IN THE COURT OF COMMON PLEAS

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

CIVIL-TRIAL DIVISION

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SAHAR ABDUL-AZIZ, individually and as Parent and Natural Guardian of SAKINA ABDUL-HAQQ, a minor Plaintiff vs. CHILDREN'S HOSPITAL OF PHILADELPHIA, ESTHER SAMPAYO, M.D., et al., Defendants	)	DECEMBER TERM, 2008 NO. 04647

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January 24, 2012 - Afternoon Session

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City Hall, Courtroom 232
Philadelphia, Pennsylvania

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JURY TRIAL

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BEFORE: THE HON. GARY F. DIVITO, J.
and a Jury

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REPORTED BY: ANTOINETTE FOY, RPR, RMR

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Afternoon Session

(Jury enters the courtroom.)

(Court reconvened.)

THE COURT: Mr. Trunk?

MR. TRUNK: Your Honor, plaintiffs call Kristin Kucsma.

THE COURT: Please come up.

THE COURT CRIER: You can have a seat. Could I ask you to state your name for the record and spell your last name.

THE WITNESS: Kristin Kucsma, K-u-c-s-m-a.

....KRISTIN K. KUCSMA, M.A., after having been duly sworn, was examined, and testified as follows:

THE COURT CRIER: Thank you.

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VOIR DIRE - DIRECT

- - -

BY MR. TRUNK:

Q. Good afternoon, Ms. Kucsma.

A. Good afternoon.

Q. Ms. Kucsma, what is your profession?

A. I am an economist.

Q. And what is your educational background, ma'am?

A. I have a Bachelor of Arts degree in economics that I received from Seton Hall University where I graduated summa cum laude. I also have a Master of Arts degree in economics that I received from Rutgers University.

And I am also technically ABD, which literally stands for All But Dissertation. And what that means is that over and above the requirements for a Master of Arts degree in economics, I also completed all of the course work and passed all of my qualifying examinations in pursuit of a Ph.D. The only thing I have left to do is complete my dissertation.

Q. And, Ms. Kucsma, what is the purpose you're here today -- what type of information are you able to, through your education and training, convey to the jury?

A. I am here today to offer my professional opinion to reasonable degree of economic certainty regarding economic damages suffered by the plaintiff in this matter.

Q. Okay.

And, Ms. Kucsma, why don't you tell us a little bit about your professional background in terms of where you've worked?

A. I'm presently an economist with the Tinari Economics Group. I have been with the Tinari Economics Group since January 2nd of 2008.

And my primary responsibilities as an economist with the Tinari Economics Group involve valuing damages, economic damages, for purposes of litigation.

I work on matters involving personal injury, also matters involving wrongful death, commercial damages, breach of contract, discrimination cases, and a variety of other types of cases.

Before I joined the Tinari Economics Group, I spent what I like to call my first career as a college professor. I was a member of the full-time faculty of both Seton Hall University and also Drew University where I taught in the Economics Department primarily at both the undergraduate and graduate levels. I also taught finance and statistics, as well. And I was also an adjunct professor at both Rutgers University and

Saint Peter's College.

Q. And what did you teach there?

A. Again, I taught primarily economics at both the undergraduate and graduate levels. I did teach corporate finance, and I also taught various statistics classes, as well.

Q. Ms. Kucsma, what is forensic economics?

A. The field of forensic economics refers to the application of economic theory and economic methods to matters involving litigation.

So, as a forensic economist, I use my tools and the theories and my expertise as an economist to value damages for matters involving litigation.

Q. And did you make an attempt to do that here in this particular case?

A. Yes, I did.

Q. And in order to do that, what types of information do you need in order to make those projections?

A. In this particular case, I needed some basic statistical information about the plaintiff. I needed information like her date of birth, the date on which she became impaired.

I also needed information about anticipated

future medical treatment that Sakina will need. I needed information about what types of treatment she will need, how often she'll need that treatment, how much that treatment costs in today's terms.

Those are some of the pieces of information that I needed to rely upon in order to form my opinion of economic loss.

Q. And in this particular case, did you review all that information and then develop opinions on what the economic loss is here?

A. Yes, I did.

MR. TRUNK: Your Honor, plaintiffs offer Kristin Kucsma as an expert in the areas of economics and forensic economics.

THE COURT: Mr. Post?

MR. POST: Thank you, Your Honor. Good afternoon.

THE WITNESS: Good afternoon.

MR. POST: Good afternoon, ladies and gentlemen.

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VOIR DIRE - CROSS

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BY MR. POST:

Q. Ms. Kucsma, Ben Post. I represent C.H.O.P. and Dr. Sampayo.

We have your CV here. And is it accurate that since at least 2008, what you've been doing is working with lawyers in litigation matters? Would that be fair, at least --

MR. TRUNK: Objection, Your Honor, qualifications.

THE COURT: Sustained.

MR. POST: It's on her CV, Judge.

THE COURT: I understand, but that goes to a different issue.

MR. POST: Okay. Fair enough. I'll reserve it.

BY MR. POST:

Q. Ms. Kucsma, economic experience that you have, you have no experience in terms of pediatrics or taking of children or the -- involvement in medical care of pediatrics?

MR. TRUNK: Objection, Your Honor, relevance.

THE COURT: Sustained.

MR. POST: I'll reserve for during my substantive.

Thank you.

THE COURT: You're welcome.

I'll accept Ms. Kucsma as offered.

MR. TRUNK: Thank you, Your Honor.

THE WITNESS: Thank you, Your Honor.

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DIRECT EXAMINATION

- - -

BY MR. TRUNK:

Q. Ms. Kucsma, how is it that you spend your time as a forensic economist? What does a forensic economist do?

A. Most of the work that I do -- about 95 percent of the work I do as an economist at Tinari's is as a forensic economist. And what that means is that I am retained by either a plaintiff or defendant to assess economic damages.

In other words, my main role as a forensic economist is to determine the monetary damages that a plaintiff has suffered as a result of a particular incident.

In this particular case, of course, I was retained to evaluate and measure the monetary

damages suffered by the plaintiff and plaintiff's family as a result of her impairment.

Q. And after your review of the information you discussed earlier in this particular case, the information relating to Sakina, were you able to make some projections going forward as to the full extent of her economic loss?

A. I was.

After I reviewed various documents that I received about Sakina, and also a Life Care Plan provided to me by Dr. Bialsky, I was able to estimate Sakina's economic damages in this matter.

And, in particular, I estimated two specific categories or components of loss. The first element of my analysis involved an estimate of the lost earnings that Sakina has suffered.

In other words, I formed an opinion about the total amount of earnings that Sakina would have received had she not been impaired, had she been able to complete school, obtain employment at some point, I estimated what her earnings would have been over her lifetime.

And the second element of economic damages that I estimated and measured in this case involved

the cost of the future medical care, the medical treatment, that Sakina will need as a result of this impairment.

Q. Okay.

And just to touch on that briefly, the jury just heard from Dr. Bialsky, Dr. Harold Bialsky, who told them what kind of care Sakina needs going forward. And he gave the cost per year for each item of care that she needs.

Just briefly, and we'll get into it in more detail later, what did you do with the numbers that Dr. Bialsky showed to the jury?

A. Dr. Bialsky provided me with a Life Care Plan that, among other things, identified specific components of care that Sakina will need going forward. And Dr. Bialsky also provided me with the costs of each element of care in today's dollars.

In other words, Dr. Bialsky told me, for example, how much it would cost to purchase a wheelchair for Sakina in the year 2012.

My job, then, was to determine how these costs would increase over time. It certainly is not reasonable to expect that the cost of a wheelchair, the cost of an X-ray, the cost of a doctor's visit

will remain unchanged for the next 10, 20, 40, 60 years. So my job was to form an opinion about how the costs of these elements of care, these costs will increase year over year over the next 10, 20, 30, 60 years.

Q. Why don't we start there and go through exactly what you did, what you were able to do based on statistical data, based on inflation rates as to what the care would cost going forward?

THE WITNESS: I do have -- as you know, Your Honor, I do have some demonstrative aids that I think would assist all of us.

THE COURT: Yes.

MR. TRUNK: Evan, let's please put up 94C.

BY MR. TRUNK:

Q. And you can direct us, Ms. Kucsma, to whatever page you want to start with.

A. Okay. Great.

This page that you have up here right now is actually a summary of the full costs of care for Sakina projected each year over the next roughly seven years.

So, for example, based on my review of Dr. Bialsky's Life Care Plan and also some research of my own that I'll describe in just a moment, I estimate, for example, that the total cost of Sakina's care in the year 2012 will be $412,319 if I simply take Dr. Bialsky's costs and I add them altogether. If I do not include any additional analysis, if I do not consider the increase in these costs over time, I estimate that in 2012, it would cost $412,319 to care for Sakina.

Now, you'll notice over to the right, there is a with-growth figure that's slightly higher. That's because Dr. Bialsky's Life Care Plan was written in the year 2011, which meant the costs that were included in his Life Care Plan were the costs that reflected what Sakina's family would have to pay last year in 2011.

So in order to determine what it would cost to care for Sakina in 2012, I did some research by going to the Bureau of Labor Statistics. And very specifically what I wanted to look for was information about how the cost of medical care has been increasing over time.

Specifically, I looked at what we call the

Consumer Price Index. The Consumer Price Index is an economic indicator. And it's used very specifically to measure how the cost of various items rise over time.

So there is a Consumer Price Index, for example, that will tell you how the cost of food rises over time.

Very often our employers when they're trying to decide how much to increase our wage year over year, they will look at the CPI to see how much costs have been increasing over time to determine how much more money we may need to live and what would be a fair increase in our wage.

In this case, I was particularly interested in the specific components of the Consumer Price Index that measured how various medical care had changed over time.

And, specifically, I looked back over the last 30 years. And I looked at the CPI for physician services. I wanted to see very specifically how the cost of services provided by medical doctors had increased over the last 30 years.

