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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM MARION COUNTY
The Honorable R. Ferrell Cothran, Jr.
The Honorable H. Steven DeBerry, IV

Appellate Case No. 2025-000434
Case No. 2022-CP-33-0362

Demetrice Utley, Individually and as Personal Representative of the
Estate of Taylor Danielle Price, ... Respondent,

v.

McLeod Physician Associates II and Charles A. Trant, M.D., ... Appellants.

RECORD ON APPEAL - VOLUME II
(pp. 375-800)

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INDEX

Volume I

Order Approving Wrongful Death Settlement, filed September 18, 2024	1
Order Denying Defendants’ Motion for Change of Venue, filed September 19, 2024	4
Order on Post-Trial Motions, filed February 3, 2025	14
Order on Post-Trial Motions, filed February 5, 2025	38
Order Denying Motion to Alter or Amend, filed March 3, 2025	63
Order Granting Interim Stay of Execution of Judgments Pending Appeal and Requiring Supersedeas Bonds, filed March 7, 2025.....	65
Complaint, with attachment, filed July 13, 2022	69
Affidavit of Expert Witness in Medical Malpractice Case	89
Answer to Complaint by Defendants Charles A. Trant, M.D. and McLeod Physician Associates II, filed August 24, 2022	100
Offer of Judgment to Defendant McLeod Physician Associates II, filed November 15, 2022	115
Motion for Change of Venue filed September 9, 2024.....	118
Amended Motion for Change of Venue, filed September 9, 2024	120
Memorandum of Law in Support of Motion to Change Venue, filed September 9, 2024	122
Plaintiff’s Opposition to Defendants’ Motion to Change Venue, filed September 9, 2024, with exhibits A-F	126
Exhibit A: Evidence of McLeod Physician Associate II’s Operations and Activities in Marion County	135
Exhibit B: Judge Addy Order Denying Motion to Change Venue	139
Exhibit C: Judge Buckner Order Denying Motion to Change Venue	144

Exhibit D: Judge Hood Order Denying Motion to Change Venue (<i>Barker Case</i>)	150
Exhibit E: Judge Van Slambrook Order Denying Motion to Change Venue	157
Exhibit F: Judge Hood Order Denying Motion to Change Venue (<i>Spurlock Case</i>)	167
Stipulation of Dismissal as to Defendant Marion County School District, filed September 25, 2024	173
Plaintiff's Post-Trial Motion for Confirmation of Two Occurrences, with exhibit, filed November 15, 2024	174
Exhibit A: Signed Verdict Form	178
Plaintiff's Motion for Award of Offer of Judgment Interest, with exhibits A-C, filed November 15, 2024	181
Exhibit A: Plaintiff's Offer of Judgment filed November 15, 2022	188
Exhibit B: Interest Calculation to November 15, 2024.....	192
Exhibit C: Per Diem Interest Calculation	194
Defendants' Motion for JNOV or, in the Alternative, for a New Trial Absolute or, in the Alternative, for Reduction of Verdicts and Supporting Memorandum of Law, with Exhibits 1-9, filed November 18, 2024	196
Exhibit #1: Jury Verdict Form	226
Exhibit #2: Medical Clearance dated July 16, 2019	229
Exhibit #3: Order to Transfer Venue	231
Exhibit #4: § 21-1 Gross Negligence - Defined, Anderson, S.C. Requests to Charge - Civil, 21-1	236
Exhibit #5: Defendants' Alternate Requests to Charge on Gross Negligence	237
Exhibit #6: Defendants' Request to Charge #10.....	241
Exhibit #7: Defendants' Requested Charge No. 22-1	242
Exhibit #8: Transcript of Closing Argument, p. 6:3-5 and p. 16:4-10.....	245

Exhibit #9: Transcript of Closing Argument, pp. 26:22-27:7.....	248
Defendant’s Memorandum in Opposition to Plaintiff’s Motion for Award of Offer of Judgment Interest, filed November 21, 2024	251
Defendant’s Memorandum in Opposition to Plaintiff’s Post-Trial Motion for Confirmation of Two Occurrences, filed November 22, 2024	258
Order Granting Motion for Remittitur (<i>Larson v SCDC</i>)	266
Plaintiff’s Opposition to Defendants’ Motions for Judgment notwithstanding the Verdict, or in the Alternative, For a New Trial, filed November 22, 2024, with Exhibits 4 and 5	275
Exhibit #4: Excerpt of Attorney Will Davidson’s 10.10.2020 Motion Hearing Regarding Occurrences	302
Exhibit #5: Signed Verdict Form.....	305
Notice of Motion and Motion for Stay of Execution of Judgments, filed February 13, 2025	308
Notice of Motion and Motion to Alter or Amend Order and/or Motion to Reconsider, with attached letter, filed February 13, 2025	312
Lindemann Law Firm, P.A. Letter of January 22, 2025 to the Honorable R. Ferrell Cothran, Jr.	316
Plaintiff’s Response to Defendants’ Motion to Stay Execution of Judgment, with attached Exhibit A, filed March 4, 2025	321
Exhibit A: Summons and Complaint in the matter of <i>Trant v. MagMutual Insurance Company, et al.</i>	328

Volume II

September 9-10, 2024 Transcript.....	375
November 4-8, 2024 Trial Transcript	452
Voir Dire	458
Motions	460
Opening by Mr. Powell.....	469

Opening by Mr. Aiken	485
Demetrice Utley	493
Direct Examination by Mr. Richardson	493
Cross-Examination by Mr. Aiken	629
Redirect Examination by Mr. Richardson	657
Dr. Ellen Riemer	663
Direct Examination by Mr. Richardson	663
Cross-Examination by Mr. Aiken	696
Redirect Examination by Mr. Richardson	699
Christina Stewart.....	700
Direct Examination by Mr. Powell	700
Cross-Examination by Mr. Aiken	713
Redirect Examination by Mr. Powell.....	715
Dr. Anthony Chang.....	719
Direct Examination by Mr. Lesemann.....	719
Cross-Examination by Mr. Aiken	772
Redirect Examination by Mr. Lesemann	795

Volume III

Emerson Hunt	801
Direct Examination by Mr. Richardson	801
Motions for Directed Verdict.....	850
Dr. Claudius Shuler.....	890
Direct Examination by Mr. Aiken	890

Cross-Examination by Mr. Lesemann	925
Redirect Examination by Mr. Aiken	968
Dr. Nicole Cain	971
Direct Examination by Mr. Aiken	971
Cross-Examination by Mr. Lesemann	1007
Redirect Examination by Mr. Aiken	1039
Dr. Charles A. Trant	1043
Direct Examination by Mr. Aiken	1043
Cross-Examination by Mr. Powell	1077
Redirect Examination by Mr. Aiken	1134
Renewed Motions for Directed Verdict	1148
Closing by Mr. Richardson	1151
Closing by Mr. Aiken	1177

Volume IV

Rebuttal Closing by Mr. Powell	1187
Charge of the Jury	1192
Verdict	1213
Plaintiff's Trial Exhibit #2	1218
Plaintiff's Trial Exhibit #3	1231
Plaintiff's Trial Exhibit #4	1332
Plaintiff's Trial Exhibit #5	1350
Plaintiff's Trial Exhibit #6	1354
Plaintiff's Trial Exhibit #10	1359

Plaintiff's Trial Exhibit #12.....	1361
Plaintiff's Trial Exhibit #13.....	1364
Plaintiff's Trial Exhibit #20.....	1365
Plaintiff's Trial Exhibit #26.....	1369
Court's Exhibit #1	1376
November 25, 2024 Post-Trial Motions Hearing Transcript.....	1377
Defendants' Proposed Order to Transfer Venue.....	1481
Email from Plaintiff's counsel to Judge Cothran dated January 27, 2025 and attached Submission of Revised Final Order and Response to Objections of Defense Counsel	1485
Lesemann & Associates, LLC Letter of January 27, 2025 to Judge Cothran.....	1487
Revised Proposed Final Order on Post Trial Motions	1492
Notice of Appeal	1516
Certificate of Counsel	
Certificate of Compliance	

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS

COUNTY OF MARION)

2024-GS-33-00362

DEMETRICE UTLEY, INDIVIDUALLY)
AND AS PERSONAL)
REPRESENTATIVE OF THE)
ESTATE OF TAYLOR DANIELLE)
PRICE,)

Plaintiff,)

vs.)

September 9-10, 2024

McLeod Physician Associates)
II, Charles A. Trant, MD,)
Marion County School District,)

Defendants.)

B E F O R E:

Honorable H.S. DeBerry, IV
Marion County Courthouse
Marion, South Carolina

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Circuit Court Reporter

1	<u>I N D E X</u>	
2	<u>SEPTEMBER 9, 2024 - DAY ONE</u>	<u>Pg.</u>
3	Voir Dire	3
4	Jury Selection	29
5	By the Court	31
6	Motions	37
7	By the Court	40
8	Motions	44
9	<u>SEPTEMBER 10, 2024 - DAY TWO</u>	
10	By the Court	55
11	Motions	57
12	By the Court	71
13	WRONGFUL DEATH SETTLEMENT	
14	Demetric Utley	
15	By the Court	72
16	By the Court	75
17	Certificate of Court Reporter	77

18	<u>E X H I B I T S</u>		
19			
20	<u>No.</u>	<u>ID</u>	<u>EV</u>

21

22 (No exhibits were marked or admitted.)

23

24

25

1 SEPTEMBER 9, 2024

2 ON THE RECORD - 11:13 A.M.

3 VOIR DIRE:

4 THE COURT: All right. Ladies and gentlemen, thank you
5 again for your patience. At this time, I'm gonna let you know
6 that the trial that is scheduled to be tried this week, here
7 in the County of Marion, is Demetrice Utley, individually and
8 as personal representative of the Estate of Taylor Danielle
9 Price versus McLeod Physician Associates, II, Dr. Charles A.
10 Trant, and Marion County School District.

11 Now, I'll remind you that you're under oath, and there's
12 gonna be certain questions that are gonna be more directed
13 towards the trial of this case that we need you to answer.
14 And along the same lines, please just stand. If you need to
15 respond to any of these questions, let us know your name, your
16 jury number, and then your response. And if there's anything
17 that you need to come to bench for, then certainly just let us
18 know that. Okay?

19 All right. So, the very first question is is there any
20 member of the jury panel who knows about or has any member of
21 the jury panel heard anything about an incident at Mullins
22 High School, which occurred on December 17th, 2021, when
23 Taylor Price, who was 16 years old, collapsed outside the gym
24 and later died? Does anybody know about that?

25 Ma'am, your name and number?

1 JUROR 231: Lytia Rush, 231.

2 THE COURT: All right. Ms. Rush, the fact that you know
3 about that situation, would that affect your ability to be
4 fair and impartial if you were selected to serve on this jury?

5 JUROR 231: No.

6 THE COURT: Thank you, ma'am. I appreciate it.

7 All right. Ma'am, your name and number?

8 JUROR 126: Cathy Hayes, 126.

9 THE COURT: All right. And you heard about that?

10 JUROR 126: That it happened.

11 THE COURT: All right, ma'am. I'm sorry?

12 JUROR 126: Just that it happened.

13 THE COURT: Yes, ma'am. And that being the case, would
14 that affect your ability to be fair and impartial if you are
15 selected to serve on this jury?

16 JUROR 126: No.

17 THE COURT: Thank you, ma'am.

18 All right. At this time, I'm going to recognize the
19 plaintiff's attorneys to introduce themselves, their law
20 firms, and also their clients. Please pay close attention.

21 Mr. Powell?

22 MR. POWELL: I am Taylor Powell. I work for a law firm
23 called Lesemann & Associates. We've got an office in
24 Charleston, and an office in Aynor. And here with me is Ellis
25 Lesemann from our same law firm. And we've also got Brad

1 Richardson, who has his own law firm called The Law Offices of
2 Brad Richardson here in Marion, Conway, and ---

3 MR. RICHARDSON: And a new office in Myrtle Beach.

4 MR. POWELL: And Ms. Utley, the plaintiff.

5 Thank you.

6 MR. RICHARDSON: Demetrice Utley.

7 THE COURT: All right. Ladies and gentlemen, is there
8 any member of the jury panel who knows, who has a close
9 personal relationship with, or who has ever been represented
10 by Mr. Powell, his law firm, or Mr. Richardson or his law
11 firm? If that's the case, please let us know.

12 JUROR 178: I know Mr. Richardson.

13 THE COURT: All right, sir. And your name and number?

14 JUROR 178: Henry McGill. I don't know the number.

15 THE COURT: Okay, Mr. McGill. Hang on one second.

16 THE COURT REPORTER: 178 -- no, 177.

17 THE COURT: 177, okay.

18 Mr. McGill, the fact that you know Mr. Richardson, if you
19 were selected to serve on the trial of this case as a juror,
20 would that prevent you from being fair and impartial?

21 MR. MCGILL: No.

22 THE COURT: All right. Thank you, sir.

23 Ma'am, your name and number?

24 JUROR 288: Ginger Williams, and I'm not sure of my
25 number.

1 THE CLERK: 288.

2 THE COURT: All right. Ms. Williams, 288.

3 JUROR 288: I know Brad Richardson.

4 THE COURT: All right. Ms. Williams, that being the
5 case, would that affect your ability to be fair and impartial
6 if you are selected to serve on this jury?

7 JUROR 288: No, sir.

8 THE COURT: Thank you, ma'am.

9 All right. Is there any member of the jury panel who
10 knows Ms. Utley, either close personal friends, any sort of
11 business relationship, or maybe even related by blood or
12 marriage? If that's the case, please let us know.

13 Ma'am, your name and number again. I'm sorry.

14 JUROR 231: Lytia Rush, 231.

15 THE COURT: All right. And the fact that you know Ms.
16 Utley, would that affect your ability to be fair and impartial
17 if you're selected to serve on this jury?

18 JUROR 231: No. And she's a relative of my husband, but
19 it won't affect it.

20 THE COURT: All right. Thank you, ma'am.

21 All right. At this time, I'm gonna recognize Mr. Aiken.

22 Please introduce yourself, your law firms and your
23 associates.

24 MR. AIKEN: Thank you, Your Honor. I'm Boone Aiken. I'm
25 a lawyer from Florence. And I'm here in court today with one

1 of my partners, Joe McLean. We have a list so I won't forget
2 anybody. I practice law with Sandy Bridges, Glen Elliott,
3 Matt Tyler, Jay Saleeby, David Banner, Buddy Arthur, Jay Lee,
4 Preston Dawkins, Rufus Bratton, I just mentioned Joe McLean,
5 Luke Coates, and Parker Brown.

6 THE COURT: All right. All right. Well, let me first
7 ask the jury panel, is there any member of the jury panel who
8 knows, has a close personal relationship, or who has ever been
9 represented by Mr. Aiken or his law firm? If that's the case,
10 please let us know.

11 UNIDENTIFIED JUROR: I just want to be clear, Jake, with
12 ---

13 THE CLERK: Oh, Mr. Kennedy; we'll get to him.

14 THE COURT: Yes, sir.

15 UNIDENTIFIED JUROR: When you say know, that's like --
16 like I know who this person is?

17 THE COURT: Yes, sir.

18 JUROR 177: I know who Jay Saleeby is.

19 THE COURT: Okay. The fact that you know Mr. Saleeby,
20 would that affect your ability to be fair and impartial if you
21 are selected to serve on this jury?

22 JUROR 177: No.

23 THE COURT: All right. Let me have your name again, I'm
24 sorry.

25 JUROR 177: Oh, I'm Henry McGill.

1 THE COURT: All right. Ms. McGill. Thank you.

2 All right. That's 177?

3 THE COURT REPORTER: Yes, sir.

4 THE COURT: All right. Mr. Aiken? Or who would like to
5 go next? Ms. Goodwyn?

6 MS. GOODWIN: Good morning. My name is Tierney Goodwyn.
7 I am a partner with the law firm of Boykin & Davis in
8 Columbia, South Carolina. I practice with senior partner,
9 Charles J. Boykin; partner, Kenneth A. Davis; Timothy Boykin;
10 and Ms. Amoni Lee Moore (spelled phonetically); and Charles
11 Durant.

12 THE COURT: Mr. Kennedy?

13 MR. KENNEDY: Good morning, my name is Jake Kennedy, and
14 I practice law here in Marion, and I am here with the Boone
15 Aiken and Mr. McLean today.

16 THE COURT: All right. Anybody else that we need to ---

17 MR. AIKEN: If I may introduce some more people on our
18 team?

19 THE COURT: Sure.

20 MR. AIKEN: This is Christie Henderson. Christie is a
21 lawyer from McLeod Health. She is here with us this week. My
22 a paralegal for over 20 years, Alicia Arnold. Alicia is in
23 court with me this week. And we represent Dr. Charles Trant,
24 right next to me. Dr. Trant is a pediatric cardiologist. He
25 retired in May of 2019 after 30 years of service.

1 Oh, I'm sorry. Patrick McLaughlin is here. Patrick is
2 personal counsel for Dr. Trant. He is a lawyer from Florence
3 with the Wukela Law Firm.

4 THE COURT: Ms. Goodwyn?

5 MS. GOODWYN: I apologize. I represent Marion County
6 School District.

7 THE COURT: Thank you.

8 MR. AIKEN: Thank you, Your Honor.

9 THE COURT: Ladies and gentlemen, again, is there any
10 member of the jury panel who knows, has a close personal
11 relationship, or a business relationship, or who has ever been
12 represented by any of the attorneys that appear here on behalf
13 of the defendants? If that's the case, please let us know.

14 Yes, ma'am?

15 JUROR 288: My name is Ginger Williams, again, and I do
16 business, and I also know Attorney Jakob Kennedy.

17 THE COURT: Okay. Ms. Williams -- let's see, that's
18 what? 288?

19 All right. Would that fact affect your ability to be
20 fair and impartial if you were selected to serve on this jury?

21 JUROR 288: No, sir.

22 THE COURT: All right. Thank you, ma'am.

23 All right, sir. Your name and number?

24 JUROR 246: Matthew Small, I'm not sure what my number
25 is.

1 THE COURT: Okay. Number 246. What's the situation?

2 JUROR 246: I have a relationship/friendship with Jake
3 Kennedy.

4 THE COURT: All right, sir. That being the case, would
5 that affect your ability to be fair and impartial if you are
6 selected to serve on this jury?

7 JUROR 246: No, sir.

8 THE COURT: Thank you, sir.

9 All right, ma'am; I'm sorry.

10 JUROR 198: Sophia Panos, Juror 198. Mr. Jake Kennedy
11 represented me in a home closing.

12 THE COURT: Okay. And that being the case, would that
13 affect your ability to be fair and impartial if you're
14 selected to serve on this jury?

15 JUROR 198: No, sir.

16 THE COURT: Thank you, ma'am.

17 All right. Has there been any member of the jury panel
18 who has ever been or who knows, has a close personal
19 relationship, business relationship or who has ever been the
20 patient of Dr. Charles A. Trant? If that's the case, please
21 let us know.

22 All right, ma'am, Ms. Panos?

23 JUROR 198: I was a patient, I believe, in 2017.

24 THE COURT: All right. Would that affect your ability to
25 be fair and impartial if you're selected to serve on this

1 jury?

2 JUROR 198: No, sir.

3 THE COURT: Thank you, ma'am. Appreciate it.

4 That's Juror 198.

5 All right. Ladies and gentlemen, if you would, please
6 pay close attention. The following is a list of potential
7 witnesses who may testify in this trial. I'm gonna read the
8 list of names, and then I'll have some questions for you.

9 Okay?

10 So, first is Demetrice Utley; then we have Thuy Tran,
11 Christina Stewart, Dr. Anthony Chang, Dr. Melissa Burroughs,
12 Dr. Charles Trant, Dr. Nicole Cain, Dr. Claudius Shuler, Dr.
13 Ellen Riemer, maybe Riemer ---

14 MR. POWELL: It's Riemer.

15 THE COURT: --- Linda Rosa Scott, Emerson Hunt. And Mr.
16 Emerson Hunt is also associated with Emerson's Barber Shop,
17 Woods Bonding Company, Extreme Medical Transport, and also
18 maybe with James Wood and the funeral home. Now, is there any
19 member of the jury panel who knows, who is close personal
20 friends with, or who does any -- has any sort of a business
21 relationship, or who has ever been treated by any of these
22 potential witnesses and -- of those witnesses who are the
23 doctors? If that's the case, please let us know.

24 All right, sir. Your name and number?

25 JUROR 294: 294, Albert Woodberry.

1 THE COURT: All right. Mr. Woodberry, what's the
2 situation?

3 JUROR 294: I know Mr. Hunt.

4 THE COURT: All right, sir. The fact that you know Mr.
5 Hunt, would that affect your ability to be fair and impartial
6 if you are selected to serve on this jury?

7 JUROR 294: No.

8 THE COURT: Thank you, sir.

9 All right. Mr. McNeil?

10 JUROR 177: Henry McGill.

11 THE COURT: McGill; I'm sorry.

12 JUROR 177: I don't know what my number either?

13 THE COURT: 177.

14 JUROR 177: I know Mr. Hunt.

15 THE COURT: All right, sir. The fact that you know Mr.
16 Hunt, would that affect your ability to be fair and impartial
17 if you are selected to serve on this jury?

18 JUROR 177: No.

19 THE COURT: Thank you, sir.

20 All right, sir?

21 JUROR 262: John Taylor. I forgot my number. I do know
22 Mr. Hunt, though.

23 THE COURT: All right, sir. Tell me your last name
24 again.

25 JUROR 262: Taylor.

1 THE CLERK: 262.

2 THE COURT: Number 262. Mr. Taylor, the fact that you
3 know Mr. Hunt, would that affect your ability to be fair and
4 impartial if you are selected to serve on this jury?

5 JUROR 262: No, sir.

6 THE COURT: Thank you, sir.

7 Sir, your name and number?

8 JUROR 109: 109, Darryl Gillard.

9 THE COURT: All right. What's the situation, sir?

10 JUROR 109: Mr. Hunt used to cut my hair when I was
11 younger.

12 THE COURT: All right, sir. That being the case, would
13 that affect your ability to be fair and impartial if you are
14 selected to serve on this jury?

15 JUROR 109: No, sir.

16 THE COURT: Thank you, sir.

17 All right. Is there any member of the jury panel or
18 members of your immediate family that have ever worked for a
19 lawyer or a law firm or that may currently work in a law firm
20 or for a lawyer? If that's the case, please let us know.

21 (REPORTER'S NOTE: No response.)

22 THE COURT: All right. Is there any member of the jury
23 panel who has ever been in the military or active in ROTC in
24 school? If that's the case, please let us know.

25 JUROR 262: Your Honor, Johnny Taylor, 262. I was

1 retired from the United States Army.

2 THE COURT: Retired from the Army?

3 JUROR 262: Yes, sir.

4 THE COURT: All right. Thank you, sir. Let me ask you,
5 would that affect your ability to be fair and impartial if you
6 were selected to serve on this jury?

7 JUROR 262: No, sir.

8 THE COURT: Thank you, sir. I appreciate it
9 Sir, your name and number?

10 JUROR 246: Matthew Small, 246. I was in the Army years
11 for 20years.

12 THE COURT: Would that affect your ability to be fair and
13 impartial if you are selected to serve on this jury?

14 JUROR 246: No, sir.

15 THE COURT: Thank you, sir.

16 All right. Ma'am, your name and number?

17 JUROR 123: Bernadette Harrison, Marion High ROTC.

18 THE COURT: All right. Ms. Harrison?

19 THE CLERK: 123.

20 THE COURT: Number 123. Would that affect your ability
21 to be fair and impartial if you are selected to serve on this
22 jury?

23 JUROR 123: No, sir.

24 THE COURT: All right. Thank you, ma'am.

25 JUROR 126: Cathy Hayes, 126.

1 THE COURT: All right.

2 JUROR 126: ROTC.

3 THE COURT: ROTC? All right, Ms. Hayes. Who was that
4 affiliated with? Was that at a ---

5 JUROR 126: High School?

6 THE COURT: Yes, ma'am.

7 JUROR 126: Latta High School.

8 THE COURT: Latta High School?

9 JUROR 126: (Indicates affirmatively.)

10 THE COURT: Okay. Would that affect your ability to be
11 fair and impartial if you are selected to serve on this jury?

12 JUROR 126: No, it would not.

13 THE COURT: Thank you, ma'am.

14 All right. Has there been ever any member of the jury
15 panel or members of your immediate family work for a
16 physician, doctor, a hospital, nursing home or health care
17 organization? If that's the case, please let us know.

18 Sir, your name and number?

19 JUROR 186: Raymond Morley, 186.

20 THE COURT: All right.

21 JUROR 186: My wife worked for a physician 15 years ago.

22 THE COURT: All right, sir. That being the case, would
23 affect your ability to be fair and impartial if you're
24 selected to serve on this jury?

25 JUROR 186: No, sir.

1 THE COURT: Thank you, sir. I appreciate it.

2 I'm sorry. Ma'am, your name and number?

3 JUROR 3: Jessica Adams, Juror 3. I work at a nursing
4 home.

5 THE COURT: Work where?

6 JUROR 3: At a nursing home.

7 THE COURT: Okay. Ma'am, that being the case, would that
8 affect your ability to be fair and impartial if you are
9 selected to serve on this jury?

10 JUROR 3: No.

11 THE COURT: Thank you, ma'am.

12 All right. Is there any member of the jury panel or
13 member of your immediate family ever been employed by McLeod
14 Regional Medical Center of the Pee Dee, or McLeod Physician
15 Associates? If that's the case, please let us know.

16 Okay. Ma'am, your name and number?

17 JUROR 139: Barbara Jackson, 139. My husband retired
18 from McLeod about 14 years ago.

19 THE COURT: All right, ma'am. That being the case, would
20 that affect your ability to be fair and impartial?

21 JUROR 139: No, sir.

22 THE COURT: Thank you, ma'am.

23 JUROR 3: Jessica Adams, Jury Number 3. I used to work
24 at McLeod in Florence.

25 THE COURT: All right, ma'am. That being the case, would

1 that affect your ability to be fair and impartial?

2 JUROR 3: No, sir.

3 THE COURT: Thank you, ma'am.

4 Sir, your name and number?

5 JUROR 278: Brian Weeks, 278. My daughter is a CNA.

6 THE COURT: For McLeod?

7 JUROR 278: Yes.

8 THE COURT: All right. And that being the case, would
9 that affect your ability to be fair and impartial if you are
10 selected to serve on this jury?

11 JUROR 278: No.

12 THE COURT: Thank you, sir.

13 All right. Is there any member of the jury panel or
14 member of your immediate family ever been the subject of what
15 you believe to have been professional malpractice, medical
16 malpractice, medical error, or medical negligence? If that's
17 the case, please let us know.

18 JUROR 218: Sir, could you repeat the question?

19 THE COURT: Yes, ma'am. Is there any member of the jury
20 panel or a member of your immediate family that's ever been
21 the subject of what you believe to have been professional
22 malpractice, medical malpractice, medical error, or medical
23 negligence?

24 Ma'am, your name and number?

25 JUROR 218: Krystal Ransom, Juror Number 218.

1 THE COURT: What was your situation?

2 JUROR 218: I was in a head-on collision a few years ago,
3 treated at McLeod, and ---

4 THE COURT: All right. I tell you what. If you'll just
5 -- if you'll approach the bench; I'd appreciate it. Thank
6 you.

7 (REPORTER'S NOTE: Bench conference is held on the record in
8 the presence but outside the hearing of the jury.)

9 THE COURT: Hang on one second while we get these lawyers
10 up here.

11 MR. POWELL: What was that juror number again?

12 JUROR 218: My name is Krystal Ransome, my jury number is
13 218.

14 THE COURT: All right. And what was the situation?

15 JUROR 218: And I was in head-on collision two years ago,
16 being treated at McLeod Hospital, and McLeod Orthopedics up
17 under McLeod Physician Associates, and I'm in a situation
18 where I'm dealing with a delay of care from McLeod
19 Orthopedics.

20 THE COURT: That being the situation, do you believe that
21 would affect your ability to be fair and impartial?

22 JUROR 218: Yes.

23 THE COURT: Okay. We're gonna excuse you from the trial
24 of this case, but I'm gonna ask if you'll just remain with us
25 during this process, and then you can take off. Okay?

1 JUROR 218: Okay.

2 THE COURT: Thank you so much.

3 JUROR 218: Uh-huh, (affirmative response).

4 (REPORTER'S NOTE: End of bench conference.)

5 THE COURT: All right, ladies and gentlemen, is there any
6 member of the jury panel or a member of your family ever had
7 any experience with a arrhythmogenic right ventricular
8 dysplasia, or ARVD, or ever lost a family member to ARVD? If
9 that's the case, please let us know.

10 (REPORTER'S NOTE: No response.)

11 THE COURT: All right. Is there any member of the jury
12 panel or a close member of your family ever suffered from a
13 heart condition? I know that's a broad question, but if
14 that's the case, please let us know.

15 Ma'am, your name and number?

16 JUROR 15: Lynn Black. I'm not sure what my number is.

17 THE COURT: Number 15. All right. Would that fact
18 affect your ability to be fair and impartial if you are
19 selected to serve on this jury?

20 JUROR 15: No.

21 THE COURT: Thank you, ma'am.

22 Sir, your name and number?

23 JUROR 186: 186, Raymond Morley. My father and
24 grandmother and grandfather all had heart conditions.

25 THE COURT: All right, sir. And that being the case,

1 would that affect your ability to be fair and impartial if you
2 are selected on this jury?

3 JUROR 186: No, sir.

4 THE COURT: Thank you, sir.

5 Ma'am, your name and number again?

6 JUROR 126: Cathy Hayes, 126.

7 THE COURT: All right.

8 JUROR 126: My mom had a heart condition.

9 THE COURT: Who was it?

10 JUROR 126: My mother.

11 THE COURT: Okay. That being the case, would that affect
12 your ability to be fair and impartial?

13 JUROR 126: It would not.

14 THE COURT: Thank you, ma'am.

15 And, sir, your name and number again?

16 JUROR 246: Matthew Small, 246. My father and mother-in-
17 law all had heart conditions.

18 THE COURT: All right, sir. Would that affect your
19 ability to be fair and impartial?

20 JUROR 246: No, sir.

21 THE COURT: All right. Thank you.

22 And, ma'am, your name and number?

23 JUROR 193: Derhonda Nobles, 193. I have grandparents
24 that passed away from heart problems.

25 THE COURT: All right. With that being the case, would

1 that affect your ability to be fair and impartial?

2 JUROR 193: No, sir.

3 THE COURT: All right. Thank you.

4 And I appreciate everybody's patients. We'll get through
5 this, I promise, but I want you to know that, when we ask for
6 your name and number, we have a court reporter and all of this
7 has to be on the record for all sorts of different legal
8 reasons, and so that's the reason why we need to know who we
9 are hearing from and what I'm asking about. Okay?

10 Thank you so much.

11 All right. Is there any member of the jury panel or
12 member of your immediate family ever filed a claim for any
13 type of professional, medical negligence against a hospital, a
14 doctor, a nurse, a nursing home, or physical therapist or any
15 other type of healthcare provider? If that's the case, please
16 let us know.

17 Ma'am, your name and number?

18 JUROR 121: 121, Angela Harps.

19 THE COURT: All right. And what was the situation?

20 JUROR 121: Neglect.

21 THE COURT: Okay. That being the case, would that affect
22 your ability to be fair and impartial if you are selected to
23 serve on this jury?

24 JUROR 121: No.

25 THE COURT: Thank you, ma'am.

1 Is there any member of the jury panel or member of your
2 close family or immediate family ever suffered from what they
3 considered to be a personal injury caused by another person?
4 If that's the case, please let us know.

5 Okay. Your name and number?

6 JUROR 121: 121, Angela Harps.

7 THE COURT: All right. Was it the same situation?

8 JUROR 121: Same situation.

9 THE COURT: Okay. And again, would that affect your
10 ability to be fair and impartial if you are selected to serve
11 on this jury?

12 JUROR 121: No.

13 THE COURT: Thank you, ma'am.

14 All right. Has any member of the jury panel or a member
15 of your immediate family ever been a plaintiff or a defendant
16 in a lawsuit? And if that's the case, please let us know.

17 That's okay. It's Ms. Harps?

18 JUROR 121: Yes.

19 THE COURT: All right. And a plaintiff or defendant?

20 JUROR 121: She was the plaintiff.

21 THE COURT: And it's a close family member?

22 JUROR 121: Yes.

23 THE COURT: Okay, ma'am. Would that affect your ability
24 to be fair and impartial if you are selected to serve on this
25 jury?

1 JUROR 121: No.

2 THE COURT: Thank you, ma'am.

3 Sir, you're Mr. McGill?

4 JUROR 177: McGill. Did you say a lawsuit, you mean like
5 a courthouse like this or like magistrate?

6 THE COURT: Well, we'll -- it could be either place.

7 JUROR 177: Okay. I did have a magistrate small claim
8 suit a few years ago.

9 THE COURT: All right, sir. Were you the plaintiff or
10 the defendant?

11 JUROR 177: I was ---

12 THE COURT: Did you bring the action?

13 JUROR 177: I was the plaintiff.

14 THE COURT: Okay. Okay.

15 JUROR 177: I, I, but I don't ---

16 THE COURT: I understand. Would that fact affect your
17 ability to be fair and impartial if you are selected to serve
18 on this jury?

19 JUROR 177: Thank you, sir. Appreciate it.

20 Sir, your name and number?

21 JUROR 189: Timothy Nardi, 189.

22 THE COURT: All right.

23 JUROR 189: My father was a defendant in car wreck.

24 THE COURT: Okay. The fact that that was the case, would
25 that affect your ability to be fair and impartial if you are

1 selected to serve on this jury?

2 JUROR 189: No, sir.

3 THE COURT: Thank you, sir.

4 Is there any member of the jury panel who has a close
5 personal relationship or business relationship of any kind
6 with the Marion County Corner Jerry Richardson? If that's the
7 case, please let us know.

8 Mr. McGill?

9 JUROR 177: When you say close personal relationship --
10 well, I have a close personal relationship with him.

11 THE COURT: All right, sir. And the fact that you have a
12 close personal relationship with Mr. Richardson, does that
13 affect your ability to be fair and impartial if you are
14 selected to serve on this jury?

15 JUROR 177: No.

16 THE COURT: Thank you, sir. I appreciate it.

17 All right. Is there any member of the jury panel or
18 member of your immediate family ever had any contact, personal
19 relationship, business relationship with the following
20 individuals who are relatives of Taylor Price: Her father
21 Derrick Price; her siblings, Serenity Hunt, DaShonti Price,
22 Elisha Hunt, Bryston Hunt, Darius Hunt, Christavian Hunt,
23 Emery'Ana Hunt, and Brody Hunt; her grandparents, Harold and
24 Annie Utley; and her aunts and uncles and others, Antoinette
25 Utley, McArthur and Harelda Tompkins; Denetrius and Irena

1 Castro, Alexis Utley, Harold Utley, Sharolyn Utley, Antoine
2 Utley, Lamont Price, Derrie Price, Tom Coooper. Is there
3 anybody that knows or has any personal relationship or
4 business relationship with any of those individuals?

5 Ma'am, your name and number again?

6 JUROR 231: Lytia Rush, Number 231.

7 THE COURT: All right, ma'am. And who is it?

8 JUROR 231: My husband's relatives.

9 THE COURT: Okay. And the fact that that's the case,
10 would that affect your ability to be fair and impartial?

11 JUROR 231: No, sir.

12 THE COURT: Thank you, ma'am.

13 All right. The same question, is there any member of the
14 jury panel or members of your immediate family who have had
15 any contact with or personal relationship with or business
16 relationship, friends, close friends with Taylor Price:
17 Cameon Bethea; Patrick Ford, Jr.; Patrick Ford's parents,
18 Patrick Ford, Sr. and Michelle Carter; Nyonce Hayes; Nicola
19 Hayes; Johnelle Sindab; Angela Sindab. If that's the case,
20 please let us know.

21 (REPORTER'S NOTE: No response.)

22 THE COURT: All right. Is there any member of the jury
23 panel that, if you are chosen to serve as a juror in this
24 case, would not accept the law as given by the court in this
25 case and apply the facts as you find them to the laws given to

1 you? If anybody believes they would have a problem doing
2 that, please let us know at this time.

3 (REPORTER'S NOTE: No response.)

4 THE COURT: All right. Is there any member of the jury
5 panel at this time formed or expressed any opinion about the
6 issues or the trial of this case? If that's the case, at this
7 time if you have formed any opinion about anything about this
8 case, please let us know.

9 (REPORTER'S NOTE: No response.)

10 THE COURT: All right. Is there any member of the jury
11 panel who is aware of any bias or prejudice toward either the
12 plaintiff or the defendants in this case? If that's the case,
13 please let us know.

14 (REPORTER'S NOTE: No response.)

15 THE COURT: All right. Is there any member of the jury
16 panel who knows for any reason whatsoever why he or she could
17 not be fair and impartial if you are selected to serve on this
18 case? Then please let us know at this time.

19 (REPORTER'S NOTE: No response.)

20 THE COURT: All right. Is there any additional voir dire
21 for either side?

22 MR. POWELL: Not from the plaintiff, Your Honor.

23 MR. MCLEAN: No, Your Honor, none from Dr. Trant and MPA.

24 MS. GOODWYN: None from the district, Your Honor.

25 THE COURT: Okay. All right, ladies and gentlemen. At

1 this time, the attorneys need about 45 minutes to make their
2 decisions on the selection of the jury.

3 Now what time will it be? I cannot see that clock.

4 MR. POWELL: It's 11:45 right now, Your Honor.

5 THE COURT: All right. So, I'm gonna ask the jury to
6 show me their hands. We're gonna take a vote. If you'd like
7 to come back at 12:30 and decide whether or not you get chosen
8 to serve on this jury, or if you'd like to come back at 1:30,
9 we can go ahead and have a lunch break, and then we could
10 continue the business at that time.

11 Show of hands for 12:30.

12 I think that's gonna take the cake. So, we're gonna come
13 back at 12:30, and we'll decide at that point in time whether
14 or not or you'll understand at that point in time whether or
15 not you get selected to serve on this jury.

16 Please understand, you don't know anything about this
17 case. You shouldn't be talking to each other about this case.
18 Don't do any research whatsoever about this case. Everything
19 that you decide about this case will be heard in this
20 courtroom during this trial. Okay? So, please just
21 understand it would be improper for you to do any kind of
22 independent research or anything at all. And please have a
23 good break. When you come back, you'll learn as to whether or
24 not you get selected to serve on this jury.

25 Thank you so much for your time and your patience. Okay?

1 (REPORTER'S NOTE: Jury exits courtroom @ 10:53 a.m. The
2 following takes place outside the presence of the jury.)

3 MR. POWELL: Your Honor, before everybody breaks ---

4 THE COURT: Let's wait on the doors to shut.

5 Are there any potential jurors that didn't leave?

6 (REPORTER'S NOTE: No response.)

7 THE COURT: Okay.

8 MR. POWELL: Your Honor, would you want to take up
9 potential strikes for cause now and get that out of the way or
10 do you want to handle that when everybody comes back?

11 THE COURT: We can handle it. Do y'all have your
12 selection sheets yet?

13 THE CLERK: No.

14 MR. POWELL: Not the randomized ones, no.

15 THE COURT: Well, let's wait to see if they're on there.

16 MR. POWELL: Okay.

17 THE COURT: Is there anything else we need to take up
18 before we retire?

19 MR. POWELL: I don't believe so, Your Honor.

20 THE COURT: Okay. Well, we'll hang out for just a minute
21 until we get this sheet.

22 **RECESS - 11:55 A.M.**

23 *****OFF THE RECORD*****

24 **ON THE RECORD - 12:47 P.M.**

25 (REPORTER'S NOTE: Jury Venire present in courtroom.)

1 JURY SELECTION:

2 THE COURT: All right. Are we ready to proceed?

3 MR. POWELL: Yes, Your Honor.

4 MR. AIKEN: Yes, sir.

5 THE COURT: Madame Clerk?

6 THE CLERK: Okay. When I call your name if you'll come
7 up front, around here, stand ---

8 THE COURT: I tell you what. Let's call for the strikes
9 on the record, and then we'll seat the jury from what's left.

10 THE CLERK: Okay.

11 Okay. Your first strike for the plaintiff.

12 MR. POWELL: Using the lefthand column, Plaintiff strikes
13 Juror Number 1.

14 THE CLERK: Your first strike, Defense?

15 MR. AIKEN: The defendants strike Number 6.

16 THE COURT: Plaintiff's second strike?

17 MR. POWELL: Plaintiff strikes Juror Number 8.

18 THE CLERK: Defense second strike?

19 MR. AIKEN: The defense strikes Number 28.

20 MR. POWELL: One quick question, Your Honor. Can we
21 approach?

22 Nevermind, Your Honor. That was Number 28?

23 MR. AIKEN: Yes, sir.

24 MR. POWELL: Thank you.

25 THE CLERK: Plaintiff your third strike?

1 MR. POWELL: Plaintiff strikes Juror Number 13.

2 THE CLERK: Defense, your third strike?

3 MR. AIKEN: Your Honor, bear with me, please.

4 THE COURT: No problem.

5 MR. AIKEN: The defense strikes Number 5 -- I'm sorry --
6 Number 24; I'm sorry.

7 THE CLERK: And plaintiff, your fourth and final strike.

8 MR. POWELL: Plaintiff strikes Juror Number 19.

9 THE CLERK: Defendant, your fourth and final strike.

10 MR. AIKEN: The defense strikes Number 15.

11 THE CLERK: Confirming the plaintiff's strikes, I have
12 Number 1, Number 8, Number 13, and Number 19.

13 MR. POWELL: Yes, ma'am.

14 THE CLERK: Confirming the defendants' strikes, I have
15 Number 6, Number 15, Number 24, and Number 28.

16 MR. AIKEN: Yes.

17 THE COURT: Now, we'll select two alternates, one strike
18 each.

19 THE CLERK: Plaintiff, your strike for alternate?

20 MR. POWELL: Plaintiff strikes Number 21.

21 THE CLERK: Defense, your strike for alternate?

22 MR. AIKEN: Defense strikes Number 17.

23 MR. POWELL: Your Honor, I think we might need to
24 approach now for an objection.

25 THE COURT: Okay.

1 (REPORTER'S NOTE: Bench conference is held off the record in
2 the presence but outside the hearing of the jury.)

3 THE CLERK: Okay. When I call your name, if you'll come
4 be seated in the jury box.

5 Juror Number 229, Trevor Rogers.

6 Juror Number 285, Flecia White.

7 Juror Number 87, Frank Flanigan.

8 Juror Number 65, Samantha Davis.

9 Juror Number 62, Monica Davis.

10 Juror Number 61, Matthew Davis.

11 Juror Number 245, Manning Small.

12 Juror Number 101, Dennis Gerald.

13 Juror Number 105, Melanie Gerald.

14 Juror Number 17, Jazmine Boatwright.

15 Juror Number 109, Darryl Gillard.

16 Juror Number 34, Kendall Burgess.

17 For our two alternates, we have Juror Number 83, Jonnae'
18 Evans, and Juror Number 10, Malaysia Bethea.

19 THE COURT: All right. Is there any objection to the
20 jury selection from the plaintiffs?

21 MR. POWELL: None, Your Honor.

22 THE COURT: Any from the defense?

23 MR. MCLEAN: None, Your Honor.

24 BY THE COURT:

25 THE COURT: All right.

1 All right, ladies and gentlemen. You've been selected to
2 serve as jurors in the trial of this case.

3 What I'm gonna ask you to do, is we're gonna excuse you
4 at this time until 2 o'clock. We're gonna begin the trial of
5 this case at 2 o'clock this afternoon.

6 Please understand that as a selected juror in this
7 matter, it would be improper for anybody in this courthouse,
8 lawyers, or really anybody to approach you about this case at
9 all during the pendency of this trial. It's even improper for
10 you as a jury to talk amongst yourselves about this case
11 during the pendency of this trial. Now certainly, you'll be
12 spending some time together and you can get to know each other
13 and that sort of thing and talk about whatever it might be
14 that you want to talk about except for the facts of this case.
15 Now, as jurors in this case, your primary objective is to find
16 what the facts of this case are. And then, I'm the judge of
17 the law, and I'll tell you what the law is. And at the end of
18 this case, I'll give you the law to be applied to the facts as
19 you find them in determining what the outcome should be.

20 Now, having said that, it's improper again for you to do
21 any kind of independent research. I don't know if there is
22 anything in the news or if there will be, or if there is any
23 issue regarding any part of this case that might be
24 discoverable on the Internet or on the news, or anywhere else,
25 but it is improper for you to determine anything outside of

1 the testimony and the documents in the evidence that are
2 presented in this case in this courtroom. And it's, again,
3 improper for you to talk about this matter until I tell you
4 it's time to do so.

5 Now, certainly, you can go home and tell your family,
6 your spouse, your children, your employers, or employees,
7 however it may be that you got selected to serve on a jury
8 this week. But again, you shouldn't asked them about anything
9 about this case or tell them anything about this case, because
10 it's important for everybody to get a fair trial and for each
11 of you to make your minds up individually as to what the facts
12 are in this case, as to what happened in this case based on
13 the testimony and the evidence that's presented during this
14 trial in this courtroom and that alone. Okay?

15 So, please follow those rules. And if you have any
16 trouble at all, if you have anybody approach you, if you have
17 anybody make you feel uncomfortable about anything, please let
18 us know and will take care of it. Okay?

19 But I'm gonna ask that you go to lunch, or take a break.
20 I understand there's a lot of moving pieces to this situation,
21 but we will do everything we can to make sure we use the best
22 efficient use of your time. We're gonna begin the trial at 2
23 o'clock, and I trust that you have a good -- a good lunch hour
24 or a good break hour.

25 The bailiff will take you out, and then he'll tell you

1 where to come back to, and we'll get started at 2 o'clock.

2 So, if everybody will remain seated while the jury is
3 excused, that is certainly appreciated.

4 (REPORTER'S NOTE: Jury exits courtroom @ 1:05 p.m. Remaining
5 jury venire present in the courtroom.)

6 THE COURT: Yes, sir?

7 If the lawyers want to approach?

8 (REPORTER'S NOTE: Bench conference is held on the record in
9 the presence but outside the hearing of the jury venire.)

10 Hang on one second.

11 Okay. What's your name?

12 JUROR 109: Darryl Gillard. I'm a raspatory therapist
13 with MUSC Marion. This really puts a strain on my job because
14 I'm the only therapist on nightshift. And on top of that, my
15 wife -- I pick my son up from school during the daytime
16 because she goes to work. And also, I was an educator in
17 2017, in which I had a case against -- the school district
18 tried to suspend my license because I left two weeks prior to
19 school ending.

20 THE COURT: Hang on a second.

21 What number is he?

22 THE CLERK: He's Number 109.

23 MR. POWELL: 17 on the lefthand column.

24 THE COURT: All right.

25 JUROR 109: I really was hoping to get -- because of my

1 school, and actually, I homeschool my kids as well, so my days
2 I'm off, that's what I'm doing. And then I'm on nightshift,
3 so even -- I was actually supposed to work tonight, but since
4 the downsized the hospital, we don't any respiratory
5 therapists on staff.

6 THE COURT: All right. I'll tell you what. If you will
7 make sure you're back here about 1:45 this afternoon, and
8 we'll hash this out and let you know what we're gonna do.
9 Okay?

10 JUROR 109: Okay.

11 THE COURT: All right. Thank you, sir.

12 (REPORTER'S NOTE: Juror 109 exits courtroom.)

13 THE COURT: While I have the lawyers, let me just ask you
14 one thing. Assuming that he does not serve -- I hadn't made
15 that decision, but are we good going with one alternate at
16 this point?

17 MR. POWELL: I would think so. We don't have any
18 objection to ---

19 MR. RICHARDSON: I think our hands are tied anyway.

20 MR. AIKEN: That's fine.

21 THE COURT: I was just gonna let you know before we
22 release him. I mean, is there any objection to releasing the
23 panel?

24 MR. POWELL: I don't have any objection to releasing the
25 panel.

1 (REPORTER'S NOTE: End of bench conference.)

2 THE COURT: All right, ladies and gentlemen. Thank you
3 for your time and your patience. This is the only matter that
4 we have this week on the docket. As you know, we've already
5 selected the jury in this matter. And whether you wanted to
6 or not, you didn't get chosen. So, I'm not sure if that's
7 what you were hoping for, but in any event, as I said earlier,
8 you'll receive full credit for jury service this week. We
9 appreciate your time and your patience. I believe Marion
10 County will pay you something. I'm sure it won't be enough
11 for your time, but please don't blame that on us; it's the
12 best we can do. And you're free to go at this point in time.

13 Thank you so much for your service.

14 (REPORTER'S NOTE: Remaining jury venire exits courtroom @
15 1:08 p.m. The following takes place outside the presence of
16 the jury.)

17 THE COURT: Is there anything anybody would like to place
18 on the record before we ---

19 MR. POWELL: Yes, Your Honor. We've got one matter to
20 put on the record.

21 THE COURT: Okay.

22 MR. POWELL: We've actually got a settlement with the
23 Marion County School District. It's a wrongful death
24 settlement; we need to put Ms. Utley, the personal
25 representative on the stand, and then have you go through that

1 and the statutory approval process.

2 MOTIONS:

3 MR. AIKEN: Then we'll be moving for change of venue.

4 MR. POWELL: The trial has started.

5 MR. AIKEN: We need to be heard on that.

6 MR. POWELL: The jury has been empaneled; trial has
7 started. This would be no different than a directed verdict
8 granted. This train is rolling, and the venue is here.

9 MR. AIKEN: I would like the Court to inquire when this
10 settlement agreement was reached. I think that's fair game.
11 If it was reached before and we didn't know about it. We had
12 a right to know about it.

13 Dr. Trant had no connection to Marion County. He
14 deserves to be tried in the county of his residence. The
15 Court has no jurisdiction over this case with Marion County
16 School District out of the case. It's left with Dr. Charles
17 Trant, a resident of Florence County.

18 MR. POWELL: Jurisdiction for Common Pleas is statewide.
19 Venue is not a jurisdictional issue; it is a convenience to
20 the witness and, you know, furtherance of justice issue. You
21 have jurisdiction statewide. Marion County Common Pleas has
22 jurisdiction. The trial has begun because we've empaneled a
23 jury. It'd be no different then them getting out on directed
24 verdict and then settling in the middle of the case. They're
25 settled in the case.

1 MR. AIKEN: If this settlement was reached before we
2 began or any time today, that is prejudicial to us. We had a
3 right to know about it.

4 MR. MCLEAN: Your Honor, we relied on the School District
5 being a party to this case in our jury selection, in our jury
6 strikes, and the jury has not been sworn.

7 MR. POWELL: Until the settlement is approved, they are a
8 party to the case.

9 MR. MCLEAN: The jury has not been sworn. And we relied,
10 to our detriment, in making and determining our strikes that
11 the District would be a party.

12 MR. AIKEN: Your Honor, it's inappropriate to have some
13 surreptitious agreement that we didn't know about. Dr. Trant
14 has been grossly prejudiced. He needs to go back to Florence
15 and defend himself with a jury of his peers in Florence
16 County.

17 MR. POWELL: Your Honor, there is ample case law that a
18 non-settling defendant -- defendant has no right to control
19 any aspect or be privy to any settlement discussions until
20 there is a settlement and they know about it, and not even --
21 if this weren't a death case, they wouldn't even be entitled
22 to the amount, because it has to be approved, and that's only
23 when it comes off on setoff for a judicial consideration post-
24 trial.

25 MR. AIKEN: This is a setup and we had a right to know

1 about it. And I'm disappointed that these lawyers would not
2 tell us about it. I think Dr. Trant has been hugely
3 prejudiced. He's defending himself over here by himself. He
4 doesn't know anybody over here. This jury is not over here of
5 his peers. He worked in Florence. He lives in Florence. He
6 doesn't pay taxes over here.

7 THE COURT: All right. Mr. Powell, do you want to go
8 forward with your settlement hearing, or do you want to wait
9 on the Court's ruling?

10 MR. POWELL: I'd like to wait on the Court's ruling.

11 THE COURT: Well, I'm gonna go think about it, and I'll
12 let you know what I'm gonna do.

13 MR. POWELL: Yes, sir.

14 THE COURT: We'll reconvene here -- let's say 1:45.

15 MR. POWELL: Okay.

16 MR. AIKEN: Judge, I've got a motion to change venue I
17 could get teed up probably from Florence, and get that file so
18 we'll have that to look at.

19 THE COURT: I understand. And if you need -- I mean,
20 maybe that's too soon. I don't know what ---

21 MR. AIKEN: I think 1:45 is a little soon. We're gonna
22 try to get the motion filed. We'll just have to tell somebody
23 where it and have the file.

24 THE COURT: No, I understand. I'm not gonna hold you to
25 that, Mr. Aiken. I'm just saying as far as trying to

1 determine how we're gonna proceed or if we proceed this
2 afternoon.

3 So, okay, I'll let you know. We'll be back here at 2
4 o'clock, and we'll go from there.

5 MR. AIKEN: Thank you, Your Honor.

6 MR. POWELL: Thank you, Your Honor.

7 MR. RICHARDSON: Thank you, Judge.

8 **RECESS - 1:13 P.M.**

9 *****OFF THE RECORD*****

10 **ON THE RECORD - 1:59 P.M.**

11 (REPORTER'S NOTE: The following takes place outside the
12 presence of the jury.)

13 **BY THE COURT:**

14 THE COURT: All right. I tell you my inclination is to
15 hear from the parties, give you some time this afternoon to
16 brief these legal issues and come back in the morning and let
17 you know what my decision is. But certainly, before I make
18 that decision and release the jury for this afternoon, go
19 ahead and let's briefly hear from each side and see where --
20 what you think about that, where we stand.

21 Mr. Powell?

22 MR. POWELL: It was Mr. Aiken's motion to change venue,
23 based on that and Mr. Lesemann is gonna handle the motion.

24 THE COURT: Okay. Well, we'll hear from Mr. Aiken then.

25 MR. AIKEN: Your Honor, actually, what you did was our

1 first request. I know, Judge, Your Honor is very tuned into
2 wasting the jury's time. So, I think if you would discharge
3 them for today, have this chance -- give us a chance to
4 research these issues. I haven't looked at Mary Carter
5 agreement in years.

6 But I want to say this first, Judge. Maybe I'm too much
7 of a romantic, maybe I'm too much of an idealist. But I've
8 always thought, and I practiced this, and I learned that a
9 trial should be a search for the truth, not some backroom deal
10 made at some point in time by the plaintiff and a co-
11 defendant. A codefendant, by the way, Ms. Goodwyn, sat in the
12 jury room with us as we were looking at our strikes.
13 Technically, we had to divide our strikes with Ms. Goodwyn,
14 and she didn't give us much grief about who we felt was
15 appropriate to strike, but she shouldn't have been in our room
16 if she had a deal. I would ask Your Honor to put Mr. Powell
17 on the stand, to put Ms. Goodwyn on the stand this afternoon,
18 and have them go through with the Court the details of what
19 happened, when it happened, what the agreement is. I think it
20 might benefit this Court, and I certainly think it will be
21 interested -- or the Supreme Court or the Court of Appeals
22 will be interested in what happened in this courtroom this
23 day. I'm embarrassed about the whole thing.

24 THE COURT: All right, sir. I appreciate it.

25 Mr. Lesemann, let me first address the jury. Okay?

1 MR. LESEMANN: Yes, sir.

2 THE COURT: If we could have the jury please.

3 (REPORTER'S NOTE: Jury enters courtroom @ 2:08 p.m.)

4 THE COURT: All right, ladies and gentlemen. Thank you
5 so much for being back here on time, for your patience and
6 your service here today. I sincerely appreciate it.

7 As I told you, we're not gonna do anything that's gonna
8 waste your time having you sit back in this room while we go
9 through some matters of law. From time to time, it's
10 important for you to understand that matters of law come up,
11 and they're inappropriate for the jury to hear. For whatever
12 reason, they might influence your decision on what the facts
13 may be, and that's your sole job as jurors is to find and
14 determine what the facts are in this case, what happened.
15 Okay? That's your job as jurors. And from time to time, if I
16 rule on a matter of law, and I have to make some comment on
17 the facts of the case, or if you hear some rendition of the
18 facts of the case or something that would make you believe a
19 fact some other way than you would if you heard it by way of
20 testimony or the evidence that's presented during this case,
21 then that tends to plant maybe a bias or an impartiality or a
22 partiality in the minds of a jury, and that's not proper.

23 This afternoon, there's some matters of law that we have
24 to take up outside the presence of the jury. They were
25 unforeseen, and I apologize for that. We had planned to start

1 this trial at 2 o'clock. I don't know how long they're gonna
2 take to resolve, and I don't want you sitting back there not
3 knowing what timeframe that may be either.

4 I'm gonna ask that you retire for the balance of this
5 day, that you not do any independent research, talk about this
6 case or anything else as I've already asked you not to do,
7 that you be back here at 9:30 in the morning. And we will
8 certainly let you know how we're gonna proceed at that point
9 in time. All right?

10 Thank you so much.

11 Sir, if you'll just wait.

12 (REPORTER'S NOTE: Jury exits courtroom @ 2:12 p.m. Juror 109
13 remains in courtroom.)

14 THE COURT: Mr. Gillard, I understand as you brought to
15 the Court's attention before we took the lunch hour that you
16 had some issues, personal to your family and your work this
17 week. I'm gonna go ahead and excuse you for the balance of
18 this week. We're gonna transfer you to another term of court.
19 Please, when you come back, make sure that you answer all the
20 questions that are asked of you and let everybody know your
21 situation and your availability to serve as a juror. Okay?

22 JUROR 109: So, some of the questions wasn't like right
23 fully directed, so I didn't think nothing.

24 THE COURT: I understand. It's no problem. I appreciate
25 your service and your time, and you being here today. Okay?

1 And you're free to go. Thank you, sir.

2 (REPORTER'S NOTE: Juror 109 exits courtroom.)

3 THE COURT: All right. Mr. Lesemann?

4 MOTIONS:

5 MR. LESEMANN: Thank you, Your Honor.

6 First, I'm gonna get to the statutes and the caselaw that
7 govern the issue that counsel is trying to bring forward, but
8 I first wanted to respond to the insinuation that there is
9 something inappropriate about bringing a case against two
10 defendants and settling with the defendant. And I think that
11 it's not just an idea of being romantic, but it's fairly
12 scurrilous and inappropriate for counsel to stand up and to
13 say that if we believe after bringing a claim against Marion
14 County School District that just recently survived summary
15 judgment that if we clearly brought that claim for a reason.
16 We brought it on behalf of Ms. Utley who lost her teenage
17 daughter due to the combined negligence of the School District
18 and of Mr. Aiken's client, Dr. Trant. There are two parties
19 that are responsible. If we settle with one, that's certainly
20 something, with our client's consent, happens every day in any
21 case involving multiple defendants. So, the suggestion of
22 conspiracy and shock and disappointment is misplaced and is
23 unprofessional.

24 But for us to go on and to talk about the law that
25 governs this issue, Your Honor, I'll give you a couple of

1 items for consideration, and we'll certainly supplement this.

2 THE COURT: Well, what -- let me just ask you how you
3 might respond to Mr. Aiken's point about the District being
4 involved in the jury selection? I mean, it was brought to the
5 Court's attention the settlement moments after the selection
6 of the jury. There was no time for any kind of negotiations
7 to take place. So, you know, I don't want to -- I don't think
8 I'm going to put anybody on the stand, and certainly we can
9 ask questions if we need to, but it seems to me like that had
10 to've been done before the jury selection process began. Is
11 that right or wrong?

