



**BEFORE THE  
MISSOURI STATE BOARD OF REGISTRATION  
FOR THE HEALING ARTS**

**KRISHNARAO V. REDNAM, M.D.**

**CASE NO. 2008-000868**

**AUTOMATIC REVOCATION HEARING**

**JULY 18, 2008**

**ORIGINAL**

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I N D E X

PAGE

JOHN W. HEIDY

Questions by President Hausheer

7:6

Statement by Mr. Tettlebaum

8:8

Statement by Mr. Bradford

9:14

Statement (Cont'd) by Mr. Tettlebaum

11:18

EXHIBIT INSTRUCTIONS:

Attached to the original transcript.

PETITIONER'S EXHIBITS INDEX

MARKED REC'D

Exhibit No. 1

United States District Court

Eastern District of Missouri

judgement and conviction

\* 10:16

RESPONDENT'S EXHIBITS INDEX

MARKED REC'D

Exhibits 1 through 145

and Respondent's Facts and Exhibits

\* 9:9

\* Premarked.

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BEFORE THE  
MISSOURI STATE BOARD OF REGISTRATION  
FOR THE HEALING ARTS

In the Matter of: Krishnarao V. Rednam, M.D.  
Case No. 2008-000868

Automatic Revocation Hearing  
July 18, 2008  
Missouri Council of School Administrators Building  
Lower Level  
3550 Amazonas Drive  
Jefferson City, Missouri 65109

BOARD MEMBERS PRESENT:

Jean Hausheer, M.D., President  
Toni Smith, D.O.  
Keith LaFerriere, M.D.  
David Poggemeier, M.D.  
Curtis Mather, D.O.  
Daniel Scodary, M.D.  
Bradley Freeman, M.D.  
James DiRenna, D.O.  
Joseph Ortwerth, Public Member

BOARD'S LEGAL ADVISOR:

David F. Barrett, Legal Advisor  
State of Missouri  
Department of Insurance, Financial Institutions and  
Professional Registration,  
Division of Professional Registration  
3605 Missouri Boulevard  
Jefferson City, Missouri 65109

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A P P E A R A N C E S

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Attorney at Law

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Jefferson City, Missouri 65101

(573) 635-9118

## P R O C E E D I N G S

1  
2 PRESIDENT HAUSHEER: Let us state for the  
3 record that today's date is July 18, 2008. It is now  
4 approximately 8:45 a.m., and the State Board of  
5 Registration for the Healing Arts, State of Missouri, is  
6 meeting at the Missouri Council of School Administrators  
7 Building, 3550 Amazonas Drive, Jefferson City, Missouri.

8 This is a hearing in the matter of  
9 Krishnarao V. Rednam, M.D., Case No. 2008-000868. The  
10 State Board of Registration for the Healing Arts and every  
11 member thereof is in receipt of the Complaint for  
12 Automatic Revocation, which states that on or about  
13 April 11th, 2008 Dr. Rednam was convicted of one felony  
14 count of obstruction of criminal investigation of a  
15 healthcare offense in the United States District Court,  
16 Eastern District of Missouri.

17 This information establishes that the  
18 license of Dr. Rednam is subject to the automatic  
19 revocation provisions of Section 334.103.1 of the Revised  
20 Statutes of Missouri.

21 Dr. Rednam is not present but is represented  
22 by Attorney Harvey Tettlebaum.

23 Did I say that correctly, sir?

24 MR. TETTLEBAUM: Yes, ma'am.

25 PRESIDENT HAUSHEER: I will now take a roll

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1 call of the members of the State Board of Registration for  
2 the Healing Arts in attendance at this meeting.

3 Dr. Toni Smith.

4 DR. SMITH: Here.

5 PRESIDENT HAUSHEER: Dr. Keith LaFerriere.

6 DR. LAFERRIERE: Here.

7 PRESIDENT HAUSHEER: Dr. Daniel Scodary.

8 DR. SCODARY: Here.

9 PRESIDENT HAUSHEER: Dr. David Poggemeier.

10 DR. POGGEMEIER: Here.

11 PRESIDENT HAUSHEER: Dr. Curtis Mather.

12 DR. MATHER: Here.

13 PRESIDENT HAUSHEER: Dr. Bradley D. Freeman.

14 DR. FREEMAN: Here.

15 PRESIDENT HAUSHEER: Dr. James DiRenna.

16 DR. DIRENNA: Here.

17 PRESIDENT HAUSHEER: And Joseph Ortwerth,

18 Public Member.

19 MR. ORTWERTH: Here.

20 PRESIDENT HAUSHEER: And myself, Dr. Jean

21 Hausheer, President of the Board.

22 The Board is represented in this hearing by

23 Glenn Bradford. David Barrett to my left is serving as

24 the Board's legal advisor.

25 This hearing is being held pursuant to the

1 provisions of 334.103, RSMo.

2 John Heidy, Chief Investigator of the State  
3 Board of Registration for the Healing Arts, will now be  
4 sworn.

5 (Witness sworn.)

6 QUESTIONS

7 BY PRESIDENT HAUSHEER:

8 Q. Mr. Heidy, what is the present status of  
9 Dr. Rednam's license?

10 A. It is active through January 31 of 2009.

11 Q. Thank you.

12 Has Dr. Rednam ever had disciplinary action  
13 taken against his license before?

14 A. No, he has not.

15 PRESIDENT HAUSHEER: Do the attorneys have  
16 questions of Mr. Heidy regarding the status of  
17 Dr. Rednam's license?

18 MR. BRADFORD: None by the Board.

19 MR. TETTLEBAUM: None by Respondent,  
20 Dr. Rednam.

21 PRESIDENT HAUSHEER: Do any of the Board  
22 members have questions of Mr. Heidy regarding the status  
23 of Dr. Rednam's license?