I also looked at the CPI for non-physician

services. I wanted to take a look at how X-ray technicians, radiologists, physical therapists, other people that provide medical services, but don't have M.D.s, I wanted to see how the cost of their services had increased over the last 30 years.

And also looked at the cost of prescription medical commodities, non-prescription medical commodities, transportation and wages.

I looked at each one of these individual components to see how their costs had risen over the last 30 years.

I selected those components because they were consistent with the various methods and components of care that Dr. Bialsky had said Sakina will need in his Life Care Plan.

Q. Shall we go to the next page?

A. Yes. Let's go to the next page and just take a look at a more specific example. This will give you a better flavor for specifically how I calculated the total costs for Sakina's care in any given year.

You'll see that when I examined Dr. Bialsky's Life Care Plan, Dr. Bialsky identified several key components of medical care or treatment

that Sakina will need over the next several years.

For one thing, you'll see Dr. Bialsky gave me some information about some home modifications, some modifications that will have to be made to any apartment or any home in which Sakina lives.

Incidentally, I should mention Dr. Bialsky included in his Life Care Plan the cost of a house. It was Dr. Bialsky's opinion that Sakina would need to be moved into a home, and that modifications would have to be made to that home in order for her to be properly taken care of.

In my calculation of the cost of Sakina's treatment, I did not include the cost of a house. The only costs I included was the cost of actually modifying that house to take care of Sakina.

And the reason I did not include the actual cost of the house is because I assumed that even if Sakina had not been impaired, if she had gone on to live a normal, unimpaired life and gotten a job, she would have bought a house of her own at some point.

So the only element, if you will, here, that was a direct result of her current condition were these home modifications.

Now, in addition to that, I examined the

cost of home care that Dr. Bialsky had laid out in his Life Care Plan. I also included future medical costs, what Harold called -- Dr. Bialsky called therapeutic modalities, physical therapy, case management, prescription medications.

Dr. Bialsky also stated that Sakina would need a wheelchair. He also identified transportation. In particular, Dr. Bialsky stated that Sakina will need a special van, a handicap accessible van.

Once again, just like with the housing component, I did not include the full cost of the van. In Dr. Bialsky's Life Care Plan, he estimated the cost of a van that would be handicapped accessible at between 50 and $60,000. You'll see that I calculated or I included a cost, only $21,500.

The reasoning, very similar to what I explained before with the house, I assumed that even if Sakina had not been impaired, and she had gone on to live a normal life, she would have purchased a vehicle, probably every five, six, seven years.

So the only cost of transportation I included in my calculations here were the added

costs of modifying a vehicle to make it fit for Sakina's needs as a result of her impairment.

And, then, lastly, just scrolling along, you'll see I also included the cost of various furnishings and equipment identified by Dr. Bialsky in his Life Care Plan, as well as supplies and other miscellaneous medical treatment.

Once I had laid out the various components of care based on Dr. Bialsky's Life Care Plan, I then applied various growth rates to each one of these categories.

In other words, I had to determine how the cost of home care was going to increase each year. I had to determine how the cost of prescription medications was going to increase each care.

And I determined how those costs would increase each year by using the data I described to you before: By looking at for home care the cost of wages. I looked at how wages had been increasing over time in the past, how they were projected to increase in the future.

And based on that information, I assumed that the cost of home care would increase by 3.8 percent per year.

As one other example, in order to form an opinion about how the cost of prescription medication would increase each year, I took a look at the Consumer Price Index. I looked very specifically of how prescription medical commodities -- how their costs had increased each year over the last 30 years.

And based on my review of that data, based on my research, I assumed that the cost of prescription medications would increase by 4 percent each year over the next 10, 20, 30, 60 years.

And I used that same methodology. And I relied on those same statistics from the Bureau of Labor Statistics to estimate how the cost of Sakina's care would increase each year.

Q. Okay.

And then, Ms. Kucsma, after putting all those calculations together, what is this total column over here? What does that represent?

A. You'll notice if you look at the second to the last column, look at the miscellaneous column, for example, you scroll down, you'll see constant figures of $1,500, $1,500, $1,500. In this exhibit here, I have not yet applied the growth rate that

I've just described.

In this exhibit here, all I've done is record basically the costs provided to me in Dr. Bialsky's Life Care Plan using the figures quoted in his Life Care Plan. In other words, using the figures in 2011 dollars. I have not yet applied any growth rates.

So the figures in the final column, the total column, simply represent in 2011 dollars how much it would cost to care for Sakina in any given year.

Q. Now, Ms. Kucsma, let me interrupt you for one question here. Are you making any assumptions about how long Sakina is going to live in calculating these figures?

A. No.

Q. Okay. Why is that? Why is there no assumption like that built in here?

A. Well, the main reason why there is no such assumption built in here is I am not a medical doctor. I am certainly not qualified to offer any opinion on how long Sakina may or may not live.

What I've done instead is simply provide year-by-year estimates that provide you, the trier

of fact, with an estimate of what it will cost for every additional year that Sakina lives.

Q. Okay.

And why don't we go to the third page of this where you talk about the numbers with growth rates?

A. Yes. Thank you.

Q. What's the difference between this chart and the last chart? What are you explaining here?

A. You'll see, again -- let's look at the second to the last column, miscellaneous. You'll see now that the figures do not remain constant starting in 2013 at $1,500, as they did in the previous slide. They now increase. They go from $1,630 in 2013 to $1,699 in 2014 and so on.

Q. I should interrupt here. Why is the first year more expensive than the other years?

A. In this particular case, there was an initial assessment that Dr. Bialsky identified would be necessary in the first year. So there is a lump-sum cost in the first year for that initial assessment that drops off in the subsequent years.

Q. Okay. Sorry to interrupt you.

You can continue with what you were

explaining, the increase in each year after that?

A. What I've done here is simply combined all the information I described earlier. I combined all the information provided to me in Harold's Life Care Plan with the data that I received from the Bureau of Labor Statistics.

And what I've done in Exhibit 2 here is I've projected year by year what it would cost to care for Sakina taking into account the fact that the cost of care will not remain steady over the next five, 10, 15 years; but, rather, they will increase year over year.

Q. Have the costs increased year over year? Are there examples you can give of how medical costs have increased year over year?

A. First of all, as I mentioned before, a simple review of the Consumer Price Index data indicates that medical costs have been rising over the past 10, 20, 30 years.

To give you an example, according to the Rand Institute, the cost of a single day's stay in the hospital in 1965 was $128. A whole day in the hospital, $128 in 1965.

By the year 2002, so about 37 years later,

that same 24-hour stay in the hospital cost 10 times that or $1,289. So over about a 35-year period, we saw a 10-fold increase in the cost of a day in the hospital.

Q. And how does that figure in here? You've applied data that you've obtained to each particular category as it applies to inflation for each category of the care she requires?

A. That's correct.

And it probably would be helpful for us now to go back to page one. That was the summary sheet. There we go.

So, for example, if we look down at -- why don't we look down at 2030. Let's look at the year 2030.

Okay. We'll see in the year 2030 that if we ignore any effect of increasing costs -- so if we assume that the cost of caring for Sakina will not change, it will be the same in 2030 as it was in 2011 when Dr. Bialsky first wrote his Life Care Plan, then I would estimate the cost to care for Sakina in that year, in the year 2030, at $481,104.

If I assume that between 2011 and 2030 there was no increase whatsoever in the medical care

required for Sakina, no increase in wages, no increase in the cost of prescription medicine, no increase in the cost of prescription medical commodities, if I assume that the cost of medical care stayed exactly the same over the next 20 years, I estimate her cost at $481,104 in the year 2030.

Now, based on my expertise and also my research, I know that it is highly unlikely, very improbable that cost will do anything other than increase.

And, in fact, when I apply the growth rate derived from my research, I estimate that in the year 2030, it will no longer cost $481,104 to care for Sakina in that year, but, in fact, the total cost of caring for Sakina in the year 2030 will be $988,631.

Now, again, that sounds like a huge increase. We're 20 years out. And now I have literally doubled the cost of caring for Sakina in one year.

However, remember, the cost of going into the hospital for one day in 1965 was $128. 35 years later, 36 years later, it costs 10 times as much to spend a day in the hospital.

Q. But to put that in perspective, Doctor, has everything else stayed the same since 1965 or have other things, like wages and what people would use to pay for that hospital stay, also risen?

A. Wages have risen. The cost of everyday commodities have risen.

For example, back in 1990, according to the U.S. Department of Agriculture, we could buy a loaf of bread for 70¢. Now, in 2008, I think actually was the most recent estimate the average cost of a loaf of bread was $2.79. So, again, over a less than 20-year period, we saw a four-fold increase in the cost of a loaf of bread.

The fact is that the cost of all commodities, medical commodities, wages, bread, gasoline, paper, toothpaste, shampoo, et cetera, has been steadily rising over the last 30 to 40 years.

Q. Okay.

Should we move on to lost earnings?

A. Yes.

Q. Okay. What did you do in order to figure out if Sakina had been able to work for her lifetime, how do you go about calculating what she would have earned over her lifetime?

A. Once again, I do have some demonstrative aids. If you want to put those up, I think that will be helpful.

Q. Sure. Let's go to page 2, second page of P-94D.

A. In this case, my job was to provide an estimate of what Sakina's earnings would have been but for the impairment. So had she not become impaired, had she lived a normal childhood, a normal young adulthood, gone to school and eventually attained employment, how much would she have earned over her worklife. That was my main responsibility in this particular case.

Now, in order to estimate how a child who has no work experience, who has no educational experience yet, in order for me to estimate how a child like Sakina, how much money she likely will make over her worklife, there are a few different pieces of information that I have to gather.

The first thing I needed to do was take a look at some information, some data, about how much individuals of various levels of education earn.

So, actually, we can go to the next slide. I think we'll start there, if you don't mind.

Thank you.

One of the leading predictors of an individual's earnings is his or her level of education. So, in other words, had Sakina not been impaired, how much would she have earned?

Well, the answer is it would have been related to the level of education that she would have attained. So my starting point was to take a look at several different levels of education that Sakina would have been capable of attaining had she not been impaired.