12 MR. LESEMANN: Your Honor, that's correct. There are
13 discussions that are before -- that happened before that.

14 THE COURT: All right. I'll be happy to hear from you.

15 MR. POWELL: And I can speak briefly to that, Your Honor.
16 Once we survived -- once they lost their summary judgment
17 motion, myself and Ms. Goodwyn in mitigation and good faith
18 negotiations over the last, I guess, week and a half, maybe
19 two weeks that -- you know, we had tried to initiate those
20 before, and then obviously they felt that they had the
21 position and they were arguing, and they were not gonna engage
22 in that. And to the extent that, you know, Mr. Aiken's
23 arguments that he deserves to be privy to those, that's
24 there's just -- there's not only no case law to support that,
25 there is case law directly to the contrary that one defendant

1 can be privy to another unrelated codefendant's negotiations.
2 I mean there's just -- that's just not true. And then, any
3 allegations of when it happened or how it happened, maybe Mr.
4 Aiken's client came to mediation, engaged in the negotiation.
5 And obviously, it's not -- obviously, some things are out of
6 their control that the jury is not gonna hear about, but you
7 can't engage with somebody is not gonna engage. So, we
8 attempted to engage with the other party, and they responded
9 once they lost their summary judgment motion.

10 THE COURT: I understand. But the Court's concern is
11 that it appears that the case was settled before jury
12 selection process began, and I'm not sure that's where we need
13 to be.

14 MR. POWELL: Your Honor, I can speak to the agreement.
15 It was a verbal agreement that there is an agreement to agree,
16 but there is no settlements until we impanel a jury, because
17 that is statutorily what begins the trial, and that is what
18 starts this train down the tracks in Marion County. If they
19 had objected to that, then there would've been no settlement.
20 That was one of the terms that was verbally discussed is once
21 we impanel a jury at some point early in the trial, there can
22 be a settlement, but not before then. So, that was a term of
23 it. It was discussed and bargained for by both parties.

24 MR. LESEMANN: And Your Honor, I'd like to, if we could,
25 to bifurcate the issue of jury selection where the defendants

1 voluntarily collaborated, and I think Mr. Aiken already
2 indicated that counsel for the School District did not have
3 much input. I don't know that there was any strike that they
4 made because of her input. There was no indication that she
5 had been. The issue that they're really trying to bring up is
6 about venue. And under the statutes, Your Honor, which I
7 handed you, under 15-7-30, where there or more than one
8 defendant, the action can be brought in any county where it
9 can be brought against either of those defendants. And so,
10 certainly, that's here. Now the key is, okay, well, what if
11 something happens during the pendency of the case. Where the
12 action was initially brought appropriately in a proper county
13 as this one was with Marion County School District and Dr.
14 Trant and McLeod Physician Associates, it cannot be moved to
15 another county on the basis of that right of residence under
16 15-7-30. There's a case, Your Honor, *Jeter v. South Carolina*
17 *Department of Transportation*, I handed you a copy. In that
18 case, Mr. Jeter was on a motorcycle, Ms. Brown was driving.
19 They had an accident in Union County. SCDOT had done some
20 paving work, so they were brought in as a defendant as well.
21 Your Honor, there was a settlement that was reached with DOT,
22 and so Ms. Brown, the remaining defendant who was not from
23 Union County asked to move the action to Fairfield, very
24 similar to what we have here, based on the right of 15-7-30,
25 saying, well, I'm not from Union, I'm from Fairfield. I ought

1 to be able to move the case there. The Trial Court in that
2 case agreed with Ms. Brown, and they moved the action a county
3 over, and the Supreme Court reversed based on an abuse of
4 discretion. Because once an action has been brought in a
5 county that's proper, under 15-7-30, it can only be moved
6 under some other ground, and that's what the highlighted
7 portion of the *Jeter* decision says, Your Honor. And those
8 grounds would be, for example, that Fair -- that Marion County
9 is incapable of providing Mr. Trant with a fair and impartial
10 jury, or that the convenience of the witnesses, who are
11 already here and who are from Marion County would otherwise
12 call for the place of trial to be changed. Those, Your Honor,
13 are 15-7-100, 15-7-110.

14 Counsel spoke about a search for truth. A search for
15 truth happens in this Court every time it's brought together,
16 every time that a jury is empaneled. Every time that there is
17 a multiple defendant case, there is the opportunity or the
18 chance that some parties will settle.

19 Now, as far as how that jury selection was handled, we,
20 as the plaintiff, had nothing to do with that. We have a
21 grieving family who has lost their daughter. We have a jury
22 that's been empaneled. We have proper venue based on the two
23 defendants that were in this case. This group, this jury is
24 capable of delivering with your guidance is capable of
25 delivering a fair and impartial search for the truth, but

1 merely the fact that Dr. Trant resides in Florence County, and
2 this action has been empaneled in Marion County is not a basis
3 for removal so much so that it has been found by Supreme Court
4 precedent as being an abuse of discretion if that decision
5 were to be made.

6 So, Your Honor, insofar as the jury selection issue,
7 which Your Honor has brought up, we had no consultation with
8 any party about that. We had no input on how they may or may
9 not select their jurors. We intend to have a settlement
10 that's in our client's best interest that we would potentially
11 read onto the record at the appropriate time. But, Your
12 Honor, those things being fluid, we believe it's very
13 important for this jury to be able to hear this case. We're
14 here ready on a date certain trial with expert witnesses
15 flying in from California to present this case. So, if we
16 look at convenience, if we look at can these ladies and
17 gentlemen present a -- and give a fair and impartial decision
18 and trial, they absolutely can. And South Carolina law does
19 not allow for a change of venue to Florence County and neither
20 do surprise or some feeling like that he would've liked to
21 have known that there was a settlement with the other
22 defendants, those aren't grounds. Those are things that
23 happen in trial. When we look at the statutes and we look at
24 the case law, because *Jeter* interpreted that statute, it is
25 clear that this action is proper in Marion County and should

1 stay in Marion County for a fair and impartial jury.

2 THE COURT: All right. Mr. Aiken?

3 MR. AIKEN: Your Honor, this whole thing is a planned,
4 deliberate sabotage. They won't even look at all the law;
5 they know everything. This catches us completely off guard.
6 Dr. Trant has the right, a substantial right now in the
7 posture of this case to be tried in the county of his
8 residence. That's Florence County. And whether or not Your
9 Honor chooses to put Mr. Powell and Ms. Tierney on the stand,
10 I would ask the Court to ask them questions about the
11 agreement. When was it reached? What were the terms of it?
12 What was the plan on not disclosing that to the Court before
13 the jury was drawn? All that's just underhanded and
14 inappropriate, and we can't -- we have been grossly prejudiced
15 by what has happened.

16 MR. LESEMANN: Your Honor, may I just briefly speak to
17 that?

18 THE COURT: Yes, sir.

19 MR. LESEMANN: You gave us 45 minutes over lunch, in
20 which I used my Westlaw account to look at the venue statute
21 and to find the case of *Jeter v. South Carolina Department of*
22 *Transportation*.

23 THE COURT: Forty-five minutes was what you requested to
24 draw your ---

25 MR. LESEMANN: Well, the break we just had, Your Honor --

1 I'm sorry -- whatever the break that we just had. I -- that's
2 when I researched this, because we didn't know that after
3 picking this jury and after participating in this case in
4 Marion County that counsel was gonna be so inflamed about
5 going forward with the trial in Marion County and acting like
6 it's sabotage, collusion, conspiracy, and prejudice when he's
7 convened before a duly invested Judge of the Court of Common
8 Pleas and a duly empaneled jury acting like this is some kind
9 of kangaroo court. I think that that's what's insulting. And
10 so, I did that research over break, because now we can see
11 that he doesn't believe that the jury that they just picked
12 with us is capable of doing a fair and impartial job. They
13 are. So, I'm reacting to a motion to change venue that I
14 didn't know was coming, and I just researched this issue, and
15 I found it. So, the imposition that I had that all and
16 waiting, I just wanted to reply to Your Honor and tell you I
17 did not. I did that research when we had the kerfuffle and
18 the idea that a proceeding in our society in this county by
19 you, this Judge, with this jury, is somehow defective, which
20 is a false notion.

21 THE COURT: All right, sir.

22 MR. AIKEN: I would also move for a mistrial based on the
23 same grounds I just talked about. He's gonna want you -- he
24 wants to talk about venue, I'm gonna talk about venue and
25 motion to set everything aside.

1 MR. POWELL: Based on what?

2 MR. AIKEN: Based on motion to dismiss -- give me time to
3 do it, Taylor.

4 MR. POWELL: Boone, this is a Court, and you need to
5 respect your oath of civility, and if you holler at me like
6 that one more time, we're gonna have an issue outside, sir.

7 THE COURT: All right. Thank you.

8 MR. AIKEN: Well, that's fine.

9 THE COURT: All right. I'm gonna give everybody till 4
10 o'clock to submit anything you'd like to submit or 5 o'clock.
11 I'll look at it tonight and in the morning. I ask that you be
12 back here at quarter till 9:00 in the morning, and we'll
13 resume, and I'll let you know what my decision is shortly
14 thereafter. Okay?

15 MR. POWELL: Thank you, Judge.

16 MR. RICHARDSON: Thank you, Judge.

17 MR. POWELL: Judge, just to confirm, 4:00 or 5:00? We
18 can do either, whatever you prefer.

19 THE COURT: I'll accept it at 6:30. Okay?

20 MR. POWELL: We ain't gonna get it to you at 6:30.

21 THE COURT: I'm not trying to trick anybody.

22 MR. POWELL: Yes, sir.

23 THE COURT: All right.

24 MR. POWELL: Thank you, Judge.

25 THE COURT: Let me first ask before we leave from here.

1 McLeod -- what is -- where can the defendant McLeod be sued in
2 accordance with this matter?

3 MR. POWELL: In accordance with -- you know, I don't know
4 where -- I would assume anywhere they -- I hadn't looked at
5 the venue statute. I don't know if they have ---

6 MR. RICHARDSON: We can address that.

7 MR. POWELL: Yeah, we can address that and brief that, if
8 that's an issue Your Honor wants addressed.

9 THE COURT: If we can -- everybody try to help me with
10 that.

11 MS. HENDERSON: Can you repeat that question, Judge?

12 THE COURT: I just want to know if -- otherwise, would
13 McLeod Physician Associates II be a proper defendant in Marion
14 County without the School District.

15 MR. AIKEN: Let me just add to that, Your Honor. McLeod
16 Physician Associates II is only a party through the alleged
17 acts of Dr. Trant. There are no independent acts of
18 negligence against MPA II. It's all vicarious liability
19 argument. MPA is the employer of Dr. Trant.

20 THE COURT: But they are a separate defendant, correct?

21 MR. POWELL: Yes.

22 THE COURT: All right.

23 MR. LESEMANN: Thank you, Your Honor.

24 MS. GOODWYN: Your Honor, you didn't need to hear from
25 me?

1 THE COURT: Ms. Goodwyn, what is it?

2 MS. GOODWIN: Did you need to hear from me on any point
3 or...

4 THE COURT: Would you like to address the Court?

5 MS. GOODWIN: I mean, I think I'll address again -- the
6 plaintiffs addressed the jury selection process, and I think
7 Mr. Boone had admitted that, again, that we had four strikes
8 each. I did not contribute to their strikes and, again,
9 certainly have not shared anything with Plaintiff's counsel at
10 all, and we did not, again, in that way is all -- I mean, I
11 understand, you know, Mr. Boone has made his motion, and
12 Taylor has responded to it. But I think for -- the District
13 had the ethical obligation to resolve the case in the interest
14 of my client. Certainly, no obligation -- so, as a matter of
15 curtesy, you know, certainly, we do share, you know, sometimes
16 with codefendants about what settlement has reached, but again
17 similarly, you know, there was -- that could've been a motion
18 -- these legal issues are drastically different. There
19 could've been a motion to bifurcate this trial, to have
20 separate trials with the defendants. Again, I think, you
21 know, it is a matter of strategy where you are two defendants
22 here at the table, two pots of money. And so, I think, you
23 know, that plays a part into it all, but again I'll -- just
24 addressing the jury deliberation process, I think, Mr. Aiken
25 has admitted, you know, and I would argue there was no

1 prejudice to him and his client regarding strikes. Again,
2 very limited involvement in that way. So, that's just on the
3 jury deliberation, because I do, you know, how ---

4 MR. AIKEN: We should've known and the Court should've
5 known.

6 THE COURT: All right. Thank you.

7 MR. MCLEAN: Your Honor, there was a juror who was a
8 employee of the school district.

9 MR. POWELL: He was struck for cause on that basis.

10 MR. LESEMANN: And we asked for him to be struck for
11 cause.

12 MR. MCLEAN: Was he struck for cause?

13 MR. LESEMANN: Yes.

14 MR. POWELL: Yes.

15 THE COURT: Yes, sir.

16 MR. MCLEAN: Okay.

17 THE COURT: All right. Thank y'all.

18 MR. POWELL: Thank you, Judge.

19 **RECESS - 2:29 P.M. - END OF DAY ONE**

20 *****OFF THE RECORD*****

21 **SEPTEMBER 10, 2024 - DAY TWO**

22 **ON THE RECORD - 10:03 A.M.**

23 **BY THE COURT:**

24 THE COURT: All right. Mr. Aiken, has the defense
25 decided how you wish you proceed?

1 MR. AIKEN: Yes, sir. I think we'll ask for a
2 continuance.

3 THE COURT: All right.

4 Mr. Lesemann?

5 MR. LESEMANN: Thank you, Your Honor. What we also would
6 ask is if the Judge were prepared to do so, that we could, you
7 know, have a denial of the motion to transfer venue on the
8 record, and then I would propose, with the Court's blessing,
9 present a proposed order. I would ask that that motion be
10 resolved so that it is determined if the Court would be
11 prepared to do so rather than leaving it open.

12 THE COURT: Okay.

13 Is there any further arguments that either side would
14 like to make as far as change of venue?

15 MR. MCLEAN: Yes, sir. We would.

16 THE COURT: Okay. All right. Well, let's do this. As
17 the situation -- just for the record, certainly, we had an
18 issue with the jury selection process that we've been dealing
19 with for -- since yesterday, right after the jury selection
20 took place with the announcement of a settlement with one of
21 the defendants in this matter. It brought about a motion for
22 change of venue, and also maybe a mistrial motion, but the
23 jury was never sworn. Given the filings that the attorneys
24 made overnight and their arguments before the Court, I find
25 that in the interest of justice, in fairness to everybody

1 that's involved that the best thing to do in this situation is
2 to give the parties an opportunity to strike a new jury, and
3 certainly we can hear arguments as it relates to change of
4 venue, and we can make further rulings as far as that is
5 concerned.

6 At this point, in this term of court, the only way to
7 strike a new jury is to continue this matter, and that's what
8 we'll do, and we'll certainly with everybody to reschedule
9 this as soon as possible. And having said that, before we
10 hear a settlement approval or the change of venue arguments,
11 I'd like to bring the jury out and we'll release them, and
12 then we'll hear further arguments.

13 Any objection to that?

14 MR. LESEMANN: Not from the plaintiff, Your Honor.

15 MR. AIKEN: No, sir.

16 THE COURT: All right. Can we have the jury, please?

17 (REPORTER'S NOTE: Jury enters courtroom @ 10:06 a.m.)

18 THE COURT: Good morning, ladies and gentlemen. Thank
19 you so much for being back here on time this morning. We
20 appreciate your patience and your service. Once again, there
21 are some situation -- circumstances that have taken place
22 since we have selected you as jurors, and it's come to the
23 situation or the determination of the Court that we're not
24 going to be able to try this case with this jury this week.
25 But I do want to tell you that this case is much further

1 towards a resolution than it was last week this time, and
2 certainly the reason for that is the jury's presence, and I
3 think alone the jury's presence. Okay. So, I don't want you
4 to feel like you were here for no reason. You certainly have
5 performed your service as jurors and will get full credit for
6 that. And I appreciate again your being here, your patience,
7 your attention, and everything that you've done so far. And I
8 apologize for any inconvenience, but we wanted to bring you
9 out as soon as possible and let you know the situation as it
10 is. And to go ahead and release you to go back to doing
11 whatever it is you need to do. And again, I just want to
12 thank you so much for your service. Okay? I really
13 appreciate it.

14 You're free to go.

15 (REPORTER'S NOTE: Jury exits courtroom @ 10:09 a.m. The
16 following takes place outside the presence of the jury.)

17 THE COURT: All right. Mr. McLean, you want to argue the
18 motion for change of venue?

19 MOTIONS:

20 MR. MCLEAN: Yes, sir. I'll be glad to address that for
21 the Court. I had a bigger argument planned for this morning
22 but I'm gonna try to cut to the chase, since I understand
23 where we have come from when we arrived this morning to where
24 we are now.

25 Obviously, Dr. Trant and MPA II contend that the venue

1 is now proper in Florence County. And I've heard the argument
2 that there is no mechanism now to transfer the venue to
3 Florence County. There is. The *Jeter* case, which was cited
4 by the plaintiffs yesterday, and we agree with what the
5 plaintiff is saying about the *Jeter* case, that when venue is
6 proper in more than one county, the plaintiff gets to choose
7 that county. And that venue may only be transferred if there
8 exists some statutory grounds for the transfer. And here, the
9 statutory grounds are in the venue statute, and Your Honor has
10 talked about those things. They are the -- that 15-7-100,
11 changing the place of trial. The Court may change the place
12 of trial if there is reason to believe that a fair and
13 impartial trial cannot be had. We don't believe a fair and
14 impartial trial can be had in Marion on this case going
15 forward. You can also change it with the ends of justice.
16 This is saying the same thing. Ends of justice; fair and
17 impartial trial. Going forward, obviously, Dr. Trant is a
18 resident and citizen of Florence. MPA II is a corporation
19 with its principal place of business in Florence. There's
20 clearly a statutory mechanism, as allowed for in the *Jeter*
21 case to transfer this case to Florence for trial, where the
22 trial should be. So, we disagree with the position of the
23 plaintiffs saying there is no mechanism for doing that. There
24 is. It's right in the venue statute, and the venue statute
25 was enacted to prevent this very sort of forum shopping that

1 we're seeing here. And I won't go into the history of all
2 that. The Court is aware of the venue issues and why they
3 passed the venue statute and what it means. It has that
4 catchall for the ends of justice and for a fair and impartial
5 trial recognizing the substantial rights of the defendants to
6 be tried in a county -- in the county of their residence.

7 Your Honor, we disagree with plaintiff's characterization
8 of the jury selection process. All the defendants met as a
9 group in that jury room to strike the jury. We sat here at
10 defense counsel table with the school district attorney during
11 the jury roll call. Your Honor, the defense thought we were a
12 team. We thought we were team defense. We had, not identical
13 defenses, but we had consistent defenses, and that is that
14 neither of us were negligent. We thought we were -- had that
15 -- we thought we had that in common. We thought we were a
16 team with the school district. It turns out, the school
17 district was on Plaintiff's team. They struck a deal with the
18 plaintiffs to put on this, these false pretenses, and to take
19 this case up to selection of the jury. That's not fair.
20 That's exactly what happened and that's not fair, and that's
21 why the statute says it can be moved when it's not fair. Dr.
22 Trant and MPA should be tried in Florence.

23 We would ask -- we would suggest again to the Court, as
24 was suggested yesterday, we would suggest that the Court ask
25 any questions of counsel for the plaintiff and counsel for the

1 school district that the Court may need for factual background
2 needed for the Court's decision to issue a ruling on this, but
3 also for the purposes of the record on appeal. We believe
4 there is a -- there's a basis to transfer venue, even now,
5 since the Marion County School District, which kept venue in
6 Marion County, is no longer a party.

7 We'll be glad to submit a proposed order or brief this
8 father. But that's our position, and we believe there is a
9 mechanism that equity and justice and fairness require this
10 case to be moved to Florence County.

11 THE COURT: Tell me, what's your argument that a Marion
12 County jury that's selected without the involvement of the
13 School District in the future couldn't be fair and impartial?

14 MR. MCLEAN: Well, I think they could, but what was --
15 the process here was tainted, and now that the School District
16 is out, the defendants -- the only connection of this case now
17 is to Florence County. This jury -- the jury could, a Marion
18 County jury could decide this case, but you know, up until --
19 you know, my argument this morning was based on the process
20 was flawed. But now the school district is out, the case
21 should be moved to Florence. The jury there is equally
22 capable of deciding the case.

23 THE COURT: Well, doesn't in the *Jeter* case, the facts
24 were very similar to this situation where the Lower Court or
25 the Trial Court moved it to the defendant's resident County

1 and that -- and the Supreme Court says, as long as it was
2 brought where it could be brought, according the defendants --
3 the proper defendants as they were when the case was
4 initiated, then that's the venue of the case.

5 MR. MCLEAN: It does say that, but then it says unless --
6 let me find my quote -- unless there exists some statutory
7 ground for transferring venue, and that statutory ground
8 exists. The substantial right of the defendants to be tried
9 in the county of their residence. That is the general rule
10 unless there is a statutory ground to do it. There is a
11 statutory ground to do it now.

12 The cases that the plaintiffs have submitted to the
13 Court, the Circuit Court orders that the plaintiffs have
14 submitted to the Court -- I would also point out that *Jeter*
15 was involving the Department of Transportation and venue and
16 issues that arise from when you sue a governmental entity,
17 those are no longer a factor in this case. The cases that the
18 plaintiffs have -- the Circuit Court opinions that the
19 plaintiffs have handed up, likewise involved Exhibit B,
20 *Sherman v. Lexington County Health*. You had two defendants;
21 one was in Aiken, one was in Lexington. Here we have two
22 defendants, both in Florence.

23 Exhibit C, *Banks v. Department of Transportation and*
24 *Forrester*, again, that was under a Tort Claims Act by the
25 defendant, that's no longer the case here.

1 You go on, the same with Exhibit D, Tort Claims Act,
2 that's no longer the situation here. Tort Claims Act was
3 involved in that.

4 If you look at Exhibit E and F, in both of those
5 opinions, in both of those orders, the Court was searching --
6 the Court was asking the question, can anybody show me where
7 fairness -- fair trial or the ends of justice, might justify a
8 transfer of venue. The Court was looking for that. And the
9 opinions are clear that nobody offered that to the Courts and
10 the Court said, well, I have nothing to go on with that.
11 Those are the grounds the Court was looking for to transfer
12 venue. That's why it's there. That's the mechanism.

13 And in these last two exhibits, the Court was looking for
14 that, was inviting the parties to show the Judge -- show the
15 Court where the ends of justice, and fair trial would come
16 into play, and those arguments were not advanced. We're
17 advancing those now under the statute.

18 THE COURT: Well, I mean, one concern that the Court has
19 is along the lines of the ends of justice is, you know, I
20 think -- however this case is resolved, if it's resolved by a
21 jury, the sooner the justice is delivered the better. I --
22 you know, I got a real issue, if we send this thing over to
23 Florence County, when does it get tried? I mean, it's first
24 up here. As far as -- I mean, we've got a term of Court in
25 October this could go forward in. I know that's not

1 logistically possible, probably, but certainly the Court is
2 ready, the County is ready. You know, I -- I don't know where
3 it would land on the Florence docket. And I, you know, the
4 whole reason we're even arguing about this this morning is
5 because I agree with you with the tainted jury selection
6 process. And the remedy was that you don't use that jury to
7 go to trial this week. So, I haven't heard any reason why
8 another jury that is fairly selected in Marion County can't
9 fairly decide this case. But, certainly, I haven't had an
10 opportunity to look at all these cases, and certainly haven't
11 heard the arguments of the plaintiff, but I will, and I'll be
12 happy to take it under advisement and think about it, and let
13 you know.

14 MR. MCLEAN: The longstanding rule of the substantial
15 right of the defendant to be tried in the county of their
16 residence has to weigh against the other factors. And it's --

17 THE COURT: I understand.

18 MR. MCLEAN: The Court is certainly aware of that. That
19 that's the counterargument -- that's the counterweight, the
20 substantial right of both Dr. Trant and MPA to be tried in
21 Florence.

22 THE COURT: I understand.

23 MR. MCLEAN: MPA has miniscule connection to Marion
24 County. I believe they have one -- according to what I was
25 advised by my client, they have one practice here, one

1 physician here, and several assistants, some title -- I'm not
2 sure exactly -- physician assistants or ---

3 THE COURT: Well, I recognize the fact that if this case
4 were granted and filed today, with only the two defendants
5 being Dr. Trant and MPA, the venue would likely be in Florence
6 County. But that's not the situation that we have. You know,
7 and here we are at the very end stages of litigation, and you
8 know I feel like the ends of justice probably calls for a
9 resolution sooner rather than later. But be that as it may,
10 certainly, I'll -- I understand the substantial right of the
11 defendant to be sued in his county, and certainly we'll
12 consider that and read these cases and make sure I feel that
13 I'm making the right decision, and I'll let you know. And
14 I'll certainly hear from Plaintiffs as to their position.

15 MR. LESEMANN: Thank you, Your Honor.

16 Your Honor, resolving the Court, what are the medical
17 defendants asking you to do? They're asking you to transfer
18 venue to Florence County, but they're doing so without any
19 basis, no evidence in the Court. And upon an admission of
20 counsel that Marion County Court of Common Pleas is purely
21 capable of delivering a fair and impartial jury. That was the
22 proper statement by the defendant, the ethical defendants, but
23 it was a telling one. This is a place where a fair and
24 impartial jury can be impaneled. So, on that basis, that
25 grounds for a potential transfer of venue is out the door.

1 The defendants' request does not meet the legal standard and
2 it's not the correct thing for the Court to do. I believe
3 that the Court has already been able to review *Jeter* based on
4 your recitation of it, Your Honor, and I think that there
5 might be some misapprehension of that case on the part of the
6 medical defendants. Again, it involved Mr. Jeter, and a Ms.
7 Brown, and the South Carolina Department of Transportation.
8 Ms. Brown was from Fairfield County, the case was in Union
9 County when Ms. Brown and Mr. Jeter settled. Ms. Brown then
10 said, all right, well, why is this in Union County, right?
11 There is no longer a defendant that's there; I'm in Fairfield.
12 She asked to move it. And the Court found that it was an
13 abuse of discretion to transfer the case, because
14 notwithstanding the right of a defendant to be sued in their
15 own county at the inception of the case. The Court
16 specifically found in *Jeter*, and it is -- Your Honor, there's
17 a very significant case on this issue, it's on all fours.
18 Since it was filed in the venue where it could've been filed,
19 this case, it was appropriately filed, and that's when the
20 residency analysis stops. At that point, what the *Jeter*
21 Court, our Supreme Court specifically said is residency is no
22 longer consideration when the case was appropriately initially
23 filed, because it's a multiple defendant case. In these cases
24 of multiple defendants, some defendants are going to sue. I
25 think what's making the medical defendants uncomfortable is

1 now they are the remaining defendant, but that's a consequence
2 of other issues, not because of any violation of the venue
3 statute. So, now, we're in a situation to where what the
4 Supreme Court has said is that there has to be some other
5 basis. One, potentially -- now, they moved under 15-7-300.
6 One basis would be saying, okay, well, I can't have a fair and
7 impartial trial. The defendants have conceded that's not a
8 ground for their argument. The only other available ground is
9 that the convenience of the witnesses and the ends of justice
10 would be served. South Carolina Jurisprudence is clear that
11 the -- having to go to the next county for a trial does not
12 constitute inconvenience for purposes of the venue statutes.
13 We have Ms. Utley, who is a Marion County resident; we have
14 Mr. Hunt, who is a Marion County resident; we have Ms. Scott,
15 who is a Marion County resident; and we have Ms. Thuy Tran,
16 who is a -- admit records, she works in Marion County. So, we
17 have four residence witnesses in Marion County, and there's
18 been no evidence or affidavit or showing that the convenience
19 of the witnesses is better served by moving this case.

20 Your Honor, when a motion like this is made, it can't
21 just be supported by arguments of counsel. It's got to be
22 supported by affidavits and evidence that specifically show
23 and meet a burden of proof on the part of the medical
24 defendants that this case needs to be moved due to the ends of
25 justice and to the convenience of the witnesses. We can

1 already see we've got four witnesses in this county. It's not
2 more convenient for them to have to go to another county. The
3 expert witnesses are all from California, Charleston, and
4 Columbia; so, that makes no difference as to the expert
5 witnesses. So, the convenience of the witnesses based on the
6 record before the Court also could not be a basis for
7 transferring venue. And those are the only potential bases
8 for the Court to do that. Again, once the plaintiff has
9 chosen the forum in a multiple defending case, that selection
10 is not supposed to be disturbed, unless one of those other
11 grounds arises, and those grounds aren't here. And even if
12 they were, Your Honor, the plaintiff would be able to rebut
13 that presumption and show again why it is substantially just,
14 and within the ends of justice for the case to stay here.

15 Your Honor's point, we're two years in. Taylor
16 tragically died right here in Marion County. Dr. Trant, in is
17 deposition, indicated that he saw patients over a 13 county
18 Pee Dee region. McLeod Physician Associates II has offices
19 and employees and property in Marion County. So, we talk
20 about the ends of justice; it's not unjust for these medical
21 defendants to face a fair -- admittedly fair and impartial
22 jury in Marion County in an area that's within their normal
23 service area, because again the residency of the defendants
24 is, at this point, per *Jeter*, out of the picture. Otherwise,
25 every time you had a case, and a defendant dropped out, venue

1 would become an issue again. So, there's the public policy.
2 There's the rationale why the defendants' argument fails,
3 because then every time there would be a defendant that would
4 settle out of a case, there would be some opportunity to
5 transfer venue at that point which would not be within the
6 ends of justice. As you've said, this case is here. It was
7 set for a date certain. It's at the top of the docket. We
8 have a grieving family. They've waited patiently for their
9 day in court. Now, they understand, and we've explained to
10 them, Your Honor -- they understand why this case needs to be
11 tried on a different day, but it does need to be tried. And
12 the venue statutes that we need to follow, and the applicable
13 precedent that we need to follow dictates that this case has
14 to stay here. When we know that there can be a fair and
15 impartial jury here, we know that the ends of justice are
16 served by keeping the case here, and the convenience of the
17 witnesses is not served by moving this case to some other
18 jurisdiction.

19 So, for those reasons, Your Honor -- I know that you
20 indicated you're taking the matter under advisement, that we
21 believe that your points, your indicated intention of ruling
22 are correct. And what we would like to do is submit a
23 proposed order, with the Court's blessing. We can share it
24 with defense counsel. But we do want to make sure that this
25 matter is resolved, because we believe that the Court's

1 intention is, okay, let's cure any issue that may've happened
2 with this jury, but let's keep venue where the law requires
3 and allows for that venue to be, and that's here. And we just
4 wanted to make sure that after we leave the courthouse today,
5 that that situation, that that fair outcome that you've
6 developed, does not get disrupted in some way.

7 Thank you.

8 THE COURT: All right.

9 Mr. McLean, anything further?

10 MR. MCLEAN: Sort of stating the obvious, the convenience
11 of witnesses works both ways.

12 THE COURT: I understand

13 MR. MCLEAN: Dr. Trant is here this morning, he's been
14 here. We had the records custodian from McLeod ride over this
15 morning, told her to go back to Florence. It goes both ways.

16 THE COURT: I understand.

17 MR. MCLEAN: Thank you. We'd like to submit a proposed
18 order as well, and I would renew my suggestion that the Court
19 make any inquiries of Plaintiff's counsel and the School
20 District's counsel that it feels appropriate, that it needs
21 necessarily to fully understand how this deal went down.

22 That may not be relevant anymore based upon the
23 continuance; I understand.

24 THE COURT: All right, sir. Certainly, I'd just ask that
25 each side submit a proposed order. And if you can do so, a

1 fair timeframe may be -- do you need next week? Well, let's
2 see, we're early in this week. How about by Wednesday of next
3 week, and then I'll get you an order, or I'll make a decision
4 shortly after that.

5 MR. LESEMANN: That works for the plaintiff, Your Honor.

6 MR. MCLEAN: That'll be fine. We just need till next
7 week.

8 BY THE COURT:

9 THE COURT: All right. All right.

10 Being that we have already dealt with the jury selection
11 process, as far as this Court is concerned, I'm just gonna
12 move forward. And if there's any other business, if we need
13 to put the settlement on the record, we can certainly do that.
14 And we'll go from there.

15 WRONGFUL DEATH SETTLEMENT:

16 MR. POWELL: Yes, Your Honor. That's all that the
17 plaintiff would have remaining, pursuant to the statutory
18 requirements when there's a death or a minor settlement to put
19 Ms. Utley on the stand to the extent Your Honor have questions
20 or in order to put the wrongful death settlement with the
21 Marion County School District on the record and have it
22 approved by Your Honor.

23 THE COURT: All right. Ms. Utley, would you like to take
24 the stand?

25 DEMETRICE UTLEY, HAVING BEEN SWORN,

1 TESTIFIED AS FOLLOWS:

2 MR. POWELL: Your Honor, you're obviously very familiar
3 with the underlying facts and timeline, and the circumstances
4 and positions of all the counsel in this case. This is Ms.
5 Utley, who is the duly appointed personal representative of
6 the estate of her daughter Taylor Price that is on the stand.

7 We have reached a settlement with the Marion County
8 School District in this matter, and the terms of that
9 settlement that I'll explain and then tender Ms. Utley to the
10 Court to the extent you've got any questions.

11 The Marion County School District is paying \$130,000 to
12 resolve all claims that were brought or could've been brought
13 of them as their nature or in relation to any of the
14 allegations alleged in Plaintiff's complaint or the incident
15 surrounding the tragic death of Taylor Price.

16 Of that \$130,000, \$129,000 is allocated to the survival
17 action, and \$1,000 of that is allocated to the wrongful death
18 claims that Plaintiff has alleged. The contingency fee out of
19 that is 40 percent, which comes to \$52,000, and that would be
20 divided equally between the Law Office of Brad C. Richardson,
21 and my firm, Lesemann & Associates, which would be \$26,000 a
22 piece. There is some costs obviously associated with this
23 trial, which are not captured and are not relevant in this
24 number, and they will still continue to on go, but for
25 purposes of this settlement, Plaintiff has incurred \$37,363.58

1 in cost and expenses pursuing these claims. And that would
2 leave a total of \$40,636.42. And I forgot to mention earlier,
3 Mr. Price, obviously a 16-year-old Taylor, she died intestate,
4 so both the survival proceeds and the wrongful death proceeds
5 pass pursuant to the intestate statute, and so that number
6 that remains for the statutory beneficiaries is \$40,636.42.
7 And we would propose that that amount would remain held in
8 trust in my firm, Lesemann & Associates' trust account until
9 there is a final order either from this Court or from the
10 Marion County Probate Court. There are some issues that are
11 being delt with relating to the beneficiaries, so that is why
12 those funds cannot be disbursed until a court of competent
13 jurisdiction makes a final determination on that, or there is
14 a agreement or settlement that a Court blesses in a final
15 order, Your Honor. And Ms. Utley is prepared to answer any
16 questions that Your Honor has about the settlement and her
17 understanding of it.

18 THE COURT: Okay.

19 All right. Ms. Utley, you doing okay this morning?

20 MS. UTLEY: Yes, sir.

21 THE COURT: All right. Did you hear and understand
22 everything that Mr. Powell just told us about this settlement?

23 MS. UTLEY: Yes, sir.

24 THE COURT: All right. Do you understand that if the
25 Court approves this settlement as it pertains to the Marion

1 County School District, that they would no longer be a
2 defendant in this matter?

3 MS. UTLEY: Yes, sir.

4 THE COURT: You understand that you can no longer pursue
5 a claim against that defendant, Marion County School District
6 in relation to this situation. Do you understand that?

7 MS. UTLEY: Yes, sir.

8 THE COURT: All right. And you understand that you can
9 no longer ask a jury to decide the case as it relates to the
10 Marion County School District. Do you understand that?

11 MS. UTLEY: Yes, sir.

12 THE COURT: All right. Do you understand the structure
13 of the survival benefits and the wrongful death benefits, and
14 the total amount of the settlement?

15 MS. UTLEY: Yes, sir.

16 THE COURT: Do you have any questions about that at all?

17 MS. UTLEY: No, sir.

18 THE COURT: Do you understand the fees and the costs that
19 Mr. Powell discussed on the record?

20 MS. UTLEY: Yes, sir.

21 THE COURT: Do you have any questions about that at all?

22 MS. UTLEY: No, sir.

23 THE COURT: Now, you have been appointed as the personal
24 representative of your daughter's estate; is that right?

25 MS. UTLEY: Yes, sir.

1 THE COURT: All right. And do you understand, as Mr.
2 Powell alluded to, that you have certain responsibilities and
3 legal obligations as it relates to the Probate Court and to
4 determine who the proper beneficiaries are, and to do all of
5 that in accordance with the laws of this state? Do you
6 understand that?

7 MS. UTLEY: Yes, sir.

8 THE COURT: All right. Do you have any issue with that
9 responsibility?

10 MS. UTLEY: No, sir.

11 THE COURT: Okay. And are you asking this Court to
12 approve the settlement this morning?

13 MS. UTLEY: Yes, sir.

14 THE COURT: All right. And do you have any questions at
15 all?

16 MS. UTLEY: No, sir.

17 THE COURT: All right, ma'am. I'll be happy to sign an
18 order approving this settlement. Okay?

19 MR. POWELL: Yes, sir. Thank you, Your Honor.

20 MS. UTLEY: Thank you.

21 MR. POWELL: I'll submit a proposed order to your queue
22 in E-filing.

23 BY THE COURT:

24 THE COURT: Okay. Was there anything that the School
25 District would like to add?

1 MS. GOODWYN: Nothing further, sir.

2 THE COURT: All right. Thank you, ma'am. You can step
3 down.

4 All right. Is there anything further before we adjourn?

5 MR. POWELL: No, Your Honor.

6 MR. AIKEN: No, sir. Thank you, Your Honor.

7 THE COURT: All right. Thank y'all.

8 MR. POWELL: Thank you, Judge.

9 **ADJOURNED - 10:38 A.M.**

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C E R T I F I C A T E

I, the undersigned, Kay H. Richardson, Official Court Reporter for the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of Common Pleas for Marion County, Marion County Courthouse, Marion, South Carolina, on September 9-10, 2024.

I do hereby certify that I am neither of kin, counsel, nor interest to any party hereto.



Kay H. Richardson

Official Court Reporter

April 30, 2025.

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS

COUNTY OF MARION) 2022-CP-33-00362

DEMETRICE UTLEY,)
INDIVIDUALLY AND AS)
PERSONAL REPRESENTATIVE)
OF THE ESTATE OF)
TAYLOR DANIELLE PRICE,)

Plaintiffs,)

vs.)

TRANSCRIPT OF RECORD

November 4-8, 2024

MCLEOD PHYSICIAN)
ASSOCIATES II, CHARLES A.)
TRANT, MD,)

Defendants.)

B E F O R E:

Honorable R.F. Cothran, Jr.
Marion County Courthouse
Marion, South Carolina

A P P E A R A N C E S:

Brad C. Richardson, Esquire
J. Taylor Powell, Esquire
Ellis Lesemann, Esquire
Attorneys for Plaintiff

J. Boone Aiken, Esquire
Joseph P. McLean, Esquire
Christie W. Henderson, Esquire
Attorneys for Defendants

Kay H. Richardson
Circuit Court Reporter

1	<u>I N D E X</u>	
2	<u>NOVEMBER 4, 2024 - DAY ONE</u>	<u>Pg.</u>
3	Voir Dire	7
4	Jury Selection	36
5	Motions	40
6	By the Court	46
7	Opening by Powell	51
8	Opening by Aiken	67
9	By the Court	73
10	<u>NOVEMBER 5, 2024 - DAY TWO</u>	
11	Demetrice Utley	
12	Direct by Richardson	75
13	Cross by Aiken	211
14	Dr. Ellen Riemer	
15	Direct by Richardson	245
16	Cross by Aiken	278
17	Redirect by Richardson	281
18	Christina Stewart	
19	Direct by Powell	282
20	Cross by Aiken	295
21	Redirect by Powell	297
22	By the Court	300
23	<u>NOVEMBER 6, 2024 - DAY THREE</u>	
24	Dr. Anthony Chang	
25	Direct by Lesemann	301

1	<u>I N D E X</u>	
2		<u>Pg.</u>
3	Dr. Anthony Chang	
4	Cross by Aiken	354
5	Redirect by Lesemann	377
6	By the Court	380
7	Emerson Hunt	
8	Direct by Richardson	383
9	Motions	432
10	<u>NOVEMBER 7, 2024 - DAY FOUR</u>	
11	Dr. Claudius Shuler	
12	Direct by Aiken	472
13	Cross by Lesemann	507
14	Redirect by Aiken	550
15	By the Court	552
16	Dr. Nicole Cain	
17	Direct by Aiken	553
18	Cross by Lesemann	589
19	Redirect by Aiken	621
20	Dr. Charles A. Trant	
21	Direct by Aiken	625
22	<u>NOVEMBER 8, 2024 - DAY FIVE</u>	
23	Dr. Charles A. Trant	
24	Cross by Powell	659
25	Redirect by Aiken	

1	<u>I N D E X</u>	
2		<u>Pg.</u>
3	By the Court	725
4	Motions	730
5	Closing by Richardson	733
6	Closing by Aiken	759
7	Rebuttal Closing by Powell	769
8	Charge to Jury	774
9	By the Court	791
10	Verdict of Jury	795
11	By the Court	796
12	Certificate of Court Reporter	799
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

	<u>E X H I B I T S</u>			
	<u>No.</u>		<u>ID</u>	<u>EV</u>
1				
2				
3	P1	24 Photos		120
4	P2	MUSC Florence ER Record - 01/24/18		120
5	P3	Pee Dee Pediatrics Medical Records 09/28/18		120
6	P4	Florence ER Records 12/12/18		120
7	P5	2019 Sports Physical Form 07/16/19		120
8	P6	2020 Sports Physical		120
9	P7	MUSC Marion Medical Record 12/17/21		120
10	P8	Rule 1006 Summary		155
11	P9	(Not ID or E)		
12	P10	Referral Order from Bahan to Trant 01/21/19		381
13	P11	Trant Appointment Information 01/21/19		294
14		to 01/23/19		
15	P12	Progress Note (Trant) 01/24/19		229
16	P13	Clearance to Participate (Trant) 01/24/19		381
17	P14	(Not ID or E)	699	
18	P15	(Not ID or E)		
19	P16	(Not ID or E)		
20	P17	(Not ID or E)		
21	P18	ECW Records 01/24/19		286
22	P19	MPA II Document Logs 01/22/19		287
23	P20	MPA II Access Audit		291
24	P21	MPA II Progress Notes		293
25	P22	(Not ID or E)		

1	<u>E X H I B I T S</u>			
2	<u>No.</u>		<u>ID</u>	<u>EV</u>
3	P23	(Not ID or E)		
4	P24	7 photos		401
5	P25	Dr. Riemer's CV (ID Only)	246	
6	P26	Autopsy Report		257
7	P27	CV of Dr. Chang		506
8	D1	CV of Dr. Shuler		505
9	D2	CV of Dr. Cain		561
10	D3	History of Present Illness Summary		657
11	C1	Note from Jury (ID Only)	792	
12				
13				
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1 **NOVEMBER 4, 2024 - DAY ONE**

2 **ON THE RECORD - 10:24 A.M.**

3 VOIR DIRE:

4 THE COURT: We're about to begin the trial of Demetrice
5 Utley -- did I pronounce that name right?

6 MR. POWELL: Utley.

7 MR. RICHARDSON: Utley, Judge.

8 THE COURT: I'm sorry -- versus McLeod Physician
9 Associates II and Charles A. Trant. Any members of the jury
10 panel know anything about this case?

11 (REPORTER'S NOTE: No response.)

12 THE COURT: Okay. Anybody heard anything -- this
13 involved a student at Mullins High School. It occurred
14 December the 17th of 2021. The young person's name was Taylor
15 Price, who was 16 years old, and collapsed outside of a gym
16 and later died. Does anybody know anything about this case?

17 JUROR 281: Was it Mullins High School?

18 THE COURT: Yes. Do you know something about it?

19 JUROR 281: I know it happened.

20 THE COURT: What is your number, please, sir?

21 JUROR 281: I apologize. Mike Watson.

22 THE BAILIFF: 281, Your Honor.

23 THE COURT: Okay. Let me -- since I got four or five of
24 you standing up, let me talk to each one of you individually.
25 If you could come up here -- if you'll come up here to the

1 with this of what happened that particular day. I also know
2 the family well. Her sister, I worked with Florence County at
3 the time. Her dad over there, I consider a friend.

4 THE COURT: Okay. So, based on your -- do you think you
5 could be fair and impartial?

6 JUROR 281: I do.

7 THE COURT: You could be fair?

8 JUROR 281: Yes.

9 THE COURT: Okay. So, have you heard anything about this
10 case as far as the facts are concerned? When you said you're
11 a paramedic, did you work this case?

12 JUROR 281: I didn't work this case my friends did, and
13 we talk.

14 THE COURT: And the fact that your friends may be
15 potential witnesses, would that affect your ability? You got
16 friends that actually responded to this, and you've talked
17 with them about it?

18 JUROR 281: Yes.

19 THE COURT: And if they're potential witnesses, are you
20 gonna have a tendency to lean more in their favor or not?

21 JUROR 281: I would not. I would look at the facts.

22 THE COURT: Okay.

23 Any other questions y'all want me to ask him?

24 All right. I'm gonna keep you right now. I'll -- we'll
25 talk about it later. Let me talk to the attorneys.

1 impartial trial? And defense counsel said, no, Your Honor, we
2 are not saying that. So, if you look at Page 4 and Page 9 of
3 the order that Judge DeBerry entered, you will see a
4 statement: As the medical defendants can see that a fair and
5 impartial trial is available in Marion County -- and then it
6 goes on from there, and it fails to demonstrate how the ends
7 of justice or the convenience of the witnesses would be
8 promoted by changing venue. The motion for change of venue is
9 denied. And then again, Your Honor, in Judge DeBerry's
10 conclusion he says that again. He made a special point of
11 asking that specific question, and on the record and both in
12 the order it stated that it was recognized -- because we have
13 the same family, we have the same case, we have the same
14 limited anecdotal knowledge amongst some jurors, the same
15 situation, and it was conceded that this was a fair and
16 capable county to provide a fair trial. So, Your Honor,
17 that's the first reason we feel like this should be denied.

18 The second reason is that it's procedurally improper.
19 From my review of the statute, such a motion would have to be
20 supported by affidavit that would show that there was such
21 publicity or knowledge amongst residents in Marion County to
22 indicates and to satisfy that significant burden on the part
23 of the defendants that this county could not provide a fair
24 trial. No such affidavits or evidence has been presented.
25 Also, the motion is supposed to be made four days before

1 trial. Your Honor is capable of waiving that, and I know you
2 do want to reach the merits. So, let's look at the merits.
3 Again, there's no indication that this is not a fair and
4 appropriate place for a trial. Defense counsel conceded as
5 much as officers of the Court, on the record. No affidavits
6 have been presented to show that this is somehow an unfair
7 place to hold a trial. Your Honor, through careful voir dire,
8 I think the fact that there is been a number of strikes
9 there's been evidence that the system has worked, because
10 between people that work for McLeod or that were a patient of
11 Dr. Trant or that had prior knowledge that did give them some
12 impression of the case, Your Honor has created the jury panel
13 where none of those folks fall into any of those categories.
14 So, you have created a fair and impartial jury. So, the
15 reasons that -- why you might consider taking that
16 extraordinary step aren't here because it's not just, Your
17 Honor, that somebody knows about the case, that they know
18 about it in a way that's prejudicial to the defendants or to
19 the moving party. So, there's no showing of prejudice and no
20 showing of any factual support. For those reasons, Your
21 Honor, I appreciate you just letting me lay out the record
22 that we believe supports a denial of this renewed motion for
23 transfer of venue.

24 Thank you.

25 THE COURT: Okay. You know, Judge DeBerry has addressed

1 this issue in his order, and I am somewhat bound by it. But
2 based on selecting this jury, and if there's a scenario that
3 we couldn't find a fair and impartial jury from the jury pool
4 that was presented today, I'll agree with you, but I think we
5 have. I mean, we excluded everybody, in my opinion, that
6 could not render a fair verdict. We excluded a number of
7 people throughout the voir dire that said they knew anything
8 about the case, had any contact with the families. So, I'm
9 going to deny your motion. I think this jury can deliver a
10 fair verdict under the circumstances. They showed to me that
11 -- they assured me they could, and those that were
12 questionable, we took out. We took great pains to go through
13 this jury list and eliminate them.

14 MR. AIKEN: Understood.

15 THE COURT: I struck more people for cause than I ever
16 have, because if there was any question I took them out. So,
17 I think -- your motion is denied. We can have a fair trial.

18 MR. AIKEN: I understand. One other motion, if I may?

19 THE COURT: Sure.

20 MR. AIKEN: Your Honor, with every respect, I disagree
21 with the Court's striking members of the panel just because
22 they work at McLeod Regional Medical Center. McLeod Regional
23 Medical Center is not a defendant in this case. It's a
24 eleemosynary, 501(c)(3) corporation. The defendants in this
25 case are McLeod Physician Associates II, which is also a

1 separate stand-alone 501(c)(3) corporation, and Dr. Charles
2 Trant, who lives in Florence. So, I do think that once they
3 told Your Honor, if they did, and I think they did -- it's
4 hard to hear them -- if they could render a fair and impartial
5 trial, they should've been given chance to sit on this jury
6 and they could've used their strikes for those individuals,
7 had they so chosen.

8 Thank you.

9 THE COURT: Okay. And so, you know, I asked the question
10 on voir dire and a number of people stood up that said they
11 were employed at McLeod. And I understand from a legal
12 aspect, it is two separate legal entities, McLeod Regional and
13 the one the doctor works for is a separate legal entity. But
14 I'm not real sure that non-lawyers with necessarily understand
15 that. And the fact they get their paycheck from McLeod, they
16 have a financial interest in this case, and there's a number
17 of cases that deal with that issue. They may perceive that
18 they have a potential financial interest in the outcome of
19 this case, and that's why I excluded them because it is under,
20 you know, one big umbrella of McLeod, and they've got a number
21 of associates and a lot of doctors who form a separate
22 corporation, the doctors working under that corporation, they
23 have, you know, and eleemosynary benefits of having a cap on
24 their practice. But technically, I think they're all under
25 McLeod's umbrella, and I can see that the jury may perceive

1 that, and that's why excluded them versus, you know, if no
2 connection that they may not get a paycheck or that paycheck
3 may be affected in any way by verdict is different. So, I
4 respectfully deny your motion.

5 MR. AIKEN: Thank you, Your Honor.

6 THE COURT: Okay. Anything else before I bring them back
7 in here?

8 MR. POWELL: Nothing from the plaintiff, Your Honor.

9 MR. AIKEN: Nothing from the defense.

10 BY THE COURT:

11 THE COURT: Okay.

12 MR. POWELL: If the Court needs a break, it may take us
13 three or four minutes to kind of move the podium in the TV
14 around and kind of get ready, but otherwise the plaintiff is
15 ready to proceed Your Honor.

16 THE COURT: Okay. Whatever. I don't necessarily need
17 one, but I'll just sit right here and what you move it.

18 MR. POWELL: I didn't know if you wanted to bring them in
19 or however.

20 THE COURT: Well, I -- instead of bringing them in and
21 sending them back out, what I've got to tell them is not gonna
22 take that long.

23 (REPORTER'S NOTE: Brief break in record to set up equipment.)

24 THE COURT: Now, have y'all agreed on the evidence and
25 premarked and all that or do we need to do that?

1 MR. POWELL: There were six or seven exhibits -- not
2 exhibit, just photographs that I did run by Mr. Aiken, and he
3 didn't object to those, Your Honor,

4 THE COURT: Is that right?

5 MR. AIKEN: Yes, sir.

6 THE COURT: That's fine. I have to get the jury out here
7 for two seconds and send them back because we've got an
8 objection.

9 MR. POWELL: Judge, one thing Mr. Aiken and I have not
10 talked about is we've got a three-dimensional timeline rather
11 than a PowerPoint timeline, but describing what the evidence
12 will show, so I wanted to let him look at that now, so to the
13 extent he may object to, we'll deal with that.

14 THE COURT: Okay.

15 MR. POWELL: I think we're ready for them, Your Honor.

16 THE COURT: Okay. Bring me the jury, please, sir.

17 (REPORTER'S NOTE: Jury enters courtroom @ 2:54 p.m.)

18 THE CLERK: If everybody would stand and raise your right
19 hand for me, so I can swear you in.

20 JURY, HAVING BEEN DULY SWORN:

21 THE COURT: Okay, ladies and gentlemen, I'm gonna give
22 you some brief remarks about what your responsibilities are,
23 what my responsibilities are and how this trial was going
24 forward. This is not a charge on the law. At the end of the
25 case I will charge you on the law that you are to apply in

1 this case. Basically, you've been selected as a fair and
2 impartial jury to determine what the facts are in this case,
3 and it's important that you get that right. You need to pay
4 close attention to the evidence in this case and reach a
5 verdict that's based on that evidence. So, I need you to pay
6 close attention throughout this trial.

7 Having said that, as we proceed in this trial, I'm gonna
8 try to take a break every hour or hour-and-a-half. I try not
9 to take a break in the middle of a witness' testimony, but
10 sometimes that's impossible because sometimes they're way too
11 long. Having said that, if any of you need a break before
12 that, just simply raise your hand, because I need all of you
13 to pay attention and if you're uncomfortable for any reason
14 you can't pay attention. So, if you need a break, you raise
15 your hand, and I'll stop the testimony and will take a break
16 and proceed.

17 Your job is to base your verdict on the facts that come
18 into evidence in this case. And you're gonna receive the
19 evidence in basically three forms. One through sworn
20 testimony. Witnesses will get on the stand and swear under
21 oath to the things that they know or the things that they
22 observed. The other way that you may get evidence is through
23 documents and photographs and exhibits that under the rules
24 you are allowed to see. Sometimes, I have to rule on that and
25 sometimes, you know, the parties stipulate or agree. The

1 other way is through stipulation. Sometimes in the case,
2 there is a fact that both sides agree on, and the parties
3 stipulate to those facts. And so, that's how you're going to
4 get the evidence in this case.

5 Your job is to determine what the facts are in this case
6 and my job is to determine the law you are to consider. I
7 can't have an opinion about the facts, and you can't have an
8 opinion about the law. You've got to accept the law as I give
9 it to you.

10 I need you to pay close attention to all the evidence in
11 this case. And sometimes, I have to send you back in the jury
12 room to rule on certain evidence, issues, before you can hear
13 them. And when I do send you back or when we need to take a
14 break, I'm going to tell you you can't talk about the case.
15 And I know you may decide, well, after we've heard from one
16 witness and we are on a break back there, why can't we talk
17 about what that witness said? And the reason I don't want you
18 to talk about it, because I don't want you to form or express
19 an opinion to your fellow jurors until you've heard all of the
20 case. And then, as well as the law that I'm gonna charge you.
21 And then and only then will it be proper for you to talk about
22 it, because if you have a theory in the very first beginning,
23 then you're gonna want to defend that at the end of the case
24 to your fellow jurors. So, I don't want you to share your
25 opinions with each other until you've heard everything in this

1 case, and I will tell you then you can talk about the case.
2 When you go home tonight, your family is gonna want to know
3 what you've been doing all day, and you're sitting around the
4 supper table, and they want to know how things are going and
5 what you've been doing. If your family is anything like my
6 family, they gonna have an opinion about what you should do.
7 They haven't been here; only you've been here. So, you've got
8 to decide this case based on what you hear in this courtroom
9 and only what you hear in this courtroom. And don't go home
10 and Google anybody. Don't go do any outside research.
11 Everything you know about this, because it's important that
12 you do your job right and you're fair and impartial to both
13 sides in this case. And when you do, the system works. So,
14 if you would to that, at the end of the case, when this case
15 is over with, you can talk about it to anybody you want to,
16 but right now until we reach a verdict I need y'all to keep it
17 to yourself until I can tell you. Okay?

18 If you'll pay close attention, the way we're gonna start
19 this is the attorneys are going to make opening statements to
20 you, and they're gonna tell you what this case is about and
21 what they think the evidence is gonna show. And then, we'll
22 present the evidence. At the end of the trial, they're gonna
23 argue to you as to what the evidence shows and does not show,
24 and I'm gonna charge you on the law and give you this case to
25 decide.

1 So, if you'll pay close attention, will get started.

2 Mr. Powell?

3 MR. POWELL: Thank you, Your Honor. May it please the
4 Court?

5 THE COURT: Yes.

6 OPENING BY MR. POWELL:

7 MR. POWELL: This is 200 Greg Avenue in Marion, South
8 Carolina, about a half mile from where we are sitting right
9 here at the Marion County Courthouse. It's December 17th,
10 2021. It's about 7 o'clock in the morning. The house is
11 bustling with activity. The 16-year-old Taylor Price was
12 trying to get ready for her last day at Mullins High School
13 before Christmas break. Her 22-year-old big sister Serenity
14 is home from college, from Converse. Taylor and Serenity are
15 competing for time in the bathroom that they share, while
16 their mother is doing her best to get breakfast ready for
17 herself, to get out the door to work on time, and to get her
18 daughters out the door. The top left window there, that's the
19 window to Taylor Price's bedroom. Taylor has got her clothes
20 laid out folded for cheerleading practice after school, her
21 makeup table is in the corner, got all sorts of beauty
22 products on it, organized and laid out meticulously. Right
23 next to the makeup table, she's got something I've now learned
24 is called a ring light selfie camera some teenagers use to
25 make videos of themselves. Taylor's bedroom that I've just

1 described to you is unfortunately a moment that has been
2 frozen in time since December 17th, 2021. And that's because,
3 as the evidence in this case will show, at 3:01 p.m. on
4 December 17th, 2021, Taylor Price tragically died. The
5 evidence will show that the door to Taylor Price's bedroom
6 stayed closed for almost two years, because it was just too
7 painful for her mom to walk in there, too painful for her mom
8 to even catch a glimpse of what was in that room. December
9 17th, 2021 was the day that this family was shattered and the
10 day that started an almost three-year pursuit for justice that
11 is brought us here to this courtroom.

12 Ladies and gentlemen, my name is Taylor Powell. I
13 represent Demetrice Utley, the mother of 16-year-old Taylor
14 Price. And with me is Brad Richardson and Ellis Leemann,
15 that you met in the voir dire that the Judge provided earlier,
16 and we represent Ms. Utley, as her friends call her, Metri.

17 Metri gave birth to and raised two smart, beautiful,
18 successful daughters. That's Taylor on the left, and her big
19 sister Serenity on the right. Serenity is the big sister, six
20 years older. You're gonna hear testimony this week about the
21 bond that these sisters shared, and how Taylor followed in her
22 big sister's footsteps from cheerleading, to basketball, to
23 running track. And also sitting with Ms. Utley that you saw
24 earlier, is Mr. Emerson Hunt. Emerson is Serenity's father
25 and Taylor's stepfather. And you're gonna hear testimony from

1 him about the bond that Serenity and Taylor had, and that how
2 Taylor's death has affected their mother, Ms. Utley.

3 The evidence you will be presented with this week will
4 show that on January 24th, 2019, Ms. Utley took her 13-year-
5 old daughter, Taylor, to see Dr. Charles Trant at his office
6 located at 101 William H. Johnson Street in Florence. Dr.
7 Trant was the only pediatric cardiologist for the 13 counties
8 that make up the Pee Dee, which includes Marion County. And
9 what brings us together this week in the Marion County
10 Courthouse is a dispute about -- between my client, Ms. Utley,
11 and the defendants, Dr. Charles Trant and his employer, McLeod
12 Physician Associates II on what the appropriate medical
13 standard of care would be that Taylor was owed. You're gonna
14 hear a lot this week about something called the medical
15 standard of care. And at the end of this case, as Judge
16 Cothran told you, he will tell you what the law is. So, if
17 anything that I tell you or that the other attorneys tell you
18 conflicts with that, ignore us, and you are to apply the law
19 that he tells you to the facts and evidence that you are
20 presented with this week.

