West Hospital.

Q. And you're licensed as a physician in Illinois, correct?

A. Correct. And I have in Indiana too, but I don't practice there.

MR. FLAXMAN: Okay. I don't think I have any more. I'm sorry to finish so early.

THE WITNESS: That's okay. No, no, I appreciate that. I go back to clinic.

MR. FLAXMAN: Yeah. Nicole?

THE WITNESS: I'm working today.

MS. FLORES: Yes. I just have some short questions for you, Dr. Uppal.

THE WITNESS: Yes. Go ahead.

EXAMINATION

BY MS. FLORES:

Q. Do you remember when was the last time you spoke to Mr. Bourke?

A. He was -- he came in pain clinic a few months ago.

Q. Okay. A few months ago. We're in July. Would that have been in May?

A. It should be even before May, probably.

Q. Okay.

A. He came in, yes.

Q. And did he come as a patient with a scheduled appointment?

A. Yes. He came with a scheduled appointment. He saw me in the nursing office.

Q. Okay. And what was your interaction like with him when you saw him?

A. He said, Dr. Uppal, you have a deposition coming in. I said I cannot comment at all. He said, well, I'm sorry, but I'm just asking you to speak the truth. I said, Mr. Bourke, I always speak the truth, but I cannot talk about this case.

Q. And when he said speak the truth, what did you understand him to mean?

A. He must be referring to my deposition. I didn't ask him further. I said, I'm sorry, I cannot talk, Mr. Bourke, because this is a legal case, I will not comment on this. And I walked out.

Q. I think those are all of -- oh, I do have one more question. Sorry.

Earlier you testified, Dr. Uppal, that you observed Mr. Bourke walking in the ASU with his cane.

A. Yes.

Q. At any point did you recommend to him

that he walk less or stop --
A. No.
Q. -- walking as part of his job?
A. No.
MS. FLORES: Okay. That's all of my questions.
MR. FLAXMAN: Okay. I have nothing on that.
Madam Reporter, do you need any spellings?
THE REPORTER: No, I'm okay.
MR. FLAXMAN: Okay. Are you reserving signature?
MS. FLORES: Yes.
MR. FLAXMAN: We'll take the e-tran, original.
MS. FLORES: And same here for a copy.
(Deposition concluded at 10:35 a.m.)

IN THE UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

DAVID BOURKE, Plaintiff, vs. DENIS MCDONOUGH, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS, UNITED STATES OF AMERICA, Defendants.) Case No. 22 CV 3164

This is to certify that I have read the transcript of my deposition taken in the above-entitled cause by RYAN K. KOHLER, Certified Shorthand Reporter, on July 25, 2023, and that the foregoing transcript accurately states the questions asked and the answers given by me as they now appear.

RAJ B. UPPAL, M.D.

SUBSCRIBED AND SWORN TO
before me this day
of 2023.

Notary Public

STATE OF ILLINOIS)
) SS:
COUNTY OF C O O K)

I, RYAN K. KOHLER, a Certified Shorthand Reporter for the State of Illinois, do hereby certify that heretofore, to-wit, on July 25, 2023, personally appeared before me, via Zoom videoconference, RAJ B. UPPAL, M.D., in a cause now pending and undetermined in the United States District Court, Northern District of Illinois, Eastern Division, wherein DAVID BOURKE is the Plaintiff, and DENIS MCDONOUGH, SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS, UNITED STATES OF AMERICA is the Defendant.

I further certify that the said witness was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by said witness was reported stenographically by me in the presence of the said witness, and afterwards reduced to typewriting by Computer-Aided Transcription, and the foregoing is a true and correct transcript of the testimony so given by said witness as aforesaid.

I further certify that the signature to the foregoing deposition was reserved by counsel for the respective parties.

I further certify that the taking of this deposition was pursuant to Notice, and that there were present at the deposition the attorneys hereinbefore mentioned.

I further certify that I am not counsel for nor in any way related to the parties to this suit, nor am I in any way interested in the outcome thereof.

IN TESTIMONY WHEREOF: I have hereunto set my hand and affixed my notarial seal this 3rd of August, 2023.

Ryan K Kohler

_____

ILLINOIS CERTIFIED SHORTHAND REPORTER

LICENSE NO. 084-004747

McCorkle Litigation Services, Inc.
200 North LaSalle Street Suite 770
Chicago, Illinois 60601-1014

DATE: August 3, 2023

MS. NICOLE FLORES
UNITED STATES ATTORNEY'S OFFICE
219 South Dearborn Street, 9th Floor
Chicago, Illinois 60604

IN RE: David Bourke vs. Denis McDonough, Secretary, U.S. Department of Veterans Affairs, United States of America
COURT NUMBER: 22 CV 3164
DATE TAKEN: July 25, 2023
DEPONENT: Raj B. Uppal, M.D.

Dear Ms. Flores:

Enclosed is the deposition transcript for the aforementioned deponent in the above-entitled cause. Also enclosed are additional signature pages, if applicable, and errata sheets.

Per your agreement to secure signature, please submit the transcript to the deponent for review and signature. All changes or corrections must be made on the errata sheets, not on the transcript itself. All errata sheets should be signed and all signature pages need to be signed and notarized.

After the deponent has completed the above, please return all signature pages and errata sheets to me at the above address, and I will handle distribution to the respective parties.

If you have any questions, please call me at the phone number below.

Sincerely,
Cindy Alicea Court Reporter
Present:
Signature Department RYAN K. KOHLER

cc: ALL COUNSEL ORDERING THE TRANSCRIPT.