24 Hearing none.

25 So now the attorney representing the Board



1 on this matter will proceed to present evidence regarding  
2 this matter to the Board. Following that presentation of  
3 evidence to the Board, you may have the opportunity to  
4 present any evidence relating solely to paren 334.103,  
5 RSMo. The Board members will then be given the  
6 opportunity to ask any questions that they have.

7 You can go ahead and proceed.

8 MR. TETTLEBAUM: Thank you very much.

9 Harvey Tettlebaum, Husch Blackwell Sanders.

10 I'm here representing Dr. Rednam. Unfortunately, he  
11 cannot be with us today. He wishes he could.

12 I have prepared and have discussed with  
13 Board's counsel, Mr. Bradford, a document entitled  
14 Respondent's Facts and Exhibits, and it contains an  
15 exhibit list of the exhibits which we have marked  
16 1 through 145.

17 We would at this time move the introduction.  
18 And we have an original copy here. I don't have copies  
19 for all of the Board members. I just knowing your  
20 schedule -- and I hope I'm not too presumptuous, but I  
21 didn't think you wanted to sit here this morning and read  
22 all this stuff.

23 But I'm going to review it as part of my  
24 presentation, obviously not document by document. But at  
25 this point I would like to move into evidence Respondent's

1 Facts and Exhibits.

2 As I said, counsel for the Board has  
3 previously been provided a copy of the document to review.

4 PRESIDENT HAUSHEER: Glenn, do you have any  
5 objection?

6 MR. BRADFORD: No objection, Madam  
7 President.

8 PRESIDENT HAUSHEER: Received.

9 (EXHIBIT NOS. 1 THROUGH 145 AND RESPONDENT'S  
10 FACTS AND EXHIBITS WERE RECEIVED INTO EVIDENCE.)

11 MR. TETTLBAUM: Should I bring it to you?

12 THE BARRETT: The court reporter is fine.

13 MR. TETTLBAUM: The court reporter. Great.

14 MR. BRADFORD: Just a minute, Harvey, if you  
15 don't mind.

16 The only thing I have to do in this hearing,  
17 I think, is to put in the judgment conviction, which is  
18 Exhibit No. 1, and I hate to fumble that.

19 So I would at this time, before Harvey  
20 proceeds with his comments, offer for the record  
21 Exhibit No. 1, which is the judgment and conviction in the  
22 Eastern District of Missouri, United States District  
23 Court, which reveals that Dr. Rednam on April 11, 2008  
24 did, in fact, plead guilty to a count, one of the  
25 information of January 10, 2008, the violation of

1 18 USC 1518(a) and 2, the nature of the defense being an  
2 obstruction of a criminal investigation of a healthcare  
3 offense, and the date of offense was concluded and shown  
4 as May 31st, 2007, and it reflected that Dr. Rednam did  
5 receive, among other disciplinary actions, six months in  
6 prison.

7 And I would offer Exhibit 1 at this time.

8 MR. TETTLEBAUM: No objection.

9 PRESIDENT HAUSHEER: Do you have any  
10 objection?

11 MR. TETTLEBAUM: No, no objections.

12 And we include that actually as the first  
13 exhibit in the document which we've just offered into  
14 evidence.

15 PRESIDENT HAUSHEER: So received.

16 (EXHIBIT NO. 1 WAS RECEIVED INTO EVIDENCE.)

17 MR. TETTLEBAUM: It is part of our case.

18 There is no dispute on this.

19 If I may continue, I think the issue for us  
20 is really --

21 MR. BARRETT: Let me stop you for just a  
22 minute, Mr. Tettlebaum.

23 MR. TETTLEBAUM: I'm sorry.

24 MR. BRADFORD: Mr. Bradford, does Exhibit 1  
25 have some sort of summary of the factual basis for the

1 plea?

2 MR. BRADFORD: You know, I'll have to look  
3 at that. That's a good question.

4 MR. BARRETT: Or is it someone's  
5 presentation? Is there going to be some sort of  
6 explanation?

7 MR. BRADFORD: I know Mr. Tettlebaum is, in  
8 fact, going to discuss the underlying facts. There is  
9 nothing in the Judgment itself which reflects the  
10 underlying facts.

11 MR. BARRETT: As long as we get it in  
12 somehow, that's fine.

13 MR. BRADFORD: Yeah, I think he intends to  
14 talk about that.

15 MR. TETTLEBAUM: Yes.

16 MR. BARRETT: Sorry to interrupt you.

17 PRESIDENT HAUSHEER: Now you can keep going.

18 MR. TETTLEBAUM: Thank you very much.

19 I'd like to go through as quickly -- I know  
20 you have a very full agenda -- as quickly as possible.

21 For us I think the issue here is not the  
22 conviction. We've agreed to that. We've stipulated to  
23 that. So that's not really the issue.

24 The issue for us is how to repair what I  
25 consider to be a real tragedy both for Dr. Rednam and for

1 the profession and especially his specialty, which is as a  
2 retinal specialist.

3 As you will see from the presentation that  
4 we will be making in the next few minutes, Dr. Rednam was  
5 a physician who had no prior problems. On the contrary,  
6 he was very well regarded within the profession. And he  
7 committed an error in judgment, a serious one, for which  
8 he is paying very serious consequences.

9 The only real issue that we would like for  
10 this Board to consider is that in entering its order as a  
11 result of this conviction, we would request that the Board  
12 consider seriously not foreclosing the possibility at the  
13 appropriate time within the discretion of the Board for  
14 Dr. Rednam to be able to come back to the Board to seek  
15 licensure and that we not put on Dr. Rednam any mandatory  
16 period of revocation, that the Board has very broad  
17 discretion as to relicensure of a physician who is under  
18 these circumstances.