21 Doctors have to follow the rules of the road. When they
22 don't, and someone is hurt or worst killed, a doctor needs to
23 be held accountable just like anybody else who doesn't do
24 their job and causes harm. When the stakes are high, then the
25 doctor's job is to use the best test available under the

1 circumstances. The evidence will show that if a doctor is
2 considering not using tests, not using the best test
3 available, or not using any tests in a potentially life-
4 threatening situation, then it is his job to at least bring
5 the patient into the loop and to fully inform him or her of
6 his choice and their reasons for making it. If a doctor fails
7 to follow patient safety rules and doesn't collect or ask
8 about a patient's medical history, or fails to perform a test
9 that is required by the patient safety rules and the medical
10 standards of care, then that is a choice. That choice made by
11 that doctor could put a patient's life at risk because the
12 doctor has chosen not to do his job in a responsible manner
13 that meets the standard of care.

14 You will hear testimony this week from expert witnesses
15 in the field of pediatric cardiology, and you will hear that
16 if a doctor jumps right to a diagnosis without ordering any
17 tests, or if they order tests and don't review the results of
18 those tests without ruling out potentially serious life-
19 threatening conditions, that the patient's life could be
20 placed at risk, and they have not met the medical standard of
21 care.

22 When you are listening to the expert witnesses this week
23 and the pediatric cardiologist talk about how to make a proper
24 diagnosis, just remember when in doubt check it out, test
25 don't guess. When it comes to protecting the life of a child,

1 there is simply no room to cut corners. The medical standard
2 of care is color blind. It doesn't care if you're from
3 Mullins, or Marion, or Charleston, or Florence. The medical
4 standards of care, like any safety rules, only protect
5 patients if juries like you choose to enforce them and hold
6 doctors and their employers accountable if they violate them.

7 At the end of this trial, the Judge will instruct you on
8 what the law is on what's called the burden of proof. And
9 what that is is in the civil case like this, it's called the
10 preponderance of the evidence. Think of the scales of
11 justice. They start even, if they tip just a little bit in
12 favor of the plaintiff, the plaintiff is met their case as to
13 that point. And conversely, if they tip ever so slightly in
14 favor of the defendant, then the plaintiff has failed to make
15 their case, and you must find for the defendant.

16 We intend to prove -- to provide you with enough evidence
17 that those scales will not just tip ever so slightly to the
18 plaintiff. We intend to provide you with significant evidence
19 so that you will have no trouble making your decision at the
20 end of this case.

21 You're gonna hear some medical terminology this week.
22 Some of these words are gonna come up a lot. The first one, a
23 word that's called syncope, and that is the medical term for
24 the loss of consciousness or collapse. The word syncope or
25 the word near syncope is going to be a big part of this case

1 that both sides think are important. You're gonna hear about
2 something called a PPE, and that is a pre-participation
3 physical examination, or what many people call a sports
4 physical. You may see that someone was diagnosed with
5 something called a hyperventilation event or hyperventilation
6 disorder. And the evidence will show that that is the medical
7 terminology for a panic attack. You're gonna hear about
8 something called an echocardiogram, which is a noninvasive
9 type of test that can be performed on the heart where an
10 ultrasound is used. The evidence in this case will show --
11 and this six-foot-long two-by-four represents a four-year
12 period. Every inch-and-a-half is equally divided, and that
13 represents a month. The evidence will show that on January
14 24th, 2018, then 12-year-old Taylor Price was playing a game
15 of middle school basketball at Palmetto Middle School, in
16 Mullins, and she had a medical event where her mother, Ms.
17 Utley, the plaintiff, took her to the emergency room at CHS,
18 what is now MUSC Florence. The evidence will show that she
19 complained of chest pain during exercise, breathlessness
20 during exercise. One week later, on February 1st, 2018, the
21 evidence will show that Ms. Utley took her daughter Taylor to
22 the pediatrician, Dr. Marc Bahan over in Mullins, and that the
23 records from that visit will show that there were complaints
24 that Taylor was passing out and had blurred vision, and did
25 experience, remember this term, syncope, medical term for

1 collapse or loss of consciousness two times after basketball.

2 Later that year on December 12th, 2018, the evidence will
3 show that Taylor Price had another event, also playing in a
4 middle school basketball game at Palmetto Middle School. Her
5 mother took her back to the same emergency room in Florence.
6 And this first time, I forgot to tell you, they did a chest x-
7 ray on Taylor, and she was diagnosed with hyperventilation
8 syndrome. The second visit, they did a chest x-ray, it did
9 not show anything, but they also -- what's called EKG or a ECG
10 or an electrocardiogram. We'll talk more about that in a
11 little bit. Taylor was diagnosed with chest wall pain at that
12 visit.

13 You will hear testimony that just six days later, on
14 December 18th, Taylor Price was again playing in a middle
15 school basketball game from Palmetto Middle School, and this
16 was a home game, and she had what the testimony will show was
17 her most serious event. So, at that point, the evidence will
18 show that Ms. Utley called Mr. Bahan, Dr. Bahan, the
19 pediatrician, and specifically sought out a referral to a
20 cardiologist so that her little girl's heart could be checked
21 out.

22 And there will be a lot evidentiary disagreements in this
23 case between the plaintiffs and the defendants. Some of those
24 were about whether Taylor Price actually had syncope or near
25 syncope. Some of those will be about what she was actually

1 complaining of. The one thing that there will not be a
2 dispute about, Taylor got a referral to a pediatric
3 cardiologist just shortly after that, just before Christmas,
4 right after Christmas break, January 24th, 2019. And what
5 there will also be no dispute about, when she went to see Dr.
6 Trant, you will hear evidence and testimony about what Dr.
7 Trant did or did not do, and any reasons for that. There is
8 no dispute that no diagnostic tests were ordered for Taylor
9 Price at that visit when she went to see Dr. Trant after these
10 events that you will be presented evidence about. So, then
11 fast-forward in 2020, 2021. On December 17th, 2021, just a
12 couple of months after her 16th birthday, Taylor Price passed
13 away.

14 The evidence will show that Taylor was playing pick-up
15 basketball. It was the last day of school before Christmas
16 break, and her ROTC class was playing a couple of games of
17 basketball, and she walked outside, went to walk outside the
18 gym, and before the door shut, she collapsed. Taylor was
19 found where she collapsed, and after CPR was administered, she
20 was taken to MUSC Marion to the emergency room, and
21 unfortunately, at 3:01 p.m. life-saving efforts were stopped
22 and Taylor Price passed away. Taylor Price's body was sent to
23 Charleston because the Marion County Coroner and Taylor's
24 family requested an autopsy, they wanted to know what happened
25 to their baby girl. And you will hear from Dr. Ellen Riemer

1 this week. Dr. Riemer is a forensic pathologist, and that's
2 the type of doctor who performs autopsies, and she's in
3 Charleston, South Carolina. Dr. Riemer will testify about
4 what she does, how she performs autopsies, but she will also
5 testify that she found the cause of Taylor Price's death was a
6 heart condition called ARVC. You're gonna hear that
7 abbreviation a lot this week. You may also hear ARVD; it's
8 the same condition, one refers to it as cardiomyopathy, one
9 refers to it as a dysplasia, same thing. You're probably
10 wondering, what is ARVC? And what that is is a heart
11 condition, as I said earlier called arrhythmogenic right
12 ventricular cardiomyopathy. And you're gonna hear from a
13 pediatric cardiologist. And what this is, this is an image of
14 a normal heart. This is not Taylor's heart; this isn't
15 evidence you'll be presented with. But you'll be presented
16 with testimony from cardiologists, and they will describe that
17 ARVC is a heart condition where the muscle surrounding the
18 right ventricle, which is this area here, the muscle either
19 converts and changes to fatty tissue, or the muscle thins out
20 to the point that when the heart is in a physically stressed
21 environment, it gets out of rhythm. It can't pump blood.

22 UNIDENTIFIED JUROR: I can't see it.

23 MR. POWELL: Oh, you can't see it; I'm sorry. Can you
24 see it if we take this down?

25 JUROR: Yeah, there you go.

1 MR. RICHARDSON: Let me slide this out the way.

2 MR. POWELL: So, the ARVC -- for the gentleman back there
3 that couldn't see it earlier. Again, that is a condition
4 where this is the right ventricle here -- and this is not
5 Taylor's heart, this is just an image of a normal heart. And
6 this it -- it is where the muscle tissue that surrounds the
7 right ventricle changes or converts to fat tissue, or scar
8 tissue, or may thin out, so that when a patient who has a ARVC
9 or ARVD is in a physically taxing environment, their heart
10 can't keep up, and they can't pump blood. It gets out of
11 rhythm, and it can never recover, and unfortunately that can
12 cause sudden cardiac death in young athletes. So, we are
13 suing Dr. Charles Trant and his employer, McLeod Physician
14 Associates II.

15 And another thing that there is no dispute about this
16 week, everything Dr. Trant did or did not do, that the parties
17 may disagree about, he was in his capacity as an employee of
18 McLeod Physician Associates II. So, you can essentially think
19 of them as one in the same for the purposes of this case.
20 This isn't a case involving complicated surgical procedures,
21 complicated medical terminology. Simply because we gave you
22 that abbreviation, all you need to know is ARVC. You don't
23 need to try and pronounce it. All that you as our jury are
24 gonna need at the end of this case to make your decisions, you
25 won't need a medical degree, you're just going to need your

1 common sense that God gave you. The evidence will show that
2 on January 24th, when Taylor went to see Dr. Trant, there is
3 again no dispute that Dr. Trant performed a PPE on Taylor, and
4 again that is a preparticipation sports physical. And you
5 will see evidence that Dr. Trant signed off on Taylor to
6 return to sports, and cleared her to go back to basketball,
7 cheerleading, physical education, ROTC. And at that visit
8 where we discussed earlier that no diagnostic tests were
9 ordered. The evidence will show that Dr. Trant and McLeod
10 Physician Associates II, they had the tools needed right at
11 the fingertips; they could have used them. They could have
12 ordered them, but they made a choice not to, and you will hear
13 testimony as to why they made those choices.

14 Again, this case is simple. When you have heard and seen
15 all the evidence in this trial and been instructed on the law
16 at the end of it that you are apply to that evidence and sent
17 back to that jury room, you've got to answer some questions.
18 Did Dr. Trant breach the medical standard of care when he
19 chose not to order a single diagnostic test on Taylor Price?
20 Did Dr. Trant breach the medical standard of care when he
21 chose to sign Taylor Price's form clearing her to participate
22 in sports and physical education and cheerleading. Was Dr.
23 Trant reckless or grossly negligent in his care and treatment
24 of Taylor Price? Remember, when in doubt you gotta check it
25 out.

1 You're gonna hear from pediatric cardiologists that both
2 the plaintiff and the defendants have hired to come into court
3 this weekend to testify and to educate you on what they think
4 the standard of care is, and there will be some agreement
5 among those, even though the plaintiff has hired some, and the
6 defense has hired others. They will agree that for any
7 patient that has experienced full syncope, which is complete
8 loss of consciousness during sports, that an echocardiogram is
9 part of the workup that is required.

10 Now, ladies and gentlemen, in life it's never good to
11 take things out of context. And in the courtroom, it is
12 especially important that evidence and arguments and all the
13 inferences be placed in proper context. So, before I sit down
14 and Mr. Aiken stands up to give his opening statement, I want
15 to talk about some of the evidence that the defense may say
16 supports their case, because I'm not gonna get a chance to get
17 back up and put it into context.

18 So, remember that second emergency room visit on December
19 12th, 2018. Taylor Price had an EKG performed on her. In
20 that EKG, the defendants may tell you that because that EKG
21 was performed on December 12th, less than a month before she
22 saw Dr. Trant, that it appeared to be normal, that that's the
23 reason that no further testing was indicated for Taylor Price.
24 They may tell you that this is proof that there was nothing
25 wrong with Taylor's heart when she saw Dr. Trant or it

1 would've shown up in her EKG. They may even have a big old
2 posterboard of Taylor Price's December 12th EKG to put in
3 front of you and talk about this. Well, let's put it into
4 context. Again, you're not gonna hear any argument from the
5 plaintiff that Taylor's EKG wasn't what can be considered
6 normal. In fact, we can agree on that. But the evidence will
7 show that EKG is merely a quick test to check the heartbeat.
8 It records electrical signals in the heart. And while an EKG
9 can help diagnose heart attacks, irregular heartbeats, signs
10 of blocked coronary arteries, you can also have a perfectly
11 normal EKG and at the same time have a life-threatening
12 structural deformity in your heart. And the defense may try
13 and tell you that there's a big distinction between syncope,
14 again one of those terms that's important, full loss of
15 consciousness or near syncope, something that can range from
16 getting dizzy, falling out on the floor gasping for air. But
17 the evidence you will be presented with will show that that
18 distinction is not significant and is not relevant because
19 you're gonna hear evidence that Taylor Price experienced
20 complete syncope while playing middle school basketball, and
21 that she was diagnosed with syncope and was given -- that
22 diagnosis was given by her pediatrician before he referred
23 Taylor to see Dr. Trant. And that diagnosis was included on
24 the referral order from Dr. Bahan, the pediatrician, to Dr.
25 Trant, the pediatric cardiologist. The defense may tell you

1 that Dr. Trant only saw Taylor Price one time. He never
2 discharged her. He even invited her to call him back if her
3 symptoms returned, and that more than two-and-a-half years
4 passed between Dr. Trant seeing Taylor and her death, and that
5 she never had any more events in that two-and-a-half-year
6 period. You'll see where there is a big gap in that timeline.
7 And then, the defense may say that that's evidence that these
8 events Taylor had before were not related to an ARVC, which
9 the pathologist will testify is what caused her death on
10 December 17th.

11 Let me put that two-and-a-half year window into context
12 for you. Even though Dr. Trant, on January 24th, performed a
13 PPE, a sports physical and cleared Taylor to return to sports,
14 she didn't like that. Taylor Price, the evidence will show,
15 stopped playing organized basketball. She was embarrassed.
16 She had fallen out in front of a full gym of her friends and
17 fans, and she knew that it only happened during basketball and
18 didn't want that to happen again. And unfortunately, on
19 December 17th, 2021, when she was just playing pickup
20 basketball but was playing pretty hard, she suffered sudden
21 cardiac death caused by ARVC.

22 So, again, at the end of this case, when you have been
23 presented with all of the evidence, was this just all one big
24 coincidence, these events in 2018, and did Taylor Price's
25 documented syncope or near syncope or other complaints have

1 nothing to do with ARVC, or is it more likely than not that
2 ARVC caused these events. Did Taylor Price's ARVC suddenly
3 appear in 2021 around December like a lightning bolt out of
4 the blue, or were the symptoms of ARVC present all along if
5 anybody had bothered to look?

6 So, in a perfect world, everyone in here would want to
7 see Taylor walk in that door, hug her momma, go on about her
8 day like nothing happened. We live in an imperfect world
9 where we are asking you to perform a very hard task. If you
10 feel the evidence supports the plaintiff's arguments in the
11 case, we are asking you to do what the law allows for and the
12 only thing the law allows for you to do in this courtroom, to
13 award money damages for the wrongful death of Taylor Price.
14 If you find that the evidence shows that Dr. Trant and his
15 employer, McLeod Physician Associates II, are responsible for
16 Taylor's death. And in our country's system of civil justice,
17 that is the only remedy that you as our jury can provide.

18 At the end of this case, you're going to be tasked with
19 determining what is the full value of Taylor's life being cut
20 short at the age of 16, what is the full value of Metri never
21 seeing her baby girl walk through that door again. She didn't
22 get the chance to watch her daughter walk across the stage and
23 get her high school diploma. She won't get the chance to
24 watch Taylor follow in her sister Serenity's footsteps and go
25 to college. No more good nights, no more good mornings, and

1 no more I love you's. You're here in this courtroom because
2 on December 17th, 2021, Taylor Price suffered a tragic, but
3 what we feel the evidence will show was an entirely
4 preventable death.

5 Ladies and gentlemen, that is why at the conclusion of
6 this case, once you've heard all the evidence and provide --
7 and been instructed on the law from our judge and apply that
8 law to this evidence, if you find that Dr. Trant and the
9 McLeod Physician Associates II failed to meet the standard of
10 care required in treating Taylor Price, and this failure was
11 the cause of Taylor's death, then we will be asking you to
12 award full justice; not partial justice, not half justice,
13 full justice. We're not here for your sympathy; the time for
14 that is long past and this courtroom is not the appropriate
15 place for it. You are to base all of your decisions on this
16 case on only the evidence you see this week, and are to apply
17 the law that Judge Cothran will charge you on. And I want to
18 be brutally honest with you and transparent right now, I tell
19 you what I mean when I ask you for -- we will be asking you
20 award full justice at the end of this trial. Ladies and
21 gentlemen, you may be shocked by the number, but once you have
22 heard all of the evidence, you may be shocked more by the
23 conduct. If you find that the plaintiff has met their burden,
24 tip those scales of justice ever so slightly or even more in
25 favor of the plaintiff, the plaintiff will be asking you to

1 award a minimum of \$30,000,000 in wrongful death damages.

2 Thank you.

3 THE COURT: Okay. Ready?

4 MR. AIKEN: May it please the Court?

5 THE COURT: Yes, sir.

6 OPENING BY MR. AIKEN:

7 MR. AIKEN: Mr. Powell, Mr. Richardson.

8 As we mentioned, I'm Boone Aiken. I practice law in
9 Florence, and I represent Dr. Charles Trant on this case. Dr.
10 Trant is a retired cardiac -- pediatric cardiologist -- I'm
11 sorry -- pediatric cardiologist. I introduced Dr. Trant to
12 you before, but -- Dr. Trant, if you would, stand again
13 please? Dr. Charles Trant. Joe McLean is trying the case
14 with me, as is Christie Henderson. Christie is a lawyer for
15 McLeod Health. Alicia Arnold is my paralegal, she's been
16 working with me -- not for me, but with me, for like 24 years.
17 This is Elaine Trant, that's Dr. Trant's wife. She's here
18 with us today.

19 Taylor Price was the daughter that we would all be proud
20 of. She was a good daughter; she was a good sister; she was a
21 good friend; she was a good student; she was a good athlete.
22 Taylor had it all. She was the complete package. And we are
23 heartbroken for Ms. Utley, who is really a nice lady; for Mr.
24 Hunt; for Serenity, Taylor's sister; and for the entire
25 family; and the entire network of friends. We are

1 heartbroken. But I have to say at this point, Dr. Charles
2 Trant, in this courtroom, did not cause or contribute to
3 Taylor's death. Dr. Trant has spent his entire life helping
4 children. And when he saw Taylor that one time -- and we'll
5 talk about that in a minute -- he did not deviate or depart
6 from good care, from care within the standard of care. And
7 you will hear from two defense experts that will tell you Dr.
8 Trant did nothing wrong. You will hear from Dr. Claudius
9 Shuler. Dr. Shuler is a pediatric cardiologist from Columbia.
10 You will hear from Dr. Nicole Cain, she's from Charleston.
11 She's one of two electrophysiologists in the entire state of
12 South Carolina. There are only 200 of those specialists in
13 the entire United States. And she will tell you Dr. Trant did
14 not depart from accepted good standard of care.

15 Now, as we've mentioned, and what Mr. Powell did not
16 emphasis is, Dr. Trant saw Taylor Price one time, January
17 24th, 2019, and we will review with you his entire physical
18 examination. Taylor tragically died almost three years later,
19 to be exact, 34 months later. We will talk about these spells
20 that Taylor had, but from the time Taylor saw Dr. Trant in
21 2019 until her untimely and tragic death, she had no further
22 medical issues whatsoever relating to things that she'd
23 previously suffered from like shortness of breath, chest wall
24 pain, almost passing out, that's near syncope. Ms. Utley
25 never saw the need, and she didn't need to, take Taylor back

1 to see Dr. Trant another time, one time.

2 Now, I think it's important -- it might be important for
3 us to review in a little more detail, the medical history of
4 Taylor, the past medical history is what these physicians call
5 it. Now, the first incident or incidence or spell that Taylor
6 experienced was January 24, 2018, exactly a year before she
7 saw Dr. Trant. This is the medical record, which you will
8 have. Chief complaint, at a basketball game, and mom states
9 she fell to the ground saying she couldn't breathe, and that
10 her arm and face were tingling. That's called carpopedal
11 spasm, which we will also talk about. She was seen this time
12 by Dr. Steve Halus. Dr. Halus is a emergency medical -- an
13 emergency medical physician. He worked in the ER. Under
14 respiratory symptoms, he said shortness of breath, and you
15 will hear a lot about that. Associated symptoms, denies chest
16 pain, denies chest pain, and denies fever. Dr. Halus said,
17 she has had a hyperventilation event. Patient will be
18 observed and monitored here in the emergency department until
19 patient is asymptomatic. And she was, by the way, by the time
20 Taylor got to the hospital, she was already asymptomatic. She
21 had a chest x-ray. No cardiopulmonary events or
22 abnormalities; that's heart and your lungs. Dr. Halus issued
23 a diagnosis of hyperventilation syndrome, Mr. Powell mentioned
24 that. That's like over breathing or rapid breathing. So,
25 that was Dr. Halus's diagnosis. Then, as a good momma would,

1 like Ms. Utley, she was concerned about that event, so she
2 took Taylor to see Dr. Marc Bahan, a pediatrician, Taylor's
3 pediatrician. Now, he writes in his note, passing out,
4 blurred vision, thirsty, sweaty; well, that's what he wrote in
5 his record. But what I'm counting on and what I believe is
6 what Ms. Utley told me. A deposition that lawyers do is like
7 when a party or a witness testifies under oath. Lawyers
8 automatically take depositions of parties against them, like
9 in this case Ms. Utley, and I talked to Ms. Utley under oath,
10 and I believe her. Ms. Utley told me, and I asked her four
11 times, Taylor never once lost complete consciousness, not
12 once. So, whatever else we hear or read, I'm gonna rely on
13 what Ms. Utley said. She' the momma. Who would know better
14 than momma whether or not her daughter had completely passed
15 out? And that's called syncope.

16 So, Dr. Bahan, again writes this, Patient with symptoms
17 of syncope times two after basketball. Patient was poor
18 feeding during the day for hydration. Mom concerned about
19 diabetes, hypoglycemia, that's low blood sugar, with
20 improvement of symptoms after drinking juice. Once again, she
21 didn't have syncope times two according to momma. So, what
22 Dr. Bahan recommended was pre-hydration before basketball,
23 have some fluid, and frequent small meals and protein bar
24 before practice. That was his recommendation.

25 So, then we fast-forward another 10 months to December 12

1 of 2018. The patient presents with chest pain. The character
2 of symptoms is sharp, the degree and onset was moderate.
3 Again, the history in this medical note, her mom, child was
4 playing in a basketball game at school when she suddenly felt
5 hot, had some chest pain, tightness, and vomited once. By the
6 time Taylor got to the ER after having that episode, she was
7 also asymptomatic. So, this medical provider was Laurie
8 Payton (spelled phonetically). Laurie is a nurse or -- well,
9 nurse practitioner at MUSC. And Dr. Steve Halus, the same
10 doctor that saw her 10 months before, signed off on this note.
11 And Nurse Practitioner Payton ordered a chest x-ray, again
12 normal, and an EKG, which Mr. Powell told you about. An EKG
13 measures the electrical activity of the heart. I think Mr.
14 Powell might've said something like, we might say it was
15 normal. But I'm saying it was normal, completely a hundred
16 percent normal, and you will hear from three physicians that
17 will confirm that.

18 So, then we go from that visit, and the momma's word
19 again, as a good mom one, and she wanted Dr. Bahan to refer
20 her daughter to Dr. Trant. And Dr. Trant in fact saw Taylor
21 that one time on January of '24. Dr. Trant will go through
22 his examination line by line. He checked Taylor from head to
23 toe. He diagnosed exactly what Dr. Halus had diagnosed a year
24 before with hyperventilation syndrome, and he would tell you
25 about that. Had some vasovagal spells, and that's like when

1 your blood pressure drops suddenly.

2 So, they -- as Mr. Powell mentioned, there's some medical
3 terms that you will hear all week. Syncope, complete loss of
4 consciousness. Near syncope, that's when you feel like you
5 almost will faint but you don't lose consciousness. Shortness
6 of breath, well, we know what that is when we run around or do
7 exercise. But there are different degrees of shortness of
8 breath. It might be a lung disease, pneumonia, you get short
9 of breath. If it's caused by a heart condition, if it's
10 cardiac shortness of breath, what happens is your lungs fill
11 with fluid, and it takes a good while to let that fluid
12 buildup, and you're only going to get rid of that fluid which
13 you don't want with treatment. That's the shortness of breath
14 Dr. Trant was talking about. And there are all kinds of
15 degrees of chest pain, chest wall pain; those things are
16 different. It's very rare -- and you will hear this from
17 these physicians for an adolescent, a child -- and by the way,
18 Taylor was 13 when she saw Dr. Trant -- to have cardiac chest
19 pain. That is extremely rare. Taylor did die from this
20 condition. Mr. Powell says ARVC; I'm just used to saying
21 ARVD; same thing, exact same thing. But that's a very rare
22 heart condition, which will be explained to you, that is often
23 fatal. In fact, ARVD is often diagnosed only at autopsy. But
24 we're confident these physicians will explain it so all of us
25 can understand, including me.

1 And we will be asking you at the end of this case to
2 render a verdict for, for Dr. Trant, for his employer. And
3 it's gonna be hard for you. This is a sympathetic case. We
4 are all as sad as we can be about. We hate it. But, as Mr.
5 Powell also mentioned, it'd be inappropriate for you to render
6 a verdict based on the sympathy that you will feel for Ms.
7 Utley and this family. Sympathy simply has no place in the
8 courtroom. To honor your oath before God, you will have to
9 render a verdict based on the evidence in this case and
10 nothing else. And we're confident that your verdict will be
11 for the defendants, Dr. Charles Trant and his employer.

12 Thank you.

13 THE COURT: Okay. Y'all have been here over two hours.
14 We're gonna take a short break.

15 Don't discuss the case. I'll get you back out in just
16 few minutes. Okay?

17 (REPORTER'S NOTE: Jury exits courtroom @ 3:42 p.m.)

18 **RECESS - 3:43 P.M.**

19 *****OFF THE RECORD*****

20 **ON THE RECORD - 3:50 P.M.**

21 (REPORTER'S NOTE: Jury enters courtroom @ 3:50 p.m.)

22 **BY THE COURT:**

23 THE COURT: Okay, ladies and gentlemen. I have conferred
24 with the attorneys, and the first witness that we were gonna
25 -- they were gonna be using in this case is gonna probably be

1 lengthy, and I promised y'all I'd get you out of here by 5:00
2 or 5:30, so we're gonna stop for the day and start with that
3 testimony in the morning.

4 Now, tomorrow is a unique day as well, because it's
5 election day. Normally Court starts at 9:30. Is that gonna
6 present a problem with any of y'all if you want -- I don't
7 know whether you voted or not, but the polls open at 7:00, I
8 think, and close at 7:00. So, is that gonna be a problem?
9 So, y'all can be here at 9:30? Okay.

10 Now, you can't talk about this case yet. And, as I told
11 you earlier, don't go home and do any research and don't talk.
12 If you have an emergency tonight, you need to call either the
13 clerk's office or 911 and let us know you have an emergency,
14 because I can't get started till all of you show up in the
15 morning. And if you don't show up and we haven't gotten a
16 call, I can't get started, so I'm gonna send the sheriff for
17 you. And let me tell you why I'm telling you this story. I
18 was in a trial in another county, and we broke for lunch, and
19 we were supposed to be back at 2:00. Well, one of the jurors
20 didn't show back up at 2:00. So, we waited, and we waited,
21 and we waited. And finally, at 4 o'clock, I said, Sheriff, go
22 find that juror. It was a young -- well, she wasn't young.
23 It was a lady. She came back in, and I said, Ma'am, what was
24 your emergency? She said, my stories were on. I don't miss
25 my stories for anybody. That is not an emergency. I need

1 y'all back here at 9:30. If you have an emergency, please
2 call us.

3 You have a great evening. I'll see you at 9:30.

4 (REPORTER'S NOTE: Jury exits courtroom @ 3:54 p.m.)

5 **RECESS - 3:54 P.M. - END OF DAY ONE**

6 *****OFF THE RECORD*****

7 **NOVEMBER 5, 2024 - DAY TWO**

8 **ON THE RECORD - 9:33 A.M.**

9 BY THE COURT:

10 THE COURT: Bring me the jury, please, sir.

11 (REPORTER'S NOTE: Jury enters courtroom @ 9:34 a.m.)

12 THE COURT: Okay.

13 You may call your next witness.

14 MR. RICHARDSON: Thank you, Your Honor. At this time,
15 we'd call Demetrice Utley.

16 DEMETRICE UTLEY, HAVING BEEN SWORN,

17 TESTIFIED AS FOLLOWS:

18 DIRECT EXAMINATION BY MR. RICHARDSON:

19 Q: Ms. Utley, for the record, could you state your name?

20 A: Demetrice Utley.

21 Q: Okay. And normally I like to start out by asking the
22 witness about themselves so we can get to know them, but I'm
23 gonna do something a little bit different here. You've
24 identified yourself, but we're here for Taylor Price. Can you
25 tell us -- she was your daughter. Tell us about Taylor,

1 please, ma'am.

2 A: Taylor was born [REDACTED] She was a premature
3 baby. She was due actually in October, but because she was
4 premature, I had her [REDACTED] She had to stay in the NICU
5 for a whole week because she couldn't keep her weight up. So,
6 after the week, she was released from the hospital. She was a
7 loving child. She was caring. She had an older sister. She
8 adored her; she looked up to her so much. She always wanted
9 to be like her. She'd always compared herself to her sister.
10 Sort of like a good sibling rivalry, but not in a bad way.
11 But she was -- she looked up to Ren a lot, and you know, she
12 was caring, she loved to dance, she loved to cheer, that was
13 her thing. And she loved people. She was just an all around
14 good kid. She was stubborn, she was hard-headed, but you know
15 all children have their things, but all around she was a good
16 kid.

17 Q: Did she ever ---

18 MR. AIKEN: If you could, pull the mic a little closer,
19 I'm just having a little trouble hearing.

20 A: Oh, I'm sorry.

21 MR. AIKEN: No, that's fine.

22 Q: I tell you what, why don't we just turn this chair, if
23 that's all right, Judge, just a little bit, so she can --
24 there you go.

25 A: Okay.

1 Q: Maybe that'll pick up a little bit better.
2 A: Is that better?
3 MR. AIKEN: Thank you.
4 MR. RICHARDSON: Can you hear that all right?
5 MR. AIKEN: That's fine. Thank you.
6 MR. POWELL: Just try to speak a little louder, Metri.
7 A: Okay.
8 BY MR. RICHARDSON:
9 Q: All right. Sorry about that.
10 A: That's okay.
11 Q: But Ms. Kay has got to take down everything and they need
12 to hear. Okay?
13 A: Okay.
14 Q: First time on the witness stand?
15 A: Yes.
16 Q: So, a little bit nervous?
17 A: Yes.
18 Q: Okay. What I was about to ask you is, did Taylor have a
19 father figure in her life?
20 A: Yes, sir.
21 Q: Who is that?
22 A: Emerson Hunt.
23 Q: And was Emerson her biological father?
24 A: No, sir. When I got pregnant with Taylor, her biological
25 father wanted me to abort the pregnancy, and when I refused

1 to, he told me that I would be responsible for raising this
2 child on my own. And when I told Emerson about it, he said
3 that Taylor wouldn't be without a father. So, he stepped in
4 without hesitation and was that father figure for Taylor.

5 Q: Okay. And we'll come back to that.

6 A: Okay.

7 Q: We heard in the opening, we heard about Taylor that she
8 passed away, correct?

9 A: Correct.

10 Q: When was that?

11 A: December 17th, 2021.

12 Q: Okay. How old was she?

13 A: Sixteen.

14 Q: And at this point, do you know her cause of death?

15 A: Yes, sir. A condition called ARVD.

16 Q: ARVD?

17 A: Yes, sir.

18 Q: And that's a hard one to pronounce, too, right?

19 A: Yes, sir.

20 Q: Okay. Now, with -- we've heard from Taylor from the
21 person who probably knew her best?

22 A: Yes, sir.

23 Q: You told us -- tell us a little bit about yourself, where
24 you're from, where you went to school, what you do and
25 whatnot.

1 A: Okay. I'm from Mullins, South Carolina. I'm the third
2 child of 11. All of us have the same mom, same dad. I
3 graduated from Mullins High School in 1993. In 2002, I
4 attended Marion County School of Practical Nursing where I
5 received my LPN licensure, in 2006. I received my bachelor's
6 degree from Coker College, in psychology in 2016. I am
7 currently employed by Heritage Post Acute in Florence, South
8 Carolina.

9 Q: Okay. And when you were in Mullins, did you play any
10 sports or anything?

11 A: Yes, sir. I played basketball and track and cheered.

12 Q: Did you do tennis?

13 A: Oh, yes, tennis.

14 Q: Who started that tennis program?

15 A: My dad.

16 Q: Okay. You said you were one of 11 children?

17 A: Yes, sir.

18 Q: Okay. So, you got a couple ahead of you and a whole
19 bunch behind you?

20 A: Yes, sir.

21 Q: Okay. And I think you said Taylor was a baby sister,
22 correct?

23 A: Yes, sir.

24 Q: Okay. Could you tell us a little bit about how many
25 children you do have?

1 A: I have two. Serenity is my oldest. She was also born in
2 August. They're six years apart. Serenity, the best way to
3 describe her is a super baby. She was the child that was good
4 at everything. If she didn't know how to do it, all she had
5 to do was do it once and she caught on. She just excelled at
6 everything, grades, sports. She was just good at everything.
7 So, Serenity is my oldest. She's 25. She's -- she graduated
8 from Converse University in 2021. She's now a member of the
9 United States Air Force. She's currently deployed. And
10 Taylor was my baby, and she was 16.

11 Q: And Serenity's father, you said it's Serenity Hunt, so
12 her father is...

13 A: Emerson Hunt.

14 Q: Okay. And six years older.

15 A: Six years older.

16 Q: Okay. So, prior to this, you and Mr. Hunt had had a
17 relationship?

18 A: Yes, sir.

19 Q: Okay. And you said that Serenity graduated -- she
20 graduated from undergrad in '21, correct?

21 A: Yes, sir.

22 Q: And then she went back to graduate school?

23 A: A little bit.

24 Q: For about a year?

25 A: About a year; uh-huh, (affirmative response).

1 Q: And she completed that in '22, I think?

2 A: Yes.

3 Q: Okay. You've got two children, six years apart?

4 A: Yes, sir.

5 Q: Okay. That's about the same between me and my brother

6 Jason. So, pretty big gap in there as far as physical

7 abilities and whatnot?

8 A: Yes, sir.

9 Q: Serenity, you just told us a little bit about her. You

10 said she is in the Air Force?

11 A: Yes, sir.

12 Q: Okay. And where is she stationed?

13 A: Alaska; Anchorage, Alaska.

14 Q: Okay. Presently, is she in Anchorage, Alaska?

15 A: No, sir.

16 Q: She's deployed?

17 A: Yes, sir. Somewhere in the Middle East.

18 Q: Okay. And you can't disclose where she is?

19 A: No, sir.

20 Q: Okay. When did Serenity join the Air Force?

21 A: Shortly after Taylor passed away.

22 Q: All right. Now, had she always wanted to be in the Air

23 Force?

24 A: Yes, sir. We had talked about it.

25 Q: And so, after Taylor passed away, she joined up?

1 A: Yes, sir.

2 Q: You encourage her to do that?

3 A: I did.

4 Q: Why was that?

5 A: I had nothing for her, and I had already, you know,
6 instilled in her -- she had already graduated, and I knew that
7 would be best for her, because at the time I could not -- I
8 could not do anything for her. And I knew the military would
9 be good for her. So, I encouraged her to go.

10 Q: When you said you had nothing for her, why was that?

11 A: I was trying to deal with -- I still couldn't accept the
12 death of my daughter. And where I was always present and
13 could do things for them, I felt helpless, and I just
14 physically, mentally could not do it.

15 Q: Okay. Fair enough. And so, you encouraged Serenity to
16 leave home and join the Air Force?

17 A: Yes, sir.

18 Q: For her?

19 A: Yes, sir.

20 Q: Okay. And that left you at home alone?

21 A: Yes, sir.

22 Q: Now, Mr. Powell talked about the home that you raised
23 those girls in. Where is that home?

24 A: 200 Gregg Avenue in Marion.

25 Q: Okay. And who lives there today?

1 A: Me, Emerson, and my dog Diesel.

2 Q: Diesel, we'll come back to him. Okay?

3 A: Okay.

4 Q: Can you tell us about the relationship between Ren and

5 Taylor -- I say Ren, Serenity, what does she go by?

6 A: Ren.

7 Q: Okay. I couldn't remember if we established that. Could

8 you tell us about that relationship?

9 A: Okay. Serenity goes by Ren; Taylor goes by Tay. They

10 are like two peas in a pod. They had a great bond. Like I

11 said, there's 11 of us. I'm child number three, so her

12 relationship is like my relationship with child number four.

13 They're very close. They were always making videos. They

14 were just really close. They had the best relationship. If

15 you said something to one, you said something to the other.

16 And Taylor didn't care, if you said something to her big

17 sister, she was right there saying don't talk about my sister.

18 So, they had a really good relationship. They did everything

19 together. Ren taught her how to do her own hair and

20 everything, you know, everything with sports and stuff. So,

21 Ren was a good role model to her, and Taylor always looked up

22 to her.

23 Q: They always lived together?

24 A: Yes, sir.

25 Q: Let me show you -- I believe we've got something up here

1 on the stand. This is a book entitled Plaintiff's Exhibits.
2 Okay?
3 A: Okay.
4 Q: Now, I'm gonna show you, if I may, have you looked
5 through this book before?
6 A: Yeah, I think I -- yeah, I seen some of this before.
7 Q: Okay. And looking through this book, are all these
8 photographs in here, are they photographs either you took or
9 you were present when they were taken?
10 A: Yes, sir.
11 Q: And these depict moments in Taylor's life?
12 A: Yes, sir.
13 Q: We'll come back to the book.
14 A: Okay.
15 Q: Now, I'd like to show you a couple of photographs if I
16 could. Take a look at them. Okay?
17 A: Okay.
18 Q: I just want you to talk to us about them. Okay?
19 A: Okay.
20 Q: This first one. I believe this is one of the photographs
21 in that book?
22 A: Yes, sir.
23 Q: Okay. What can you tell us about that photograph?
24 A: That was Easter Sunday. I love photographs of my girls,
25 they bring so much joy, and I always thought they were very

1 photogenic. I might be biased, but I thought they were really
2 pretty, so...

3 Q: All right. This angle is a little bit awkward, so I'll
4 try to adjust it a little bit. Sorry about that, y'all. Do
5 you know about how old they are? I know they're six years
6 apart, but ---

7 A: I don't -- maybe ---

8 Q: And it's fine if you can't remember exactly.

9 A: I can't remember. I've taken so many pictures, but I
10 know it was Easter Sunday.

11 Q: How about this one? Another photograph in the book?

12 A: Yes. Ren had just come from a basketball camp at UNC and
13 that was the ball that she got, so they was just playing
14 around, and I was like, let me get a picture.

15 Q: So, Ren was a fan of that other Carolina?

16 A: She was.

17 Q: They're a little bit better in basketball sometimes, but
18 maybe not the girls. And a little bit older in this
19 photograph?

20 A: I think she's a little bit -- yeah, she -- no, she's
21 older in this one right here.

22 Q: All right. Now, does this fairly and accurately depict
23 the bond they had?

24 A: Yes.

25 Q: How about this one?

1 A: That was our last Christmas together. Christmas was
2 Taylor's favorite holiday, and so because I'm mostly behind
3 the camera, we had matching PJs, she was like let's get
4 matching PJs. And I was like, okay. So, I was like, okay,
5 let's get a picture.

6 Q: And this would've been -- Ren was still in college at
7 this point, correct?

8 A: Yes, sir.

9 Q: Okay. I think at this point she was just playing -- she
10 was running track; she wasn't doing basketball anymore, right?

11 A: Correct.

12 Q: And this is you?

13 A: Yes.

14 Q: And Tay?

15 A: Yes, sir.

16 Q: So, that would've been Christmas of 2020?

17 A: 2020; yes, sir.

18 Q: Which I believe a lot of people made that same joke about
19 2020, the year of the lockdown and toilet paper strike?

20 A: Yes, sir.

21 Q: How about this one?

22 A: That's her sweet 16 photo. She wanted to be a Barbie
23 doll, so I made it happen.

24 Q: So, this would've been August of 2021?

25 A: Yes, sir.

1 Q: Was it a happy birthday party?

2 A: It was.

3 Q: And we'll talk about that here shortly.

4 A: Okay.

5 Q: Do you need a moment?

6 A: I'm good. That was right outside the courthouse here in
7 Marion.

8 Q: I think a lot of people take photographs out there.

9 A: Yeah.

10 Q: Do you know about when this photograph was taken?

11 A: It was Christmas. I forget which Christmas, but it was
12 Christmas.

13 Q: Okay. So, the bond between the girls, that bond remained
14 strong throughout their lives?

15 A: Yes, sir. They had a saying from the womb to the tomb;
16 that's their saying.

17 Q: Bear with me. I'm gonna sit this over here by Ms. Kay.
18 Now, can we talk about Ren?

19 A: Uh-huh, (affirmative response).

20 Q: So, her biological father is Emerson Hunt, correct?

21 A: Yes, sir.

22 Q: And when we're talking about Tay ---

23 A: Yes, sir.

24 Q: That was who she considered her dad?

25 A: Yes, sir.

1 Q: Not her biological dad?

2 A: Correct.

3 Q: So, let's get into that. I believe you and Mr. Hunt, Mr.
4 Emerson Hunt, you have somewhat of a different relationship?

5 A: We do.

6 Q: Okay. So, let's talk about that. How did you first meet
7 Mr. Hunt?

8 A: I was trying to work out, and I met Emerson at the gym,
9 and so I was trying to find out how I could get a membership.
10 So, he was like, well, if you give me your number -- you know,
11 if you give me your number, I can call you and let you know
12 when the person comes in you need to talk to. So, I gave him
13 my number, and then we started talking. And then, you know,
14 we start conversating on the phone, and then he told me that
15 he had a daughter. And I was like, well, how old? And he was
16 like six months, but she wasn't at the time currently in South
17 Carolina. So, he was like, well, I'm going to go get my
18 daughter. She was in Texas at the time. And I thought, wow,
19 that's really commendable. He was good to his mother, so I
20 was like, yeah, he'd be a good husband, so...

21 Q: Okay. Y'all developed a relationship?

22 A: Yes, sir.

23 Q: And part of that was because he sounded like a pretty
24 good dad.

25 A: Yes, sir.

1 Q: And how about his momma?

2 A: He loved his mom. And I was like if a man loves his mom,
3 loves his children, he's good husband material, because at the
4 time I was looking for a husband.

5 Q: So, he had a court order to go get his daughter?

6 A: No, sir. He went and got his daughter, and then when he
7 came back, he had -- they had to go to court for her.

8 Q: The biological mother had abandoned that daughter,
9 correct?

10 A: Correct.

11 Q: And that daughter's name is?

12 A: Elisha.

13 Q: I'm gonna take these down so everybody can see. Okay?

14 A: Okay.

15 Q: Is that all right?

16 A: Uh-huh, (affirmative response).

17 Q: It's a tight courtroom, and I don't want to trip.

18 You and Mr. Hunt, y'all brought Elisha back to South
19 Carolina?

20 A: Yes, sir.

21 Q: And the relationship started at that point?

22 A: Yes, sir.

23 Q: What role, if any, did you take in Elisha's life?

24 A: Elisha didn't -- like you said, her mother abandoned her,
25 and she didn't have a mother. So, I stepped in, and along

1 with his mother, I was a mother figure, along with his mother
2 until she passed in 2008, and then I took on the
3 responsibility of raising Alicia as if she were my own child.

4 Q: Okay. So, you knew Alicia from the time she was six
5 months old?

6 A: Yes, sir.

7 Q: And when you say raised with his mother, you're talking
8 about Mr. Hunt's mother?

9 A: Yes, sir.

10 Q: I knew her, too. So, y'all kind of co-mothered Alicia?

11 A: Yes, sir.

12 Q: And so, Alicia, how old is she today?

13 A: Elisha is 25 -- 28.

14 Q: Do you know what she does?

15 A: She's a EMT.

16 Q: Y'all keep in contact still?

17 A: Sometimes. I've been closed off from everybody, so I
18 just keep to myself.

19 Q: Okay. So, after y'all brought Elisha back and y'all
20 started a relationship, talk to us about Serenity.

21 A: Serenity, she ---

22 Q: I believe that's the daughter you and Mr. Hunt have
23 together?

24 A: Yes. I share with Emerson Hunt. Like I said, she's
25 well-rounded. She was always good in sports from the time she

1 was a kid. She actually started running before she started
2 walking. So, I signed her up for sports at the age of five,
3 and she never stopped. She was -- she loved school, she loved
4 people. She's her dad's child. She's a people person and
5 everything.

6 Q: Okay. When was she born?

7 A: [REDACTED]

8 Q: Now, at some point, you and Mr. Hunt y'all ceased to have
9 a romantic relationship, correct?

10 A: Correct.

11 Q: We're not playing hide-the-ball, I mean ---

12 A: Okay.

13 Q: And we'll talk to Emerson about that, too.

14 A: Okay.

15 Q: But y'all ceased to have a romantic relationship?

16 A: Yes, sir.

17 Q: And you weren't living in the house over on Gregg Street
18 at that point, correct?

19 A: Correct.

20 Q: Okay. And so, Serenity, she stayed with you?

21 A: Yes, sir.

22 Q: Okay. How involved was Mr. Hunt in Serenity's life?

23 A: He was very involved. Doughnuts For Dad, every -- like I
24 said, she had been playing sports since she was five. So, he
25 was always there. As she got older, you know, high school

1 sports, they're a little different. So, he had to work
2 because these kids were traveling all the time. So -- but he
3 was at all her games and stuff, the majority of them. But any
4 time she needed anything, he was always there. They always --
5 they never went without.

6 Q: And provided financial support?

7 A: Definitely.

8 Q: Now, you and Emerson, you had Ren together.

9 A: Yes, sir.

10 Q: And he had Elisha?

11 A: Yes, sir.

12 Q: And we'll find out he had a couple of other children,
13 correct?

14 A: Yes, sir.

15 Q: Okay. And you got pregnant with Taylor, you talked about
16 that.

17 A: Yes, sir.

18 Q: And you said Emerson stepped up?

19 A: Yes, sir.

20 Q: In what way?

21 A: In every way possible. When I went into labor, Emerson
22 was the one who actually took me to the hospital. And like I
23 said, Taylor stayed in the NICU for a whole week. And
24 whenever I brought her home, Emerson and I brought her home.
25 So, he was always involved in her life. Taylor never knew

1 that she didn't -- that she wasn't biologically his until I
2 told her. She just assumed she was his.

3 Q: How did Emerson treat Taylor?

4 A: Like she was his. Nobody knew, but like you said, we'll
5 get into it a little later, but anybody who stepped in his way
6 or had questions about Taylor, he will let them know, Taylor
7 is my child, she's here to stay. If you have a problem with
8 it, you got to go.

9 Q: Financially supported Taylor?

10 A: Definitely.

11 Q: Now, you told us earlier about your education, and I
12 believe you're an LPN; can you tell us what that is?

13 A: A licensed practical nurse.

14 Q: And what was the process in becoming an LPN?

15 A: It's a 18-month program at Marion County Technical
16 Center. I think it's something else now, Marion County
17 Educational Center, but it's right up here on Highway 76.

18 Q: Okay. Out where the airport, detention center, and all
19 that is.

20 A: Yes, sir. Yes, sir.

21 Q: I think we called it voc school when I was growing up.

22 A: Yes, sir.

23 Q: And what types of duties does an LPN do?

24 A: It really just depends where you're at. I spent -- when
25 I graduated, I did two-and-a-half years at McLeod on the

1 orthopedic unit. And then I transferred over to agency, and I
2 spent the majority of my career in rehab geriatrics, so in the
3 nursing home you supervise CNAs and just, you know, do daily
4 report of the elderly and stuff, make sure they got their
5 medicines, and just look for any noticeable changes.

6 Q: Okay. And when did you become an LPN?

7 A: In 2002.

8 Q: 2002, and when was Taylor born?

9 A: [REDACTED]

10 Q: So, 2002, you become an LPN and you begin working at
11 McLeod?

12 A: Yes, sir.

13 Q: Ortho, correct?

14 A: Yes, sir.

15 Q: And then you worked there for about two-and-a-half years?

16 A: Two-and-a-half years; yes, sir.

17 Q: So, you left there when you were pregnant with Taylor?

18 A: No, before I got pregnant with Taylor.

19 Q: Now, you said you did agency work.

20 A: Yes, sir.

21 Q: You work in nursing homes?

22 A: Yes, sir.

23 Q: Okay. Is money better at McLeod than nursing homes?

24 A: No.

25 Q: Why did you choose to do agency work instead of going

1 full-time at a nursing home or McLeod or anywhere?

2 A: Agency work gave me the flexibility to be at all Ren's
3 games. Like I said, she was very active. She was busy year-
4 round, so I wanted to be there to support my kid. So, working
5 the agency allowed me to work on the weekends if I wanted to
6 and be there for all her games, for every game. Whether it
7 was something dealing with school or sports, I wanted to be
8 present for her.

9 Q: So, if I understand your testimony, you work this agency
10 work because it allowed you to make some money, but still
11 allowed you to be a good parent, a devoted parent?

12 A: Yes, sir.

13 Q: Okay. So, we've gotten to know you.

14 A: Yes, sir.

15 Q: And Emerson?

16 A: Yes, sir.

17 Q: And Serenity a little bit.

18 A: Yes, sir.

19 Q: So, tell us a little bit more about Taylor. What type of
20 music was she into?

21 A: Taylor loved Cardi B. She listened to a lot of music. I
22 had them -- well, of course, when they got in my car, they had
23 to listen to old school, so she loved old school music, too,
24 but she loved Cardi B.

25 Q: And she was in school at Mullins?

1 A: Yes, sir. Mullins High School. She was a junior.
2 Q: What were her grades like?
3 A: Honor roll.
4 Q: Honor roll?
5 A: Yes, sir.
6 Q: And I think you said that she looked up to Ren?
7 A: She did.
8 Q: And Ren went to Converse College on a scholarship?
9 A: Yes, sir.
10 Q: What type of scholarship?
11 A: She had a basketball and track scholarship.
12 Q: So, Ren was pretty good at sports?
13 A: She was.
14 Q: And when she was at Mullins, did they do anything
15 special?
16 A: Oh, yes. They won the state championship.
17 Q: Okay. And that would've been Ren's senior year?
18 A: Yes, sir.
19 Q: Okay. And so, looking up to Ren, what was Taylor's
20 interest in playing sports?
21 A: She wanted to do everything Ren did.
22 Q: Okay. Now, what was Taylor's reputation around school
23 with her teachers and whatnot?
24 A: Everybody loved her. They always complemented me on how
25 respectful she was, how caring she was. She was always

1 willing to help others. She had a caring spirit. And the
2 teachers, they just loved her. Everybody loved her.

3 Q: So, growing up, you indicated that Taylor was born
4 premature. How premature?

5 A: Oh, like I said, she was due in October 2nd -- October
6 2nd, and I had her [REDACTED] so...

7 Q: And it's amazing what they can do with premature children
8 now.

9 A: Yes.

10 Q: And so, they kept her for a week and then they were able
11 to release her.

12 A: Yes, sir.

13 Q: Now, after she was released and you took her home -- I've
14 got a couple of older children now, but were there any medical
15 issues? Did you keep up with well checks and all that stuff?

16 A: I kept up with her well checks and stuff.

17 Q: Okay. Do you recall any specific medical issues?

18 A: Yeah. She was wetting the bed. I couldn't figure out
19 why, but she had a bedwetting issue.

20 Q: When she was five or so, did she have any issues?

21 A: No, not except for the little things that kids do. I
22 know she scratched her cornea. She had a ringworm in her
23 head, but ---

24 Q: Where was the ringworm in her head?

25 A: In the top of her head.

1 Q: Okay. I've had them I think on my ankles before.
2 A: Yeah.
3 Q: What effect did that ringworm have?
4 A: It left a bald spot in her head.
5 Q: And did you see anybody on that?
6 A: I did.
7 Q: What did you do for the ringworm?
8 A: I found a dermatologist in Columbia, South Carolina, Dr.
9 Patricia McClerklin, and I took her -- I took Taylor to see
10 her. I took her to her pediatrician first, and he gave me
11 some cream, and he said, well, it may not clear up, but the
12 good thing about it, she has a lot of hair, so you won't be
13 able to see it, but I didn't want my baby to have a bald spot,
14 so I said, I'll drive to Columbia.
15 Q: Okay. So, you had no problem driving to Columbia to get
16 a ringworm checked out?
17 A: No, sir.
18 Q: I think looking back through the medicals, she may've
19 sprained her ankle?
20 A: Oh, yes, sir. She did.
21 Q: Okay. And I think the medical records are all into
22 evidence.
23 A: Okay.
24 Q: Now, you said that Taylor looked up to Ren and she wanted
25 to play sports like her?

1 A: Yes, sir.

2 Q: And I know we don't try to parse out among our children
3 or anything, but athletic ability, how did they compare?

4 A: Taylor tried very hard. She always gave 110 percent.

5 Q: And oftentimes it's hard to live up to an all-star
6 scholarship athlete.

7 A: Yes, sir.

8 Q: But Taylor tried.

9 A: Yes, sir. She always gave 110 percent.

10 Q: And so, when did Taylor start playing basketball?

11 A: She started early, too. She played for Marion Rec, and
12 then when she got to middle school, she joined the team as
13 well.

14 Q: What middle school was that?

15 A: Palmetto Middle School in Mullins.

16 Q: What position did Ren play?

17 A: Shooting guard.

18 Q: How about Taylor?

19 A: Shooting guard.

20 Q: She looked up to her sister?

21 A: She did.

22 Q: And when you played?

23 A: I was a forward.

24 Q: You were a forward?

25 A: Yes, sir.

1 Q: So, you were the enforcer?
2 A: Oh, yeah.
3 Q: Okay. So, Ren started playing -- I mean, Taylor started
4 playing Palmetto Middle School, and that's where Ren played?
5 A: Yes, sir.
6 Q: She started playing there her seventh-grade year?
7 A: Yes, sir.
8 Q: Okay. So, she started playing basketball her seventh-
9 grade year, correct?
10 A: Yes, sir.
11 Q: As shooting guard?
12 A: Yes, sir.
13 Q: At Palmetto, and that would've been 2017-2018 year?
14 A: Yes, sir.
15 Q: Okay. And I believe you indicated that Ren graduated.
16 She graduated 2017 from high school?
17 A: Yes, sir.
18 Q: Okay. So, she had left for college by the time Taylor
19 started playing basketball at Palmetto Middle?
20 A: Yes, sir.
21 Q: And it was her freshman year at Converse?
22 A: Yes, sir.
23 Q: Okay. So, she had to stay up there. She played
24 basketball and track, right?
25 A: Yes, sir.

1 Q: Now, you indicated Taylor worked hard at it.
2 A: Yes, sir.
3 Q: But she just wasn't as naturally athletically gifted as
4 Ren?
5 A: No, sir. That wasn't her sport.
6 Q: And so, did she work hard at basketball?
7 A: She did.
8 Q: Did she enjoy it?
9 A: She did.
10 Q: And she's in seventh grade, and Palmetto is seventh and
11 eighth?
12 A: Sixth, seventh, and eighth.
13 Q: Sixth, seventh, and eighth. But she started playing in
14 seventh grade?
15 A: Yes, sir.
16 Q: Okay. So, she's still got eighth graders ahead of her?
17 A: Yes, sir.
18 Q: How much playing time did she get?
19 A: She was a starter.
20 Q: She was starting?
21 A: Yes, sir.
22 Q: And I believe middle school basketball starts somewhere
23 around the end of November?
24 A: Yes, sir.
25 Q: And goes into January and then finishes up towards the

1 end of January?

2 A: Yes, sir

3 Q: Okay. They take a little break at Christmastime, too,
4 right?

5 A: Yes, sir.

6 Q: Okay. Now, let's go to a game that occurred on January
7 24th, 2018, when she was in the seventh grade.

8 A: Okay.

9 Q: Okay. How many of the games had you been to?

10 A: All of them.

11 Q: And that January 24th, 2018 game, I believe it might've
12 been a home game. Is that a game that sticks out in your
13 mind?

14 A: Yes, sir.

15 Q: Could you tell us what happened at that game?

16 A: Taylor was playing, and she just collapsed to the floor.
17 I know basketball is a very physical sport, so when she
18 collapsed, I wasn't really sure if she got tripped or
19 anything. So, I just, you know, sat in the stands, waiting to
20 see if she was gonna get up. And then somebody closer to her,
21 because I was sitting on the opposite side, they motioned for
22 me to come over. So, whenever I went over, Taylor was on the
23 floor. She was not getting up, and I was like, Taylor, like,
24 get up. You okay? Like, what happened, what happened? She
25 couldn't really express herself. She was just laying on the

1 floor, like complaining of -- I think at that time, it was
2 tingling, hot, or something. I can't remember specifically,
3 but she was complaining of facial tingling and some other
4 things.

5 Q: And you said ---

6 A: Shortness of breath, yeah, she was saying she couldn't
7 breathe.

8 Q: And you said you didn't know what happened at first?

9 A: Correct.

10 Q: Did you see anybody push or shove her or anything?

11 A: No, I didn't.

12 Q: You see anybody trip her?

13 A: No, I didn't.

14 Q: And you played basketball. Have you ever been tripped?

15 A: Oh, yeah.

16 Q: What happened after you got tripped? You stay on the
17 floor?

18 A: I got a foul and had to go sit down.

19 Q: So, you hopped up?

20 A: Yeah, yeah.

21 Q: But Taylor stayed down for some time?

22 A: Correct.

23 Q: Okay. She wasn't completely unconscious at that point?

24 A: No, sir.

25 Q: But she was telling you what she was experiencing?

1 A: Yes, sir.

2 Q: And you witnessed this at a game, you played basketball,
3 you watched Ren play basketball, have you ever seen an athlete
4 in this condition before?

5 A: No, sir.

6 Q: And you've probably seen them collapse before?

7 A: Yes.

8 Q: But this was different?

9 A: Yes.

10 Q: How did it make you feel?

11 A: I was scared, because I'm like, okay, my baby is on the
12 floor. What happened? I'm not sure what happened. Let me
13 make sure she's okay.

14 Q: And what did you do?

15 A: I took her to the ER to get her checked out because it
16 scared me.

17 Q: In Marion?

18 A: No, sir, Florence.

19 Q: Okay. So, you took her over to MUSC Florence?

20 A: Yes, sir, Carolinas.

21 Q: Carolina Hospital, whatever it was at that time.

22 A: Yes, sir.

23 Q: And so, you drove -- so, by the time you got her in the
24 car, the game was over?

25 A: No, the game was still going on. We left during the

1 game.

2 Q: You left during the game?

3 A: Yes, sir.

4 Q: Okay. And that drive over to Florence is half-hour, 45

5 minutes to MUSC?

6 A: Driving the speed limit; yes, sir.

7 Q: Okay. Were you driving the speed limit?

8 A: No, sir.

9 Q: Don't worry. They're not coming after you for a ticket.

10 A: Okay.

11 Q: So, when you got there, where was Taylor in your car?

12 A: She was in the front seat.

13 Q: And this is January, did you have the air on?

14 A: Probably -- no, probably the air, because she was saying

15 she was hot, so I probably had the air on.

16 Q: And did she have anything to eat or drink?

17 A: I think she did, yeah; I think so, yeah.

18 Q: So, you drive over to Florence, to MUSC, and you check in

19 at the ER?