Specifically, I took a look at four different possibilities: I took a look at the possibility that Sakina would have gone to school, but not graduated high school. I took a look at the possibility that Sakina would have gone to school and would have received a high school diploma. I also took a look at the possibility that Sakina might have received an Associate's degree. And, lastly, I took a look at the possibility that Sakina might have attained a Bachelor's degree.

So that was my starting point. I wanted to consider these four possibilities: Possibility that Sakina would have gone to school and either not

graduated from high school, gotten a high school diploma, gotten an Associate's degree or received a Bachelor's degree.

Once I had made those assumptions, I then wanted to gather some information that would tell me how much females with these various levels of education earn.

And, specifically, I relied upon information provided, again, by the Bureau of Labor Statistics, very specifically information that the Bureau of Labor Statistics gathers through its American Community Survey.

And what the Bureau of Labor Statistics does is it goes out, it takes a survey. And if you take a look at the chart in front of you, it takes a look at females in various age groups with various levels of education, takes a survey to see on average how much females in these different categories earn.

So, for example, according to the American Community or the American Community Survey, a female who is between the age of 25 and 29 with a 9th to 12th grade education in the year 2009 could be expected to earn on average $19,276 per year.

Or, alternatively, if we go to the bottom

right-hand corner, a female between the ages of 35 and 39 with a Bachelor's degree could be expected to earn $49,974 in the year 2009.

So this was my starting point. I wanted to take a look at how much Sakina would earn throughout her lifetime as she aged depending on various levels of education.

Now, the information provided to me by the American Community Survey, however, is nationwide data. So the figures that you see in columns 2 and 5, that tells me on average how much females were earning nationally in the entire United States of America.

I wanted to make sure, however, that I was getting an accurate measure of what Sakina's earnings might have been taking into account the fact that she presently is living in the State of Pennsylvania. So, in other words, I wanted to adjust the national data to reflect a slightly lower than average wage here in Pennsylvania.

When I compared wages in Pennsylvania to the national average, I saw that wages in Pennsylvania are about 2 percent less than the national average. And I based that estimate on information provided in

the Quarterly Census of Employment and Wages, another Bureau of Labor Statistics document.

So I adjusted my national figures down by 2 percent so that I would have an accurate estimate of what a female living in Pennsylvania and working in Pennsylvania would have earned depending on her age and her level of education.

Q. It's certainly possible that Sakina would have gone further in her education; isn't it?

A. Yes.

Q. Okay.

A. Yes. There is data available for females with Master's degrees, professional degrees, Ph.D.s. I did not utilize any of that information. I did not include that in my analysis.

Q. Okay.

So the four choices we have is that she either didn't graduate high school, graduated high school, got an Associate's degree or got a Bachelor's degree?

A. That's correct.

And most research indicates -- research by Gary Becker, research by a forensic economist named Spiesman (ph.) -- most research indicates that

children typically attain a level of education that is equal to the level of education attained by their parents or they achieve one step up.

So what is most common is for children, for example, that come from families in which the parents have high school diplomas, those children usually attain a high school diploma themselves or they go on to get a college degree.

Children that come from households in which neither parent has a high school diploma, they will typically receive a high school diploma or possibly not graduate college or high school.

Q. What do you want to look at next?

A. Now I want to stay on the slide just one more minute here.

The information that was provided through the American Community Survey told me how much females in the year 2009 were earning. We're here today in the year 2012. So I wanted to make sure that I projected these figures. In other words, I need to convert these figures into current dollars.

I need to take into account the fact that a female between the ages of 25 and 29 in Pennsylvania with less than a high school education -- if a

female in that category was making $18,890 in 2009, I wanted to estimate how much she would be earning today in the year 2012. And that's how I got from column 3 to column 4.

In order to estimate how much a female in 2012 would be earning, I simply needed to take into account how much wages have increased since 2009. I know wages went up from 2009. How much did wages increase?

I, once again, went to the Bureau of Labor Statistics. They gather data on how much wages actually increased year after year. Based on information provided by the Bureau of Labor Statistics, wages actually rose in 2010 by 2 percent.

Based on how much wages actually rose in 2011, they were estimated to increase by 2.5 percent.

So I simply assumed that the females who were earning $18,890 in 2009 would have received a 2 percent increase in pay in 2010, a two and a half percent increase in pay in 2011, and a two and a half percent increase in pay in 2012. And would now in the year 2012 be earning $20,244.

So this is what I used as my basis. This is what I used to determine how much Sakina would be earning in any given year based on her level of education and based on her age.

Q. And you took the lower number to inflate for the last couple of years? You didn't go with the national average? You used the Pennsylvania figure?

A. That's correct. I used the Pennsylvania figure, and then I increased that to the year 2012, correct.

Q. Okay. Any other additions or subtractions you had to make to the numbers you were using?

A. Yes. I'll get to that in just a second. Before I get to that, if we can go back to the previous slide, now that I have determined what Sakina would have earned in any given year based on her level of education and her age, the next thing I needed to determine is when would Sakina's earnings have begun, when would she have started to earn money, and for how long, for how far into the future would she have earned money.

You'll see here that I've estimated what I call the statistical retirement date. So, once again, I needed to start off by figuring out when

Sakina's earnings would have begun.

I assumed that if Sakina did not even graduate high school -- so that was my first scenario -- I assumed she would have started working on her 18th birthday in that case.

Alternatively, if Sakina had completed high school, I assumed that she would have started working on August 1st in the year 2024. I got that -- that's the year of her 18th birthday. I assumed she would have completed high school in June. She would have gotten a job and started working in August of that year.

If Sakina had received an Associate's degree, I assumed that she would have begun earning money on August 1st, 2026. So I assumed that she would have taken another two years beyond high school, that she would have gotten her Associate's degree, and she would have started working in August of that year.

And, lastly, I assumed that if she had obtained a Bachelor's degree, she would have started earning money on August 1st, 2028, and that would have been her 22nd birthday. Four years after she got her high school diploma, she would have gotten a

Bachelor's degree and started working in August of that year.

Now once I had determined when Sakina would have begun employment, I needed to determine how far into the future she would have worked. And in order to determine how far into the future she would have worked, I relied upon what I call Sakina's statistical retirement age.

The statistical retirement age information is based on research done by some fellas named Skoog, Ciecka and Krugman. They're considered to be the leading experts when it comes to statistical retirement data and worklife data. They are economists and forensic economists.

And what they've done is they've studied the general population. They've looked at the overall population. And, specifically, they have looked at people according to their gender, their age and their level of education. And they've looked at people in those groups, and they've looked at how many years people in those groups actually work.

So in this study, they took a look at real people in the real population. For example, females who are 18 and had a high school diploma, and they

took a look at how long those women in that group actually worked. And based on that research, they form studies that allow me to estimate what Sakina's statistical retirement age and date will be.

So based on that research, you'll see here that I assumed that if Sakina did not complete high school, she would have retired in October of 2065. She would have started working on her 18th birthday. And she would have been in the workforce, and she would have been employed through October 25th, 2065.

If, alternatively, she received a high school diploma, she would start working on August 1st, 2024. And she would have retired on December 16th, 2067. So I used these statistical retirement dates as my endpoint for projecting what Sakina's earnings would have been had she not been impaired.

Now, if we move ahead to -- I think it should be your third slide -- it's page number 3 in my -- yes, this one. Thank you.

So I have almost all the information that I need. I have now identified when Sakina would have begun working, when she would have stopped working. I've also estimated how much her annual earnings

would have been depending on her age and her level of education.

There's just one other adjustment that I need to make before I can form an opinion, estimate what Sakina's overall earnings would have been. I need to make some adjustments to those annual figures you saw before. I need to make adjustments to take into account several different factors: You'll notice at the top of column 4, it says, Adjusted Earnings at 45.49 percent. I'll explain to you what that means in just a moment.

But before I do, I just want to remind you of where some of these figures came from. If you look up here, you'll see in the year -- I'm going to take 2025 because that's a full year -- based on the information I got from the American Community Survey, I estimate that in the year 2025 if Sakina did not graduate from high school, she will earn an annual salary of $27,856. That will be her annual salary. That would be the salary that a female with less than a high school diploma would be earning in the year 2025 in the State of Pennsylvania.

Now, if I were to give Sakina $27,856 in the year 2025, if I gave her the full annual salary in

that year, I would be making some assumptions. Number one, I would be assuming that she worked that full year in the year 2025. I would be assuming that she didn't get unemployed ever. I would be assuming that she was never injured, that she never got sick. I would be assuming that in every single year starting in August of 2024 all the way through her statistical date of retirement if I gave her the full annual earnings that I estimated earlier, I would be assuming she worked 100 percent of every year, no injury, no sickness, she didn't decide to have children and leave the labor force for a while, she didn't get unemployed.

Obviously, there is a likelihood in any given year that those things would happen. So before I can estimate Sakina's earnings, I need to take into account those factors. I need to take into account, number one, the likelihood that Sakina would, in fact, not have worked a full year.

If you go back to the first slide there, you'll see that I had to estimate what we call the worklife.

When I estimated Sakina's statistical date of retirement at, for example, October 25th, 2065, I

want to tell you very specifically what that means. That means that a female who is age 18 who doesn't have a high school diploma could be expected to permanently remove herself from the labor force in October of 2065.

That's the point at which Sakina would have said, You know what? That's it. I've worked long enough. I'm going to retire. I'm going to move to Florida. I'm not going to work any longer. I'm going to permanently separate from the labor force.

What that doesn't mean, though -- and this is the key piece of the puzzle -- that does not mean that Sakina would have been continuously employed from the time she turned 18 until the year 2065.

There is a likelihood she would have spent some time out of the workforce. That's what we refer to as this worklife expectancy.

I am certainly going to take into account the fact that between Sakina's 18th birthday and the year 2065, she likely would have spent some time out of the workforce. She would have been injured. She would have had children. She may have become sick and so on.

And based on my research, I estimate that

for a female who's age 18 and has no high school diploma, she will spend about 43 percent of the time between her 18th birthday and her statistical date of retirement out of the workforce.

