THE COURT: Sustained.

Q Doctor, do you have an opinion within a reasonable degree of medical certainty as to whether Alla Myndar will or will not require any devices to ambulate in the future?

MS. AVILA: Objection.

THE COURT: You may answer that.

A She will require a cane to ambulate if her symptoms continue and during periods where she has exacerbations she will require a walker more than likely.

MR. SCHWITZER: Thank you, I have nothing further.

THE COURT: You may cross-examine.

CROSS EXAMINATION BY

MS. AVILA:

THE COURT: Jurors, I need a show of hands. If the Court wanted to work until 4:45, is that a problem for anyone? Please raise your hand. Doesn't mean we will but I know if I wanted to it is okay.

Thank you. Thank you, jurors. Please continue.

Q Doctor, you are being paid for your testimony here today, correct?

A Yes.

Q How much?

A I haven't discussed it, but I assume it is my normal rate which is $8,000.

Q That is just for today?

A Yes.
Q And what about the other day that you were here, paid for that separately?
A Yes.
Q That is going to be another $8,000?
A Yes.
Q $16,000 total for your coming to court to testify?
A No, it would be $8,000 for one day.
Q Half a day for today and half a day for the other day?
A No, it was a full day the other day.
Q So it is going to be 16,000 for a full day?
A Yes.
Q And then 8,000 for today?
A That is correct.
Q Okay. And this is to testify for your own patient, that is how much you are getting paid?
A Yes.
Q And you are testifying quite frequently, don't you?
A No.
Q You testify with Dr. Reyfman as well on the same cases as Dr. Reyfman?
THE COURT: I don't understand the question.
Q Do you testify on cases that Dr. Reyfman is also testifying on the same patient?
A Typically this patient I believe did have Dr. Reyfman

as a treating doctor, yes.

Q Have you testified for Mr. Schwitzer before?

A I believe one other time.

Q And when you testify how frequently do you testify?

A Approximately five or six times per year.

Q And how long have you been doing that?

A Maybe three years, maybe four.

Q Now, did you bring Miss Myndar's entire chart with you here today?

A Yes.

Q And within your chart, have you -- do you have the Lutheran Hospital records?

A Some of them, yes.

Q And are you currently the chief of Lutheran Hospital, the chief of trauma?

A Of spine, yes.

Q Chief of spine trauma, yes?

A I am the chief of spine at Lutheran, yes.

Q This is the same hospital that Miss Myndar was taken to at the emergency room after this incident?

A I don't recall where she went to the emergency room.

Q Do you have the record there with you?

A I don't think I have the medical record. I am not sure.

Q Did you ever look at the Lutheran Hospital emergency

room medical records?

A I am sure I did. I don't specifically -- I didn't specifically recall that it was there.

Q When somebody comes in with regard to an accident, motor vehicle accident or another type of accident, there is a trauma work-up that is done in the emergency room, correct?

A I am sorry, can you repeat that?

Q If somebody comes in from a motor vehicle accident, a trauma work-up is done customarily, correct?

A Yes.

Q And part of the trauma work-up is getting a CAT scan of the cervical spine, CT scan of the cervical spine?

A When it is appropriate.

Q And also it would be appropriate at times to have an MRI or scan of the brain, correct?

A Not routinely, only if it is appropriate.

Q And would it also be appropriate to have an x-ray or scan of the lumbar spine if appropriate?

A If it is appropriate, yes.

Q And you know that --

THE COURT: I am sorry, I am confused. So it is appropriate to do exams when they are appropriate. Is that what we are getting? I have three answers that are appropriate when they are appropriate. So we have no information. Ask something specific.

Q Are you aware of the fact that Miss Myndar had a CT scan of her cervical spine performed at Lutheran Hospital on the date of the accident?

A I vaguely remember that.

Q You are aware of the fact that CT scan came out normal, correct?

MR. SCHWITZER: I will object to the form, Judge. I am sorry.

A CT scan didn't show any fractures or dislocations, no.

Q And you know that there was an MRI of her brain taken at Lutheran Hospital on the date of the accident, correct?

A I believe it was an MRI or CT, I don't remember which one.

Q The result of that was normal, correct?

A It did not show any bleeds or hemorrhage, right.

Q It was normal, correct?

