

# TURK\_COMBINED\_06 FINAL PLAYED

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Turk, C 10-31-2018

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Total Time 00:38:43



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7:8 - 7:16

**Turk, C 10-31-2018 (00:00:14)**

RT\_06.1

7:8 Q. Okay. Doctor, first of all, thank you for  
7:9 being here today, an early morning.  
7:10 I have -- you've never met me before about  
7:11 ten minutes ago, correct?

7:12 A. Correct.

7:13 Q. And you've never met any of the other  
7:14 attorneys that represent my client, your patient,  
7:15 Mr. Hardeman; is that correct?

7:16 A. Correct.

12:5 - 13:24

**Turk, C 10-31-2018 (00:01:45)**

RT\_06.2

12:5 Q. Okay. So can you go ahead and give us an  
12:6 explanation as to how the medical record is  
12:7 prepared.

12:8 A. So we have a fully electronic medical  
12:9 record these days as of -- it's been more than ten  
12:10 years now. And so after visits with a patient, I  
12:11 enter an electronic note that is saved in the  
12:12 record. We can also review lab results, x-ray  
12:13 results, those kinds of pieces of data. After we  
12:14 order them on the electronic record, we communicate  
12:15 with other colleagues electronically and can  
12:16 communicate with patients back and forth by a  
12:17 secured e-mail service.

12:18 Q. Okay. And is one record maintained for  
12:19 each individual patient?

12:20 A. Yes.

12:21 Q. Okay. So, for example, Mr. Hardeman's  
12:22 records would have his record?

12:23 A. Correct.

12:24 Q. It would be one record; is that correct?

12:25 A. Correct.

13:1 Q. Okay. And that would include all comments  
13:2 and medical diagnosis that you make, in addition to,  
13:3 for example, Dr. Ye, would all be in the same  
13:4 record; is that correct?

13:5 A. That's correct.

13:6 Q. Okay. And you would have access to that  
13:7 record as needed, right, just by going into your  
13:8 computer and accessing, I assume, a patient number

13:9 or something; is that correct?

13:10 A. Correct.

13:11 Q. Okay. And other doctors at Kaiser can do

13:12 the same thing; is that correct?

13:13 A. Yes.

13:14 Q. Would it be fair and accurate to say that

13:15 everything concerning Mr. Hardeman in terms of

13:16 Kaiser would be in this one record?

13:17 A. Yes.

13:18 Q. Okay. Everything that Kaiser has that

13:19 doctors have inputted, correct?

13:20 A. Yes.

13:21 Q. With regard to things like pathology, for

13:22 example, or CT scans, are the reports of those scans

13:23 entered into the record?

13:24 A. Yes.

16:24 - 18:2

**Turk, C 10-31-2018 (00:01:04)**

RT\_06.3

16:24 Q. Okay. I've also marked -- previously

16:25 marked Exhibit 2, which I understand is a current CV

17:1 for you. And I'd ask you to just look it over

17:2 briefly and confirm that that is your CV.

17:3 (Whereupon, Exhibit 1 and Exhibit 2 were

17:4 marked for identification.)

17:5 THE WITNESS: That is my CV.

17:6 BY MS. FORGIE:

17:7 Q. Okay. And, Doctor, are you board

17:8 certified in anything?

17:9 A. I am board certified in family medicine.

17:10 Q. Okay. And can you just briefly explain

17:11 for the members of the jury what family medicine is

17:12 and what a board certification is.

17:13 Well, let's do them one at a time.

17:14 Why don't we start with, can you explain,

17:15 first, what family medicine is.

17:16 A. Family medicine is the specialty of

17:17 medicine focused on primary care for all ages. The

17:18 residency training is three years long and following

17:19 which you take a certification exam to become

17:20 certified by the American Board of Family

17:21 Physicians.

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17:22 Q. Okay. And when did you become board  
17:23 certified in family medicine?

17:24 A. In 1999.

17:25 Q. And have you maintained your board  
18:1 certification since you passed in 1999?

18:2 A. I have.

19:8 - 19:14

**Turk, C 10-31-2018 (00:00:07)**

RT\_06.4

19:8 Q. Do you know what Roundup is?

19:9 A. I do.

19:10 Q. What's your understanding of what Roundup  
19:11 is?

19:12 A. It's a weed killer.

19:13 Q. Okay. And have you ever used it yourself?

19:14 A. I have.

19:15 - 19:16

**Turk, C 10-31-2018 (00:00:05)**

RT\_06.5

19:15 Q. Okay. You -- do you still use it?

19:16 A. I haven't used it in many years.

21:19 - 22:6

**Turk, C 10-31-2018 (00:00:48)**

RT\_06.6

21:19 Can you explain to the members of the  
21:20 jury, please, what family practice is, and then I'll  
21:21 ask you to talk a little bit about your own  
21:22 practice.

21:23 A. Family practice is the discipline of  
21:24 medicine where we promote the primary care and  
21:25 preventive medicine of our patients. We are trained  
22:1 to take care of all ages. We also see patients for  
22:2 problems or symptoms they are developing and work to  
22:3 evaluate those and treat them.

22:4 When necessary, we make referrals to  
22:5 specialists for additional consultation on their  
22:6 conditions. The main job is maintaining health.

22:7 - 23:2

**Turk, C 10-31-2018 (00:01:07)**

RT\_06.7

22:7 Q. Okay. And would it be fair to say that  
22:8 it's fairly common as a family -- I mean, family  
22:9 medicine practitioner to refer patients to other  
22:10 specialized experts in, for example, oncology, if  
22:11 you determine that that's necessary?

22:12 A. Yes, it's common.

22:13 Q. And then can you tell me a little bit  
22:14 about your own practice and how it -- and starting

22:15 with, how long have you been at Kaiser?  
 22:16 And I'm going to borrow Exhibit 2 for a  
 22:17 minute.  
 22:18 A. I started here in 1999, July of 1999. And  
 22:19 I've been here ever since. My -- I carry a panel of  
 22:20 patients that are -- for which I'm responsible for  
 22:21 their primary care. I work basically five days a  
 22:22 week. Some weekends and evenings.  
 22:23 And so my days are filled with seeing  
 22:24 patients in the office, evaluating them, assessing  
 22:25 their needs for primary care and preventive  
 23:1 medicine, ordering any necessary testing and then  
 23:2 following up on those.