In other words, she'll spend only about 57.3 percent of that time employed and receiving income.

So in order for me to fairly compensate Sakina for earnings that she actually would have received, I'm going to need to adjust those annual figures down by about 43 percent.

In other words, I'm not going to give Sakina 100 percent of her annual salary in any given year. I'm going to adjust that downward to take into account the likelihood that she wouldn't have been working 12 months out of every year.

I made a couple of other adjustments. I adjusted those annual figures down to take into account the worklife. You'll see that as Sakina's expected level of education increases, she would be expected to spend more time working. So that downward adjustment becomes smaller.

A female with an Associate's or Bachelor's degree will spend about 85 percent of the time in

the workforce, and only miss about 15 percent of the time for these various problems.

I also built in an adjustment for the likelihood that Sakina might become unemployed. That's another slightly different downward adjustment.

I also added in compensation for fringe benefits. So I made a downward adjustment to take into account injury and illness, a downward adjustment to take into account the likelihood Sakina would be laid off, but I also added in -- in three of the four scenarios, I added back in for fringe benefits that Sakina likely would have received. Had she gotten a job, she probably would have received health coverage, maybe disability insurance, life insurance and possibly a retirement and savings plan, as well.

I assumed that in the third, fourth and the second scenarios, that Sakina would have received those fringe benefits. In other words, in all of cases except the first scenario, I assumed that Sakina would get a job that would provide fringe benefits; and I added those in as part of my calculation of lost earnings.

If we go back to page 3, we can just pull it altogether. You'll see that the figures here in column 4, these represent the earnings that Sakina would have received in any given year taking into account the fact that she would not have worked a full year, she may not have worked a full year, also taking into account any fringe benefits that she may have received.

In this particular case, I did assume that if Sakina did not have a high school diploma, she probably would not get a job that paid fringe benefits. So there are no fringe benefits being added back in here.

And I also made one final downward adjustment to take into account what we call job maintenance expenses. I took into account the fact that even if Sakina did work, she would not take all of that money home with her, so to speak, because some of her paycheck every week would go to pay for things like, lunch, transportation, getting to and from work. So I also made another downward adjustment to take into account that Sakina would have had to pay a portion of her paycheck every week just to get to and from work, the job maintenance

expenses.

Once I took all of these things into account -- if you want to go to the next slide -- you'll see that I extended this all the way through the year 2065 through Sakina's statistical date of retirement.

In the fourth column in any given year, that's the measure of the earnings Sakina likely would have received taking into account all of those adjustments.

Now, you will see in the fifth and final column, I converted each of those figures to present value. And before I add everything up, I just want to explain to you what we mean by the concept of "present value."

You'll notice here in the year 2057, for example, according to my analysis, I estimated that in the year 2057, if Sakina had not graduated from high school, started working when she was age 18, she would have earned $61,840 in that year. And that's taking into account time out of the workforce because she was sick and so on. So in the year 2057, I estimated Sakina's total compensation at $61,840.

Now, my job here as an economist is to provide an estimate of lost earnings that will make Sakina whole. That's my job as an economist.

We all might be tempted to think that in order to make Sakina whole for the earnings that she would have gotten in the year 2057, but now won't get, we might think that the way to make her whole for those lost earnings in that year would be to give her $61,840.

I just told you that if she had not been impaired, she would have started working when she was age 18, and she would have earned a total of $61,840 in the year 2057. You might think, then, it stands to reason, that in order to make her whole, you should give her $61,840 for that one year of lost earnings.

However, if you gave her $61,840 today for that single year of lost earnings, you would be way overcompensating Sakina. And here's the reason: Whatever award Sakina gets, she will get today. Whatever award she gets for lost earnings, she will get today. In fact, she will not have to wait until the year 2057 to receive these earnings.

In this particular case, I need to figure

out how much money we should give Sakina today that would fairly compensate her for the money she would have earned in the year 2057. That's my job as an economist, is to help you determine how much money to give Sakina today so that she could take that lump sum of money, whatever it is, put it into the bank, for example, let it earn interest until 2057, because she's really not supposed to touch it until 2057 -- this is to replace income she would have gotten in 2057.

So we need to figure out what lump sum of money to give Sakina today so that she can put it in the bank, it would earn interest, and then by the time we get to 2057, she could withdraw exactly $61,840. It would be just like she had gone to work and it was the year 2057, and she was getting the $61,840 that she's entitled to.

Well, in order to answer that question, what lump sum of money should we give Sakina today so that she can put it in the bank, let it earn interest, and it will grow into $61,840, the answer to that question depends on what I believe interest rates will be like over the next 45 years. That's the key here. If I give Sakina a lump sum of money

today, I want to make sure it will grow into $61,840.

Based on my research and based on my experience as an economist, I have estimated that on average, on average, interest rates will be 5 percent per year over the next 50 years. They certainly are not 5 percent right now.

But based on historical interest rates -- specifically, I looked at the yield on high-grade municipal bonds. I looked back over a 20, 30-year period. And I saw that historically on average over long periods of time like this, that interest rates will be 5 percent.

So, assuming that the interest rate will be on average 5 percent each year for the next 50 years, I would need to give Sakina just $6,149 today. I'd give her $6,149 today. She or her family would put that money in the bank. They would earn on average 5 percent a year for the next 45 years all the way through 2057. And then come 2057, that $6,149 lump sum that we gave her today would have turned into $61,840. And that would allow her to perfectly replace the income that she would have had had she not been impaired and she had been able

to go to work in the year 2057.

And I used that same methodology -- I'm using that methodology. I estimated the total of what we call present value of Sakina's lost earnings in this case at $268,384. What that means is that if we gave Sakina a lump sum of $268,384 today, and she or her family put that money in the bank, and it earned on average 5 percent per year for the next 50 years, Sakina would be able to withdraw -- she would be able to pay herself the same salary that she would have gotten if she had gone to work starting on her 18th birthday and gotten a job that was consistent with a female that did not have a high school education.

Q. And just -- the assumption you're making there for this number, if I'm correct, this is -- for this $268,000 number, this is what she would have earned if her educational attainment was less than high school?

A. That's correct.

Q. What if she would have gone additional, further years of schooling?

A. If we take a look at page 5, you'll see I used exactly the same methodology. So I won't bore

you by going through it again. But I used the same methodology to estimate what lump sum of money we would need to give Sakina today to fully compensate her for the earnings that she would have received if she had, in fact, graduated from high school.

And, based on my analysis, I estimate that we would need to give Sakina's family a total of $550,549 today. They could take that lump sum of money, put it in the bank. It would earn 5 percent a year. And then they would be able to withdraw or basically pay Sakina each year that same salary that she would have received if she had, in fact, graduated from high school and started working on August 1st in the year 2024.

Q. Why don't we go to the summary page. We can look at the -- and what is this telling us, Ms. Kucsma? What are we looking at here, the summary of earnings?

A. Here we're just looking at a summary of the present value of the earnings loss depending on what level of education Sakina would have attained but for her impairment.

So I used the same methodology in all four of these cases. And I estimated that in order to

make Sakina whole for any earnings that she might have received with a Bachelor's degree, we would need to provide her with $986,038 today.

Once again, the family could take that lump sum, put it in the bank, earn 5 percent interest each year. And Sakina would be able to pay herself a salary that would replace what she would have earned in each year had she gone to college, gotten a Bachelor's degree and started working on August 1st, 2028.

Q. One thing I don't think we talked about just very briefly, on 94C, the first page, again, of the summary, in the Life Care Plan that Dr. Bialsky explained to the jury this morning, he gave some options for whether -- there may be a year where she needs either one or two doctor's visits or different scenarios where he arrived at two different numbers, depending on how often she may need certain care. Do you recall that from his plan?

A. I do. And in any case like that, if Dr. Bialsky either estimated she would need something been between one and two times or every year or two, we simply use the midpoint or the average of those figures.

So if Dr. Bialsky felt that Sakina might need something once or twice, we assume that on average, she would require that particular care one and a half times.

Q. And you carried that assumption through your chart that you prepared?

A. Yes, that assumption was carried throughout our analysis.

Q. Okay.

Have all the opinions that you've offered today been offered to a reasonable degree of economic and forensic economic certainty?

A. Yes, they have.

MR. TRUNK: Thank you.

THE COURT: All right. We'll take a recess here.

If you'll just remain seated, Ms. Kucsma.

THE WITNESS: Sure.

(Jury exits the courtroom.)

(Brief recess.)

(Jury enters the courtroom.)

(Court reconvened.)

THE COURT: Cross-examine, please.

MR. POST: Thank you, Your Honor.

Good afternoon.

Good afternoon, Ms. Kucsma.

THE WITNESS: Good afternoon.

MR. POST: Good afternoon, ladies and gentlemen.

- - -

CROSS-EXAMINATION

- - -

BY MR. POST:

Q. Ms. Kucsma, I started to ask you about your resume. Is it correct for us to understand that in your resume, what you've been doing since 2008, your primary responsibility, as listed, is providing expert testimony? There are descriptions of related fields, but that's what you do?

A. That is my primary responsibility, that's correct.

Q. And if we look at your resume, starting on page -- let's see -- 6, we see a list of cases that you've been an expert witness in; is that true?

A. That's correct, yes.

Q. And many of those cases -- and I tried to count them -- were medical malpractice cases; is

that also true?

A. Yes.

Q. And I assume you're on one side rather than the other in those cases; correct?

A. I'm not sure what I've --

Q. Who hired you in those cases? The plaintiff's lawyer or the defense lawyer?

A. You'd have to ask me about the specific cases. But I do work with both plaintiffs attorneys and defense attorneys.

Q. But suffice it to say, there is a long list of testimony you've given, including depositions in this resume? True?

A. Yes.

Q. And, in addition, there are presentations amongst lawyers that you've been part of? There's something on obstetric malpractice involving OB/GYNs in your resume; correct?

