


|  | 6 |  | 8 |
| :---: | :---: | :---: | :---: |
| 1 |  |  | Judge's Opening Remarks |
| ззам 2 | MR. WEBB: We withdraw our objection, | 11.534 M | 2 I'm first going to describe in a |
| зам | Your Honor. | 11.534 M | 3 general way what will take place during the |
| 11.17384 | THE COURT: Okay. An hour each max. | 11:53AM | trial. First the plaintiffs' attorney will |
| 11:3зам | MS. BALDWIN: Got it | ${ }^{11.532 M}$ | 5 make an opening statement in which she will |
| $11: 8$ аза | THE COURT: Any objections you make, | 11.53 Am | 6 outline the plaintiffs' case against the |
| ззам | unless it's something really outrageous | 11.53 ma | defendant and the defendant's attorney will |
| 11.438 M | that the other side has said, I'm going to | 11.5 | make an opening statement as well. |
| 11:383m | hold those in abeyance until we're done the | 11.53 Aam 9 | he plaintiffs' lawyer goes first |
| 11:73aM 10 | openings and w | 11.53AM 10 | ause they have the burden of proof, |
| $11.46 a \mathrm{M} 11$ | MR. WEBB: Judge, if you want to take | 11.53AM 11 | ich I will explain in greater detail |
|  | time to do it now, we can get you set up | 11.53 Aam | later on during the trial. |
| 11:46am 13 | for realtime. | 11:53am | After the opening arguments, then we |
| 14 | THE COURT: You can even do it | зsam | have the presentation of evidence. The |
| ${ }^{11: / 46 a m} 15$ | morrow | 11.53 AM 15 | laintiffs' lawyer will first present |
| 1.151 Tam 16 | THE LAW CLERK: Please stand as the | 11.53AM 16 | idence. She will call witnesses to |
|  | I enters the courtro | 53aM | stify and may offer exhibits such as |
| 11.51 AM 18 | (Jury enters courtroom) | Ssam 18 | documents, graphs, charts, or physical |
| 11.52am 19 | THE COURT: All right. Members of the | $11:$ | objects. |
| $\text { 11:52am } 20$ | jury, the first order of business is for | ${ }_{115 / 5 A M} 20$ | The defense counsel has a right to |
| 11.52am 21 | you to be officially sworn in as a juror. | 11.54 AM 21 | cross-examine witnesses called by the |
| 22 | Ms. Wicclair | $11.5 \operatorname{sam} 22$ | aintiff in order to test the truthfulness |
| 23 | THE LAW CLERK: Thank you. | 11.54 sam 23 | and accuracy of their testimony. |
| 11.52 AM 24 | Please raise your right hand. Do you | 11.54 sam 24 | After the plaintiffs' lawyer has |
| 1.5.52M 25 | and each of you swear, and those of you who | 11.54 Am 25 | presented the plaintiffs' case, defense |
|  | 7 |  | 9 |
| 1 |  | 1 | Judge's Opening Remarks |
| 2 | affirm, do declare and affirm that you will | ${ }^{11: 5}$ | 2 counsel may present evidence for the |
| 529 M | truly try the issues joined between the | ${ }^{11554 a m}$ | defendant, however, there is no obligation |
| 52 L | laintiff and the defendant and render a | 11.5 am | $r$ the defendant to offer evidence or to |
| ${ }^{11.522 \mathrm{M}}$ | true verdict according to the law and the | 11.5AAM | testify. The plaintiffs' lawyer may of |
| 529M | evidence? If so, please respond I do. | 11.54 AM | course cross-examine any witnesses that are |
| ¢гam | THE JURY: I do. | 11.54 m | called by the defense. |
| 11.52 Am 8 | THE LAW CLERK: Thank you. | 11.54 | After all the evidence has been |
| ${ }^{11.5229 m} 9$ | THE COURT: You may be seated. | 11.544 M | presented, the attorneys for each side will |
| 11.52am 10 | All right. Welcome back. As you now | 11.54AM 10 | have the opportunity to make their closing |
| 11 | know, each of you has been selected as a | 11.54AM 11 | arguments to you. I will then give you my |
| 12 | juror in this case, and what that means is | 11.54 | final instructions on the rules of law that |
| 11.53 AM 13 | that the plaintiff, the defendants, the | ${ }^{115 s a m} 13$ | apply to this case and whatever additional |
| 14 | Court have each concluded each one of you | 11.54 | guidance I think you may need for your |
| 15 | will be a fair and impartial juror, and | 11.549 M 15 | liberations. You will then retire to the |
| 16 | that really is a tribute to each one of | 11.54 AM 16 | jury room to deliberate and decide what |
| 11.53 A M 17 | you. There were a lot of people that we | 11.5 | your verdict will be. |
| 18 | interviewed. | 11:5am 18 | At the end of the trial you must make |
| 11.53am 19 | The services you render as jurors in | 11.54AM 19 | ur decision based on what you recall of |
|  | this case are as important to the | 1.15 sam 20 | dence. You will not have a written |
| 21 | administration of justice as those rendered | 11.5Aam 21 | anscript to consult and it is difficult |
| 22 | by me as the judge and by the attorneys. | 11.54 Aam | d time-consuming for our court reporter |
| 23 | So please pay close attention to everything | 11.544 | read or play back lengthy testimony. |
|  | t is said and done in this courtroom so | 11.542 M 24 | ge you, therefore, to pay chose attention |
|  | that you may perform your duties well. | ${ }_{11.55 a m} 25$ | to the testimony as it is given. If at any |

Judge's Opening Remarks
point in the trial you cannot hear or understand a witness, a lawyer, or myself or see an exhibit, please let us know in order that we may resolve it for you immediately.

It will get a little noisy because of the air conditioning, but it gets extremely hot during the summer when the air conditioning isn't on. At times we may turn it off briefly, but if at any point you can't hear us, let us know.
Unfortunately, although you may wish to question some of the witnesses yourself, you are not permitted to do so.

It is my responsibility as the judge to decide all questions of law during the trial. You must follow my rulings and instructions whether or not you agree with them. I am not, however, the judge of the facts. You, the jurors are the only judges of the facts. It will be your
responsibility at the end of the trial when you deliberate to evaluate the evidence and from that evidence determine the facts.

11 the witness' testimony or behavior or for and weight of the testimony. Neither sympathy or prejudice is to influence your

Judge's Opening Remarks
You will apply the rules of law that I give you to the facts as you find them to decide whether the plaintiff has met her burden of proving the elements of the claim that will entitle her to relief.

In order to decide the facts of this case you're going to have to judge the credibility and weight of the testimony and other evidence. By credibility I mean the truthfulness or accuracy of what is being said or shown to you. By weight I mean the value or importance that you give to the testimony or evidence.

When you judge the credibility and weight of a witness' testimony or of evidence being presented, use your understanding of human nature and your common sense. Observe each witness as he or she testifies. Be alert for anything in anything in the other evidence that might help you judge the truthfulness, accuracy

Judge's Opening Remarks consideration of the evidence.

Each of you must keep an open mind throughout the trial. You should avoid forming opinions about any disputed questions until the trial is over and you begin your deliberations. Do not talk with each other about the evidence or any other matter relating to your verdict until I send you to the jury room to deliberate upon your verdict. Only then will you know enough about the case to discuss it intelligently and fairly.

You should also not talk with anyone else about the case until the case is completely over, including your family members, people at home, your friends, or with anyone on social media or Internet sites.

Do not try to get information relevant to the case on your own. Do not make any investigation, do any research, visit any scene or conduct any experiment. If there is any media coverage of the case, you are not to read, listen to, or watch anything

13
9

1
2
3
457
9
0 oe hear something you think that you should not have seen or heard, do not speak to the other jurors about it, but rather notify courtroom personnel about it and they will bring it to my attention.

Statements made by the attorneys are

## Judge's Opening Remarks

not evidence. The questions that they ask of the witnesses are not evidence. It is the answers to those questions by the witnesses that provide the evidence for you to consider. You should not speculate or guess that a fact may be true merely because one of the lawyers asks a question which assumes or suggests that a fact is true.

Occasionally there will be objections to the questions that are asked by the attorneys. If I overrule the objection to the question, you may consider the answer. However, if I sustain the objection, that means I will not allow an answer to be given; and if an answer has already been given, I will most likely direct you to disregard the answer, and you must do so.

It is possible I might question some of the witnesses myself. It won't happen often, if at all. These questions are not intended to reflect any opinion on my part about the evidence or about the case. The only purpose of doing so would be to

15
Judge's Opening Remarks
inquire about matters that I think should be more fully explored or clarified for you out of fairness to both sides.

At different points during the trial the attorneys and I may need to deal with certain matters outside of your hearing. We generally call this sidebar. We will try to do it as infrequently as possible, but it's bound to happen several times during the trial.

Any time you need a convenience break of any type, just let us know. We'll be asking at regular intervals whether you'd like a convenience break. In particular, if you need water, just let Ms. Gyimesi or Ms. Wicclair know. You can do that, just raise your hand and get their attention.

If you haven't already been told, I think you have, you can bring in any nonalcoholic beverage of your choice while you're listening to the evidence.

We have notepads and pens for each of you in the event that you wish to take notes. We'll be passing them out when the

Judge's Opening Remarks
first witness testifies. You are not
allowed to take notes during any of the opening statements or closing arguments. You are under no obligation to take notes and it is entirely up to you whether you wish to take notes to help you remember what witnesses said and to use them during your deliberations.

If you do take notes, remember that one of your responsibilities as a juror is to observe the demeanor of witnesses to assess their credibility. Do not become so involved with note taking that it interferes with your ability to observe a witness or distracts you from hearing the questions being asked the witness and the answers being given by the witness.

Your notes may help you refresh your recollection of the testimony and it should be treated as a supplement to your memory, rather than a substitute for your memory. Your notes are only to be used by you as memory aids and should not take precedence over your independent recollection of the

17

## facts.

Those of you who do not take notes should not be overly influenced by the notes of other jurors. Sometimes it is just as easy to write something down incorrectly as it is to remember it incorrectly, and your fellow jurors' notes are entitled to no greater weight than each juror's independent memory.

Although you may refer to your notes during deliberations, give no more or no less weight to the view of a fellow juror just because that juror did or did not take notes. Although you are permitted to use your notes during deliberations, the only notes you may use are the notes you write in the courtroom during the proceedings on the materials that will be distributed by the court staff.

Each time that we adjourn, your notes will be collected and secured by the court staff. Your notes are completely confidential and neither I nor any member of the court staff will read your notes now

Judge's Opening Remarks
or at any time in the future. After you've reached a verdict in this case, your notes will be destroyed immediately by court personnel.

Our schedule will vary day to day. We'll normally have you arrive by 9:00 in the morning so we can start at 9:30. We'll normally take a one-hour lunch break
starting somewhere between 12:30 and 1:30 and we'll normally work somewhere between 4:30 and 5:00.