23:3 - 24:4

**Turk, C 10-31-2018 (00:00:58)**

RT\_06.8

23:3 Q. Okay. In looking at your CV, Exhibit  
 23:4 Number 2, it looks like you came to Kaiser as soon  
 23:5 as you completed your board certification; is that  
 23:6 correct?

23:7 A. That's correct. This was my first  
 23:8 physician after residency.

23:9 Q. That's what I was going to ask.  
 23:10 So -- and just briefly explain, if you  
 23:11 will, please, your educational experience, briefly.  
 23:12 You don't have to give me high school or anything  
 23:13 like that. Just college and then -- please.

23:14 A. So Bachelor's of Science from the  
 23:15 University of California Berkeley. Then the medical  
 23:16 school at Hahnemann University in Philadelphia. And  
 23:17 then a family medicine residency in Voorhees, New  
 23:18 Jersey.

23:19 Q. In where?

23:20 A. Voorhees, New Jersey.

23:21 Q. Okay.

23:22 A. And then the physician here at Kaiser.

23:23 Q. Okay. And so you've been at Kaiser since  
 23:24 1999?

23:25 A. Correct.

24:1 Q. And have you always been -- at Kaiser,  
 24:2 have you always been a family medicine --

24:3 A. Yes.

Page/Line	Source	ID
24:5 - 24:8	24:4 Q. -- practitioner? Okay. <b>Turk, C 10-31-2018 (00:00:07)</b>	RT_06.9
	24:5 And did -- have you had any type of lab 24:6 experience or anything like that prior to coming to 24:7 Kaiser?	
24:9 - 24:16	24:8 A. No. <b>Turk, C 10-31-2018 (00:00:21)</b>	RT_06.10
	24:9 Q. And what about at your time at Kaiser, 24:10 would it be fair to say that all of your time is 24:11 spent examining patients or is there anything else 24:12 that you do besides examining patients and writing 24:13 your reports?	
24:17 - 25:9	24:14 A. That is by far the most common thing I do. 24:15 I also do some communication work with my colleagues 24:16 around communicating well with their patients. <b>Turk, C 10-31-2018 (00:00:38)</b>	RT_06.11
	24:17 Q. Okay. So do you teach other -- or why 24:18 don't you tell me what you mean by "communication."	
	24:19 A. So some physicians want to be better at 24:20 communicating with their patients, and they'll ask 24:21 me for assistance in how to do that.	
	24:22 Q. Okay. And is that -- so is it a formal 24:23 thing that you do or is it informal?	
	24:24 A. It's informal.	
	24:25 Q. Okay. And approximately how much time do 25:1 you spend doing that per year, just roughly?	
	25:2 A. Probably four hours a month.	
	25:3 Q. Okay.	
	25:4 A. So 48 hours a year.	
	25:5 Q. So is the rest of your time spent in the 25:6 clinical practice or is there something else that 25:7 you do in addition to the communication and your 25:8 practice?	
25:12 - 25:18	25:9 A. It's all clinical practice. <b>Turk, C 10-31-2018 (00:00:11)</b>	RT_06.12
	25:12 And as you sit here today, do you have an 25:13 independent recollection of Mr. Hardeman, who is 25:14 sitting here to my right?	
	25:15 A. I do.	
	25:16 Q. So you know him independent of the medical	

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	25:17 records; is that fair to say? You remember him? 25:18 A. Yes.	
26:13 - 26:14	<b>Turk, C 10-31-2018 (00:00:04)</b>	RT_06.13
	26:13 Okay. Do you remember approximately when 26:14 was the first time you saw Mr. Hardeman?	
26:22 - 26:23	<b>Turk, C 10-31-2018 (00:00:04)</b>	RT_06.14
	26:22 A. My first visit with Mr. Hardeman was 26:23 11/10/2005.	
29:12 - 29:15	<b>Turk, C 10-31-2018 (00:00:09)</b>	RT_06.15
	29:12 Q. Okay. Can you tell from the record, when 29:13 was the first time he came with you -- with symptoms 29:14 of what eventually turned out to be his diagnosis of 29:15 non-Hodgkin's lymphoma?	
29:16 - 29:16	<b>Turk, C 10-31-2018 (00:00:01)</b>	RT_06.16
	29:16 A. Let me look.	
30:5 - 30:16	<b>Turk, C 10-31-2018 (00:00:37)</b>	RT_06.17
	30:5 THE WITNESS: January 28, 2015, he saw me 30:6 with complaints of swollen glands in his neck. 30:7 BY MS. FORGIE: 30:8 Q. Okay. And at that time, what did you do? 30:9 A. I referred him to the head and neck 30:10 surgeons for evaluation and possible biopsy. 30:11 Q. And just in general, what was the purpose 30:12 of that recommendation? 30:13 A. To determine the cause of the swelling in 30:14 his neck. 30:15 Q. Okay. And who did you refer him to, 30:16 please?	
30:17 - 30:17	<b>Turk, C 10-31-2018 (00:00:02)</b>	RT_06.18
	30:17 A. I referred him to Dr. Richard Turley.	
30:18 - 31:11	<b>Turk, C 10-31-2018 (00:00:43)</b>	RT_06.19
	30:18 Q. Okay. And Dr. Turley, we deposed him 30:19 yesterday. My understanding is he's a head and neck 30:20 surgeon; is that correct? 30:21 A. That's correct. 30:22 Q. Okay. And what was the purpose of your 30:23 referral exactly? 30:24 A. To assess the swollen glands in the neck. 30:25 Q. Okay. And just -- I don't want to go over 31:1 everything that we did yesterday so I'm going to	

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31:2 summarize a little bit of it and then if you need to  
 31:3 look at the medical records to refresh your  
 31:4 recollection or to answer the question, please feel  
 31:5 free to do so.

31:6 But my understanding is that Mr. Hardeman  
 31:7 had a biopsy which showed some necrotic cells and so  
 31:8 there was a necessity to do the biopsy again, a core  
 31:9 biopsy to get more active cells.

31:10 Is that your understanding of what  
 31:11 happened?