A Well, within the bounds of what it is capable of detecting. If it is a screening exam and it is only looking for fractures that doesn't mean it is normal, it means they didn't find fractures.

Q They weren't looking for a fracture in the brain?

A Skull fractures, bleeds within the brain.

Q They didn't find anything?

A Right, but that doesn't imply it is normal.

Q You were aware there were subsequent MRI's taken of her

brain, correct?

A I am aware she had a work-up of her brain, yes.

Q The lumbar spine x-ray that was taken at Lutheran on the date of the accident, you are aware that that was also normal, correct?

A It doesn't mean it is normal. The results means that there is no fracture or dislocation. That is what they are looking for.

Q The results came out that it was normal for no fractures or dislocations, correct?

A No, it shows, it doesn't mean it is normal, it means it doesn't have fractures or dislocations.

Q Okay. Now, when she first came to see you on June 26, 2014, did she bring any medical records with her?

A I do not believe I noted any in my note. It doesn't mean that she didn't.

Q Was she alone when she came?

A She did, she did bring some records. She brought diagnostic imaging records in her reports.

Q I will get to that in a second. Who was she with when she came?

THE COURT: The first visit after?

MS. AVILA: First visit June 26, 2014.

A I did not make a note who she came with.

Q The history that was provided in your record of June

26, 2014, who provided that history to you?

A The patient.

Q And she did that through a translation?

A Yes.

Q You don't speak any Russian, right?

A Nor Ukrainian.

Q When she told you her complaints, at that point she reported a new onset of balance problems, correct? First paragraph three lines up from the last sentence.

A I am sorry, hold on one second here. I am looking for where you are saying. Third line up. Oh, from the bottom?

Q Yes. Sort of in the middle of the paragraph.

A Yes, new onsets.

Q That means new, newly occurring?

A Yes, that is a good definition.

Q And can you describe what is cognitive function, what does that mean?

A It is functioning of the brain.

Q In what way?

A So it can be in a very, very vague sense. There are very formal cognitive tests that are performed by neurologists. Since I am not a neurologist I don't perform those tests. Cognitive function is an overlying body of function that your brain has.

Q Well, when you refer to cognitive function, what do you

mean?

A When I refer to it?

Q Yes.

A I mean the person is answering questions, that they appear normal while they are answering the questions. I don't do any type of formal testing.

Q You base it upon your ability to have a conversation with the person?

A Well, if I can't, in this case I can't have a normal conversation with a patient because they don't speak my language. I am basing it on their appearance when they were speaking and I am relying on the translator to translate verbatim given cultural nuances what the patient is saying. So if their responses seem reasonable to my questions and they look normal while they did, they were answering them in my mind I have a global sense that their cognitive function is within normal limits.

Q You indicated here on your June 2014 report that the patient is alert and oriented, right, was normal and cognitive function, correct?

A Yes.

Q That is what you wrote. And the translation of was done by an Arena?

A Yes.

Q Is that in your office?

A Yes.
Q And who else was with the plaintiff at the time?
A I already answered that question.
Q If somebody else was with the plaintiff would you that when somebody else comes?
A Not necessarily, most of the time not.
Q Now, when you tested her on June 16, 2014 with regard to your neurological examination you indicated that her coordination was normal, correct?
A June 26th?
Q June 26th --
A Or June 16th? June 26th?
Q Yes, June 26th.
A No, I didn't say her neurological exam was normal.
Q I said you wrote down that her coordination was normal.
A Yes.
Q You wrote that, right?
A No, I dictated it.
Q I am sorry?
A Dictated.
Q That came from your mouth to the dictation machine?
A Yes.
Q And somebody typed it up, yes?
A Yes.
Q Now, how long does it take for a disc to dehydrate?

A It is an excellent question. It depends on the degree of damage to the disc. If a disc is completely smashed it would obviously leak out its contents much quicker. If it has a cascade of events like a cell death type cascaded event it would be a lot quicker than if it was a smaller injury whereby there is not the induction of like the immune system and the cells aren't transforming into like a death state.

Q Give me an example if it was you said crushed, if it was totally crushed.

A So there are dramatic examples of death to the disc. For example, if you fell off a building eight floors and landed on your tailbone. That would be a very, very high energy impaction on the disc. That would be a dramatic example of a crush injury.

And then a milder one would be if you were picking up your child that was 20 pounds leaning forward and you lifted up and you felt a tweak in your back. That would be a milder injury to your disc.