20 A: Yes, sir.

21 Q: Okay. Is this the first time you've even been in an ER?

22 A: No, sir.

23 Q: Okay. Do you remember, was it just like a normal ER?

24 A: What do you mean by normal?

25 Q: Was -- were y'all the only patients in there?

1 A: Oh, no; no.

2 Q: It was a little bit hectic?

3 A: Yes, sir.

4 Q: Okay. And by the time you had got to MUSC Florence, what
5 kind of condition was Taylor in at that point?

6 A: She was fine. She was able to walk and talk like nothing
7 had happened.

8 Q: She'd improved.

9 A: Yes, sir.

10 Q: If you will flip to Tab -- I believe it's Tab 3. It is
11 Plaintiff's Exhibit Number 2. Looking at Plaintiff's -- and
12 I'm sorry. I directed you to 3 and it was actually 2.
13 Plaintiff's Exhibit Number 2, these are into evidence, but
14 could you tell us what that is?

15 A: It's Taylor's medical chart.

16 Q: From January 24th, 2018?

17 A: Yes, sir.

18 Q: Okay. Do you see on there what time you checked into the
19 hospital?

20 A: I'm gonna need some help.

21 Q: Okay.

22 A: I see it. 7:33 p.m.

23 Q: And what time did the middle school game start, roughly?

24 A: Maybe 5:30, 6 o'clock; I can't remember.

25 Q: So, some time had passed since Taylor experienced that

1 collapse and you got to MUSC?

2 A: Yes, sir.

3 Q: And do you remember about how long you were there?

4 A: It seemed like forever.

5 Q: A couple of hours sound right?

6 A: Yes, sir.

7 Q: Two or three hours?

8 A: Yes, sir.

9 Q: Do you remember what all they did there that night?

10 A: I think they did a chest x-ray. Pregnancy test is

11 standard. I think may have drawn some bloodwork; I'm not

12 sure.

13 Q: And what did you tell the doctors at MUSC that night?

14 A: I told them that she collapsed while playing basketball.

15 She was complaining of, I think, shortness of breath and

16 tingling in her fingers and face, or something like that.

17 Q: And I don't expect you to remember the specific doctor's

18 name, but it was Dr. Halus, I believe the records reflect.

19 A: Okay.

20 Q: Do you recall, was Dr. Halus just an ER doctor?

21 A: I think so.

22 Q: And you've worked in a hospital before or just at the

23 ortho?

24 A: Just ortho.

25 Q: Okay. You're familiar with medical records, though?

1 A: Yes, sir. They don't look like this, but I am.

2 Q: Okay. I think there's something in there called triage

3 notes. Are you familiar with what triage notes would be?

4 A: Yes, sir.

5 Q: What are triage notes?

6 A: That's the first person you see, and you just give a

7 brief summary of what's going on. They'll normally do a blood

8 pressure, temp, and say, hey, tell us what's going on.

9 Q: And then in looking at this triage note and notes from

10 the doctor and staff, is it typical for them to get every bit

11 of information you give to the medical staff?

12 A: No, sir.

13 Q: Okay. So, if I'm reading it right, it says chief

14 complaint, at basketball game, and mom states she fell to the

15 ground saying she couldn't breathe and her right -- and her

16 arm and face were tingling, correct?

17 A: Correct.

18 Q: And it goes on in history, patient presents with

19 difficulty breathing, and complaint, asthma, became short of

20 breath. Did Taylor have asthma?

21 A: No, sir.

22 Q: Okay. And they say something about carpopedal spasms, do

23 you know what that is?

24 A: No, sir. But I know what she had.

25 Q: And they said the exacerbating factor was exertion,

1 correct?

2 A: Yes, sir.

3 Q: Okay. Do you remember what they diagnosed her with that

4 night?

5 A: I think dehydration.

6 Q: Maybe hyperventilation as well?

7 A: Yes, sir.

8 Q: Okay. And do you remember what they told you to do?

9 A: Keep her hydrated.

10 Q: Keep her hydrated. And at some point, they discharged

11 you around 9:30 or so?

12 A: Yes, sir.

13 Q: Okay. Did they give you any instructions on what to do?

14 A: I think just maybe follow-up with our regular

15 pediatrician.

16 Q: Okay. Now, you said follow-up with her normal

17 pediatrician. Did she have a normal pediatrician?

18 A: Yes, sir.

19 Q: And who was that?

20 A: Dr. Marc Bahan.

21 Q: Okay. And she'd been seeing Dr. Bahan for a while?

22 A: Yes. He was also Ren's pediatrician, so we had a very

23 good relationship.

24 Q: He was the local pediatrician for a long time in Marion,

25 correct?

1 A: He was.

2 Q: You like Dr. Bahan?

3 A: I do.

4 Q: And this happened on January 24th. Do you know if you
5 were able to do a follow-up with Dr. Bahan?

6 A: Maybe; I think. I can't remember everything.

7 Q: All right.

8 A: Was it sometime in February? Okay.

9 Q: Does February 1st sound about right?

10 A: Yes, sir.

11 Q: And if the medical documentation says it was February
12 1st, would that be accurate?

13 A: Yes, sir.

14 Q: Okay. And that was six days later if I'm doing my math
15 right?

16 A: Yes, sir.

17 Q: So, within a week, you're following up with Dr. Bahan?

18 A: Yes, sir.

19 Q: Okay. January 24th, 2018, that was the first time that
20 you'd ever seen Taylor collapse?

21 A: Yes, sir.

22 Q: Were you aware of any other collapses?

23 A: No, sir.

24 Q: Any complaints at practice or anything?

25 A: No, sir, not at that time.

1 Q: Now, prior to seeing Dr. Bahan on February 1st, did
2 anything else occur?

3 A: Yeah. She had another incident at practice.

4 Q: Were you there for practice?

5 A: No, sir.

6 Q: Okay. How were you made aware?

7 A: Her coach called me.

8 Q: Okay. And we can't into hearsay, what the coach told
9 you.

10 A: Okay.

11 Q: But based off of that, what was your understanding of
12 what happened?

13 A: My understanding was Taylor was playing, she passed out,
14 they didn't know what to do, and I needed to come get her.

15 Q: So, you went and picked her up?

16 A: I did.

17 Q: And that was in that intervening six-day period, correct?

18 A: Yes, sir.

19 Q: And is that the reason why I believe Dr. Bahan put
20 syncope times two?

21 A: Yes, sir.

22 Q: Okay. Did you use the term syncope?

23 A: No, sir.

24 Q: Were you aware of the term syncope at that point?

25 A: Just with the elderly but, no, sir.

1 Q: And what is your understanding of what syncope means?

2 A: Basically, passing out.

3 Q: Okay. All right. And so that wasn't a term you commonly

4 used, syncope or near syncope?

5 A: Correct

6 Q: Okay. And when you talked with Dr. Bahan, how long did

7 you talk to Dr. Bahan?

8 A: I talked to him a good minute. He was, you know, telling

9 some things I should do, I was telling him -- well, asking him

10 questions saying, well, do you think it might be this? I

11 explained to him what I had seen, because I know when she was

12 on the ground, she -- she looked like Sponge Bob -- I don't

13 know if people watch Sponge Bob, but when he goes to Patty's

14 house, or whoever, and he gets out of the water, his face was

15 like sunken in. So, I wasn't sure if it was something related

16 to diabetes or what, so I was like, well, do you think it's

17 that? He was just giving me some feedback about what it could

18 or could not be.

19 Q: And he ruled out diabetes, correct?

20 A: He did.

21 Q: Okay. And do you remember what he told you to do?

22 A: Keep her hydrated

23 Q: Okay. Now at this point, she -- the doctor at the MUSC

24 had told you to keep her hydrated?

25 A: Yes, sir.

1 Q: Were you doing that?

2 A: Yes, sir.

3 Q: So, we have the January 24th, 2018 game where she

4 collapsed?

5 A: Correct.

6 Q: And then she's seeing Dr. Trant on February 1st, 2018?

7 A: Dr. Bahan.

8 Q: I mean Dr. Bahan; I apologize. And sometime in this six-

9 day period she collapsed at practice?

10 A: Correct.

11 Q: And despite that, you were doing what MUSC told you to?

12 A: Correct.

13 Q: And Dr. Bahan told you basically the same thing?

14 A: Correct.

15 Q: Keep her hydrated. What kind of condition was Taylor in?

16 Was she obese, was she -- I mean, we've got some pictures?

17 A: What, when she played basketball? She was very

18 aggressive. Like I said, she gave 110 percent. She was --

19 she played really good defense. So, yeah, she gave it her all

20 when she played. And like I said, she -- before she even

21 stepped on the court, people knew that's Ren's little sister,

22 so they expected her to be the same caliber of player. So,

23 she wanted to be that type of player.

24 Q: Okay. And with regard to hydration, how were you trying

25 to keep her hydrated?

1 A: Made sure she had water. I went to Sam's, and I got her
2 the big case of water and Body Armour, and I put it in the
3 trunk of her car. I had some inside the house, too, so ---
4 Q: She didn't have a car at this point, right?
5 A: Oh, yeah, yeah, but I made sure she had it.
6 Q: When she was in the seventh and eighth grade, what are
7 you doing to make sure she stays hydrated?
8 A: Yes, sir, making sure she has her water and Body Armour.
9 Q: As far as her eating habits?
10 A: Making sure she ate, reminded her to eat. You know
11 children -- at that time she was a little self-conscious, so
12 -- but you know, I had to stay on her and make sure she'd eat
13 some stuff.
14 Q: Middle school girls then, sometimes all girls can be a
15 little self-conscious. Some of us guys can, too.
16 A: Yeah.
17 Q: So, February 1st, I think we established that the
18 basketball season is over by this point?
19 A: Yes, sir.
20 Q: And so, Taylor is done playing basketball?
21 A: Yes, sir.
22 Q: Now, from February 1st on up to December 11th, 2018, did
23 you have any problems -- tell us about any problems Taylor had
24 collapsing.
25 A: None.

1 Q: Any trouble she had breathing?
2 A: None.
3 Q: Chest pains?
4 A: None.
5 Q: You played basketball, and I'm sure everybody has seen
6 basketball. It's a physically demanding sport?
7 A: Yes, sir.
8 Q: A lot of moving back and forth?
9 A: Yes, sir.
10 Q: Constant?
11 A: Yes, sir.
12 Q: Okay. But during this period, no more basketball, right?
13 A: Correct.
14 Q: Now, when you met with Dr. Bahan, did he call your
15 attention to anything else, like irregular heartbeat,
16 irregular blood pressure, weight or anything?
17 A: No, sir.
18 Q: Now, I think also in his report he put passing out,
19 blurred vision, thirsty, and sweating; is that what you told
20 him?
21 A: Yes, sir.
22 Q: And the syncope times two, that he put in there,
23 obviously you told him she collapsed twice?
24 A: Correct.
25 Q: I think he mentioned something about maybe doing a

1 follow-up? Do you recall if you ever did a follow-up?
2 A: I can't recall.
3 Q: But again, there were no other issues during this period,
4 correct?
5 A: No, sir.
6 Q: Now, I can't remember if it was a term you used. You and
7 Emerson were co-parenting?
8 A: Yes, sir.
9 Q: That was the best way to describe it?
10 A: Yes, sir.
11 Q: Nothing romantic?
12 A: Correct.
13 Q: But you were being mom, and he was being dad?
14 A: Correct.
15 Q: Emerson didn't go to these medical appointments, correct?
16 A: No, sir.
17 Q: What if anything did you discuss at this time with regard
18 to these medical visits?
19 A: Every time I went, anytime she had an episode, I would
20 call him and let him know. And whenever I went to the doctor,
21 I always relayed the message with him. We kept in
22 communication about her health status, so he knew what was
23 going on.
24 Q: Was he concerned?
25 A: Yes, sir. But he knew I was taking her to the doctor,

1 and he, hey, if Metri is taking care of it, it's gonna get
2 done. So, he was okay.

3 Q: Okay. Did you get any prescriptions or anything?

4 A: No, sir.

5 Q: So, at this point, after the MUSC visit, you're making
6 sure she's hydrated, and then again you're making sure she's
7 hydrated after Bahan's visit?

8 A: Yes, sir.

9 Q: Did she play any other sports that year?

10 A: Cheerleading and track.

11 Q: Cheerleading and track.

12 A: Yes, sir. She's ROTC, too. Well, not at that time.

13 Q: Seventh and eighth grade, she's a cheerleader?

14 THE COURT: Can I stop you just a second. My jury needs
15 a break.

16 MR. RICHARDSON: Yes, sir.

17 BY THE COURT:

18 THE COURT: Y'all can -- want to all take a break? We
19 can take a 15-minute break and give everybody a break if you
20 want to? Go ahead.

21 (REPORTER'S NOTE: Jury exits courtroom @ 10:25 a.m. The
22 following takes place outside the presence of the jury.)

23 MR. POWELL: All right. So, the following Plaintiff's
24 Exhibits are in evidence by stipulation of the parties:
25 Plaintiff's Exhibit 1, which are photographs of Taylor Price

1 and her family; Plaintiff's Exhibit 2, the Florence Emergency
2 Room records from Taylor Price's January 24th, 2018 visit;
3 Plaintiff's Exhibit 3, Taylor Price's pediatrician records
4 from Dr. Bahan's practice, which is called Pee Dee Pediatrics;
5 Plaintiff's Exhibit 4, the Florence Emergency Room records
6 from Taylor Price's December 12th, 2018 visit; Taylor Price's
7 2019 sports physical form; Taylor Price -- do you need a date
8 on that or does it matter -- okay -- Taylor Price 2020 Sports
9 Physical form; the records from -- Taylor Price's medical
10 records from MUSC Marion's Emergency Room on December 17th,
11 2021; the Mullins Police Department Incident Report; and then
12 the Mullins High School security footage from the gym lobby's
13 security camera.

14 THE COURT REPORTER: Those are ---

15 MR. RICHARDSON: Those are 22 and 23. Plaintiff's only
16 go up to 27, that's where we --- we've actually -- you can
17 already of kind of strike -- just so we're not renumbering
18 things, you can strike a line through Number 9.

19 **RECESS - 10:31 A.M.**

20 *****OFF THE RECORD*****

21 **ON THE RECORD - 10:39 A.M.**

22 THE COURT: At least this book, do you have that
23 straight?

24 MR. POWELL: Yes, sir. We put it on the record with Ms.
25 Kay, and the -- your binder and your law clerk's binder, there

1 is a table of contents that has a column for admitted, and
2 either it's typed or written there by stipulation.

3 THE COURT: And you agree with that?

4 MR. AIKEN: Yes, sir.

5 THE COURT: Okay, good.

6 And if some of y'all have any issues, y'all let me know.

7 MR. POWELL: Yes, sir. And just for -- I told Ms. Kay,
8 the court reporter, we've already pulled on out of everybody's
9 binder and some -- you know, everything in that binder might
10 not come in, but rather than renumber everything, we'll just
11 refer to it as Plaintiff's Exhibit Number blank, so that it's
12 all -- everybody has got that same binder.

13 THE COURT: Okay. Good.

14 MR. MCLEAN: So, the tabs don't correspond to the exhibit
15 number?

16 MR. POWELL: They do. They do, yes.

17 MR. AIKEN: It's ---

18 MR. POWELL: So, we pulled Exhibit 9 out.

19 MR. AIKEN: But not all the things under the tabs, have
20 been admitted into evidence yet.

21 MR. POWELL: Some -- correct. Yes. The exhibits when we
22 say Plaintiff's Exhibit Number X, it will correspond to the
23 tab, just so everybody knows what we're talking about.

24 THE COURT: So, at the end, what's -- you're gonna have a
25 book that goes with the jury? How does that work?

1 MR. POWELL: That book up there. And the ones that do
2 not come into evidence, we'll pull out of that book, so that
3 the clerk can sent that back to the jury along with anything
4 else that Mr. Aiken may move in that's not in there.

5 MR. AIKEN: Fine with me.

6 THE COURT REPORTER: So, far we have into evidence by
7 stipulation Plaintiff's 1-7, and 22 and 23.

8 THE COURT: Okay. Okay.

9 PLAINTIFF'S EXHIBITS NUMBER 1, 2, 3, 4, 5, 6, 7, 22, AND 23

10 ADMITTED INTO EVIDENCE

11 THE COURT: Okay. So, y'all are ready for the jury?
12 Everybody ready?

13 MR. RICHARDSON: Yes, sir.

14 THE COURT: Bring the jury, please, sir.

15 (REPORTER'S NOTE: Jury enters courtroom @ 11:33 a.m.)

16 THE COURT: Okay. You may continue.

17 MR. RICHARDSON: Thank you.

18 BY MR. RICHARDSON:

19 Q: Before we took the break, Ms. Utley, you indicated these
20 doctor's visits, correct?

21 A: Correct.

22 Q: And then after February through the next December, no
23 collapses, no chest pains, no trouble breathing?

24 A: Correct.

25 Q: And I think you said Taylor was cheerleading at this

1 point?

2 A: Yes, sir.

3 Q: Okay. And did you watch her cheer?

4 A: Yes, sir.

5 Q: What'd she think about cheerleading?

6 A: She loved it.

7 Q: Okay. Now, you'd seen her play basketball, practice, and

8 you'd seen her cheer -- did you see cheer practice, too?

9 A: Not too much; maybe one or two.

10 Q: Had you talked to Taylor about cheer practice before?

11 A: Yes, sir.

12 Q: You played basketball; and I'm not knocking cheerleading

13 by any means, but could you just tell me about the differences

14 between the rigors of cheerleading versus basketball?

15 A: They type of cheering that she did was mostly stomp and

16 shake, so it's not too much movement. Basketball, you're

17 running up and down the court; you don't get a break,

18 especially if they don't call a time out. So, it's more of an

19 endurance sport.

20 Q: Four quarters?

21 A: Yes.

22 Q: Now, after you'd seen MUSC and Dr. Bahan ---

23 A: Yes, sir.

24 Q: And you've got -- you've gotten their diagnosis and

25 advice?

1 A: Yes, sir.

2 Q: Were you satisfied at that point?

3 A: Yes, sir.

4 Q: Okay. Now, we go through -- she's done with seventh
5 grade, right?

6 A: Yes, sir.

7 Q: Made the cheerleading squad?

8 A: Yes, sir. Captain.

9 Q: Okay. Goes through summer.

10 A: Yes, sir.

11 Q: Okay. As we begin the new school year, 2018-19, that's
12 her eighth grade year?

13 A: Yes, sir.

14 Q: Still at Palmetto?

15 A: Yes, sir.

16 Q: Okay. And that school year, what was she doing during
17 football season?

18 A: Cheering.

19 Q: So, she cheered at all the middle school football games?

20 A: Yes, sir.

21 Q: Okay. And I think that might've been the year we had
22 Hurricane Florence, that second one that hit us. Could be?

23 A: Could be.

24 Q: When she got done with football season, cheering football
25 season ---

1 A: Yes, sir.

2 Q: Watching her cheer during football season, what if any
3 medical issues did you see her -- did you witness with her?

4 A: None.

5 Q: Okay. And again, what efforts were you taking?

6 A: Making sure she stayed hydrated, making sure she ate
7 before the games and things like that.

8 Q: Okay. Now, when you get done with football season, did
9 she cheer during football and basketball or just one or the
10 other?

11 A: Football and basketball.

12 Q: So, she's cheering for boys' and girls' basketball?

13 A: No, she played for the girls and then cheered for the
14 boys.

15 Q: Okay. So, she went back out for the ---

16 A: Yes, sir.

17 Q: --- middle school basketball team?

18 A: Yes, sir.

19 Q: Still playing shooting guard?

20 A: Yes, sir.

21 Q: Okay. Were you aware of any problems she had had at
22 practice?

23 A: Not other than that one incident; no, she was fine.

24 Q: Okay. And that was back in seventh grade year?

25 A: Yes, sir.

1 Q: Okay. And what's the difference between a basketball
2 game and basketball practice?

3 A: A game, like I said, it's four quarters straight. You
4 don't get time to rest. During practice, you know, they'll
5 let you rest. They're a lot more lenient on you in practice.

6 Q: Especially in middle school?

7 A: Yes, sir, in middle school.

8 Q: Now, she went back out for basketball, and she's
9 collapsed a couple of times playing basketball?

10 A: Yes, sir.

11 Q: Did you have any concerns with her starting back?

12 A: No, sir.

13 Q: Okay.

14 A: As long as she stayed hydrated, I was okay.

15 Q: And when she started back, starting again?

16 A: Yes, sir.

17 Q: Okay. I'm going to direct your attention to December
18 12th, 2018, okay?

19 A: Okay.

20 Q: Prior to December 12th, 2018, were you aware of any
21 issues?

22 A: No, sir.

23 Q: Okay. And I believe you ended up at MUSC Hospital that
24 night, correct?

25 A: Correct.

1 Q: Okay. Let me show you in your book there, and we're
2 gonna be looking at Defendant's Exhibit Number 4. I know
3 we've doubled checked this, but I just want to make sure.
4 Yeah. Now, do you recall what brought you to MUSC Hospital
5 that night, December 12th, 2018?

6 A: Yes, sir.

7 Q: Could you talk to us about it?

8 A: Taylor was at another basketball game, and she collapsed
9 again.

10 Q: She collapsed? Could you look at the -- was that an away
11 game?

12 A: Yes, sir.

13 Q: Okay. And if you'll flip to -- I believe it's Page 17 in
14 your book.

15 A: Yes, sir.

16 Q: I want to make sure I'm calling out the right one. I
17 apologize.

18 I'm sorry. It's Page -- it starts off Page 17 and goes
19 to 18, and that's -- I believe it's entitled ED provider note
20 signed by Laurie Payton, 17 and 18. Now, looking at State's
21 or Plaintiff's 4, could you tell us what it says for history
22 of present illness?

23 A: The patient presents with chest pain. The onset was just
24 prior to arrival. The course, duration, and symptoms is
25 resolved. Location, anterior chest; radiating pain, none.

1 The character of symptoms is sharp. The degree at onset was
2 moderate; the degree at maximum was moderate; the degree at
3 present is none. The exacerbating factor is none. The
4 relieving factor is rest. Risk factors consist of not
5 hypertension, not diabetes mellites, not smoking, not obesity,
6 not pulmonary embolism, and not deep vein thrombosis. Prior
7 episodes, none; associated symptoms, diaphoresis; denies
8 anxiety; and denies palpitations. Additional history, her
9 mom, child was playing in a basketball game at school when she
10 suddenly felt hot, had some chest pain and tightness, and
11 vomited once. Mom states child continued to complain of being
12 hot, but did not feel hot to touch. Symptoms had completely
13 resolved by the time they got to the emergency room.

14 Q: And reading that, does that refresh your recollection
15 some of that night?

16 A: Yes, sir.

17 Q: Okay. And you said that she got hot and chest pains?

18 A: Yes, sir.

19 Q: Did she stay in the game, or did she take herself out?

20 A: Once she collapsed, I took her to the ER.

21 Q: Okay. Now, and they say no syncope in those records,
22 correct?

23 A: Not that I see; I don't believe.

24 Q: But they also said no history, correct?

25 A: Correct.

1 Q: And is this the same hospital you were at just a year
2 prior?
3 A: Yes, sir.
4 Q: Okay. And the December 12th game, was that home or away?
5 A: It was away.
6 Q: Now, when did you realize that was an away game?
7 A: When I was talking to my daughter, Ren.
8 Q: And did you have anything that jogged your memory on that
9 being an away game?
10 A: Yes, I had an actual photo taken from that night from the
11 ER and Taylor still had on her basketball uniform.
12 Q: Okay. And let me -- going back from those notes, if you
13 can flip back through the photographs, I believe it is the
14 last one. Is that the photograph you're talking about?
15 A: Yes, sir.
16 Q: And you said you noticed her uniform.
17 A: Well, Ren actually noticed it.
18 Q: And what's distinctive -- what makes you think that's an
19 away game?
20 A: I know it's an away game, because Taylor has on purple.
21 And when you play away, you where the colors of your school,
22 and when you're home, you wear white uniforms.
23 Q: So, this was definitely an away game?
24 A: Yes, sir.
25 Q: Okay. And you took her there -- it's maybe Sneed or

1 Hartsville or something like that?

2 A: Yes, sir.

3 Q: And so, you took her to the ER after that?

4 A: Yes, sir.

5 Q: Okay. And that was actually part of a video, too, wasn't

6 it?

7 A: Yes, sir.

8 Q: Okay. And we're not playing the video, but do you recall

9 what was happening in that photograph?

10 A: The nurse was getting ready -- she was trying to draw

11 some blood from Taylor.

12 Q: What Taylor think about that drawing blood?

13 A: Like most people, she's afraid of needles, so she was ---

14 Q: Okay. So, she's afraid of needles. Was she freaking out

15 a little bit?

16 A: She was.

17 Q: Did she pass out?

18 A: No, sir.

19 Q: Okay. Did she complain of chest pains at that point?

20 A: No, sir.

21 Q: And on the medical records, back on Number 4, can you

22 look to see what time y'all arrived at the hospital that

23 night?

24 A: 7:07 p.m.

25 Q: Okay. And do you see the discharge on there?

1 A: I just see the discharge date; that's all.
2 Q: How long were y'all there?
3 A: I'm not sure; probably a long time.
4 Q: Two, two-and-a-half hours?
5 A: Yes, sir.
6 Q: And by the time you got to MUSC Hospital ---
7 A: Yes, sir.
8 Q: And Taylor -- you drove there?
9 A: Yes, sir.
10 Q: What -- how much time had Taylor had to relax, rest or
11 anything like that?
12 A: It was maybe about 15, 20 minutes. She was fine.
13 Q: But she wasn't playing basketball?
14 A: No, sir.
15 Q: And so, by the time they got there, I think they
16 indicated that everything was kind of resolved?
17 A: Yes, sir.
18 Q: Do you remember any testing they did that night?
19 A: I think they did another chest x-ray.
20 Q: How about anything -- echo, EKG, or anything like that?
21 A: I think she -- yeah, I think she got an echo done; yeah,
22 they did a echo, a EKG?
23 Q: Or an EKG? And echo and an EKG are different things,
24 right?
25 A: Yes, sir.

1 Q: We'll let the doctors explain all that stuff. Okay?

2 A: Yes, sir.

3 Q: And so those records, they fairly and accurately reflect

4 everything that went on that night?

5 A: Yes, sir.

6 Q: At MUSC?

7 A: Yes, sir.

8 Q: And I believe they indicated chest wall pain, correct?

9 A: Yes, sir.

10 Q: And shortness of breath?

11 A: Yes, sir.

12 Q: And, again, this was while playing basketball?

13 A: Yes, sir.

14 Q: And if I understand your testimony, each time back on

15 January 24th, February 1st, and December 12th, all 2018, all

16 within one year, when you were at the ER, when you saw Dr.

17 Bahan, it was after she had collapsed a couple of times?

18 A: Yes, sir.

19 Q: And then after at the very least she had chest pains,

20 whatnot, took herself out the game?

21 A: Yes, sir.

22 Q: But before you got to the doctor's office, she'd had time

23 to recuperate?

24 A: Yes, sir.

25 Q: Okay. And on any of these visits to MUSC, did you see a

1 cardiologist?

2 A: No, sir.

3 Q: See any type of specialist?

4 A: No, sir.

5 Q: And Dr. Bahan, again, what is he?

6 A: Just a pediatrician.

7 Q: And certainly, he's got a medical degree and all that?

8 A: Correct.

9 Q: But he's like a general practitioner for kids?

10 A: Correct.

11 Q: So, he doesn't have any other specializations, correct?

12 A: Correct.

13 Q: Now, on each of these visits, I think we said two to

14 three hours. On the first MUSC, two and a half hours or so.

15 On this visit to MUSC, you talked with Dr. Bahan for a good

16 long time, correct?

17 A: Yes, sir.

18 Q: Okay. So, they spent some time with you?

19 A: Yes, sir.

20 Q: And the ER actually ran some tests?

21 A: Yes, sir.

22 Q: Do you remember what the ER told you to do?

23 A: Keep her hydrated.

24 Q: And that's the same thing they told you back in January?

25 A: Yes, sir.

1 Q: And Dr. Bahan told you?

2 A: Yes, sir.

3 Q: And so, now, they're telling you to keep her hydrated yet

4 again?

5 A: Yes, sir.

6 Q: And I believe you've already testified you were doing

7 that?

8 A: Yes, sir.

9 Q: Did it cause you any concern?

10 A: I just felt like I needed to do it more.

11 Q: Okay. So, let's go forward. Did they tell her to quit

12 exercising or anything?

13 A: No, sir.

14 Q: Okay. So, she wasn't stopped from playing?

15 A: No, sir.

16 Q: Okay. So, let's go forward to December 18th, 2018. Do

17 you remember what happened on that day?

18 A: Yes, sir.

19 Q: Okay. Basketball game?

20 A: Yes, sir. She collapsed again.

21 Q: Okay. So, let's go back. At this point, Ren is still

22 away at college?

23 A: Yes, sir. I think she was home for that game, though.

24 Q: Okay. She was back on Christmas break?

25 A: Yes, sir.

1 Q: Okay. And she's not playing basketball anymore, so...
2 A: No, sir.
3 Q: Okay. So, she comes back to town?
4 A: Yes, sir.
5 Q: And this December 18th game, is it home or away?
6 A: It's home.
7 Q: And how do you remember that?
8 A: Because this was gonna be first time Ren actually saw her
9 play, and her dad, Emerson.
10 Q: And you knew that was at Palmetto?
11 A: Palmetto Middle School; yes, sir.
12 Q: Okay. Now, she -- was she excited?
13 A: She was, and nervous.
14 Q: Nervous?
15 A: Yes, sir.
16 Q: Did she do anything special in preparation for this game?
17 A: Yes, sir.
18 Q: Talk to us about that.
19 A: Her and Ren -- well, like I said, Ren was an excellent
20 basketball player, and so they were out in the yard, and Ren
21 was showing her a couple of things to do. And Taylor decided
22 that she wanted to do this crossover move. And Ren told her,
23 Tay, you're not an experienced basketball player, so don't do
24 that. Because if you do it wrong, and you're playing against
25 a very good player, she's gonna take the ball from you, and

1 you're not gonna like that. So, don't do this crossover move,
2 focus on this. Focus on this, the easier move.
3 Q: And I'm not the world's best basketball player, but a
4 crossover is just where you take the ball and move it right
5 and left, correct?
6 A: Yes, sir.
7 Q: You got to be quick?
8 A: Yes, sir.
9 Q: And Ren was quick?
10 A: Definitely.
11 Q: And six years older?
12 A: Yes.
13 Q: And Taylor tried real hard.
14 A: Taylor gave 110 percent.
15 Q: So, they worked together on, I'm guessing, the 17th, the
16 day before?
17 A: Yes, sir.
18 Q: Okay. Any issues?
19 A: No, sir.
20 Q: And between December 12th and December 18th, any issues?
21 A: No, sir.
22 Q: So, the game is gonna be at home, and I believe you
23 indicated that Ren was gonna be there?
24 A: Yes, sir.
25 Q: Mr. Hunt's gonna be there?

1 A: Yes, sir.

2 Q: And she's excited?

3 A: Excited and nervous.

4 Q: Excited and nervous. So, how did y'all get to the game?

5 A: Emerson came later, but Ren and I drove together.

6 Q: And you said he came later, did he get there for the

7 start of the game?

8 A: I think he came right before; yes, sir.

9 Q: Okay. So, he got there to watch the start of the game?

10 A: Yes, sir.

11 Q: All right. And so, Taylor knows everybody is there?

12 A: Yes, sir.

13 Q: Game started at the normal time?

14 A: Yes, sir.

15 Q: And how was Taylor playing at that game?

16 A: She was playing good. She was giving 110 percent. This

17 actually was a really good game. Middle school games are not

18 that interesting, but this one was a really good game.

19 Q: Do you remember who it was?

20 A: I can't.

21 Q: Okay. But it was a good game?

22 A: Yes, sir.

23 Q: And can you tell us all about the game, please, ma'am.

24 A: Taylor had the ball, and she was coming down court, and

25 the same move that Ren told her not to do, Taylor tried it.

1 And the girl took the ball from Taylor, and she goes down to
2 their goal, and Taylor's running behind her trying to stop
3 her. The girl ends up shooting, making it, and drawing the
4 foul. And the crowd went crazy.

5 Q: Now, at this point, do you remember was it first quarter,
6 second quarter?

7 A: I can't remember.

8 Q: Had Taylor been playing for a little while at this point?

9 A: Yes, sir.

10 Q: And I think you indicated she was playing hard, 110
11 percent?

12 A: She was.

13 Q: Okay. And so, when -- the other team, whenever the young
14 lady from the other team, when she stole the ball, she took
15 off in the opposite direction.

16 A: She did.

17 Q: So that Taylor had to whip around real quick?

18 A: She did.

19 Q: Run hard?

20 A: Very hard.

21 Q: So, she had to switch from offense to defense?

22 A: Correct.

23 Q: And she ran down so hard she fouled the girl?

24 A: Yes, sir.

25 Q: So, the girl got a one-and-one.

1 A: And-one.

2 Q: Tell me what happened.

3 A: When the girl got the and-one, Taylor started tapping on
4 her chest. And so, the coach called her -- the coach called a
5 timeout, and they got Taylor out. I thought she was initially
6 embarrassed, because once that happened, the crowd went grey,
7 and I was just like, Taylor, why would you do that? We told
8 you not to. So, her sister, Ren, was home at the time. I
9 said, Ren, you go deal with it because I told her not to do
10 it. So, Ren goes over there, and I didn't see what happened
11 because I wasn't over there, but as I'm watching, I'm seeing
12 them like fan her. And I'm still just looking. I'm like,
13 okay, what's going on? And then there was a crowd of people
14 around her. People are taking pictures, and then I see her
15 dad get up. And he gets up, and I see him carrying Taylor
16 out. So, I'm like, okay, like what's really going on? So,
17 they exited the gym.

18 Q: Okay. So, initially she taps herself to be taken out of
19 the game?

20 A: Yes, sir.

21 Q: And she goes and she's over with the team.

22 A: Yes, sir.

23 Q: And you send Ren over?

24 A: Yes, sir.

25 Q: All right. And then at some point, you said her dad --

1 you're talking about Emerson?

2 A: Yes, sir.

3 Q: He's concerned about her, and he runs over there.

4 A: Yes, sir.

5 Q: And the next thing you see is he's ---

6 A: Picking her up and carrying her.

7 Q: --- picking her up and carrying her out the game?

8 A: Carrying her out the gym; yes, sir.

9 Q: When you see him carrying her out the game, what are you

10 thinking?

11 A: I'm thinking, okay, something must be really wrong

12 because they are carrying her out. So...

13 Q: You're not observing her directly at this point, correct?

14 A: Correct.

15 Q: Okay. Now, Emerson has carried her out; what did

16 Serenity do?

17 A: I think Serenity came back and sat by me, yeah.

18 Q: And do you see Emerson bring her back in?

19 A: No, sir.

20 Q: So, what happens when you don't see Emerson bring her

21 back in?

22 A: I get up and go find her.

23 Q: Okay. Where did you find Taylor?

24 A: She was in like a -- I guess a counselor's room with my

25 sister. My sister had -- she was actually coming into the

1 game. So, when I got to Taylor, she was slumped over like
2 sitting with my sister.

3 Q: It took you a few minutes to get over there?

4 A: Yes, sir.

5 Q: And what was Taylor's condition when you got over there?

6 A: Taylor could barely speak. I had seen her have these
7 episodes before, but this one was worse. She was like
8 mumbling. She was incoherent. She really couldn't speak, she
9 really couldn't say anything. So, that really worried me.

10 Q: Okay. And when you saw Emerson taking her out, did she
11 have her arms around his neck or what?

12 A: No. She was like limp.

13 Q: So, he just carried her out like a baby?

14 A: Like a baby, yes.

15 Q: And by the time you got in there, a while later, she
16 still is just mumbling incoherently?

17 A: Yes, sir.

18 Q: So, was this different than these other times?

19 A: Yes, sir. This one was the worst one. It lasted the
20 longest.

21 Q: So, it had progressed?

22 A: Yes, sir.

23 Q: Now, you're back there, Emerson is back there, Serenity
24 is back there, your sister is back there.

25 A: Yes, sir.

1 Q: Does there ever come a time whenever Taylor does come
2 around?
3 A: Not fully, but she eventually does come around.
4 Q: How about Emerson?
5 A: Emerson -- what about him?
6 Q: Did he stay the whole time?
7 A: No, sir.
8 Q: Once she came to, did he leave?
9 A: Yes, sir.
10 Q: You've known Emerson for ---
11 A: Almost 30 years.
12 Q: His reaction was a little bit different?
13 A: Yeah. He knew something was wrong, too.
14 Q: He looked scared.
15 A: He did.
16 Q: When Taylor finally started coming to, your sister was
17 there?
18 A: Yes, sir.
19 Q: Did you and Taylor talk about this?
20 A: Yes, sir. She was still wanting to come back in, and I
21 was like, no, you need to get some rest. Something is off, so
22 you need to -- I'm not gonna let you go back in. You need
23 some rest.
24 Q: Did she give you any instructions?
25 A: I guess just let her know who won.

1 Q: So, she wanted you to stay for the game?
2 A: Yes, sir.
3 Q: And your sister, how old was your sister at the time?
4 A: Forty?
5 Q: She had known Taylor her whole life?
6 A: Yes, sir.
7 Q: Very motherly?
8 A: Yes, sir.
9 Q: Okay. And so, you -- what did your sister do with
10 Taylor?
11 A: I had my sister take her home and let her get -- to her
12 house and let her get some rest.
13 Q: Where was her home?
14 A: Like 10 minutes away from the school.
15 Q: Okay. So, close?
16 A: Yes, sir.
17 Q: And Taylor had recovered some by that point?
18 A: Yes, sir.
19 Q: After she had stopped playing basketball?
20 A: Yes, sir.
21 Q: Got her something to drink?
22 A: Yes, sir.
23 Q: Okay. And it was Taylor that told you to go back in and
24 find out who won?
25 A: Yes, sir.

1 Q: Now, your relationship with the rest of the team, her
2 teammates ---

3 A: Yes, sir.

4 Q: What was your relationship like with them?

5 A: I'm like a mother to all of them. They all respect me.
6 I would do anything for them. I was like their basketball
7 mom.

8 Q: But you wouldn't let Taylor go back in, but you were
9 going to get the score for her?

10 A: Yes, sir.

11 Q: As you said, it was a good game?

12 A: Oh, it was.

13 Q: After the game was over, did you have any conversations
14 with anybody on the team?

15 A: Yes, Taylor's coach. She told me that ---

16 MR. AIKEN: Objection, Your Honor, hearsay.

17 THE COURT: Okay. I sustain the objection.

18 MR. RICHARDSON: Okay.

19 BY MR. RICHARDSON:

20 Q: After speaking with Coach McClintock?

21 A: Yes, sir.

22 Q: Were you gonna have to get anything before Taylor could
23 play basketball again?

24 A: Yes, sir.

25 Q: What was that?

1 A: I had to get a clearance from a doctor that stated Taylor
2 was good to play basketball.

3 Q: Okay. So, after the game was over and you were aware
4 that before she could ever play again, you gotta get a letter
5 from a doctor saying she can play?

6 A: Correct.

7 Q: And was it your understanding that they needed to have a
8 letter from a pediatric cardiologist?

9 A: No, sir.

10 Q: Just a doctor?

11 A: Yes, sir.

12 Q: And you said your sister took Taylor to her house?

13 A: Correct.

14 Q: After the game, what did you do?

15 A: I went to her house to pick up Taylor.

16 Q: Okay. Now, you've been the emergency room twice, and Dr.
17 Bahan once, did you go see a doctor that night?

18 A: No, sir.

19 Q: Why not?

20 A: I had already taken Taylor to the ER twice. She had
21 already been to Dr. Bahan, and they were basically telling me
22 the same thing. So, I was like, that can't be it; it has to
23 be something else.

24 Q: You keep getting the same information?

25 A: Yes, sir.

1 Q: And I believe you already testified you were doing
2 exactly what they told you to?
3 A: Yes, sir.
4 Q: The ER had run some x-rays?
5 A: Yes, sir.
6 Q: X-rays and an EKG?
7 A: Yes, sir.
8 Q: They spent some time with her?
9 A: Yes, sir.
10 Q: And it was still happening?
11 A: Yes, sir.
12 Q: And so, you weren't going back to the ER that night?
13 A: No, sir.
14 Q: Did you have an opportunity to speak with Serenity and
15 Emerson about what they witnessed?
16 A: Yes, I did.
17 Q: As they took her out?
18 A: Correct.
19 Q: And so, you were aware of everything they witnessed?
20 A: Yes, sir.
21 Q: Now, did you -- this is December 18th. I'm guessing
22 right before Christmas break?
23 A: Yes, sir.
24 Q: Right before Christmastime that year. Did you take her
25 back to see Dr. Bahan?

1 A: No, sir. I called the office.

2 Q: Did you have any discussions with Taylor?

3 A: As far as ---

4 Q: About her symptoms, what she was feeling?

5 A: Yes, yes.

6 Q: And what was your understanding of her symptoms?

7 A: That she would initially get hot. She would have

8 shortness of breath. She would have chest pain, and then she

9 was just like she could feel it coming on. And then, she

10 would just drop to the ground. There was nothing she could

11 do.

12 Q: Did she -- what was your understanding with regard to her

13 heartbeat?

14 A: It was beating fast sometimes.

15 Q: And once you had the opportunity to speak with Taylor,

16 look back at everything else that you'd gone through, what

17 discussions did you and Emerson have as parents?

18 A: Emerson and I sat down, and we discussed everything, and

19 then I told him, hey, she's already had chest x-rays, they're

20 saying that she's fine. I said, maybe it's her heart, I said,

21 because I'm noticing that it's happening every time she plays

22 basketball. We've ruled out, you know, respiratory; let's try

23 her heart. What do you think about that? And he said, you

24 know, I think that's a good idea. So, let's move forward with

25 that. So, I contacted Dr. -- well, I learned the hard way you

1 just can't call a cardiologist and say, hey, I want to make an
2 appointment; you have to get a referral. So, I called Dr.
3 Bahan's office and spoke with his nurse, Donna, and asked for
4 referral to a cardiologist.

5 Q: And you made that call around mid-January, January 14th
6 or so?

7 A: Yes, sir.

8 Q: Okay. And at this point, basketball starts back up
9 January 1. Was Taylor -- had she gone back to play with the
10 team?

11 A: No, sir.

12 Q: Okay. Now, it was your understanding all you needed was
13 a note from any doctor. She could've gone to Doctors Care?

14 A: Correct.

15 Q: You could've got a letter from Bahan?

16 A: Correct.

17 Q: And she could've gone back to playing basketball.

18 A: Correct.

19 Q: But you didn't do that?

20 A: No, sir.

21 Q: With your medical background, were you confused during
22 this period of time?

23 A: I was.

24 Q: Trying to figure it out?

25 A: Yes, sir.

1 Q: And so, you called Dr. Bahan's office to get a referral
2 to a pediatric cardiologist?
3 A: Correct.
4 Q: And what do you tell them?
5 A: I called her, and I said, hey, Donna, I'm trying to
6 figure out what's going on with Taylor. I need a referral to
7 a cardiologist. She said we have one in mind, Dr. Trant. And
8 I asked her, I said, is he good, because I don't mind
9 traveling. And she said he was good. So, I said, okay.
10 Q: You already talked about you traveling to see a
11 dermatologist, even in Columbia, when she was five. And so,
12 you were put at ease whenever they said it was Dr. Trant?
13 A: Yes, sir.
14 Q: And they were gonna get you a referral?
15 A: Yes, sir.
16 Q: Now, I'm gonna show you something. We're not gonna talk
17 about it yet. Okay?
18 A: Okay.
19 Q: If you'll flip to Number 8. Okay. This is Plaintiff's
20 Number 8, and it states summary of Taylor Price's visits to
21 medical providers. This is a summary of the visits to --
22 January 24th, February 1st, December 12th. And then I think
23 you got a referral on January 21st, 2019, to a Pee Dee
24 Pediatrics -- a pediatric cardiology referral. Is this a fair
25 and accurate summary of those medical records?

1 A: Yes, sir.

2 MR. RICHARDSON: Your Honor, at this time, the state
3 would -- the plaintiff would seek to introduce Plaintiff's
4 Number 8 under Rule 1006, which allows for a summary of
5 voluminous documents.

6 THE COURT: Any objection?

7 MR. AIKEN: Yes, sir. I do object to that one, Your
8 Honor. I do object.

9 THE COURT: Okay.

10 MR. AIKEN: We have some concerns about the accurateness
11 of it, and Dr. Trant can explain that when he's testifying.

12 THE COURT: Okay. I need to see it.

13 MR. RICHARDSON: Your Honor, it's the exact quotations
14 taken out of the medical records.

15 MR. AIKEN: Then Dr. Trant can explain it.

16 THE COURT: Okay. Let me -- I don't have that tab in
17 mine.

18 MR. POWELL: Number 8, Your Honor. It should be a one-
19 page document

20 MR. RICHARDSON: Number 8, one page. And if not, I can
21 certainly ---

22 THE COURT: My clerk's got it.

23 MR. RICHARDSON: You've got one?

24 THE LAW CLERK: Yes, sir.

25 THE COURT: I don't one; she does.

1 MR. RICHARDSON: There you go.

2 THE COURT: Okay.

3 MR. RICHARDSON: And, Your Honor, all of the medical
4 records are already in.

5 MR. AIKEN: I would like you, please, to allow Dr. Trant
6 to explain that before it's considered for admissibility.

7 BY THE COURT:

8 THE COURT: Okay. I'm gonna send y'all to the jury room.
9 I've got to deal with some legal matters. I'll get you back
10 out just as soon as I can.

11 Don't discuss the case.

12 (REPORTER'S NOTE: Jury exits courtroom @ 11:13 a.m. The
13 following takes place outside the presence of the jury.)

14 THE COURT: This summary that you propose to put in, who
15 generates this document?

16 MR. POWELL: I did, Your Honor.

17 MR. RICHARDSON: Mr. Powell did, Your Honor. He took
18 exact snippets with reference to the plaintiff's exhibit those
19 snippets were taken from, along with the pages in those. Such
20 as Plaintiff's 04, 06, and 13.

21 THE COURT: So, your -- I'm sorry. Your position is it's
22 not accurate?

23 MR. AIKEN: It's misleading and Dr. Trant can fully
24 explain that.

25 THE COURT: But it's your position that this summary is

1 not accurate?

2 MR. AIKEN: Well, it's misleading. I think it's an
3 accurate summary taken from the record, but we have issue with
4 what's in it, and Dr. Trant can explain that. So, I think
5 it's prejudicial to be offered at this time. I have no
6 concerns if Dr. Trant doesn't satisfy the Court that we are
7 correct on our objection.

8 MR. POWELL: Your Honor, all evidence is prejudicial.

9 THE COURT: Right.

10 MR. POWELL: The question is whether or not there's a
11 basis for it not to be admitted.

12 MR. RICHARDSON: And Dr. Trant is -- he's at his leave to
13 be able to discuss it during his testimony, Judge. This is
14 with regards to admissibility.

15 THE COURT: So, is it not something that he can explain?
16 I mean, the fact it's admissible or not admissible -- I mean,
17 I understand you're objecting because it's prejudicial, just
18 like all of it. They wouldn't be offering it if it wasn't
19 prejudicial.

20 MR. AIKEN: That's true.

21 THE COURT: But the fact that, you know, going to the
22 weight of it, the fact that you can explain it, you can cross-
23 examine her, you can -- I assume the doctor is going to
24 testify, he can explain -- if it's accurate, I think it's
25 admissible. If you point out that it is not accurate ---

1 MR. AIKEN: No, I can't do that.

2 THE COURT: Okay. Then -- I think you've clearly got a
3 right to explain it or cross-examine her on it, and on the
4 doctor, but it appears to be at least admissible if it's
5 accurate.

6 MR. AIKEN: Okay. Understood. Thank you.

7 THE COURT: Okay. Anything else before I bring the jury
8 back in?

9 MR. RICHARDSON: No, sir, Your Honor.

10 THE COURT: Just trying to figure out, since I got them
11 out, a timetable. I'm just trying to figure out about lunch.

12 MR. RICHARDSON: I should be able to finish by noon or
13 very shortly after.

14 THE COURT: So, we don't want to -- I assume you're gonna
15 cross-examine her?

16 MR. AIKEN: Could you give me another minute, just with
17 Dr. Trant.

18 THE COURT: Sure.

19 MR. AIKEN: On this previous document that we're talking
20 about. I need to check one think in the medical records.

21 THE COURT: Y'all -- I didn't have a copy in my book for
22 some reason, but at least under Tab 8.

23 MR. POWELL: Judge, I'll check your book at the break and
24 make sure there are no other omissions.

25 MR. RICHARDSON: Judge, I'm gonna make you a copy if

1 that's okay?

2 THE COURT: Sure. I don't necessarily -- I just need to
3 see one to rule. I don't necessarily need one. I just had --
4 it was hard for me to rule on it without looking at it.

5 MR. RICHARDSON: Judge, the page I put up there, you can
6 -- that's for your book then.

7 THE COURT: That's fine. Okay.
8 Okay?

9 MR. AIKEN: Your Honor, turning back to this summary we
10 were talking about.

11 THE COURT: Yes, sir.

12 MR. AIKEN: They've got, in the first block,
13 cardiovascular chest pain. And in -- Plaintiff's 4 -- Bates 4
14 through 6 and 13. What the record says is -- and all this is
15 important, the minute details are important -- cardiovascular
16 symptoms: chest pain. That's different when you say
17 cardiovascular chest pain. Cardiovascular symptoms: Chest
18 pain. And that ---

19 THE COURT: Are you talking about on the December 12th?

20 MR. AIKEN: Yes, sir.

21 MR. POWELL: I think you're talking about January 24th.

22 MR. AIKEN: January 24; I'm sorry, January 24, the first
23 block.

24 MR. LESEMANN: Your Honor, we can correct that within two
25 minutes. We have a printer here.

1 THE COURT: Okay. Okay. So, Number 4, cardiovascular
2 chest pains you want corrected?

3 MR. AIKEN: That's incorrect. It's got cardiovascular
4 symptoms with ---

5 MR. LESEMANN: We'll white-out the word symptoms and the
6 colon.

7 THE COURT: Okay. So, if that is corrected, then do you
8 have any issues with this?

9 MR. AIKEN: Well, at lunch, Your Honor, I'd like to cross
10 check all of these to make sure.

11 MR. POWELL: Your Honor, our position would be ---

12 MR. AIKEN: I don't want to take time to do it now.

13 MR. POWELL: Sorry. I didn't mean to be talking over
14 you, Boone.

15 MR. AIKEN: That's fine.

16 MR. POWELL: Our position is that they've had -- this
17 document has not changed nor the Bates stamp since we were
18 going to try this case originally on September 9th. We've all
19 had plenty of time to cross check it.

20 MR. AIKEN: Well, Brad -- Taylor, I didn't have this.

21 MR. POWELL: Yes, you did. That was Number 5 in the old
22 binder. It's now Number 8.

23 MR. AIKEN: We can add the word and colon, we just need a
24 moment to do it.

25 MR. POWELL: Well, they were requesting time to cross

1 check everything. I said they've had the document since
2 September.

3 MR. LESEMAN: Okay.

4 THE COURT: Well, are you intending to publish to the
5 jury right now or are you just gonna put this into evidence?

6 MR. POWELL: I don't think we need to publish it to the
7 jury to put it in evidence.

8 MR. RICHARDSON: Don't need to publish it right now.

9 MR. POWELL: Do you want to just to put in evidence and
10 wait to publish it until the closing of ---

11 MR. RICHARDSON: We'll put it into evidence subject to
12 that.

13 THE COURT: I understand. So, if you put it into
14 evidence, it'll give you a chance to cross check it and
15 correct it during lunch, right?

16 MR. POWELL: Yes, sir.

17 MR. AIKEN: Yes, sir.

18 THE COURT: And so, assuming that this is accurate under
19 the thousands of ---

20 MR. AIKEN: If they change it and it's accurate, then
21 we'll cross-check the others, I agree it's probably
22 admissible.

23 MR. POWELL: Okay.

24 THE COURT: So, that way we can finish. You -- she's at
25 least established ---

1 MR. RICHARDSON: Yes, Your Honor.

2 THE COURT: Once we get it corrected the actual
3 corrections is what will ultimately go to the jury.

4 MR. AIKEN: Yes, sir.

5 Your Honor, I didn't get to take a break last time, a
6 restroom break; may I take five minutes?

7 THE COURT: Sure.

8 **RECESS - 11:24 A.M.**

9 *****OFF THE RECORD*****

10 **ON THE RECORD - 11:32 A.M.**

11 THE COURT: Are we ready for the jury?

12 MR. POWELL: Yes, Your Honor.

13 THE COURT: All right. Bring them in.

14 (REPORTER'S NOTE: Jury enters courtroom @ 11:33 a.m.)

15 BY MR. RICHARDSON:

16 Q: For the record, 8 is an accurate summary of those medical
17 visits?

18 A: Yes, sir.

19 MR. RICHARDSON: Subject to what we discussed earlier,
20 Judge, I'd move it into evidence.

21 THE COURT: Okay.

22 PLAINTIFF'S EXHIBIT NUMBER 8

23 ADMITTED INTO EVIDENCE

24 BY MR. RICHARDSON:

25 Q: How did you receive notice about your appointment with

1 Dr. Trant's office?

2 A: I received a phone call from Dr. Bahan's office.

3 Q: Okay. And that appointment with Dr. Trant -- and I know

4 this is a four-by-four, not a two-by-four -- was on January

5 24th, 2018 -- I mean, 2019; I'm sorry.

6 A: '19, correct.

7 Q: So, a year to the date after she collapsed the first

8 time?

9 A: Yes, sir.

10 Q: Now, when you got notice, did they tell you to bring

11 anything other than Taylor?

12 A: No, sir.

13 Q: All right. And do you remember what time of day?

14 A: Just that it was a morning appointment.

15 Q: Okay. And the records reflect you got there about 8:01,

16 8:03, would that be correct?

17 A: Yes, sir.

18 Q: Okay. So, you got there early in the morning, how

19 crowded was the waiting room when you got there?

20 A: It wasn't crowded.

21 Q: In fact, you were one of the first people there, correct?

22 A: Yes, sir.

23 Q: Okay. And Dr. Trant's office, where was that located?

24 A: In Florence, South Carolina.

25 Q: That picture Mr. Powell put up during closing [sic] where

1 it showed McLeod, I think East Building; is that about right?
2 A: Yes, sir.
3 Q: A lot of doctors' offices.
4 A: Yes, sir.
5 Q: Okay. So, you arrived early in the morning, one of the
6 first people there?
7 A: Yes, sir.
8 Q: And once you got there, what if anything did you do?
9 A: I had to fill out paperwork.
10 Q: Like any other doctor's office.
11 A: Correct.
12 Q: And was that in the waiting room or ---
13 A: In the waiting room.
14 Q: At some point, did they move you anywhere?
15 A: Yes, sir. Into a little exam room where they do blood
16 pressure, temp, weight, those type of things.
17 Q: Okay. And when you say they're doing blood pressure,
18 temp, weight, you're talking about for Taylor, correct?
19 A: Yes, sir.
20 Q: Okay. How old is Taylor at this point?
21 A: Thirteen -- thirteen.
22 Q: Because her birthday was back in August, right?
23 A: Yes, sir.
24 Q: Okay. So, she was 12 when this first started happening;
25 now, she's 13.

1 A: Correct.

2 Q: Okay. Eighth grade. And once you got in that room, do
3 you remember, not specifically, but what type of person was
4 doing all this blood pressure and all that stuff?

5 A: A nurse.

6 Q: A nurse?

7 A: Yes, sir.

8 Q: And once all that was concluded, blood pressure, all that
9 stuff, did the nurse remain in the room?

10 A: No, sir.

11 Q: Okay. At any point, did Dr. Trant come in the room?

12 A: Yes, sir.

13 Q: Okay. After you got -- arrived at his office, about how
14 long did Dr. Trant -- you actually saw Dr. Trant?

15 A: Maybe 15, 20 minutes.

16 Q: Okay. And when Dr. Trant came in the room, what can you
17 tell us about that interaction between you and Taylor and Dr.
18 Trant?

19 A: He was very -- he went through everything very quickly.
20 He -- I asked him a couple of questions and he -- I told him
21 what was going on with her. I told him she had had four
22 collapses. I told him she had already had chest x-rays, and
23 they were telling me that she was dehydrated, but I told him I
24 felt like there may be something with her heart. And I
25 explained to him the symptoms that she was having. And I

1 said, you know, I just want to make sure my baby is okay, so,
2 you know, that's why we're here.

3 Q: Mr. Aiken talked about physical evaluation. Could you
4 tell us what you remember about any physical evaluation Dr.
5 Trant did?

6 A: Lung sounds.

7 Q: Stethoscope?

8 A: Yes, sir.

9 Q: When Dr. Trant came in the room, did he have anything in
10 his hands like a notepad, iPad?

11 A: No, sir.

12 Q: To your knowledge, was he recording this meeting in any
13 way?

14 A: No, sir; not to my knowledge.

15 Q: Okay. Did you see him write anything down?

16 A: No, sir.

17 Q: Type anything in?

18 A: No, sir.

19 Q: And you told Dr. Trant about all these collapses?

20 A: Correct.

21 Q: Did you tell him what she was doing whenever she
22 collapsed?

23 A: I told him, I said, every time these events happen, she's
24 playing basketball and that that was the reason for my visit,
25 because I felt it had something to do with her heart.

1 Q: You told him about the chest pain back on December 12th?

2 A: Yes, sir; I did.

3 Q: If I recall your testimony, these other occasions she had
4 chest pains, too?

5 A: I know for the 12th. I know she complained of shortness
6 of breath, and definitely on the 12th.

7 Q: And with regard to the difference between January 4th,
8 2018, and December 18th, 2018, what did you tell him about the
9 differences? I believe you indicated they were different?

10 A: Yes, sir. That they started out kind of mild, but as
11 they progressed, they got actually worse, and that was my
12 concern. So, I did let him know that there was a progression
13 in her recovery time.

14 Q: How were you so sure you told him all of this
15 information?

16 A: Cause Taylor is my baby, and I wanted to make sure she
17 was okay, and I'm that type of mom.

18 Q: You said you only have two children, right?

19 A: Yes, sir, but Taylor was my baby.

20 Q: And you had always taken to her hospital or doctor's
21 visits, medically?

22 A: Yes, sir.

23 Q: So, what was your understanding as to how important it
24 was to give all the symptomology?

25 A: It's very important. He couldn't make an accurate

1 diagnosis with just pieces; he needed all the pertinent
2 information, and that's what I gave him from all four events.
3 Q: Do you recall if he asked you any questions?
4 A: No, not really. Everything was basically kind of fast.
5 I even asked him, you know, do you need to do an EKG, and he
6 said no, he looked at her prior EKG, it was fine. And I said,
7 well, do you think it could be anxiety, because I wanted an
8 answer. And he said, no, it's not anxiety. If it was an
9 anxiety, she would think it was a bear in the road when
10 there's not one. So, I said, okay. And he described
11 something else to me.
12 Q: Okay. So, when you said he was looking at a EKG, he's
13 talking about the one from December 12th?
14 A: Correct.
15 Q: To the best of your knowledge.
16 A: Yes, sir.
17 Q: So, that's 40 or so days prior?
18 A: Yes, sir.
19 Q: And did he talk to you about any of the testing that was
20 going to be done?
21 A: No, sir.
22 Q: In Dr. Trant's reports, which are in evidence, it seems
23 to be he makes some mention in there in his reports that
24 Taylor didn't have any problems doing, I think he calls them
25 suicides.

1 A: Yes, sir.

2 Q: No problems at practice.

3 A: Yes, sir.

4 Q: He writes in there, became short of breath and felt
5 unsteady and hot as if she was going to faint. Any doubt that
6 you told him about these collapses?