19 And we would hope after you have an  
20 opportunity to listen to what we're presenting this  
21 morning, that you will agree that it would be unwise to  
22 impose any specific period of revocation but merely to  
23 revoke his license and then to hope in the possibility at  
24 the appropriate time under the discretion of the Board to  
25 allow him to come back, have the Board at that time

1 consider his situation to determine whether the Board  
2 feels it's appropriate to relicense him or to relicense  
3 him under conditions.

4 Dr. Rednam was licensed by the Board on  
5 June 13, 1983. He is also licensed to practice in the  
6 State of Illinois and the State of Indiana. His Indiana  
7 license is inactive. That was voluntary on his part. His  
8 Illinois license was issued on November 27, 1978. It  
9 expires July 31st, 2008.

10 There is a parallel action going on in the  
11 State of Illinois. I'm not sure what they're going to do.  
12 We're not handling it. He has Illinois counsel.

13 He was employed between 1983 and January  
14 2008 at the St. Louis Eye Clinic, which is in Kirkwood,  
15 Missouri, in St. Louis County.

16 On April 11, 2008 he was convicted of one  
17 felony count of obstruction of a criminal investigation of  
18 a healthcare offense in the United States District Court  
19 for the Eastern District of Missouri.

20 The basic charge is that from approximately  
21 April 2007 through May 2007, for one month, Dr. Rednam  
22 removed or destroyed files in his care that were necessary  
23 for the government's investigation into criminal  
24 healthcare offenses which the government was alleging were  
25 occurring at the clinic.

1 Dr. Rednam admittedly made a critical  
2 mistake in judgment by preventing, obstructing, misleading  
3 and delaying communication of material records and  
4 information to criminal investigators.

5 Dr. Rednam was collecting data and  
6 information for a mutual disclosure with his employer,  
7 St. Louis Eye Clinic, to the government through consult to  
8 disclose a reimbursement issue which arose after an audit  
9 that had occurred by the St. Louis Eye Clinic, not by the  
10 government, of the St. Louis Eye Clinic's revenue.

11 The reimbursement issue involved the charges  
12 and dispensations of three medications: Macugen, Avastin  
13 and Lucentis.

14 I might digress. Dr. Rednam, as you will  
15 see, is a retinal specialist, and his practice was for a  
16 long time limited to treating patients with macular  
17 degeneration.

18 On his own initiative and his own expense  
19 Dr. Rednam prepared a list of all of the patients involved  
20 and gave this list to the government, allowing the  
21 government to conduct its investigation more efficiently  
22 and more thoroughly. He made calculations of his  
23 inventories, drugs used, patient charges.

24 Dr. Rednam's findings corroborated the  
25 government's knowledge of the nature and conduct of the

1 offense, allowing them to rely upon their calculations  
2 which ultimately facilitated the resolution of this case.

3 And by the way, I'm not indicating it, but  
4 all these documents are -- every statement I'm making is  
5 footnoted to a specific document. So it's all -- we  
6 have -- and your staff can review it or you-all can review  
7 it, but there is a document to support all these  
8 statements.

9 In doing so, Dr. Rednam provided substantial  
10 assistance to the government investigation of the clinic,  
11 attempting to reverse his earlier attempts to obstruct.

12 Lastly, Dr. Rednam has consistently  
13 demonstrated he is willing to directly -- to accept the  
14 responsibility for his conduct.

15 Dr. Rednam's compassion and care is  
16 evidenced by the accompanying letters in the exhibits from  
17 patients, a peer physician and lifelong friends.

18 And let me review just a few of those for  
19 you to give you some idea of what we're talking about.

20 One of his patients wrote -- and this is  
21 Exhibit 5 -- I have great admiration for Dr. Rednam. I've  
22 always considered him to be a prime example of a skillful,  
23 professional and caring physician.

24 I was impressed from the beginning with the  
25 meticulous and thorough manner with which he conducts his



1 examinations. He was always willing to take as much time  
2 as needed to answer my questions. I have observed the  
3 same caring and thoughtful attitude to others as well. He  
4 is truly a supportive and sympathetic caregiver.

5 Another patient wrote, if it were not for  
6 Dr. Rednam's knowledge, his help and his constant true  
7 concern for his patients, I know I would not be doing the  
8 things I am still able to do. To this day I am still  
9 driving myself and I'm fully independent.

10 Losing my eyesight would have been a  
11 tremendous blow to me, and I thank God for Dr. Rednam, his  
12 associates and all of his staff for everything they have  
13 done for me.

14 Another letter: Frankly, I credit  
15 Dr. Rednam for saving my life. At a regular checkup in  
16 August 2000 he noticed some subtle vascular changes in the  
17 retinas that signaled a problem such as diabetes. The  
18 result was a diagnosis of CML, Chronic Myelogenous  
19 Leukemia.

20 I did not miss any workday because of the  
21 disease, and I credit the thoroughness of Dr. Rednam's  
22 examinations to my current state of health.

23 Because I had no symptoms of leukemia, it is  
24 anyone's guess at what later date I would have been  
25 diagnosed.

1 I am pleased to say that I can recommend

2 Dr. Rednam as a caring and capable professional to anyone  
3 who asks about him.

4 With respect to physician peers, Dr. William  
5 Walters, an eye clinic physician, wrote, Dr. Rednam has  
6 shown to me the highest level of competence and compassion  
7 and caring for our mutual patients, and I know of no  
8 circumstance personally that would demonstrate anything to  
9 the contrary.

10 As for example, one need only know the long  
11 hours he worked to provide care and his willingness to see  
12 patients at any time to see his commitment to always do  
13 the best for patients, some of which he had never met  
14 before.

15 My hope is that he will find a way to make  
16 amends for his actions while continuing to do what he does  
17 best.

18 With respect to friends, they write: We  
19 have known Dr. Rednam for over 40 years. He is an  
20 honorable person with impeccable past. He has always been  
21 a law abiding citizen and a religious family man.