Q If I was picking up my child at 20 pounds I could conceivably herniate my disc by doing that type of activity?

A You could damage your disc.

Q I could, okay. There is lots of different ways people damage discs, correct?

A Yes.

Q Let me get back to my question to you which is how,

assuming you had a traumatic crush injury, somebody fell from a building, how long would it take the disc to desiccate?

A Nobody has an exact answer for that.

Q That is not this particular case, this was not a traumatic crush injury, correct?

A She did not fall off a building, no.

Q In a typical scenario it would not take a month and a half for a disc to desiccate, correct?

A As I said there is a spectrum of injuries, every person is different. It depends how badly the disc is damaged and the mechanism of injury. There are a lot of different factors involved and even if we knew exactly the mechanism and exactly the way the disc was damaged and how many parts of the disc was damaged from one person, even if we had all that information there is no research or article that would tell us the time frame.

Q Well, if there is no research article that can tell us the exact time frame that a disc would desiccate then there is no research that would tell you the exact time that a herniation could occur, correct?

A I don't know how you are making that correlation.

Q Well, did you ever see any x-rays or MRI's or CAT scans or anything else of Miss Myndar before 2012?

A No, I didn't start treating her until 2014.

Q Did you review any x-rays, scans, MRI's of Miss Myndar

before 2014?

A No, I didn't see her until 2014, June 26, 2014.

Q You know she did have films taken before 2014, correct?

A I believe she had films taken at the time of her accident.

Q Right. You didn't review those?

A I am not sure if I did. I did, yes, I reviewed the cervical spine MRI from March 8, 2012.

Q March 8, 2012, cervical spine MRI, according to the -- did you actually review that film?

A Of course.

Q And according to the reading radiologist that cervical spine MRI showed that there was a disc desiccated, is that correct?

MR. SCHWITZER: Objection.

THE COURT: Sustained.

Q Well, did you incorporate and rely upon the records from that MRI taken on March 8, 2012?

A I read the MRI films and I read the reports.

Q I am sorry, I can't hear you.

A I read the MRI films and the reports.

Q Did you rely upon the report when you were making your assessment of the plaintiff?

A I didn't rely on anything, I use all of the data.

Q And you are aware that this March 8, 2012 report

indicates that there was a disc desiccation?

MR. SCHWITZER: Objection, Your Honor.

THE COURT: Is this in evidence?

MR. SCHWITZER: No.

THE COURT: Sustained.

MS. AVILA: Is it part of your record?

THE WITNESS: On my record it says --

THE COURT: I don't understand what is this. What is this referring to, ma'am?

Q Is the March 8, 2012 cervical spine MRI report part of your record that you have with you today?

A I would have to look. Excuse me.

MR. SCHWITZER: May we approach in the meantime?

THE COURT: Yes, you may.

(Whereupon, a discussion was held off the record.)

THE COURT: Please continue.

Q Let me just go back one second to your records if I may.

Who provided you with the records from Sharp View Diagnostic Imaging, if anyone?

A I believe that Miss Myndar did.

Q And is that also the March 8, 2012 examination from Sharp View?

A I believe so.

Q And in the course of your treatment, did you use that

MRI in order to make any diagnosis or treatment plan for Miss Myndar?

A The MRI films, yes.

Q And did you also review the MRI report of Sharp View Diagnostic Imaging with regard to that particular film?

A Yes.

Q Did you use that report in terms of your review and your assessment of the film?

A Yes.

Q And in your review and your assessment of the film and your review of that Sharp View Diagnostic Imaging report showed disc dehydration, correct?

MR. SCHWITZER: Objection, Your Honor.

THE COURT: Well, it is two questions. They are compound. You have to split them up.

Q March 8, 2012 Sharp View Diagnostic Imaging report that is included within your records that you relied upon in your assessment and diagnosis of Miss Myndar indicates that there is disc dehydration in the cervical spine, correct?

A I did not rely upon that report.

Q You included that as part of your treatment records, correct?

MR. SCHWITZER: Objection, Your Honor.

THE COURT: I didn't hear the question.

Q That was included as part of your treatment record of

the plaintiff that you brought with you here today?

A It is included in my treatment record.

THE COURT: Objection is sustained.