Obviously, if the jury has a sort of consensus that they want to start even earlier and work even later to shorten the duration of the trial, we'll be amenable to that as well.

Today we're going to hear one of the two opening statements, then take our lunch break, and then have the other opening statement and begin with our evidence. We will conclude some time between 4:00 and 5:00 this afternoon.

You've already been given instructions I believe by court staff as to which

21 have

23 course to your evaluation of the evidence
24 as to its credibility, its accuracy, and
25 the weight to be given to the evidence.

## Judge's Opening Remarks

restrooms are appropriate to use in this case. It's important that you pay close attention to those instructions.

Please remember to wear your juror badges in a conspicuous place at all times during the course of the trial and while you're either in the courtroom or in the courthouse.

It's now time for the attorneys to give opening statements telling you what they expect to prove or not be proven during the trial. The opening statements, as with any statements by the attorneys, do not constitute evidence and you are not to consider these opening statements as established facts.

The only purpose of the opening statement is to give you a general outline of what the case is about so that you will have a better understanding of how each piece of evidence fits in, subject of

Judge's Opening Remarks
You are not to conclude that the attorneys will necessarily be able to prove what they say they expect to prove, nor that the Court will permit such evidence to be introduced.

Counsel, you may address the jury. MS. BALDWIN: Thank you, Your Honor.
THE COURT: If you need the lights dimmed at any point, just let us know.

MS. BALDWIN: I think we'll be okay, but if the jury has trouble, if they could just raise their hands, we'll dim the lights when we put the slides up.

I guess it's appropriate to say good afternoon. So good afternoon everyone.

THE JURY: Good afternoon.
MS. BALDWIN: Thank you for bearing with us for an entire week of jury selection. It's a first for me, so hopefully things get better for you than a couple days of sitting around.

The defendants in this case are Ethicon and Johnson \& Johnson. They put two defective products on the market, the 21

## Plaintiffs' Opening Statement

TVT-Retropubic, which we're going to call just the TVT throughout the trial, and the TVT-Secur, which you will hear us call the TVT-S throughout the trial.

Ella Ebaugh, my client -- please stand, Ella.
(Ella Ebaugh complies with request)
MS. BALDWIN: And her husband Marvin.
Marvin, go ahead and stand.
(Marvin Ebaugh complies with request)
MS. BALDWIN: Thank you.
Ella Ebaugh had each of these devices implanted in her in 2007. Ethicon and Johnson \& Johnson had information about both of these products before it ever put them on the market that they were dangerous and they presented an unreasonable risk of danger to women who had them implanted in them. After the products were put out on the market, Ethicon and Johnson \& Johnson, who I'm just going to start calling Ethicon so I don't have to say that long name, got even more information about how dangerous these products were, but they kept them on

## Plaintiffs' Opening Statement

the market.
In the case of this one, the TVT-Secur, they kept it on the market from 2006 until 2012. They still sell the TVT. These defective products have literally mangled Ella Ebaugh's urethra. She has almost no control of her bladder because of them, is completely incontinent, and lives in constant pain because they're permanent implants and you can never get them completely out of your body. She's going to suffer with this for the rest of her life.

Johnson \& Johnson is worth seventy billion, four-hundred-eighteen million dollars. Ethicon is worth two billion seven-hundred-sixty-two million dollars. I'm mentioning this right at the outset right now because these defendants collectively worth more than seventy-two billion dollars made every decision about these products with money in mind, how much money they could make.

I didn't make this slide. I didn't

## 23

 products.

In the case of the TVT they relied on tests that were inherently biased. They paid for the results and then they never verified the data underlying them.

In the case of the TVT-S they never
tested it in humans in a robust study before they put it on the market.

Ella Ebaugh is a casualty of their reckless conduct. So let's talk about the
type this. Look at the logo on the top left corner. "Ethicon's Women's Health and Urology. Show me the money." This is a presentation that was given in their marketing department in 2007. This is what Ethicon was concerned about when it marketed its TVT line of products, which includes the two that are at issue in this case.

They didn't concern themselves with things like patient safety, whether they were permanently injuring women like my client Ella Ebaugh. They didn't concern themselves with things like testing the paid for the results and then they never

12:09PM 25

Plaintiffs' Opening Statement

Plaintiffs' Opening Statement products and what they were created for.

This is a normal pelvic anatomy. You have three primary organs, which would be the bladder here, the uterus, which is connected to the vagina for sex and childbirth, and the rectum for feces.

At the bottom of the bladder is a four-centimeter tube called the urethra. The urethra is the tube that takes urine from the bladder outside of the body. The urethra needs to remain closed, kind of like my fist here, so that you don't drip urine. When you have to urinate, you use your pelvic muscles, you open it ever so slightly so the urine is expelled from the blood and then you use your muscles to close the urethra. That's the normal way things happen.

Women get older, men get older. We all do, but in women when you age and the muscles of the pelvis weaken from having kids, other stressors, weight gain, these pelvic muscles can weaken, and what happens is the urethra, that four-centimeter tube,
keep it as tight as it needs to be, so something happens called stress urinary incontinence.

I think a lot of you said you didn't know what that was earlier. All that is as a woman ages and her pelvic muscles weaken, when she coughs or sneezes or maybe does a couple jumping-jax couple drops come out. Not the whole content of the urine, just a drop here or drop there. Some women wear panty liners or maxi pads because they don't like that feeling in their underwear.

This is the TVT-Secur, the TVT-S. I'm going to open it up for you just so you get an idea of what it is. It's sold as a kit in the box. And in the kit comes
Instructions For Use, an IFU pamphlet, and then the product itself.

The product consists of a very short piece of mesh, only about eight centimeters long, and then it has this device, the

24 you use these tools. I measured them on my
Plaintiffs' Opening Statement metal attached to it called the arrowhead introducer, which is the means of inserting it into the space between the urethra and the vagina. So let me show you what that is.

This is called a single incision approach because what it involves is going in through the vagina inserting a speculum to open it or a clamp to open it like you would during a normal OB/GYN appointment and then making an incision into the vagina. This is an invasive procedure. It does involve cutting through the vagina and then placing the sling here just beneath the urethra to support it.

So as a woman ages, in theory this mesh is left in there to support the urethra. These arrowhead introducers are removed so all that's left is the mesh.

Now, I described it relatively simply, but you need to know just how invasive it is. It doesn't just involve the one cut into the vagina. You cut open the vagina and you use scissors to tunnel into the

27 think it's about 18 centimeters.

This device is also not implanted in noninvasive procedure. It is invasive. You have to cut into the vagina again and finger about eight centimeters. Insert

Plaintiffs' Opening Statement
tissue behind the vagina, between the vagina and the urethra. These arrowhead introducers are sharp so they can push aside the tissues that's there. It's an intrusive device that affects the way the tissues sit in the vagina. It's designed to be permanently implanted there so that the mesh should not be removed.

As I said earlier, the TVT-S was taken off the market in 2012. It's defective and you're going to hear all about how not only did it not work to relieve stress urinary incontinence in women, but it also created quite a few risks for them.

This is the TVT Retropubic Sling, often called the TVT. Again it comes as a kit. You get an Instructions for Use, and you get a much longer piece of tape. I

Plaintiffs' Opening Statement them through the vagina and then literally create a tunnel from the space behind the vagina all the way out to the abdominal wall on either side. And I used myself as a demonstration because they come out in the abdomen in approximately this area.

The surgeon then pulls to make the mesh taught around the urethra, cuts the extra mesh off here, and then uses surgical glue or sutures to close the incisions here as well as the incision that's made in the vagina. So this has -- this is more than one incision and it's what's known as a retropubic approach because it lies behind the pubic bone, the mesh. Again the mesh is meant to be permanently implanted. It's not designed to be able to be taken out of the body should complications arise, which they knew would.

Ella Ebaugh had a TVT-S implanted in May of 2007, didn't work and then her doctor put in a TVT. The recommended cure if one of their devices doesn't work, just put in a second one. And she developed, as

29

## Plaintiffs' Opening Statement

I said, a multitude of complications that have left her in very bad shape today.

So let's talk a little bit about what the issues are with the products. Both the TVT and TVT-S, and now I'm talking just about the mesh themselves, the blue stuff you see, are made of plastic. It's called Prolene. That's the pretty name they give to it, but it's plastic. It's made by weaving together sutures, polypropylene sutures, stitches, into a mesh form. So pores are the holes between the sutures, and the easiest way for me to show you this is with a basketball net.

If you picture the white here as polypropylene sutures woven into a mesh to form the neck, these spaces in between, those are what are called pores. Pore size is very important in implantable devices.
It matters because you need something that's called macroporous. You need to maintain big pores. Why? Because we all are human and we all have human tissue that grows. So in order to get these
integrated, we need the tissue to grow in and around the pore so the mesh is implanted safely.

In the case of microporous mesh where the pores are smaller, the tissue is going to grow over the pores and encapsulate them, and this is a process that's called scar plating or bridging fibrosis.
Fibrosis is a fancy word for scars. The scars bridge the pores and cover the mesh.

Ethicon knew that in its TVT line of products, including the two that we're talking about here, that the pores were too small and that they would collapse if any tension was put on them during the implant surgery.

The easiest way I can show you pore collapse is again with this net. If you tension it or pull on the mesh at all, the pores collapse and become smaller like this, but you need to tension those devices to get them under the urethra. You can't avoid collapsed pores which creates those scars. This is the first defect with the

31

## Plaintiffs' Opening Statement

 products.Ethicon had an offered a different mesh called Ultrapro in some of its other pelvic organ products. One of the meshes that it offered was called Ultrapro, which I said, and it was made half of polypropylene and half of something called Monocryl. I know that's a big word, but what you need to know is the Monocryl is absorbable. The body absorbs it. So after a few weeks the Monocryl disappears, the body's absorbed it. So you're left with half a mesh and the pore sizes are automatically bigger to avoid the scar plating and the bridging fibrosis.

Ethicon never offered that in any of its TVT line of products.

Ethicon also had a medium-sized pore mesh, Dynamesh, that's used in some of its other products. It also never tried to use it in its TVT line of products.

The second defect with the mesh is that it causes chronic inflammation. All surgical implants cause some level of

Plaintiffs' Opening Statement inflammation, you can't avoid it. You can't put foreign bodies into your own tissue. The problem with these devices is that the Prolene, the plastic, is not inert and the reaction, the inflammatory reaction won't fade over time like it would, say, if you had a metal rod in your leg.

That triggers a chronic foreign body response. It's identified by pathologists when they look at tissue under the slide. It's something called a giant cell reaction. If you have just one Prolene suture in your body, no big deal, just one suture. The TVT-S, this little thing here with this little piece of tape, they call it a mini sling sometimes, has 30 to 40 feet of polypropylene in it. That's a lot of plastic to put in a tissue surrounding your vagina just under your urethra. That chronic foreign body response is permanent and your body will never stop fighting it.