22 Dr. Rednam himself was a brilliant student  
23 and a great retinal specialist. He was instrumental in  
24 providing free care for blind people in our hometown. He  
25 spent considerable amounts of time and his own finances to

1 achieve this community service, helping thousands of blind  
2 people.

3 Further charity and good works are a life-  
4 long practice of Dr. Rednam. He also frequently gives  
5 free eye care to those who cannot afford his treatment.

6 From 1997 through 1999 Dr. Rednam  
7 volunteered his services to perform glaucoma screenings on  
8 behalf of the Lions of Illinois Foundation.

9 In 2002 Dr. Rednam donated \$20,000 for eye  
10 equipment and instruments at the Rednam Surya Prasadarao  
11 Government Eye Hospital named after his father.

12 Dr. Rednam in 2005 sponsored an eye camp in  
13 India -- that's where he was originally from. It's where  
14 he was born -- where physicians conducted eye exams and  
15 surgeries on indigent children.

16 In 2006 he spearheaded fundraising for the  
17 purchase of a specular microscope for the Mohsin Eye Bank  
18 in India. Dr. Rednam raised around \$35,000 to purchase  
19 the microscope for the eye bank which serves the indigent  
20 public of two states, comprising 100 million people.

21 In 2007 Dr. Rednam donated 3,000 through the  
22 Florissant Rotary Club. Which matching grants, the amount  
23 came to more than 50,000.

24 This donation went to buy a laser and power  
25 generator to serve the rural poor dealing with diabetes

1 and other eye disorders.

2 In 2007 he raised money to provide safe  
3 drinking water and clean restrooms for children of  
4 St. Anthony's High School in the country of India.

5 As evidence from these examples, his good  
6 works are an extrapolation of his retinal specialty.

7 Because of the rarity of his medical  
8 specialty, it would be in the public interest to put him  
9 in a position where he could resume his good works were  
10 the Board to approve his relicensure.

11 Dr. Rednam has no past criminal history. He  
12 has been a law abiding citizen for the last 57 years of  
13 his life.

14 Dr. Rednam has demonstrated post-offense  
15 rehabilitation on his own initiative. After learning of  
16 the investigation and engaging an attorney, Dr. Rednam, in  
17 cooperation with the United States, directed his attorneys  
18 to conduct a complete internal review of patients  
19 impacted.

20 All patients affected by the treatment  
21 confusion were notified by letter of the situation, were  
22 given a questionnaire regarding the condition of their  
23 eyes and any treatment impacts and were offered free eye  
24 exams to ensure no problems had occurred.

25 Dr. Rednam received responses from

1 59 percent of his notified patients, which actually on a  
2 voluntary survey is pretty good. 22 percent reported  
3 their vision had not changed to the worse and 66 percent  
4 responded that Dr. Rednam's treatment actually improved  
5 their vision. None reported any harm.

6 After sending the letters, almost all of  
7 these patients came in for follow-up visits for previous  
8 treatment, not to take advantage of the free eye exam that  
9 he offered them, demonstrating Dr. Rednam's patients  
10 trusted him and the quality of his medical abilities.

11 Indeed, several patients sent letters after  
12 they received these notices and subsequent Part C  
13 repayments affirming their trust in Dr. Rednam's  
14 abilities.

15 As an example, one patient said, I will  
16 truly miss my meetings with you for the treatment of my  
17 left eye for macular degeneration. Dr. Walters said the  
18 eye was looking good. I have only you to thank for the  
19 diagnosis. Good luck and know that my prayers are for  
20 your future well-being. You are a good doctor who took  
21 care of a patient in need of help and for that I thank  
22 you.

23 In fact, Dr. Rednam experienced no downsize  
24 in his practice after these letters were sent to the  
25 patients informing them of what he had done.

1                   Soon after learning of the clinic's  
2 concerns, Dr. Rednam instituted a fail-safe system to  
3 ensure all confusion and that the treatment regimen was in  
4 the past and would not happen again.

5                   He created a series of checklists and new  
6 treatment sheets, along with procedural outlines laying  
7 out how to treat his patients.

8                   These actions we believe demonstrate  
9 rehabilitation by Dr. Rednam, realizing his past mistakes  
10 and his determination never to repeat them.

11                  Dr. Rednam has already paid full restitution  
12 to the United States, Medicare Part C carriers and  
13 Medicare beneficiaries financially impacted by his  
14 actions.

15                  Pursuant to his plea agreement he paid  
16 \$304,335 to the United States, 65,000 to various Medicare  
17 Part C carriers and approximately 16,000 to Medicare  
18 beneficiaries.

19                  Demonstrative of his commitment to excelling  
20 as an ophthalmologist and retinal specialist, and in an  
21 effort to continue to learn and gain knowledge that will  
22 allow him to better aid his patients, Dr. Rednam has  
23 recently completed professional certifications in advanced  
24 cardiac life support, advanced trauma support and he has  
25 also completed the pediatric advanced cardiorespiratory

1 and trauma support certification on April 29th before he  
2 went -- before he surrendered himself on May 27th to the  
3 United States to go into the penitentiary. His current  
4 release date we believe is November 25th or November 27th  
5 of 2008.

6 I would be glad to answer any questions.

7 PRESIDENT HAUSHEER: Do the Board members  
8 have questions?

9 DR. DIRENNA: Is he doing medicine for the  
10 government?

11 MR. TETTLEBAUM: I don't know exactly how  
12 they're utilizing his talents. The government is not  
13 always efficient in doing it.

14 DR. SMITH: What did you say his release  
15 date is?

16 MR. TETTLEBAUM: It's either the 25th or the  
17 27th of November of this year. He was incarcerated for  
18 six months. He went in in April.