Q Now, the next time you saw -- by the way, did you ever obtain the records from Dr. Koyen?

A It is possible.

Q Do you have any recollection whatsoever?

A I may have, I am not sure. I didn't note the fact it was Dr. Koyen's notes.

Q Well, the first day that you have seen Miss Myndar on June 26, 2014, that is the same day that you recommend surgery for her cervical spine, is that correct?

A No, that day I recommended a lumbar discectomy.

Q Okay, the lumbar. That lumbar discectomy was performed on what day?

A July 24, 2014.

Q That lumbar discectomy was performed at an ambulatory center in New Jersey, correct?

A I have to look, yes, surgical, Surgicare Associates.

Q That discectomy, I am sorry, withdrawn.

Miss Myndar was not admitted overnight to a hospital as a result of that surgery, correct?

A No, that is correct.

Q And the surgery itself was approximately a half an hour?

A I don't remember where you are getting that.
Q It is in your record.
A I don't have that available to me.
Q It is part of the Lutheran -- do you have the surgical center --
THE COURT: The question I think is do you remember how long the surgery took.
THE WITNESS: No.
Q You don't remember?
A No, I don't remember.
Q After the surgery she was discharged home, correct?
A Yes.
Q And she is able to walk unaided after that surgery, correct?
A I didn't directly observe her walking afterward.
Q You didn't observe her walking out?
A Afterward. I did not directly observe her walking after the procedure.
Q The next time that she -- I am sorry, now, after the surgery was, this discectomy was performed, did you have any communication with Dr. Reyfman about this discectomy?
A I don't recall.
Q Now, are you aware that she was seeing Dr. Reyfman at the same time she was seeing you?
A Yes, that is normal.

Q Normal.
A She was referred to me by Dr. Reyfman.
Q Did you coordinate the care with Dr. Reyfman?
A Well, she was already Dr. Reyfman's patient so I wouldn't need to do that.
Q Okay. So once you finished that discectomy she goes back to Dr. Reyfman and has the treatment with him?
A She was just an ongoing -- she was an ongoing care with Dr. Reyfman.
Q Wouldn't it be important to determine what type of treatment Dr. Reyfman was ordering for her after the surgery?
A On an individual patient basis, no.
Q No?
A They make me aware of it. I ask them when they come back to my office. I don't need to coordinate that or be aware of that in advance.
Q So, after she had the discectomy then there would be no issues for then going to chiropractic care?
A He is not a chiropractor.
Q I know.
A I don't understand the nature of your question.
Q What if Dr. Reyfman referred her for chiropractor care, that wouldn't cause an issue?
A Are we talking hypotheticals here?
Q Yes.

A Dr. Reyfman is a very experienced pain management doctor. He was the head of pain management at the only major university in a city of four million people. He is very, very attuned to how to take care of patients before and after surgery, so I trust him.

If he was going to do something radical like you are suggesting he usually would reach out to me and speak to me about it.

Q Would having chiropractic care after surgery like that be radical?

A If can be, after certain surgeries, yes.

Q Now, when Miss Myndar came back on August 15, 2014, that was the first visit post surgery?

A Yes, it would have been.

Q At that point she was taking Advil, correct?

A Yes.

Q Her scar was noted was healing well?

A Yes.

Q And her balance was stable, right?

A Yes, during that visit.

Q When she returned the next visit, February 17, 2015, at that point she is still taking Advil, correct?

A So, the next visit was not February 17th, the next was December 12, 2014.

Q I am going up to February.

A I thought you said it was the next visit. I will skip over to February 17th. Yes, she was taking Advil.

Q And that point you said her balance was still stable, correct?

A Yes.

Q Now, on that day you, in your records you said you were focusing on her neck because she was having neck pain radiating to her shoulders with numbness extending into the left hand, right? Is that what you have down?

A Yes, I said that.

Q And she still normal, cognitive function all normal, correct?

A Yes.

Q Do you have Dr. Reyfman's records of February 9, 2015 included in your chart?

A No, I have reviewed them in the past I believe.

Q You have. So, do you know that on February 9th, just a few days before she goes to see you, she told Dr. Reyfman that she denied any numbness or weakness in her neck? Are you aware of that?

A In her neck, no, I don't.

Q Now, do you keep a copy of Dr. Reyfman's records with your own records?

A No.