7 A: No doubt.

8 Q: Did you tell him she felt like she was about to faint?

9 A: I said pass out, like she was about to pass out.

10 Q: Okay. Did you inform him she was on the ground?

11 A: Yes, sir.

12 Q: And when he talks about doing suicides, for those of us
13 who didn't play basketball, can you tell us what suicides are?

14 A: Suicides are you start at the baseline, you run to a
15 line, you come back, you run to half court and come back, you
16 run to the opposite end and come back.

17 Q: So, it's kind of like a sprint?

18 A: Yes, sir.

19 Q: But just in succession?

20 A: Yes, sir.

21 Q: And how long does it normally take to run one suicide,
22 about?

23 A: If your fast, a couple of seconds; not long.

24 Q: Okay. Less than a minute?

25 A: Yes, sir.

1 Q: And then after you do your suicides at practice, what do
2 you do?
3 A: You get to sit down.
4 Q: Sit down and rest?
5 A: At least for middle school, anyway.
6 Q: Same thing with practice, a little bit easier?
7 A: Definitely.
8 Q: Now, in his report he says this spell lasted a few
9 minutes, and then she recovered; is that accurate?
10 A: What's a spell?
11 Q: I assume he's talking about these medical events.
12 A: Oh, okay. Could you repeat the question?
13 Q: He said these spells -- this spell lasted a few minutes
14 and then she recovered. Is that accurate?
15 A: It depends on what you say a few minutes, but, yeah,
16 those would last for a few minutes.
17 Q: Did she recover quickly?
18 A: It depends on what your definition of quickly is.
19 Q: How about this on December 18th, how long was she down?
20 A: That one was maybe 20 minutes. That one was the worst
21 and the longest.
22 Q: You didn't use the term spell?
23 A: No, sir.
24 Q: It wasn't like some little old lady fainting at a funeral
25 or something?

1 A: Correct.

2 Q: And, if Taylor would've had a spell and got a little bit
3 winded and just gotten dizzy, would you have made an
4 appointment with a pediatric cardiologist?

5 A: No.

6 Q: Any specialist?

7 A: No.

8 Q: Again, you played basketball, Ren played basketball,
9 you've been watching basketball most of your life.

10 A: Yes, sir.

11 Q: Have you ever seen another player with the same
12 experiences of what you saw Taylor have, these collapses?

13 A: Never.

14 Q: Difficulty recovering?

15 A: Sir?

16 Q: Difficulty recovering after the collapse?

17 A: No, sir.

18 Q: And what Emerson and Serenity told you about this event,
19 her condition, did you express that to Dr. Trant?

20 A: Yes, sir.

21 Q: And you told him how long she was down?

22 A: Yes, sir.

23 Q: Now, after we filed this action, do you remember back in
24 March 2023 whenever we sat down for your deposition over at
25 Mr. Powell's office in Aynor?

1 A: Yes, sir.

2 Q: I was there.

3 A: Yes, sir.

4 Q: And Mr. Powell and Mr. Aiken.

5 A: Yes, sir.

6 Q: And the court reporter.

7 A: Yes, sir.

8 Q: And you were placed under oath?

9 A: Yes, sir.

10 Q: Now, at that time, March 2023 -- and again, Taylor died

11 December 17th, 2021?

12 A: Yes, sir.

13 Q: Okay. And so, March 2023 would've been 14 or 15 months

14 after that?

15 A: Yes, sir.

16 Q: And in Mr. Powell's opening he talked about not being

17 able to open Taylor's door for almost 2 years, was that

18 accurate?

19 A: Yes, sir.

20 Q: March 2023, would that be during that same time period?

21 A: Yes, sir.

22 Q: When you sat down for that deposition, we talked about

23 that photograph, that video, and that photo where you able to

24 see that it was an away game when she went on the 12th?

25 A: Yes, sir.

1 Q: Had you looked at Taylor's pictures and videos at that
2 point?

3 A: No, sir.

4 Q: Why not?

5 A: Couldn't.

6 Q: I believe your doctor put you on a prescription at that
7 point?

8 A: Yes, sir.

9 Q: But you told Mr. Aiken you were well enough to do a
10 deposition that day?

11 A: Yes, sir.

12 Q: All right.

13 MR. RICHARDSON: Court's indulgence.

14 BY MR. RICHARDSON:

15 Q: Ms. Utley, I'm going to ask you a couple of questions
16 about that deposition, let's see, March 14th -- March 14th,
17 2023. In that deposition, which will be part of the record, I
18 believe -- I'm going to flip to Page 35. Can you flip to Page
19 35, please? For the record, this is just a copy of the
20 deposition, Your Honor, of Ms. Utley.

21 BY MR. RICHARDSON:

22 Q: Are you to that page?

23 A: Yes, sir.

24 Q: If you look down, about Line 21, Mr. Aiken asked, Now, up
25 until December 12th, 2018, that's the visit we just talked

1 about when Taylor had the studies. And it goes forward onto
2 Page 36. Up until that time, did she ever actually lose
3 consciousness? And you responded, No. Is that correct?
4 A: Yes, sir.
5 Q: What was your understanding of what Mr. Aiken was asking
6 you at that point?
7 A: If she wasn't completely out, and was it -- just that
8 they not all the way back -- has she experienced that before.
9 Q: Okay. And I believe earlier in your deposition, Mr.
10 Aiken may've talked to you about what syncope was, passing all
11 the way out, right?
12 A: Yes, sir.
13 Q: And so, as of December 12th, 2018, she collapsed, but she
14 had not passed all the way out?
15 A: Correct.
16 Q: She was on the floor and couldn't get up, but she wasn't
17 all the way passed out?
18 A: Correct.
19 Q: And after he asked you about if you went with Taylor to
20 the appointment with Dr. Trant he asked about a discussion of
21 Taylor's health history with Dr. Trant. That's Page 46, Line
22 14. He asked you what you remember if anything; is that
23 accurate?
24 A: Yes, sir.
25 Q: And your response begins on Page 36, Line 15. You

1 indicate ---

2 A: No; I said, no.

3 Q: Your response begins on that page, correct?

4 A: Yes, sir.

5 Q: Okay. And you actually say, I told him no, and then he

6 asked me to explain, you know, what happened and what she was

7 experiencing. And you go on to say, you know, when she was

8 playing basketball, she gets short of breath, it's almost like

9 she's passing out but does not lose consciousness and just

10 tell him about all the symptoms she was experiencing, correct?

11 A: Correct.

12 Q: And when you said there were no prior problems, you're

13 referring to no prior problems prior to January of 2018?

14 A: Correct.

15 Q: And that was the first time she collapsed to the best of

16 my knowledge.

17 A: Correct.

18 Q: And you were actually seeking out Dr. Trant due to all

19 these collapses?

20 A: Correct.

21 Q: And the chest wall pain?

22 A: Correct.

23 Q: And so when you say no prior incidents, you're talking

24 about nothing prior to seventh grade?

25 A: Yes, sir.

1 Q: When Dr. Trant asked to explain, what did you mean by
2 telling him about playing basketball, getting short of breath,
3 about passing out -- almost passing out but doesn't lose
4 consciousness, and told him about all the symptoms Taylor was
5 experiencing; what did you mean by that?
6 A: I meant that I had explained to him each encounter and
7 what happened, or just ---
8 Q: So, there's not doubt in your mind you told him about all
9 the incidents?
10 A: None.
11 Q: You told them in detail?
12 A: Yes, sir.
13 Q: Fully described it?
14 A: Yes, sir.
15 Q: Including what Emerson had told you about on December
16 18th?
17 A: Yes, sir.
18 Q: And you been to MUSC?
19 A: Correct.
20 Q: Dr. Bahan.
21 A: Correct.
22 Q: They kept giving you the same answer?
23 A: Correct.
24 Q: And you kept having the same issue?
25 A: Correct.

1 Q: All while playing basketball?
2 A: All while playing basketball.
3 Q: And because of that, you sought out what?
4 A: A cardiologist, a specialist.
5 Q: A pediatric cardiologist?
6 A: Correct.
7 Q: Did you ever in talking with Dr. Trant use the term
8 syncope or near syncope?
9 A: No, sir.
10 Q: Back to that visit with Dr. Trant. Do you know about how
11 long you spent with Dr. Trant?
12 A: Ten minutes, if that.
13 Q: Okay. And again, what kind of tests did he perform?
14 A: None.
15 Q: Do you remember what his diagnosis was?
16 A: Hyperventilation-something.
17 Q: Hyper is breathing fast?
18 A: Yes, sir.
19 Q: Did he mention anything about hyper vasovagal?
20 A: Yes, sir.
21 Q: And he described that as something dealing with her
22 puberty?
23 A: Yes, sir.
24 Q: And all that is in the records, correct?
25 A: Yes, sir.

1 Q: So, he didn't offer any testing to you?
2 A: No, sir.
3 Q: Echocardiogram?
4 A: No, sir.
5 Q: Stress test?
6 A: No, sir.
7 Q: Cardiac MRI?
8 A: No, sir
9 Q: And within that 10 minutes, he's diagnosed you --
10 diagnosed Taylor with hyperventilation syndrome and hyper
11 vasovagal syndrome.
12 A: Correct.
13 Q: With no testing?
14 A: Correct.
15 Q: Now, with this diagnosis that he came up with, did he
16 tell you how Taylor should treat in the future?
17 A: Yes, sir.
18 Q: What did he tell Taylor to do?
19 A: To breathe into a paper bag.
20 Q: You saw her January 24th, 2018?
21 A: Yes, sir.
22 Q: You saw her right after practice when she collapsed?
23 A: Yes, sir.
24 Q: These games?
25 A: Yes, sir.

1 Q: We're an LPN?

2 A: Yes, sir.

3 Q: Do you think a paper bag would've helped her on those

4 occasions?

5 A: No, sir.

6 Q: Anything else he told you?

7 A: Come back if the problems persist.

8 Q: So, he nor his office scheduled any follow-up

9 appointments?

10 A: No, sir.

11 Q: Now, we heard about you needed a letter to resume

12 athletic activity. Did you get that?

13 A: Yes, sir.

14 Q: Who signed off on that letter returning her to athletic

15 performance?

16 A: Dr. Trant.

17 Q: And after speaking with Dr. Bahan's office, what was your

18 impression of Dr. Trant?

19 A: I thought he was good.

20 Q: Okay. And you were at his office why?

21 A: To check on my baby to see what was going on with her.

22 Q: You were scared?

23 A: Definitely.

24 Q: And I think you've already testified you were scared for

25 her heart?

1 A: Yes.

2 Q: Hospital looked at her lungs, couldn't figure out what
3 was wrong.

4 A: Correct.

5 Q: So, you scheduled an appointment with a pediatric
6 cardiologist?

7 A: Correct.

8 Q: And he told you nothing was wrong that a paper bag
9 couldn't fix?

10 A: Correct.

11 Q: Now, I note that he didn't do any testing. Did he ever
12 discuss the fact you could schedule some testing?

13 A: No, sir.

14 Q: Now, if he would've told you, now all, we can run some
15 tests, we can run an MRI, we can run a stress test, but it's
16 going to get expensive, what would your response have been?

17 A: Do it; schedule it.

18 Q: Why?

19 A: That's my baby.

20 Q: But he didn't seem to see the need for that?

21 A: No, sir.

22 Q: And he diagnosed her with hyperventilation syndrome, deep
23 breathing, so much so that you just pass out. Other than
24 playing basketball, tell me about any time you ever saw Taylor
25 have difficulty breathing.

1 A: Never.

2 Q: Other than playing basketball, tell me about any other
3 times you have ever saw Taylor collapse.

4 A: Never.

5 Q: I believe the record reflects you checked in at 8:03, you
6 were out the door at 8:41. And Dr. Trant had told you no
7 problem. What were you thinking?

8 A: I was thinking my baby was okay. He said she was okay.
9 I thought she was okay to return back to sports.

10 Q: But you didn't take a chance with your child; you took
11 her to see specialist?

12 A: Correct.

13 Q: Had you ever been to a cardiologist before?

14 A: No, sir.

15 Q: And they did talk -- you did talk with them about your
16 family history, right?

17 A: Yes, sir.

18 Q: Were you surprised that he didn't run any tests?

19 A: I was.

20 Q: But again, Dr. Bahan told you he was the best?

21 A: Correct.

22 Q: And what level of trust did you have in Dr. Trant at that
23 point?

24 A: He came highly recommended, so I trusted him.

25 Q: So, you were scared going in, but not scared when you

1 left?

2 A: Correct.

3 Q: How about Taylor?

4 A: She was excited, too.

5 Q: Okay.

6 A: Now, this is January 24th, 2019. Dr. Trant signed that

7 sports clearance letter?

8 A: He did.

9 Q: The one Coach McClintock had to have before she could

10 play.

11 A: Correct.

12 Q: Were there any more basketball games?

13 A: There were.

14 Q: Did Taylor play?

15 A: Yes, sir.

16 Q: Now, she had been out, again, for about 40 days, almost

17 six weeks. Had somebody else started in her place?

18 A: Yes, sir.

19 Q: Okay. But Taylor did get in those last couple of games?

20 A: Yes, sir.

21 Q: You watched her growing up playing, correct?

22 A: Yes, sir.

23 Q: Tell us how hard she was playing.

24 A: She didn't play hard.

25 Q: Played scared?

1 A: Yes. She was scared of passing out again, because at the
2 very last event, people were actually snapping pictures, and
3 she was embarrassed. So, she didn't play as hard.
4 Q: Thirteen-year-old girl, she was embarrassed. And so,
5 after she finished that season, those last couple of games
6 where she didn't play real hard?
7 A: Yes, sir.
8 Q: She didn't have any issues?
9 A: No, sir.
10 Q: You made sure she was hydrated?
11 A: Yes, sir.
12 Q: Did she ever start playing team basketball again?
13 A: No, sir.
14 Q: And why was that?
15 A: She didn't want to pass out; she was embarrassed.
16 Q: Okay.
17 A: And by this time, she was going to high school, so you
18 know teenagers. She didn't want to be falling out -- it's a
19 much bigger crowd at high school, so she didn't want to take
20 the chance, so she didn't play basketball.
21 Q: We talked about her cheerleading.
22 A: Yes.
23 Q: Did she continue with that?
24 A: Yes.
25 Q: Okay. At any time since that December 18th game or that

1 visit with Dr. Trant, did you ever -- prior to her death, did
2 you ever see or have any difficulty breathing?
3 A: Never.
4 Q: Collapsing?
5 A: No.
6 Q: Chest pains?
7 A: No.
8 Q: And again, what did you quit doing after that?
9 A: She stopped playing basketball.
10 Q: Stopped playing basketball.
11 A: Yes.
12 Q: Now, you talked about she cheered, and she ran track.
13 A: Yes, sir.
14 Q: What event in track?
15 A: The 400.
16 Q: That's what Ren did?
17 A: One time around.
18 Q: And did you run track?
19 A: I did.
20 Q: What event?
21 A: 100, 200, and 4 by 4.
22 Q: After the 400, what did she get to do after she ran that?
23 A: She gets to sit down.
24 Q: Specifically, what did she do after she ran a 400?
25 A: She threw up.

1 Q: What does she think about track at that point?
2 A: She said she wasn't doing that anymore.
3 Q: Okay. So, she focused on cheerleading?
4 A: Yes.
5 Q: Okay. So, let's move into her high school years. She's
6 finished eighth grade, she goes out for cheerleading. I
7 assume JV?
8 A: Yes, sir. Captain.
9 Q: She made captain on the JV squad as a ninth grader?
10 A: Yes, sir.
11 Q: Does she participate in any other school activities?
12 A: ROTC.
13 Q: Okay, that's Junior ROTC?
14 A: Yes, sir.
15 Q: So, with that, she does the drills and stuff?
16 A: Yes, sir.
17 Q: Is it anywhere nearly as physically demanding as team
18 basketball?
19 A: No, sir.
20 Q: Now, Ms. Utley, I'm gonna show you -- these are in
21 evidence already, but let's discuss them. If you go to 5 and
22 6, go back up a little bit. And we'll briefly touch on this.
23 Let me make sure I'm calling out the right order. Now, this
24 first, Number 5, Plaintiff's 5, I believe that is dated at the
25 bottom of that page July 16th, 2019, do you know what that is?

1 A: Yes, sir. It's the school physical?
2 Q: And it consists of four pages?
3 A: Yes, sir.
4 Q: And when did you fill that out?
5 A: Right before Taylor started cheering.
6 Q: July 16th, 2019; is that date accurate?
7 A: Yes, sir.
8 Q: And so, this was just six/seven months after you'd seen
9 Dr. Trant?
10 A: Yes, sir.
11 Q: Now, I believe on Page 4 of that document there are some
12 areas where you check. And I believe, if you look at it, you
13 indicated something about she had some chest pains, some
14 fainting or collapsing, shortness of breath stuff?
15 A: Yes, sir.
16 Q: Why did you put that on that form?
17 A: Because she had experienced that the year prior in eighth
18 grade.
19 Q: Okay. She just experienced it that past December?
20 A: Yes, sir.
21 Q: And then followed up with Dr. Trant?
22 A: Yes, sir.
23 Q: Okay. Now, if you flip forward to Number 6, this one is
24 dated the next year, September 19th, 2020. And I think on
25 Page 2, that same check box questionnaire, but you don't

1 indicate about any fainting, chest pains, all that mess. Why
2 not?

3 A: Because she didn't experience anything the year prior to.

4 Q: Did Taylor switch schools?

5 A: No, sir.

6 Q: Okay. So, to your knowledge, who had care and custody of
7 these athletic performance forms?

8 A: The school, the athletic director.

9 Q: So, they had these forms. So, you'd already made
10 knowledge -- so, she had had no more episodes, so that's what
11 you're indicating in '20?

12 A: Correct.

13 Q: And to the best of your knowledge, they had the document
14 from the year before?

15 A: Yes, sir.

16 Q: And besides, Dr. Trant had cleared her for sports, right?

17 A: Yes, sir.

18 Q: So, her freshman year, she's JV cheer captain?

19 A: Yes, sir.

20 Q: Junior ROTC?

21 A: Yes, sir.

22 Q: And she's one of the babies in her class, she was 14 when
23 she started that year, right?

24 A: Yes, sir.

25 Q: What did she think about school?

1 A: It was different; it was exciting. She loved school.
2 Q: A lot of friends?
3 A: Definitely.
4 Q: So, she didn't have any issues that year?
5 A: No, sir.
6 Q: Now, going from fall of '19 on into spring of '20, I
7 think we can all agree that was a weird year.
8 A: Yes, sir.
9 Q: COVID hit, right?
10 A: Correct.
11 Q: Schools shut down?
12 A: Yes.
13 Q: You're a health professional working in nursing homes.
14 A: Yes, sir.
15 Q: What was your degree of anxiety with regard to COVID
16 initially?
17 A: I was very scared.
18 Q: How was Taylor?
19 A: She was scared, too?
20 Q: So, she's scared?
21 A: Yes, sir.
22 Q: Because of COVID and what everything we thought on it?
23 A: Yes, sir.
24 Q: Did she ever pass out?
25 A: No, sir.

1 Q: Hyperventilate?
2 A: No, sir.
3 Q: Chest pains?
4 A: No, sir.
5 Q: So, she's not playing basketball during this period of
6 time, right?
7 A: Correct.
8 Q: Now, when '20 ends, the kids are at home, they go
9 virtual, all that stuff. The next school year, her sophomore
10 year, was she playing any sports that year?
11 A: Cheering.
12 Q: Cheer.
13 A: Yes, sir.
14 Q: And that's that form we just let that from '20?
15 A: Yes, sir.
16 Q: And did she cheer JV again?
17 A: She was on varsity.
18 Q: So, is she just a member of the squad this time?
19 A: No, she's captain, too.
20 Q: She made captain her sophomore year of the varsity squad?
21 A: Yes, sir.
22 Q: Now, I know '20 started off a little bit weird, at least
23 for my kids.
24 A: Yes, sir.
25 Q: You know, part-time and virtual and all that mess. How

1 did Taylor deal with that, the social distancing and all that?
2 A: Just communicating through her phone and stuff.
3 Q: And the cheering, they had to separate ---
4 A: Yes, sir. Yes, sir.
5 Q: Sports were a bit abbreviated that year?
6 A: Correct.
7 Q: How about the ROTC you mentioned. Was she still doing
8 that?
9 A: Yes, sir.
10 Q: Okay. Any issues that year?
11 A: No, sir.
12 Q: Now, let's move forward into her junior year. No more
13 COVID, right?
14 A: No more COVID.
15 Q: Or nobody is scared of it?
16 A: Correct.
17 Q: Not as much. This is going to be her junior year. She's
18 gonna be an upperclassman now?
19 A: Yes, sir.
20 Q: Cheering still?
21 A: Captain.
22 Q: Captain, okay. But she's an upperclassman now?
23 A: Yes, sir.
24 Q: And still doing ROTC?
25 A: Yes, sir.

1 Q: How were football games that year?
2 A: They were cheering at football games.
3 Q: Okay. It kind of return to normal?
4 A: Yes, sir.
5 Q: She like that?
6 A: She loved it.
7 Q: I believe there's plenty of pictures in there?
8 A: Yes.
9 Q: There's a picture from a football game in there where
10 she's got a crown, I believe? We don't need to dwell on it.
11 But what happened at homecoming that year?
12 A: She was crowned Ms. Junior.
13 Q: How about her sophomore year?
14 A: Ms. Sophomore.
15 Q: Freshman year?
16 A: Ms. Freshman.
17 Q: Eighth grade?
18 A: Homecoming queen.
19 Q: We're gonna have to talk about Ren again. Who was
20 homecoming queen her senior year?
21 A: Ren.
22 Q: So, again, Tay was following in her sister's footsteps?
23 A: Correct.
24 Q: Now, we see Taylor is a beautiful young lady. Sweet 16.
25 Did she date a lot?

1 A: Not a lot, but she had a boyfriend.
2 Q: Who was her boyfriend?
3 A: Johnelle Sindab.
4 Q: We've talked about it a good bit.
5 A: Yes.
6 Q: How long had y'all known Johnelle Sindab?
7 A: Since they were kids, small kids.
8 Q: Actually, Johnelle's sister won that championship with
9 Ren, right?
10 A: Correct.
11 Q: How long had Taylor been in love with Johnelle?
12 A: Since the day she started school.
13 Q: So, this relationship, what did she think about it?
14 A: She was so excited; she was head over heels. They did
15 this cat-and-mouse thing, they didn't like each other; they
16 never could get it right. But junior year, they finally got
17 it right, and she was on top of the world.
18 Q: She'd been after Johnelle for a while?
19 A: A long time.
20 Q: Did she ever get nervous about it?
21 A: I'm sure she was nervous about it.
22 Q: Didn't breathe hard, did she?
23 A: No, sir.
24 Q: No fainting?
25 A: No, sir.

1 Q: Now, she was dating Johnelle; they're in love.
2 A: Yes, sir.
3 Q: And homecoming, I assume is before Thanksgiving?
4 A: Yes, sir.
5 Q: She's going through her junior year. How are her grades?
6 A: Honor roll.
7 Q: And so, we get to Thanksgiving. How was Thanksgiving
8 that year?
9 A: It was great.
10 Q: Have a good time with family?
11 A: I did.
12 Q: I mean, you were one of 11, so I imagine there is this
13 big feast?
14 A: Yes, sir.
15 Q: What you have to cook?
16 A: I'm in charge of desserts.
17 Q: I know Emerson used to have a sweet tooth, so I get that.
18 A: Yeah.
19 Q: So, you get through Thanksgiving. Ren come home for it?
20 A: Yeah, I think she was home for Thanksgiving; yeah, she
21 was home for Thanksgiving.
22 Q: And, again, I think Ren graduated the year before, but
23 she went back for graduate school?
24 A: Correct.
25 Q: She had that COVID year of eligibility for track?

1 A: Correct.

2 Q: Now, as we get into December, we're going towards
3 Christmas and Christmas break, y'all looking forward to it?

4 A: Yes. Christmas was Taylor's favorite holiday.

5 Q: Did she ever pick at you about Christmas?

6 A: She always said I put my tree too early.

7 Q: When did you put up your tree back then?

8 A: November the 1st.

9 Q: No wonder she loved Christmas; she got it honest, right?

10 A: Yeah.

11 Q: So, you had your tree up for Christmastime?

12 A: I did.

13 Q: Was she excited about Christmas?

14 A: She was.

15 Q: And she's in love?

16 A: Yes, sir.

17 Q: Did she have any plans for that Christmas break?

18 A: Yes, sir.

19 Q: Talk to me about it.

20 A: Her and Johnelle were gonna take Christmas pictures and
21 matching PJs, and they were gonna make gingerbread houses, and
22 they were going to watch Christmas movies.

23 Q: Now, correct me if I'm wrong. Johnelle was a star
24 athlete on the basketball team?

25 A: Yes, sir.

1 Q: Alpha male at Mullins High School?

2 A: Yes, sir.

3 Q: And she convinced him to wear matching PJs and take

4 Christmas pictures?

5 A: She did.

6 Q: He's got good taste. So, they were getting excited for

7 that?

8 A: Yes, sir.

9 Q: As we get towards December 17th, was that right at the

10 end of school?

11 A: Yes, sir.

12 Q: They had plans for that weekend?

13 A: Yes, sir.

14 Q: What were those plans?

15 A: They was gonna take their pictures.

16 Q: They had already ordered the matching reindeer outfits?

17 A: They already had them.

18 Q: December 17th, 2021, Ren is home from school for

19 Christmas break?

20 A: Yes.

21 Q: Do you need a minute?

22 A: Huh-uh, (negative response).

23 Q: I know you remember that day. Can you take us through

24 that day from the time you got up?

25 A: Yes.

1 Q: How did Taylor wake up that morning?

2 A: Late.

3 Q: Who woke her up?

4 A: I did.

5 Q: So, you're just a momma trying to get her up. What's

6 that interaction like?

7 A: She woke up late. And I said, Taylor, you better not

8 leave late for school. If you're late for school, I'm gonna

9 take the car from you, because at that time she had a car.

10 And she said, I'm not gonna be late.

11 Q: Who got that car?

12 A: I did.

13 Q: Now, did you say it as flat as you said it just now?

14 A: No.

15 Q: A little bit of fussing?

16 A: Just a little bit -- no, urgency.

17 Q: Urgency, okay. And so, Taylor got up and got ready for

18 school quickly?

19 A: Yes, sir.

20 Q: I was gonna say she's pretty girl. Did she put makeup on

21 that morning?

22 A: No, sir.

23 Q: Did she have time to?

24 A: No, sir.

25 Q: How did she get ready?

1 A: She just pulled her hair back in a ponytail.
2 Q: As she was leaving, what was the last thing you heard
3 Taylor say before she got for school?
4 A: I love you.
5 Q: Did she tell you anything about she won't be late?
6 A: She said she wasn't gonna be late.
7 Q: Okay. What's the last thing you said to her?
8 A: I love you.
9 Q: As she went out to school?
10 A: Correct.
11 Q: Now, was that the last communication y'all had that day?
12 A: No, sir.
13 Q: How were y'all communicating throughout the day?
14 A: We were texting.
15 Q: Had she told you about any problems she was having,
16 medical or otherwise that day?
17 A: No, sir.
18 Q: And y'all were texting back and forth. And this is the
19 last day of school?
20 A: Yes, sir.
21 Q: All right. Was it normal for y'all to text during the
22 school day?
23 A: Yes, sir.
24 Q: That was your mini-me?
25 A: Definitely.

1 Q: Now, she's doing her last day of school, just normal
2 last-day-of-school stuff.
3 A: Correct.
4 Q: What was on tap for you that day?
5 A: I had a doctor's appointment in Florence.
6 Q: And so, you went to Florence?
7 A: Yes, sir.
8 Q: All right. And what -- do you remember about the last
9 time you texted with Taylor?
10 A: Maybe around 10:30, 11:00.
11 Q: Now, I believe while you were at the doctor's office you
12 got a phone call?
13 A: Yes, sir.
14 Q: Could you tell us about the phone call?
15 A: I had a call from the assistant principal, and she told
16 me that Taylor was out cold and that I needed to get to the
17 hospital. So, I said, okay. I called her sister, and I
18 called her dad, because I was in Florence. Shortly after
19 that, I got a second phone call, and she told me that Taylor
20 was being transported to the ER and that I needed to get to
21 the ER.
22 Q: When you say you were in the doctor's office, what part
23 of Florence were you in?
24 A: Um...
25 Q: It's okay. It's okay. So, you talked with Serenity and

1 you talked to Emerson and told them what was going on?
2 A: Correct.
3 Q: Did you talk with anybody else on the phone?
4 A: My best friend.
5 Q: And you got in your car?
6 A: I did.
7 Q: And I imagine it was kind of hard to get back with that
8 news. What steps did you take to make it back to Marion?
9 A: Well, at first, I couldn't find my flashers to put on,
10 but I put them on, and I drove as fast as I could to the ER.
11 Q: You said you talked to your friend. Did you keep her on
12 the line?
13 A: I did.
14 Q: Why was that?
15 A: I needed somebody to help keep me calm.
16 Q: You got the phone call saying Taylor was unconscious, and
17 a second phone call saying she was being rushed to MUSC
18 Marion?
19 A: Correct.
20 Q: While you were on your way to the hospital, did you
21 receive any other calls?
22 A: No, sir.
23 Q: When you got to the hospital, where did you go?
24 A: To the waiting room.
25 Q: Who did you encounter there?

1 A: Emerson and Ren, and one of Ren's friends.

2 Q: Could you tell us about that a little bit? What happened

3 whenever you saw them?

4 A: Well, when I first walked in, I asked the lady if I could

5 please see Tay, and she said she couldn't let me see her. So,

6 I went over to Ren, and I was trying to figure out what she

7 knew. The only information I was given was that she was out

8 cold. And then Emerson was trying to tell me what was going

9 on, because they actually saw her come in, and he said they

10 were doing comparisons. And I was like, comparisons? And he

11 was like, yeah, they was doing comparisons. And I said, do

12 you mean chest compressions? And when he said yes, that's

13 when I really lost it, because I knew if they were doing chest

14 compressions, she wasn't breathing.

15 Q: And you said they wouldn't let you in the room at that

16 point?

17 A: No, sir.

18 Q: After you talked to Emerson, you said he was trying to

19 soothe you, tell you what's going on?

20 A: Yes, sir.

21 Q: Did you ever get a chance to see your daughter?

22 A: Yes, sir.

23 Q: I know this is difficult. Can you tell us how that came

24 about?

25 A: A doctor came in, he said, Can I speak to the parents of

1 Taylor Price? And he took us in this little room, and he gave
2 us his speech about how he had done everything that he could
3 do. And he said, I just want to give you guys a minute at the
4 bedside. And when he said that, I knew what that meant -- I
5 knew what it meant, but I didn't know what it meant. At that
6 time, I couldn't even walk, so they had to put me in a
7 wheelchair and roll me to this room. She was just laying on
8 the bed like she was asleep.

9 Q: So, you collapsed?

10 A: Yes, sir.

11 Q: And they wheeled you into the room to see Taylor?

12 A: Yes, sir.

13 Q: When you got to that room, you said Taylor looked like
14 she was asleep, who all was in that room?

15 A: Ren, and my best friend.

16 Q: Emerson, too?

17 A: Emerson, too.

18 Q: Did you get a chance to say goodbye?

19 A: No.

20 Q: To the best of your knowledge, had Taylor ever regained
21 consciousness?

22 A: No, sir.

23 Q: And the doctors told you there was no hope?

24 A: Yes, sir.

25 Q: And this is all at Marion Hospital?

1 A: Yes, sir.

2 Q: What's going through your mind at that point?

3 A: Disbelief, bargaining with God, asking him to take me and
4 let my baby live, just disbelief, hurt, anger, everything.

5 Q: Were you ever told what happened that caused Taylor to
6 collapse?

7 A: No, sir.

8 Q: Not at this point?

9 A: No, sir.

10 Q: And you said you hadn't seen her experience any problems?

11 A: No, sir.

12 Q: And at 3:01, she was pronounced deceased?

13 A: Correct.

14 Q: Do you remember how you got home that day?

15 A: I drove her car home.

16 Q: Do you remember that drive?

17 A: No, sir.

18 Q: So, somebody had to take over to Mullins to pick up her
19 car?

20 A: I drove it.

21 Q: At some point, I believe the coroner, Jerry Richardson,
22 asked you about doing an autopsy; is that correct?

23 A: Yes, sir

24 Q: And you agreed?

25 A: Yes.

1 Q: Why?

2 A: I wanted to know what happened to my baby.

3 Q: Now, as an LPN, you know what the process is for an
4 autopsy.

5 A: Yes, sir.

6 Q: You knew what Taylor's body was going to be forced to
7 endure?

8 A: Yes, sir.

9 Q: But you wanted answers?

10 A: Yes, sir.

11 Q: When you got home that night -- can you take us through
12 the next few days?

13 A: Still under shock, still in disbelief, praying, doing
14 everything that I could that God would somehow work a miracle
15 to bring my baby back.

16 Q: It all seemed like a blur?

17 A: Yes, sir.

18 Q: Do you remember how long it took for the autopsy to be
19 done?

20 A: I don't.

21 Q: Do you remember the funeral?

22 A: Bits and pieces.

23 Q: So, you're broken.

24 A: Broken is an understatement.

25 Q: Do you remember meeting with the school?

1 A: Barely.

2 Q: What is your understanding of what Taylor had done that

3 day prior to the collapse?

4 A: She was playing basketball.

5 Q: In what class?

6 A: ROTC class.

7 Q: Just shooting hoops or playing?

8 A: Playing.

9 Q: Multiple games?

10 A: Yes, sir.

11 Q: And this is after speaking with multiple people?

12 A: Yes, sir.

13 Q: She didn't collapse on the basketball court, correct?

14 A: Correct.

15 Q: But shortly after?

16 A: Correct.

17 Q: Now, Christmas used to be your favorite time of the year.

18 Do you even remember that Christmas?

19 A: No, sir.

20 Q: New Years?

21 A: No.

22 Q: Who took care of the funeral arrangements?

23 A: Emerson.

24 Q: Were you in a position where you could do anything with

25 those funeral arrangements?

1 A: No, sir.

2 Q: That funeral, where was it held?

3 A: Mullins High School.

4 Q: I say funeral, but it was a celebration of life, correct?

5 A: Correct.

6 Q: As I recall, the gym was full?

7 A: Yes, sir.

8 Q: We talked about the autopsy, and I believe unfortunately

9 it would indicate that -- that's autopsy report came back on

10 or about January 10th, 2022. I don't assume you remember the

11 exact date, but do you remember when we first looked at that?

12 A: Yes, sir.

13 Q: And prior to getting the autopsy report -- reports, have

14 you ever heard of arrhythmogenic right ventricular

15 cardiomyopathy or dysplasia?

16 A: No, sir.

17 Q: ARVD?

18 A: No, sir.

19 Q: After learning about that, that cause of death, what if

20 any steps did you take?

21 A: I researched it, got ---

22 Q: So, you Googled it to find out what was going on?

23 A: Yes, sir.

24 Q: And when you read about the symptoms and whatnot with

25 ARVD, what was going through your mind?

1 A: Same exact symptoms Taylor had.
2 Q: Symptoms she had back here?
3 A: Yes, sir.
4 Q: January of 2018, February, December of 2018, before she
5 saw Dr. Trant?
6 A: Yes, sir.
7 Q: And you told him about all these symptoms?
8 A: Yes, sir.
9 Q: I believe you said you wanted answers, that's why you
10 wanted the autopsy?
11 A: Yes, sir.
12 Q: Now, when the autopsy report came in, we met, correct?
13 A: Correct.
14 Q: And met because I've known the stepfather 47, oh gosh, 48
15 out of 53 years.
16 A: Correct.
17 Q: We sat down for a while?
18 A: Yes, sir.
19 Q: Do you recall discussing those prior visits with Dr.
20 Trant?
21 A: Correct.
22 Q: So, when you left him on January 24th, 2019, you were
23 happy, you were elated; you trusted him?
24 A: Yes, sir.
25 Q: How about after December 17th, 2021?

1 A: No, sir.

2 Q: You look at that visit differently now?

3 A: I do.

4 Q: Since you got that phone call when you were in Florence,
5 December 17th, 2021, tell us how your life has changed.

6 A: I'm a shell of the person I used to be. As a parent, you
7 always think your children will bury you; you never think that
8 you will have to bury your child. I don't seem like the same
9 anymore. I'm just not who I used to be. My heart is forever
10 broken.

11 Q: December 16th, 2021, were you working?

12 A: Yes, sir.

13 Q: How about after Taylor passed?

14 A: No, sir.

15 Q: I think you said you worked for an agency that works in
16 nursing homes. Why didn't you go back to nursing?

17 A: I wasn't well, so I could not take care of other people
18 because I couldn't even take care of myself at that time. And
19 I had no will to live. I had nothing to live for. I know I
20 have another child, but that was my baby, and without her,
21 life just -- it didn't seem like I needed to be here anymore.

22 Q: Serenity was Taylor's hero?

23 A: Yes.

24 Q: How did you see it affect Serenity?

25 A: She wasn't herself either. I, honestly, couldn't even

1 worry about Serenity. That's why I told her to go to the
2 military, because I had nothing for her.
3 Q: And you wanted her to get away?
4 A: Yes, sir.
5 Q: We heard about Taylor's room, that you couldn't open the
6 door for two years. Is that accurate?
7 A: Yes, sir.
8 Q: What have you done with Taylor's room since her passing?
9 A: It's still the same.
10 Q: Cheerleading outfit still laid out?
11 A: Her practice clothes are still laid out in the same spot.
12 Q: So, her room is just frozen in time?
13 A: Yes, sir.
14 Q: And you said back when we did the deposition, you were
15 still going monumentally through this grief, correct?
16 A: Yes, sir.
17 Q: As time has gone on, have you been able to resume work?
18 A: I just went back in August of this year.
19 Q: Go back to nursing?
20 A: Yes, sir.
21 Q: So, you finally felt that you were in a position where
22 you can help others?
23 A: Yes, sir.
24 Q: Now, prior to going back to work -- I'm gonna come back
25 to that. After Taylor's passing, she passed her junior year.

1 A: Yes, sir.

2 Q: The next year would've been her senior year?

3 A: Yes, sir.

4 Q: Anything special happen at homecoming, fall of '22?

5 A: They made her honorary homecoming queen.

6 Q: Those photos are in that book, correct?

7 A: Yes, sir.

8 Q: And at graduation?

9 A: They gave her a cap and gown.

10 Q: So, they honored her; they celebrated her?

11 A: Yes, sir.

12 Q: How did that make you feel?

13 A: It made me feel good because people loved my baby just as

14 much as I did.

15 Q: Did it take away that pain?

16 A: No.

17 Q: Prior to Taylor's death, did y'all talk about what she

18 wanted to do when she graduated?

19 A: Yes, sir.

20 Q: What did she want to do?

21 A: Taylor loved helping people like me, so we were gonna go

22 back to school together and both get our RNs.

23 Q: And were y'all gonna work separately or ---

24 A: Separately. She wanted to travel.

25 Q: But y'all were gonna back to school together?

1 A: Yes, sir.

2 Q: What were her plans with regard to family life?

3 A: Her and Johnelle wanted to get married and have babies.

4 Q: They wanted to do it the right way. They were gonna get

5 married and have babies?

6 A: Yes, sir.

7 Q: And grandchildren for you.

8 A: Definitely.

9 Q: How about your sleep since Taylor's death?

10 A: I can't.

11 Q: Can't sleep?

12 A: No. I have to tell myself -- I've never drank in my

13 life, but alcohol, it helps me get some sleep.

14 Q: When you do shut your eyes, what do you see?

15 A: Taylor.

16 Q: When you open your eyes?

17 A: Taylor.

18 Q: Is there a single moment of your day where you don't

19 think about Taylor?

20 A: No.

21 Q: Now, you talked about going back to work. Was there

22 anything you had to do before you went back to work?

23 A: I had to get a physical.

24 Q: Okay. A health physical?

25 A: Yes, sir.

1 Q: Where was that?

2 A: The same McLeod building that I took Taylor to.

3 Q: And that was this past August?

4 A: Yes, sir.

5 Q: Could you tell us about that visit?

6 A: I was there for a long time. This man was very thorough.

7 Every checklist he went through, asked me every question.

8 And in the middle of my assessment, I had a breakdown because

9 if Taylor would have gotten a thorough assessment like me, she

10 might still be here.

11 Q: And that's just a normal physical?

12 A: Yes, sir.

13 Q: Metri, we've been involved in this case for almost three

14 years now. Tell us what you're hoping for.

15 A: I want justice for my baby.

16 Q: Justice for Taylor?

17 A: Yes, sir.

18 Q: Answers?

19 A: Yes, sir.

20 Q: Is there anything that would replace Taylor?

21 A: No, sir.

22 Q: Is there anything else you can do for her right now?

23 A: No.

24 Q: You are saying you want justice. I'm pretty sure at some

25 point that there's gonna be some mention of money. Tell us

1 what was taken from you.

2 A: One half of my heart. I'll never have grandkids. I love

3 Ren, but she doesn't want kids, and it's unfair to push

4 something off on her that she doesn't want. So, I'm okay with

5 her not wanting children. But Taylor wanted a family. So, I

6 will never have that. I will never see her accomplish her

7 dreams, help people. All that was taken away from me.

8 Q: Who would've taken care of you as you got older?

9 A: Exactly.

10 Q: Taylor?

11 A: Yeah.

12 Q: And we say that, I mean, you say you love Ren. How about

13 Ren for you?

14 A: Ren is more like her dad. She'll just say I'll put you

15 in a nice nursing home.

16 Q: Hopefully, she gets a good nurse like you.

17 A: I know, hopefully.

18 Q: How often do you talk to Ren?

19 A: It's harder now because she's deployed, but I try to talk

20 to her every other day if I can.

21 Q: Talked to her on Sunday, didn't you?

22 A: I did.

23 Q: She knew this was coming up?

24 A: Yes, sir.

25 Q: If you want anything in the world right now, if there was

1 a magic wand and I could waive it, what's your one wish?
2 A: To have my baby girl back.
3 Q: I'm sorry we can't do that.
4 Metri, is there any doubt whatsoever you told Dr. Trant
5 about all these events?
6 A: None.
7 Q: Any doubt you described in detail what went on during
8 these events?
9 A: None.
10 Q: Would you describe them as spells?
11 A: No, sir.
12 Q: How were you so sure you told Dr. Trant about this?
13 A: Because Taylor was my baby girl and I'm her mother, and I
14 know how important it is not to leave out any details, and I
15 wanted answers.
16 Q: Were you scared?
17 A: Yes, I was scared.
18 Q: What did you do because you were scared?
19 A: I sought out a cardiologist.
20 Q: And you never called Dr. Trant's office back after that
21 visit, correct?
22 A: No, sir.
23 Q: Why not?
24 A: Taylor wasn't playing basketball anymore.
25 Q: So, she didn't have any problems.

1 A: No, sir.

2 Q: There was no need.

3 A: No, sir.

4 Q: And again, when you saw that he signed off on that sports
5 clearance letter, what did you think?

6 A: That she was okay to play.

7 Q: Ms. Utley, thank you. We're probably gonna take a break
8 in just a minute, and then afterwards, I'm sure that Mr. Aiken
9 will have some questions for you. Okay?

10 A: Yes, sir.

11 MR. RICHARDSON: Your Honor, thank you.

12 BY THE COURT:

13 THE COURT: Ladies and gentlemen, we're gonna take our
14 lunch break. I ask you to be back -- will 2 o'clock give
15 y'all enough time or do y'all need 2:15? Two o'clock work for
16 y'all?

17 I'll see you at 2:00.

18 RECESS - 12:42 P.M.

19 *****OFF THE RECORD*****

20 ON THE RECORD - 2:02 P.M.

21 THE COURT: Okay. I understand y'all have some matter
22 y'all want to deal with?

23 MR. AIKEN: Well, I want to just return to this summary
24 again.

25 THE COURT: Okay.

1 MR. AIKEN: Your Honor allowed us over lunch to go back
2 through and make sure all this was accurate. And we found no
3 other inconsistent or inaccurate statement, but I would like
4 to put the Rule 106 on the record.

5 THE COURT: Okay.

6 MR. AIKEN: Rule 106, Rule of Evidence, 1006, right.

7 THE COURT: Right. 1006.

8 MR. AIKEN: The contents of voluminous writings,
9 recordings, or photographs which cannot be conveniently --
10 which cannot conveniently be examined in court may be
11 presented in the form of a chart, summary or calculation
12 provided the underlying data are admissible into evidence.
13 We've already agreed it's in evidence, all these records. The
14 originals or duplicates shall be made available for
15 examination or copying or both by other parties at a
16 reasonable time and place. The Court may order that they be
17 produced.

18 The point is this is not a summary of Taylor Price's
19 visits. These are bullet points, a few bullet points taken
20 from a pretty long chart. So, I don't think this complies
21 with the intent of the rule. I've got one medical file,
22 Judge, that's 11,000 pages. That's not easy to put before a
23 jury.

24 THE COURT: Right.

25 MR. AIKEN: This is not a big record. Everything is in

1 one notebook. So, I just don't think that would be
2 appropriate in this case with the records that we have.

3 THE COURT: Okay.

4 MR. AIKEN: Thank you, Your Honor.

5 THE COURT: You want to respond to that?

6 MR. RICHARDSON: Yes, sir, Your Honor. The rule is
7 silent as to what defines voluminous. Getting through the
8 medical records, they can be difficult to get through. This
9 is a summary of what was told, it's what's allowed under Rule
10 1006. It will assist the trier of fact. They can go back and
11 they can argue every nook and cranny they want to each record,
12 but this is an accurate representation of what's in this
13 records, cited, Bate stamped directing them exactly where to
14 go. That's why they were able to get through that and verify
15 there are no other corrections that need to be made during the
16 lunchtime period. Your Honor, and this is admissible under
17 1006, everything has been admitted into evidence, and we're
18 just going forward on that, Your Honor, and it's already been
19 admitted.

20 THE COURT: Okay. And in light of Rule 1006, and I
21 understand you're arguing about that the records aren't
22 voluminous, but medical records are into evidence. The
23 timeline has already been used as a demonstration in that
24 four-by-four pole, but *Gibson vs. Wright* is a Court of Appeals
25 case that basically allows a physician to do the same thing in

1 setting out a timeline explaining the treatment and how it all
2 fell into place, which I think would assist the trier of fact.
3 I don't see that it any way prejudiced the defendant in any
4 way. And I think ultimately in my discretion to allow it in
5 in evidence versus a demonstrative demonstration. But I'm
6 gonna overrule your objection and allow it in. I just don't
7 think it's that prejudicial, and the records are already in.
8 It just assists the -- maybe save the jury some time in going
9 through these records.

10 MR. RICHARDSON: Thank you, Your Honor.

11 Would you like Ms. Utley to resume the stand at this
12 point?

13 MR. AIKEN: May I move the podium a little bit further.

14 THE COURT: You can put it anywhere you want to, as long
15 as it's not in the jury box.

16 MR. AIKEN: Yes, sir, Your Honor.

17 THE COURT: Okay. I'll remind you you're still under
18 oath.

19 MS. UTLEY: Yes, sir.

20 THE COURT: Watch your step.

21 THE COURT: All right. Anything else before I bring the
22 jury in?

23 MR. RICHARDSON: No, Your Honor.

24 (REPORTER'S NOTE: Jury enters courtroom @ 2:09 p.m.)

25 THE COURT: Okay. Y'all are getting like the people in

1 my church; y'all like to sit in the same place every time. I
2 understand.

3 Okay. Yes, sir?

4 MR. AIKEN: Thank you, Your Honor.

5 CROSS-EXAMINATION OF DEMETRICE UTLEY BY MR. AIKEN:

6 Q: Good afternoon, Ms. Utley.

7 A: Good afternoon, Mr. Boone.

8 Q: I met you back in March of 2023, and I took your
9 deposition.

10 A: Yes, sir.

11 Q: And I told you then, and I want to tell you again, that
12 we all are so sorry for your loss and for Taylor's death.

13 A: Thank you.

14 Q: And I think you are great, and you are certainly a good
15 mom.

16 A: Thank you.

17 Q: And I'm glad you are back working as an LPN.

18 A: Yes, sir.

19 Q: And I also thanked you back then because when my late mom
20 was in the Presbyterian home, you helped take care of her.

21 A: Yes, sir; I did.

22 Q: And I'm indebted to you for that.

23 When Taylor was born, I understand she was premature.

24 A: Yes, sir.

25 Q: But she was a healthy baby.

1 A: Yes, sir.

2 Q: As far as you know, no birth problems or congenital
3 problems, anything like that?

4 A: No, sir.

5 Q: That's great. And the first event that -- if you want to
6 call it a spell or event or episode, call it whatever you want
7 to call it.

8 A: Event or episode.

9 Q: Event or episode?

10 A: Yes, sir.

11 Q: Okay. If I forget, you correct me.

12 A: Okay. I will.

13 Q: Now, the first episode that Taylor had was on December 12
14 of 2018, when she was playing basketball.

15 A: I think it was January 24th.

16 Q: January 24th, 2019 was Dr. Trant. I'm talking about
17 MUSC. I might've confused you.

18 Taylor had an episode playing basketball, and you took
19 her to MUSC in Florence?

20 A: I thought it was 2018.

21 Q: Did I say '19; it is 2018. I'm sorry. 2018.

22 A: Okay. Yes, sir.

23 Q: Thank you. You can correct me anytime I'm wrong.

24 A: Okay.

25 Q: And if you need to look at that, Ms. Utley, that record

1 is Exhibit 4 in the big, big notebook right in front of you.
2 A: Okay.
3 Q: Tab 4, you see it?
4 A: Yes, sir.
5 Q: Okay. And that's the record from MUSC,
6 December 12 of 2018, correct?
7 A: Correct.
8 Q: And I also want to go -- also, first, back to January 24,
9 2018. I'm gonna go back a month.
10 A: Okay.
11 Q: Okay?
12 A: Okay.
13 Q: And that tab is 2.
14 A: Okay.
15 Q: All right. You got it?
16 A: Yes, sir.
17 Q: Okay. Now, this states that chief complaint at a
18 basketball game, and mom states she fell to the ground saying
19 she couldn't breathe, and that her arm and face were tingling.
20 Did I read that correctly?
21 A: Yes, sir.
22 Q: Okay. Then under history of present illness, it says the
23 patient presents with difficulty breathing and complains of
24 asthma, although that's -- she didn't have asthma, correct?
25 A: Okay.

1 Q: Because short of breathe, then appeared to have some
2 carpopedal spasm. Now, as an LPN, isn't that when you have
3 some tingling in your hands and feet?

4 A: Yes, sir. Yes, sir.

5 Q: Okay. The course, duration of symptoms is improving,
6 degree at onset moderate. Now, on this visit Taylor saw Dr.
7 Steven Halus, an emergency medical physician, correct?

8 A: Correct.

9 Q: Okay. And what he's got on Page 2 is prior episodes,
10 none. So, this is the first episode. Are you with me?

11 A: You said on Page 2?

12 Q: Well, Page 5, Page 5. It's up there at the top.

13 A: At the top? Okay.

14 Q: You see it?

15 A: Yes, sir.

16 Q: The exacerbating factors is the excursion, the relieving
17 factors is rest. Risk factors consist of none. Associated
18 symptoms, denies chest pain, denies ---

19 A: Yes, sir.

20 Q: Okay. And then has got -- when we was talking about
21 review of symptoms, shortness of breath, correct?

22 A: Yes, sir.

23 Q: Then if you'll turn to Page 6, Dr. Halus said medical
24 decision, making patient non-toxic. She had had a
25 hyperventilation event and will be observed and monitored here

1 in the emergency department. And the patent was asymptomatic
2 on arrival; is that all true?

3 A: Yes, sir.

4 Q: Okay. And hyperventilation event is the same diagnosis
5 that Dr. Trant made January 24 of 2019; is that correct?

6 A: Yes, sir.

7 Q: Okay. And then when we were talking at your deposition,
8 and again and deposition is when a party is under oath and
9 lawyers take depositions of people involved in litigation,
10 right?

11 A: Yes, sir.

12 Q: And then I took your deposition?

13 A: Yes, sir.

14 Q: Okay. And I asked -- we're talking about definitions,
15 when I was just starting my question and I asked you if you
16 knew what syncope meant. And I think you told me almost
17 passed out at passing out.

18 A: Yes, sir

19 Q: Then I -- I didn't really correct you, but I said, well,
20 I believe syncope means actually losing consciousness, and you
21 understand that to be the case; that's what syncope is?

22 A: Yes, sir.

23 Q: And near syncope is when a person feels like they are
24 almost passing out, correct?

25 A: Correct.

1 Q: And then asked you on January 24, 2018, do you know if
2 Taylor actually passed out and became unconscious. And your
3 answer was, she didn't know. If you want to refer to your
4 deposition; that's on Page 31 if you want to look at that, Ms.
5 Utley. And I know it's hard to get these dates and times all
6 straight?

7 A: It is.

8 Q: And you've been through a lot?

9 A: What line are you on on Page 31?

10 Q: Page 31.

11 A: What line?

12 Q: Well, I'll find it for you.

13 A: Okay.

14 Q: Okay. Just start at Line 2.

15 A: Okay.

16 Q: I'll read it again. Now, at that time, on January 24th,
17 2018, do you know, yes or no, if Taylor actually passed out
18 and became unconscious? And if you don't know, that's fine,
19 too. I believe you said she didn't know; is that right?

20 A: That's correct.

21 Okay. And so I said, oh, she did not actually lose
22 consciousness, and your answer was yes? Correct? Your answer
23 was correct?

24 A: Correct, correct.

25 Q: So up until that point, there is no record of any loss of

1 consciousness of Taylor Price?

2 A: Correct.

3 Q: And as her mom, you would know?

4 A: Yes, sir.

5 Q: And then you took Taylor to see Dr. Bahan. Is he in
6 Marion or Mullins?

7 A: Marion.

8 Q: And he was Taylor's pediatrician?

9 A: Yes, sir.

10 Q: And you liked him and had confidence in him?

11 A: Yes, sir.

12 Q: Okay. Now I want to look at his record if you can find
13 that. I think it's in Tab 3. And it should be marked, I
14 think, Dr. Bahan's visit with you and Taylor, February 1 -- it
15 should be marked, Ms. Utley.

16 A: I'm looking.

17 Q: February 1. The Bates range, Ms. Utley, the numbers at
18 the bottom right Plaintiff 47, if that helps?

19 A: Yes. That helps. Okay.

20 Q: And then we talked about at your deposition, under chief
21 complaint on Page 47, this is what Bahan wrote: Passing out,
22 blurred vision, thirsty, sweaty. And I said, Are you aware up
23 until that time if Taylor had ever passed out and lost
24 consciousness or had she just had shortness of breath and some
25 chest pains. And your answer -- this is on Page 32, the next

1 page, so are gonna flip back and forth.

2 A: Okay.

3 Q: I think you responded, Ms. Utley, shortness of breath and
4 chest pains. Not losing consciousness, no. Page 32.

5 MR. RICHARDSON: 32 of the deposition, correct, Mr.
6 Aiken?

7 MR. AIKEN: Yes.

8 BY MR. AIKEN:

9 Q: We begin on Page 5.

10 A: Okay.

11 Q: Okay. Now, do you remember what Dr. Bahan said about his
12 impression or diagnosis of Taylor at that time?

13 A: No, sir.

14 Q: Well, turn to Page 48, next page. Let me know when
15 you're at it.

16 A: 48 of the notebook?

17 Q: On the chart, on the chart, Page 48. It's at the very
18 bottom of that page, Ms. Utley. And what he wrote ---

19 A: Wait a minute. Wait a minute.

20 Q: Let me know when you're at it. I'm sorry. Are you on
21 Page 48?

22 A: 48 of this right here, or the notebook.

23 Q: No, the chart. I'll tell you which on we're on each
24 time; I'm sorry.

25 A: Okay.

1 Q: We're on the chart, Bahan's record.
2 A: Okay. I'm on Page 48 of his chart.
3 Q: Okay. Bottom of the page.
4 A: Okay.
5 Q: Patient with symptoms of syncope times two, and we've
6 already confirmed that actually she never had syncope,
7 complete loss of consciousness certainly up until that time.
8 So that's true, correct?
9 A: Well, the event at the basketball game, like I said, I
10 didn't see her. Her dad saw her, so I was going off of what
11 he said.
12 Q: Okay. But we're going back, you saw Dr. Bahan, I think,
13 because of the January 24, 2018 event.
14 A: Yes, sir.
15 Q: And you were -- you were at that game, right?
16 A: Yes, sir. Yes, sir.
17 Q: So, then you saw Dr. Bahan in response to that ER visit?
18 A: Okay. Yes, sir.
19 Q: And I'm sorry. I know it's hard to keep these dates
20 right, and you're doing great. Patient was -- has symptoms of
21 syncope times two after basketball practice with poor feeding
22 during the day, hydration. Mom concerned about diabetes or
23 hypoglycemia. Now, hypoglycemia is low blood sugar, correct?
24 A: Correct.
25 Q: Patient with improvement of symptoms when drinking juice

1 after symptoms began? Was that Dr. Bahan's impression?

2 A: Yes, sir.

3 Q: And if you turn to Page 49, still in the chart.

4 A: Okay.

5 Q: Page 49. Assessment plan. Syncopal episodes, and again,
6 he's wrong there, because we know ---

7 MR. RICHARDSON: Your Honor, I'd object. He's saying the
8 doctor was wrong ---

9 MR. AIKEN: His records are wrong.

10 MR. RICHARDSON: You'd have to examine Dr. Bahan on that.

11 MR. AIKEN: Well, that's -- I didn't bring it.

12 BY MR. AIKEN:

13 Q: But you have testified ---

14 MR. POWELL: Hold on. He's got to rule on the objection.

15 THE COURT: I understand you can testify as to what she
16 said in the deposition. And you'll have to ---

17 MR. AIKEN: Okay. Okay.

18 THE COURT: If it's not written in there that he's wrong.

19 MR. AIKEN: Can we still look at this record?

20 THE COURT: Sure.

21 MR. AIKEN: Okay.

22 THE COURT: You just can't comment whether it's right or
23 wrong unless it says it's wrong.

24 MR. AIKEN: Okay. Understood.

25 BY MR. AIKEN:

1 Q: He's got syncopal episodes likely from dehydration plus
2 or minus. Hypoglycemia with recommended pre-hydration before
3 basketball and frequent small meals and protein bars before
4 practice. Did I read that correctly?

5 A: Yes, sir.

6 Q: Okay. But now you testified that Taylor had not had any
7 fully unconscious episode up until that time at least,
8 correct?

9 A: Correct.

10 Q: Okay. Then I want to fast-forward, if we could, Ms.
11 Utley, to the visit January 24 of 2018. That's still in the
12 chart.

13 A: Okay.

14 Q: If you can find that for me.

15 A: What number at the bottom?

16 Q: Well, I've got pages 4 to 5. Are these the Bates stamps
17 -- that's all right.

18 MR. POWELL: Which page are you talking about?

19 MR. AIKEN: The January 12, 2018 visit.

20 MR. POWELL: January 12th?

21 MR. AIKEN: 24th.

22 MR. POWELL: January 24th. At the very bottom, it's a
23 small number; that's a Bates number.

24 MR. AIKEN: Oh, I can see it now.

25 MR. POWELL: It says Page 2, and then it says Plaintiff

1 002, and most of the ---

2 MR. AIKEN: I ca barely see it. 4 -- 004.

3 BY MR. AIKEN:

4 Q: It'll be hard to read.

5 A: Okay. My starts at 39 and goes to 41. Am I looking at
6 the wrong thing?

7 Q: I'm sorry?

8 A: Mine goes to -- my starts at 39. Am I in the wrong one
9 or ---

10 Q: Is that an exhibit ---

11 A: Yes, sir. Is this the book that I'm supposed to be in?

12 Q: Ma'am?

13 A: Is this the notebook I'm supposed to be in?

14 Q: Yes, ma'am.

15 A: Mine starts at 39. Mine only starts at 39.

16 Q: Okay. See if you can find ---

17 THE COURT: What tab is it under?

18 MR. AIKEN: I think it's 3.

19 MR. POWELL: Tab 2.

20 MR. RICHARDSON: You're talking about ---

21 MR. AIKEN: Tab 2.

22 A: Okay. I'm on Tab 2. What am I looking for?

23 BY MR. AIKEN:

24 Q: 0004 at the very bottom in little number on Page 4 of my
25 copy.

1 A: Okay.

2 Q: You got it?

3 A: I got it.

4 Q: Okay. So, Taylor was again playing basketball?

5 A: Yes, sir.

6 Q: And this is just -- this record describes chief
7 complaint, at a basketball game, the mom states she fell to
8 the ground saying she couldn't breath, that her right arm and
9 face were tingling, correct?