31:13 - 31:13

**Turk, C 10-31-2018 (00:00:00)**

RT\_06.20

31:13 THE WITNESS: Yes.

31:16 - 31:21

**Turk, C 10-31-2018 (00:00:10)**

RT\_06.21

31:16 why don't you tell me in your own  
 31:17 words, then, your understanding of the biopsies that  
 31:18 he had.

31:19 A. Yes. As I recall, the first biopsy was  
 31:20 not diagnostic and so a second one needed to be  
 31:21 obtained.

32:11 - 32:17

**Turk, C 10-31-2018 (00:00:15)**

RT\_06.22

32:11 Do you know who made the diagnosis of  
 32:12 non-Hodgkin's lymphoma?

32:13 A. I would suspect that it was Dr. Turley,  
 32:14 who made that diagnosis after reviewing the  
 32:15 pathologist's slides.

32:16 Q. Okay.

32:17 A. Or pathologist's report.

33:5 - 33:14

**Turk, C 10-31-2018 (00:00:18)**

RT\_06.23

33:5 Q. Okay. But in any event, it's your  
 33:6 understanding that Mr. Hardeman was diagnosed in  
 33:7 early 2015?

33:8 A. Correct.

33:9 Q. With non-Hodgkin's lymphoma, correct?

33:10 A. Yes.

33:11 Q. And is it further your understanding that  
 33:12 he was diagnosed with what's known as large B-cell  
 33:13 lymphoma?

33:14 A. I believe that's correct.

33:15 - 33:19

**Turk, C 10-31-2018 (00:01:42)**

RT\_06.24

33:15 Q. Feel free to look at your records, please.

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33:24 - 34:4	<p>33:16 A. So the pathology from the core biopsy  33:17 2/6/15 suggested a high grade lymphoma.  33:18 And then a bone marrow biopsy performed  33:19 2/23/15 confirmed diffuse large B-cell lymphoma.</p> <p><b>Turk, C 10-31-2018 (00:00:13)</b></p>	RT_06.25
34:8 - 34:23	<p>33:24 Q. Okay. Subsequent to the diagnosis of  33:25 large B-cell non-Hodgkin's lymphoma on  34:1 February 23rd, 2015, is it your understanding that  34:2 Mr. Hardeman was then treated for large B-cell  34:3 lymphoma?</p> <p>34:4 A. Yes.</p> <p><b>Turk, C 10-31-2018 (00:00:37)</b></p>	RT_06.26
34:25 - 34:25	<p>34:8 Q. And is -- in your experience, is  34:9 Mr. Hardeman a compliant patient?</p> <p>34:10 A. Yes.</p> <p>34:11 Q. Okay. And can you explain what compliant  34:12 patient means to you, please?</p> <p>34:13 A. Compliant patient follows the  34:14 recommendations of the physician.</p> <p>34:15 Q. Okay. And, for example, for members of  34:16 the jury, if, for example, you prescribed a pill, a  34:17 compliant patient takes the pill until it's  34:18 completed; is that correct?</p> <p>34:19 A. Yes.</p> <p>34:20 Q. And in your experience with Mr. Hardeman,  34:21 he was compliant during the whole time that you saw  34:22 him starting in -- on November 10th, 2005, through  34:23 today; is that correct?</p> <p><b>Turk, C 10-31-2018 (00:00:01)</b></p>	RT_06.27
35:6 - 35:10	<p>34:25 THE WITNESS: Yes.</p> <p><b>Turk, C 10-31-2018 (00:00:08)</b></p>	RT_06.28
35:11 - 35:11	<p>35:6 You still are Mr. Hardeman's primary care  35:7 physician; is that correct?</p> <p>35:8 A. That is correct.</p> <p>35:9 Q. Okay. And when was the last time you saw  35:10 him?</p> <p><b>Turk, C 10-31-2018 (00:00:03)</b></p>	RT_06.29
51:18 - 51:21	<p>35:11 A. 7/27/2018.</p> <p><b>Turk, C 10-31-2018 (00:00:38)</b></p>	RT_06.30
	51:18 was it your	

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52:16 - 52:21	<p>51:19 understanding that Mr. Hardeman was diagnosed with  51:20 Hepatitis C genotype 2?  51:21 A. Yes. Genotype 2b.  <b>Turk, C 10-31-2018 (00:00:10)</b></p>	RT_06.31
53:4 - 53:6	<p>52:16 Q. Okay. Now, without going through  52:17 everything that we went through with Dr. Ye  52:18 yesterday, is it your understanding that  52:19 Mr. Hardeman was treated for his Hepatitis C with  52:20 Interferon and other types of drugs?  52:21 A. Yes.  <b>Turk, C 10-31-2018 (00:00:04)</b></p>	RT_06.32
53:9 - 53:12	<p>53:4 Q. And is it your understanding that  53:5 Mr. Hardeman has been cured of his Hepatitis C?  53:6 A. Yes.  <b>Turk, C 10-31-2018 (00:00:13)</b></p>	RT_06.33
53:13 - 53:14	<p>53:9 Q. And is it your understanding -- and you  53:10 can refer to the records on this -- my records  53:11 indicate that he was treated for his Hepatitis C  53:12 from December 2nd, 2005, to November 2006.  <b>Turk, C 10-31-2018 (00:00:04)</b></p>	RT_06.34
53:25 - 54:3	<p>53:13 A. Yes, therapy was started on December 2nd,  53:14 2005.  <b>Turk, C 10-31-2018 (00:00:20)</b></p>	RT_06.35
54:15 - 55:2	<p>53:25 THE WITNESS: So the record of Dr. Susan  54:1 Ruffner dated 12/15/05 states that the start date is  54:2 12/2/05. And the office record, 12/19/06, states  54:3 the end date of 11/4/06.  <b>Turk, C 10-31-2018 (00:00:34)</b></p>	RT_06.36
	<p>54:15 But -- well first, let me ask you, do you  54:16 have an independent recollection that viral load  54:17 testing was done?  54:18 A. Yes.  54:19 Q. Okay. And can you just explain for the  54:20 members of the jury what viral load testing is.  54:21 A. So it is sampling of blood to look for  54:22 evidence of active virus in the bloodstream.  54:23 Q. Okay. And was it your understanding or it  54:24 was -- is it your recollection that Mr. Hardeman had  54:25 quite a few viral load tests for Hepatitis C and  55:1 that at least since November 2006, all of those</p>	