A. Yes, that's correct.

Q. Now, I want to go back and talk to you about some of the things you've said in this courtroom. And you've told our jury that your assumptions or what you do is base your numbers on whether she was impaired or not. You kept using that term

"impaired." Did I hear that correctly?

A. Yes.

Q. And did you do anything when you were putting these statistics -- and these are statistics -- when you talk about the Bureau of Labor and you talk about the Consumer Index, these are statistics that you're relying on; is that true?

A. Yes.

Q. All right.

And these take into account the general population; do they not?

A. Yes.

Q. And they don't -- and did you do anything to research what types of earning potential people who specifically have underlying seizure disorders have?

A. No.

Q. Okay.

And you understand that before the events that are being criticized in this case of May 31, 2007, this child had seizures? And I don't want to get into the medicine. But you understand that there were several, if not many, seizures this child had experienced? True?

A. I don't know whether that information was

provided to me or not. Since I'm not a medical doctor, it really would not have been relevant for me.

Q. Well, I understand it's your position it's not relevant. But you understand, having looked at documents in this case, that this child had had seizures before; correct?

A. I believe I had a general understanding of that, yes.

Q. In fact, like Dr. Bialsky, you wrote a report in this case twice? True?

A. Yes. I wrote an original report and a revised report. That's correct.

Q. And your original report in this case that you wrote pertaining to Sakina was written before April of 2011; true?

A. Yes.

Q. And, in fact, in that report, is it accurate that you indicated that, unlike the figure or the date that we saw on the documents that you put in front of us during your testimony, you indicated -- can we show, please, Exhibit D-51, page 5, up at the top -- can we enlarge it again, please, and freeze it -- date of impairment: December 8, 2006;

correct?

A. Yes.

MR. TRUNK: Object as relevance.

THE COURT: I'll permit it.

BY MR. POST:

Q. And in this case, the date that you put in front of this jury was May 31, 2007; correct?

A. Yes.

Q. Now, with regard to the statistics on patients -- you can take that down, Chris -- with regard to statistics, there are statistics available to indicate how people with seizure disorders, underlying seizure disorders, do in the workplace; correct?

A. There are no statistics that I would consider to be reliable, that I would rely upon to form that kind of opinion, no.

Q. Well, economic statistics -- is that what you're saying? -- there's none on how people with seizure disorders do?

A. What I said very specifically is there are no statistics that I would consider to be reliable or that I would rely upon to form that sort of opinion.

Q. I understand you now. But there are statistics about that, are there not, how people with seizure disorders do in the workplace?

A. There may be, not that I'm aware of, but there may be -- there are statistics for everything out there. The question is whether they're reliable and appropriate for the matter at hand.

Q. Did you do anything to look at that, whether there are statistics on patients with seizure disorders and how they do in the workplace?

A. No. As I said, those statistics, even if they did exist, I would not consider them to be reliable. And I would not use them to rely upon for an opinion in this case.

Q. Now, we also see that those numbers that you put in front of the jury go up to age -- they do go up to age 81 on that sheet; do they not?

A. Yes.

Q. Okay.

And all those numbers, if the jury understands that the life expectancy was less, you understand that that -- that those figures would be less; correct?

A. I'm not sure I follow your question. All I

provided to the jury --

Q. Let me try to do better.

If the life expectancy is less, then the number of dollars for years needing care would be less? It's obvious; isn't it?

A. If the life-expectancy --

Q. Will you answer my question, please?

MR. TRUNK: She is --

THE WITNESS: I actually can't answer that question because it still doesn't quite make sense to me. I think I know what you're trying to ask me.

But keep in mind I didn't provide any total figures. So my estimates are not based on any expected life expectancy. I've merely provided annual figures. And those annual figures remain unchanged whether she lived to age 40, 50, 70 or 80.

BY MR. POST:

Q. Now, I notice that with regard to those figures, you did something with regard to lost wages, which was called the reduction to present value; correct?

A. Yes.

Q. And you explained that very articulately for us that that means it involves what amount of lump sum would need to be placed away now so that it would yield interest over the years to pay what would equate to the income 20, 30 years from now; correct?

A. Yes.

Q. I said it far less articulately than you did. My compliments about your description.

But can we agree you did not do that for the medical expenses?

MR. TRUNK: Objection, Your Honor.

THE COURT: Sustained.

MR. POST: Well, Your Honor, I'd like to see you at sidebar on that.

(The following constitutes a side-bar discussion held outside of the hearing of the jury:

THE COURT: The objection is?

MR. TRUNK: The objection is under the MCARE Act, the plaintiff has the option of choosing not to reduce the present value and take the payments over the plaintiff's lifetime on a yearly basis. And it doesn't

get reduced to present value.

Mr. Post, I suspect, is now going to cross-examine her on doing something that the plaintiffs are not trying to do in this case.

MR. POST: Your Honor, Section 509 of the MCARE Act on future damages says that future damages for medical and other related expenses shall be paid as periodic payments.

It goes on, But in relevant part, "Based upon the present value of the future damages awarded pursuant to this subsection, the trier of fact may" --

THE COURT: Softer.

MR. POST: Sorry -- "the trier of fact may incorporate into any future medical expense award adjustments to account for reasonably anticipated inflation and medical care improvements as provided by competent evidence."

I believe Section 509 requires that analysis.

MR. TRUNK: The verdict sheet

that's in the MCARE Act specifically allows the plaintiff to choose the option of not reducing it to present value specifically.

MR. POST: I don't see anything about options in there, Judge.

THE COURT: I'll permit it, then.

MR. POST: Thank you.

(Whereupon, the side-bar discussion concluded.)

BY MR. POST:

Q. You did not reduce the medical expenses to present value; did you, Ms. Kucsma?

A. That's correct.

Q. And if you had done that reduction to present value, Ms. Kucsma, on the medical expenses, those figures, similar to the lost wages going from $60,000 to something less in one year, they would be less if we took a lump sum now and invested it; correct?

A. If I convert any future value to present value, then, yes, they will be smaller.

Q. Now, the figures that you discussed with us with regard to lost earnings further, is it correct to tell our jury that you did not mention anything

about the educational attainment of the parents?
A. That is correct.
Q. Okay.
And is it accurate that economists, like you, at least sometimes look to the educational attainments of the parents to see -- I think, as you said, it's assumed that a child is going to do as well or perhaps higher than the parent did; correct?
A. Yes, that's what I testified to.
MR. POST: One moment, Your Honor, if I may?
THE COURT: Yes.
MR. POST: That's all I have, Ms. Kucsma. Thanks so much.
THE WITNESS: Thank you.
MR. TRUNK: Nothing further, Your Honor.
THE COURT: You may step down, Ms. Kucsma.
I assume that Ms. Kucsma is excused?
MR. TRUNK: Yes, Your Honor.
THE COURT: Thank you.
(Witness excused.)

MR. TRUNK: Your Honor, plaintiffs call Nurse Ruth Correnti.

THE COURT CRIER: Please state your name for the record and spell your last name.

THE WITNESS: My name is Ruth Correnti, C-o-r-r-e-n-t-i.

....RUTH CORRENTI, R.N., after having been duly sworn, was examined, and testified as follows:

- - -

DIRECT EXAMINATION

- - -

BY MR. TRUNK:

Q. Good afternoon, Nurse Correnti.

A. Thank you. Good afternoon.

Q. Nurse, would you please tell the jury what you do for a living?

A. What I do for a living? We do private duty home care nursing for an agency called Bayada Nurses. We go into the homes of medically fragile children and basically take the place of the parents for the day.

Q. Okay.

And, Nurse, what is your -- are you an RN?

A. I'm a registered nurse, correct.

Q. And as an RN, are you considered to be a skilled nurse?

A. That is what they call skilled nursing, correct.

Q. And --

A. But there is no such thing as unskilled nursing, we hope. The opposite, hopefully, does not exist.

Q. Sure. When did you attain your RN?

A. 37 years ago -- 38 years ago.

Q. Okay.

And for how long have you been doing the work you're doing at Bayada?

A. I've been doing this for four years.

Q. And, ma'am, are you currently providing nursing services to Sakina?

A. Yes, I am.

Q. And for how long have you been providing nursing care for Sakina?

A. Bayada Nurses took the case when Sakina came home from the hospital in the middle of June of

2011, and we've been with her since then.
Q. Okay.
And you've personally been seeing Sakina since June of 2011?
A. Another nurse and I divide seven days a week.
Q. Okay.
A. And then we have a nurse at night.
Q. How does the seven days a week divide? How do you do that?
A. I do Monday, Tuesday and Thursday and every other Sunday 12 hours. And the other nurse does Wednesday, Friday, 12 hours on Saturday and every other Sunday.
Q. And then you work the dayshift; is that right?
A. Yes, I do.
Q. And who comes in during the nightshift? Is that another nurse?
A. That is a licensed practical nurse.
Q. Okay.
So during the daytime, Sakina gets RN care; is that correct?
A. I'm the only RN on the case. Most of our

cases are staffed by licensed practical nurses.

Q. Okay.

Are there any home health aides that are currently caring for Sakina?

A. No, we don't have any home health aides on her case.

Q. And have you been providing -- the days that you just said you care for Sakina, has that been your schedule since the middle of June 2011?

A. That's correct.

Q. And what I want to give an idea to the jury of, Nurse, is what you do on a daily basis for Sakina. So when you start on those days of the week that you work, what time do you come in to work?

A. We start at 7 o'clock in the morning. You want me to describe what we do?

Q. Sure. Why don't you tell -- you start at 7 o'clock. Does going to work mean going to Sakina's house?

A. At 7:00 a.m., correct.

Q. And why don't you tell the jury what you do when you arrive to the house?

A. Well, we do, first of all, is what is called a skilled assessment. You do a brief rundown of all

the systems of the client. And that takes us about 15 minutes.

And most days then after we've done that, then we pack her up and take her to school.

On days we're home, we would spend the day doing her regular care that they would do at school.

After the skilled assessment, we start giving her her medications. And I guess there's about 10, 12 medications that we give.

Then we would give her her morning care, and which is personal care, bath, dressing, bathing.