19 PRESIDENT HAUSHEER: Mr. Tettlebaum, I'm an  
20 ophthalmologist, and what Dr. Rednam did was horrible,  
21 horrible, and that needs to be stated.

22 You know, was there patient harm to these  
23 people who -- with these injections that didn't get what  
24 they were supposed to have?

25 Yes?

1 MR. TETTLEBAUM: Was there any patient harm?

2 No. No. There was none at all. In fact, that was the  
3 reason we sent the questionnaires out, for two purposes,  
4 one, to inform the patients and make full disclosure to  
5 them as to what had occurred.

6 PRESIDENT HAUSHEER: Not that anyone knows  
7 that there's no harm.

8 MR. TETTLEBAUM: Well, we have asked  
9 specifically in the questionnaires, and that's all  
10 included, specifically asked if they had -- subjectively  
11 if the patients themselves felt there had been any adverse  
12 outcome from his treatment.

13 PRESIDENT HAUSHEER: The potential for harm  
14 existed with what he did.

15 MR. TETTLEBAUM: I think that that really  
16 has -- and I'm not going to -- obviously you're the  
17 specialist. I'm not.

18 But we looked into that issue. Obviously,  
19 it was of grave concern to us. And we believe that under  
20 the circumstances of what he was doing and the way he was  
21 doing it, that if that -- if that were the case, it was  
22 really substantially minimized.

23 But as a practical matter, no patient  
24 indicated there was any harm, and the time period  
25 involved, from the time that he ceased the activity that



1 you're discussing -- which was not part of the charge  
2 obviously. That was a different matter.

3 That from the time that the incident  
4 occurred, he saw almost all of these patients at one time  
5 or another. So he was able to determine that by his own  
6 examinations, as well as from what subjectively the  
7 patients were able to relate.

8 PRESIDENT HAUSHEER: Dr. Scodary.

9 DR. SCODARY: You have to understand,  
10 Mr. Tettlebaum, there are two issues here.

11 The issue is the Federal conviction which  
12 stimulated the auto revocation based on the obstruction of  
13 an investigation. Our other concern as the State Board of  
14 Healing Arts is the protection of the public, that  
15 patients were not given what they thought they were being  
16 given.

17 So there is two issues for us to consider.  
18 Not only did he have the felony conviction but the fact  
19 that what he was obstructing was the investigation into  
20 what he did to those patients, and those patients were  
21 underserved by his clinical judgment as a surgeon.

22 MR. TETTLEBAUM: I don't think he did  
23 obstruct that. The charges --

24 DR. SCODARY: Was he convicted of that?

25 MR. TETTLEBAUM: Well, no. The charges that

1 were involved were merely relating to the billing  
2 practices, the billing -- the effects of the billing  
3 practices which result because there was a --

4 DR. SCODARY: Read to me again the  
5 disposition of his conviction.

6 Mr. Bradford, didn't you read that?

7 MR. BRADFORD: The disposition?

8 DR. SCODARY: The document you referenced.  
9 What was the conviction based on?

10 Obstruction of a Federal investigation to a healthcare  
11 matter?

12 MR. BRADFORD: Obstruction of a criminal  
13 investigation of a healthcare offense.

14 MR. TETTLEBAUM: But the healthcare offense  
15 was billing. It was not the treatment.

16 DR. SCODARY: We understand that, but the  
17 investigation was focused on the fact that this doctor was  
18 doing things that were incorrect clinically, and when it  
19 was being investigated, they found out that he was --

20 MR. TETTLEBAUM: No.

21 DR. SCODARY: -- destroying or changing the  
22 records.

23 MR. TETTLEBAUM: No. What happened was the  
24 clinic did its own audit, end of the year, as it always  
25 did. The accountant for the clinic brought to the clinic,

1 which included Dr. Rednam as one of the members of the  
2 clinic, information that it appeared that there was a  
3 discrepancy in the income that they were reporting.

4 DR. SCODARY: Right.

5 MR. TETTLEBAUM: The reason for that was  
6 because the drugs that were being ordered and the drugs  
7 that were being billed were different. The government's  
8 concern was with the billing, not with the treatment.

9 DR. SCODARY: Right. But the treatment that  
10 stimulates, that brought everybody forward, was  
11 Dr. Rednam's reimbursement for these procedures seemed to  
12 be greater than everyone else's based on how much of this

13 drug he was using, and apparently the distribution of the  
14 drug clinically was being misrepresented to the patient.

15 Is that correct?

16 MR. TETTLEBAUM: I'm -- it isn't clear what  
17 the patients actually knew. What is clear is --

18 DR. SCODARY: Yes or no?

19 MR. TETTLEBAUM: Well, I can't answer that  
20 yes or no because --

21 DR. SCODARY: We can.

22 MR. TETTLEBAUM: It's a fact -- it's a  
23 patient-by-patient fact determination and that -- that has  
24 never been made.

25 What we do know is, and what the government

1 was concerned about -- and I'm not saying that you-all  
2 cannot be concerned or don't have discretion. I mean, I'm  
3 not saying that at all.

4 I'm just talking about the facts in this  
5 case and what his conviction came out was the fact that he  
6 was billing for Lucentis and he was administering Macugen,  
7 and as you all know from the facts of this case, there is  
8 a substantial price difference between those.

9 Clinically, whether there was any difference  
10 in what the effect would be, Macugen was being used at  
11 that time off label, but there was -- we've looked into  
12 this -- and I didn't come prepared today, although at the

13 appropriate time -- and I'm not sure today is the  
14 appropriate time -- we can obviously present it.

15 We did a substantial amount of research in  
16 the literature to determine whether the use of Macugen as  
17 opposed to Lucentis, you know, professionally among the  
18 people that had done the research, demonstrated that there  
19 was any -- there would be any appreciable difference in  
20 terms of the result. We found none.