Scarring in the pelvic region around the urethra, around the vagina, is a big, big problem. Scar tissue, for anyone who 33
Plaintiffs' Opening Statement
has one knows this already, is dense. It's not as elastic as other human tissue. The organs in the human body, specifically the pelvis, specifically a woman's pelvis, need to be elastic. And this might be common sense, but when women have sex, a penis is inserted in the vagina, it needs to be able to expand. When women drink a lot of water, I drank a big one just before I got up, the bladder needs to be able to expand to accommodate and then get smaller.

If you've got scarring and scar plating and bridging fibrosis and a chronic inflammatory reaction, those organs can't be as elastic as they need to be. They can't expand when they need to. They can't shrink down when they need to. And that creates pain, chronic pain.

Now, a natural part of scar tissue formation is that scars themselves actually contract. When scars form around this Prolene mesh, it actually contracts with the mesh as much as $30 \%$, so it doesn't stay in the same form when you implant it in the

21 this, this is the inside of Ella's urethra.
22 And I know the clarity isn't great.
23 Perhaps you can see to the side there.
24 This blue stuff, that's mesh inside her
25 urethra all the way down to here. This

Like the mesh here, if we look at

## Plaintiffs' Opening Statement

It's when the mesh migrates out of place and makes its way into an organ where it's not supposed to be, like the urethra or the bladder. This is the fifth defect with the mesh. And you're going to hear that Ella Ebaugh has had three erosions with five perforations to her urethra.

Now, the holes that Ella had are very small. The urethra itself is only four centimeters. So it's about the size of a pen cap. It's a very small organ. Urethra -- I'm sorry, Ella has had three erosions, five perforations. That means the mesh has poked a hole in Ella's urethra five times. The perforations were small, probably only
12:23

Plaintiffs' Opening Statement picture was taken in 2012 by one of Ella's physicians.

The urethra is also not meant to have calcium deposits in it. You've probably heard of kidney stones and know how painful they can be. This was Ella's urethra. And perhaps I can just pull this over a bit. I think I've got a little cord on it. This is Ella's urethra in 2015.

Can the jurors in the back see? I'm sorry. Could you see?

A JUROR: Yes.
MS. BALDWIN: So that's the inside of Ella's urethra in 2015. You can't see as much blue there because now we've got -and I'll do it up here -- we've got calcium deposits inside of her little urethra that's four centimeters long covering the mesh that eroded into it. That's a big problem.

Now, the TVT-S is designed to stay in place with what are called felt tips, these little white pads you see here. These felt tips are actually just absorbable suture

37
Plaintiffs' Opening Statement
material which wouldn't go away. But what you're going to hear in just a few days is that the TVT-S, they don't work. So this thing doesn't stay in place as implanted and this little piece of mesh migrates all around and can get out of place and there's a greater risk of erosion and that happening with the TVT-S.

Now, this device here, the TVT-S, is also made of something called laser cut mesh. When they make the mesh, they form big sheets and have it cut into strips.
They use a laser. Something called LCM, laser cut mesh. You're going to hear that laser cut mesh is three times as rigid than the other way they cut the mesh, mechanical cut mesh, which means this little tiny piece of tape that's not held in place with those felt tips is three times as rigid than their other product, making it more likely it's going to erode into the urethra and you're going to have that.

For mesh erosion mesh removal surgery has to be done because it creates all sorts

18 This is where surgeons go in and they use
19 slings, but not mesh slings, not synthetic 20 substances. They can use animal tissues,
21 sometimes called a porcine graft. They can
of urinary dysfunction, but as I told you
on your way here there's no way to safely get it all out. Ella's doctor in 2012
tried really hard. He cut her open from
hip to hip and dissected all the tissue
around her bladder. And she had to have another mesh removal surgery in 2016. He couldn't get it all out. Nobody can get it all out.

It doesn't have to be this way. There are other ways to treat stress urinary incontinence. There are noninvasive options like Kegel exercises. I'm sure some of the women have heard of those where you just practice tensioning the muscles in your pelvic. They can give you a plastic device called Hef3 that you can insert and take out yourself if it becomes
problematic. You can use bulking agents that they can just inject in there to support the urethra.

If your stress urinary incontinence is really bothersome, there are other surgical options available long before Ethicon ever

39

2 put this stuff on the market. One of them is called the Burch procedure. The Burch procedure is invasive. It's a surgery. It involves making an incision in the lower pelvis and then using a few sutures to stitch up the vagina so your whole organs support that urethra. The big problem with it, it might not work. And if it doesn't work, no long-term problems. If those few sutures give you a problem, they can easily be taken out. You're not going to get this from a Burch procedure. You're not going to met a mangled urethra from a Burch procedure.

There's another surgery you can do.
12:26PM use cadaver tissue, which means a dead body that's been donated, or they can even harvest tissue from other parts of your body, from the inside of your thigh or

Plaintiffs' Opening Statement
10
0


25

Plaintiffs' Opening Statement
somewhere on your abdomen using a natural substance.

The big risk with the MMK, it's a big one, it might not work. And if it doesn't work, there's no problem. There's literally almost no long-term problems. You won't get this from an MMK procedure. It can't happen.

Despite these and the other options that were available, Johnson \& Johnson launched the TVT on the market in 1996. They bought the device for $\$ 24$ million, paid its inventors millions more after the sale. They paid the inventor himself to test the product for them and they conditioned the payment on the results of his study. They never bothered to verify the results to see if what he was reporting was true. Why? $\$ 24$ million was a good investment. By 2004 the TVT was worth $\$ 100$ million to the company. They had a $91 \%$ profit.

In the mid-2000s other medical device manufacturers started getting on the

Plaintiffs' Opening Statement market, started entry of the synthetic slings, that went into the obturator tape, a slightly different area. Johnson \& Johnson didn't want to lose its share of the market, so they put out an obturator tape. You'll hear a little about it, the TVT-O. They wanted to protect their share of that cash cow industry. Not my words, their words. You're going to see that that's what they call the stress urinary incontinence field.

Renee Selman, the president of Ethicon, was given presentations on how Ethicon was losing its market share and they had to come out with a new sling because they weren't first in the market with that obturator sling. So that's when they decided to come out with the TVT-S. It was created by Dan Smith, an engineer, not a doctor, and it was a single-incision sling, as I told you earlier.

The TVT-S was not effective, unreasonably dangerous, barely looked at in humans before it was launched on the
market, but they did it anyway. Why?
You're going to see company documents that they thought it was quote, priceless, to get it on the market before their competitors.

Now, you'll hear a lot in this case about the types of studies you can do on things. The most robust study you can do is called a Randomized Controlled Trial. I shortened it to RCT. RCT looks at two treatment methods to see which is better and how safe they are. Ethicon was paying doctors millions to support its products. These doctors they paid were called key opinion leaders. Ethicon had two key opinion leaders tell it do an RCT on the TVT-S before you put it on the market. They didn't do one. Why? There's why. Budget constraints. $\$ 72$ billion and they had budget constraints. So they couldn't test the product in humans before they put it on the market.

The rest of this slide is interesting, but we don't have time to go through it.

43

## Plaintiffs' Opening Statement

We'll do it later.
Instead of doing a RCT, they collected five weeks of data on 31 women. Now five weeks is a short time. Many women haven't even gone back to an active lifestyle after getting an implant. The results were never published. They didn't share them with the medical community. Why? Sixty percent complications at five weeks. Thirty percent of women it had failed within five weeks. They got this information just before they put it on the market and they launched it anyway.

For six years they got nothing but bad information about the product, didn't take it off the market. Some of the stuff you're going to see. In November of 2006 the top executive at Ethicon in Germany sent an e-mail to Axel Arnaud, U.S. medical director in the company, that literally said, let me get this right, "The more procedures," referring to the TVT-S implant, "The more problems."

You'll see internal Ethicon documents

Plaintiffs' Opening Statement referring to their TVT-S validation studies as a big steaming pile of dot dot dot.

You'll see the TVT-S referred to as a failed product.

You'll see the data for the TVT-S described as, quote, pretty awful.

You'll see Power Points describe the launch without one year results as a risky situation.

You'll see company employees saying the world was overdue for a status check on the TVT-S, including the good, the bad, and the ugly.

Ella just got up and I was going to say this later, but I'll say it now. She has to use the bathroom sometimes, so please forgive her if you see her get up.

Good, bad, and ugly, we'll get back to this. You'll see Ethicon employees refer to the TVT-S as dead and weak.

Now, when studies were done on their products, they had input on that as well. I don't have time to put all the documents up now, but let's just go through what they 45
Plaintiffs' Opening Statement
said when they got data about their products that they didn't like. I'm using their words again. One, they said, "How can we jazz it up?" Jazzing up scientific data.

Two, "How can we spin it?"
Three, "Let's probe the results."
Four, "Let's," quote, "tell doctors which complications they should report."

In 2007 one of their key opinion leaders, the people they made millions of dollars to support their products and teach other doctors how to use them, had very poor efficacy results with the TVT-S. He just couldn't get it to work. Ethicon employees discussed an internal e-mail whether they should review what patient report results to report and they weren't going to report all the complications, well, maybe they should just stop and not publish the data.

Now, a lot of what I just talked to you is going to be shown through deposition testimony. Bear with me. You're going to

Plaintiffs' Opening Statement have to watch it on a TV. I can't bring these Ethicon folks in here and I don't think they're going to bring anybody from Ethicon either. So please bear with me. Pay attention. It's just as important as though it's live witnesses. We took their depositions under oath. They swore to tell the truth, just as important.

Some other stuff you'll see. You'll see an internal e-mail from Dan Smith, the gentleman who created the TVT-S, full with information about the TVT-S. The first words of the e-mail, "Do not forward, please delete."

So what are they trying to hide? Well, the TVT-S was pulled from the market in Australia in 2006 by their medical director there due to concerns of efficacy. They continue to launch it in the U.S. and sell it here without ever sending letters to doctors that they had this huge problem in Australia.

One of their key opinion leaders, Professor Flam, told defendants very early

47

$$
\text { - } \because \cdot
$$ failure rates never got any better. The product is so dangerous, there's no fixing it.

By August of 2007 the key opinion leaders who told them to do the randomized controlled trials said we won't support the product. When they finally did a randomized controlled trial, and one was

## Plaintiffs' Opening Statement

on that the TVT-S had defects and that he wouldn't demonstrate it or promote it until they addressed those defects. They never changed the design.

Dr. Vincent Lucente is one of their key opinion leaders, he trained Ella's implanter, was paid over $\$ 2$ million by the company, has horrible failure rates with the device, $60 \%$ failure rates. In the words of the company they were very concerning. They never published this data.