10 A: Correct.

11 Q: Okay. And then under History or Present Illness, the
12 patient presents with difficulty breathing, and again she
13 complained with asthma but we know she didn't have asthma.

14 A: Correct.

15 Q: Duration of symptoms is improving, degree at onset
16 moderate, correct?

17 A: Correct.

18 Q: And on the next page, if you could find that, Ms. Utley,
19 at the top of the page.

20 A: Yes, sir.

21 Q: The therapy recommended was deep breathing and Gatorade,
22 correct?

23 A: Yes.

24 Q: See if you can find that page. Little number five and
25 big number five.

1 A: Where is that at? I don't see it.
2 Q: At the top of Page 5.
3 A: Okay. I see therapy -- I see it.
4 Q: Okay. Now, they've got therapy, deep breathing and
5 Gatorade, correct
6 A: Correct.
7 Q: Associated symptoms, denies chest pain, denies fever,
8 correct?
9 A: Correct.
10 Q: So, that event was basically for shortness of breath?
11 A: Yes, sir.
12 Q: Okay. Then at that hospital visit -- hospital visit,
13 there was an x-ray taken. And that's on Page 13, if you wish
14 to look at that.
15 A: Okay.
16 Q: That was a chest x-ray, correct?
17 A: Yes, sir.
18 Q: Okay. Patient was at a basketball game and fell to the
19 ground. It seemed as if she couldn't breathe. That's not
20 worded correctly. But the impression of the radiologist was
21 no acute cardiopulmonary abnormality. So, he -- Laurie Payton
22 was the nurse practitioner wrote no heart or lung abnormality;
23 is that correct?
24 A: That's correct.
25 Q: And it was at that visit, Ms. Price ---

1 A: Ms. Utley.
2 Q: Utley; I'm sorry.
3 A: That's okay.
4 Q: It was at that visit that an EKG was ordered.
5 A: Yes, sir.
6 Q: I'm sorry?
7 A: I said, yes, sir.
8 Q: Okay.
9 MR. RICHARDSON: Which record are we talking about at
10 this point, which Plaintiff's exhibit?
11 MR. AIKEN: We're in Tab 2.
12 MR. RICHARDSON: Tab 2? Was it January 24th, 2018?
13 MR. AIKEN: Yes, yes.
14 BY MR. AIKEN:
15 Q: Now, up until that time, again where on 1/24/2018, is it
16 true that Taylor had never had complete loss of consciousness
17 up until January?
18 A: That's correct.
19 Q: Okay. Then you went to see your family pediatrician, Dr.
20 Bahan?
21 A: That's correct.
22 Q: And Dr. Bahan's office recommended that you take Taylor
23 to see Doctor Trant, correct?
24 A: Wait, what. Say that again?
25 Q: Yes, ma'am. Dr. Bahan's office recommended that you take

1 Taylor to see Doctor Trant, a pediatric cardiologist?
2 A: What you mean recommended, because I asked for the
3 referral.
4 Q: Same thing, I may have ---
5 A: Okay, okay.
6 Q: But you did go see Dr. Trant?
7 A: Yes, sir.
8 Q: Okay. And you saw Dr. Trant on January 24 of 2019?
9 A: Correct.
10 Q: Let me find that record for you in the big, big book.
11 Look at Tab 12, please, ma'am. Do you have it?
12 A: Yes, sir.
13 Q: Okay. Now, these are Dr. Trant's notes from that day of
14 January 24, right?
15 A: Yes, sir.
16 Q: Okay. And let's just look at this for a minute. Now, it
17 has reason for appointment near syncopal episode, and in
18 paren, EKG, paren, correct?
19 A: Correct.
20 Q: And under history of present illness, Dr. Trant wrote
21 thank you for referring your patient for the evaluation of
22 shortness of breath and near syncope. Lately, she has had no
23 difficulty with basketball practice, including doing suicides
24 -- and you've told the jury what -- told us what it was --
25 that's pretty standard strenuous exercise, isn't it, suicides?

1 A: Well, it can't -- it's not the same as varsity suicides,
2 but ---
3 Q: But it's hard.
4 A: If you're not in shape, it might be difficult.
5 Q: Okay. I'm not in shape; they are for me.
6 A: Okay.
7 Q: Including doing suicides, but at the last -- he said
8 baseball, he meant basketball game, she became short of breath
9 and felt unsteady. So far so good?
10 A: Yes, sir. That's what you're reading.
11 Q: Okay. She also felt hot as if she was going to faint.
12 Spell lasted for a few minutes and then she recovered.
13 Otherwise she reported no other issues or concerns. Family
14 history is negative for congenital heart disease; is that
15 correct?
16 A: That's correct.
17 Q: Give me one minute. I'll find that in a minute. Let's
18 just -- let's look at what all Dr. Trant did that day. He
19 took the vital signs, do you see those? Almost in the middle
20 of the page in that right-hand column.
21 A: Okay. Yes, sir; I see it.
22 Q: And weight was 143?
23 A: Yes, sir.
24 Q: Height was 64; that means 64 inches, I guess.
25 A: Yes, sir.

1 Q: BMI, that's body mass index, 24.54, correct?

2 A: Yes, sir.

3 Q: And that's pretty good, isn't it?

4 A: I'm not sure.

5 Q: That's good. Her blood pressure 141/69. BP of the leg,
6 191/120, and Dr. Trant will have to explain why he does one of
7 the leg.

8 MR. RICHARDSON: Your Honor, I have an objection at this
9 time. He's publishing a document that's not in evidence, it
10 hasn't been moved in. This is ---

11 MR. AIKEN: Okay. I thought it had been. Okay.

12 MR. POWELL: We didn't stipulate to this one.

13 MR. AIKEN: Okay.

14 THE COURT: Is there any problem putting it in?

15 MR. POWELL: No.

16 MR. RICHARDSON: No, sir. For the record, we just need
17 to make sure it's in.

18 MR. AIKEN: I thought it was in.

19 THE COURT: For the record, I need my ---

20 MR. POWELL: Are you okay with it being in by
21 stipulation?

22 MR. AIKEN: Sure.

23 THE COURT: Do you have any problems with it?

24 MR. AIKEN: Sure.

25 MR. POWELL: It's in then by stipulation.

1 THE COURT REPORTER: So, that's State's Number 12.

2 MR. POWELL: Plaintiff's Number 12.

3 THE COURT REPORTER: Plaintiff's 12.

4 PLAINTIFF'S EXHIBIT NUMBER 12

5 ADMITTED INTO EVIDENCE

6 BY MR. AIKEN:

7 Q: We're still on the record, okay, Ms. Utley?

8 A: Okay.

9 Q: And let's look at the left-hand column before we finish
10 the rest of the chart. Dr. Trant asked about current
11 medications and there was none, so Taylor is not taking
12 medicine, correct?

13 A: Correct.

14 Q: He asked about the past medical history. Medical history
15 verified, he said that, right?

16 A: Yes, sir.

17 Q: Okay. Surgical history, denies past surgical history,
18 okay?

19 A: Okay.

20 Q: Family history, father alive healthy; mother alive
21 healthy; one brother; two sisters; no family history of
22 congestive heart disease or coronary heart disease, heart
23 attack, high cholesterol, or syncope. Did I read that
24 correctly?

25 A: Yes, sir.

1 Q: And that was the family history?

2 A: Yes, sir.

3 Q: Social history, tobacco use, never smoked. And he asked
4 about the household and Taylor was single, number of adults in
5 the household, mom; number of children in the household at
6 that time, one. Correct?

7 A: Correct.

8 Q: Allergies, no known allergies, correct?

9 A: Correct.

10 Q: Okay. Hospitalization, major diagnostic procedures,
11 there were no prior hospitalizations?

12 A: Correct.

13 Q: Okay. Under review of systems, pediatric cardiology,
14 growth of development issues, no. Okay?

15 A: Okay.

16 Q: Problems with eyes, ears, nose, mouth, or throat, no;
17 chest problems, no; breathing problems, no; eating problems,
18 no; problems going to the bathroom, no; bone on muscle
19 problems, no; skin problems, no; walking or talking problems,
20 no; bruising or bleeding problems, no; allergic problems, no.
21 Then he even has information about Taylor's birth history,
22 correct?

23 A: Yes, sir.

24 Q: Is that all right, correct?

25 A: Yes, sir.

1 Q: Okay. Then we talked about the right side, if you would,
2 Ms. Utley. We talked about vital signs, we talked about his
3 examination. We have talked about that. Pediatric
4 cardiology, affect means you move or how you appear. Bright,
5 arousal, alert, nourishment, well-nourished, distress NAD, no
6 acute distress, correct?

7 A: Okay.

8 Q: He looked at Taylor's eyes, neck, correct?

9 A: That's what it says; yes, sir.

10 Q: Okay. And then mouth, teeth, and gums, no cavities, no
11 pallor, that means color, no cyanosis; is that correct?

12 A: That what it says.

13 Q: Okay. He talked about the neck. The lungs were clear.
14 The respiratory effort was normal. He checked cardiovascular
15 symptoms of Taylor, correct?

16 A: With the stethoscope, yes, sir; he did that.

17 Q: Auscultation, again, Dr. Trant will have to tell us what
18 that is. There were murmurs detected in the heart, correct?

19 A: That's what he -- I don't remember, but that's what he
20 wrote.

21 Q: Okay. He checked the pulses, the radial, femoral,
22 carotid and profusion pulses; he checked all those? That's
23 what he wrote.

24 A: That's what he wrote.

25 Q: Okay. Extremities, no problems with the skin, correct?

1 A: That's what he wrote; yes, sir.

2 Q: Okay. And abdomen, no tenderness, no masses. He checked
3 musculoskeletal, no scoliosis. General strength and tone,
4 normal; gait, normal; able to exercise, normal. That's pretty
5 much all that he wrote, correct?

6 A: That's what he wrote; yes, sir.

7 Q: And then he did diagnose hyperventilation syndrome, like
8 Dr. Halus had a year before?

9 A: Yes, sir. That's what he diagnosed her with.

10 Q: He diagnosed -- an assessment of vagal reaction, and I
11 think that's when your blood pressure drops suddenly. So, he
12 said hyperventilation syndrome, notes, she is currently
13 stable. Her symptoms are mostly consistent with a combination
14 of hyperventilation and hyper vagotonia, both of which are
15 related to all change related to puberty. We spent several
16 minutes discussing both including the usual treatments. I
17 recommended changing her breathing patterns during spells to
18 avoid panting. We also discussed the use of a paper bag. I
19 also recommended super-hydration and added salt as needed. He
20 said him; he meant her. To call should the symptoms persist
21 or not respond as expected. Is all that correct?

22 A: That's what he wrote; yes, sir.

23 Q: Okay. Now, from that appointment, Ms. Utley, on January
24 24th of 2019 until Taylor tragically died, December 17 of
25 2021, almost three years, 34 months to be exact, did Taylor

1 have any other episodes like she previously experienced?

2 A: No, sir.

3 Q: And if you would now, let's look at Page 51, going back
4 to your deposition.

5 A: Okay. What page?

6 Q: Page 51.

7 A: Okay.

8 Q: Okay. We'll start at Line 10, just a few of these. I
9 asked you did you have any impression of Dr. Trant. Were you
10 satisfied with what he seemed to be telling you. And you
11 said, I did. Ma'am? I did. And then you said, I felt
12 comfortable with Dr. Trant, correct?

13 A: Yes, sir.

14 Q: And you felt comfortable with Dr. Trant in large part
15 because Dr. Bahan and his office and you discussed, you wanted
16 a pediatric referral, but Dr. Bahan thought a lot of Dr. Trant
17 and recommended his office.

18 A: Correct.

19 Q: I want to find one other thing if I could. Let me ask,
20 while I'm looking, did Taylor continue playing cheerleading
21 until December of 2021?

22 A: Yes, sir.

23 Q: Did she continue in ROTC?

24 A: Yes, sir.

25 Q: In fact, she was in ROTC in December the day she

1 collapsed?

2 A: What do you mean she was in ROTC?

3 Q: She was in ROTC class.

4 A: She was in ROTC class, but she was in the gym, because it

5 ---

6 Q: In the gym?

7 A: Yes, sir.

8 Q: Have you seen the video tape of Taylor?

9 A: Only for second.

10 Q: Okay. I think -- and it was shown, I guess, to the jury,

11 it looks like Taylor is leaving ---

12 MR. RICHARDSON: Your Honor, I'd object to the talking

13 about something that is not in evidence.

14 THE COURT: Okay. You can ask her question of what she

15 knows about it, but you can't testify.

16 MR. AIKEN: Okay. I'll come back to it.

17 BY MR. AIKEN:

18 Q: Let's look if we could, and I'm close to being finished,

19 Ms. Utley.

20 A: The binder or the deposition?

21 Q: No, the deposition.

22 A: Okay.

23 Q: Thank you. Let's look if we could at Page 36.

24 A: Okay.

25 Q: Let's start at 111, Page 36.

1 A: Okay.

2 Q: Did you remember talking about Taylor's health history
3 with Doctor Trant? And you responded, yes, sir, correct? And
4 tell me what you remember, if anything. Answer: He just
5 asked me did you have any prior problems, and I told him no.
6 And then he asked me to explain, you know, what happens, what
7 she was experiencing, and I told him that, you know, when
8 she's playing basketball, you know, she gets short of breath.
9 It's almost like she is passing out, but she doesn't lose
10 consciousness, and just telling him all of the symptoms that
11 she was experiencing. And I ask you, He's got reason for the
12 appointment near syncope, in paren, EKG, correct?

13 A: Correct.

14 Q: Doctor Trant will testify he had an EKG taken at MUSC on
15 December 12, 2018. He had that, and he had looked at it; are
16 you aware of that?

17 A: He said he already looked at it.

18 Q: Oh, okay. So, you're not disputing that?

19 A: No, he said he already looked at it. When I asked him,
20 he said he already looked at it and it was fine.

21 Q: Okay. Did he tell you it was completely normal for a 13-
22 year-old child?

23 A: I don't recall that.

24 Q: Okay. Taylor was 13 when Doctor Trant saw her?

25 A: Correct.

1 Q: Now, if the last sentence in this note, and going back,
2 I'm sorry, to Doctor Trant's note; do you still have that?
3 A: What page?
4 MR. POWELL: Tab 12.
5 Q: 12.
6 A: In the binder or the deposition?
7 Q: No, the deposition.
8 A: Oh, okay; sorry.
9 Q: It's hard to keep up with.
10 A: Okay.
11 Q: Now, look under treatment, and the last sentence. I
12 invited him to put her ---
13 A: You said Page 12 in the deposition?
14 Q: No, I'm sorry. I might've said that. I didn't mean to.
15 MR. POWELL: Tab 12.
16 Q: Tab 12. It's a lot of stuff.
17 A: It's okay. That's okay. Okay, where are we at?
18 Q: Okay. I'm on Page 2 of 3, at the bottom under treatment.
19 A: Okay.
20 Q: Okay. Now, the last sentence there, I invited him to put
21 her, and meaning Taylor, to call should the symptoms persist
22 or not respond as expected, correct?
23 A: Correct.
24 Q: And he told you that?
25 A: Yes, sir.

1 Q: And he told Taylor that?

2 A: Well, he was talking -- Taylor was a child, so he was
3 talking to me.

4 Q: Yes, ma'am. So, that's true that -- he didn't discharge
5 you, he invited you and Taylor to come back should the need
6 arise and her symptoms persisted or didn't improve as
7 expected?

8 A: Correct.

9 Q: But because Taylor had no other issues from that point
10 until she tragically died, there was no need to take Taylor
11 back to see Doctor Trant, correct?

12 A: Correct.

13 Q: Do you remember, Ms. Utley, if you told Doctor Trant
14 anything about Taylor losing complete consciousness? And can
15 you really tell this jury under oath that you remember that?
16 I'm just curious.

17 A: Her losing complete consciousness?

18 Q: Ma'am?

19 A: You said her losing complete consciousness?

20 Q: Yes, ma'am.

21 A: No, sir.

22 Q: Okay. Give me one minute, I think I'm about finished.
23 And you've done a little research on ARVD?

24 A: Yes, sir.

25 Q: And I think you kind of looked at what I looked at, in

1 our layperson impression, that's kind of when your heart
2 muscle turns to fatty tissue.

3 A: Yes, sir.

4 Q: And your heart just can't function properly in
5 distributing blood that your body needs?

6 A: Correct.

7 Q: And you did also read that often that this horrible
8 disease is diagnosed at autopsy?

9 A: It says sometimes mostly discovered during autopsy.

10 Q: Okay. Let me check with my group over here.

11 A: Okay. All right.

12 MR. AIKEN: May I, Your Honor?

13 THE COURT: Yes, sir.

14 BY MR. AIKEN:

15 Q: One other thing. I may have misspoke, but the EKG was
16 done December 12 of 2018, that's that second him USC visit.

17 A: Yes, sir.

18 Q: And then Taylor saw Doctor Trant, Doctor Trant about a
19 month later?

20 A: Yes, sir.

21 Q: Okay. Thank you, Ms. Utley, and again, we're sorry about
22 Taylor.

23 A: Okay.

24 MR. RICHARDSON: I'll be very brief; nowhere near the
25 length ---

1 THE COURT: Okay.

2 REDIRECT EXAMINATION OF DEMETRICE UTLEY BY MR. RICHARDSON:

3 Q: Maybe it's me, but I got little confused jumping back and
4 forth, and I'm not gonna drag that four-by-four back out, but
5 again, going back and forth, January 24, 2018 was the first
6 event?

7 A: Yes, sir.

8 Q: And then she saw Dr. Bahan?

9 A: Yes, sir.

10 Q: On February 1st, 2018?

11 A: Yes, sir.

12 Q: And then no more incidences until the next December?

13 A: Correct.

14 Q: All within one calendar year, though?

15 A: Yes, sir. All in 2018.

16 Q: Separated by 11 months.

17 A: Yes, sir.

18 Q: Okay. Before she saw Dr. Bahan, she'd had another
19 collapse?

20 A: Correct.

21 Q: And where was that again?

22 A: At practice.

23 Q: You weren't there; you didn't see her, right?

24 A: Correct.

25 Q: That was after the fact?

1 A: Correct.

2 Q: And if Dr. Bahan marked down that Taylor had two episodes
3 of syncope, would you defer to you or to Dr. Bahan?

4 A: Say that again.

5 Q: Would you defer to Dr. Bahan's position on saying two
6 episodes of syncope?

7 A: Yes, sir.

8 Q: He had -- he knew Taylor?

9 A: Yes, sir.

10 MR. AIKEN: Object to the form.

11 BY MR. RICHARDSON:

12 Q: How long had Taylor been going to Dr. Bahan?

13 A: Probably since she was maybe a year or two, two years
14 old.

15 Q: He met with her for some time on February 1st, 2018?

16 A: Yes, sir.

17 Q: And from what Mr. Aiken was showing me, he wrote down two
18 episodes of syncope.

19 A: Yes, sir.

20 Q: He didn't say near syncope?

21 A: No, sir; I think he said syncope.

22 Q: Okay. And clarify the thing, the EKG was done the
23 following December, correct?

24 A: Yes, sir.

25 Q: And again that was done after the basketball game, after

1 Taylor had rested?

2 A: Correct.

3 Q: The report y'all were going through, Plaintiff's 12, Dr.

4 Trant's. I think you're on it right now.

5 A: Okay.

6 Q: When was the first time you saw this?

7 A: Today.

8 Q: Maybe preparing for trial, but today is the first time

9 you paid attention to it?

10 A: Yes, sir.

11 Q: So, was that ever provided to you back in January 2019?

12 A: No, sir.

13 Q: Could you point there were you signed off on it?

14 A: Where I signed off on it? No, sir.

15 Q: So, you never saw this before ---

16 A: No, sir.

17 Q: --- before Taylor died?

18 A: No, sir.

19 Q: And when Mr. Aiken was going through asking you is this

20 correct, isn't this correct, were you referring to his

21 recitation of what's in that report, if he's reading it

22 correctly?

23 A: Yes, sir.

24 Q: Okay. Does that capture everything you discussed with

25 Dr. Trant that day?

1 A: No, sir.

2 Q: And when he talked about Dr. Trant doing his vitals,
3 blood pressure, pulse, height, and weight, was that Dr. Trant
4 that did all that?

5 A: No, sir; it was a nurse.

6 Q: It was the nurse, just like any other doctor's office?

7 A: Yes, sir.

8 Q: When you went back over the deposition, I think Mr. Aiken
9 went back through that same question I asked you about, about
10 what you told Dr. Trant. When you said you told him about all
11 of the symptoms Taylor was experiencing, what did you mean by
12 that?

13 A: I meant, I told him about all four episodes, all four
14 separate events, and what she went through.

15 Q: And there was one record, the MUSC record, the initial
16 visit January 24th, 2018, Number 2. I think Mr. Aiken was
17 talking about it said the chief reason for you being there was
18 tingling and the shortness of breath. I'll direct you back to
19 Page 4 of that document.

20 A: Okay.

21 Q: Additional information, chief complaint from the nursing
22 triage note, what is it read right there?

23 A: Mom states she fell to the ground saying she couldn't
24 breathe and that her arm and face were tingling.

25 Q: So, not took a knee, not when to the bench, that she fell

1 to the ground?

2 A: Correct.

3 Q: And when Mr. Aiken was asking about you denying ever
4 complete loss of consciousness, what was your understanding of
5 Taylor's condition that last December 18th game?

6 A: That at some point, she had lost consciousness ---

7 MR. AIKEN: Your Honor, I don't think she was there, if I
8 heard it correctly.

9 A: Can I ---

10 MR. RICHARDSON: We can cross this ---

11 THE COURT: Okay. Okay.

12 BY MR. RICHARDSON:

13 Q: But did you describe her condition, if you did with, her
14 being limp?

15 A: Yes, sir; I did.

16 Q: And you did talk with Mr. Hunt about what he witnessed?

17 A: Correct, because he was with her; he carried her out.

18 Q: And that's what you related to Dr. Trant?

19 A: Yes, sir.

20 Q: Forty days later?

21 A: Yes, sir.

22 Q: Do you recall Dr. Trant actually doing the stethoscope?

23 A: I do.

24 Q: So, he did that?

25 A: Yes, sir.

1 Q: But again, he did no other testing whatsoever?

2 A: No, sir.

3 Q: And again, Dr. Trant, did you type that report out while
4 you were in the room?

5 A: No, sir.

6 Q: And again, I believe you said he didn't have anything in
7 his hands or anything?

8 A: No, sir.

9 Q: And another chest pains, was Taylor playing basketball on
10 January 24th, 2019?

11 A: No, sir.

12 Q: She hadn't played basketball since the 18th of December?

13 A: Correct.

14 Q: And that was early morning after she had dressed?

15 A: Yes, sir.

16 Q: Breakfast?

17 A: Yes, sir.

18 Q: Okay. No further questions.

19 BY THE COURT:

20 THE COURT: Okay. You can step down.

21 MR. RICHARDSON: We're gonna call Dr. Riemer next.

22 THE COURT: Okay. I just wanted to be sure ---

23 MR. RICHARDSON: Certainly, Your Honor. If they need a
24 break before we get into that, that's fine.

25 THE COURT: Everybody tells me they're okay. If

1 something changes ---

2 MR. RICHARDSON: Judge, it might be an appropriate time
3 to take a break real quick.

4 THE COURT: Okay. Ladies and gentlemen, I'll send you to
5 the jury room. Don't discuss the case. I'll get you out in
6 just a minute.

7 (REPORTER'S NOTE: Jury exits courtroom @ 2:57 p.m.)

8 **RECESS - 2:57 P.M.**

9 *****OFF THE RECORD*****

10 **ON THE RECORD - 3:05 P.M.**

11 (REPORTER'S NOTE: Jury enters courtroom @ 3:05 p.m.)

12 THE COURT: Okay. You may call your next witness.)

13 MR. RICHARDSON: The plaintiff would call Dr. Ellen
14 Riemer.

15 DR. ELLEN RIEMER, HAVING BEEN SWORN,
16 TESTIFIED AS FOLLOWS:

17 DIRECT EXAMINATION OF DR. ELLEN RIEMER BY MR. RICHARDSON:

18 Q: Good afternoon, Doctor.

19 A: Good afternoon.

20 Q: Thank you for traveling and joining us today.

21 And for the purposes of this, we've got all of our trial
22 exhibits admitted -- have been admitted into evidence and just
23 normal exhibits here in this book. And so I may -- we've got
24 your CV in there as well as the autopsy reports. I might be
25 directing you to that.

1 A: Okay.

2 Q: Thank you, Doctor.

3 Dr. Riemer, could you please tell us where you're
4 employed and in what capacity?

5 A: I'm employed by the Medical University of South Carolina
6 in Charleston, where I'm a forensic pathologist.

7 Q: And how long have you been employed by MUSC Charleston as
8 a board -- board certified forensic pathologist?

9 A: Yes, sir. I'm board certified in pathology and forensic
10 pathology. And I've been there since March 1st, 2009. So,
11 we're coming up upon -- March 1st it'll be 16 years.

12 Q: Doctor, I'm gonna ask you to take a look at that book,
13 and if you'd flip to Plaintiff's Number 25. Sorry, it gets a
14 little cumbersome, I know.

15 PLAINTIFF'S EXHIBIT NUMBER 25

16 MARKED FOR IDENTIFICATION

17 Q: Could you tell me what Plaintiff's 25 is, please, ma'am?

18 A: Yeah. This is a copy of my CV, also known as my resume.

19 Q: And does that fairly and accurately depict your education
20 and professional career?

21 A: Yes.

22 Q: And I believe in that -- oftentimes you see doctors with
23 one or two letters behind their name. You've got one of
24 there, too; you've got MD and JD.

25 A: Yeah, so, when I graduated from college, you know, like a

1 lot of people don't know really know what they want to do, I
2 actually went to law school thinking I'd really enjoy being a
3 lawyer, and so I completed law school got JD, that a doctorate
4 of jurisprudence, after three years. And then I practiced law
5 for five years before going to medical school. So, medicine
6 is actually my second career, but I don't have anything to do
7 with being a lawyer anymore. Even when I was a lawyer, I
8 didn't do anything having to do with like medicine. I was
9 doing like employment and labor law.

10 Q: What lead you into medicine, Doctor?

11 A: What?

12 Q: What led you into making a choice to go to medical
13 school?

14 A: Oh, to pathology? Well, you know, these -- a lot of
15 these are just kind of feelings that it's going to be a good
16 feel for you. So, when I was medical school and going on lots
17 of different rotations and doing, you know, seeing patients, I
18 found that, you know, when I was doing clinical rotations, I
19 was always going back to my pathology books to see what's
20 causing this disease, like, what is the underlying cause of
21 the disease, as opposed to how can I best manage this patient.
22 And to me, you know, that was kind of a good sign, plus I was
23 very good -- I'm very good with my eyes, noticing details, and
24 I just thought it would be a good fit for me, especially
25 having really not made such great choices as in my law career.

1 I wanted to be careful and make the proper choices for myself.
2 And pathology just seemed like a really great field for me.
3 Q: And could you tell us about your education and training
4 you underwent to become a board-certified pathologist?
5 A: Yeah. So, after I received my Doctor of Medicine degree,
6 that was in 1997, I did pathology residency at New York
7 Presbyterian Hospital, Columbia University Medical Center, you
8 know, at that time it was called Columbia Presbyterian Medical
9 Center, so they changed their name a couple of times. And
10 after completing that in four years, which is the amount of
11 time for residency, I did a fellowship in forensic pathology,
12 and I did that at the Office of the Chief Medical Examiner of
13 the State of Maryland. So, a lot of years of school and
14 studying. And then, after I completed my fellowship in
15 forensic pathology, I also had a special interest in
16 cardiovascular and pulmonary pathology, so, heart and lung
17 pathology. So, I did an extra year before actually taking a
18 job as a forensic pathologist, I did an extra year of, you
19 know, training, you know, being a fellow in
20 cardiovascular/pulmonary pathology, and I did that at Johns
21 Hopkins for one year. And then, after that, I'm board
22 certified in forensic pathology and anatomic pathology, and
23 then I took my first, you know, attending pathologist job, and
24 I was at Wake Forest University School of Medicine, Wake
25 Forest Baptist Medical Center in North Carolina, and I stayed

1 there for about six years or so before being recruited by
2 MUSC.

3 Q: Okay. And what's meant by the term board-certified?

4 A: Oh, board-certified, so, there's an organization called
5 the American Board of Pathology. So, every subspecialty has a
6 board that oversees the qualifications of the physicians who
7 practice in that field. They want to make sure that anybody
8 who is entrusted by the public to take care of patients or to
9 make diagnoses -- and in my case, to make diagnoses on by
10 doing autopsies, you know, it meets the qualification based on
11 the amount of the kind of education that they've had, and they
12 also have to pass very rigorous exams. So, I did that.

13 Q: The board-certification, is that something ongoing ---

14 A: Well, no, actually -- it is now, but at the time that I
15 became board-certified, it was before maintenance of
16 certification was required for pathologists, so I'm kind of
17 grandfathered in, although I -- you know, I did voluntarily do
18 the certification, but they don't even offer that anymore, so,
19 you know, I'm just too old.

20 Q: And I heard you talk about you are board-certified in
21 anatomic and forensic pathology.

22 A: Yes. So, those are two separate -- separate areas of
23 pathology. You can't do forensic pathology unless you've
24 already done anatomic pathology. So, anatomic -- you can't
25 just do forensic pathology. So, anatomic pathology, you have

1 to know everything about, you know, like disease -- forensic
2 pathology focuses on basically injuries, so, unnatural
3 disease, unnatural causes of death. Anatomic pathology is
4 everything having to do with all organ systems and disease
5 that can happen. So, if you've ever gone for like a biopsy,
6 or you know, had a colonoscopy in some of the polyps may have
7 been removed from your colon, and your doctor said we'll wait
8 to see the results when they come back from the lab, okay, the
9 lab is actually -- a pathologist is actually looking at that
10 tissue under the microscope and makes a diagnosis is this
11 cancer, is it not cancer, and if it's not, what kind of a
12 polyp it is. So, you know, sometimes people say, oh, the
13 tissue, it's going to the lab, but actually a diagnosis is
14 made by doctors who are pathologists, and you don't also see
15 them but they're involved in making tissues diagnoses on like
16 if you ever had a biopsy, or if -- in my case, I do autopsies
17 on people who have died, and my job is to determine why they
18 died, by examining everything in their body.

19 Q: And is that basically what you do at MUSC Charleston?

20 A: Yes.

21 Q: Forensic pathology?

22 A: Yes. I'm a forensic pathologist.

23 Q: Okay. So, in those, you actually perform autopsies,
24 correct?

25 A: Yes. So, that's -- what does that mean? That means I

1 perform autopsies and, you know, do every -- studies on the
2 tissues, and I examine organs in order to determine a cause of
3 death.

4 Q: Any idea, just a rough guess, how many autopsies
5 performed, forensic autopsies?

6 A: Well, yeah, so, over the course of my career -- you know,
7 I'm not really completely counting, but just as an estimate,
8 probably about 6,000 by this point.

9 Q: And, in those cases that you have performed forensic
10 autopsies, what do you do to document your findings?

11 A: Well, the ultimate documentation is I write an autopsy
12 report, which includes the findings of -- that include
13 findings that are normal as well as abnormal findings, and
14 include any lab tests that were performed, as well as
15 microscopic examination of tissue that I performed as part of
16 the autopsy. And, after everything comes back and I am able
17 to review all of these results, and with my education and
18 experience I am able to make a determination of the cause of
19 death.

20 Q: I should've asked this earlier when we talked about your
21 fellowship in cardiovascular or pulmonary pathology, is there
22 a board certification in that field?

23 A: No. There is no board certification offered in that
24 field because there are too few people, too few programs in
25 the country that actually offer that. So, you know, very few

1 people actually do a fellowship in that field, so there's no
2 board certification available.

3 Q: But you spent a year studying that field?

4 A: Yes. I spent a year studying specifically diseases of
5 the heart and lungs.

6 Q: Have you previously testified in either state court or
7 federal court as an expert in the field of forensic pathology?

8 A: Yes.

9 Q: Approximately how many times?

10 A: Oh, you know, I really don't know, like ---

11 Q: You can ---

12 A: Like two or 300, two or 300, something like that.

13 MR. RICHARDSON: Your Honor, at this time, we would move
14 to have Dr. Reimer admitted as an expert in the field of
15 forensic pathology.

16 MR. AIKEN: No objection.

17 THE COURT: The Court so finds.

18 BY MR. RICHARDSON:

19 Q: Dr. Riemer, forensic pathology focuses on examining the
20 body and determining cause of death?

21 A: Yes, any deceased individual.

22 Q: Okay. In addition to those duties -- that is what you do
23 at MUSC?

24 A: Yes.

25 Q: You're a full professor as well, are you?

1 A: Yes. So, you know, MUSC is -- it's a medical school
2 also, and it's an academic medical center, so we have
3 residents and fellows who are basically learning, basically
4 becoming pathologists, so they are training in pathology, so
5 I'm -- I am a full professor and I -- you know, while I do my
6 work, I'm actually -- I have fellows and residents that I help
7 teach and show them what, you know, how I'm doing things. And
8 also give some lectures to medical students. It's just part
9 of being in an academic medical center, so...
10 Q: Now, so you teach the doctors that want to be forensic
11 pathologists or anatomic pathologists?
12 A: I'm sorry; I didn't hear you.
13 Q: I said you actually teach to doctors -- future doctors?
14 A: Yes. I teach the residents and fellows, you know, that I
15 -- I'm responsible for training forensic pathology.
16 Q: And could you tell us how an autopsy is requested?
17 A: How it's requested?
18 Q: Yes, ma'am
19 A: Okay. So, yeah, you know, an autopsy is not just
20 automatically done on people that die. I'm sure you know
21 people that have died and, you know, they didn't have an
22 autopsy. But in this state, we have an elected coroner from
23 every county. And it's the coroner's job to investigate
24 deaths that are unexpected that occur in his or her county.
25 So, in Marion County, Jerry Richardson is the elected

1 coroner, and when Taylor died, he called my office and called
2 to schedule an autopsy by one of the team of forensic
3 pathologists that work there. There's a few of us. And I --
4 a date was set for the autopsy, and I was assigned this case.

5 Q: Okay. I have a few other questions for you; thank you,
6 Doctor.

7 So, Coroner Richardson, he requested an autopsy on Taylor
8 Price?

9 A: Yes.

10 Q: Due to the circumstances of her death?

11 A: Well, because -- yes, I mean, anybody who is really under
12 21 is gonna need an autopsy unless they're extremely -- like
13 known to have cancer or some, you know, reason, you know, to
14 be dead. So, you know, she -- the history -- anybody who is,
15 you know, a high school student who collapses at school, you
16 know, needs an autopsy. There's any number of possibilities
17 why she could've died, and so my job -- it's my responsibility
18 to make that determination, and it's my job to make sure I'm
19 right on every patient of mine, who is the deceased person
20 that I autopsy.

21 Q: And so, Dr. Riemer, you're actually -- you were hired by
22 the state to do this?

23 A: Yeah. So, yeah, I'm not -- I'm not working for anybody
24 in here. I was -- I work for MUSC, and the coroner sent the
25 autopsy, you know, Taylor for autopsy at MUSC. You know, I

1 think he knows the kind of work that we do, and that I do, and
2 I don't -- I just get my regular paycheck, so -- from the
3 Medical University of South Carolina, and I -- the Marion
4 County Coroner gets a bill from MUSC for the autopsy.

5 Q: Okay. And Taylor Price, how was this case specifically
6 assigned to you, Dr. Riemer?

7 A: So, yeah, I didn't say, I'll do that. You know, it's
8 kind of -- we make a schedule, like, you know, we have
9 different days where we're in the autopsy room, and then other
10 days we're like reviewing slides from an autopsy or reviewing,
11 you know, you know, toxicology results, or sometimes it's --
12 you know, it's important to, you know, review records. And
13 this was my day that I was going to be performing autopsies in
14 the autopsy room, so I just got it.

15 Q: Okay. And if I remember in the records correctly, Taylor
16 passed on December 17th, 2021?

17 A: Yeah, the -- the -- that's what we were told by Mr.
18 Richardson. So, the call came into -- we have a staff that
19 accepts the calls, and then it was scheduled for, I guess --
20 sometimes are very busy, so we can't just do an autopsy the
21 next day. So, the autopsy was actually done on the 22nd of
22 December.

23 Q: Some days later. What efforts were made to make sure
24 there was no decomposition or any detriment to the body?

25 A: Yes. Well, you know, it's always good practice to --

1 first of all, it's December, so it's better than if it's July
2 when it's really hot, when things happen -- decomposition
3 happens more quickly, but everybody basically gets, you know,
4 put -- the body gets put into a refrigerator, so -- to slow
5 down any decomposition, and that does a very good job at
6 preserving the tissue.

7 Q: So, when you examined Taylor, there was no signs of
8 decomposition?

9 A: No, not except for the usual mild changes that we see in
10 everybody, but that's part of being a forensic pathologist is
11 knowing how to interpret what might be a post-mortem change
12 and what isn't.

13 Q: Now, Doctor, in just a moment, I'm gonna ask you to go
14 over your findings in this case, but with that, we discussed
15 previously that you prepare an autopsy report in your cases.
16 Was that done in this case?

17 A: Yes.

18 Q: I will direct you now to Plaintiff's 26. If you can
19 review that and tell me what that is?

20 A: Yes. This is the autopsy report that I wrote on Taylor,
21 for Taylor Price.

22 Q: And that is a true and accurate copy of that report?

23 A: Yes.

24 Q: And have you reviewed that report, Dr. Riemer?

25 A: Yes.

1 Q: And it contains your findings from the autopsy of Taylor
2 Price?

3 A: Yes.

4 MR. RICHARDSON: Your Honor, at this time, I'd seek to
5 move into evidence Plaintiff's 26.

6 MR. AIKEN: No objection.

7 THE COURT: Okay. It's in without objection.

8 PLAINTIFF'S EXHIBIT NUMBER 26

9 ADMITTED INTO EVIDENCE

10 BY MR. RICHARDSON:

11 Q: Dr. Riemer, this autopsy occurred back December 22nd,
12 2021. Certainly, this wasn't the last one you did?

13 A: That's correct.

14 Q: I'm guessing maybe more. Would that report help you
15 refresh your recollection of your findings and whatnot?

16 A: Yes.

17 Q: And you indicated you had an opportunity to review it in
18 preparing for this case. And I note at the top of the first
19 page, there appears to be, if I read it correctly, at the top
20 where it says sex, male?

21 A: Yes. So, I have an assistant who basically entered the
22 -- like the information on the patient into the computer. And
23 we're given the date of birth, and the name, and the date of
24 death, and for some reason, whoever entered this into the
25 computer entered male. I guess Taylor is kind of -- could go

1 to either gender. And, you know, I should've actually noticed
2 that before I -- but it does say male there, but that's
3 incorrect.

4 Q: Everywhere else in the report, it ---

5 A: Yeah, that's kind of like, you know, it's a dropdown
6 menu, male/female, so it could've been just an inadvertent
7 error or just, you know, the person who entered -- who put the
8 name in a computer said, oh, Taylor is a boy's name or
9 something, so, yeah.

10 Q: Now, other than that typo, were there any consequential
11 meaningful errors in this report?

12 A: No.

13 Q: And do you stand by the findings in this report?

14 A: Yes, I do.

15 Q: How are you able to identify that it was actually Taylor
16 Price?

17 A: How I ---

18 Q: How are you able to identify that this female body in
19 front of you is Taylor Price?

20 A: Because there's a identification tag -- let's see --
21 yeah, so, there's an identification -- there was a
22 identification tag around her left great toe, and a hospital
23 identification tag around her right wrist. So, they both had
24 her name on it.

25 Q: And, Doctor, I've gone through some of these before. As

1 part of the process of an autopsy, you began by a general, as
2 I call it, a bird's-eye view of things?

3 A: Well, you know, I don't really do anything bird's-eye
4 here.

5 Q: Yes, ma'am.

6 A: But I -- you know, I look carefully at the external areas
7 of the body, so that's the skin, you know, from head-to-toe.
8 Is there an infection? Is there trauma? Is there bleeding?
9 Is there any kind of tissue disruption or anything that looks
10 abnormal? Is there any kind of, you know, mass under the skin
11 that I need to be worried about? I -- my job is not to miss
12 anything. And, you know, she's -- you know, she's young, and
13 it's, you know, 15-year-olds are not -- 15 or 16-year-olds are
14 not expected to die. So, I need to make sure that I don't
15 overlook anything. So, my autopsy starts with an external
16 examination. And only after the external exam is completed,
17 where I document any abnormalities I might've seen do I
18 proceed to an internal examination, which is kind of
19 specialized surgical procedure in which there's kind of an
20 incision along the front of the body. And, you know, this is
21 like my normal job, so it's not like horrible to me. I'm
22 like, I'm searching for anything that could possibly be wrong
23 in this young person. And on the internal examination, I'm
24 looking at, you know, is there anything, you know, anything
25 weird in there, is there anything out of place, are there any

1 -- is there any bleeding, is there any puss, is there any
2 mucus blocking up an airway, is there any blood clots. And
3 then I look in the body cavity, if there's any fluid
4 accumulations. And then I proceed to look at every organ
5 internally, every like organ, like heart, lungs, liver,
6 kidneys, adrenal glands, you know, liver, uterus, ovaries,
7 esophagus, you know, everything. And then I also look at the
8 brain. So, you know, after I've done external exam, I look
9 internally, and then I don't only look at the organs but I --
10 they are removed, and I spend a lot of time basically
11 dissecting the organs in detail to look for anything that
12 might be wrong.

13 Q: And, Doctor, I want back up a little bit. On that
14 initial external examination, I think in your report you
15 indicated there were signs of vigorous chest compressions?

16 A: Yes. So, she had some dried yellow abrasions on the
17 front of the chest overlying the sternum, which is, you know,
18 the middle of the chest between that bone, which is very
19 common when there is very vigorous chest compressions during
20 resuscitation or resuscitative efforts. So, you know, the
21 folks who were -- who were trying to get her back were -- to
22 save her life, you know, a lot of times we see an abrasion
23 over -- because that just means they're working really hard.
24 And then there was other signs of efforts to resuscitate her
25 that included -- she had an intraosseous puncture mark, so

1 that's basically a line in the bone of her shoulder. And she
2 had some needle punctures and different in her left
3 antecubital fossa. So, you know, somebody attempted to revive
4 her before she actually was pronounced deceased.

5 Q: The steps you talked about after we have passed the
6 external examination, when you conduct the incisions and you
7 start examining organs and body cavities, that was done here
8 on Taylor?

9 A: Yes.

10 Q: We've heard a lot of testimony at this point about
11 possible dehydration previously in Taylor and whatnot, maybe
12 not eating enough. From your examination, what if anything
13 could you tell about Taylor's hydration and nutrition?

14 A: Yes. So, I have the ability to, you know, it's always
15 something that I can check for at autopsy, because there is a
16 test that I can run. Normally, if you're dehydrated, there
17 are certain abnormalities in your blood that maybe indicate
18 like your sodium or your urea nitrogen. These are things like
19 that to do blood tests of you're dehydrated. But at autopsy,
20 we don't do those tests on blood because there is too many
21 changes that happen postmortem. So, I'm able to do those
22 exact tests, it's -- basically correlates to a basic metabolic
23 panel on the vitreous fluid, which is the fluid in the
24 eyeball. So, I drew some vitreous fluid, and I sent it to
25 the laboratory at MUSC to get the electrolyte panel and her

1 creatinine and urea nitrogen and glucose. And her -- the
2 creatinine was 0.8 and her urea nitrogen was 9, so it's
3 normal. You know, if she were dehydrated, that urea nitrogen
4 would be much higher. It's a -- it gets very high. And then
5 even if creatinine is kind of -- more slowly goes up. So,
6 that -- and she also had normal sodium. Sodium is 142, so
7 that's a very good test for dehydration. That, you know, but
8 between those various things, the sodium was 142; sodium --
9 normal sodium is 135 to 145, so she's right in the middle.
10 She's got good creatinine, normal urea nitrogen. So, that
11 tells me that her hydration status was adequate. She was well
12 hydrated.

13 Q: And when you say well nourished, that was from your ---

14 A: So, well-nourished, that's -- you know, by -- she looked
15 healthy, she wasn't starving, she didn't -- she wasn't obese.
16 You know, if somebody is obese, I'll say they're obese, not
17 just well-nourished. And she wasn't -- you know, she was
18 where she's supposed to be. She looked -- actually looked
19 like a healthy young lady.

20 Q: Thank you, Doctor. And I think you were talking about on
21 the vitreous fluids, but you do a drug screen as well,
22 correct?

23 A: Well, yeah. So, MUSC doesn't actually -- we're not -- we
24 don't have a forensic toxicology lab at MUSC, so, you know,
25 but every person that has an autopsy -- and, you know, in this

1 case, I mean, she's young. Who knows what she could've been
2 taking, right? There's a lot of things out there. We know
3 that. And regardless of whether, you know, she had a history
4 of doing anything, there's any number of things. So, I draw
5 blood at the autopsy, and I send it off to a forensic
6 toxicology lab, and this went to a forensic toxicology lab in
7 Indiana, called Axis Forensic Toxicology, which is very -- one
8 of the country's most respected forensic toxicology labs, in
9 order to do a comprehensive analysis of any substances that
10 may be in her blood. And this is always important. Everybody
11 basically gets this, even if they're 80. They don't have to
12 just be young. And in this case, a toxicology was performed.
13 And in her blood, she had -- her blood was positive for
14 amiodarone, which is a antiarrhythmic medication, and
15 cotinine, which is a metabolite of nicotine. So, you know, at
16 some point, she may've been smoking. Not at the moment she
17 died, because then she'd have nicotine; so, cotinine is a
18 breakdown product. It's a metabolite; nicotine gets broken
19 down to cotinine. And then caffeine, so, coffee, tea,
20 chocolate. And naloxone, which is Narcan. So, that's usually
21 administered by EMS in the event that the person may've -- in
22 the event that she may've collapsed from a narcotic overdose.

23 Q: I'm gonna go in reverse order if I can. With regard to
24 the Narcan, is this an uncommon finding?

25 A: Oh, no. So, I see it more now than when I started my

1 career now that it's available and it's recommended that
2 everybody basically gets Narcan when they become unresponsive,
3 because it really can't hurt, but it can only help. Sometimes
4 it doesn't help even if the person did overdose on fentanyl or
5 something. But it's a frequent finding when the person is
6 seen by EMS.

7 Q: And could you tell us what Narcan actually does?

8 A: Oh, yeah. So, it blocks -- it helps block the effects of
9 like opioid drugs, so if it's morphine or fentanyl.

10 Q: So, if I understand your testimony, if she would've had
11 any type of opioids, heroin, fentanyl, oxycontin, anything
12 like that, you still would've seen the presence of that in the
13 drug screen?

14 A: Yeah. So, it doesn't get rid of the drug; it just blocks
15 the effect -- the Narcan would block the effects in the body.
16 But the blood test would still show the compound, you know, an
17 opioid if it was present.

18 Q: So, Narcan may've been administered just because when
19 they found her unresponsive, they ---

20 A: Yeah, I mean, they could've -- it doesn't take that much
21 effort. Just give her Narcan just in case it could help.

22 Q: Okay. And we'll go back, I think, the caffeine.

23 A: Yeah, caffeine. So, everybody -- you know, a lot of
24 people have caffeine in their system. You know, any reason --
25 we don't usually worry about it. You know, I suppose it's

1 possible somebody could take like a whole box of NoDoz, right,
2 which are caffeine pills and that could be a problem. But
3 this is not quantitative, and, you know, it's a very common
4 finding at autopsy.

5 Q: And we talked about the cotinine; am I getting that
6 right?

7 A: Cotinine, yes.

8 Q: Cotinine. You said that that is just a byproduct of some
9 type of ---

10 A: Of nicotine, right.

11 Q: And because you only found cotinine and not nicotine,
12 that means it wasn't recent?

13 A: Yeah. So, honestly, I don't remember exactly how long
14 nicotine takes to disappear from the blood, depending on how
15 much you use, like -- I suppose, but, you know, continin can
16 last for actually for weeks -- for weeks in the blood.

17 Q: And, Doctor, this is not part of your report, but it's
18 already in evidence. If you could flip to -- I'm not gonna --
19 you might want to save your place -- but Plaintiff's Number 7,
20 Page 36 in the document you've got. I believe those are the
21 records from MUSC Marion from December 17th.

22 A: Okay. Let me get there. Okay. Okay. Yes.

23 Q: You've got Page 36?

24 A: Yes. Yes.

25 Q: And I think down towards the bottom of the page it lists

1 medicines that were used.

2 A: Yes.

3 Q: And help me out with that one that started with an A

4 again.

5 A: What, amiodarone?

6 Q: Yes, ma'am.

7 A: Yeah. So, it looks like amiodarone was administered by

8 the emergency department.

9 Q: Okay. So, that would account for the presence of that,

10 correct?

11 A: Yes. I mean, that would account for -- just like

12 naloxone is there, and amiodarone, it would account for that.

13 Q: And in an ER if someone was in cardiac arrest, they may

14 administer ---

15 A: Yeah, I don't really -- I'm not there to tell them what

16 to do. I wouldn't really know what to do, you know. I would

17 call 911. So, but I examine, you know, the person after

18 they're deceased, and I'm able to do these tests and say

19 what's there, and, you know, find abnormalities if any in the

20 body.

21 Q: Okay. So, no signs whatsoever that any illicit narcotics

22 or other drugs?

23 A: No.

24 Q: In your expert opinion, did the presence of those

25 substances contribute in any way to Taylor's death?

1 A: No.

2 Q: Any evidence of external injury, physically? Back on
3 your report; I'm sorry, Doctor.

4 A: So, there was evidence of trauma.

5 Q: And I believe in your notes you observed a mild cerebral
6 edema; what if anything can you tell us about that?

7 A: Yeah. So, the brain, when there's some period of oxygen
8 deprivation before somebody dies, it could be a short period
9 of time, there's a little bit swelling of the brain. So,
10 Taylor had some mild -- it wasn't pronounced, but it was some
11 mild swelling of the brain, which is consistent with oxygen --
12 sufficient oxygen not being delivered prior to her actual
13 death.

14 Q: And I believe you actually consulted with someone else in
15 your department on this, correct? Maybe another doctor?

16 A: Yes. So, you know, again, I need to make sure I don't
17 miss anything. That's, you know, I need to make sure I look
18 at everything possible and not miss anything. So, when I saw
19 that she had some mild cerebral edema, I didn't want to just
20 say, oh, well, that's because she had some mild, you know,
21 oxygen or she had some lack of oxygen delivered, I was like,
22 well, you know, I have available to me, because I'm at MUSC,
23 you know, it's a complicated, complex department of pathology.
24 We have neuropathologists, so we -- these pathologists like
25 specialize, and all they do is look at the brain, you know.

1 So, I thought, well, it's very important that I don't want to
2 just come to any assumptions about the brain, and I didn't --
3 you know, I don't -- I want to make sure I do everything
4 thoroughly. So, I do this very seriously, and I need to be as
5 thorough as possible. So, I saved the brain, and after
6 fixation, reviewed it with Dr. Welsh, who is a very
7 experienced neuropathologist, and there was nothing in the
8 brain, other than the mild cerebral edema. So, mild cerebral
9 edema could have been, you know, when I saw it externally, on
10 the outside surface of the brain, it could've been because
11 something was growing in the middle of brain. There could've
12 been a bleed, right? There could've been a tumor. Things --
13 crazy things happen that we never expect. So, there could've
14 been a ruptured, you know, vascular malformation that caused
15 some bleeding on the inside of the brain that caused it to get
16 swollen, but there were none of those things. So, it was just
17 mild cerebral edema with no additional findings. So, that --
18 the only way to explain that is because it's from lack of
19 oxygen delivery before she died.

20 Q: And you consulted another doctor because you wanted to
21 get it right?

22 A: Yes. I wanted to get it right. I mean, I -- that's what
23 I -- this is my job and I, you know, I can't -- I'm not saving
24 anybody's life, you know, but I can be accurate in my
25 diagnosis at autopsy.

1 Q: And so, in your expert medical opinion this mild cerebral
2 edema contributed in no way to Taylor's death?

3 A: Well, you know, I don't know what -- I would sort of ask
4 the question differently. Okay, so ---

5 Q: Tell me how I should ask it.

6 A: No. No, I wouldn't say that it didn't -- it is something
7 that is a problem, but she would not have had it except for if
8 her -- she would not have had it, you know, if the heart was
9 working properly. But once you get cerebral edema, it's kind
10 of, you know, it's hard to reverse that.

11 Q: Basically, when the heart quits pumping blood to the
12 brain ---

13 A: Yes. So, when the -- if the heart stops pumping, like
14 basically oxygen is not gonna -- there's no blood flow to the
15 brain, but it did contribute because it's a result -- it's
16 basically damage to the brain from lack of oxygen delivery.
17 So, to say it didn't contribute is actually not correct.

18 Q: Okay. So, if I say it in different way, if I understand
19 you now, this mild cerebral edema was caused by something
20 else.

21 A: Right. It was the result of the cardiac condition.

22 Q: Now, you examined all the organs of the body?

23 A: Yes. I examined everything that I needed to examine.

24 Q: And did you find any issues with any other organs of the
25 body other than the cardiovascular system?

1 A: Everything else looked fine.

2 Q: Okay. In that section of your report, the cardiovascular
3 system, you list the heart as weighing 300 grams; is that
4 within normal range?

5 A: Yes.

6 Q: And can you take us through your examination of the
7 heart?

8 A: Okay. Yes. So, there's a lot of different structures of
9 the heart. The first thing that's usually looked at that I
10 usually look at are the external services of the heart. All
11 right. I'm just gonna start from the outside and go in.

12 So, the external surfaces are smooth in this case.
13 Sometimes there could be an infection of the heart and there
14 may be some like fibrin or other discoloration of the heart.
15 But the external surfaces, the epicardium and the pericardium
16 looked fine. And then also I do look at the coronary artery.
17 So, the coronary artery just means is, you know, a very common
18 cause of death in the western world. You know coronary
19 arteries get over time, because of multiple factors, blocked
20 by atherosclerosis, which is plaque. And in her case, her
21 coronary arteries were pristine; they were clear; they had no
22 evidence of atherosclerosis or other disease. Sometimes there
23 are abnormalities in the way the coronary arteries run, they
24 can sort of be small or enter into the myocardium, which is
25 not also a good idea. You know, it's not healthy. That can

1 cause, you know, sudden cardiac death sometimes. And then I
2 look at -- I also look at the valves. So, now, I'm gonna cut
3 the heart and look at all of the chambers of the heart and the
4 valves, and her valves were healthy, they were fine. And the
5 only abnormality of her heart that I saw, which was
6 significant, we she had some moderate right ventricular
7 dilation. Actually, that's a typo in here. It says oderate;
8 I left out the M. So, the chambers and valves were the usual
9 size, position, relation, and are unremarkable except for --
10 it should say moderate right ventricular dilation, but I left
11 the M out, but that's just a typographical error.

12 And also, the right ventricle was -- had areas of marked
13 thinning. So, they were thin, and some areas looked like they
14 were light in color. So, this is the right ventricle of the
15 heart, so normally it's -- has the color of myocardium, which
16 is kind of red-brown. But in this case, some areas had red-
17 brown, and some areas were very pale and tan and looked kind
18 of fatty. So, to me, that was something that was important.
19 I mean, this is an abnormality of her heart. And I took
20 microscopic sections of the heart including the right
21 ventricle.

22 Q: Doctor, I believe you indicated earlier, there's not a
23 board certification for cardiac pathology, correct?

24 A: There is not.

25 Q: But you did a fellowship, a year-long fellowship in ---

1 A: Yes. You know, a lot of forensic pathologists know also
2 how to examine the heart, so I'm not the only one, but I do
3 have this extra specialty training and cardiovascular
4 pathology.

5 Q: Pardon me for taking a sip of water.

6 That year-long fellowship on cardiac and pulmonary, what
7 is your -- that's a pretty good hospital, right?

8 A: Yeah. So, it was a very prestigious program, and I was
9 happy to have the opportunity to learn from the experts there
10 at Johns Hopkins.

11 Q: What is your experience in dealing with -- when we say
12 ARVD, it's the same as ARVC?

13 A: Yeah. So, there's two different names for this disease,
14 two different abbreviations. And actually, Johns Hopkins -- I
15 was there from 2002 to 2003, and they have an ARVD center at
16 Johns Hopkins. So, young people come from all over the
17 country. They're referred to Johns Hopkins. And I -- I'm not
18 examining them clinically but a lot of them had biopsies done,
19 so I saw so many cases of ARVD during that year, actually more
20 than I've seen after I finished it. So, you know, this is not
21 an everyday diagnosis. I may maybe see ARVD at autopsy, you
22 know, once every two to three years or every -- but I saw a
23 great many ARVD cases during that year and became, you know,
24 very well-educated and skilled to make that diagnosis.

25 Q: So, while you're at Johns Hopkins, as I understand your

1 testimony, there were young patients that had actually been
2 diagnosed with ARVD and were being treated?

3 A: Well, they were -- they were referred to Johns Hopkins
4 because they may have been diagnosed with it or may've been
5 suspected to have it. So, I don't know how they ended up
6 there, but I was able ---

7 Q: They may've been ---

8 A: I was able to see, you know, a lot of them ended up
9 having, you know, heart biopsies, and so I was able to review
10 those.

11 Q: And maybe I just missed it if you said it, but once you
12 noted that -- the thinning and the fatty tissue, what -- what
13 did you determine in that?

14 A: Well, you know, I'm not just gonna come to con -- I
15 didn't come to a conclusion that day. You know, first of all,
16 that's one finding. I need to -- at that point I'm still
17 waiting for the vitreous to come back. I'm waiting for the
18 drug test to come back. I'm waiting for neural pathology. I
19 don't know what I'm gonna find in the brain yet. So, but at
20 that time, I took microscopic sections of the heart. And the
21 microscopic sections of the heart confirmed that Taylor had
22 ARVD. There was transmural infiltration of the heart muscle
23 of the right ventricle by adipose tissue and fibroadipose
24 tissue, and then there was a little bit of fibrosis also in
25 the left ventricle, which sometimes occurs as part of ARVD.

1 So, you know, it's not like every patient has exactly the same
2 findings, but that's a consistent finding the fat in the right
3 ventricle. And, you know, so that is something that she has.
4 Do I know that she died of it? Not yet. I have to wait till
5 I rule everything else out. I eliminate all other
6 possibilities. So, the drug -- the drug test came back, she's
7 not using cocaine, she's not using anything else that may've,
8 you know, contributed to her death. The brain pathology was
9 examined. It didn't show any, you know, acute event that
10 could be responsible for the swelling of the brain. She did
11 not -- I took microscopic sections of the lungs. Sometimes
12 the lungs have a lot of pathology that requires looking under
13 the microscope. She didn't have any evidence of asthma under
14 the microscope. She didn't have any pneumonia. She didn't
15 have any, you know, mucus plugs. She didn't have anything --
16 you know, she didn't have any blood clots. So, I -- I have a
17 diagnosis that is positive, ARVD, and nothing else is present.
18 So, logical, this is -- and the history that she collapsed or
19 she was found down at school, and I don't have anything else
20 to run with except for this. So, this is -- and this can
21 cause somebody to basically die suddenly, ARVD. And that's
22 what I -- so, that was basis of my conclusion, after ruling
23 everything else out.