Then we would usually set up some kind of activity for her, try to change her position every two hours so that she doesn't just sit there in the bed.

Let me see. Does that answer your question?

Q. It does. It does.

A. Do you want more?

Q. I appreciate that. We'll go into some more detail. You recall that just within the last couple of weeks, you were videotaped while you were giving Sakina care?

A. That's correct.

Q. And in just a few minutes, I'm going to play

the video so the jury can see some of the things you're doing during the day. Okay?

A. Okay.

Q. When you go -- I think you mentioned some days Sakina goes to school; is that what you said?

A. Correct, Um-hum.

Q. When she goes to school, and on a day that you have her, do you go to the school with her?

A. We go to school with her. We ride the bus with her. The main reason she is qualified to have a nurse on the bus with her is because of the seizure watch. We're very interested in that not happening again. So we carry seizure med with us, oxygen. We carry a pulse ox and the suction machine so if she should have a seizure, we're pretty much ready to go.

Q. Ma'am, could a home health aide do all of those things for her?

MR. POST: Objection, Your Honor.

THE COURT: Overruled.

BY MR. TRUNK:

Q. You can answer the question.

A. A home health aide isn't licensed to give the medications or to do the gastric tube feedings.

And so a home health aide could bathe her and change her position and that kind of thing.

But, no, she couldn't do the seizure watch or the medications or the tube feedings, which is what makes things so stressful for the parents, because the parents are doing work that -- when we're not there -- when the RN isn't there, the parents are basically doing the work that RNs do. But somehow there is that disconnect. Home health aides can't do any of that.

Q. I appreciate that.

And you work from what time -- you arrive at 7:00 in the morning. What time does your shift with Sakina go until?

A. My shift goes from 7:00 until 3:00. And then we give her to the mom or the parent, whoever is there, and then we leave. And then the parents take care of her until 11:00, at which point the night nurse comes on so the parents can sleep.

Q. So the parents actually have a shift of their own?

A. That's correct. They have 40 hours a week that they do on their own.

Q. Does Sakina require one-on-one care, Nurse?

A. Does she require one-on-one?
Q. Yes, meaning is she able to go do anything on her own during the day? Is she able to do anything in the house on her own or does she require constant supervision and care for her day-to-day activities?
A. I don't think you can leave her alone. I mean, we -- you know, we'll turn our back on her maybe two minutes, four minutes to answer the door, something like that. But if we do that, we have to make sure she's secure in the bed with the side rails in place, the same way you would do with a baby or securely strapped in her wheelchair or her positioning chair.
Q. What I want to do, Nurse, I'm going to start rolling the video --
A. Okay.
Q. -- but I want to talk and I want to ask questions while the video is rolling. I may ask you what you're doing on there. I may ask you some other questions about what's not on the video. Okay.

But what I really want to get a sense of is what your day is like and, more importantly, what

Sakina's day is like during a typical day that you're caring for her. Okay?

A. Sure.

Q. Okay.

What are you doing here with Sakina?

Maybe we can lower the lights.

Nurse, why don't you tell the jury what it is you are doing here with Sakina?

A. That's called a range of motion. And we do that with children who are in bed a lot or immobile. We take every single joint that she has and put it through exercises and massaging and stretching it just to make sure that if she doesn't move that joint, that it doesn't set into any kind of permanent place.

Q. Okay.

And do you do that every day when you show up?

A. Well, if I take her to school, we have physical therapy at school. So we don't go through all of this.

Q. Okay.

So on days when she goes to school, she actually gets physical therapy?

A. Yes, twice a week she gets physical therapy at Easter Seal School.

Q. Okay.

And then on the days that she doesn't go to school, you help with the physical therapy on the days you are working?

A. We take directions from the physical therapists. It's sort of like sending your child to a music lesson. You take the direction, and then we do it at home on a daily basis.

The physical therapists guide us on range of motion, you know, how to stretch out her spine so that she doesn't curve it. A lot of these kids just lie in one direction. So we put her out flat and put her -- stretch out her spine so that it doesn't become permanent in any direction.

And that's her chewy tube. She's oral seeking, what we call oral seeking, and she wants something in her mouth a lot.

Q. And what is the tube?

A. She chews on it rather than biting me.

Q. And do you actually -- does she -- are you able to get her to do things that you want her to do by offering the tube to her so she has something to

chew on? Is this something you use to coax her to do things?

A. Well, you mean as a reward?

Q. Yes.

A. I mean, I like to use it as a reward, yes, like if she'll put the -- if she'll, you know, listen quietly to a story, I'll give her a chewy tube as a reward.

Q. And she knows if she does -- you believe she knows that she's going to get that if she does what you're asking her to do?

A. I don't know. It's an ongoing process what we're going to get out of her.

Q. Okay.

Ma'am, when you were bending her arms that we saw there and her risk, you were also putting lotion on her?

A. I massage kids a lot because -- particularly with Sakina, it really calms her down a lot. So it's just like, you know, when you go to the massage therapist and you pay $50 an hour to get someone to massage you, it's the same thing. It feels real good, gets her to wake up and moving.

Q. Okay.

And what are you doing now? Are you dressing her?

A. Now we're dressing her and she's trying to pull my -- she's trying to eat the shirt.

Q. Okay.

And you have to dress her every day that you attend her?

A. Yeah, she can't dress herself at all.

Q. One thing that I cut out of the video was -- I think that video started with you bathing her?

A. Yes.

Q. How do you do that?

A. Well, sometimes we bathe her in the bed. We do -- on the weekends when we have a longer shift, we put her in the bathtub on a specialized bathtub chair where you can strap her in and like throw a lot of water on her, and she thinks that's fun.

Q. And how often does she get bathed?

A. On the long -- we don't have time to do that -- no, she gets a daily bed bath every day, like nursing always gives the bed bath.

But on the 12-hour shift, we have time to take to give her a nice long bath in the bathtub. So that's like twice a week. And then every day she

gets washed up in the bed.

Q. Part of the video that I cut out was that she looked liked she was actually in the shower section?

A. She was.

Q. And how often is that done?

A. That's the one we do on our long day because that's quite a project.

Q. And what time of day was this when we were filming? Is this the beginning of the day after shower?

A. This was after the bath, I believe. It would have been about -- I don't remember when you started. Maybe about 11:00 or 12:00, something like that.

Q. Is she able to assist you at all with getting dressed?

A. No. If you look at her there, she's totally helpless.

Q. I notice she's wearing a diaper. Does she have any bowel control?

A. She has incontinent of bowel and bladder. She has no control of either her bowel or her bladder.

Q. Is changing the diaper something you do during the today?

A. Yes. We change the diaper. Well, what we try to do is not let her sit in a wet diaper or a dirty diaper. So she's actually got two diapers on her, and that prevents us from having to do a lot of extra laundry.

Q. I see it looks like you're about to get her completely dressed. How long does it take from start to finish to dress her?

A. Well, when I'm doing all that massage and everything, it can take an hour and a half.

I believe our night nurse starts about 5:00 a.m. getting her ready for school for us to leave at quarter to 8:00.

Q. Starts at 5:00 a.m. --

A. I think so.

Q. -- to get her ready to go at 6:00 -- what time do you leave for school?

A. We leave at quarter to 8:00.

Q. And where is the school located?

A. The school is located in Wynnewood on Conshohocken Avenue near the Pathmark.

Q. Do you and Sakina get picked up by a bus to

go there?

A. We get picked up by Easter Seals busing.

Q. And how many days a week?

A. Five days a week. It's a regular preschool, but for children with disabilities.

And that's her starting to sit up. That's just new. She's starting to sit up so that she can go eat that pillow.

Q. She's pulling herself towards things that she can try to eat?

A. Yep.

Q. Anything else -- there is her with her favorite tube again?

A. There's her tube, yeah.

And there is -- what we do, based on the instructions of the occupational therapists from Easter Seal, we prop her up so her hands -- you give the hands as much opportunity as possible to work. So she's got -- and she's got an electronic toy. And she's supposed to hit the keyboard and make a sounds. And she will do that with an electronic toy. And then she gets the chew tube as a reward.

Q. Will she from time to time hit the keyboard to have it make a sound?

A. Yeah, Um-hum.
Q. And then she knows after that or after that, she's given something?
A. A chew tube, yeah.
Q. You mentioned a minute ago that -- something new, that she started to sit up now as she's trying to bite the pillow?
A. We think she is. She is making some changes neurologically. We are having pretty good success getting her to eat at Easter Seals. In terms of moving food from the front of her mouth to the back, she seems to be doing that, like -- that seems to be improving.
Q. And who does she do that with? Is that with the speech therapist?
A. The speech therapist at Easter Seals, the speech language pathologist is in charge of her feeding program at Easter Seals.
Q. Okay.
And it is the speech pathologist, speech language pathologist who is trying to assist her with eating?
A. The speech language people have instructions from -- they get medical instructions. And they're

the ones that work with tube-fed children so that we can move them towards oral feeding and so we just don't have a child sitting there for the rest of her life not getting anything to eat.

Q. Who was the little guy just torturing her with that paper towel holder?

A. That was baby Bashir. He likes to beat up people with paper towel holders.

Q. Okay. That's her brother?

A. Yes.

Q. And, then, also we see him in the background --

A. That's him.

Q. -- and that's Sahar, as well?

A. That is Sahar, correct.

Q. Sakina's mother?

A. Right.

And that's a positioning chair that we can buckle her in and move her around and do everything we need to do.

That's her tube feeding.

Q. Did you just put that into her stomach or something --

A. That is correct. She is fed by gastric

tube. That's a little button that fits right into your stomach, somewhat like a tattoo, it heals up very tightly. And the kids can do everything with it. They can bathe, run around, play. We give her food and water there. She gets a complete, kind of like a space-age formula where everything you need is in one can.

Q. And what you're doing here, is that something that a home health aide can do, the feeding?

A. A home health aide is not allowed by law to do tube feeding. They do -- I mean, they sneak it in because the parents say, Hey, I'm doing this. Why can't you? But it's basically illegal.