21 We found no literature that indicated that  
22 Macugen, although being used off label, and properly off  
23 label -- it wasn't -- this wasn't any scam by the  
24 manufacturer, that Dr. Rednam had gone to meetings of his  
25 specialty, that there had been discussions, he had

1 reviewed papers and it was clear to him that the use of  
2 Macugen as opposed to Lucentis was appropriate for the  
3 conditions he was treating.

4 That was never an issue with the government  
5 at all. The issue with the government was they didn't  
6 care if he wanted to use Macugen. Then he should have  
7 billed for Macugen.

8 And he's not here. He's not here to say  
9 that what he did was -- was right. It was wrong. As it  
10 turned out, he wasn't charged with the billing -- with the  
11 billing problems. He was charged with the obstruction.  
12 And that was the government's discretion as to what they  
13 charged him with.

14 But in terms of any harm to any patients or  
15 any possibility of any harm to any patients, you know,  
16 maybe we can talk about that another day if he decides to  
17 come back and seek relicensure.

18 PRESIDENT HAUSHEER: Mr. Tettlebaum, I am an  
19 ophthalmologist, as I stated earlier. So was he diluting  
20 or splitting these dosages? Yes or no?

21 MR. TETTLEBAUM: Of which drug?

22 PRESIDENT HAUSHEER: Well, the Macugen. You  
23 said he gave Macugen instead of Lucentis. Lucentis is a  
24 thousand or so dollars more than Macugen.

25 So he was injecting the Macugen. So was he

1 splitting this dose or diluting it? Yes or no?

2 MR. TETTLEBAUM: I don't believe he was. I  
3 believe he was giving the proper dose of Macugen, but the  
4 problem was that he was billing for Lucentis. And that  
5 was wrong and he admits it.

6 PRESIDENT HAUSHEER: But how do you know,  
7 sir, that he wasn't injecting Triamcinolone, which is a  
8 steroid, which is even more less the cost of Macugen?

9 MR. TETTLEBAUM: How I do know that?

10 PRESIDENT HAUSHEER: Yeah. What was it he  
11 actually -- I mean, do you know for sure he was putting in  
12 Macugen? What if he was using Triamcinolone?

13 He did this for monetary gain. Correct?

14 MR. TETTLEBAUM: It's not clear how much  
15 monetary gain he really would have resulted from this,  
16 quite frankly. It was --

17 PRESIDENT HAUSHEER: Then why did he do it?

18 MR. TETTLEBAUM: Well, initially it appeared  
19 from -- that there was some confusion as to what the  
20 records were.

21 The way the clinic operated was that they  
22 would prepare the paperwork for the patient before the  
23 patient got there, and then it was up to the physician if  
24 they decided to change the treatment to make -- to modify  
25 the pre-prepared records that were prepared by the clinic.

1 In some cases he did that. In some cases he  
2 did not do that.

3 DR. SCODARY: Mr. Tettlebaum --

4 MR. TETTLEBAUM: Yes.

5 DR. SCODARY: -- for brevity here, do you  
6 think if we were to subpoena his partners in this group,  
7 that they would concur with what you're saying?

8 MR. TETTLEBAUM: I don't know what they  
9 would say, Dr. Scodary. I have no idea at all.

10 All I'm saying is, that I'm here today to  
11 respond to the notice of complaint that was served on him.  
12 The notice of complaint that was served on him related to

13 his conviction, and I'm here today to talk about his  
14 conviction.

15 If at some other time -- and I think that's  
16 the point I was trying to make initially. I'm not arguing  
17 with you. You know, what the facts will turn out to be in  
18 a fuller investigation by the Board, I don't know what  
19 they would turn out to be, quite frankly. All I know is  
20 there wasn't any patient harm found or complaint about --

21 DR. SCODARY: We have the option to instill  
22 when he can reapply for a license.

23 MR. TETTLEBAUM: Right.

24 DR. SCODARY: That basis is what we're  
25 trying to learn from you.

1 MR. TETTLEBAUM: Yes, sir.

2 DR. SCODARY: If we think he's a menace, we  
3 could make it seven years; and if we think he's a victim,  
4 we can make it immediate.

5 So we're trying to get some facts to  
6 understand what happened in this case and do we want to  
7 allow him to reapply when he gets out or not.

8 MR. TETTLEBAUM: I understand it.  
9 I respect that.

10 I'm not here today prepared to address that  
11 specifically. That's the reason why -- and we were not  
12 put on notice of that, in all due respect.

13 So I'm suggesting is obviously you're going  
14 to revoke his license. We're not arguing about that at  
15 all. Revoke his license and then leave that discussion to  
16 another day should he decide to come back -- I don't know  
17 what he's going to do. He's 57. He'll be 58 when he gets  
18 out. I don't know what Dr. Rednam is going to do, whether  
19 he's going to come back and reapply.

20 He's also licensed in Illinois. He may just  
21 decide to practice in Illinois. Illinois law is a little  
22 different from Missouri. I don't know.

23 And so what I'm just suggesting respectfully  
24 is that we delay this discussion to if he decides to come  
25 back. If he decides to come back, this Board -- I don't



1 have to tell you-all. I'm not being patronizing -- has  
2 almost total discretion of what it's going to do on a  
3 physician in his position who comes back and seeks  
4 relicensure.

5 So if you decide that the facts at that  
6 particular point in time, whether it's next year or two or  
7 three or five years from now are such that you don't  
8 believe he should be licensed, then, you know, that's your  
9 discretion and the courts normally don't argue with that.

10 But I'm not here prepared to go patient by  
11 patient --

12 PRESIDENT HAUSHEER: Okay.

13 MR. TETTLEBAUM: -- to look to discuss  
14 clinically what occurred.

15 PRESIDENT HAUSHEER: We got it.

16 MR. TETTLEBAUM: And I understand the  
17 concern, and I'm not -- I'm not denigrating the concern of  
18 the Board. I think it's a legitimate concern. We weren't  
19 put on notice of that information, so we don't have any.