The defendants knew doctors were struggling on how to put it in properly, so they came up with what's called cookbook. They circulated that to doctors. The
y circulated that to doctors. The

Plaintiffs' Opening Statement done called a Hota Study, it was stopped early because of lower success rates than anticipated, had a $50 \%$ failure rate and a $19 \%$ complication rate.

Most appalling of all of this, when a woman suffered a complication and her implant didn't work, the recommendation was put in another mesh, put in another implant right on top of the one you got. So you got two slings, twice the mesh, twice the scar plating, twice the inflammation, twice the risk of erosion, but Johnson \& Johnson gets twice the sales.

Now, there are plenty of surgeons who just won't use transvaginal mesh. They think it's dangerous, especially because there are other treatment options that are out there.

Now, in this courtroom you're going to hear Johnson \& Johnson in a few minutes get up here and say it's the gold standard, this product was the gold standard. Sure, among doctors that use mesh it is the gold standard. Why? One, it's a simple 49
Plaintiffs' Opening Statement procedure, it only take 20 minutes.

If you want to do a Burch or an MMK, you need to be a skilled surgeon. So Johnson \& Johnson found a way that OB/GYNs could not refer out their patients that needed surgeries, they can do it themselves. It's all about the money.

Dr. Douglass, Ella's implanter, said, "Yeah, I like the TVT, I like to do it in outpatient centers because that way I could put more products in in one day."

And Ethicon and Johnson \& Johnson also paid a lot of money promoting its products. They had an $\$ 800$ million prelaunch marketing budget for the TVT-S. It fought hard against naysayers with its money.

In addition to paying key opinion leaders and doing its marketing, they would sponsor industry events. AUGS is the American Urogynecologic Society, SUFU, Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction. In 2014 they issued a position statement in support of these kind of products
 midurethral slings.

You're going to hear from Charles Nager. He was the president of AUGS and a member of the task force that wrote this statement. He had a relationship with mesh manufacturers. He was paid by mesh manufacturers. In the notes from the first meeting of this task force where they wrote this statement, they said we want our members to use this position statement at legal proceedings, like this. Guess who can joined AUGS? Medical device manufacturers. Guess who was a member? Ethicon. Guess who is going to stand up and show you that AUG statement? Ethicon and Johnson \& Johnson.

You're going to hear Ethicon's lawyers say we didn't have to do an RCT, we could rely -- RCT on the TVT-S, that study I told you about, because we could rely on the data of the TVT, it had been on the market for a very long time. The TVT-S was, in Ethicon's own words, a revolution. It was a shorter mesh life. The felt tips were

51

24 surgically implanted materials. I knew you
could have urinary retention, bladder
different. The arrowhead introducer was different. It was laser cut mesh.

Their own internal people recognized they couldn't rely on the TVT data. And you're going to hear about how biased that TVT data is about them paying for the results and then never bothering to verify them.

You'll see Ethicon recognized the mistakes it made with the TVT-S. Their slide, not my words, Ethicon is guilty of two cardinal sins, a rush to market in the absence of sound data, TVT-Secur.

What they did was wrong. The bottom line is that TVT and TVT-S are defective. They didn't meet the expectations of Ella or her doctor. Dr. Douglass testified in deposition, again he's going to be on video, saying I love the TVT, I used it all the time, it was great. I knew there were risks. I knew there was a risk of erosion. There's a risk of erosion for all

Plaintiffs' Opening Statement

Plaintiffs' Opening Statement spasm, urgency, infection, bleeding, and it might not work. I told all that to Ella, no problem, show you the consent form. But he testified he thought the risks were exceedingly low, it almost never happened, and if those problems developed, that they'd be easily treatable. That's why he was putting it in women.

Now, he retired in 2011. He wasn't around long enough to follow up with all of his patients to know the true harm that it was doing to women like Ella Ebaugh. He had no idea that her urethra was mangled and all the urinary problems she had. He stopped practicing. He was not aware of and did not warn her of the serious nature, the frequency, severity, and permanency of the true risks. He couldn't tell her. She never knew about them because Ethicon didn't let it out.

Dr. Douglass testified he relied on his own training, his colleagues, and the literature that was out there in the field. But he never got any letters from Ethicon, 53
Plaintiffs' Opening Statement
which they could do, dear doctor letters saying, hey, we pulled it from the market in Australia; hey, we're seeing higher erosion rates in women; hey, you might want to be careful. Nothing. No communications from the company.

There were no long-term studies on the TVT-S when Ella had it implanted in May of 2007. When the defense lawyers get up here and they put up studies about problems with mesh to suggest that Ella should have known, look at what year they were published and what they were really studying. Were they studying the products at issue in this case? Was the information really available to Dr. Douglass? Did Ethicon have a say in jazzing up the data?

The risks of the TVT-S and TVT far outweighed the benefits. They're not minimal and they're not temporary. They're severe, frequent, and permanent.

Plaintiffs also have a negligent
design claim. Quite simply, a medical device manufacturer must act in a
reasonably careful manner to avoid injuring others. Ethicon and Johnson \& Johnson didn't do that. I'm really sure they're going to address almost none of this about their products or any of these internal documents. I'm probably the only one who is going to show them to you. They're going to focus on Ella and Ella's life.

Ella has had a tough life. She's had some problems. But we're not here because of her problems. We're here because of her mangled urethra and her permanent urinary dysfunction and her pain.

A little bit about Ella. And I'm just looking at the clock, so if you see me turn my head at all, don't think I'm ignoring you.

Ella is 51 years old. She's married to her husband Marvin since December of 2012. They live in, Manchester, which is just outside of York. She has four children from her first marriage, Jamie

Plaintiffs' Opening Statement
.

## Defense counsel speaks after me and

## 55

## Plaintiffs' Opening Statement

Joseph, Jennifer, and Jacob. Jacob is in
high school, still lives at home with them.
Marvin has two children from his first
marriage. His daughter Sarah lives at home with them. So there's a family of four in the house right now.

Ella is a proud, proud grandmother.
She has four grandchildren and a little
boy -- am I getting that right -- a little
boy grandchild on the way, so soon to be
five grandchildren. The things she enjoys
most in life is spending time with her
family. She babysits her grandchildren when she can.

Every Sunday her mom makes dinner and her whole family, all her siblings come. She's got nine siblings. Big family dinner every Sunday night, she tries to get there.

She used to be an avid athlete, played a lot of sports. She's had some hip issues. She can't do that anymore, but she likes to go to her son Jacob's baseball and football games.

She had a history of urinary problems.

Plaintiffs' Opening Statement She started getting urinary tract infections when she first started having sex. She's had them through the years. That's not why we're here.

Pre-implant she had urgency issues. When she felt like she had to go to the bathroom, she had to go quick. She would get up one to two times a night to go to the bathroom. That's called nocturia.

In 2005 she was diagnosed with urethral stenosis, a constriction of the urethra. Her doctor dilated it. No evidence it's ever been a problem after.

And she's also had stress urinary incontinence. Couple drops here and there after she had kids. Got worse as she was playing softball. She would be sliding into base and losing a lot more than a couple drop. Started wearing a maxi pad all the time. And that's why she went to see Dr. Douglass to talk about treatment options for it.

When she went to see Dr. Douglass in 2005 her primary complaint was having to 57

V
9 surgery right away.

In 2007 a new product was on the market, the TVT-S, and Dr. Douglass said let's do the new one. She agreed to have her implant May 31st, 2007. Two weeks after the implant Ella told her doctor it didn't work. July 12th, 2007, he puts in the TVT.

She had some urinary tract infections in '08, not unusual for her.

In 2009 she started to get more complaints of frequency, meaning she has to go to the bathroom more than normal. Another UTI, not unusual for her.

But in 2011 things got markedly worse. She started getting urgency much worse and nocturia frequency and a pain and a burning
region in her pelvis. She was sent to a urologist and he had to do a cystoscopy. urologist and he had to do a cystoscopy.
This is not a pleasant procedure. You take a tube with a camera and insert it into your urethra to look up into it. Dr. Shrine did it and he saw that mesh had eroded into her urethra. He didn't do mesh surgery, so he sent her to someone else, Dr. Mirsky.

Dr. Mirsky did another cystoscopy putting a camera into her urethra. He saw the mesh had eroded right through the urethra, and I'm quoting his words, it looked like the sling was a gate obstructing urethra.

Dr. Mirsky did a mesh removal June 14th, 2011, very simple mesh removal, the kind of thing she had been warned about. Another cystoscopy, snip the mesh out, left the sling in place to treat her SUI, her stress urinary incontinence. He did see that the mesh had perforated, though, poked holes in two places in her urethra, so he tried to fix those.

Plaintiffs' Opening Statement 59

Plaintiffs' Opening Statement 22 that perhaps it migrated when he did the 23 dissection, meaning cutting all the tissue away from the bladder.

He went in vaginally, made another
She got better. She thought things
were on the up and up, but then after a few
months the problems came back. He did another cystoscopy and saw more mesh in her urethra. The mesh had created what he called a large, almost false passage. He thought she might need all of the mesh taken out, so he sent her to see Dr. Chai at the University of Maryland.

Dr. Chai did another cystoscopy, saw the mesh. She had to have six of these cystoscopies since she got her mesh implanted, never had one prior. He saw the mesh in her urethra and on top of her bladder. So this, as I said, is a serious operation. He made an abdominal incision. He told Ella he was cutting her open from hip to hip. He dissected the tissue all the way around the bladder. He couldn't find the mesh on the bladder. He thinks

Plaintiffs' Opening Statement incision vaginally, sliced up into those tunnels that were cut for the TVT and the TVT-S, and got out as much of the mesh as he could.

The problems got a little better, but then they came back with a vengeance. Frequency, pain with urination, incontinence. A cystoscopy in August shows that there was still a little bit of a mesh on the one side. But he didn't want to take it out because of the risk of the procedure at this point. Ella was scared. She didn't really want to undergo another surgery.

But things kept getting worse. She started losing the full contents of her bladder with little provocation. She was in pain all the time. She was in pain when she had sex. She had trouble emptying her bladder at times, a condition known as urinary retention.

2015 she saw another doctor, Dr. Drolet. She did another cystoscopy, saw a mesh in the urethra and diagnosed Ella with

Plaintiffs' Opening Statement urgency and cystitis. Cystitis is an inflammation of the bladder.

Ella went to see another specialist, this time at Johns Hopkins, and he performed her third mesh removal surgery. This is in 2016. He removed the mesh as best as he could and tried to fix the urethra, but it's very, very scarred. You're going to hear it's mangled.

After the surgery the mesh was sent down to a pathology lab. They looked at it. They saw fibrous tissue, that's that scar tissue, and a giant cell reaction. Her body is still fighting the mesh.

Today Ella's urethra is mangled. It covers in scar tissue distally near the opening and in the middle. In one place the scar tissue has propped the urethra open like this, which is why she has almost no control.

She no longer has stress urinary incontinence. She has something now called Intrinsic Sphincter Deficiency. She's got uncontrolled spasms of the bladder.