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55:6 - 55:7	55:2 viral load testings were negative? <b>Turk, C 10-31-2018 (00:00:17)</b>	RT_06.37
55:13 - 55:17	55:6 A. So he had viral load testing starting 55:7 2/23/06 through 6/7/2015 that were all negative. <b>Turk, C 10-31-2018 (00:00:15)</b>	RT_06.38
56:2 - 56:19	55:13 MS. FORGIE: What I'm going to mark as 55:14 Exhibit 7, which is a medical record from doctor -- 55:15 it's a Kaiser medical record from Dr. Susan -- this 55:16 one says Ruffner-Statzer. Some of the others say 55:17 Ruffner. <b>Turk, C 10-31-2018 (00:00:38)</b>	RT_06.39
57:8 - 57:12	56:2 Do you see where Dr. Ruffner indicates 56:3 that she's going to "enclose the lab results here." 56:4 All looks okay to me. Best news is the negative 56:5 viral load. Congratulations." 56:6 Do you see that? 56:7 A. I see that. 56:8 Q. And I believe you testified at the 56:9 beginning of the deposition that in the Kaiser 56:10 medical records patients can actually communicate 56:11 through a secured system with their treating 56:12 physicians; is that correct? 56:13 A. That is correct. 56:14 Q. Okay. And so does this appear to be a 56:15 communication between Mr. Hardeman and Dr. Ruffner? 56:16 A. It does. 56:17 Q. Okay. And so is Dr. Ruffner communicating 56:18 to Mr. Hardeman that the viral load is negative? 56:19 A. Yes. <b>Turk, C 10-31-2018 (00:00:10)</b>	RT_06.40
57:16 - 59:2	57:8 Q. What's the date on where she's talking 57:9 about the negative viral load? Why don't you give 57:10 us that from Exhibit 7. 57:11 A. 3/6/2006 is the date of her message to 57:12 Mr. Hardeman. <b>Turk, C 10-31-2018 (00:01:29)</b> 57:16 MS. FORGIE: What I'm going to mark as 57:17 Exhibit 8. 57:18 (Whereupon, Exhibit 8 was marked for 57:19 identification.)	RT_06.41

57:20 BY MS. FORGIE:

57:21 Q. I ask you to briefly look at that. And  
57:22 the top date of Exhibit 8 is March 9, 2006, up on  
57:23 the top left.

57:24 Do you see that?

57:25 A. Yes.

58:1 Q. Okay. And take your time to look at it.

58:2 But basically, this appears to be another  
58:3 medical record from Dr. Ruffner with regard to her  
58:4 treatment of Mr. Hardeman. And I'd like you to just  
58:5 look at the section from Dr. Ruffner to Dr. Hardeman  
58:6 (verbatim), which is about in the middle of the  
58:7 first page.

58:8 A. Yes.

58:9 Q. I'm sorry. The middle of the second page.

58:10 Do you see that section where it says,

58:11 "Ed"?

58:12 A. Yes.

58:13 Q. Okay. And I'd like you to turn to the  
58:14 middle of that. And it talks about, "If the virus  
58:15 stays undetectable after six months off the  
58:16 treatment you are likely cured."

58:17 And then it says, "Will continue to test  
58:18 your blood for return of the virus, but 95 percent  
58:19 of the time it stays gone and if it is gone after  
58:20 five years, we'll call you cured."

58:21 Do you see that?

58:22 A. I do.

58:23 Q. Okay. So as far as you know, Dr. --  
58:24 Dr. -- Mr. Hardeman had no detectable viral loads of  
58:25 Hepatitis C after six months of treatment; is that  
59:1 correct?

59:2 A. That's correct.

60:24 - 61:3

**Turk, C 10-31-2018 (00:00:13)**

RT\_06.42

60:24 Q. Okay. And then I want to show you another  
60:25 document -- or another medical record, I should  
61:1 say --

61:2 MS. FORGIE: Which I'm going to mark as

61:3 Exhibit 9.

61:7 - 61:14

**Turk, C 10-31-2018 (00:00:18)**

RT\_06.43

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61:7 Q. -- and ask you to review that for a few  
61:8 minutes and then I'm just going to ask you a couple  
61:9 questions. I would note that Exhibit 9 -- let's see  
61:10 if we can find it -- well, what's the date that you  
61:11 would say this medical record is? I mean, I guess  
61:12 there's several dates.

61:13 A. 2/6/15 was the date the sample was  
61:14 collected?

63:13 - 63:21

**Turk, C 10-31-2018 (00:00:30)**

RT\_06.44

63:13 Are you aware that certain treatments for  
63:14 non-Hodgkin's lymphoma can activate hepatitis if  
63:15 you've had prior exposure to hepatitis?

63:16 A. Yes, I've heard that is a risk.

63:17 Q. Okay. Can you explain that briefly to the  
63:18 jury, what that means.

63:19 A. Treatments for cancer of many types cause  
63:20 immune suppression, and that can sometimes allow a  
63:21 virus to reactivate.

64:4 - 65:3

**Turk, C 10-31-2018 (00:01:04)**

RT\_06.45

64:4 Q. Okay. And exposure to a virus can often  
64:5 show up in the body in terms of antibodies; is that  
64:6 correct?

64:7 A. Yes.

64:8 Q. But just because you have antibodies, to a  
64:9 particular virus, doesn't mean you actually have  
64:10 suffered the disease itself, it just means you've  
64:11 been exposed to it; is that correct?

64:12 A. That is correct.

64:13 Q. Okay. And can you tell the jury what an  
64:14 antibody is, please?

64:15 A. It is a portion of your immune system, a  
64:16 protein that is produced by your immune system cells  
64:17 to fight antigens, infections, cancers.

64:18 Q. And with regard to Mr. Hardeman, because  
64:19 he was about to have chemotherapy -- I'm going now  
64:20 to 2015, after his diagnosis of non-Hodgkin's  
64:21 lymphoma, okay, so for timing.

