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SUPREME COURT OF THE STATE OF NEW YORK — NEW YORK COUNTY

PRESENT: HON. CAROL EDMEAD PART 35

Justice

Index Number : 107925/2004
BUSTOS, MARIA DEL PILAR
vs.
LENOX HILL HOSPITAL
SEQUENCE NUMBER : 006
TRIAL DE NOVO

INDEX NO. _____
MOTION DATE 7/12/11
MOTION SEQ. NO. 006
MOTION CAL. NO. _____

this motion to/for _____

PAPERS NUMBERED

Notice of Motion/ Order to Show Cause — Affidavits — Exhibits ... _____
Answering Affidavits — Exhibits _____
Replying Affidavits _____

FILED
JUL 26 2011
NEW YORK
COUNTY CLERK'S OFFICE

Cross-Motion: ☐ Yes ☑ No

Upon the foregoing papers, it is ordered that this motion

Based on the accompanying Memorandum Decision, it is hereby

ORDERED that defendant Lenox Hill Hospital's motion pursuant to CPLR 4404 to (1) set aside the verdict as a matter of law and enter judgment in favor of said defendant, or (2) set aside the verdict pursuant to CPLR 4404 as against the weight of the evidence and order a new trial, or (3) reduce the verdict, is denied.

This constitutes the decision and order of the Court.

Dated: 7/19/11

HON. CAROL EDMEAD J.S.C.

Check one: ☑ FINAL DISPOSITION ☐ NON-FINAL DISPOSITION

Check if appropriate: ☐ DO NOT POST ☐ REFERENCE

☐ SUBMIT ORDER/ JUDG. ☐ SETTLE ORDER/ JUDG.

MOTION/CASE IS RESPECTFULLY REFERRED TO JUSTICE FOR THE FOLLOWING REASON(S):

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK: PART 35

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MARIA PILAR BUSTOS and CESAR BUSTOS,

Index # 107925/04

Plaintiffs,

-against-

LENOX HILL HOSPITAL, PEDRO SEGARRA, M.D. and DR. "JOHN" CHAN (first name being fictitious and unknown),

Defendants.

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HON. CAROL R. EDMEAD, J.S.C.

MEMORANDUM DECISION

In this medical malpractice action arising from the delivery of a child born to Maria Pilar Bustos ("plaintiff") and her husband Cesar Bustos (collectively, "plaintiffs"), defendant Lenox Hill Hospital ("LHH") moves pursuant to CPLR 4404 to (1) set aside the verdict as a matter of law and enter judgment in its favor, (2) set aside the verdict as against the weight of the evidence and order a new trial, or (3) reduce the verdict.

Factual Background[1]

On March 31, 2011 the jury in this action returned a verdict in favor of the plaintiffs in the total amount of $5,500,000. The jurors found that LHH departed from accepted practice "in the dosage of an epidural block administered during plaintiff's delivery" and "in the maneuvers performed on plaintiff during plaintiff's delivery."

LHH argues that plaintiffs failed to make out a *prima facie* case as to these theories of liability and therefore, the verdict must be set aside as a matter of law and judgment entered in favor of the defendant. Alternatively, the verdict must be set aside and a new trial ordered as it is

[1] The Factual Background is taken in large part from LHH's motion papers.

wholly unsupported by the testimony and evidence adduced during the trial

LHH contends that the only testimony as to the dosage of the epidural anesthesia was that of Dr. Plotnick, who testified that the epidural anesthesia administered to plaintiff was given in an "entirely appropriate" manner and that it was a "standard dose."[2] Although Dr. Plotnick testified that the standard dose resulted in an "excessively dense block," he never testified that the dose was inappropriate or a departure, or that the dosage should have been different. He explained that "you never really know exactly how the block is going to go in any patient ..." Dr. Plotnick testified that the occurrence of a "dense block" is not malpractice and that once the dense block was documented, "then things should have been done a little bit differently," without explaining what should have been done after that time. Dr. Plotnick's conclusion that the block was too dense was based on hindsight of what occurred after the appropriate and standard dosage of the epidural anesthesia was given.

Further, a hospital cannot be held liable for the acts or omissions of private attending physicians, and here, the epidural block was not administered by an agent or employee of LHH. Plaintiff was a private patient of Dr. Pedro Segarra and traveled to LHH from Queens, where she lived, because that is where he delivered his private patients. Plaintiffs were aware that the person who administered the epidural block was Dr. Rod Weinberg ("Dr. Weinberg") and that he was an "attending physician" at LHH. Neither plaintiff nor Mr. Bustos was never asked any questions about the anesthesiologist or whether he appeared to be an employee or agent of LHH. Plaintiffs offered no indicia as to any "words or conduct" by LHH that gave rise to the

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[2] Plaintiff testified after she was given the epidural injection "around six in the morning," she "felt calm, the pain went away and I fell asleep because I was very tired.

appearance, or any reliance on any appearance, that Dr. Weinberg was an agent possessed with authority to act on behalf of LHH. Nor did plaintiff show that she accepted Dr. Weinberg's services as an agent of LHH. Plaintiffs failed to make out a claim of agency to hold LHH vicariously liable for Dr. Weinberg's acts.