20 PRESIDENT HAUSHEER: Mr. Tettlebaum, do you  
21 have any further evidence?

22 MR. TETTLEBAUM: No, ma'am.

23 MR. BRADFORD: May I make a suggestion?

24 If the Board is concerned about this, I  
25 don't see any reason since -- he's incarcerated until

1 November.

2 MR. TETTLEBAUM: Right.

3 MR. BRADFORD: He isn't going to be  
4 practicing anywhere. Perhaps if the Board was that  
5 interested, we could continue to the next Board meeting  
6 and develop some of that evidence, if you're interested in  
7 that, and -- or as Mr. Tettlebaum points out, all that  
8 could be considered if and when he reapplied.

9 MR. TETTLEBAUM: I would appreciate the  
10 opportunity. I think Dr. Rednam is obviously the best  
11 witness as to what he was doing, and that's one of the  
12 reasons I was making the suggestion I was making.

13 Obviously, if he were to decide to  
14 reapply -- and I don't know whether he is or he isn't,  
15 quite frankly. This has been -- as you can well imagine,  
16 this has been devastating.

17 This is a gentleman who comes from a long  
18 line of very prominent physicians in India, and this has  
19 been mortifying. And I'm not asking for sympathy. He  
20 brought it on himself.

21 PRESIDENT HAUSHEER: Yes, he did.

22 MR. TETTLEBAUM: So don't get me wrong. He  
23 did it and he's suffering the consequences.

24 All I'm saying is I think that should he  
25 decide to come back and seek licensure, I think at that

1 point in time, I absolutely agree it's completely  
2 appropriate for this Board to inquire into the  
3 circumstances and have the opportunity to examine him  
4 under oath before you to see what he was thinking, so that  
5 you can get a measure of the person.

6 I don't believe it's fair to him to at this  
7 particular hearing to -- to use me. You know, I'm a  
8 marginal lawyer as it is, and I'm not a very good  
9 physician.

10 PRESIDENT HAUSHEER: Duly noted.

11 MR. TETTLEBAUM: Thank you.

12 PRESIDENT HAUSHEER: Mr. Bradford, do you  
13 have any further evidence?

14 MR. BRADFORD: No further evidence at this  
15 time.

16 PRESIDENT HAUSHEER: Go ahead.

17 MR. BARRETT: Mr. Tettlebaum, do you know in  
18 regards to the criminal case, is that case now final?

19 MR. TETTLEBAUM: Yes, it is.

20 MR. BARRETT: There is no appeal? There is  
21 no --

22 MR. TETTLEBAUM: No, sir.

23 This was all -- Dr. Rednam, I guess in his  
24 behalf, he -- he did a very dumb thing. He did -- he  
25 actually did a couple dumb things. But obstructing

1 justice was really stupid.

2 Anybody that has ever had -- you know, the  
3 lawyers in the room know that's about the dumbest thing  
4 you can do.

5 And why he did it, you know, what led him to  
6 do -- someone who had been previously as prominent a  
7 physician and as good as a physician he was, you know, I  
8 don't know. Maybe it was greed. Maybe it was stupidity.

9 MR. BRADFORD: I just want to make sure I  
10 understand. There is no appeal pending?

11 MR. TETTLEBAUM: No, sir.

12 MR. BARRETT: And the time for appeal has  
13 lapsed?

14 MR. TETTLEBAUM: That is correct.

15 And, furthermore, Dr. Rednam indicated to me  
16 that he's not contesting what you-all are doing, I mean,  
17 at all in any respect.

18 So you're going to revoke his license. He  
19 knows that. The real issue is merely the conditions of  
20 that revocation.

21 MR. BRADFORD: Do you know if there any  
22 civil actions pending --

23 MR. TETTLEBAUM: No.

24 MR. BRADFORD: -- related to the conduct  
25 that ultimately led to the conviction?

1 MR. TETTLEBAUM: No. We had -- the reason  
2 we sent out the questionnaires was to determine the level  
3 of comfort that his patients had with him and whether  
4 there were any adverse consequences to any of his  
5 treatment.

6 And what I read you into the record is just  
7 a small part of what we received back. His patients  
8 absolutely love this man. He worked Saturdays. He worked  
9 Sundays. They just loved him.

10 MR. BARRETT: Thank you, Madam Chair.

11 PRESIDENT HAUSHEER: We have to keep going.

12 So does either attorney have a closing  
13 statement?

14 MR. BRADFORD: None by the Board.

15 MR. TETTLEBAUM: I believe I've taken up  
16 enough of the Board's time.

17 PRESIDENT HAUSHEER: Thank you.

18 So if there is nothing further, then this  
19 hearing will be concluded.

20 Each party should make arrangements with the  
21 court reporter if they desire a copy of the transcript of  
22 this hearing. An Order will be issued by this Board when  
23 it's completed its deliberations, and a copy of the Order  
24 will be mailed to the doctor and his attorney.