64:22 Because he was going to be treated with  
64:23 certain chemotherapy drugs that we've discussed, it  
64:24 was important to determine whether he had ever been

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65:7 - 65:13	<p>64:25 exposed to certain viruses because if he had been,  65:1 the chemotherapy could activate them into actual  65:2 active disease; is that correct?  65:3 A. Yes.  <b>Turk, C 10-31-2018 (00:00:18)</b></p>	RT_06.46
65:14 - 65:18	<p>65:7 Q. And so to avoid activating the exposure,  65:8 you would want to check and see if he had antibodies  65:9 which would indicate that exposure; is that correct?  65:10 A. Yes.  65:11 Q. And, in fact, that was done for  65:12 Mr. Hardeman with regard to Hepatitis B,  65:13 Hepatitis C  <b>Turk, C 10-31-2018 (00:00:13)</b></p>	RT_06.47
65:19 - 65:25	<p>65:14 A. I would have to look to see if it was  65:15 done.  65:16 Q. Okay. I think if you look at -- let me  65:17 find the record. I mean, you can look, too, but  65:18 I'll see if I can find it.  <b>Turk, C 10-31-2018 (00:00:17)</b></p>	RT_06.48
66:1 - 66:2	<p>65:19 A. So January 28, 2015.  65:20 Q. I'm sorry. Hold on one second.  65:21 January 8th?  65:22 A. 28.  65:23 Q. 28th, 2015.  65:24 A. 2015. He was tested for Hepatitis C,  65:25 Hepatitis B  <b>Turk, C 10-31-2018 (00:00:04)</b></p>	RT_06.49
66:4 - 66:6	<p>66:1 Q. Okay. And it -- and what did it indicate?  66:2 What did that testing indicate?  <b>Turk, C 10-31-2018 (00:00:12)</b></p>	RT_06.50
67:16 - 67:19	<p>66:4 Negative Hepatitis B  66:5 surface antigen. Negative Hepatitis B surface  66:6 antibody. Positive Hepatitis C antibody.  <b>Turk, C 10-31-2018 (00:00:09)</b></p>	RT_06.51
82:2 - 82:8	<p>67:16 Q. And the same would be true with regard to  67:17 Hepatitis B, there was an exposure in the past, but  67:18 no active disease in terms of Hepatitis B, correct?  67:19 A. That's correct.  <b>Turk, C 10-31-2018 (00:00:14)</b></p>	RT_06.52
	<p>82:2 Q. Okay. So would it be fair to say that</p>	

Page/Line	Source	ID
82:9 - 82:13	<p>82:3 with regard to an opinion as to whether or not  82:4 Roundup caused Mr. Hardeman's non-Hodgkin's  82:5 lymphoma, given that you haven't read the  82:6 literature, you would defer to an expert who has  82:7 read the literature; is that fair?  82:8 A. I would.</p> <p><b>Turk, C 10-31-2018 (00:00:09)</b></p>	RT_06.53
85:15 - 85:17	<p>82:9 Q. Okay. And would it be fair to say that  82:10 you don't have an opinion at this time as to whether  82:11 or not Roundup caused Mr. Hardeman's non-Hodgkin's  82:12 lymphoma?  82:13 A. That would be fair to say.</p> <p><b>Turk, C 10-31-2018 (00:00:09)</b></p>	RT_06.54
86:4 - 86:11	<p>85:15 Q. Okay. Okay. Let's go to some records.  85:16 If we could look at a record from  85:17 August 22nd, we'll give you a copy.</p> <p><b>Turk, C 10-31-2018 (00:00:21)</b></p>	RT_06.55
86:25 - 87:3	<p>86:4 Q. Exhibit 14 is a Kaiser Permanente Medical  86:5 Group record. And I believe it's from the encounter  86:6 date is August 22nd, 2014; is that right, Doctor?  86:7 A. That looks right.  86:8 Q. Okay. And is this the result of an  86:9 ultrasound that you performed with respect to  86:10 Mr. Hardeman?  86:11 A. Yes.</p> <p><b>Turk, C 10-31-2018 (00:00:11)</b></p>	RT_06.56
87:4 - 87:9	<p>86:25 Q. And why did you order an ultrasound for  87:1 Mr. Hardeman in or around August of 2014?  87:2 A. Let me review my record.  87:3 Q. Sure.</p> <p><b>Turk, C 10-31-2018 (00:00:18)</b></p>	RT_06.57
87:11 - 87:14	<p>87:4 A. Okay. I ordered an ultrasound in an  87:5 office visit 8/15/2014 because of his history of  87:6 cirrhosis of the liver.  87:7 Q. Had -- as of August 2014, had Mr. Hardeman  87:8 previously been diagnosed with liver cirrhosis?  87:9 A. I believe so.</p> <p><b>Turk, C 10-31-2018 (00:00:04)</b></p> <p>87:11 THE WITNESS: I can review the record to  87:12 see when he was first diagnosed.</p>	RT_06.58

87:15 - 89:19

87:13 BY MR. ESKOVITZ:

87:14 Q. That would be great. Thank you.

**Turk, C 10-31-2018 (00:03:02)**

RT\_06.59

87:15 A. The first mention of a cirrhosis of the  
87:16 liver is -- as a diagnosis was November 10th, 2005.

87:17 Q. Okay. And if we could then turn back to  
87:18 Exhibit 14, this is the results from the ultrasound  
87:19 that you ordered?

87:20 A. Yes.

87:21 Q. And under "Findings," it states that, "The  
87:22 liver is diffusely" -- well, I'll let you read that  
87:23 sentence, please, under "Findings."

87:24 A. "The liver is diffusely hyperechoic and  
87:25 coarse in echotexture."

88:1 Q. What does that mean in layperson's terms?

88:2 A. That the returns from the ultrasound  
88:3 signal are strong indicating a more dense tissue.

88:4 Q. Then if you turn to the next page and you  
88:5 see under "Impression," could you read what it says  
88:6 in the first sentence there under "Impression"?

88:7 A. "Coarse appearance to the liver in keeping  
88:8 with known diffuse hepatocellular disease."

88:9 Q. And is that a reference to the --  
88:10 Mr. Hardeman's previously diagnosed liver cirrhosis?

88:11 A. It is.

88:12 Q. Okay. This is not the first ultrasound I  
88:13 think you -- you mentioned that had been done of  
88:14 Mr. Hardeman's liver; is that right?

88:15 A. I think that's correct.