Further, the testimony demonstrated that no excessive maneuvers were performed. Plaintiff testified that her legs were pushed "towards" her stomach, not "into" her stomach as plaintiffs' counsel suggested. The record is devoid as to how little or far her left leg was "stretched" to the side, or even which side. There was no testimony as to any force being applied to her legs or that her left leg was excessively stretched or pulled. Mr. Bustos testified that during the delivery, his wife's legs were pushed "towards her belly so that she can push, so that she can labor." He never gave any testimony that plaintiff's legs were excessively pushed, stretched or pulled. Dr. Plotnick stated in a conclusory manner that "With a reasonable degree of medical certainty that the birthing maneuvers were excessive and caused these injuries." When asked if the birthing maneuvers were a departure from the appropriate standard of care, his opinion was limited to one word, "Yes." He was never asked how the claimed maneuvers were excessive or departed from accepted practice, or how the maneuvers caused plaintiff's injuries. He never explained if the LHH chart supported his opinion. The jury had to speculate as to what was inappropriate about them or how they could have caused plaintiff's injuries. While Dr. Plotnick testified that it is better when the patient pulls her legs up and out during delivery, he never said it was excessive or a departure if someone else did. Dr. Plotnick testified that during a "McRobert's" maneuver, the patients' legs are pulled up and out to rotate the pelvis. Plaintiff's testimony was consistent with Dr. Plotnick's description of a McRoberts maneuver during which

the knees are pulled to the chest "and out." Plaintiff never testified that both of her legs were moved outward, but that only her left leg was stretched to the side. As plaintiff never described in the trial testimony which side or how far to the side her leg was stretched, there is no basis for Dr. Plotnick to opine that it was excessive. Based on Dr. Plotnick's own testimony, the maneuvers described by plaintiff were not excessive and there can be no foundation in her testimony to form the basis of his opinion.

The orthopedic consult note of Dr. Rodriguez regarding a hyperflexion abduction maneuver also cannot form the basis of Dr. Plotnick's opinion regarding the birthing maneuvers. Dr. Plotnick never testified that a hyperflexion maneuver was a departure. And, the note is hearsay and "there is no foundation as to how he learned that" plaintiff complained of pain as a result of a hyperflexion abduction maneuver during childbirth. LHH argues that in any event, the notes were not a proper foundation for a question regarding departure from the standard of care as they were based on the plaintiff's suffering pain and a complication discovered after the procedure. It cannot be inferred that there was a departure from accepted care simply because there was a complication or injury.

In any event, it would have been legally improper for Dr. Plotnick to have included the subsequent events and care in determining that there was a departure from the standard of care during the delivery.

Further, plaintiff failed to establish proximate cause. Dr. Plotnick never explained how the birthing maneuvers resulted in a symphysis pubis diastasis. His conclusory opinion as to causation is part of his one sentence opinion that "the birthing maneuvers were excessive and caused these injuries." A jury is not permitted to speculate as to how the alleged departures

caused an injury.

In the alternative, LHH argues that the verdict must be set aside as against the weight of the evidence and a new trial ordered. The verdict was based on conclusory testimony by Dr. Plotnick without any explanation or substance to support his opinion as to the birthing maneuvers. The criteria for setting aside a jury verdict as against the weight of the evidence are less stringent than setting aside a verdict on the ground that it was not supported by sufficient evidence. The evidence presented by the defendant, and corroborated by Mr. Bustos, was strong and overwhelming that no excessive birthing maneuvers were performed.

Furthermore, the jury's award of $5,500,000 deviated materially from what would be reasonable compensation.

The verdict of $4,500,000 for plaintiff's past and future pain and suffering is clearly excessive in light of caselaw involving injuries far worse than hers, including quadriplegia. Further, as to future pain and suffering ($3,000,000), plaintiff testified that except for short distances she must use a cane to walk and has difficulty walking. However, Dr. Roth, the physical medicine and rehabilitation specialist, testified after viewing the videotape surveillance films that plaintiff walks without an limp and can ambulate without the use of a cane. Although on direct examination Dr. Roth testified that Mrs. Bustos used a cane and walked with a limp, he conceded that with patients such as Mrs. Bustos you "have to take them at their word" because he doesn't "observe them outside of the office." Plaintiff attends college classes weekly, admitted that she's able to carry a backpack of books to school, and thus, is not completely disabled. She is seen on the video surveillance purchasing and lifting a gallon of milk and carrying it home without using her cane for weight bearing. Plaintiff fortunately is not largely confined to a

wheelchair and completely disabled and dysfunctional. Thus, $3,000,000 for future pain and suffering in her case is excessive and against the weight of the evidence.