Q Now according to your record of February 17, 2015 Miss

Myndar was actually --

THE COURT: What year?

MS. AVILA: February 17, 2015.

Q Miss Myndar was seeing a chiropractor?

A Yes.

Q The first time Miss Myndar started using a cane was in October of 2016 according to your records, correct?

A I don't recall the exact day that she started using a cane. What date did you say?

Q October 2016.

A I don't think I made note of it before then, no.

Q I believe you testified on direct examination that on October 2016 she was using a cane?

A But I don't believe I made note of it before that date.

Q It is not something you prescribed to her, correct?

A I am not sure whether we prescribed it.

Q Sorry, can't hear you?

A Often times after the surgery they are prescribed a cane. So the facility can give them a cane. When she had a lumbar discectomy procedure.

Q She hadn't been to your office using a cane according to your records until it you made note of it in 2006?

A I made note of it.

Q Do you have any recollection if she was using a cane after the surgery?

A I don't recall. It was a long time ago. I may have missed it. I know I didn't make note of it.

Q You have referenced in your records that Miss Myndar smokes cigarettes, correct?

A Yes.

Q And how does cigarette smoking impact the healing process?

A Well, at the rate of smoking that she was doing there is no study that shows that it does. At higher rates of smoking like one or two packs per day it shows it does decrease healing rates.

Q Did you tell her to stop smoking?

A Probably, but in the context of such a low smoking tobacco use I don't think I would not have dwelled on it.

Q Okay.

THE COURT: I would like to ask both of you to speak louder.

Q When you reviewed the MRI of 2014 of Miss Myndar's lumbar spine I believe that is the day -- withdrawn --

What is the first MRI you reviewed, what date?

A I believe it was May 14, 2014.

Q And that film according to you demonstrates L-5, S-1 herniation?

A Yes.

Q And that is to the right?

A Well, it is a central disc herniation that is to the right and left.

Q And the cervical MRI that you reviewed was on, that was taken also in November 2014?

A With the one we were just describing was in May of 2014.

Q The film from May of 2014, did you compare that film from any other films taken from any other source?

A No, I don't believe I did during that day I described that particular film.

Q Now, the cervical spine you move all day, right, for lack of a better way of saying it? Everybody moves their neck back and forth?

A Unless they have severe neck spasm and it hurts to.

Q But as a result of moving on a daily basis your neck whether you are looking at a computer, looking up, looking down, whatever, you are putting wear and tear on your neck, correct?

A By moving your neck, it is like saying you are putting wear and tear on your skin by smiling.

Q That does happen, doesn't it? That is how wrinkles happen, wear and tear, right?

A Over the course of 40, 50 years, yes.

Q And sooner, and sooner?

A If you don't use the right face products, yes.

Q Everyone is different, right?

A Yes.

Q Somebody that may be more active could have wear and tear a lot quicker than somebody else, yes?

A Somebody who has wear and tear through --

Q Say yes or no.

A Did you say that?

Q Yes or no.

A It is?

Q So you can't answer the question --

MR. SCHWITZER: Objection.

THE COURT: Objection is sustained. If you want a yes or no response tell the witness you would like him to respond yes or not and if he can't you will rephrase.

MS. AVILA: Can I have the last question read back?

THE COURT: You were talking about skin and smiling.

THE WITNESS: And face products in the course of 40 to 50 years.

Q Athletes have wear and tear on their neck quicker than a non-athlete, right?

MR. SCHWITZER: Your Honor, my objection is we are talking about Alla Myndar. I am objecting to the question. Not about athletes.

THE COURT: I am very confused. Is Miss Myndar an athlete or something?

MS. AVILA: According to her testimony on direct.

THE COURT: She is an athlete?

MS. AVILA: Yes.

THE COURT: So you want to ask her her athletic duties?

MR. SCHWITZER: Your Honor, I believe counsel said active.

MS. AVILA: Well.

THE COURT: Proceed, Miss Avila.

MS. AVILA: Okay.

Q We said earlier that there are activities that somebody could perform that would cause herniated discs, correct, aside from just an accident, correct?

A People can be injured by, is this a yes or no yes?

Q Yes.

A Okay, the answer is yes.

THE COURT: Are all your questions yes or no going forward?

MS. AVILA: No, no. But I will let the doctor know if it is going to be a yes or no.

THE COURT: Proceed.