Plaintiffs' Opening Statement
can't control the muscles down there. She wakes up in the middle of the night four to five times. She keeps a commode next to her bed so that she can hopefully make it in time. It's still possible for her to get a good night's sleep and a lot of nights she still can't make it in time and she ends up sleeping on wet towels because she's too tired to change all the sheets.

Her husband's got to live with all of this and try to get a good night's sleep as best he can. When she does feel the urge, she gets up quickly and tries to make it. That's often not good enough.

Everywhere she goes she's got a bag with spare clothes in it. She wears nighttime Poise pads everywhere she goes in the event she can't get there in time.

She's in pain, constant pain in her pelvis, pain with the bladder filling, pain with sex. The pain is so bad, she and her husband almost never are intimate with each other anymore.

She still goes to her son's baseball
63
Plaintiffs' Opening Statement
games, but she has to plan her route so she can sit near a bathroom. Otherwise she can't go.

Everything she does has limit. She's literally chained to a toilet, will be for the rest of her life, all because of these defective devices.

In a few minutes defense counsel is going to get up. They're going to say she didn't file a lawsuit on time.
Pennsylvania had two years from the date you knew or should have known your injury was caused by another's conduct. Dr. Douglass thought the risk of erosion was rare. He thought all the risks were rare. He thought the mesh was safe, and he's going to tell you that in his deposition; as are all of our other doctors, we thought the mesh was fine.

She had no idea everything I just told you about the problems with the mesh because Ethicon didn't warn anybody. Ethicon influenced the literature that was out there. Ethicon never sent letters out

Plaintiffs' Opening Statement to doctors. Ethicon never sent letters out to patients about all the things it knew.

Defendants are going to get up here and say Ella's problems were there before the mesh and now that the mesh has been removed, it can't be the mesh. Come on. Nothing else mangled her urethra other than the mesh. There's no evidence of her having a scarred mangled urethra that was propped open like a train tunnel until she got the mesh.

She had preexisting problems, I told you about it. They were minimal, so minimal she put off her surgery for almost two years before she decided to have one. But she did have some issues. They're not why we're here.

She has a life-altering injury. She loses the entire contents of her bladder with seconds' warning.

When they get up here and talk about warnings, think about all the things that Ella has that she wasn't warned about, chronic intrinsic sphincter deficiency,

Plaintiffs' Opening Statement urethral stones, calcium deposits in her urethra, permanent deformation of her urethra. By the way, her urethra is not straight anymore. It's kind of bent and crocked because of all the scar tissue too. She can't aim her urine and often will urinate on the wall behind her.

She's had urethral diverticulum, outpouchings of the urethra, and cystitis, an inflammation of her bladder. Three erosions, five perforations, all because of the mesh.

Their expert found something called levator muscle spasm. It's when the pelvic floor muscles spasm. She never had this before she got her mesh. She may have it now. Our expert couldn't find it in her. Levator muscle spasms comes from injury of the pelvis. Sure she's had injury. She's had five surgeries in her pelvis because of this mesh. She's had five perforations of her urethra, three erosions, and doctors literally dissecting the tissue around every organ in her vagina and her bladder
 trying to get the mesh out.

Interestingly, their expert -- we have to consent they're allowed to do a medical exam of Ella -- didn't even bother to do a cystoscopy to take a peek at her urethra. You can't find scarring of the problems that you're not looking for.

The defendant is going to say she has chronic pain, fibromyalgia. She never had that before and fibromyalgia does not cause pain specifically in one region of the body.

They're going to blame all the problems on everything else she's had. Ella's had a hip implant. It was recalled. She had to get a replacement hip. That hip implant was excruciating before she got it out. She testified previously it ruined her life. That pain has since gone away. She's rehabbed. She has pain in her hip and it runs down the front of her leg. That has nothing to do with the pain in her pelvis from the mesh. She can make accommodations for that.

67
Plaintiffs' Opening Statement

12:55PM 25

Plaintiffs' Opening Statement everyone else out of the line when you're waiting for a Porter-Potty.

She would really like her husband Marvin just to be able to drive her places. Right now she has to drive for fear that someone else won't pull over in time. She needs control because she's so scared she's going to lose the contents of her bladder in the car.

She goes to her mom's house on Sundays. It's fun, but it's also mortifying. Her mom went out and bought her a special chair that has a special pad that she can unzip and wash because everyone in her family, all of her nine siblings, know that Ella wets her chair almost every week.

She wants to live her life not having to wear adult diapers and looking for a bathroom. She's 51 years old. She wants to be normal, and she can't because of the TVT-S and the TVT.

Real quickly. I'm going to bring you two experts who are going to talk about the 69
Plaintiffs' Opening Statement problems. One, Bruce Rosenzweig from Chicago, urogynecologist. He used mesh for many years. Stopped using it. He was trained by Ethicon because he saw problems with his own patients. He's going to go through all those details. He'll tell you the risks are exceptionally high. His testimony is long. Bear with me. They're on video.

He went through all of those Ethicon documents. He spent a lot of time and he's going to show you all about them. They're not going to ask him one question about those company documents, about jazzing, or spinning up, or hiding the data.

I'll bring you Dr. Tom Margolis, he's from California, urogynecologist. He did a cystoscopy when he saw Ella. He saw her once, he gave me a call, he said I need to take a look at her urethra, we sent her back, he looked, it's mangled. He'll explain to you all the problems that she's got.

Defendants are going to cite to the

|  | 70 |  | 72 |
| :---: | :---: | :---: | :---: |
| 1 | Plaintiffs' Opening Statement | 1 | Plaintiffs' Opening Statement |
| 12:55PM 2 | physician statements and the literature. | 12:57PM | say. |
| 12:55PM 3 | Don't forget about bias. Don't forget | 12:57PM | At the end of the case I'm going to |
| 12:55PM 4 | about who is issuing these statements. | 12:57PM | ask you to make a monetary award to fairly |
| 12:55PM 5 | Don't forget about Johnson \& Johnson | 12:57PM | compensate Ella and Marvin for the injuries |
| 12:55PM 6 | spinning and jazzing and probing. | 12:57PM | they've suffered and I'm going to ask you |
| 12:55PM 7 | When they brag about the years of data | 12:57PM | to make an award for punitive damages, to |
| 12:55PM 8 | they have, think about where it's coming | 12:57PM | punish these companies for their reckless |
| 12:55PM 9 | from and whether it's reliable or whether | 12:57PM | conduct that permanently disabled my client |
| 12:55PM 10 | they should have verified the results. And | 12:57pm 10 | Ella Ebaugh. |
| 12:55PM 11 | ask yourself if they address any of this. | 12:57PM 11 | Thank you very much |
| 12:55PM 12 | As the evidence comes in, think of all | 12:57PM 12 | THE COURT: All right. Thank you, |
| 12:55PM 13 | of Johnson \& Johnson and Ethicon's | 12:57PM 13 | counsel. |
| 12:55PM 14 | motivation for everything they did with the | 12:577M 14 | Members of the jury, we're going to |
| M 15 | TVT and the TVT-S, their cash cow products, | 12:57PM 15 | take a lunch break. Please remember not to |
| 12:56PM 16 | their motivation for paying 24 million in | 12:588M 16 | discuss the case with anyone. We'll ask |
| 12:56PM 17 | the first place when there were other | 12:588M 17 | you to be back in the jury room at 2 |
| 12:56PM 18 | treatment options out there; their | 12:588M 18 | o'clock. |
| 12:56PM 19 | motivation for being a corporate member of | 19 | THE LAW CLERK: Please stand as the |
| 12:56PM 20 | AUGS; their motivation for paying key | 12:58PM 20 | jury exits the courtroom. |
| 12:56PM 21 | opinion leaders millions of dollars; their | 12:588M 21 | (Jury leaves courtroom) |
| 12:56PM 22 | motivation for launching a product on the | 12:58PM 22 | THE COURT: All right. We'll see |
| 12:56PM 23 | market having only tested it in 31 women | 12:588M 23 | everyone at 2:00. |
| 12:56PM 24 | for five weeks when they budgeted \$800 | 12:588M 24 | (Luncheon recess) |
| 12:56PM 25 | million for prelaunch marketing on that | 25 |  |
|  | 71 |  | 73 |
| 1 | Plaintiffs' Opening Statement | 1 |  |
| 12:56PM 2 | same product; their motivation for not | 2 | (Afternoon session reported by Sharon |
| 12:56PM 3 | using Ultrapro or even trying other | 3 | Ricci) |
| 12:56PM 4 | formulations for mesh and TVT line of | 4 |  |
| 5 | products -- if they tried a different | 5 |  |
| 6 | method, there would have to be more | 6 |  |
| 12:56PM 7 | tests -- the motivation for keeping this | 7 |  |
| 12:56PM 8 | thing on the market for six years when they | 8 |  |
| 12:568M 9 | knew it was a failed product in the face of | 9 |  |
| 12:568M 10 | horrific news about it; their motivation | 10 |  |
| 12:56PM 11 | for still selling that when this trial was | 11 |  |
| 12:568M 12 | going on; the motivation for encouraging | 12 |  |
| 12:56PM 13 | TVT implants when TVT-S fails. | 13 |  |
| 12:57PM 14 | I just want to say thank you all for | 14 |  |
| 12:57PM 15 | being here. I really do appreciate it. | 15 |  |
| 12:57PM 16 | It's a Friday on a hot August day. I know | 16 |  |
| 12:57PM 17 | you all probably want to be somewhere else. | 17 |  |
| 12:57PM 18 | I wish I wasn't working. But jury service | 18 |  |
| 12:57PM 19 | is extremely, extremely important. So | 19 |  |
| 12:57PM 20 | please pay attention to every detail, do | 20 |  |
| 12:57PM 21 | your best. | 21 |  |
| 12:57PM 22 | This case is very, very important to | 22 |  |
| 12:57PM 23 | Ella and her husband Marvin and I ask you | 23 |  |
| 12:57PM 24 | to be fair to them as well as the | 24 |  |
| 12:57PM 25 | defendants and listen to what they have to | 25 |  |


| 03:35PM |  | 74 |
| :---: | :---: | :---: |
|  | 1 |  |
|  | 2 | CERTIFICATE |
|  | 3 |  |
|  | 4 | I HEREBY CERTIFY THAT THE PROCEEDINGS |
|  | 5 | AND EVIDENCE ARE CONTAINED FULLY AND |
|  | 6 | ACCURATELY IN THE NOTES TAKEN BY ME ON THE |
|  | 7 | TRIAL OF THE ABOVE CAUSE, AND THIS COPY IS |
|  | 8 | A CORRECT TRANSCRIPT OF THE SAME. |
|  | 9 |  |
|  | 10 |  |
|  | 11 | MONIQUE VALTRI |
|  | 12 | OFFICIAL COURT REPORTER |
|  | 13 |  |
|  | 14 |  |
|  | 15 |  |
|  | 16 |  |
|  | 17 | (THE FOREGOING CERTIFICATION OF THIS |
|  | 18 | TRANSCRIPT DOES NOT APPLY TO ANY |
|  | 19 | REPRODUCTION OF THE SAME BY ANY MEANS |
|  | 20 | UNLESS UNDER THE DIRECT CONTROL AND/OR |
|  | 21 | SUPERVISION OF THE CERTIFYING REPORTER.) |
|  | 22 |  |
|  | 23 |  |
|  | 24 |  |
|  | 25 |  |