88:16 MR. ESKOVITZ: Okay. Let's turn to the  
88:17 next document in order, which will be Exhibit 15.  
88:18 (Whereupon, Exhibit 15 was marked for  
88:19 identification.)

88:20 MR. ESKOVITZ: Handing you Exhibit 15,  
88:21 Counsel.

88:22 MS. FORGIE: Thank you.

88:23 BY MR. ESKOVITZ:

88:24 Q. And is Exhibit 15 the results from a prior  
88:25 ultrasound of Mr. Hardeman's liver?

89:1 A. Yes. It is a letter dated June 29th,

89:2 2006.

89:3 Q. And what does it show with respect to the  
89:4 findings from that abdominal ultrasound in 2006?

89:5 A. The findings are, again, "The liver  
89:6 demonstrates a coarsened and increased echotexture  
89:7 and mildly lobulated contours consistent with a  
89:8 cirrhosis."

89:9 Q. So is it fair to say that Mr. Hardeman  
89:10 suffered liver cirrhosis for approximately a decade?

89:11 A. Yes.

89:12 Q. Okay. You were asked some questions  
89:13 earlier about the Hepatitis C diagnosis so I just  
89:14 want to go over that topic briefly.

89:15 Cirrhosis of the liver can be caused by  
89:16 Hepatitis C, correct?

89:17 A. Correct.

89:18 Q. And that's a normal side effect of the  
89:19 Hepatitis C illness?

89:21 - 89:21

**Turk, C 10-31-2018 (00:00:01)**

RT\_06.60

89:21 THE WITNESS: Yes.

90:6 - 90:24

**Turk, C 10-31-2018 (00:00:42)**

RT\_06.61

90:6 Q. Is Exhibit 16 a Kaiser record from -- why  
90:7 don't you tell me what the date of -- the date of  
90:8 this record would be.

90:9 MS. RUBENSTEIN: 7/26.

90:10 BY MR. ESKOVITZ:

90:11 Q. Oh, 7/26/2016; is that right?

90:12 A. So that's when this was generated. I  
90:13 believe what it is is a review of his medical  
90:14 records.

90:15 Q. I see.

90:16 A. A summary of his medical records.

90:17 Q. It says "Clinical Summary" on the top  
90:18 there?

90:19 A. Yes. Uh-huh.

90:20 Q. Okay. And this is a summary that was  
90:21 prepared and generated in the ordinary course of  
90:22 business by the Kaiser Medical Group as of  
90:23 July 26th, 2016?

90:24 A. Yes.

Page/Line	Source	ID
91:8 - 92:4	<p><b>Turk, C 10-31-2018 (00:00:53)</b></p> <p>91:8 Q. And this document lists you as  91:9 Mr. Hardeman's primary care physician, correct?  91:10 A. Correct.  91:11 Q. And there's a -- a problem list as of  91:12 July 26th, 2016, there, correct?  91:13 A. Yes.  91:14 Q. Is this medical history something that  91:15 would have been gathered from Mr. Hardeman's records  91:16 in the ordinary course of business at -- at Kaiser?  91:17 A. Yes. As a patient develops various  91:18 medical problems, we add them to their problem list.  91:19 Q. Okay. And if you see it there, there's a  91:20 reference to Mr. Hardeman's cirrhosis of the liver,  91:21 and -- and it was noted January 20th, 2015. That  91:22 would be the diagnosis date?  91:23 A. That's when it was entered, yes.  91:24 Q. Entered, okay.  91:25 And it says that the cirrhosis is  92:1 hep-C-related. Was a determination made that  92:2 Mr. Hardeman's liver cirrhosis was related to his  92:3 Hepatitis C?  92:4 A. Yes.</p>	RT_06.62
92:6 - 93:9	<p><b>Turk, C 10-31-2018 (00:01:36)</b></p> <p>92:6 THE WITNESS: That's what that would  92:7 imply.  92:8 BY MR. ESKOVITZ:  92:9 Q. And that's a determination that was made  92:10 based on the medical records from Kaiser, correct?  92:11 A. Yes.  92:12 Q. You were asked some questions by counsel  92:13 about Mr. Hardeman's viral load related to --  92:14 A. Yes.  92:15 Q. -- hep C.  92:16 I want to show you the next document,  92:17 Tab 13. This will be Exhibit 17.  92:18 (Whereupon, Exhibit 17 was marked for  92:19 identification.)  92:20 BY MR. ESKOVITZ:  92:21 Q. Exhibit 17 is, I believe, dated</p>	RT_06.63

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92:22 January 14th, 2005. And it's a Kaiser medical  
92:23 record as well, correct?

92:24 A. Yes.

92:25 Q. And what is reflected with respect to  
93:1 the -- Mr. Hardeman's viral load as of January 14th,  
93:2 20- -- 2005?

93:3 A. This is a Hepatitis C RNA, BDNA result  
93:4 showing a value of 731,784.

93:5 Q. And is the reference range there, 615, is  
93:6 that the relative comparator?

93:7 A. It is less than 615.

93:8 Q. Okay. So is that viral load there one  
93:9 that you would have considered quite high?

93:11 - 93:16

**Turk, C 10-31-2018 (00:00:15)**

RT\_06.64

93:11 THE WITNESS: It's above normal.

93:12 BY MR. ESKOVITZ:

93:13 Q. Okay. And this was the time -- this was  
93:14 at a time when Mr. Hardeman had tested positive for  
93:15 Hepatitis C, correct?

93:16 A. Yes.

93:22 - 94:10

**Turk, C 10-31-2018 (00:00:36)**

RT\_06.65

93:22 Q. Okay. I've marked what's -- I've  
93:23 identified and handed to you as Exhibit 18 another  
93:24 Kaiser medical record. I believe this one is from  
93:25 January 28, 2005; is that right?

94:1 A. Yes.

94:2 Q. And if you turn to the portion under  
94:3 "Progress notes," you'll see that at this time  
94:4 Mr. Hardeman is described as 56-year-old male who  
94:5 presents for Hepatitis C consultation.

94:6 Do you see that?

94:7 A. Yes.

94:8 Q. And it refers to him having a positive  
94:9 history of hepatitis.

94:10 A. Yes.