24 Q: And, Doctor, reading your report, when you examined her,
25 I believe the physical autopsy was done on the 22nd of

1 December; is that correct?

2 A: Yes.

3 Q: And the report, you were taking your time with was
4 January 10th; does that sound right?

5 A: Yeah. So, I -- I signed the report on January 10th.

6 Q: Because you had to wait till everything came in?

7 A: Yes, I have to wait for everything to come back.

8 Q: Now, in your report, you actually put something in there
9 about based on your findings, based -- in light of historical
10 information and toxicological results along with autopsy
11 findings, when you say historical and toxicological results,
12 is that what you're talking about, the stuff that came in
13 after ---

14 A: Yeah, things that -- so, the historical information, you
15 know, I didn't really need any historical information to make
16 this diagnosis. The diagnosis was based on the tissue
17 examination. However, if I had a history -- if the historical
18 information was that she was a passenger in a motor vehicle
19 that struck a tree, well, you know, then well maybe she has
20 this disease, but she didn't necessarily die of it. So, the
21 historical information is important for me to know because,
22 you know, what are the circumstances surrounding her death.
23 I'm not, you know, I don't need to know years of history; I
24 just need to know she was found down at school, outside the
25 gym, that's what I was told. I was also told that she had a

1 history of syncope. That may or may not be true, but -- and I
2 didn't need that piece of information. It doesn't matter to
3 me. Actually, most of the diagnoses I make of ARVD on autopsy
4 patients -- on my autopsy patients don't have any history.
5 They're playing ball and they collapse on the field, or
6 they're just -- they collapse at home, you know, watching TV.
7 So, there is never -- you know, there's not always a history
8 of anything, and I don't need that to make a diagnosis.

9 Q: Now, in a prior deposition there were some questions by
10 the defense on whether or not Taylor Price died with ARVD or
11 due to ARVD. What's your response to that?

12 A: Yes. Well, my opinion is that she died of ARVD. If
13 there was any other possible disease process or injury or
14 substance that could have contributed to her death, then I can
15 say well maybe there's another explanation. But a complete
16 autopsy was performed, and it's my opinion that she died of
17 ARVD, not with ARVD. That she didn't die of another reason,
18 like if she was a passenger in a motor vehicle that struck a
19 tree and then had like, you know, a fracture of her skull.
20 You know, people can have ARVD and not necessarily die from
21 it. So, in this case, I don't have any other possible cause
22 of death, so my conclusion -- this is -- you know, my
23 conclusion to a reasonable degree of medical certainty,
24 actually to a very high degree of certainty, and here I don't
25 really have any other possible explanation. The ARVD was

1 clear. I identified the pathology. I eliminated other
2 causes of possible death.

3 Q: And I believe you said all of your opinions are with
4 regard to a medical -- medical opinions with regard to a
5 reasonable degree of medical certainty, correct?

6 A: Correct. A reasonable degree of medical certainty.

7 Q: And if I understand the cause of her death was...

8 A: Arrhythmogenic right ventricular dysplasia, or
9 arrhythmogenic right ventricular cardiomyopathy.

10 Q: And Dr. Riemer, I don't think I ever had you on the stand
11 when I was a prosecutor, but I was a prosecutor for many
12 years, so I knew a lot of your coworkers. A lot of time it
13 was a lot easier there I could say what's the cause of death,
14 and it's a gunshot wound to the head, pretty certain. How
15 certain are you that Taylor Price died of ARVD?

16 A: Well, you know, that is -- that's an easier diagnosis to
17 me, let's put it that way. You know, if I see a young person
18 on my table with a gunshot wound to the head, you know, there
19 is no question, you know, that -- I would still do a whole
20 autopsy looking for other things, you know. But, in this
21 case, you know, this is the only thing she had and nothing
22 else. So, I have the highest degree of certainty that this is
23 the -- the ARVD is responsible for her death.

24 Q: So, as certain as a gunshot to the head?

25 A: It's -- I'm certain, yes.

1 Q: Dr. Riemer, thank you for your time. I believe Mr. Aiken
2 may have some questions.

3 THE COURT: Mr. Aiken?

4 MR. AIKEN: A very few. I have just a few questions.

5 CROSS-EXAMINATION OF DR. ELLEN RIEMER BY MR. AIKEN:

6 Q: I'm looking at your autopsy report under the case
7 history. Would you find that for me? I think it's on Page 2
8 of 7?

9 A: Yes.

10 Q: Okay. Under case history it says according to the
11 investigation by the Marion County Coroner, did you receive
12 any investigation?

13 A: No. He just basically called up and said that -- exactly
14 this, that she was 16-year-old female. It's all referred over
15 the phone.

16 Q: And that's normal?

17 A: Yeah, it's normal. I mean, I'm not going to the scene,
18 I'm not reviewing -- you know, and really, that we just get
19 very -- sometimes we don't even really get great information
20 at all. We just, you know, just the person is basically found
21 dead.

22 Q: I understand.

23 A: So, this is a, you know, very short -- you know, she was
24 found outside of the gym after collapse. So, that's the
25 important part of this. She wasn't in a car crash, you know.

1 Q: Right. It also says a 16-year-old who had a history of
2 syncopal episodes, you've mentioned that before. You didn't
3 read any medical records?

4 A: No, I didn't review any medical records. My diagnosis
5 was based purely on the examination of her, the tissues, and
6 all the organs at autopsy. And that information was just
7 relayed over the phone. So, wherever he got it from ---

8 Q: Okay.

9 A: Somebody may've told him, you know, that, but I didn't
10 verify, you know, whether it's true or not.

11 Q: That's all we need to know.

12 A: Okay.

13 Q: And we talked about ARVD, Doctor, isn't there a split in
14 the medical expert community on the cause of ARVD?

15 A: Yeah. So, from what I know about it, and I'm by no means
16 like the expert on the etiology of ARVD, on the cause, but
17 there is a variety of underlying causes that could lead
18 somebody to develop this disease. Some of them are a genetic
19 component.

20 Q: Okay.

21 A: Okay? And then some are -- could be a result of an
22 infection that damages the heart and causes these changes.
23 So, and in many cases, there is -- the cause is never known.
24 So, it's not a -- there's not a single explanation why
25 somebody would develop ARVD.

1 Q: So, is it fair to say that some experts thinks it's
2 acquired and some think it might be heredity by genetics?

3 A: Yes.

4 Q: Okay. That explains it. Okay. At any rate, I'm just
5 curious about this, too, Doctor. I think later on, we're
6 gonna have some evidence that after Taylor left the gym and
7 went outside and she collapsed, that she was down for 24
8 seconds ---

9 MR. RICHARDSON: Your Honor, object. He is testifying to
10 stuff that's not into evidence.

11 MR. AIKEN: I said will be.

12 MR. RICHARDSON: Your Honor, it's not at this point.
13 It's a comment on something that's not in evidence.

14 MR. AIKEN: Well, hypothetically, then; can I do that, if
15 that's the case?

16 THE COURT: Okay. You can ask her a hypothetical
17 question.

18 BY MR. AIKEN:

19 Q: Hypothetically, if Taylor left the gym, and she was down
20 for 24 seconds, before being found -- minutes, I'm sorry --
21 she was down for 24 minutes before being found, and she was
22 found by a bystander with a pulse, what's your reaction to
23 that?

24 A: You know, I -- I don't really -- I mean, I really can't
25 make a professional -- give a professional opinion about that.

1 Q: That's fine. Okay.

2 Now, can you state, Dr. Riemer, with any certainty
3 whether or not Taylor had ARVD on January 24 of 2019, almost
4 three years before her death when she was seen by Dr. Trant?

5 A: No.

6 Q: Okay. Would you classify ARVD as a rare condition?

7 A: Well, you know, there's rare and then there's even more
8 rare. So, you know, it's -- it happens, you know. I believe
9 the prevalence in the population is estimated to be
10 approximately 1 in 2500 to 1 in 5,000 people. So, that --
11 depending on -- you know, it's not -- it's certainly rarer
12 than hypertension, but it's not as rare as some other diseases
13 like, you know, Lou Gehrig's disease or something like that.
14 So, it's rare compared to common diseases, but it's not
15 unheard of.

16 Q: And I think you testified that you have only diagnosed
17 ARVD at autopsy?

18 A: I've only diagnosed it at autopsy, yes. During my
19 fellowship, I've seen -- I saw diagnoses, you know, based on
20 biopsies as well.

21 Q: Thank you for coming.

22 A: Okay.

23 THE COURT: Anything else?

24 REDIRECT EXAMINATION OF DR. ELLEN RIEMER BY MR. RICHARDSON:

25 Q: Doctor, most of your diagnoses these days, do they come

1 at autopsy?

2 A: Yes. So, that -- for the last -- for the last 20-
3 something years, I've basically only been doing autopsies and
4 making diagnoses at autopsy.

5 Q: Thank you, Dr. Riemer.

6 MR. RICHARDSON: Your Honor, I'd just ask that she be
7 excused.

8 THE COURT: Any objection?

9 MR. AIKEN: No, sir.

10 THE COURT: Thank you.

11 MR. RICHARDSON: Your Honor, if we could just release her
12 from her subpoena.

13 THE COURT: Okay.

14 Have you got a witness you can get up and down before
15 5:00 or 5:30?

16 MR. POWELL: Yes, sir. We've got one more witness
17 that'll be relatively brief and probably wrap the day up with
18 that one.

19 THE COURT: Okay. Everybody okay? Okay.

20 MR. POWELL: Plaintiff would call Christina Stewart to
21 the stand.

22 CHRISTINA STEWART, HAVING BEEN SWORN,

23 TESTIFIED AS FOLLOWS:

24 DIRECT EXAMINATION OF CHRISTINA STEWART BY MR. POWELL:

25 Q: Good afternoon, Ms. Stewart.

1 A: Good afternoon.

2 Q: Could you please tell the jury your job title and role?

3 A: I'm the HIPAA privacy administrator for McLeod Health,

4 essentially HIPAA privacy official for the organization.

5 Q: Ms. Stewart, back in -- earlier this year in the

6 summertime, as part of our preparation for this case, the

7 plaintiff served what is called discovery requests or requests

8 the production on the defendant McLeod Physician Associates

9 II. Were you involved in assimilating the documents that were

10 responsive to that? And if you'd like to see those, I can

11 hand you those requests.

12 A: Yes. May I see ---

13 Q: Yes, ma'am. These look familiar as to something that you

14 were involved with assisting the defense team with the

15 responses and the requests to produce to us in response to

16 these questions?

17 A: Yes.

18 Q: Okay. How would you explain to the jury, what is EMR or

19 electronic medical records in your words or in your field?

20 A: So, the electronic medical records, I'm sure you're

21 familiar with years ago patient records would be on paper.

22 There might be a binder or folder or something that has your

23 records and reports. Now, we use what -- he's referring to

24 EMR, or electronic medical records, instead of it being on

25 paper, a lot of our medical practices and hospitals will have

1 it where it's electronic, so it's on the computer rather than
2 a hard copy of paper. You can print it. It's on the computer
3 essentially.

4 Q: And would it be fair to say that there are various, what
5 we call platforms that EMR is contained in or managed in?

6 A: Yes.

7 Q: And at the time relevant to Taylor Price's January 24th,
8 2019 visit with Dr. Trant, is it a correct statement that the
9 EMR platform that McLeod was using was called eClinical Works
10 or ECW?

11 A: For the medical practices, McLeod Physician Associates
12 was using eClinical Works.

13 Q: Yes, ma'am.

14 A: That's correct.

15 Q: If you'll flip over to Page 3 of the document in front of
16 you there. In Number 3, the plaintiff asked for McLeod
17 Physician Associates II to produce all documents scanned into
18 eClinical Works for Taylor Price with all user action included
19 in Excel format from January 24th, 2018 to the present. And
20 then there's a response given, and it says See Exhibit B. Do
21 you recall -- and if you need to look at for a moment -- do
22 you recall when it said, See Exhibit B, would one of the
23 things it was talking about have been an item that was
24 produced to me called Exhibit B, TPrice ECW records?

25 A: I'd have to -- are you asking me -- can you repeat the

1 question?

2 Q: Yes, ma'am. This said, see Exhibit B. And it was
3 produced through an email from the defense counsel, and the
4 Exhibit B, I'll represent to you, the title of that document
5 said TPrice ECW records. Will you flip over, please, to Tab
6 18 in the big binder in front of you there?

7 A: Sure.

8 Q: And I'll give you a minute to -- as you're looking over
9 it, and the front and back, it's 27 pages. And as you're
10 looking over it, my question would be, did these appear to be
11 the documents that would've been produced that represent all
12 documents scanned into eClinical Works for Taylor Price?

13 A: It looks like the Exhibit B was the document logs rather
14 than the actual records.

15 Q: And we'll get to that. There were two things produced.
16 Does Tab 18, the 27 pages, does that appear to be something
17 that you assisted in producing to the plaintiff that were the
18 actual documents that were scanned into Taylor Price's
19 eClinical Works platform?

20 A: It looks like it might be all of what was scanned in,
21 plus what was actually created in the EMR. Is that what your
22 question is?

23 Q: Gotcha. And are these type of records that were
24 extracted from the eClinical Works platform, are these things
25 that are maintained in the regular course of business at

1 McLeod Health?

2 A: Yes.

3 Q: Okay.

4 MR. POWELL: Your Honor, the authenticity of these has
5 already been agreed to by stipulation. At this point, I would
6 seek to move Plaintiff's Exhibit 18 into evidence.

7 THE COURT: Any objection?

8 MR. AIKEN: May I ---

9 MR. POWELL: Sure. It's Tab 18 in the binder.

10 MR. AIKEN: It's not in my book.

11 A: I don't think this is everything. I don't think this is
12 all of it.

13 BY MR. POWELL:

14 Q: I'll represent to you this was the entirety of the PDF
15 that was produced to me. There was another separate PDF that
16 was labeled just the progress notes, and there were two PDFs.
17 This one, which I believe contains a version of the progress
18 notes, and the separate one was just the progress notes.

19 MR. POWELL: You have no objection, Boone?

20 MR. AIKEN: No objection.

21 THE COURT: Okay. It's in without objection.

22 PLAINTIFF'S EXHIBIT NUMBER 18

23 ADMITTED INTO EVIDENCE

24 BY MR. POWELL:

25 Q: Ms. Stewart, will you please flip to what's behind Tab 19

1 in front of you. Does this appear to be a printout of what we
2 were discussing before, the Exhibit B titled document logs
3 that you assisted in assimilating and producing?

4 A: Yes

5 Q: And if we go back to the discovery requests earlier, that
6 Number 3, the response was eClinical Works Document Logs
7 Report for account number, and it gives the number for Taylor
8 Price, exported data from eClinical Works to an Excel
9 spreadsheet with no remodifications or redactions by Jason
10 Kirchner (spelled phonetically), McLeod Health, business
11 intelligence developer, on July 31st, 2024, see Exhibit B.
12 Are these -- this printout of the Excel spreadsheet that was
13 produced to me, are these the type records that are regularly
14 maintained in the regular course of business by McLeod Health?

15 A: Yes.

16 MR. POWELL: Your Honor, at this point, the plaintiff
17 would seek to introduce Plaintiff's Exhibit 19, a printout of
18 the Excel spreadsheet with the document logs for Taylor Price.

19 THE COURT: Any objection?

20 MR. AIKEN: No, sir.

21 THE COURT: Okay. It's in without objection.

22 PLAINTIFF'S EXHIBIT NUMBER 19

23 ADMITTED INTO EVIDENCE

24 BY MR. POWELL:

25 Q: Now, Ms. Stewart, as you kind of unfold that, in the

1 middle of that document, do you see where there is a column
2 that says Scanned by Name, and then another column says Log
3 Action User Name?

4 A: Yes.

5 Q: Is there any other column on that page that or that would
6 be reflected on these pages that would reflect the name of a
7 user or person at McLeod Health or McLeod Physician Associates
8 II, or are those the only two columns that would show the
9 names of people that took action?

10 A: On this particular ---

11 Q: In this particular exhibit.

12 A: Yeah. On this particular exhibit, that would be the
13 column that says Log Action User Name has the names of the
14 person who did something with this.

15 Q: And if you go to the column on the left, the second one
16 from the left where it says Doc Name 120 -- or it says 2019-1-
17 22, and this is the very top row says REF Bahan/PDS. If you
18 flip back to 18, would it be your understanding that that REF
19 Bahan/PDS would be the referral order, which is pages -- it's
20 the second page from the back in Exhibit 18?

21 A: Are you asking me to testify that this is exactly what
22 that is referring to?

23 Q: Is there anything else in Exhibit 18 that would fit the
24 description of REF Bahan/PDS?

25 A: There's nothing else under this exhibit that looks like

1 it makes sense with that description, but I don't know for
2 sure if it was just a one or two-page document. I don't know
3 that without looking at it.

4 Q: When you go back to that -- the printout of the Excel,
5 and the second column if you go top to bottom, there's a lot
6 of roads that reference that same document, REF Bahan/PDS; is
7 that correct?

8 A: Yes.

9 Q: And then if you go back and look at the two columns where
10 it shows anybody's name, and I'll give you a minute to look
11 through the first page from the back and then the top of the
12 second page, and can you let me know if anywhere in there you
13 can see where there was any action or review of the referral
14 from Bahan/PDS by Dr. Trant or Charles Trant?

15 A: So, I'm sure on the question you're asking, does this
16 document show anything where Dr. Trant made an action for the
17 REF Bahan/PDS?

18 Q: Correct, either viewing it or accessing it?

19 A: Not on this one. Not on this document.

20 Q: Okay. Would you agree that based on this printout from
21 the Excel spreadsheet that there is no evidence in Taylor
22 Price's electronic medical record that Dr. Trant ever reviewed
23 the referral order?

24 A: Well, the record -- the referral order itself that's in
25 her record came by fax, so I don't know -- you'd have to ask

1 Dr. Trant what his process is on how he refer ---

2 Q: Understood. And my question was, is there -- would you
3 agree that there is no evidence in this printout from the
4 spreadsheet that Dr. Trant reviewed the referral order in
5 Taylor Price's electronic medical records?

6 A: According to this report, yes; that's what it says.

7 Q: And would you agree that the fifth column states scan
8 date and gives the date of January 22nd, 2019?

9 A: Yes.

10 Q: And if you go back to Exhibit 18 and look at it, would it
11 also show at the top January 22nd, 2019 with a timestamp?

12 A: Yes.

13 Q: If you'll go back to the discovery requests, and the
14 Number 4, the plaintiff requested, produce the eClinical Works
15 and medical record revision history, also known as chart
16 access logs reports for all dates of the PDF file in
17 chronological searchable format. The report should include
18 the patient's name, date of birth, account number, date of
19 service. States another thing it should include -- the report
20 should include the following but be not limited to fields
21 entered by, modified by, content modification, and electronic
22 signature, with a name, date, and time. And the response was
23 eClinical Works access audit for the account number, and it
24 states Taylor Price, exported data from eClinical Works to an
25 Excel spreadsheet with no modifications or redactions by

1 Christina Stewart, McLeod Health, HIPAA Privacy Administrator.
2 See Exhibit C. Would Tab 20 appear to be a printout of that
3 Excell spreadsheet that you were involved in producing, which
4 was titled Exhibit C, Access Logs?

5 A: Yeah, it looks like it. Yes.

6 Q: Okay. And are these types of records that you assisted
7 in extracting from the eClinical Works the type that are
8 generated in the regular course of business at McLeod?

9 A: Yes.

10 MR. POWELL: Your Honor, the plaintiff would seek to move
11 in Plaintiff's Exhibit 20, McLeod Physician Associates II's
12 access audit for Taylor Price.

13 MR. AIKEN: No objection.

14 THE COURT: Okay. It's in without objection.

15 PLAINTIFF'S EXHIBIT NUMBER 20

16 ADMITTED INTO EVIDENCE

17 BY MR. POWELL:

18 Q: Ms. Stewart, on the far left-hand column, it says ECW
19 user. And do those names on the first page look familiar to
20 you as coworkers at one of the various McLeod entities?

21 A: I know some of the names. I don't necessarily know them
22 all, but I would assume they are McLeod staff.

23 Q: And that's two-page front and back, so a four-page
24 printout. I'll give you a moment to skim it, but can you tell
25 me how many entries you can locate on that document that shows

1 Charles Trant or Dr. Trant?

2 A: It looks like two.

3 Q: And from your review of that document, those two entries,
4 what do those tell you from the access log audit or what can
5 you glean from that as it relates to the two entries for Dr.
6 Trant?

7 A: I hate to assume, but I can tell you it just says his
8 name on January 24, 2019, at 8:28 and 23 seconds a.m. And
9 then his name again on January 24, 2019, at 11:41 and four
10 seconds a.m. So, he was in the chart doing something at those
11 times. But other than that, that's all I can see here.

12 Q: Would it be fair to say that those are the only two times
13 he was in the chart based on this access file?

14 A: In the EMR or on the ---

15 Q: Yes, ma'am.

16 A: --- chart? In the EMR? Yes. In the ECW.

17 Q: If you'll flip over, please, to Number -- the next tab,
18 21. If you'll go to Page 5 on that discovery request that we
19 were talking about earlier? Yes, ma'am. That one. In Number
20 8, the plaintiff requested McLeod Physician Associates II to
21 produce the eClinical Works progress note access log in Excel
22 format to include the following but not limited to fields,
23 encounter date, patient ID, action, action taken by, and
24 timestamp. And the response was, again, eClinical Works
25 progress note logs report for the account number for Taylor

1 Price, exported data from eClinical works to an Excel
2 spreadsheet with no modifications, and it goes on to say, see
3 Exhibit E. And I'll give you a moment to open up that
4 printout, the Excel sheet. Does that appear to be a fair copy
5 or representation of what was produced in Excel with no
6 modifications that was extracted from Taylor Price's eClinical
7 Works and called progress note logs?

8 A: Yes.

9 Q: And is this the type of information that's maintained
10 electronically the type that is maintained in the regular
11 course and scope of McLeod's office visits?

12 A: Yes.

13 MR. POWELL: Your Honor, Plaintiff would seek to move in
14 Plaintiff's Exhibit 21 into evidence, the McLeod Physician
15 Associates II progress note logs for Taylor Price.

16 MR. AIKEN: No objection.

17 THE COURT: Okay. It's in without objection.

18 PLAINTIFF'S EXHIBIT NUMBER 21

19 ADMITTED INTO EVIDENCE

20 BY MR. POWELL:

21 Q: Will you please turn back to Tab 11 in the big binder in
22 front of you which is a different discovery request there.
23 Tab 11 appears to be a printout from an Excel sheet detailing
24 the appointments of Dr. Trant for the week of January 21st,
25 2019 through January 24th, 2019. And there are various

1 columns for the date, the scheduled time, the arrival time,
2 the checkout, and there's a lot of information redacted
3 because there are other patients' names and information on
4 there, which are redacted. And then on the third page, do you
5 see where Taylor Price's name, and that she's female, and her
6 date of birth appear?

7 A: Yes.

8 Q: Is this type of record of the appointments that would've
9 been scheduled and logged for Dr. Trant and McLeod Physician
10 Associates II something that is maintained in the regular
11 course of -- scope of business at McLeod Health?

12 A: I think you showed this to me at my deposition, but I
13 actually did not pull this report. I think the deposition was
14 the first time I'd actually seen it, but it is my
15 understanding someone from IT provided this.

16 MR. POWELL: Do you have any objection to it coming in or
17 ---

18 MR. AIKEN: No.

19 THE COURT: Okay.

20 MR. POWELL: Okay. Plaintiff's would move to admit
21 Plaintiff's Exhibit 11, which is titled Dr. Trant's
22 appointment information.

23 THE COURT: Okay. It's in without objection.

24 PLAINTIFF'S EXHIBIT NUMBER 11

25 ADMITTED INTO EVIDENCE

1 BY MR. POWELL:

2 Q: Ms. Stewart, the -- Plaintiff's Exhibit 11, which is now
3 in evidence, if you'll flip to the last two pages, and it's --
4 obviously it's horizontal or vertical, but it appears that Row
5 51, does that appear to show that that represents the
6 appointment information for Taylor Price?

7 A: That's what it looks like on here.

8 Q: And if you flip over to the next page, what is the reason
9 for appointment in the very last, the far right-hand column
10 for Row 51?

11 A: Syncopal episodes. Sorry, I'm nonclinical, but I think
12 that's how you say it.

13 Q: Thank you, Ms. Stewart. That's all the questions I've
14 got for you.

15 MR. AIKEN: May I have just one minute.

16 THE COURT: Sure.

17 MR. AIKEN: Thank you, Your Honor.

18 CROSS-EXAMINATION OF CHRISTINA STEWART BY MR. AIKEN:

19 Q: Christina, if you know, did Dr. Trant have a hard copy
20 file? Do you know?

21 A: Well, he absolutely had hard copies of some things,
22 because I can see that he had hard copies of things.

23 Q: Okay. And you're saying the referral order was sent over
24 to Dr. Trant's office by fax?

25 A: That's correct.

1 Q: Do you know, if you don't that's fine, if Dr. Trant used
2 templates in his practice?

3 A: In the E -- to document in the EMR, is that what you're
4 asking?

5 Q: Yes.

6 A: Yes.

7 Q: And can you tell us what those templates were and how
8 many did he have, if you know?

9 A: Specific to Taylor's chart?

10 Q: Yes, ma'am.

11 A: Okay. So, yes, he used two templates when creating
12 Taylor's progress note, and they are templates that he
13 probably created for himself for the EMR, but they were a
14 review of symptoms, and a consult note template.

15 Q: Okay. What pretexting?

16 A: That means like some -- if you had a field or a box in a
17 form that auto populates stuff, that would be one thing, like
18 if that means it puts the information in there for you, but
19 then there could be fields where pretexting would be you'd
20 have to type in it to make it populate.

21 Q: I'm a little confused. Did Dr. Trant's templates auto
22 populate in any of the areas?

23 A: No, he had to actually type in them. So, if he -- do you
24 want -- if you don't mind, I'll elaborate.

25 Q: Keep going, yes.

1 A: So, the templates would give him various fields to -- it
2 would put them up there on his screen, and then he could fill
3 in those lines if he wanted to. If he did not put any data in
4 that particular field, that field or that line would not
5 populate in his progress note. So, if he actually input some
6 data, that field would populate in his progress note. Does
7 that make sense?

8 Q: Yes. Thank you.

9 Thank you, Chrisina.

10 A: Uh-huh, (affirmative response).

11 MR. POWELL: Very brief on redirect.

12 REDIRECT EXAMINATION OF CHRISTINA STEWART BY MR. POWELL:

13 Q: Ms. Stewart, if you'll please flip back to Tab 21 in
14 evidence. And if you'd kind of flip it all the way over to
15 the back first, it's the second to last page.

16 A: This one?

17 Q: Yes, ma'am. That's the area I'll be asking about there.

18 A: Okay.

19 Q: The line that I just pointed out to you, the user action
20 -- you see where it says created, about midway through, on
21 January 24th, 2019, at 11:43 a.m.

22 A: 11:43 and 18 seconds?

23 Q: Yes, ma'am

24 A: Uh-huh, (affirmative response); I see it.

25 Q: And if you go all the way over to the left, that was --

1 this document would indicate that was created by -- that
2 action was taken by Dr. Trant, correct?

3 A: Yes.

4 Q: And so, when the audit trail says created, that's the
5 first time that something is input into the progress note,
6 correct?

7 A: In that particular field.

8 Q: Okay. And so, would you please read what is -- what was
9 created at 11:43 and 18 seconds in the morning by Dr. Trant?

10 A: She is currently stable. Her symptoms are most -- is
11 that what you're asking; that line?

12 Q: Yes, ma'am.

13 A: She is currently stable. Her symptoms are most
14 consistent with a combination of hyperventilation and
15 hypervagotonia, maybe. Both of which are related to all the
16 changes related to puberty. We spent several minutes
17 discussing both including the usual treatments. I recommend
18 changing her breathing pattern during the spells to avoid
19 panting. We also discussed the use of a paper bag. I also
20 recommended super hydration and added salt as needed. I
21 invited him to call should the symptoms persist or not respond
22 as expected.

23 Q: And again, it's your testimony that that portion of the
24 progress note was created by Dr. Trant at 11:43 and 18 seconds
25 in the morning, correct?

1 A: That particular line.

2 Q: And if you'll please flip back over to Tab 11. If you'll
3 flip over the about the third page, the line with Taylor
4 Price. And so, if you kind of line these up, do these columns
5 appear to correspond, because the heading is only on the first
6 page. But do those correspond?

7 A: Yes.

8 Q: Okay. And the second to last column, before the redacted
9 information, what is that title of that column?

10 A: Check out.

11 Q: And what was the time that Taylor Price checked out,
12 according to this document?

13 A: 8:41 and 18 seconds.

14 Q: Thank you.

15 MR. POWELL: Nothing further, Your Honor.

16 THE COURT: Okay. You may step down.

17 MR. AIKEN: May Christina be released and relieved from
18 her subpoena?

19 MR. POWELL: No objection. It was our subpoena, and she
20 is released.

21 THE COURT: Yes.

22 MR. AIKEN: Thank you.

23 THE COURT: Okay. Have you got something we need to do
24 or you want to stop for the day?

25 MR. POWELL: There's no other short witnesses, Your

Honor. I think it'd be a good stopping point, and just to an extent it's not an inconvenience to them, what we discussed this morning, possibly starting 30 minutes earlier tomorrow.

BY THE COURT:

THE COURT: Is it a huge problem for y'all to be in here at 9 o'clock in the morning? It will help us to facilitate some witnesses' travel schedules. Okay? I think I've got the longest trip, so I'll be here at 9:00. I'll see y'all at 9:00.

Don't discuss the case. If you have an emergency, please call us. Thank you.

(REPORTER'S NOTE: Jury exits courtroom @ 4:40 p.m.)

THE COURT: Anything else y'all need from me?

MR. LESEMANN: Nothing from the plaintiff, Your Honor.

THE COURT: I'll see y'all in the morning.

RECESS - 4:40 P.M. - END OF DAY TWO

*******OFF THE RECORD*******

NOVEMBER 6, 2024 - DAY TWO

ON THE RECORD - 9:07 A.M.

THE COURT: Ready for the jury?

MR. LESEMANN: Ready, Your Honor.

THE COURT: Good. Bring me the jury, please, sir.

(REPORTER'S NOTE: Jury enters courtroom @ 9:09 a.m.)

THE COURT: Okay. You may call your next witness.

MR. LESEMANN: Thank you, Your Honor. The plaintiff

1 would call Dr. Anthony Chang to the stand.

2 DR. ANTHONY CHANG, HAVING BEEN SWORN,
3 TESTIFIED AS FOLLOWS:

4 DIRECT EXAMINATION OF DR. ANTHONY CHANG BY MR. LESEMANN:

5 Q: Good morning.

6 A: Good morning.

7 Q: Could you introduce yourself to the jury?

8 A: Yeah. Dr. Anthony Chang. I'm a practicing pediatric
9 cardiologist with an interest in heart muscle disease or
10 cardiomyopathy and heart failure.

11 Q: Where do you live?

12 A: I live in Southern California.

13 Q: With your two daughters?

14 A: Yes.

15 Q: Where do you presently work, Dr. Chang?

16 A: I presently work at the Children's Hospital of Orange
17 County.

18 Q: What are your positions at the Children's Hospital of
19 Orange County?

20 A: I'm the director of the heart failure program in which we
21 take care of children with heart muscle disease and heart
22 failure. I'm also the chief intelligence and chief innovation
23 officer for which I deal with artificial intelligence in
24 healthcare, as well as innovation in pediatrics.

25 Q: As you explain your background, I think the jury will see

1 that these are two things you work on significantly, sudden
2 cardiac death and heart failure, as well as artificial
3 intelligence. How is it that you came to be involved in those
4 two fields or those two issues?

5 A: I've always had an interest in heart failure and heart
6 muscle disease, probably rooted in my interest in cardiac
7 intensive care for children that are the sickest. And sudden
8 cardiac death evolved as a public health interest of mine. I
9 have a background in public health. When I arrived at Orange
10 County, there was not much activity in terms of screening for
11 patients, so we started not just screening patients, but also
12 making sure that the schools had the automatic defibrillators.

13 Q: Dr. Chang, if we can talk about your educational
14 background. You began at Johns Hopkins University in
15 Baltimore; is that correct?

16 A: That's correct.

17 Q: And what did you study at Johns Hopkins?

18 A: I studied molecular biology, and I was essentially a
19 premedical student there.

20 Q: And where did you go to medical school?

21 A: I went to medical school at Georgetown University in D.C.

22 Q: And just describe what -- did you have specializations
23 there or any subject matter concentration while you were at
24 Georgetown?

25 A: I knew since age 16 I wanted to be a pediatric

1 cardiologist, heart disease and taking care of children.

2 Q: And then did you do a fellowship or studies after your
3 medical school was completed?

4 A: Yes. I did a full pediatric residency at the Children's
5 National Medical Center, which is the children's hospital in
6 Washington D.C. I then went onto a pediatric cardiology
7 fellowship at the Children's Hospital of Philadelphia, in
8 Philadelphia.

9 Q: Have you been affiliated with Harvard University during
10 your career?

11 A: Yes. My first job out of fellowship was accepting a
12 position at Children's Hospital of Boston, in Boston, and
13 associated with Harvard Medical School.

14 Q: Okay. And what was your position at the Boston
15 Children's Hospital?

16 A: I was one of the pediatric cardiology attending
17 physicians in the heart program there.

18 Q: About what year would you say that you begin seeing
19 pediatric cardiac patients during all the education and
20 fellowship and things of that nature?

21 A: Well, as an attending physician, since 1990, but
22 obviously as a cardiology fellow in training since 1987.

23 Q: Okay. So, more than 35 years?

24 A: That's correct.

25 Q: Have you continued your education after completing the

1 fellowship?

2 A: I've gone on to get several educations. One is a
3 master's in public health because of my interest in public
4 health. I also went on to get a master's in business
5 administration. And also, lastly, about a decade and a half
6 ago, given my interest in mathematics and data science and
7 artificial intelligence, went back to school and have gotten
8 more education in the area of artificial intelligence.

9 Q: Dr. Chang, I think some doctors will go to college,
10 they'll go to medical school, and they'll go out and practice.
11 You've done a lot of extra work. Why did you go about and do
12 that? What prompted you or motivated you to go get those
13 extra degrees?

14 A: I think when you're in practice as a pediatric
15 cardiologist, you realize that there are a lot of problems
16 that come up that will not be solved with just being a good
17 doctor. You've kinda have to respect the other areas in our
18 society like public health and global health, and artificial
19 intelligence now in the last couple of decades.

20 Q: Do you consider sudden cardiac death amongst young adults
21 to be a public health issue?

22 A: Yes, I do.

23 Q: Is that something that you're striving to try to improve
24 through better treatment?

25 A: Yes. In terms of having earlier diagnosis and good

1 training -- screening, as well as good therapy available in
2 the schools to have the automatic defibrillators available.
3 Q: Is pediatric cardiology, is that a specialty, considered
4 a specialty in the medical field?
5 A: Yes. It's a pediatric subspecialty.
6 Q: Okay. So, for example, we all know about pediatricians.
7 We've all visited pediatricians. Is a specialist different
8 from, let's say, a pediatrician?
9 A: Yes. It requires additional fellowship training in that
10 particular field.
11 Q: Okay. Is it your understanding that Dr. Trant is a
12 pediatric cardiologist, and so he is a specialist?
13 A: Yes, he is.
14 Q: Are you board certified?
15 A: Yes, I am.
16 Q: Could you take a minute just to explain what does that
17 mean, board certified in pediatric cardiology?
18 A: It's an examination you take every seven to 10 years to
19 get certified and then maintain the certification. So, that's
20 a knowledge examination that will test your breadth of
21 knowledge in that particular field.
22 Q: Have you been in California your whole career?
23 A: No. I've just been in California the last 20 years or
24 so.
25 Q: Could you describe your experience in Miami?

1 A: Yes. I was there as the director of the cardiac
2 intensive care unit for five years.

3 Q: Okay. And how about in Texas?

4 A: More or less the same. I was the director of the cardiac
5 ICU for about five years.

6 Q: So, you helped not just seeing patients but did you
7 oversee the administration of care by the staff, by the other
8 cardiac -- by the other pediatric cardiologists?

9 A: Yes. Both at Miami Children's and Texas Children's, I
10 was the director of a cardiac ICU, so I had to overlook the
11 care of children from multiple subspecialties. And then when
12 I went to California, I was the director of the Heart
13 Institute, and that's even more physicians and nurses I have
14 to overlook.

15 Q: So, you've treated patients in Massachusetts?

16 A: Yes.

17 Q: In Florida?

18 A: Yes.

19 Q: Texas?

20 A: Yes.

21 Q: And California.

22 A: Yes.

23 Q: And from time to time, have patients and their families
24 travel to some of those from other states to come see you and
25 to get care for them?

1 A: Yes, they have.

2 Q: Are you member of any associations, like let's say the
3 American Heart Association?

4 A: Yes.

5 Q: Did you have a leadership position at one time with the
6 American Heart Association?

7 A: At one time I was the vice president of the American
8 Heart Association when I was in Miami.

9 Q: In addition to seeing patients, do you also teach?

10 A: I do.

11 Q: And describe that. What's the teaching -- how does that
12 fit into your work? What do you do as a teacher or a
13 professor?

14 A: I have about four to six half-day clinics a week. So, we
15 often will get medical students and residents and fellows at
16 various places to come and spend time with me in the clinic.
17 I also teach regularly in multiple areas, including heart
18 failure, cardiac myopathies, and also now artificial
19 intelligence in cardiology.

20 Q: Have you written or edited articles, and textbooks, and
21 things of that nature?

22 A: Yes, I have.

23 Q: Why do that? Why do that extra work?

24 A: I would say it's a labor of love. When you are
25 passionate about a certain subject area, you want to get even

1 deeper into that area. So, I've written books on cardiac
2 intensive care, as well as board-reviewed books on pediatric
3 cardiology, and more currently and artificial intelligence.

4 Q: Is one of your intentions in doing that to help educate
5 other pediatric cardiologists about the standard of care
6 should be, how they should treat patients?

7 A: At least provide a valuable reference for pediatric
8 cardiologists when they take care of patients with heart
9 disease and heart muscle issues.

10 Q: And the chief editor of the textbook about the kids and
11 young adults, what was that textbook that you were the chief
12 editor of?

13 A: I edited several books, and one of them is Pediatric
14 Cardiac Intensive Care. And the follow-up textbook was on
15 heart failure in children, so it deals with heart muscle
16 problems as well as other reasons for heart failure.

17 Q: So, that article -- or the subject that you wrote the
18 textbook or were the chief editor of that textbook, that has a
19 lot to do with this case, correct?

20 A: Correct, in terms of the diagnosis of ARVC.

21 Q: Have you served as an expert witness before?

22 A: Yes, I have.

23 Q: And when did you first serve as an expert witness?

24 A: I first served as an expert witness in 1990.

25 Q: Have you served as an expert witness in approximately 20

1 or so cases?

2 A: Yes.

3 Q: Have you represented both the plaintiffs like Ms. Utley,
4 but also have you represented defendants like Dr. Trant?

5 A: Yes, I have.

6 Q: So, from time to time -- you aren't always on one side of
7 cases; is that correct?

8 A: That's correct.

9 Q: Now, despite all those things that we just talked about
10 that you do, do you also every week see young adults as a
11 pediatric cardiologist?

12 A: Yes. I see children, young adults, and even older adults
13 with different kinds of heart disease, but mainly congenital
14 heart disease or cardiomyopathy, which is a heart muscle
15 disease.

16 Q: So, from day to day, week to week, you actually do things
17 that were similar to what Dr. Trant did before he -- before he
18 retired?

19 A: Yes, including seeing patients that are referred to me
20 for chest pain.

21 Q: And is that typically how a patient comes to you -- can
22 they just look you up in the phone book and make an
23 appointment, or do they need to be sent -- typically sent to
24 you by another physician?

25 A: The new patients are usually sent to me as a referral

1 from a pediatrician, but that's not always the case.

2 Sometimes it will be a referral from another the pediatric
3 cardiologist, or sometimes the families will seek out -- seek
4 out me for an opinion.

5 Q: Now, you said new patients. Do you continue to -- rather
6 than just doing a 15-minute visit with them, did you actually
7 continue to give care to patients?

8 A: If they have a diagnosis that needs follow-up, or if
9 there's no diagnosis yet made, I will follow that patient up.

10 Q: What is the -- with talking about the issues of sudden
11 cardiac death in young adults, what is the importance of
12 follow-up from the doctor's perspective?

13 A: The importance of follow-up is that sometimes there is a
14 very significant medical condition that needs to be diagnosed.
15 We often see young people with chest pain, but if it's not
16 associated with exercise, there tends to be less serious in
17 terms of having a medical condition tied to that. Patients
18 often will have -- the young people will often have chest pain
19 because of what we call growing pains. So, it's nonspecific,
20 it's not associated with exercise, it comes and goes, it's
21 self-limiting, there's no other symptoms associated with that.
22 And oftentimes, we'll decide whether or not a workup is
23 necessary and if the echocardiogram is normal, then we often
24 will discharge those patients.

25 Q: But a relationship between exercise and heart-related

1 symptoms is a very -- is that a red flag?

2 A: Definitely. That's something we take very seriously,
3 even if it's just one time.

4 Q: Have you -- the jury has been introduced to ARVD,
5 arrhythmogenic right ventricular dysplasia or cardiomyopathy.
6 Why does the disease have two names; ARVC and ARVD?

7 A: I think it's just doctors are different in terms of
8 terming the disease.

9 Q: They are the same thing?

10 A: They're virtually the same thing.

11 Q: Have you diagnosed patients with ARVD?

12 A: Yes, I have.

13 Q: Approximately, how many times have you diagnosed patients
14 with ARVD?

15 A: I think one or two dozen times.

16 Q: Have you diagnosed patients with -- other young adults
17 and children with other heart-related conditions that could
18 lead to sudden cardiac death?

19 A: Yes, I have.

20 Q: Have you treated patients who have ARVD, meaning giving
21 them follow-up and continuing care?

22 A: Yes, I have.

23 Q: So, merely having ARVD, that's not necessarily a death
24 sentence, correct?

25 A: Correct.

1 MR. LESEMANN: Your Honor, at this time, I would like to
2 move Dr. Trant -- I'm sorry; excuse me -- Dr. Chang, Dr.
3 Anthony Chang to be qualified as an expert in the field of
4 pediatric cardiology, including sudden cardiac death, the
5 standard of care, and the diagnosis and treatment of heart
6 disease that could cause sudden cardiac death.

7 THE COURT: What say the defense?

8 MR. AIKEN: No objection.

9 THE COURT: The Court so finds.

10 MR. LESEMANN: Thank you.

11 BY MR. LESEMANN:

12 Q: So, we talked about ARVD. Just tell me about pediatric
13 cardiology and what are the different things that you treat
14 that you are looking for? I know that that's a broad
15 question, but when a patient comes to you with a set of
16 symptoms, are there a number of conditions that can lead to
17 sudden cardiac death beyond just ARVD?

18 A: Yes. When a young person comes to us with complaints of
19 chest pain, or dizziness, or palpitations with exercise, then
20 we take it even more seriously because that's concerning. So,
21 from a heart perspective there are really three big
22 categories. One is something wrong with the heart muscle;
23 ARVC or ARVD is one of those, but is not the only one. Second
24 is there something wrong with the coronary arteries. Adults
25 have heart attacks. This is not from children having

1 atherosclerotic heart disease; this is more that the --
2 there's something wrong with the origin or what the anatomy of
3 the coronary artery, and they've probably had that since
4 birth. And then the third big category is any rhythm
5 disturbances that is usually more problematic when someone is
6 exercising. So, when you're exercising, your body is
7 producing a lot of chemicals to keep up with the demand of the
8 body doing exercise. So, that tends to precipitate heart
9 rhythm problems, and there are several of those as well. So,
10 broad categories would be heart muscle problems, like ARVC and
11 others. Something wrong with the coronary artery, congenital;
12 and that's a second category. And the third category would be
13 any rhythm disturbance that is existing and that might
14 precipitate a lethal arrhythmia during exercise.

15 Q: Pretty much every kid is gonna go see a pediatrician from
16 time to time, correct?

17 A: Yes.

18 Q: Okay. Does the average child ever end up seeing a
19 pediatric cardiologist on average?

20 A: On average, no.

21 Q: So, this is a specialty?

22 A: This is a -- well, if the child has chest pain, even if
23 it's not associated with exercise, we frequently will be
24 seeing those patients.

25 Q: But it's a minority of children that would ever go see a

1 pediatric cardiologist, correct?

2 A: That's correct.

3 Q: You already know that you are dealing with a perhaps
4 vulnerable set of kids?

5 A: Well, it's the children that need a further workup
6 because the pediatricians are concerned about one specific or
7 multiple symptoms.

8 Q: As we continue to discuss the different types of heart
9 conditions, and as we talk about ARVD and specifically how it
10 works, do you feel like it would be helpful to use the board
11 behind you to draw a diagram to talk little bit about the
12 structure of the heart and how these different, how these
13 different diseases manifest themselves?

14 A: Yes.

15 MR. LESEMANN: Your Honor, with permission, we'd like to
16 have Dr. Chang come over and I have this whiteboard out, and
17 allow him to do a diagram.

18 Can everybody in the jury see the board? Okay.

19 BY MR. LESEMANN:

20 Q: So, Dr. Chang, just proceed as you'd like. Just go ahead
21 and just like as you're instructing folks. Tell us a little
22 bit about the structure of the heart and as it would relate to
23 Taylor's case.

24 A: Okay. So, I'm gonna draw the heart first. Okay. So,
25 this is the right side of the heart. The big veins, that vein

1 inside of the right upper chamber. I'll put right atrium.

2 This is the right pumping chamber or the right ventricle. And
3 then the blood then goes through the pulmonary arteries or to
4 the lungs.

5 Q: So, it follows -- Dr. Chang, it follows your body, right,
6 like your right side of your body rather than as you're
7 looking at it ---

8 A: That's the right side of the heart.

9 Q: Yes.

10 A: And then the left side of the heart -- here's the left
11 pumping chamber, the left atrium, the left upper chamber, then
12 the left ventricle then allows blood to go to the aorta, the
13 big blood vessel, and out to the body. I'm just gonna quickly
14 draw the circulation, so you can see that. So, the blue blood
15 is gonna right to the lungs, come back from the lungs
16 oxygenated, and into the left upper chamber, the left
17 ventricle, and out to the aorta. But that's normal heart
18 anatomy and circulation.

19 Q: Okay. And so, there's a number of different conditions.
20 Since Taylor died of ARVD, maybe let's start with that one.

21 A: Okay.

22 Q: Describe what ARVD does to a heart.

23 A: So, the first category that we talk about is heart muscle
24 issues. So, that's including ARVC and others. A common one
25 is something called hypertrophic cardiomyopathy, and that's a

1 different disease and a different pumping chamber. So, the
2 ARVC that affects the right ventricle -- I'm gonna draw in
3 green here what's not normal. So, the right ventricle thins
4 out and becomes bigger, dilated, so it's gonna look like this,
5 because the heart muscle is replaced by fatty tissue, which is
6 abnormal. So, it becomes a less effective pumping chamber.
7 But more importantly, it's gonna precipitate very -- life-
8 threatening heart arrhythmias, especially with exercise. So,
9 that's ARVC. Let me just label that. So, that's called ARVC.

10 Sometimes, this process can take place in the left
11 ventricle as well, and I believe Taylor's autopsy did show
12 some changes in the left ventricle, but it didn't sound like
13 that the ARVC process was really affecting the left ventricle.

14 Q: Dr. Chang, thank you. So, before you move on, it sounds
15 like from what you're saying ARVC results in some structural
16 changes to the heart?

17 A: Right. The heart muscle itself is replaced by fatty
18 tissue. And there are a couple of genes that are associated
19 with ARVC now.

20 Q: So, what are some of the tools that a pediatric
21 cardiologist can use to best detect whether there has been
22 structural modifications to the -- or structural deterioration
23 of the right ventricle or a heart chamber?

24 A: The screening tests for ARVC would include
25 electrocardiogram, but that's not very good at picking up this

1 disease. So, we normally will go to an echocardiogram,
2 ultrasound of the heart, or if we have doubts there, we go to
3 a cardiac MRI, which is an MRI of the heart, so we can get a
4 better look at the right ventricle, the right pumping chamber.
5 Another test we would typically do, especially if it is
6 repeated exertion or chest pain or any difficulty would be to
7 do an exercise test. So, we want to duplicate the situation
8 that brought on the chest pain or the difficulty breathing,
9 and we'll see if there is anything wrong with the heart during
10 that time, particularly arrhythmias of the heart.

11 Q: So, I want to ask you a question. As a layperson, I
12 almost feel like an EKG almost looks a little bit like a lie
13 detector test, right, the way it has the lines and the
14 squiggles and things like that.

15 A: Well, it's the electrical signal from the heart, but it's
16 not particularly good for ARVC.

17 Q: Because it doesn't necessarily give you perspective into
18 heart structure, correct? I mean, like you're not seeing a
19 picture of the heart, right?

20 A: Correct. We're not seeing the image of the heart in
21 that, per se.

22 Q: Okay. And so, echocardiograms and cardiac MRIs, how are
23 those different from the EKG in that respect?

24 A: We're not really looking at the electrical signal of the
25 heart; we're looking at an actual picture of the heart by

1 ultrasound or by magnetic resonance imaging, which is MRI.

2 Q: Okay. And we're gonna talk about other conditions, but
3 does ARVC often escape detection on an EKG?

4 A: Yes.

5 Q: Do you have a sense for how often?

6 A: Roughly, maybe two out of three times.

7 Q: Okay. So, two-thirds of the cases of ARVC are likely not
8 going to be detectable from an EKG alone?

9 A: Correct.

10 Q: Okay. So, I know you wanted to -- you wrote HCM up
11 there, again, and I'll ask you this question and then have you
12 take over. When you're seeing a patient, you aren't -- are
13 you just looking for one disease or one thing that can cause
14 sudden cardiac death or are there essentially a basket or a
15 number of different things?

16 A: Yeah, it's more the latter. If we have a young person
17 with symptoms associated with exercise, it's gonna be -- for a
18 cardiologist, we need to rule out a constellation or group of
19 diagnoses, because it could be any one of them. ARVC is not
20 rare, but it's not the most common reason for sudden cardiac
21 death or symptoms during exercise.

22 Q: The second one is more common, and the hypertrophic
23 cardiomyopathy?

24 A: Yes. Hypertrophic cardiomyopathy is when the heart
25 thickens; it doesn't get bigger but it thickens. So, this is

1 all abnormal. This side of this is abnormal. So, that's
2 called hypertrophic cardiomyopathy. It's one of the most
3 common reasons for sudden cardiac death, and that's one of the
4 things that we really focus on making sure that the young
5 person doesn't have, as a young athlete. In Orange County,
6 where I live, it is per capita, I think, the most athletic in
7 terms of young people. So, we get a lot of high
8 school/college athletes, and Olympic athletes even that I get
9 called on to consult, because I have some symptoms during
10 exercise, and we obviously want to make sure that they don't
11 have any number of these diagnoses.

12 Q: Okay. So, would you follow -- is it the same methodology
13 in terms of including echocardiogram, cardiac MRI that would
14 help you detect HCM as well as ARVC potentially?

15 A: Well, we'll start with the EKG, go on to an
16 echocardiogram, a cardiac MRI if it's indicated, and then the
17 exercise test.

18 Q: Okay. Describe the exercise test.

19 A: So, the exercise test where a treadmill or a bicycle --
20 we're trying to have the young person to exercise, and we're
21 watching the heart rhythm. And sometimes, we'll do an
22 echocardiogram during that process, and will be measuring the
23 lung function, because one of the reasons for chest pain is
24 exercise-induced asthma. We don't want to miss that. So,
25 especially if the heart workup is normal. Oftentimes, the

1 young person will have exercise-induced asthma. But
2 certainly, if the child doesn't have exercise-induced asthma,
3 then it's becoming even more relevant that we really make sure
4 that there is no cardiac diagnoses.

5 Q: So, if a patient comes to you with a exercise or an
6 exertional set of symptoms, you have a clinical tool that can
7 allow you to re-create that in a safe setting so that you can
8 try to see why is it that exercise is causing this issue?

9 A: Correct.

10 Q: And that's the stress test?

11 A: Well, we want to make sure the exercise-induced chest
12 pain or syncope or dizziness is not based on a cardiac
13 disease. That's the main thing we need to look for.

14 Q: How is a EKG, you know, the initial electrical
15 measurement, how is that administered? Is the patient
16 exercising during the EKG?

17 A: No. That's at rest. So hence, the reason that we need
18 to find other ways of diagnosing the disease, either -- well,
19 echocardiogram -- either an echocardiogram or an MRI, and then
20 also the exercise test would be very key.

21 Q: In Taylor's case, it wasn't that she was sitting in
22 class, right, and had a fainting spell. What was consistent
23 about all four of the episodes that she had?

24 A: It looks like it was consistently associated with
25 exercise, and that's the key thing. So, exertional syncope,

1 exertional chest pain is much more likely to have a cardiac or
2 a pulmonary reason for the pain or the dizziness than someone
3 who is just having interim chest pain just sitting and not
4 exercising. That tends to be less likely to be associated
5 with any significant heart disease.

6 Q: But every pediatric cardiologist would know that an EKG
7 is administered while the patient is at rest, while a stress
8 test would be administered while the patient was active?

9 A: That's correct.

10 Q: And every pediatric cardiologist would know that if you
11 are trying to look at structural issues, you would look at
12 structural exams, like an echocardiogram or a cardiac MRI?

13 A: That's correct.

14 MR. AIKEN: Your Honor, I object to the leading.

15 THE COURT: Okay.

16 MR. LESEMANN: Thank you. I'll move forward.

17 BY MR. LESEMANN:

18 Q: Are there other muscle related issues other than ARVC and
19 HCM that you also need to be looking for?

20 A: There are about a half a dozen, but these are the more
21 common ones. There's also, just for the sake of completeness,
22 something called dilated cardiomyopathy, which means the heart
23 muscle is really big on the left side, and that -- but that's
24 an ongoing inflammation of the heart -- so that's the heart
25 muscle disease category.

1 Q: Have you been able to review the autopsy report for
2 Taylor?

3 A: Yes.

4 Q: And have you been able to review some of Dr. Riemer's
5 testimony from yesterday?

6 A: Yes.

7 Q: What were -- what did you find that was significant about
8 that testimony and that autopsy report?

9 A: Again, she found that the right ventricle was moderately
10 dilated from this process called ARVC, the disease, and was I
11 think in her words severe in terms of the extent of the
12 disease. And she found a few changes in the left ventricle,
13 but I think the main problem has always been the right
14 ventricle and qualifying her to have the diagnosis,
15 unfortunately, of ARVC.

16 Q: And so, what would the typical thickness of the
17 myocardium and the right ventricular chamber, what would the
18 typical thickness be?

19 A: The right ventricle is usually less -- is thinner than
20 the left ventricle typically, but the right ventricle
21 thickness in this age group should be about 3 to 6mm. And in
22 her case, I believe it was 1 mm. So, it's much thinner than a
23 typical right pumping chamber should be.

24 Q: 1 mm, that's about as thin as something could really get.

25 A: It's really thin; yeah.

1 Q: Okay. Does that say anything to you about the length of
2 time that you think that Taylor likely had ARVD?

3 A: You can argue that she had it since birth, because it's a
4 genetic problem, but the manifestation of this heart disease,
5 in terms of seeing actual changes, it's probably been ongoing
6 for years. And this disease has been described in children, I
7 think, as young as five. So, somewhere between five and 16,
8 she had progressive changes of this right ventricle, and
9 probably at least five years.

10 Q: There were -- from your review of the records, did you --
11 how many episodes did you see how that occurred in 2018 alone?

12 A: I saw four episodes.

13 Q: And so, when you see four exertional episodes in 2018 --
14 you understand that's before saw Dr. Trant?

15 A: Yes; that's my understanding.

16 Q: And so, when you see four exertional episodes in 2018,
17 does that give you a belief to a reasonable degree of medical
18 certainty as to whether Taylor had ARVC or ARVD in 2018?

19 MR. AIKEN: Object to the leading.

20 THE COURT: Okay.

21 MR. LESEMANN: Your Honor -- thank you, I respect your
22 ruling on it, I just ask him if he has a belief. I didn't ---

23 THE COURT: Okay. Yeah. I'll let it in. Go ahead.
24 Answer that, please, sir.

25 A: Yes. I believe it is a very high likelihood that she has

1 had this for years; and the year that she had multiple
2 symptoms, she had ARVC.

3 BY MR. LESEMANN:

4 Q: And that is something to a reasonable degree -- do you
5 believe to a reasonable degree of medical certainty whether it
6 could've been detected in January 2019 when she saw Dr. Trant?

7 A: Yes. It could've been detected.

8 Q: And if it gets detected, can it be successfully treated?

9 A: Yes.

10 Q: Meaning -- do you have a belief as to whether Taylor
11 could be alive today if she had received proper treatment?

12 A: Yes. She would be alive today if she had the treatment
13 and the follow-up when the diagnosis was made. So, the
14 diagnosis would've been made with an echocardiogram, an
15 ultrasound, or an MRI, and also the exercise test. And I
16 think one episode of exertional chest pain would've required a
17 workup, because that's a very serious concern.

18 Q: One?

19 A: One episode, not four. But even one episode, I think a
20 cardiologist would be taking that very seriously because it's
21 during exercise, which is in a very different context than
22 chest pain when you're not exercising. A lot of children and
23 young people have those symptoms and turn out to be nothing in
24 terms of a cardiac disease, but exercise-induced syncope or
25 near syncope or chest pain we take extremely seriously because

1 that could be the first and last time that a child or young
2 person will have this particular symptom. And oftentimes,
3 they do have a sudden cardiac death without the benefits of
4 having a workup. So, that's why we take it very seriously.

5 Q: So, if someone were to suggest that you should wait until
6 a patient completely loses consciousness before you use these
7 tools that are available, what would your response, as a
8 pediatric cardiologist who has been recognized as an expert,
9 what's your response to someone that might say, well, you need
10 to wait until the patient definitively has completely lost
11 consciousness?

12 A: I think that would be not appropriate, because the fact
13 that she would come close to passing out, even if it's not
14 completely passing out, tells me that there's already
15 something very likely to be wrong with the heart during
16 exercise.

17 Q: All right. So, someone, for example, could be running,
18 they could be jogging, and they might just -- could they just
19 stop in time and just narrowly avert or avoid a complete loss
20 of consciousness?

21 A: Yes.

22 Q: Can loss of consciousness be fleeting; can it be
23 momentary?

24 A: Yes.

25 Q: So, for example, if you're sitting in the stands at a

1 basketball game and your child is playing in a basketball game
2 and collapses, is it possible that your child may have had a
3 momentary loss of consciousness?

4 MR. AIKEN: Objection, Your Honor, to possible.

5 Q: To a reasonable degree of medical certainty, is it
6 possible that someone could have a short loss of
7 consciousness?

8 A: Yes.

9 Q: But do you think that that is really the measure? Is
10 loss of consciousness the measure for whether to evaluate a
11 patient for these life-threatening conditions?