8:20, 9:2, 20:7, 54:5, 63:9, 72:13
County [1] - 2:21
couple [5]-20:22,
25:12, 56:16, 56:20 course [3]-9:6,
19:7, 19:23
Court [2] - 7:14, 20:5
COURT [19]-1:2,
3:2, 3:9, 3:12, 3:22,
4:5, 5:2, 5:18, 5:22,
5:24, 6:4, 6:6, 6:14,
6:19, 7:9, 20:9, 72:12,
72:22, 74:12
court [7]-4:10, 9:22,
17:20, 17:22, 17:25,
18:4, 18:25
courthouse [2] -
13:17, 19:9
Courtroom [1] - 1:13 courtroom [9]-6:17,
6:18, 7:24, 13:23,
17:18, 19:8, 48:20,
72:20, 72:21
courts [1] - 4:12
cover [1]-30:11
coverage [1] - 12:24
covering [1] - 36:19
covers [1] - 61:17
cow [2]-41:9, 70:15
create [1] - 28:3
created [5] - 24:2,
27:14, 41:20, 46:12,
59:6
creates [3]-30:24,
33:19, 37:25
credibility [5]-11:9,
11:10, 11:15, 16:13,
19:24
crocked [1] - 65:6
cross [10] - 3:17, 4:3,
4:4, 4:9, 4:18, 4:19,
4:24, 5:7, 8:21, 9:6 cross-examination
[6] - 4:4, 4:9, 4:18,
4:19, 4:24, 5:7
cross-examine [2] -
8:21, 9:6
cross-examined [1]
-4:3
cure [1] - 28:23
CURT [1]-2:11
cut [13]-26:23,
26:24, 27:23, 34:21,
37:11, 37:13, 37:15,
37:16, 37:17, 37:18,
38:5, 51:3, 60:3
cuts [1] - 28:9
cutting [3]-26:14,
59:18, 59:23
cystitis [3]-61:2, 65:10
cystoscopies [1] -
59:13
cystoscopy [9] -
58:3, 58:11, 58:20,
59:5, 59:11, 60:9,
60:24, 66:6, 69:19
D
damages [1] - 72:7
Dan [2]-41:20,
46:11
danger [1]-21:19
dangerous [5] -
21:17, 21:24, 41:24,
47:19, 48:17
DANIEL [1]-2:16
data [14]-23:20,
43:4, 44:6, 45:2, 45:6,
45:22, 47:13, 50:22,
51:5, 51:7, 51:14,
53:18, 69:16, 70:7
date [2]-4:11, 63:12
daughter [3]-55:5,
57:5, 57:7
days [2]-20:22, 37:3
dead [2]-39:22,
44:21
deal ${ }_{[2]}$ - 15:6, 32:14
dear [1]-53:2
December [1] -
54:22
decide [4]-9:16,
10:17, 11:4, 11:7
decided [2]-41:19,
64:16
decision [2]-9:19,
22:22
declare [1]-7:2
defect [4]-30:25,
31:23, 34:15, 35:5
defective [5]-20:25,
22:6, 27:11, 51:16,
63:8
defects [2] - 47:2, 47:4
defendant $[5]-7: 4$,
8:7, 9:3, 9:4, 66:9
defendant's [2] -
3:14, 8:7
Defendants [2]-1:9, 2:23
defendants [8] -
7:13, 20:23, 22:20, 46:25, 47:14, 64:4, 69:25, 71:25
defense [6]-8:20,

8:25, 9:7, 53:10, 54:5, 63:9 Deficiency [1] -
61:24
deficiency [1] -
64:25
deformation [1] -
65:3
delete [1]-46:15
deliberate [3]-9:16,
10:24, 12:10 deliberations [5] -
9:15, 12:7, 16:9,
17:12, 17:16
demeanor [1] - 16:12
demonstrate [1] -
47:3
demonstration [1] -
28:6
dense [1]-33:2
department [1] -
23:6
deposition [3] -
45:24, 51:19, 63:18
depositions [1] -
46:8
deposits [3]-36:5,
36:18, 65:2
describe [2] - 8:2,
44:8
described [2] -
26:21, 44:7
design [2]-47:5,
53:24
designed [3]-27:7,
28:18, 36:22
despite [1] - 40:10
destroyed [1] - 18:4
detail [2]-8:11,
71:20
details [1] - 69:7
determine [1] - 10:25
developed [2] -
28:25, 52:7
device [10]-25:25,
27:6, 27:21, 37:10,
38:18, 40:13, 40:24,
47:10, 50:13, 53:25
devices [6] - 21:13,
28:24, 29:20, 30:22,
32:4, 63:8
diagnosed [2] -
56:11, 60:25
diapers [1] - 68:20
different $[6]-15: 5$,
31:3, 41:4, 51:2, 51:3, 71:5
difficult [1] - 9:21
dilated [1] - 56:13
$\operatorname{dim}[1]-20: 13$
dimmed [1] - 20:10
dinner [2]-55:16,
55:18
DIRECT [1] - 74:20
direct [1] - 14:18
director [2] - 43:21,
46:19
disabled [1] - 72:9
disappears [1] -
31:12
discuss [5] - 3:3,
6:10, 12:12, 13:18,
72:16
discussed [1] -
45:17
display [2]-4:9,
4:17
disputed [1] - 12:5
disregard [1] - 14:19
dissected [2] - 38:6,
59:19
dissecting [1] -
65:24
dissection [1] -
59:23
distally [1] - 61:17
distracts [1] - 16:16
distributed [1] -
17:19
DISTRICT [1]-1:3
diverticulum [1] -
65:9
DIVISION ${ }_{[1]}-1: 4$
divorced [1] - 67:3
doctor [8]-28:23,
38:4, 41:21, 51:18,
53:2, 56:13, 57:14,
60:23
doctors [11]-42:14,
42:15, 45:9, 45:14,
46:22, 47:14, 47:17,
48:24, 63:19, 64:2,
65:23
documents [7] -
8:18, 42:3, 43:25,
44:24, 54:8, 69:12,
69:15
DOES [1] - 74:18
dollars [5]-22:17,
22:18, 22:22, 45:13,
70:21
donated [1] - 39:23
done [5]-6:9, 7:24,
37:25, 44:22, 48:2
dot [3] - 44:3
Douglass [8]-49:9,
51:18, 52:22, 53:17,
56:22, 56:24, 57:11,
63:15
down [7]-17:6,

33:18, 34:7, 35:25,
61:12, 62:2, 66:22
$\operatorname{Dr}[18]-4: 2,47: 6$,
49:9, 51:18, 52:22,
53:17, 56:22, 56:24,
57:11, 58:6, 58:10,
58:11, 58:17, 59:9,
59:11, 60:23, 63:14,
69:17
drank [1] - 33:10
drink [1] - 33:9
drip [1]-24:13
drive [2] - 68:5, 68:6
Drolet [1]-60:24
drop [3]-25:14,
56:20
drops [2]-25:12,
56:16
due [1] - 46:19
duration [1]-18:16
during [17] - 4:23,
8:3, 8:12, 10:9, 10:17,
13:11, 15:5, 15:11,
16:3, 16:8, 17:12,
17:16, 17:18, 19:7,
19:13, 26:11, 30:16
duties [1]-7:25
Dynamesh [1] -
31:20
dysfunction [2] -
38:2, 54:16

## E

e-mail [4] - 43:20,
45:17, 46:11, 46:14
early [2] - 46:25, 48:3
easiest [2]-29:14,
30:18
easily [2] - 39:11,
52:8
easy [1] - 17:6
Ebaugh [10]-21:6,
21:8, 21:11, 21:13,
23:14, 23:24, 28:21,
35:7, 52:13, 72:10
EBAUGH [1] - 1:6
Ebaugh's [1]-22:7
Edmunds [4] - 3:20,
4:25, 5:3, 5:6
effective [1] - 41:23
efficacy [2] - 45:15,
46:19
eight ${ }_{[2]}-25: 24$,
27:25
eighteen [1] - 22:16
either [3]-19:8,
28:5, 46:5
elastic [3]-33:3,