Q Doctor, you have to rely upon the history that is given to you from your patients, correct?

A Yes.

Q And so if your patient tells you that they have not,

they never had any pain before 2012 then you have to believe that, correct?

A Assuming that the patient has a normal cognitive function and I can communicate clearly with them, yes.

Q And you had the ability to communicate with Miss Myndar, correct, because you indicated in your notes that she had a normal cognitive function, correct?

A So, it was my understanding from speaking to her through her translator that she seemed to have a normal cognitive function because her facial expressions seemed relatively normal and expected for a patient in her condition. But having not done cognitive testing on her I wasn't aware of the fact that she had a significant concussion and she had actually impairment of her ability to think properly. She even gave me the wrong date of her injury through the translator, so it is not surprising she could have made a mistake here and there. It is possible. But I do for the most part rely on the patients history, yes.

Q You mean to tell me as a physician and you are having conversations with your patients and you are relying on them and you don't know whether or not they actually have the ability to understand what you are saying?

A So is that a yes or no question, I don't understand?

Q Answer it any way you want.

A If a patient appears to be acting normally and I can

have a conversation with them in English then I have a better chance of being able to defect abnormalities in their thought process.

If a person is speaking Ukrainian and have a different cultural background than mine, it is hard to judge those things. If a patient shudders or spits a lot while they talk or has a whole array of different cultural or verbal tenses that we wouldn't expect in our language I don't know how to judge that if I am not familiar with their culture and their language. In this case it is impaired.

Q Did the translator tell you that Miss Myndar was having a difficult time answering your questions?

A No, I don't recall whether she did.

Q Would you have written it down? Wouldn't it be a concern to you?

A If she said she was concerned about it I would think so. She is not a qualified medical professional. She is just a regular medical assistant that doesn't train in any type of cognitive or any type of treatment. She doesn't speak to patients this way and evaluate their ability to think.

Q Why would you have somebody that is not qualified to actually act as a translator and give you the accurate information employed by you to get the information from your patients?

A This patient is qualified to translate but translators

are not neurologists.

Q They don't have to be neurologists, do they, Doctor?

A In order to detect complex cognitive problems, yeah, they probably would have. It would be very expensive for somebody to hire a doctor in their office who speaks every single language to translate. You have to rely on translators. That is the reality.

If you called a translation service they would not be able to discern cognitive problems and whatnot in your patient. They would perform their service and reiterate what the patient said.

Q And did you ask for a review of any of her MRI films of her brain to determine whether or not there was any deficit or difficulty that she had?

A At some point she was able to see them. I don't think I requested them during the first visit because I didn't suspect it.

Even that being said patients who have concussions --

Q There is no question pending, Doctor.

A Can I finish my sentence?

Q No.

A Can I finish my answer?

Q No.

THE WITNESS: Can I finish my answer?

THE COURT: I didn't say you couldn't.

THE WITNESS: So patients who have significant head injuries and concussions it is not uncommon for them to have some issues with their ability to recite things and whatnot. I would have relied on other people, other professionals like Dr. Reyfman to have performed some type of referral to a neurologist or whatnot if they thought there was some issue.

I don't speak her language and I didn't detect something obviously out of the realm of normalcy.

Q As you had your conversations with her through the translator you did not detect anything abnormal?

A To do with her cognitive function, right.

MS. AVILA: I have no further questions.

THE COURT: Re-direct?

MR. SCHWITZER: No questions.

THE COURT: So you are free to go. You may step down.

Jurors, we will need you back tomorrow. Start at 10:00. Between now and then don't discuss the case. Keep an open mind. Form no judgments about the case.

(Whereupon, the jury is exiting the courtroom.)

THE COURT: Ma'am, we know you have that thing tomorrow with the program and you told us about it. We want you to go and do your thing because we know you need it for your job.

You are excused from further service on the case. It was a choice between keeping you or keeping the trial going, but we need to keep working so we can't take the day off.

We want to thank you for your service. On behalf of counsel and the Court thank you so much for being here up until now.

If you want to find out what happened keep the phone number you have and you can give us a call and we will let you know what the outcome is.

JUROR: Thank you.

CERTIFIED TO BE A TRUE
AND CORRECT TRANSCRIPT

LISA CALVANO-FRAGAPANE

OFFICIAL COURT REPORTER