95:2 - 95:5

**Turk, C 10-31-2018 (00:00:10)**

RT\_06.66

95:2 Q. And does this indicate to you that  
95:3 Mr. Hardeman could have had a history of Hepatitis C  
95:4 that dated back many years before 2005?

95:5 A. Yes.

Page/Line	Source	ID
95:8 - 95:9	<b>Turk, C 10-31-2018 (00:00:04)</b> 95:8 Q. It could have gone back to as early as 95:9 1966?	RT_06.67
95:12 - 95:18	<b>Turk, C 10-31-2018 (00:00:13)</b> 95:12 THE WITNESS: That is correct. 95:13 BY MR. ESKOVITZ: 95:14 Q. What is Hepatitis C? 95:15 A. Hepatitis C is a viral illness that 95:16 infects and damages the liver. 95:17 Q. Can Hepatitis C have the effect of 95:18 suppressing the immune system?	RT_06.68
95:20 - 95:24	<b>Turk, C 10-31-2018 (00:00:07)</b> 95:20 THE WITNESS: Many viral illnesses can 95:21 have the effect of suppressing the immune system. 95:22 BY MR. ESKOVITZ: 95:23 Q. Including Hepatitis C? 95:24 A. Including Hepatitis C.	RT_06.69
96:2 - 96:4	<b>Turk, C 10-31-2018 (00:00:11)</b> 96:2 Q. Does the duration of exposure for 96:3 Hepatitis C mean that the effects of the virus can 96:4 be more pronounced in a patient?	RT_06.70
96:6 - 96:14	<b>Turk, C 10-31-2018 (00:00:28)</b> 96:6 THE WITNESS: The longer one is infected, 96:7 the -- generally the more damage there is to the 96:8 liver. 96:9 MR. ESKOVITZ: Okay. Let's turn to the 96:10 next document in order, which will be Tab 18. 96:11 (Whereupon, Exhibit 19 was marked for 96:12 identification.) 96:13 MR. ESKOVITZ: This is Exhibit 19. 96:14 MS. FORGIE: Thank you.	RT_06.71
96:15 - 96:25	<b>Turk, C 10-31-2018 (00:00:29)</b> 96:15 BY MR. ESKOVITZ: 96:16 Q. Exhibit 19, before you, is a Kaiser 96:17 medical record from December 6, 2007. 96:18 A. That's correct. 96:19 Q. Okay. And under "Diagnoses," you see 96:20 there were -- it -- it first says cirrhosis of the 96:21 liver and then it says Hepatitis C chronic? 96:22 A. Yes.	RT_06.72

Page/Line	Source	ID
97:2 - 97:3	<p>96:23 Q. What -- what does it mean that            96:24 Mr. Hardeman's hepatitis is listed as chronic as of            96:25 2007?</p> <p><b>Turk, C 10-31-2018 (00:00:05)</b></p>	RT_06.73
98:2 - 98:20	<p>97:2 THE WITNESS: Generally chronic refers to            97:3 a longstanding duration of infection.</p> <p><b>Turk, C 10-31-2018 (00:00:54)</b></p> <p>98:2 Q. I'm showing you Exhibit 20, if that's            98:3 easier for you.            98:4 A. Thank you.            98:5 Q. I believe Exhibit 20 is a Kaiser            98:6 Permanente record from January 28th of 2015; is that            98:7 right?            98:8 A. That's correct.            98:9 Q. And this reflects results from hepatitis            98:10 labs that you ordered for Mr. Hardeman?            98:11 A. That is correct.            98:12 Q. Okay. And let me first direct you to            98:13 the -- I guess the first half of the document -- or            98:14 the first page and a half of the document. It seems            98:15 to refer to Hepatitis B testing.            98:16 Do you see that?            98:17 A. Yes.            98:18 Q. Okay. And at the bottom of that first            98:19 segment, the segment that is titled "HBsAg."            98:20 A. Yes.</p>	RT_06.74
99:3 - 99:9	<p><b>Turk, C 10-31-2018 (00:00:16)</b></p> <p>99:3 Q. Okay. And if you go down to the bottom            99:4 there before it says reviewed by you, Dr. Turk, it            99:5 says, "Components. Comment. Positive HBsAg            99:6 indicates active infection with Hepatitis B virus."            99:7 Do you see that?            99:8 A. Yes.            99:9 Q. What does that mean?</p>	RT_06.75
99:12 - 100:6	<p><b>Turk, C 10-31-2018 (00:00:55)</b></p> <p>99:12 THE WITNESS: The presence of Hepatitis B            99:13 surface antigen is an indicator of active            99:14 Hepatitis B.            99:15 BY MR. ESKOVITZ:            99:16 Q. So does this mean that as of -- and I'll</p>	RT_06.76

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99:17 refer you just so you have the benefit of the entire  
 99:18 document. Well, let's go back -- let's look a  
 99:19 little bit more and I'll ask you the question.  
 99:20 If you go on to the second page under  
 99:21 "Hepatitis B core antibody," again under  
 99:22 "Component," it says, "Positive HBcAb may indicate  
 99:23 exposure to the Hepatitis B virus. HBcAb and HBsAg  
 99:24 results are needed to determine presence or absence  
 99:25 of infection."

100:1 Do you see that?

100:2 A. I see that.

100:3 Q. And then it looks like an HBsAg test was  
 100:4 done in addition to the HBcAb test; is that right?

100:5 A. That is correct.

100:6 Q. And -- and that came back positive?

100:9 - 100:10 **Turk, C 10-31-2018 (00:00:03)**

RT\_06.77

100:9 THE WITNESS: The hep B, C core antibody  
 100:10 test came back positive.

100:12 - 100:13 **Turk, C 10-31-2018 (00:00:06)**

RT\_06.78

100:12 Q. Okay. So in -- as of January 2015, did  
 100:13 Mr. Hardeman have the Hepatitis B virus?

100:15 - 100:18 **Turk, C 10-31-2018 (00:00:07)**

RT\_06.79

100:15 THE WITNESS: So based on this testing, he  
 100:16 did not have an active Hepatitis B infection. There  
 100:17 is evidence that he had been exposed to a  
 100:18 Hepatitis B virus.