Q. And she's getting a hairdo here?

A. She's getting a hairdo, yes. I have questionable skills with Black hair. So mom took over.

Q. And what are you doing here?

A. I'm holding her head because she tries to bat mom around.

Q. When she's getting her hair done?

A. That's right.

Q. What does she actually try to do with her

head?

A. She tries to make it impossible for mom to do her hair.

Q. Okay.

And is this something that you do every day?

A. Do I do the hair?

Q. Well, is this common that mom will do the hair while you hold the head?

A. Well, we're usually in school. But if mom wants to do the hair, I'm certainly there to give her a hand. She does the hair a lot alone at night.

Q. Does Sakina make noises?

A. She vocalizes. She just got a new TV in her room. And I found out -- I stand in front of the T.V., and she was making this noise every time I stood in front of her T.V. And I realized that she's telling me to get away from the TV.

So, yes, she does vocalize. She smiles. She laughs.

Q. What were you just doing there? I don't mean to interrupt you, but I wanted to -- you just had something in her mouth.

A. What we're doing is -- she is cleared by her speech language therapist to have thick liquids.

Because her swallowing response is so slow, when it's thick, she can handle it. But thin liquids --

Q. Is that a suctioner there?

A. That is a suction machine.

So thin liquids, we're much more cautious with. If you're brushing her teeth, and she's getting the water, we are not at all sure she can swallow it. So I do it with a suction machine, the same way your dentist does it. But I get all of the saliva out of her mouth first.

And then she gets rewarded with lip gloss, cherry-flavored lip gloss. She gets rewarded with that afterwards.

Q. Does she ever smile when she gets that?

A. Um-hum. She likes to sniff it.

Q. Looks like she's fighting you a little bit here. Does she dislike that?

A. She's not impressed.

Q. And the laughing we hear in the background?

A. That's baby Bashir.

Q. She doesn't seem to mind it very much?

A. No. He's quite the fun loving guy.

Q. Does she get her teeth brushed every day, Nurse?

A. On school days -- we can't brush her teeth if she doesn't wake up. So we don't do it during -- when she is getting on the bus to go to school. We sometimes take her on the bus when she's asleep. But she gets a good scrubbing on days we're home.

Q. You just said reward time. Is this reward time? Is that the Chapstick now?

A. Yeah. See, she likes to sniff it, cherry lipstick.

Q. She likes to sniff it, but not get it put on her lips?

A. No. She likes both. She likes both. What she's fighting me for is she wants to eat it.

Q. Do you take a suctioner with you when you leave the house?

A. We have a suction with us at all times.

Q. So on the bus and when you get to the school, as well?

A. Right, right. And it's for -- if she should get something in her -- if she should go into a seizure, you would use that to make sure she doesn't have any secretions in there that she could choke on.

Q. What are you doing here?

A. I'm -- it looks like I'm giving her -- that's probably her MiraLAX. She gets -- children that are immobile have a problem with having regular bowel movements. So we have to give her a substantial dose of MiraLAX every day.

Q. And how do you actually -- where is that being injected? How do you actually give her her medicines?

A. Just like that. There's a -- she's got the button on her tummy. And then there is the tube. You can see that little white thing. And then there is an ending. And we just put it in the tube there.

Q. Does it go in the same place as you give the liquid for the food?

A. Yes.

Q. And how many different medications does Sakina get a day?

A. She gets about 12 medications a day.

Q. Okay. And are they all given at the same time?

A. Most of them we try to get done in the morning, 8 o'clock or before she goes to school.

Q. Are there any others that are given at later, different parts of the day?

A. She gets a second set at 8 o'clock at night.

And that's a pulse ox that we're putting on her toe. And we carry that with us in case of a seizure. You would want to -- that tells the amount of oxygen in the child's blood.

Q. Are you routinely -- do you do that?

A. We do it every morning just to make sure everything is okay.

Q. And is that telling us what the levels are?

A. It will. It will tell you that the percent of oxygen in the blood is -- usually, it should be 99 to 100 percent.

And then the other one on the right is the heart rate.

Q. I think our photographer --

A. I don't think you got it, but that's what it is on her toe.

Q. Do you do that once a day with Sakina?

A. We do it once a day. If she's in school, sometimes I'll put it on her, like if you're doing something new with her, like when we first put her in the stander, her heart rate was going really high.

So that's a hundred percent oxygenated and

she beats at 107 beats per minute.

Q. And if there were numbers that are concerning, do you have a protocol that you have to follow in terms of what to do with her in her condition?

A. If she should go into a seizure, the first thing we would do is put her oxygen on her, start timing it. Five minutes into it, we give her a dose of diazepam and call 911.

So oxygen goes right on right away. Pulse ox would go on right away. And then the main thing to do in a seizure is prevent her from hurting herself and time it.

Q. What are you doing here?

A. Sakina has dysautonomia. So she can't tell you if she's hot, cold, stressed, bored. So a lot of children will raise their heart rate on you.

THE COURT: Could you define that term that you just used?

THE WITNESS: Dysautonomia?

THE COURT: Yes, thank you.

THE WITNESS: She doesn't have any control over her autonomic nervous system, which is respiration, heart rate,

breathing. So it will go up -- or fever -- it will go up. And then she's dependent on us to rectify her situation.

So today when she was waiting for the car to bring her here, her temperature went way up to like 99.4. And then -- so she -- so I just took off her coat. And that's her way of telling me she's too hot.

BY MR. TRUNK:

Q. What are you doing here, putting something on her tray?

A. Those are her prescription -- her physical medicine doctor wants us to have hand splints on her. The problem with wearing them is that she eats them.

Q. Obviously.

A. But she does enjoy them.

Q. So she doesn't mind having them on because she can eat them?

A. She doesn't mind having them on, but then she gets little bits of string and everything in her mouth.

Q. You have to constantly watch her, then?

A. Yeah, yeah.

Q. And is there a certain amount of time she's supposed to be wearing these every day?

A. These are supposed to be on four hours a day. But just because it's been so complicated to use them, like we are, you know, not really going with that. We do these things on her feet. And these are called MAFO's, which is Modified Ankle Foot Orthotics. And we use these -- these are her nighttime splints.

So with children with mobility issues, we put them on. And it keeps the feet from permanently dropping. So it keeps her feet in the right position.

A number of -- most of the kids at Easter Seal have them on. They use them for children with low tone.

Q. I saw a little bit earlier here you pulled out two pairs of sneakers from the closet.

A. That was to give her her choice.

Q. Does she acknowledge one? Will she touch one over the other?

A. If you do it like every day, like that, she'll like look at the one she wants. You don't know if she's looking at that or if she just

happened to look that way.

But if you like bring out a book -- if you bring out two books for her every day, and then she chooses one every day, then you know she is making a choice.

So the last two days I brought out two books, and she wanted -- she looked at Corduroy. So it was Corduroy. So then I can tell she is definitely making a choice.

Q. What is Corduroy?

A. He's the bear with the one button on his shirt.

Q. I had no idea who Corduroy was.

A. You have to go to Barnes and Noble. They'll tell you.

Q. And what do you do with the book after she chooses it?

A. Read it to her. She likes the story.

Q. What are you doing here? I know what he's doing. What are you doing with Sakina?

A. We're putting her up -- we're just trying to keep her busy with different kinds of activities. With kids like this, the more stimulation you can do with them, the better they'll sleep. The happier

they are, the less anxiety they have. So the more -- you can't always make a day where you keep them busy all the time. But the more you can do for them, the better off they are. So we kind of follow the Easter Seal instruction on stuff, what to do with her.

Q. Will she ever touch the buttons to make them make noises?

A. Yes, she will. But that's not something that she's -- she has more like -- at school she has got more toys that are kind of her favorite. She will sit in the stander and push the button.

Q. Tell us a little bit more about the stander. We heard the life care planner talk about the stander she has in school.

Can you tell the jury what exactly the stander is and why she gets that?

A. The stander is -- it kind of looks like you're going to water-board your patient, but you're not. So it's like something that we use with children who are not using their legs.

So you've got to kind of keep them up so they'll have some weightbearing. So we give her full support, like you have Velcro kind of like all

the way up. That's why it looks so scary. And then we crank her up, which makes it look like we're putting her in a rack.

And we put a tray up in front of her and then she can watch the whole class. And we put toys on the tray, and she'll like do a musical toy up there.

Q. For how long does she go into the stander say at school?

A. We do it up to an hour and 15 minutes, and she seems to be tolerating it well.

Q. Is that every day at school?

A. Yes, every day. We're very religious about that one.

Q. What are you trying to get her to do here? Is she smiling there?

A. Oh, it's the bear. I think we're just trying to like entertain her. It's just party time.

Q. Do you try to get her to roll towards things?

A. Yes, we do, definitely. And she is trying to flip herself.

Q. And do you have her grab things, try to get her to grab things?

A. Yes. Anything like that, I mean, rolling over, you can see it takes her quite a bit of time and effort. And then if she really wants what you've got, she'll try it. But usually -- she doesn't look like she's going to do it now. Usually, she needs to get the hips moving.

Q. It looks like she's looking at me?

A. Usually, she needs to get the hips moving.

Q. Um-hum.

Can she do it? Does she do it?

A. Yes. There she goes. That's it.

Q. Okay.

Are they the medications that she takes?

A. Those are her medications, correct.

Q. And do you go through and give her all the medication?

A. Yes. Every one of those would be given every morning except, I believe, the Tylenol, which is only when we would need it.

That is me setting up her feeding.

Q. That's the liquid food right there?

A. That's the liquid food. That's the space-age formula, all you need in a can.

Q. And you mentioned that speech therapy --

that the speech communication therapist at school is working with her eating. What kind of food do they give to try to help with her swallowing?

A. We work on the consistency of the food. So right now we need something really thick. And then she -- like baby food number 2, I think is the one we're up to, so a pudding kind of consistency.

And then we monitor her for -- we listen to her lung sounds after she's through eating. And we monitor for her cough. If you hear a cough or a wisp sound in her voice, then we stop feeding her because that means it may have gone down the wrong pipe.