12 A: No. It's syncope, which is loss of consciousness, or
13 near syncope which is coming close to loss of consciousness.
14 All of that is essentially virtually the same in terms of the
15 significance of that symptom to warrant a full cardiac workup.
16 In this case, it would be an EKG, the echocardiogram, or MRI
17 depending on what the cardiologist sees. And thirdly, the
18 exercise testing.

19 MR. LESEMANN: Your Honor, I think at this time ---

20 BY MR. LESEMANN:

21 Q: Dr. Chang, was there anything else that you would like to
22 use the diagram to explain to the jury before we have you back
23 on the witness stand?

24 A: Not so relevant to this case, but the other two
25 categories, we should probably just briefly review.

1 Q: Oh, yeah. There was muscle-related issues, and then
2 there were other two categories, yes.

3 A: Correct. Yeah, so the jury is aware, another big
4 category is anything wrong with the coronary arteries. The
5 coronary arteries, as you know, or the arteries specifically
6 designed to supply the blood to the heart muscle. And these
7 can also depends on the variations that will impact on the
8 heart muscles supply of blood and oxygen during the exercise.
9 So, this will be a second -- obviously, there are more than
10 three categories, but the second category would be coronary
11 artery issues.

12 And then the third would be heart rhythm issues. And
13 sometimes, these heart rhythm issues on the surface during
14 exercise, and that's yet another reason why we want to do the
15 exercise test, because some of the rhythm disturbances could
16 have normal appearing EKG at rest, and then they'll start
17 having lethal arrhythmias during exercise. So, it's not --
18 it's not only obvious on EKG, but sometimes you'll need to do
19 the full exercise test to almost provoke the arrhythmias to
20 happen.

21 Q: In the medical records, there is an indication that
22 Taylor had a couple of x-rays, but you haven't mentioned x-
23 rays as one of the tools that we'd use. Are x-rays different,
24 a different technology than an echocardiogram and a cardiac
25 MRI?

1 A: Yeah. An x-ray is obviously using x-rays to look at to
2 look at the heart and the lungs, and is not gonna be
3 necessarily helpful to look at these heart muscle issues,
4 because the heart size may very well be normal in those
5 situations. What it can help, and I realize Taylor had an x-
6 ray, I believe this first ER visit, and that was deemed to be
7 normal. It is helpful, if she had some symptoms, if she has
8 asthma, as a possible diagnosis, oftentimes the x-ray will
9 show what we call hyperinflated lungs, so the x-ray will show
10 the lungs to be suspicious for asthma. Apparently, that
11 wasn't the case with her x-ray.

12 Q: And so, and you did review the autopsy report, you said,
13 correct?

14 A: Yes.

15 Q: And so, these sort of other things or other -- were there
16 findings that you thought were significant from Dr. Riemer in
17 terms of her analysis of Taylor's other organs and Dr.
18 Riemer's analysis of what caused her death?

19 A: She did not see any reason for anything wrong outside the
20 heart. So, asthma was not there, other things were not there.
21 And I think looking at the heart autopsy, she ruled out
22 coronary artery problems. And obviously, heart rhythm
23 problems we can't do on an autopsy. It has to be a living
24 patient with an EKG and with exercise testing. So, but what
25 she did find, obviously, was very, very strong evidence for

1 ARVC.

2 Q: Okay. And looking at the data that she saw, did you see
3 that she described the heart as being pale in color?

4 A: Yes.

5 Q: And do you see -- did you see that she described their
6 being fatty fibroid tissue in the heart?

7 A: Right. It's almost what we call pathognomonic or very,
8 very exclusively in this diagnosis is ARVC.

9 Q: And to a reasonable degree of medical certainty, do you
10 believe that that was -- do you believe that that was an
11 advanced progression?

12 A: Yes.

13 Q: Okay. And you believe to a reasonable degree of medical
14 certainty that that could've been detected in January of 2019?

15 A: Yes.

16 Q: All right.

17 Your Honor, at this time, let's take a minute to move
18 this board.

19 And, Dr. Chang, you can get back up on the witness stand.

20 THE COURT: Okay.

21 BY MR. LESEMANN:

22 Q: Dr. Chang, how did you become introduced to this case, to
23 Taylor's case?

24 A: I believe I got a call from Mr. Powell a few years ago.

25 Q: Taylor Powell?

1 A: Yes.

2 Q: So, you didn't treat Taylor before she died?

3 A: No.

4 Q: Have you seen a number of patients that have conditions
5 and symptoms similar to Taylor?

6 A: Symptoms, yes, and also the diagnosis, yes.

7 Q: And you have continued to successfully treat those
8 patients to allow them to live normal lives?

9 A: Yes.

10 Q: Okay. Now, I say normal. What would be some of the
11 things that someone with ARVD would need to do a little
12 differently than someone who has just got no heart symptoms at
13 all?

14 A: I'm sorry. You're referring to someone with this
15 diagnosis?

16 Q: Yeah. Someone who has this diagnosis, how might their
17 life be a little different than just the average person with
18 no ARVD?

19 A: Well, they will need frequent follow-ups just to make
20 sure they're okay and frequent exercise testing, and MRIs.
21 They'll be on the medication. If they have suspicion for a
22 life-threatening arrhythmia on either a 24/48 hour monitoring
23 of the heart rhythm, or during the exercise test that they'll
24 be getting frequently. Then we'll probably consider putting in
25 an automatic defibrillator.

1 Q: Are all these technologies readily available?

2 A: Yes.

3 Q: Okay. Now, do you believe that from your review of
4 relevant information, do you believe that Dr. Trant had these
5 tools at his disposal?

6 A: Yes.

7 Q: What all have you reviewed in connection with this case?

8 A: All the relevant medical records, office visit records,
9 hospital ER records, the depositions.

10 Q: Okay. Could you -- there's a netbook in front of you.

11 Could you go to Tab Number 8? Dr. Chang, I believe it is
12 mentioned a device that might be part of the treatment for a
13 patient with ARVD; is that right?

14 A: The automatic defibrillator?

15 Q: Yes. Could you just explain what that device is?

16 A: It's a -- often now, it's also a pacemaker, but it's an
17 electrical device that's available that will trigger if there
18 is a malignant arrhythmia that might be life-threatening, so
19 it will automatically set the heart back to its normal rhythm.

20 Q: So, we heard about older folks that have those, but
21 sometimes does a pediatric patient also called to have a
22 defibrillator installed?

23 A: Yes. If they are at risk for sudden death, we will
24 implant one.

25 Q: And so, is getting an echocardiogram, is that life-

1 threatening? And to get one, the process of getting the test,
2 does it threaten the patient's safety and well-being?
3 A: No.
4 Q: Does getting a cardiac MRI, does that threaten the
5 patient's safety or well-being?
6 A: No.
7 Q: And when a stress test, when it's done in a clinical
8 setting, does that threaten a patient's safety or well-being
9 to have a stress test?
10 A: No, because we are closely monitoring for any changes.
11 Q: These are all things that can be done safely to determine
12 whether the patient has a condition that might lead to sudden
13 cardiac death?
14 A: Yes.
15 Q: So, you found Tab Number 8. Do you see the summary
16 that's in front of you?
17 A: Yes, I do.
18 Q: Could you just describe some of the chief complaints that
19 you see and why those are significant?
20 A: Well, some of the chief complaints, as we have alluded to
21 that are significant, would be someone complaining they can't
22 breathe, someone complaining that there is chest pain, someone
23 saying that they are feeling dizzy or passing out altogether,
24 or having blurred vision, syncope is passing out. And again,
25 chest pain, breathlessness, shortness of breath; these all

1 could be related to a cardiac reason for -- a near -- what we
2 call a near sudden cardiac death or a cardiac -- sudden cardiac
3 death.

4 Q: So, you see the dates on the left-hand column?

5 A: Yes, I do.

6 Q: Okay. So, January 24th, 2018, does that meet your
7 recollection as the first time that Taylor went to the
8 emergency room?

9 A: Yes.

10 Q: And do you see in that first visit, are there complaints
11 or symptoms that cause you concern as a pediatric
12 cardiologist?

13 A: I think chest pain as a concern. Chest pain could also
14 be from non-heart reasons, but as a cardiologist, I need to
15 make sure the heart reasons aren't the reason why she's having
16 chest pains.

17 Q: Is the fact that the chest pain was relating to her
18 playing basketball, is that significant?

19 A: I think that's for this case extremely significant, but
20 just extremely significant overall in practice.

21 Q: What is it about exercise that makes the fact that these
22 symptoms are combined or are surrounding exercise, what is it
23 that makes that so significant to you as a pediatric
24 cardiologist?

25 A: Well, as I was mentioning before when you exercise, the

1 -- there are chemicals that are produced that are increased
2 quantities during exercise, and those chemicals can
3 precipitate a heart condition to have arrhythmias, or in the
4 case of the coronary artery problems that we talked about
5 earlier, but not relevant to this case, it might -- you have
6 actually anatomic compression from the surrounding structures
7 being more active. So, for the most part, and what's relevant
8 for this case is that with exercise, with the change in the
9 blood chemistry, that you're much more likely to have problems
10 that can threaten your life.

11 Q: Now, basketball, that's a seasonal sport, typically,
12 right, if someone is playing for a school basketball team?

13 A: Yes.

14 Q: And is that typically a sport that's played in the
15 winter?

16 A: Yes.

17 Q: December, January, February?

18 A: Typically.

19 Q: And so, what's the next date after the January date we
20 just mentioned off the chart?

21 A: February 1st.

22 Q: And from your review of the records, you recall that --
23 was there a second episode on or about February 1st, 2018?

24 A: Yes. I believe she had two bouts of syncope after the
25 practice.

1 Q: Okay. And so, what's the time difference between those
2 first two entries on this summary?

3 A: About a week.

4 Q: Okay. Is that a cause of concern?

5 A: Yes. I think one episode of exertional chest pain is
6 already warranting a workup. I think two sudden, two episodes
7 that are close together and clustered together, would warrant
8 an urgent workup, and also stopping the exercise, obviously.

9 Q: And so, the phrases that you see under chief complaint,
10 are those phrases that you recall seeing in the underlying
11 medical records?

12 A: Yes.

13 Q: Okay. And what are some of those chief complaints on
14 that February -- now, it says Pee Dee Pediatrics. Do you
15 understand that that was Dr. Bahan?

16 A: Yes.

17 Q: And so, in the medical records from Dr. Bahan's office,
18 what were those chief complaints?

19 A: Passing out and blurred vision.

20 Q: And the third?

21 A: Symptoms of syncope.

22 Q: What is passing out, if you translated that into medical
23 terminology, what is that?

24 A: That would be syncope.

25 Q: And is there -- you know, there are these phrases the

1 jury is learning a lot about syncope versus near syncope,
2 chest pain, palpitations. Could you describe how these -- how
3 do these different symptoms interrelate or what is -- how is
4 that meaningful to you in terms of how they appear and whether
5 there is one of them, all of them -- what's the significance
6 that you see from syncope, blurred vision, chest pain,
7 couldn't breathe; what are these telling you as a pediatric
8 cardiologist?

9 A: That this is something -- a set of symptoms that warrants
10 immediate workup. And again, stopping the exercise. These
11 are life-threatening -- potentially life-threatening
12 situations.

13 Q: This situation in January of 2018 and February of 2018,
14 would you describe that as normal or abnormal for a adult?

15 A: It's very abnormal to have symptoms during exercise.

16 Q: And so, again, we're talking about these being related to
17 basketball, would you expect to see when a patient is not
18 engaged in significant exertional exercise?

19 A: No, I think the fact that she only has the symptoms
20 during exercise, I think each successive time makes it more
21 urgent and more serious to be worked up.

22 Q: If you see -- as a practicing pediatric cardiologist, if
23 you see the word syncope and passing out in a medical record,
24 do you take those words from a -- Dr. Bahan, do you take them
25 at face value and take them seriously?

1 A: Yes, I do.

2 Q: Do you try to doubt them or undercut them?

3 A: No. I would obviously get my own history, but I would
4 take those words very seriously.

5 Q: So, if some of what he's saying that you need look for
6 syncope before you award -- you'd order any of these
7 additional testing that we discussed, and you get these --
8 well, let me ask it this way. As a practicing pediatric
9 cardiologist, would the standard of care necessitate that you
10 review these records that came from Dr. Bahan?

11 A: Yes.

12 Q: And if you did review those records from Dr. Bahan based
13 on the summary, what is it that you'd see?

14 A: I think I saw on the form diagnosis of syncope.

15 Q: And so, if you could go to Exhibit 10. Is that what you
16 were referring to?

17 A: Yes. It doesn't specifically say exertional syncope, but
18 obviously exertional syncope will raise the level of suspicion
19 for a heart disease even more.

20 Q: Okay. So, do you recognize from your review in this
21 case, Dr. Chang, that Exhibit 10 is the referral order that
22 Dr. Bahan would've issued to Dr. Trant?

23 A: Yes.

24 Q: Is that something that's important for a pediatric
25 cardiologist to review?

1 A: Yes.

2 Q: Why is it important?

3 A: Cause it'll give us guidance on how serious this chief
4 complaint is.

5 Q: Okay. And do you want to know why the pediatrician is
6 actually sending this patient to you?

7 A: Yes.

8 Q: And under diagnosis in this instance, what does it say
9 under diagnosis?

10 A: Syncope and collapse.

11 Q: Okay. And there's a code ICD10:R55; what is that coding,
12 if you know?

13 A: The coding ICD is a system that we code different
14 diagnoses with, letters and numbers.

15 Q: So, that coding would be essentially an intentional act
16 by Dr. Bahan. He is -- is he going in and he's specifically
17 diagnosing something using a specific code?

18 A: Yes.

19 Q: And the code that he used specifically diagnosed what?

20 A: Syncope.

21 Q: And again, looking at Exhibit 8, you see other symptoms
22 that cause you concern, including in the December 12th, 2018
23 visit?

24 A: Again, sharp chest pain, shortness of breath while
25 playing basketball. She felt hot and had chest pain and

1 tightness, and -- yeah.

2 Q: Do you understand that there was a fourth episode on or
3 about December 18th, 2018?

4 A: Yes.

5 Q: It's not on this chart because there wasn't a medical
6 visit connected with that, but what's your understanding about
7 the nature of that fourth episode?

8 A: My understanding was that there was a significant syncope
9 during the practice.

10 Q: So, in order to have followed the standard of care --
11 well, let's talk about that. What -- in your view, what does
12 that mean; what does that phrase standard of care mean to you?

13 A: Standard of care is defined as what a reasonably prudent
14 clinician would do in that particular set of circumstances.

15 Q: And so, these particular set of circumstances, what --
16 when Taylor presented to Dr. Trant, what were the
17 circumstances of that presentation? If you could just
18 summarize what you understand, what was the information that
19 was presented to Dr. Trant about this young woman, Taylor
20 Price?

21 A: Repeated exertion-related symptoms including syncope and
22 chest pain and difficulty breathing.

23 Q: From your review of the medical records, did Dr. Trant
24 perform a stress test?

25 A: No.

1 Q: Did Dr. Trant perform an echocardiogram?

2 A: No.

3 Q: Did Dr. Trant perform a cardiac MRI?

4 A: No.

5 Q: Did Dr. Trant use a Holter monitor or other device to
6 help measure important conditions from the heart?

7 A: No.

8 Q: What's your understanding of the length of time that Dr.
9 Trant saw Taylor at the appointment; how long were they even
10 together?

11 A: My understanding was about 15 minutes.

12 Q: Was there any follow-up?

13 A: No.

14 Q: You understand that Dr. Trant was also performing what's
15 known as PPE on Taylor to determine whether it was appropriate
16 for her to play sports?

17 A: Yes.

18 Q: Is there a publication or a manual that is available in
19 the medical field that discusses PPEs?

20 A: There are some publications, but there is also this
21 guidebook.

22 Q: Okay. And what's that guidebook that you're holding, Dr.
23 Chang?

24 A: This is a physical evaluation for sports, and it's
25 endorsed by the American Academy of Pediatrics, as well as the

1 American Academy of Family Physicians, and also the American
2 Heart Association.

3 Q: Okay. Which edition is that?

4 A: The fourth.

5 Q: Okay. Now, is there a fifth edition?

6 A: I'm not sure, but I imagine there should be by now.

7 Q: Okay. And do you -- so, speaking of this fourth edition,
8 could you go to Page 39. So, let me ask you this, is this a
9 authoritative document in the field in terms of what you
10 should be looking for when you're performing a PPE?

11 A: Yes. It's a very well-respected guidebook.

12 Q: Okay. Could you go to Page 39, and there should be a
13 bullet that says key points.

14 A: Yes.

15 Q: All right. Do you see it?

16 A: Yes.

17 Q: All right. What's the first bullet under key points?

18 A: Sudden cardiac death in young athletes and children are
19 -- is caused by a diverse etiology of structural and
20 electrical diseases of the heart.

21 Q: Okay. And so, the diverse etiology is -- is that what
22 you were discussing before in terms of the different types of
23 conditions that could lead to sudden cardiac death?

24 A: Yes.

25 Q: Okay. So, you agree with that first point?

1 A: Yes.

2 Q: And what does the third bullet point say?

3 A: That warning symptoms that require cardiac workup before
4 returning to exercise include exertional chest pain,
5 exertional syncope, or near syncope, unexplained seizures,
6 excessive dyspnea, or fatigue disproportionate to the level of
7 exertion, and palpitations or irregular heartbeats.

8 Q: Okay. And in accordance with the standard of care, when
9 it says cardiac workup, what is that -- what does that phrase
10 mean to you?

11 A: That means an EKG and an echo and exercise test.

12 Q: All the things that Dr. Trant didn't do?

13 A: Correct.

14 Q: Okay. And so, what does it say, again, does it say
15 warning symptoms that require cardiac workup? Is that what
16 the phrasing is in that bullet?

17 A: Yes.

18 Q: So, does that suggest to you that a cardiac workup ought
19 to be considered as optional?

20 A: No.

21 Q: Does that mean that every young adult and every child
22 that presents with these warning symptoms deserves a cardiac
23 workup?

24 A: Yes. Again, this is with exertion. We see quite a few
25 patients with chest pain not during exertion, and that's up to

1 the discretion of the cardiologist to work up. But in this
2 case, and especially since it's repeated episodes of
3 exertional chest pain, I think that takes any doubt out of any
4 clinician that this should be worked up.

5 Q: So, it talks about the warning symptoms, and then it
6 lists them, correct, examples of warning systems -- or warning
7 symptoms?

8 A: Yes.

9 Q: So, now, exertional chest pain, did Taylor have that
10 warning symptom?

11 A: Yes.

12 Q: Did Taylor have exertional syncope?

13 A: Syncope or near syncope, included both, yes.

14 Q: And you believe as many as four episodes?

15 A: Yes.

16 Q: Okay. And did she have excessive dyspnea?

17 A: Yes.

18 Q: And again, we already mentioned chest pains. So, she
19 actually didn't have just one warning symptom, she had
20 several?

21 A: Yes.

22 Q: And she didn't have one episode; she had four?

23 A: Four.

24 Q: Within a year?

25 A: Roughly, yeah.

1 Q: And that -- but in close succession during basketball
2 seasons, two different basketball seasons?

3 A: Yes.

4 Q: Do you believe that these key points, are they supportive
5 of what the standard of care would be for a pediatric
6 cardiologist in Florence, South Carolina?

7 A: Yes.

8 Q: And so, just the fact that Taylor was from Marion County,
9 and she was 13, does she deserve that same standard of care?

10 A: Yes.

11 Q: Did she get it?

12 A: No.

13 Q: Can you go to Page 51? There's a bullet that says
14 investigation of athletes with cardiovascular symptoms?

15 A: Yes.

16 Q: Could you just read that first sentence?

17 A: Athletes identified with cardiovascular symptoms such as
18 exertional syncope or near syncope, chest pain, palpitations,
19 or excessive exertional dyspnea require a careful and thorough
20 cardiovascular evaluation to exclude underlying heart disease
21 before allowing an athlete to return to sport.

22 Q: So, Taylor was a basketball player. Was she an athlete?

23 A: Yes.

24 Q: Did she have cardiovascular symptoms?

25 A: Yes.

1 Q: That included exertional syncope or near syncope?
2 A: Yes.
3 Q: Did it include chest pain?
4 A: Yes.
5 Q: Did it include palpitations?
6 A: I believe so, but I'm not sure.
7 Q: Did it include excessive exertional dyspnea?
8 A: Yes.
9 Q: All right. And so, in the case of those symptoms, what
10 does this manual indicate needs to occur?
11 A: A full cardiac workup.
12 Q: A careful and thorough cardiovascular evaluation?
13 A: Yes.
14 Q: Is that what Taylor got from Dr. Trant?
15 A: No.
16 Q: Now, again, does it say that the cardiovascular
17 evaluation is optional?
18 A: No.
19 Q: What does it say?
20 A: Required.
21 Q: And what does required mean?
22 A: Mandatory.
23 Q: Does the standard of care mandate a careful and thorough
24 evaluation of an athlete that reports with these warning
25 symptoms?

1 A: Yes.

2 Q: From your review of the records, what did Dr. Trant do?

3 A: I think he had a discussion with the mother and looked at

4 the EKG that was done previously.

5 Q: While Taylor was at rest?

6 A: I'm sorry?

7 Q: That EKG would've been done while Taylor was at rest?

8 A: Correct.

9 Q: So, it wouldn't really -- would it be particularly

10 relevant to a exertionally-related problem?

11 A: Not entirely.

12 Q: While you're still on that page about the investigation

13 of athletes with cardiovascular symptoms, are you still there?

14 A: That's Page 49?

15 Q: Page 51, sir.

16 A: Okay.

17 Q: Where we were just reading. So, you read through -- all

18 right. And so, that careful and thorough cardiovascular

19 evaluation, that needs to occur before an athlete is allowed

20 to do what?

21 A: Go back to sports.

22 Q: So, you fault the lack of a workup in this case, correct?

23 A: Yes.

24 Q: Do you also fault the return to sports?

25 A: Yes.

1 Q: Do you view those as two failures?

2 A: Yes.

3 Q: Okay. And why is the return to sports a failure?

4 A: Because the next time that any of these athletes go back
5 to sports could be the last time because of the existing
6 condition that is not yet diagnosed. So, I would start the
7 workup, and I usually stop any sports. And you can imagine,
8 it's not always a popular decision with the families, but I
9 think once the workup starts, and once the referral is in, I
10 think I'm obliged to stop the exercise.

11 Q: And from these records that you looked at for Taylor, you
12 think that's clear? You think it's clear that she needed to
13 be held from sports?

14 A: Yes.

15 Q: With no doubt?

16 A: No doubt.

17 THE COURT: Okay. Can we stop just for second?

18 MR. LESEMANN: Yes, sir.

19 THE COURT: I've got a juror that needs a break.

20 MR. LESEMANN: Oh, thank you.

21 THE COURT: We're gonna take a break. And all of you are
22 welcome that goes to anyone if you particularly need to take a
23 break; we can take a break. Okay?

24 MR. LESEMANN: Thank you, Your Honor.

25 (REPORTER'S NOTE: Jury exits courtroom @ 10:17 a.m.)

1 THE COURT: You can certainly step down. You just can't
2 discuss your testimony.

3 DR. CHANG: Right. Thank you.

4 RECESS - 10:17 A.M.

5 *****OFF THE RECORD*****

6 ON THE RECORD - 10:30 A.M.

7 (REPORTER'S NOTE: Jury enters courtroom @ 10:34 a.m.)

8 THE COURT: Okay. You may be seated.

9 CONTINUATION OF DIRECT EXAMINATION OF DR. ANTHONY CHANG BY MR.
10 LESEMANN:

11 Q: Dr. Chang, if you could grab the PPE manual again and go
12 back to Page 51 real quick. So, let's make sure we review all
13 these medical terms. That medical dyspnea, D-Y-S-P-N-E-A;
14 what does that mean?

15 A: Difficulty breathing.

16 Q: Okay. And so, the phrase used in the manual is what
17 relating to dyspnea?

18 A: Exertional.

19 Q: And do you believe from your review of the records, did
20 Taylor present with exertional dyspnea?

21 A: Yes.

22 Q: Basically, is that shortening of breath -- shortness of
23 breath induced by exercise?

24 A: Yes.

25 Q: Okay. So, to go back to that -- and you see that in

1 medical records that she had that?

2 A: Yes.

3 Q: And regarding medical records, is it the standard of care
4 for the physician or for a pediatric cardiologist in Dr.
5 Trant's position not review Dr. Bahan's records relating to
6 the referral?

7 A: Yes.

8 Q: And also, these ER records from MUSC for those two visits
9 as well, correct?

10 A: Yes.

11 Q: And so, if the pediatrics' records refer to symptoms of
12 syncope times two after basketball, that would be something
13 that would be alarming and important to you as a pediatric
14 cardiologist?

15 A: Yes.

16 Q: Okay. And if the MUSC Florence emergency records from
17 December 12th of 2018, they discuss chest wall pain relating
18 to exercise, that's something that's very significant?

19 A: Yes.

20 Q: And if the January 2018 records discuss the exacerbating
21 factor of the symptoms is exertion, and that the
22 cardiovascular symptoms are chest pain, are those red flags to
23 you?

24 A: Yes.

25 Q: Okay. And if the referral order says syncope and

1 collapse, from Dr. Bahan, is that a red flag to you?

2 A: Yes.

3 Q: Okay. So, multiple red flags within a single year?

4 A: Yes.

5 Q: And the only way to address those red flags is through a

6 thorough and careful cardiac workup?

7 A: Yes.

8 Q: That includes an echo?

9 A: Yes.

10 Q: An MRI?

11 A: An MRI if indicated.

12 Q: And a stress test?

13 A: Yes.

14 Q: If you could go back to 51 real quick, I know I mentioned

15 that a second ago, there's one more section up here that I

16 think is important. That same bullet about the investigation

17 of athletes with cardiovascular symptoms, there's a second

18 sentence, Dr. Chang, it begins with syncope occurring during

19 exercise.

20 A: Syncope occurring during exercise is an ominous sign and

21 warrants a high index of suspicion for underlying cardiac

22 disease.

23 Q: From your review of these records, did Dr. Trant act with

24 a high index of suspicion for underlying cardiac disease?

25 A: No.

1 Q: Did these records indicate syncope or passing out in
2 several instances, these medical records?

3 A: Yes.

4 Q: So, he should've been on alert and on a high index of
5 suspicion?

6 A: Yes.

7 Q: On the diagnostic workup of exertional syncope, could you
8 read that for us?

9 A: Diagnostic workup of exertional syncope is usually
10 performed in consultation with a cardiologist. It may include
11 ECG, echocardiogram, stress ECG, and possibly advanced cardiac
12 imaging, such as MRI or CT to rule out rare structural
13 abnormalities such as ARVC or congenital coronary artery
14 anomalies.

15 Q: Okay. So, in this case, in Taylor's case, there was a
16 cardiologist involved, correct?

17 A: Yes.

18 Q: And who was that cardiologist?

19 A: Dr. Trant.

20 Q: Okay. And so, Metri, Taylor's mom, she did what she
21 needed to do, right, by taking Taylor and getting a referral
22 and getting her to a cardiologist?

23 A: Yes.

24 Q: That's the man or the woman, that's the person that can
25 do all the things that needed to happen?

1 A: Yes.

2 Q: But that didn't happen?

3 A: Correct.

4 Q: Dr. Chang, are all of the opinions that you're stating
5 here today, are they all to a reasonable degree of medical
6 certainty?

7 A: Yes.

8 Q: With regard to the failure to perform a workup, do you
9 believe that violated the standard of care -- do you have
10 higher than a reasonable degree of medical certainty that that
11 was a deviation from the standard of care?

12 A: Yes.

13 Q: Are you certain that that was a deviation?

14 A: Absolutely.

15 Q: Have you seen any evidence that those tests weren't
16 available or that McLeod Health doesn't have these tools that
17 a pediatric cardiologists can use to help prevent sudden
18 cardiac death?

19 A: No.

20 Q: Do they have a cardiac MRI?

21 A: Yes.

22 Q: And they have a echocardiogram machine?

23 A: Yes.

24 Q: And, you know, a typical pediatric cardiology practice in
25 a major hospital is gonna be able to do a stress test?

1 A: Yes.

2 Q: Do you have any knowledge or explanation as to why Dr.
3 Trant would've chosen to not do those required things?

4 A: No.

5 Q: Under the circumstances of how Taylor presented, was that
6 a grossly inadequate workup that Dr. Trant did?

7 A: Yes. Again, I think any one of those four episodes would
8 warrant a complete workup.

9 Q: And it was significantly adequate what he did?

10 A: Significantly inadequate.

11 Q: Right.

12 A: Yes.

13 Q: In mainly what he didn't do.

14 A: Yes. And, also including stopping the exercise.

15 Q: If Dr. Trant had reviewed these records, would he have
16 seen everything he needed to see?

17 A: I think he would have enough to go with a cardiac workup.

18 Q: Syncope and collapsed, chest wall pain, syncope times two
19 and collapse; is that all that you would need to see as a
20 pediatric cardiologist?

21 MR. AIKEN: Object to the leading.

22 A: Yes.

23 THE COURT: Okay.

24 Q: Thank you.

25 Should Taylor have been returned to sports without a

1 thorough comprehensive workup?

2 A: No.

3 Q: Was it a deviation of the standard of care for Dr. Trant
4 to send her right back without any of those tests?

5 A: Yes.

6 Q: And was it a deviation of the standard of care for him
7 not to perform those tests?

8 A: Yes.

9 Q: And do you believe to a reasonable degree of medical
10 certainty that that's why Taylor died?

11 A: Yes.

12 Q: And do you also believe to a reasonable degree of medical
13 certainty if she had received proper care that she'd be with
14 us today?

15 A: Yes; she would be alive today.

16 MR. LESEMANN: Thank you, Your Honor. I have nothing
17 further for the witness.

18 THE COURT: Okay.

19 CROSS-EXAMINATION OF DR. ANTHONY CHANG BY MR. AIKEN:

20 Q: Good morning, Dr. Chang.

21 A: Good morning, Mr. Aiken.

22 Q: You will catch your flight. I think you've got a flight
23 reasonably soon out of Charlotte?

24 A: Yes.

25 Q: I'm not gonna be long.

1 A: Thank you very much.

2 Q: Dr. Chang, you've told the jury and us about your
3 education and your many activities. You've published things
4 as well, correct?

5 A: Yes.

6 Q: And you read articles that other physicians and medical
7 providers write?

8 A: Yes.

9 Q: Okay. So, you wear a lot of hats?

10 A: I'm sorry.

11 Q: You wear a lot of hats; you've got a lot of things going
12 on?

13 A: Yes.

14 Q: And you're also CEO, I think, is it two corporations?

15 A: I have two companies, yes.

16 Q: And you are CEO of those two companies?

17 A: Yes.

18 Q: Okay. And I think you told me when we talked at your
19 deposition back on January 26 of 2024 that on percentage of
20 your time between clinical work and your other duties, being
21 the CEO, publishing articles, doing expert work, is about
22 50/50.

23 A: Yes.

24 Q: That's what you told me back in January?

25 A: Correct.

1 Q: And you average four to six one-half-day clinics per week
2 average.

3 A: Correct.

4 Q: And in time, in hour, that amounts to about 20 to 30
5 hours a week that you devote to bedside treatment, clinical
6 treatment, and your clinics with your students?

7 A: Yes.

8 Q: Okay. Now, you've been doing expert work, Dr. Chang,
9 since 1990?

10 A: That's correct.

11 Q: And you fly pretty much all over the country doing expert
12 work?

13 A: Yes.

14 Q: You've testified, I think, in almost all of the states
15 and now that you're in South Carolina, you can include that in
16 your list?

17 A: Yes.

18 Q: But you're not actually licensed to practice medicine in
19 South Carolina?

20 A: No, I'm not.

21 Q: Okay. And you charge, I think it's \$600 an hour to
22 review materials?

23 A: Yes.

24 Q: And \$2500 an hour for three hours of deposition?

25 A: That's correct.

1 Q: And if you exceed or if a lawyer exceeds that three
2 hours, then it converts to 750 an hour?

3 A: Yes.

4 Q: Okay. And you are being paid \$5,000 to come to Marion,
5 South Carolina today?

6 A: Yes.

7 Q: Okay. When I deposed you, Dr. Chang, on January 26th up
8 until January 25, the day before, you had not read any
9 depositions on this case; is that right?

10 A: That's my recollection; that's correct.

11 Q: Okay. So, it was only January 25 of this year that you
12 actually had Ms. Utley's deposition, Taylor's mom?

13 A: That's correct.

14 Q: And Mr. Hunt's deposition, the co-parent?

15 A: Yes.

16 Q: And then the other depositions that we've taken on this
17 case, if not all, most of them?

18 A: Yes.

19 Q: And I asked you if the depositions influenced your
20 decisions on this, your opinions on this case. And I think
21 you said, Dr. Chang, that I think the depositions provided me
22 additional information about the observation from the mom and
23 the co-parent, that there seemed to be like more of these near
24 syncopal episodes than the records indicate. Do you remember
25 saying that?

1 A: Yes.

2 Q: Okay. Now, syncope, as we have learned is a complete
3 loss of consciousness?

4 A: Yes.

5 Q: Near syncope is where one almost feels like they might
6 faint, they become real dizzy; is that correct?

7 A: Yes.

8 Q: Okay. Now, you did read Ms. Utley's deposition on the
9 day before I talked to you, and you noticed that her testified
10 -- noticed that she testified that Taylor had never actually
11 lost consciousness during the two episodes at school on
12 January 24 of 2018, and December 12 of 2018; did you see her
13 testify to that?

14 A: Yes, I remember that.

15 Q: Okay. And you see nothing in the records to actually
16 dispute that, have you; that's what you told me.

17 A: Yes.

18 Q: Is that correct?

19 A: Correct.

20 Q: Okay. Now, looking at these records, Doctor, do you have
21 any evidence that Taylor had true syncope or true loss of
22 consciousness and you told me I'm not certain based on the
23 descriptions, but it sounds like most of the episodes did not
24 involve complete loss of consciousness. Do you remember that?

25 MR. LESEMANN: Your Honor, I just would object. I think

1 that if Mr. Aiken would ask the question, and then the
2 deposition testimony could be used if the testimony were to
3 deviate from that, but just to sort of read aloud from the
4 deposition and ask the witness to confirm it, I don't think is
5 the process that the courtroom proceeding is supposed to take.

6 MR. AIKEN: I'm happy to show him the deposition ---

7 MR. LESEMANN: Your Honor, shouldn't he ask the question,
8 and then if Dr. Chang's testimony is different, then -- then
9 we can address that rather than just reading the deposition
10 aloud?

11 MR. AIKEN: That's what I'm doing.

12 THE COURT: Well, he's objecting that you're reading the
13 deposition versus asking a question. And if you -- you can
14 just ask him the questions, you can ask him the same questions
15 that are in the deposition, just let him answer it instead of
16 reading him the answer. And if he tells you a different
17 answer ---

18 MR. AIKEN: May I just let him have the deposition and
19 look at it if he needs it?

20 THE COURT: Sure.

21 MR. AIKEN: This is the certified transcript, Your Honor.

22 THE COURT: Okay. I assume if there's something in it
23 that's different than what everybody else has got y'all will
24 let me know.

25 MR. AIKEN: Thank you.

1 THE COURT: Now, if you can tell me what page you're on.

2 BY MR. AIKEN:

3 Q: I'm gonna go back to that question on Page 32, Dr. Chang.

4 A: Yes.

5 Q: And I asked you, did I not, looking at these records,
6 Doctor, do you see any evidence that Taylor had true syncope
7 or loss of consciousness, and what was your response?

8 A: I said, I'm not certain based on the descriptions, but
9 sounds like most of the episodes did not involve complete loss
10 of consciousness.

11 Q: Okay.

12 A: And I just want to say that true -- there's no such thing
13 as true syncope. I know you use that term, but -- and from a
14 clinician perspective, there's no difference between nearly
15 passing out and completely passing out. They are equally
16 significant.

17 Q: Okay. I understand. Now, I asked you, too, on Page 32,
18 did I not as to the causes of ARVC or ARVD?

19 A: Yes.

20 Q: And did you respond initially that we are not completely
21 sure. Is that still true?

22 A: Yes, but I did say -- can I read the whole sentence, Mr.
23 Boone?

24 Q: Yes, sir.

25 A: Okay. We suspect there might be a genetic aberration or

1 condition that involves thinning of the right ventricle or the
2 right pumping chamber or the heart, and replacement of that
3 tissue loss with perhaps fatty tissue.

4 Q: Okay. Doctor, we haven't really talked much today about
5 the EKG that was run December 12 of 2018 at MUSC in Florence,
6 have we?

7 A: Yes.

8 Q: We hadn't talked much about it today?

9 A: No.

10 Q: Okay. Let me show you something. You might need to step
11 down here, Dr. Chang. I'm not sure you can see it well.

12 A: Sure.

13 Q: First, Dr. Chang, does this look like a blowup of
14 Taylor's EKG from December the 12th of 2018?

15 A: Yes.

16 Q: Okay. Now, this has up here normal sinus rhythm, IRBBB,
17 does that mean incomplete right bundle branch block?

18 A: Yes.

19 Q: Is that a nonpathological finding in a 13-year-old?

20 A: It's a nonpathological finding in a 13-year-old without
21 symptoms.

22 Q: Okay. Is there a big difference, Dr. Chang, on a EKG of
23 a 13-year-old versus an adult?

24 A: Yes.

25 Q: Now, do you see anything abnormal on this EKG?

1 A: No.

2 Q: Okay. Excuse me, Doctor. Do you remember me asking you,
3 Doctor, is there anything abnormal about the ECG -- and that's
4 the same thing as an EKG, correct?

5 A: Correct.

6 Q: Same thing?

7 A: Yes.

8 Q: Is there anything abnormal about the ECG from December 12
9 of 2018; and your answer -- did you answer yes?

10 A: I believe so, yes.

11 Q: So, back when I deposed you, you thought that the EKG was
12 abnormal?

13 A: Well, again, we don't look at the EKG entirely
14 independent of the clinical context, and that's why I answered
15 it that way.

16 Q: Well, I didn't say anything about the clinical context of
17 that question. But you said it is abnormal, I think -- or did
18 you say it's abnormal or unusual to have what we call flipped
19 T-waves in the leads of V1, V2, and V3? Now explain to the
20 jury what are the T-waves? Can you point those out?

21 A: The T-waves are right here. So, this should be like a
22 pyramid, but this is like an inverted pyramid.

23 Q: So, is it true that the EKG shows -- T-wave V1 a downward
24 or inverted or flipped T-wave?

25 A: Yes.

1 Q: Now, does the EKG show then V2 are completely flatlined?
2 A: Yes.
3 Q: So, that's not flipped or inverted?
4 A: Correct.
5 Q: But you did say when I deposed you that it's very unusual
6 to have inverted T-waves in V1, V2, and V3, correct?
7 A: Correct.
8 Q: But that's not inverted, these two?
9 A: It could be. It's just either flatlined or inverted.
10 Q: But if I -- it's flatlined, right? It's flat? It's
11 isoelectric as you doctors call it?
12 A: Yes.
13 Q: Is the V-wave in T3 upright?
14 A: It's the other way around. The T-wave in V3.
15 Q: Okay. The T-wave in V3, is it upright?
16 A: Which is right here, by the way.
17 Q: Okay. I'm with you. It's upright?
18 A: It is upright.
19 Q: So, it's not inverted or flipped?
20 A: No. My recollection was incorrect. I thought this was
21 flipped also, but in retrospect, that was not correct.
22 Q: Okay.
23 A: But, as I said from the very beginning, we don't look at
24 an EKG for a diagnosis of ARVC.
25 Q: Okay. Well ---

1 A: And -- let me -- if I could finish my sentence.

2 Q: Yes, sir, please.

3 A: That also the EKG doesn't know what the patient has or
4 conditions that might be existing with the patient. So, you
5 have to interpret the EKG in the context of a patient. So,
6 one could say that flipped T-waves even in V1, V2, or
7 isoelectric in V2 is suspicious but not abnormal. But if the
8 patient is having symptoms, I'm going to look at that EKG a
9 little bit differently than if the patient was entirely
10 asymptomatic, and this was just a screening EKG. This EKG was
11 obtained, I believe when she was symptomatic already.

12 Q: Did you tell me at your deposition that the hallmark of
13 ARVD is an Epsilon wave; did you testify to that?

14 A: Yes.

15 Q: So, if there's an Epsilon wave, that can tell you the
16 patient might have ARVD?

17 A: Only if it's present. The hallmark doesn't mean a
18 hundred percent of the time. A hallmark means if it's
19 present, then I'm gonna be even more suspicious something is
20 happening.

21 Q: But there is no Epsilon T-wave in this EKG, is there?

22 A: Well, technically, an Epsilon wave is not part of the T-
23 wave, but there is no Epsilon wave at all.

24 Q: Okay, none at all?

25 A: No.

1 Q: Okay. That's all, Doctor. Thank you.

2 A: But I think the jury needs to know that we rarely make a
3 diagnosis of ARVC on EKG alone. So, this is only to raise
4 suspicion, not to refute the diagnosis.

5 Q: I understand. Thank you.

6 A: Okay.

7 Q: Did you also testify, Doctor, when you first saw the EKG,
8 first saw it, you noticed the flipped T-wave. That was your
9 impression. If you want to look at Page 44, you're welcome
10 to.

11 A: Yes. Yes.

12 Q: You said that?

13 A: Yes.

14 Q: Okay. Doctor, we talked about the February 1, 2018 visit
15 with Dr. Bahan that is on the summary sheet.

16 A: Yes.

17 Q: Pee Dee Pediatrics.

18 A: Yes.

19 Q: All right. Now, it's got on here symptoms of syncope
20 times two after basketball practice. Did you read in Ms.
21 Utley's deposition even up until February 1 of 2018 Taylor had
22 never had syncope, complete loss of consciousness?

23 A: Correct.

24 Q: So, that was what Dr. Bahan put in his chart, correct?

25 A: Yes.

1 Q: Well, that's not what Ms. Utley told us in her
2 deposition, correct?

3 A: Yes. Again, near syncope and complete syncope is in a
4 spectrum. People -- some clinicians will not specifically say
5 this is nearly passing out, they'll just say passed out,
6 because the clinical relevance and significance is actually
7 not very significant.

8 Q: But this says syncope -- syncope times two.

9 A: Yes.

10 Q: Okay. Now, Doctor, you do a lot of publication, reading
11 articles, and you do peer-review publications. For instance,
12 looking at this PPE, once a document like this is put together
13 and published, what's the general timeframe for this type of
14 document to be distributed among the medical community that
15 wants such? Is it two months, three months, or a week?

16 A: Well, that entirely depends on the document and the
17 acceptance of the subspecialty.

18 Q: How about this PPE, Fifth Edition?

19 A: Widely accepted as a very good guideline.

20 Q: It was published in 2019?

21 MR. LESEMANN: Your Honor, I'm just gonna object to the
22 characterization of the testimony. He has the fourth edition
23 of the PPE is what he testified to, not the fifth. He has the
24 fourth.

25 MR. AIKEN: Oh, okay. I didn't know.

1 MR. LESEMANN: He has the fourth edition.

2 MR. AIKEN: This is the one in evidence, isn't it?

3 MR. LESEMANN: Well, it's not in evidence. It was just
4 presented as learned treatise, but I can get that copy for
5 you.

6 MR. AIKEN: Okay. That'd be great.

7 BY MR. AIKEN:

8 Q: Is the PPE, Dr. Chang, generally used by primary care
9 pediatricians?

10 A: Yes.

11 Q: Okay. You don't any more -- customarily do sports
12 physicals, do you?

13 A: I do, as a pediatric cardiologist.

14 Q: I'm sorry?

15 A: As a pediatric cardiologist, obviously.

16 Q: But generally, you are referred a patient by a
17 pediatrician because of suspicions -- or referred to a cardiac
18 pediatrician because of suspicions of a heart problem?

19 A: That's correct.

20 Q: And you generally only do your sport physicals when
21 you've got a patient referred to you by some other provider?

22 A: Well, sometimes themselves.

23 Q: I'm sorry?

24 A: Sometimes it will be a self-referral.

25 Q: Okay. Either one.

1 A: So, I will be in the same position as a pediatrician to
2 clear that particular person for a sports activity.

3 Q: Do you also treat adults?

4 A: Yes.

5 Q: What percentage of your practice is pediatric versus
6 adults?

7 A: Roughly about 20, 25 percent are adults 18 and over.

8 Q: Okay. Let's look at Dr. Trant's evaluation from January
9 24. Doctor, it's in I think Tab -- is that -- no -- Tab 12, I
10 think.

11 A: I have it. Thank you.

12 Q: Okay. Let me find mine. Now again, Dr. Trant saw Taylor
13 January 24 of 2019?

14 A: Yes.

15 Q: And tragically, Taylor died almost three years later,
16 correct?

17 A: Yes.

18 Q: Is it true -- is it your understanding that from the time
19 Taylor saw Dr. Trant in 2019 until her untimely death, that
20 she had no more episodes of shortness of breath, chest pain,
21 chest wall pain?

22 A: That's my understanding but only because she had held
23 back from further exercise.

24 Q: But the answer is that's correct, right?

25 A: That's correct.

1 Q: Okay. ARVD, obviously, that's a progressive disease?
2 A: Yes.
3 Q: It just gets worse over time?
4 A: Most of the time.
5 Q: Okay. Let's look at this now. This says on Dr. Trant's
6 report, near syncopal episodes around EKG, correct?
7 A: Yes.
8 Q: And you do agree that according to all the information
9 Dr. Trant had the EKG of December 12 in his possession when he
10 saw Taylor Price?
11 A: Yes.
12 Q: Under history of present illness, it talks about -- well,
13 why don't you just read the history of present illness.
14 A: Thank you for referring your patient for evaluation of
15 shortness of breath and near syncope. Lately she has had no
16 difficulty with basketball practice, including doing suicides.
17 But at the last baseball game, she -- I think he might've
18 meant basketball game.
19 Q: Yes, sir, she did -- he did.
20 A: Okay. She became short of breath and felt unsteady. She
21 also felt hot as if she was going to faint. Spell lasted for
22 a few minutes and then she recovered. Otherwise, she reported
23 no other issues or concerns. Family history is negative for
24 congenital heart disease.
25 Q: Okay. And Dr. Trant or his nurse took vital signs from

1 Taylor, correct?

2 A: Yes.

3 Q: And Dr. Trant did an evaluation of Taylor. He did a

4 pediatric cardiology examination, correct?

5 A: Yes.

6 Q: He checked Taylor's eyes?

7 A: I'm sorry?

8 Q: He checked her eyes?

9 A: Her eyes, yes.

10 Q: And he checked Taylor's mouth, teeth, and gums?

11 A: Yes.

12 Q: He checked her neck?

13 A: Yes.

14 Q: He checked her lungs?

15 A: Yes.

16 Q: What does auscultation mean, Dr. Chang?

17 A: Listening with a stethoscope.

18 Q: Okay. He has cardiovascular on the second page, right?

19 A: Yes.

20 Q: Precordium quiet with no lifts, heaves, or thrills; PMI

21 normal. What does that mean? Interpret that for us.

22 A: A normal cardiac exam.

23 Q: Okay. Was it a normal lung exam?

24 A: Yes.

25 Q: No murmurs were noted, correct?

1 A: No.

2 Q: Tell us about his check of the pulses, it's got a radial,
3 femoral, carotid, perfusion; what does all that mean?

4 A: The pulses were normal.

5 Q: Okay. In all four categories?

6 A: Right.

7 Q: He checked her extremities?

8 A: Yes.

9 Q: He checked her abdomen?

10 A: Yes.

11 Q: He checked her musculoskeletal situation?

12 A: Yes.

13 Q: And then, Doctor, going back to Page 1, he asked about
14 current medications, which were none, correct?

15 A: Yes.

16 Q: He asked about past medical history, medical history
17 verified; is that right, what he said?

18 A: Yes.

19 Q: He asked about prior surgical history?

20 A: Yes.

21 Q: He asked about family history.

22 A: Yes.

23 Q: Was there any family history of ARVD?

24 A: No.

25 Q: It notes that Taylor's father was alive and healthy,

1 mother was alive and healthy, one brother, two sisters,
2 correct?
3 A: Yes.
4 Q: And no family medical history of cardiac -- what is that?
5 What is CHT?
6 A: Congenital heart disease.
7 Q: Okay. And no history of that?
8 A: Or coronary heart disease.
9 Q: Yeah, coronary; that's what I thought. Okay. Any
10 history of that?
11 A: No.
12 Q: He checked Taylor's social history?
13 A: Yes.
14 Q: He checked for allergies?
15 A: Yes.
16 Q: He asked about major hospitalizations.
17 A: No -- yes.
18 Q: And he reviewed Taylor's symptoms, correct?
19 A: Yes.
20 Q: No growth or development issues, there were none noted,
21 correct?
22 A: Yes.
23 Q: Were there any problems noted with the eyes, ears, nose,
24 or mouth?
25 A: No.

1 Q: Were there any problems noted with chest problems?
2 A: No.
3 Q: Was there any problem with eating?
4 A: No.
5 Q: Any problem with the muscles or bones of Taylor?
6 A: No.
7 Q: Any problems with her skin?
8 A: No.
9 Q: There was no bruising or bleeding problems, correct?
10 A: Correct.
11 Q: And no allergy problems. He even recorded her vitals or
12 birth weight at birth, correct?
13 A: Yes.
14 Q: As far as you know, Taylor -- she was premature, but she
15 had no congenital problems that were discovered?
16 A: Yes.
17 Q: And Dr. Trant diagnosed after his discussion with the
18 family and Taylor, and his medical evaluation, he diagnosed
19 hyperventilation?
20 A: Yes.
21 Q: And that's the same diagnosis Dr. Steve Halus made. He's
22 an emergency medicine physician at MUSC Florence when he saw
23 Taylor in the ER on January 24 of 2018?
24 A: Yes.
25 Q: And Dr. Trant never discharged Taylor from his practice,

1 and he did encourage Taylor and her mom to come back and see
2 him if the symptoms persisted or did not respond as expected,
3 correct?

4 A: Correct.

5 Q: But Taylor never had any need to go back and see Dr.
6 Trant?

7 A: No.

8 Q: And she never called back for another appointment or Ms.
9 Utley?

10 A: No.

11 Q: Okay.

12 A: Again, everything here is not relevant to the issue that
13 we've discussed since this morning which is even a single
14 episode of exertion or chest pain warrants a full workup. All
15 the negatives are reassuring but not diagnostic.

16 Q: Okay. But this -- this is a pretty thorough examination,
17 was it not, a general exam?

18 A: Well, I want to make sure the jury understands that
19 oftentimes these heart/muscle diseases have an entirely normal
20 physical exam. So, we should not rely on physical examination
21 and replace with that a very easy to get diagnostic test,
22 which is an echocardiogram. That is going to be much more
23 sensitive to pick up a diagnosis than a physical examination
24 for this set of cardiac diseases.

25 Q: Understood. Doctor, unfortunately, tragically, Taylor

1 died December 17th, correct? She was at school that day.
2 A: Yes.
3 Q: This was in 2019.
4 A: Yes.
5 Q: She died, though, on December 17, 2021; I'm sorry.
6 A: 2021; that's correct.
7 Q: Okay. She had been at school in ROTC class and training,
8 correct?
9 A: Yes.
10 Q: And she started off playing hockey that morning,
11 according to her instructor?
12 A: Yes.
13 Q: And she played multiple games of basketball?
14 A: Yes.
15 Q: She had no issues or episodes after playing basketball at
16 school on December 17th, correct?
17 A: Correct.
18 Q: And from what we know -- we do know, Taylor left the
19 class and went outside of the school. Is that right?
20 A: Yes.
21 Q: And she collapsed?
22 A: Yes.
23 Q: And the records will indicate, I believe, and we'll see
24 -- let me ask you. Have you seen the video of Taylor leaving
25 the school?

1 A: I'm not sure.

2 Q: Do you know how long she was outside before she was
3 found?

4 A: I think I had read 24 minutes.

5 Q: Okay. And are you aware or do you know, did Taylor Price
6 have a pulse after that 24 minutes?

7 A: I believe someone had said that she did.

8 Q: Okay. And of course, she had a lot of CPR, and she
9 didn't survive?

10 A: Well, we don't know if the pulse was being felt during
11 CPR ---

12 Q: No, I'm not saying that when she -- when she was first
13 found, there was a pulse.

14 MR. LESEMANN: Your Honor, I don't believe the witness
15 was able to finish his answer to the question about ---

16 Q: I'm sorry. Go ahead, Dr. Chang.

17 A: Yeah. I mean, I think you're bringing up issues that are
18 either not accurate or relevant even, because we don't know if
19 the pulse was felt during CPR. Obviously, you can feel a
20 pulse during CPR. We don't know the qualifications of the
21 person feeling for a pulse. Oftentimes, that's not accurate.
22 And the fact that she could've had a blood pressure is also
23 not relevant because sometimes these arrhythmias come and go.
24 And the fact that she arrested and collapsed tells me that the
25 most likely cause of death is -- unfortunately, on the

1 autopsy, her ARVC to begin with.

2 Q: I understand. Excuse me, Doctor.

3 MR. AIKEN: Bear with me, Your Honor.

4 THE COURT: Okay.

5 BY MR. AIKEN:

6 Q: I'm not sure what your answer was, Doctor, have you seen
7 that video from the school of Taylor leaving the school and
8 collapsing?

9 A: I think I may've seen a small part of it; obviously, not
10 the whole 24 minutes.

11 Q: Okay. And I think when I asked you questions, too, about
12 standard of care, you were also critical of Dr. Bahan,
13 correct?

14 A: For not stopping participation in sports.

15 Q: But you felt like Dr. Bahan also deviated from standard
16 of care because of that?

17 A: Correct.

18 Q: Okay. Thank you, Dr. Chang. Have a safe drive.

19 A: Thank you.

20 MR. LESEMANN: Your Honor, just very briefly on redirect.

21 REDIRECT EXAMINATION OF DR. ANTHONY CHANG BY MR. LESEMANN:

22 Q: And Dr. Chang, are you going -- are you headed out to
23 present a talk?

24 A: Yes.

25 Q: Okay. And so, I'm gonna ask you just a couple of very

1 quick questions.

2 Mr. Aiken just referred to Dr. Bahan. Now, Dr. Bahan is
3 a pediatrician, correct?

4 A: Correct.

5 Q: And so, if there was a discussion about the standard of
6 care that this publication, the fourth edition, might be
7 directed to pediatricians mainly.

8 A: Yes.

9 Q: But it's also directed to people who perform a PPE,
10 correct?

11 A: Yes.

12 Q: And did Dr. Trant undertake to perform a PPE on Taylor?

13 A: Yes.

14 Q: Okay. And so, a specialist versus a pediatrician, is a
15 specialist, like a pediatric cardiologist, are they held to
16 even a higher standard than a general practitioner or
17 pediatrician?

18 A: A higher standard in terms of doing their workup. So,
19 it's obviously not a higher standard in terms of quality of
20 care.

21 Q: Right. And so, did Dr. Trant fail the standard of care
22 that would apply to a pediatric cardiologist by all the things
23 he did not do?

24 A: Yes.

25 Q: And did he even fail to adhere to standard of care that

1 would be applicable to a pediatrician based on this book?

2 A: In terms of performing the workup, that's correct.

3 Q: Okay. So, he failed the standard of care as a general
4 practitioner as well as a specialist?

5 A: Yes.

6 Q: All right. And so, you know, Mr. Aiken went through the
7 gums, and the mouth, and the lungs, and the extremities. Why
8 did Metri take her daughter, Taylor, over to Dr. Trant? Was
9 it to check her mouth, and her gums, and her extremities?

10 A: Not at all, no.

11 Q: It was -- was it to see if there was a problem with her
12 heart?

13 A: Yes.

14 Q: Because there was all of these episodes that were
15 occurring in a short time period?

16 A: Yes.

17 Q: Thank you. And is the pediatric cardiologist the person
18 that can help -- if they do their job the right way, can they
19 help detect these conditions before someone dies?

20 A: Yes.

21 Q: And did Dr. Trant fail Taylor and the reason why they
22 came to see him?

23 A: Yes, cause you can do everything right as a pediatrician,
24 but, if you don't perform your duty as a pediatric
25 cardiologist, you fail that patient as a pediatric

1 cardiologist.

2 MR. LESEMANN: Nothing further, Your Honor.

3 THE COURT: Okay.

4 Thank you, sir. You can step down.

5 A: Thank you. Thank you very much.

6 MR. AIKEN: May we approach?

7 MR. RICHARDSON: Your Honor, we're probably going to need
8 a break anyway, if you want to excuse the jury, then that'll
9 be ---

10 MR. AIKEN: That's really what I wanted.

11 BY THE COURT:

12 THE COURT: All right. Ladies and gentlemen, I need to
13 send you to the jury room. I'll get you back out as quickly
14 as possible.

15 (REPORTER'S NOTE: Jury exits courtroom @ 11:17 a.m. The
16 following takes place outside the presence of the jury.)

17 MR. POWELL: Kay, one other thing we need to just put on
18 the record, Plaintiff's Exhibits 10 referral order from Dr.
19 Bahan, and 13, the clearance to participate in sports, those
20 we're not -- they're in by stipulation of the parties. Those
21 two are excerpts from Exhibit 18 that was already in by
22 stipulation. So, they're just broken out as separate
23 exhibits. We just want to make that clear for you on the
24 record.

25 MR. AIKEN: 10 and 13?

1 MR. POWELL: 10 and 13, yes. 10 is the referral order,
2 and 13 is the PPE letter.

3 MR. AIKEN: Gotcha.

4 THE COURT: My understanding is they're in without
5 objection.

6 PLAINTIFF'S EXHIBIT NUMBER 10 AND 13

7 ADMITTED INTO EVIDENCE

8 MR. LESEMANN: Thank you, Your Honor.

9 THE COURT: Okay. So, we need a few minutes is what
10 you're telling me?

11 MR. RICHARDSON: Your Honor, based on that, our next
12 witness will be Mr. Hunt. It won't take as long as Ms. Utley
13 did, I promise. But if you want to break for lunch early,
14 depending on how long this break is, it might be 11:30. I
15 kind of kept them out from lunch about ---

16 THE COURT: Well, the other option I got is we can put
17 him on the stand and go for a period of time and then break at
18 12:30 and put him back on the stand.

19 MR. LESEMANN: That's what I'm thinking. I think we may
20 be done by 12:30 or around then.

21 MR. POWELL: That works. It could be a natural break ---

22 MR. RICHARDSON: Okay. That's fine.

23 THE COURT: Okay. We need a few minutes?

24 MR. AIKEN: Yes, sir.

25 THE COURT: Okay. All right.

1 RECESS - 11:20 A.M.

2 *****OFF THE RECORD*****

3 ON THE RECORD - 11:54 A.M.

4 (REPORTER'S NOTE: Jury enters courtroom @ 11:55 a.m.)

5 BY THE COURT:

6 THE COURT: Okay.

7 MR. POWELL: May it please the Court?

8 THE COURT: Yes, sir.

9 MR. POWELL: Your Honor, at this time, the plaintiff
10 would seek to publish Dr. Trant's admission to Plaintiff's
11 Requests for Admission Number 4, pursuant to the South
12 Carolina Rules of Civil Procedure 36(a), 43(g), under the
13 manner prescribed by our courts.

14 THE COURT: Okay.

15 MR. POWELL: Ladies and gentlemen of the jury, I'm just
16 going to read for something, and that's where we'll leave it.

17 Admit that you did not review the medical records from
18 Taylor Price's primary care physician, Dr. Marc Bahan, as part
19 of the evaluation and treatment that you provided to Taylor
20 Price on January 24th, 2019. Response: Admitted. However,
21 Dr. Trant did review the records from the referring physician,
22 Dr. Steve McDowell Halus, which is the standard of care.
23 Further record review was not indicated.

24 THE COURT: Okay. Ladies and gentlemen, we're gonna stop
25 for lunch. And I got some matters that I need to deal with