102:5 - 103:4 **Turk, C 10-31-2018 (00:00:51)**

RT\_06.80

102:5 you may have testified about this consult where he  
 102:6 had come in and -- with swollen glands; is that  
 102:7 right?

102:8 A. That is correct.

102:9 Q. Okay. And at the -- and you took vitals  
 102:10 at the time of his visit to you?

102:11 A. Yes, we did.

102:12 Q. And at the time -- and this was shortly  
 102:13 before his diagnosis with NHL; right?

102:14 A. That is correct.

102:15 Q. Just about two weeks before the diagnosis?

102:16 A. Yes.

102:17 Q. And at the time his weight was 215 pounds?

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102:18 A. Yes.

102:19 Q. And he was 5 foot 9?

102:20 A. He was.

102:21 Q. And that resulted in a body mass index, or

102:22 a BMI of 31.82?

102:23 In the middle of the page?

102:24 A. There it is.

102:25 Yes. Yes, that's correct.

103:1 Q. And is that medical -- does that fit

103:2 the -- that BMI measurement fit the medical

103:3 definition of obese?

103:4 A. It does.

109:5 - 109:11

**Turk, C 10-31-2018 (00:00:25)**

RT\_06.81

109:5 Q. Okay. And you see under -- there is a --

109:6 it says, "History of skin cancer" on the first page,

109:7 and it says, "Yes, basal cell carcinoma"?

109:8 A. I do.

109:9 Q. Does that reflect that, prior to 2018,

109:10 Mr. Hardeman had had basal cell carcinoma?

109:11 A. Yes.

109:14 - 109:18

**Turk, C 10-31-2018 (00:00:09)**

RT\_06.82

109:14 Q. That's skin cancer, correct?

109:15 A. That is skin cancer.

109:16 Q. And when -- can you tell when Mr. Hardeman

109:17 was first diagnosed with skin cancer?

109:18 A. I'd have to review --

109:20 - 110:7

**Turk, C 10-31-2018 (00:01:18)**

RT\_06.83

109:20 THE WITNESS: I would have to review the

109:21 record.

109:22 BY MR. ESKOVITZ:

109:23 Q. Okay. Thank you.

109:24 A. The first mention of basal cell carcinoma

109:25 in the record is from an office visit with

110:1 Dr. Ruffner in January 28, 2005.

110:2 Q. Okay. And that refers to a basal cell

110:3 carcinoma?

110:4 A. It does. It refers to a history of basal

110:5 cell carcinoma.

110:6 Q. Okay. And that's -- that's a skin cancer,

110:7 correct?

Page/Line	Source	ID
110:9 - 110:20	<p><b>Turk, C 10-31-2018 (00:00:28)</b></p> <p>110:9 THE WITNESS: Yes.</p> <p>110:10 BY MR. ESKOVITZ:</p> <p>110:11 Q. And then, based on the office visit that</p> <p>110:12 you had with Mr. Hardeman in July of 2018, did you</p> <p>110:13 then refer him for dermatological consult?</p> <p>110:14 A. I did.</p> <p>110:15 Q. Okay. And as a result of that</p> <p>110:16 dermatological consult, was he, if you know, if not</p> <p>110:17 I can show you records, diagnosed with a melanoma?</p> <p>110:18 A. He was.</p> <p>110:19 Q. And that's a skin cancer, correct?</p> <p>110:20 A. Yes.</p>	RT_06.84
110:23 - 110:25	<p><b>Turk, C 10-31-2018 (00:00:08)</b></p> <p>110:23 Q. And he received then a treatment for that</p> <p>110:24 melanoma?</p> <p>110:25 A. He did.</p>	RT_06.85
117:16 - 117:25	<p><b>Turk, C 10-31-2018 (00:00:15)</b></p> <p>117:16 Q. Okay. Fair to say that you don't have</p> <p>117:17 specialized treating -- specialized training in</p> <p>117:18 treating NHL?</p> <p>117:19 A. Yes, that's fair to say.</p> <p>117:20 Q. And that you're not an expert in the</p> <p>117:21 causes of NHL?</p> <p>117:22 A. That is correct.</p> <p>117:23 Q. Or the things that might contribute to a</p> <p>117:24 patient developing NHL?</p> <p>117:25 A. No.</p>	RT_06.86
118:3 - 118:5	<p><b>Turk, C 10-31-2018 (00:00:02)</b></p> <p>118:3 Q. That's not your area of specialization or</p> <p>118:4 expertise?</p> <p>118:5 A. That is true.</p>	RT_06.87
118:12 - 118:16	<p><b>Turk, C 10-31-2018 (00:00:10)</b></p> <p>118:12 Q. And that's something, in fact, that you do</p> <p>118:13 as a matter of course in your practice here at</p> <p>118:14 Kaiser Permanente, you refer on oncological patients</p> <p>118:15 for expert treatment by specialists like Dr. Ye?</p> <p>118:16 A. That is correct.</p>	RT_06.88
118:19 - 119:2	<p><b>Turk, C 10-31-2018 (00:00:26)</b></p> <p>118:19 Q. I think counsel asked you whether you had</p>	RT_06.89

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118:20 an opinion as to whether Roundup or glyphosate  
118:21 caused Mr. Hardeman's NHL.

118:22 Let me ask you, given the fact that you're  
118:23 not an expert in that area, you don't have an  
118:24 opinion one way or the other as to whether any  
118:25 exposure that Mr. Hardeman had to Roundup or  
119:1 glyphosate contributed to his NHL, do you?

119:2 A. That is correct.

121:3 - 121:11

**Turk, C 10-31-2018 (00:00:15)**

RT\_06.90

121:3 Q. Doctor, you were asked, I think, one or  
121:4 two questions about Mr. Hardeman having basal cell  
121:5 carcinoma at some stage.

121:6 Do you remember that?

121:7 A. Yes.

121:8 Q. And is basal cell carcinoma a type of skin  
121:9 cancer that is usually caused by exposure to the  
121:10 sun?

121:11 A. It is.

127:16 - 127:20

**Turk, C 10-31-2018 (00:00:11)**

RT\_06.91

127:16 Is there any reason to think that the 2005  
127:17 basal cell carcinoma that Mr. Hardeman was diagnosed  
127:18 with had anything to do with his later diagnosis of  
127:19 NHL?

127:20 A. No.

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