Q. And for how long has she been getting some food to try to swallow at school with the therapist?

A. We started that program in August. And the speech therapist came to the house in August. And we've been working on it October, November, December, January.

Q. You mentioned before that in addition to that, that she started sitting up. Any other improvements that you've noticed since taking over her care in the middle of June of this past year?

A. Some things that she used to do she doesn't

do anymore, like she used to like click at us with her tongue whenever we weren't in the room to make sure we weren't neglecting her. So she doesn't do that.

But she has started some new things. And since -- it's just an ongoing process to try to find out what she's going to do and what she's not. You just -- you know, you're always searching for clues to what communicates with her.

Q. We just saw on that machine it had a number. I think it was 270. What is that number?

A. That means we're giving her 270 mLs of the tube feeding.

THE COURT: That's milliliters?

THE WITNESS: Milliliters.

THE COURT: Thank you.

THE WITNESS: And we're going to run it at a rate of 270 mLs per hour. So the feeding will take one hour.

BY MR. TRUNK:

Q. So it takes one hour to drain that bag from the bag into Sakina?

A. Right. That's two tube feedings there. So I'll do the noon one, and then the mom does the one

at 4 o'clock. And this is the machine that the home health aides do not use.

Q. By law not permitted to use?

A. As far as I know. I mean, they don't give medications or tube feedings.

And that puzzle there, you offer a piece, you say, Sakina, can you do -- put the pink one in. And what we do is what's called hand-over-hand assistance and guide her hand to it.

Q. It may sound like a silly question, but do you get any sense that she knows when she's being fed or not? Is there any reaction to the food when it starts coming in?

A. Well, just like you, when you're through with a meal, you feel better. And I think that definitely she does feel good when she's through eating.

Q. Now, the one thing we did not video is what happens during the school day with Sakina. Could you spend just a little time explaining to the jury what goes on? We heard some excerpts from it, that you do the standing. We heard about the speech pathology with the -- with the feeding.

Can you just take the jury through a typical

day, what happens when you arrive at school, what type of things happen in the class, what therapy she gets?

A. Well, the school is set up to be totally functional for children with special needs. Most of the children have pretty severe disabilities.

So we go in the school. We arrange our equipment. So I kind of set up myself, like a little mini Intensive Care Unit. I've got my oxygen, my suction, my pulse ox. And everybody goes, Well, what do you have all that material for? Do you really need that?

And I say, Yes, we do need that.

Then Sakina gets into a group. And they do the same kinds of things there that you do with autistic children everywhere. You try to like bring their focus back.

They do a lot of things with -- like with water play, like they'll have a -- they'll make the room all dark and take a flashlight and put the flashlight right on the little thing that the child is supposed to do. So give every opportunity to bring focus into the classroom.

Then we will put Sakina and some of the

other thing on what's called an adaptive bike. So we'll strap her in a bike and take her outside, push her around. That's what we call gross motor activity.

She'll come back. We get into the stander for an hour and a half. And that's when she gets her tube feeding.

Then in the afternoon, she'll have another activity, either a group with another type of focus activity or a craft or something like that.

And then she'll have -- and then three days a week we'll have occupational therapy, physical therapy. Sorry. Two days a week we have occupational therapy. I believe two days a week we have physical therapy. Two days a week we have music therapy. And two days a week we have speech therapy. So that's four therapies. And that's all integrated into the classroom.

There are six children in the classroom. So since most of the children are autistic, none of them want to relate to each other. So a big success is if someone climbs up Sakina's stander and makes a face at her.

Q. What is Sakina's reaction?

A. She likes that. She likes boys.

Q. Is that right?

A. There is one Sam. She goes -- (indicating). So whenever the kids make any kind of connection to each other, you always go, like, Oh, great because they function in their own world. So you want them to begin to be aware of other kids' world.

Q. What is music therapy?

A. Music therapy is like the instructor comes in with like a set of instruments. And whatever the kid will do -- like some of the kids will be sound-sensitive. They don't want to -- they will plug their ears. But others like want to stick their head in a drum. So Easter Seal is the place where you can stick your head in the drum.

It's a lot of rhythm, a lot of rhythm, a lot of songs. They have the therapist that plays the guitar for them.

And they have adaptive computers where the kid can -- I think the kid touches it, and it plays a whole song. I don't know -- I'm usually busy doing some other stuff at the time. But it's pretty nice. It's a full, complete school program. Kids are given every opportunity to progress.

Q. Okay.

Is there anything else that's during the day besides the therapies you talked about in the classroom?

A. Well, one of the things -- we do a lot of personal care, like a lot of the kids need the stander in order to have a bowel movement. So that takes a big project, like so they can get into the stander and have a bowel movement, and then it's like a half hour in the bathroom.

So Easter Seal is all set up to do that where at another school, they might frown if you take the client to the bathroom for a half hour. They're all set up for it. They just handle all that.

MR. TRUNK: Ma'am, that's all I have. I really appreciate your coming in today.

You may have some questions from the defense attorney.

THE COURT: Mr. Post?

MR. POST: Thank you, Your Honor.

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CROSS-EXAMINATION

- - -

BY MR. POST:

Q. Ms. Correnti, good afternoon.

A. Good afternoon.

Q. Nice to meet you. I'm Ben Post. I represent C.H.O.P. and Dr. Sampayo.

I just have a few questions for you, Nurse Correnti. You said it was in June of 2011 that Bayada took the case?

A. I think they go around -- that C.H.O.P. referred them to Bayada. I think that's how that works.

Q. Okay. But it was June of 2011?

A. Right.

Q. And that was after Sakina's hospitalization at C.H.O.P.?

A. Correct. I think she came home from the Seashore House, but I'm not 100 percent sure of that.

Q. Okay. And were you then involved?

A. In the Seashore House?

Q. No. I'm sorry. At the point of June 2011, were you then involved --

A. We were the first nurses on the scene.
Q. No. I mean you personally?
A. Yes.
Q. Okay.
And with regard to your role as a Bayada nurse and someone who is coming to the house on a daily basis --
A. We are there all day long.
Q. Okay. Do you keep records?
A. Yes, we keep detailed notes.
Q. Are those records available?
A. Yes -- well, they're not public records. They're HIPAA protected records.
Q. And where are they maintained?
A. Bayada maintains them.
Q. Okay. At a particular office of Bayada?
A. I don't know, you know, what their procedure is. I'm sure that they stash them somewhere. Otherwise, they would be tripping over boxes everywhere.
Q. Okay. And your home base at Bayada is where?
A. Where the Pediatric Special Care is, 2401 Walnut Street.

Q. Okay.

Now, you mentioned to us a lot about the care and treatment that Sakina currently gets through Easter Seal. And it sounds as though you've been pleased with the treatment she gets there. Would that be fair?

A. I think the school is 100 percent -- cause I've been in schools where you can do a lot more warehousing of the children because, of course, the children aren't going to report on you.

Q. This sounds like anything but a warehouse?

A. No. It's worthy of all your donations.

Q. And she gets speech therapy, music therapy, occupational therapy, physical therapy there?

A. Occupational therapy works with the hands, the fine motor work.

Q. And you are seeing -- I know it's subtle -- but you are seeing some progress with regard to Sakina?

A. It's our expectancy that children will progress at whatever level they are. And we consider it our responsibility to find what's going to make them progress. Like a lot of the children like tell us what they'll do by their bad behavior.

So once we know -- once we see their bad behavior, then we know what they're capable of.

Q. Now, Nurse Correnti, I want to make sure I understand the times of the medication dose that you give to Sakina when you're working with her at home. Did you say they're at a certain time of day and night?

A. 8 o'clock in the morning we try to give almost everything.

Q. Okay. And then you give the medications later at night or --

A. Then the mom gives another round of medications at 8 o'clock at night or we try to -- like one of our purposes is to take as much responsibility off the parents as possible. So we try to move everything that we can to our shift.

Q. And I want to make sure we understand the time of the tube feeds. I think you said at 12:00 noon?

A. 12:00 noon, 4 o'clock, and then 7:00 at night to 6:00 in the morning.

Q. And the parents are involved in the tube feeding at night?

A. The mom starts the tube feeding at 7:00 at

night, and then she'll do the 4 o'clock, the one in the afternoon.

Q. Now, the home health aide -- I appreciate you've said they can't give the medication or the tube feedings -- home health aides can do what are called vital signs; correct?

A. Yes, right.

Q. They can do activities of daily living?

A. Correct.

Q. The so-called tooth brushing, the applying of the lotion? And, God bless you, it looks like you know what you're doing on that film. But there are people, home health aides, who can do those tasks, as well?

A. Correct.

Generally speaking, we don't use home health aides when a patient has, like just a gastric tube, like means the agency will not use a home health aide unless the client is very large. And then they'll send an LPN with an RN with a home health aide to a assist.

Q. Home health aides can also do those exercises that you so meticulously did?

A. They can help -- home health aides can do

all that.

The big barrier that they can't do is a skilled assessment, the medications, the seizure watch and the tube feeding.

Q. Understood.

And you showed us that pulse ox. Did I see you put that on the toe, on Sakina's toe?

A. I put that little infrared light on her finger.

Q. And can it also be put on the finger, as well?

A. Um-hum.

THE COURT: That's a yes, ma'am? You have to say yes or no.

THE WITNESS: Yes.

THE COURT: Thank you.

MR. POST: That's all I have, Ms. Correnti. Thanks so much.

THE WITNESS: Thank you.

MR. TRUNK: Take a quick break, Your Honor?

THE COURT: Sure. We'll take a short recess.

(Jury exits the courtroom.)

(Evening adjournment.)

CERTIFICATE

I HEREBY CERTIFY THAT THE PROCEEDINGS AND EVIDENCE ARE CONTAINED FULLY AND ACCURATELY IN THE NOTES TAKEN BY ME ON THE TRIAL OF THE ABOVE CAUSE, AND THIS COPY IS A CORRECT TRANSCRIPT OF THE SAME.

ANTOINETTE FOY
OFFICIAL COURT REPORTER

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