25 This hearing is now adjourned.

## CERTIFICATE OF REPORTER

1  
2  
3 I, Patricia A. Stewart, RMR, RPR, CCR, a  
4 Certified Court Reporter in the State of Missouri, do  
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<p><b>A</b></p> <p>abiding 17:21 19:12 abilities 20:10,14 ability 37:7 able 12:14 16:8 24:5,7 about 5:12 11:14 15:19 17:3 27:1,4 28:16 30:13,20 31:14 32:24 35:3 absolutely 34:1 36:8 accept 15:13 accompanying 15:16 accountant 25:25 achieve 18:1 action 7:12 13:10 37:9,13 actions 10:5 17:16 21:8,14 35:22 active 7:10 activity 23:25 actually 10:12 20:1 20:4 26:17 29:11 34:25 address 31:10 adjoined 36:25 administering 27:6 Administrators 3:7 5:6 admiration 15:21 admits 29:5 admittedly 14:1 advanced 21:23,24 21:25 advantage 20:8 adverse 23:11 36:4 advisor 3:17,18 6:24 affected 19:20 affirming 20:13 afford 18:5 after 12:19 14:8 18:11 19:15 20:6 20:11,24 21:1 again 21:4 25:4 against 7:13 agenda 11:20 agree 12:21 34:1 agreed 11:22 agreement 21:15 ahead 8:7 34:16 aid 21:22 alleging 13:24 allow 12:25 21:22</p>	<p>31:7 allowing 14:20 15:1 almost 20:6 24:4 32:2 along 21:6 already 21:11 although 27:12,22 always 15:22 16:1 17:12,20 22:13 25:24 Amazonas 3:8 5:7 amends 17:16 among 10:5 27:17 amount 18:22 27:15 amounts 17:25 another 16:5,14 24:5 28:16 31:16 answer 16:2 22:6 26:19 Anthony's 19:4 Anybody 35:2 anyone 17:2 23:6 anyone's 16:24 anything 17:8 anywhere 33:4 apparently 26:13 appeal 34:20 35:10 35:12 appeared 26:2 29:18 appears 37:5 appreciable 27:19 appreciate 33:9 appropriate 12:13 12:24 13:2 27:13 27:14 28:2 34:2 approve 19:10 approximately 5:4 13:20 21:17 April 5:13 9:23 13:16,21 22:1,18 argue 32:9 arguing 30:16 31:14 arose 14:8 around 18:18 arrangements 36:20 Arts 1:5 3:2 4:3 5:5 5:10 6:2 7:3 24:14 asked 23:8,10 asking 33:19 asks 17:3 assistance 15:10 associates 16:12</p>	<p>Attached 2:9 attempting 15:11 attempts 15:11 attendance 6:2 attitude 16:3 attorney 4:4,9 5:22 7:25 19:16 36:12 36:24 37:11 attorneys 7:15 19:17 audit 14:8 25:24 August 16:16 auto 24:12 automatic 1:12 3:6 5:12,18 Avastin 14:12 a.m 5:4</p> <p><b>B</b></p> <p>back 12:14,25 28:17 31:16,19,25 31:25 32:3 33:25 36:7 bank 18:17,19 Barrett 3:18 6:23 9:12 10:21 11:4 11:11,16 34:17,20 35:12 36:10 based 24:12 25:9 26:12 basic 13:20 basis 10:25 30:24 before 1:4 3:1 7:13 9:19 17:14 22:1,2 29:22 34:4 beginning 15:24 behalf 18:8 34:24 being 6:25 10:1 24:15 25:19 26:6 26:7,14 27:10,22 32:1 believe 21:8 22:4 23:19 29:2,3 32:8 34:6 36:15 beneficiaries 21:13 21:18 best 17:13,17 33:10 37:6 better 21:22 between 13:13 27:8 billed 26:7 28:7 billing 25:1,2,2,15 26:8 27:6 28:10 28:11 29:4 Blackwell 4:10 8:9 blind 17:24 18:1 blow 16:11</p>	<p>Board 1:4 3:1,10 4:2 5:4,10 6:1,21 6:22 7:3,18,21,25 8:2,3,5,19 9:2 12:10,11,13,14,16 12:24,25 13:1,4 19:10 22:7 24:13 30:18 31:25 32:18 32:24 33:4,5 34:2 36:14,22 Board's 3:17 6:24 8:13 36:16 born 18:14 both 11:25 Boulevard 3:20,24 Bradford 2:6 4:4,5 6:23 7:18 8:13 9:6,14 10:24,24 11:2,7,13 25:6,7 25:12 32:23 33:3 34:12,14 35:9,21 35:24 36:14 Bradley 3:14 6:13 brevity 30:5 brilliant 17:22 bring 9:11 broad 12:16 brought 25:25 26:10 33:20 Building 3:7 5:7 buy 18:24</p> <p><b>C</b></p> <p>C 4:1 5:1 20:12 21:12,17 calculations 14:22 15:1 call 6:1 came 18:23 20:7 27:5 camp 18:12 capable 17:2 cardiac 21:24 cardiorespiratory 21:25 care 13:22 15:15 17:11,24 18:5 20:21 28:6 caregiver 16:4 caring 15:23 16:3 17:2,7 carriers 21:12,17 case 1:9 3:4 5:9 10:17 15:2 23:21 27:5,7 31:6 34:18 34:18 cases 30:1,1</p>	<p>CCR 3:23 37:3,18 ceased 23:25 <b>CERTIFICATE</b> 37:1 certification 22:1 certifications 21:23 Certified 37:4 certify 37:5 Chair 36:10 change 29:24 changed 20:3 changes 16:16 changing 25:21 charge 13:20 24:1 charged 28:10,11 28:13 charges 14:11,23 24:23,25 charity 18:3 checklists 21:5 checkup 16:15 Chief 7:2 children 18:15 19:3 Chronic 16:18 circumstance 17:8 circumstances 12:18 23:20 34:3 citizen 17:21 19:12 City 3:8,21,25 4:6 4:11 5:7 civil 35:22 clean 19:3 clear 26:16,17 28:1 29:14 clinic 13:14,25 14:7 14:9 15:10 17:5 25:24,25,25 26:2 29:21,25 clinical 24:21 clinically 25:18 26:14 27:9 32:14 clinic's 14:10 21:1 closing 36:12 Club 18:22 CML 16:18 collecting 14:5 come 12:14,25 27:12 28:17 31:16 31:19,24,25 33:25 comes 32:3 33:17 comfort 36:3 comments 9:20 commitment 17:12 21:19 committed 12:7 communication 14:3</p>
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