| $\begin{aligned} & \text { 33:6, 33:16 } \\ & \text { elements }[1]-11: 5 \\ & \text { elevator }[1]-13: 12 \\ & \text { ELIA }[1]-2: 4 \\ & \text { Ella [35]-21:6, 21:7, } \\ & \text { 21:8, 21:13, 22:7, } \\ & \text { 23:14, 23:24, 28:21, } \\ & 35: 6,35: 9,35: 13, \\ & 44: 15,51: 17,52: 3, \\ & \text { 52:13, 53:9, 53:12, } \\ & 54: 11,54: 12,54: 17, \\ & 54: 21,55: 8,57: 14 \text {, } \\ & \text { 59:18, } 60: 13,60: 25 \text {, } \\ & 61: 4,64: 24,66: 5, \\ & 67: 2,68: 17,69: 19, \\ & 71: 23,72: 5,72: 10 \\ & \text { ELLA }[1]-1: 6 \\ & \text { Ella's }[13]-35: 15, \end{aligned}$ | et $[2]-1: 6,1: 8$ <br> Ethicon [36] - 20:24, <br> 21:14, 21:21, 21:22, <br> 22:17, 23:7, 30:12, <br> 31:3, 31:17, 31:19, <br> 38:25, 41:14, 41:15, <br> 42:13, 42:16, 43:19, <br> 43:25, 44:20, 45:16, <br> 46:3, 46:5, 49:13, <br> 50:15, 50:16, 51:10, <br> 51:12, 52:20, 52:25, <br> 53:18, 54:3, 63:23, <br> 63:24, 63:25, 64:2, <br> 69:5, 69:11 <br> ETHICON ${ }^{11}$ - $1: 8$ <br> Ethicon's [4]-23:3, <br> 50:18, 50:24, 70:13 <br> evaluate [1] - 10:24 | ```51:17 expelled [1]-24:16 experiences [1] - 34:10 experiment [1] - 12:23 expert [3]-65:14, 65:18, 66:3 experts [3]-3:18, 5:13, 68:25 explain [2]-8:11, 69:23 explored [1] - 15:3 extra [1]-28:10 extremely [3]-10:8, 71:19``` | ```fibrosis [4] - 30:9, 30:10, 31:16, 33:14 fibrous [1] - 61:13 field [3] - 5:13, 41:12, 52:24 fifth [1] - 35:5 fight [1] - 67:5 fighting [2] - 32:22, 61:15 file [1] - 63:11 filling [1] - 62:21 final [1] - 9:12 finally [1] - 47:24 fine [1] - 63:20 finger [1] - 27:25 first [18] - 3:8, 5:15, 6:20, 8:2, 8:4, 8:9, 8:15, 16:2, 20:20,``` | ```four-centimeter [2] - 24:9, 24:25 four-hundred- eighteen [1] - 22:16 fourth [1] - 34:14 frequency [4]- 52:18, 57:20, 57:25, 60:8 frequent [1]-53:22 Friday [1] - 71:16 friends [1]-12:17 front [1] - 66:22 full [2] - 46:12, 60:17 FULLY [1] - 74:5 fully [1] - 15:3 fun [1]-68:12 future [1]-18:2``` |
| :---: | :---: | :---: | :---: | :---: |
| ```35:21, 36:2, 36:7, 36:10, 36:15, 38:4, 47:7, 49:9, 54:11, 61:16, 64:5, 66:16 employees [3] - 44:11, 44:20, 45:17 emptying [1] - 60:20 encapsulate [1] - 30:7 encouraging [1] - 71:12 end [3]-9:18, 10:23, 72:3 ends [1]-62:9 engineer [1] - 41:20 enjoy [1] - 34:9 enjoys [1]-55:12 enters [2]-6:17, 6:18 entire [2] - 20:19, 64:20 entirely [2]-5:7, 16:6 entitle [1] - 11:6 entitled [1] - 17:9 entry [1]-41:2 ERDOS [1] - 1:15 erode [1] - 37:22 eroded [3]-36:20, 58:8,58:13 erosion [8] - 34:25, 37:8, 37:24, 48:13, 51:22, 51:23, 53:5, 63:15 erosions [4]-35:7, 35:13, 65:12, 65:23 especially [1] - 48:17 ESQUIRE [9]-2:3, 2:4, 2:4, 2:5, 2:10, 2:11, 2:15, 2:16, 2:20 established [1] - 19:17``` | ```evaluation [1] - 19:23 event [2]-15:24, 62:19 events [1] - 49:20 everywhere [2] - 62:16, 62:18 EVIDENCE [1] - 74:5 evidence [29]-7:6, 8:14, 8:16, 9:2, 9:4, 9:8, 9:20, 10:24, 10:25, 11:10, 11:14, 11:17, 11:22, 12:2, 12:8, 14:2, 14:3, 14:5, 14:24, 15:22, 18:21, 19:15, 19:22, 19:23, 19:25, 20:5, 56:14, 64:9, 70:12 exam[1]-66:5 examination [6] - 4:4, 4:9, 4:18, 4:19, 4:24, 5:7 examine [2]-8:21, 9:6 examined [1]-4:3 exceedingly [1] - 52:6 exceptionally [1] - 69:8 exchanged [1] - 3:5 excruciating [1] - 66:18 executive [1] - 43:19 exercises [1] - 38:14 exhibit [2] - 3:6, 10:4 exhibits [1]-8:17 exits [1] - 72:20 expand [3]-33:9, 33:11, 33:17 expect [2] - 19:12, 20:4 expectations [1] -``` | $\begin{aligned} & \text { face }[1]-71: 9 \\ & \text { fact }[2]-14: 7,14: 9 \\ & \text { facts }[7]-10: 21, \\ & 10: 22,10: 25,11: 3, \\ & 11: 7,17: 2,19: 17 \\ & \text { fade }[1]-32: 7 \\ & \text { failed }[3]-43: 11, \\ & 44: 5,71: 9 \\ & \text { fails }[1]-71: 13 \\ & \text { failure }[4]-47: 9, \\ & 47: 10,47: 18,48: 4 \\ & \text { fair }[2]-7: 15,71: 24 \\ & \text { fairly }[2]-12: 13, \\ & 72: 4 \\ & \text { fairness }[1]-15: 4 \\ & \text { false }[1]-59: 7 \\ & \text { family }[7]-12: 16, \\ & 55: 6,55: 14,55: 17, \\ & 55: 18,67: 4,68: 16 \\ & \text { fancy }[1]-30: 10 \\ & \text { far }[2]-4: 11,53: 19 \\ & \text { fear }[1]-68: 6 \\ & \text { feces }[1]-24: 7 \\ & \text { feet }[2]-32: 18, \\ & 67: 19 \\ & \text { fellow }[2]-17: 8, \\ & 17: 13 \\ & \text { felt }[5]-36: 23, \\ & 36: 24,37: 20,50: 25, \\ & 56: 7 \\ & \text { Female }[1]-49: 22 \\ & \text { festival }[1]-67: 23 \\ & \text { festivals }[1]-67: 21 \\ & \text { few }[9]-27: 15, \\ & 31: 12,35: 17,37: 3, \\ & 39: 6,39: 10,48: 21, \\ & 59: 3,63: 9 \\ & \text { fibroid }[1]-67: 6 \\ & \text { fibromyalgia }[2]- \\ & 66: 10,66: 11 \end{aligned}$ | $\begin{aligned} & 30: 25,41: 17,46: 13, \\ & 50: 8,54: 25,55: 4, \\ & 56: 3,67: 3,70: 17 \\ & \text { FIRST }[1]-1: 3 \\ & \text { fist }[1]-24: 13 \\ & \text { fits }[1]-19: 22 \\ & \text { five }[13]-35: 7, \\ & 35: 14,35: 15,43: 4, \\ & 43: 10,43: 11,55: 12, \\ & 62: 4,65: 12,65: 21, \\ & 65: 22,70: 24 \\ & \text { fix }[2]-58: 25,61: 8 \\ & \text { fixing }[1]-47: 19 \\ & \text { Flam }[1]-46: 25 \\ & \text { floor }[1]-65: 16 \\ & \text { focus }[2]-54: 10, \\ & 57: 6 \\ & \text { folks }[1]-46: 3 \\ & \text { follow }[2]-10: 18, \\ & 52: 11 \\ & \text { football }[1]-55: 24 \\ & \text { force }[2]-50: 5,50: 9 \\ & \text { FOREGOING }[1]- \\ & 74: 17 \\ & \text { foreign }[3]-32: 3, \\ & 32: 9,32: 21 \\ & \text { forget }[3]-70: 3,70: 5 \\ & \text { forgive }[1]-44: 18 \\ & \text { form }[6]-29: 12, \\ & 29: 18,33: 22,33: 25, \\ & 37: 12,52: 4 \\ & \text { formation }[1]-33: 21 \\ & \text { forming }[1]-12: 5 \\ & \text { formulations }[1]- \\ & 71: 4 \\ & \text { forward }[1]-46: 14 \\ & \text { fought }[1]-49: 16 \\ & \text { four }[11]-22: 16, \\ & 24: 9,24: 25,35: 10, \\ & 35: 18,36: 19,45: 9, \\ & 54: 24,55: 6,55: 9, \\ & 62: 3 \end{aligned}$ | ```None gain [1]-24:23 GALLAGHER [1] - 2:10 games [2] - 55:24, 63:2 gate [1]-58:15 general [2]-8:3, 19:19 generally \({ }_{[1]}\) - 15:8 gentleman [1] - 46:12 Germany [1] - 43:19 giant [2]-32:12, 61:14 given [8]-9:25, 14:17, 14:18, 16:18, 18:24, 19:25, 23:5, 41:14 glue [1] - 28:11 gold [3]-48:22, 48:23, 48:24 graft [1] - 39:21 grandchild [1] - 55:11 grandchildren [3] - 55:9, 55:12, 55:14 grandmother [1] - 55:8 graphs [1]-8:18 great [2]-35:22, 51:21 greater [3]-8:11, 17:9, 37:8 greet [1] - 13:15 greeting [1] - 13:14 grow [2]-30:2, 30:7 grows [1]-29:25 guess [5]-14:7, 20:15, 50:12, 50:14, ``` |







| 21:7, 21:10, 50:15, | 19:22 | T | thinks [1] - 59:21 | $42: 12,48: 18,56: 22$ |
| :---: | :---: | :---: | :---: | :---: |
| Standard [3]-48:22, | substances [1] |  | [1]-43 | AL [2]-1:4, 74:7 |
| $\begin{aligned} & \text { 48:23, 48:25 } \\ & \text { start }[3]-18: 8, \end{aligned}$ | $\begin{aligned} & 39: 20 \\ & \text { substitute }{ }_{[1]}-16: 22 \end{aligned}$ | $\text { tape }[5]-27: 19 \text {, }$ | THIS [2] - 74:7, 74:17 <br> THOMAS [1] - 2:15 | $\begin{gathered} \text { trial }[17]-8: 4,8: 1 \\ 9: 18,10: 2,10: 18, \end{gathered}$ |
| $18: 14,21: 22$ | success [1] - 48:3 | $\begin{aligned} & 32: 16,37: 19,41: 3, \\ & 41: 7 \end{aligned}$ | three [8]-24:4, 35:7, | $10: 23,12: 4,12: 6$ |
| 41:2, 56:2, 56:3, | uffered [2] - 48:7 | task[2] - 50:5, 50:9 | $45: 8,65: 11,65: 23$ | 19:7, 19:13, 21:3, |
| 56:20, 57:19, 57:24, | 72: | taught [1]-28:9 | througho | 21:5, 47:25, 71:11 |
| $\begin{aligned} & \text { 60:17 } \\ & \text { starting }[1]-18: 10 \\ & \text { starts }[1]-25: 3 \\ & \text { statement }[13]- \end{aligned}$ | $\begin{aligned} & \text { SUFU }_{[1]}-49: 21 \\ & \text { suggest }[1]-53: 12 \\ & \text { suggests }_{[1]}-14: 9 \\ & \text { SUl }_{[1]}-58: 21 \end{aligned}$ | ```teach [1]-45:13 television [1] - 13:3 temporary [1] - 53:21``` | $\begin{aligned} & 12: 4,21: 3,21: 5 \\ & \text { tight }[1]-25: 5 \\ & \text { time-consuming }[1] \\ & -9: 22 \end{aligned}$ | Trial [1] - 42:10 trials [1] - 47:23 tribute [1] - 7:16 |
| 3:16, 3:19, 3:21, 4:13, | Suite [3]-2:12, 2:17, | don [1] - 67:9 | tiny [1] - 37:18 | 38:5, 58:25, 61:8, |
| $8: 5,8: 8,18: 21,19: 19$ | 2:21 | $\begin{aligned} & \text { tension [3] - 30:16, } \\ & 30: 20,30: 22 \end{aligned}$ | tips [4]-36:23, | 71:5 |
| $\begin{aligned} & 49: 24,50: 6,50: 10, \\ & 50: 11,50: 16 \\ & \text { statements [9] - } \end{aligned}$ | summer [1] - 10:9 <br> Summers [1]-2:16 | tensioning [1] - 38:16 | $\begin{gathered} 36: 25,37: 20,50: 25 \\ \text { tired }[1]-62: 10 \end{gathered}$ | $\begin{aligned} & \text { tries [2] - 55:19, } \\ & \text { 62:14 } \\ & \text { triggers [1] - } 32 \end{aligned}$ |
| 13:25, 16:4, 18:19, | 55: | term [4]-34:25, | $29: 24,30: 2,30: 6$ | trouble [2]-20:12, |
| 19:11, 19:13, 19:14, | Sundays [1] - 68:12 | 39:10, 40:7, 53:8 | 32:4, 32:11, 32:19, | 60:20 |
| status [1]-44:12 | $\underset{74: 21}{\text { SUPERVISION }}{ }_{\text {[1] }}$ | $\text { test }[3]-8: 22,40: 16,$ | $\begin{aligned} & 32: 25,33: 3,33: 20 \\ & 34: 20,38: 6,39: 22, \end{aligned}$ | $\begin{gathered} \text { true }[6]-7: 5,14: 7, \\ 14: 10,40: 20,52: 12, \end{gathered}$ |
| $\text { stay }[4]-25: 2,33: 24$ $36: 22,37: 5$ | supplement ${ }^{[1]}$ - | $\begin{aligned} & \text { 42:22 } \\ & \text { tested }[2]-23 \end{aligned}$ | 39:24, 59:19, 59:23, | $\begin{aligned} & 52: 19 \\ & \text { truly }[1]-7: 3 \end{aligned}$ |
| steaming [1] - 44:3 <br> stenosis [1]-56:12 | $\begin{gathered} \text { support [8]-26:16, } \\ 26: 18,38: 22,39: 8, \end{gathered}$ | $\begin{aligned} & \text { 70:23 } \\ & \text { testified }[5]-5: 12, \end{aligned}$ | $\begin{gathered} 61: 19,65: 6,65: 24 \\ \text { tissues }[3]-27: 5, \end{gathered}$ | truth [1]-46:9 <br> truthfulness [3] - |
| $\begin{aligned} & \text { stepkids }[1]-67: 5 \\ & \text { still }[8]-22: 5,55: 3, \end{aligned}$ | $\begin{aligned} & 42: 14,45: 13,47: 23, \\ & 49: 25 \end{aligned}$ | $\begin{aligned} & 51: 18,52: 5,52: 22, \\ & 66: 19 \end{aligned}$ | $\begin{aligned} & \text { 27:7, 39:20 } \\ & \text { TO [1] - 74:18 } \end{aligned}$ | $\begin{gathered} 8: 22,11: 11,11: 23 \\ \text { try }[4]-7: 3,12: 20, \end{gathered}$ |
| 60:10, 61:15, 62:6, | posed [3] | testifies [2] - 11:20 | today [3]-18:18 | 15:9, 62:12 |
| $\begin{gathered} \text { 62:8, } 62: 25,71: 11 \\ \text { stitch }[1]-39: 7 \end{gathered}$ | 34:23, 34:24, 35:4 surgeon [2] - 28:8 | $\begin{aligned} & \text { 16:2 } \\ & \text { testify }[4]-3: 23, \end{aligned}$ | $\begin{aligned} & \text { 29:3, 61:16 } \\ & \text { together }[2]-29: 11, \end{aligned}$ | $\begin{aligned} & \text { trying }[3]-46: 16, \\ & 66: 2,71: 3 \end{aligned}$ |
| stitches [1]-29:12 <br> stones [2]-36:6, | $49: 4$ <br> surgeons [2]-39:18, | $\begin{aligned} & 3: 24,8: 17,9: 5 \\ & \text { testimony }[14]- \end{aligned}$ | $\begin{aligned} & \text { 67:16 } \\ & \text { toilet }[1]-63: 6 \end{aligned}$ | $\begin{gathered} \text { tube }[4]-24: 9 \\ 24: 10,24: 25,58: 5 \end{gathered}$ |
| $\begin{aligned} & 65: 2 \\ & \text { stop [2] - 32:22, } \end{aligned}$ | $\begin{aligned} & \text { 48:15 } \\ & \text { surgeries [2] - 49:7 } \end{aligned}$ | $\begin{aligned} & 5: 10,5: 15,5: 16,8: 23, \\ & 9: 23,9: 25,11: 9, \end{aligned}$ | Tom [1] - 69:17 <br> tomorrow [1]-6:15 | $\begin{aligned} & \text { tunnel }[3]-26: 25, \\ & 28: 3,64: 11 \end{aligned}$ |
| $\begin{aligned} & \text { 45:21 } \\ & \text { stopped }[3]-48: 2, \end{aligned}$ | $65: 21$ surgery [12] - 30:17, | $\begin{aligned} & \text { 11:14, 11:16, 11:21, } \\ & 11: 24,16: 20,45: 25 \end{aligned}$ | $\begin{aligned} & \text { took }[1]-46: 7 \\ & \text { tools }[1]-27: 24 \end{aligned}$ | $\begin{aligned} & \text { tunnels }[1]-60: 3 \\ & \text { turn }[2]-10: 11, \end{aligned}$ |
| $\begin{aligned} & \text { 52:16, } 69: 4 \\ & \text { straight }[1]-65: 5 \\ & \text { Street }[3]-2: 5,2: 11, \end{aligned}$ | 37:24, 38:8, 39:4, 39:16, 57:4, 57:9, 58:9, 60:15, 61:6, | $\begin{aligned} & \text { 69:9 } \\ & \text { testing }[1]-23: 15 \\ & \text { tests }[2]-23: 18, \end{aligned}$ | $\begin{aligned} & \text { top }[4]-23: 2,43: 19 \\ & 48: 10,59: 15 \\ & \text { tough }[1]-54: 12 \end{aligned}$ | $\begin{aligned} & 54: 18 \\ & \text { TV }_{[1]}-46: 2 \\ & \text { TVT }[72]-21: 2,21: 3, \end{aligned}$ |
| $\begin{aligned} & \text { 2:16 } \\ & \text { stress }[9]-25: 6, \end{aligned}$ | $\begin{aligned} & \text { 61:11, } 64: 15 \\ & \text { surgical }[3]-28: 10 \end{aligned}$ | $\begin{aligned} & \text { 71:7 } \\ & \text { texts }[1]-4: 10 \end{aligned}$ | towels [1] - 62:9 <br> TRACIE [1]-2:4 | $\begin{aligned} & 21: 4,21: 5,22: 4,22: 5, \\ & 23: 8,23: 17,23: 21, \end{aligned}$ |
| 27:13, 38:12, 38:23, | $31: 25,38: 24$ | THAT [1] - 74:4 | $\operatorname{tract}[2]-56: 2,57: 17$ | $25: 17,27: 10,27: 16$ |
| 41:11, 56:15, 57:7, | surgically [1] - 51:24 | THE [33]-1:2, 3:2, $3: 9,3: 12,3: 22,4: 5$ | $\operatorname{train}[1]-64: 11$ | $\begin{aligned} & \text { 27:17, 28:21, 28:23, } \\ & \text { 29:6, 30:12, 31:18, } \end{aligned}$ |
| 58:22, 61:22 <br> stressors [1]-24:23 | $\begin{aligned} & \text { surrounding [1] - } \\ & 32: 19 \end{aligned}$ | $\begin{aligned} & 3: 9,3: 12,3: 22,4: 5 \\ & 5: 2,5: 18,5: 22,5: 24, \end{aligned}$ | $\begin{aligned} & \text { trained }[2]-47: 7 \text {, } \\ & 69: 5 \end{aligned}$ | $\begin{aligned} & \text { 29:6, 30:12, 31:18, } \\ & 31: 22,32: 15,34: 16, \end{aligned}$ |
| strips [1] - $37: 13$ struggling [1] - | sustain [1]-14:15 <br> suture [3]-32:14, | $\begin{aligned} & 6: 4,6: 6,6: 14,6: 16, \\ & 6: 19,6: 23,7: 7,7: 8, \end{aligned}$ | training ${ }_{[1]}-52: 23$ <br> TRANSCRIPT [2] - | $\begin{aligned} & 36: 22,37: 4,37: 9 \\ & 37: 10,40: 12,40: 21 \end{aligned}$ |
| $47: 15$ | $32: 15,36: 25$ | $\begin{aligned} & 7: 9,20: 9,20: 17, \\ & 72: 12,72: 19,72: 22, \end{aligned}$ | $74: 8,74: 18$ | $\begin{aligned} & 41: 8,41: 19,41: 23 \\ & 42: 18,43: 23,44: 2 \end{aligned}$ |
| 44:2, 44:22, 53:8, | $29: 11,29: 12,29$ | 74:4, 74:6, 74:7, 74:8, |  | 44:4, 44:6, 44:13, |
| $53: 11$ | 29:17, 39:6, 39:11 | 74:17, 74:19, 74:20, | $3: 16,48: 16$ | $44: 21,45: 15,46: 12$ |
| $\begin{array}{r} \text { study }[4]-23: 22, \\ 40 \cdot 18 \quad 40 \cdot 9 \quad 50 \cdot 20 \end{array}$ | swear [1] - 6:25 <br> swore [1]-46:8 | 74:21 <br> themselves [5] - | $\begin{aligned} & \text { treat }[2]-38: 12, \\ & 58 \cdot \cdot 1 \end{aligned}$ | $\begin{aligned} & \text { 46:13, 46:17, 47:2, } \\ & \text { 49:10, 49:16, 50:20, } \end{aligned}$ |
| 40.18, ${ }^{\text {Study }[1] ~-48: 2 ~}$ | sworn [1] - 6:21 | 23:11, 23:15, 29:7, | treatable [1] - 52:8 | 50:22, 50:23, 51:5, |
| studying [2]-53:15 <br> stuff [6]-29:7 | sympathy [1] - 11:25 | $\begin{aligned} & \text { 33:21, 49:8 } \\ & \text { theory [1] - 26:17 } \end{aligned}$ | treated [1]-16:21 | $\begin{aligned} & \text { 51:7, 51:11, 51:14, } \\ & 51: 16,51: 20,53: 9, \end{aligned}$ |
| $35: 24,39: 2,43: 17$ | synthetic [2]-39:19, 41:2 | therefore [1]-9:24 | treatise [2]-4:14, | 53:19, 57:3, 57:11, |
| $\begin{aligned} & \text { 46:10, 67:2 } \\ & \text { subject }[2]-5: 10, \end{aligned}$ |  | $\begin{aligned} & \text { they've }[1]-72: 6 \\ & \text { thigh }[1]-39: 25 \end{aligned}$ | ```treatises [1] - 4:10 treatment [4]-``` | $\begin{aligned} & 57: 16,60: 3,60: 4, \\ & 68: 23,70: 15,71: 4, \end{aligned}$ |