Further, as to pecuniary injuries such as loss of services (for past loss of services, $500,000 and future loss of services, $500,000), there was no expert testimony as to the value of plaintiff's services as a homemaker. Without this evidence, that part of the loss of services award that is intended to compensate Mr. Bustos for the loss of his wife's past and future household services must have been based on pure guesswork.

In opposition, plaintiffs first point out that they defeated defendants' motions for summary judgment and the Appellate Division, First Department adhered to the court's finding of the existence of triable issues of fact on deviation from good and accepted medical care upon the opinion Dr. Plotnick.

As to the dosage administered, the Court found, and the First Department affirmed, that "there are factual disputes as to whether there were departures from the standard of care." The court stated ". . .the injury to the pelvis (which included a fracture) was not adequately explained by the normal process of symphysis pubis softening during labor." The First Department later stated that Dr. Plotnick's testimony "was sufficient to raise triable issues of fact as to whether defendants' treatment of plaintiff before and during delivery departed from good and accepted standards of obstetric care." The medical evidence adduced at trial is consistent with the medical opinions submitted with the summary judgment motion. None of experts were cross-examined at trial with any alleged inconsistencies between their testimony and their earlier affirmations.

Further, argue plaintiffs, defendants waived their right to object based on the employment status of the anesthesiologist in that no objection was raised until after the close of evidence and

the record is devoid of any evidence on this point. Such issue was not raised or mentioned in any manner from the time of jury selection until the charge conference. Defendants failed to raise this issue in their motion *in limine* and were aware that the Court ruled that such claims were going to be submitted against LHH. This issue was not preserved for review, since there is no evidence on the record from which it could be determined who actually administered the epidural to plaintiff and what the legal relationship that person had with LHH. Nothing in the record (other than counsel's statements in the charge conference) supports the claim that Dr. Weinberg was not a LHH employee, and statements of counsel do not constitute evidence.

LHH's contention that Dr. Plotinick's opinion regarding the birthing maneuvers was "conclusory" because he never explained "how" the hyper flexion/abduction maneuvers that caused the fractures of plaintiff's pelvis were excessive, were raised and rejected by the Court and the Appellate Division. The Court, affirmed by the Appellate Division, imposed no such requirement. Further, it is unclear what information should have been introduced, especially since at the time of the malpractice, defendants failed to document in the chart, and did not recall at trial exactly what maneuvers they performed. During the trial the expert and fact witnesses were brought out of the witness box to physically demonstrate the birthing maneuvers. A verdict may be set aside only when "there is simply no valid line of reasoning and permissible inferences which could possibly lead rational men to the conclusion reached by the jury on the basis of the evidence presented at trial," and the jury was in the best position to observe the physical demonstrations.

Further, the caselaw on which LHH relies to support its claim that this action is impermissibly based on "hindsight" is factually distinguishable. Plaintiff's injuries and the

surgery needed to fix her disrupted pelvis were actually caused by birthing maneuvers negligently administered by LHH. Plaintiff suffered an open-book fracture and separation of her pelvis six times larger than the largest separation that defendants' expert deems normal, a separation that required immediate surgical repair with hardware fixation, and two subsequent surgeries, which rendered her disabled for life with permanent pain and suffering. Plaintiffs do not contend that defendants failed to diagnose and treat a difficult-to-discover condition, and never claimed that defendants chose a course of treatment that upon hindsight proved incorrect. That the extent of plaintiff's injuries was not fully appreciated at the time when defendants' maneuvers caused the loud, cracking sound, does not somehow convert plaintiffs' claim of a negligently-caused injury into one 'impermissibly based on "hindsight."

And, the birthing maneuvers were the proximate cause of plaintiff's injuries. Plaintiffs are required to prove only that it is more likely than not that plaintiff's injury was caused by defendants' negligence. Plaintiffs need not prove the exact nature of defendant's negligence. Plaintiffs adduced proof that plaintiff's injuries were caused by the exaggerated birth maneuvers described and demonstrated by plaintiffs. In contrast, defendants' proof was silent on the issue of causation of plaintiff's injuries and no other possible cause of her injuries was set forth by either of the two medical doctors or the licensed nurse called by the defense. Dr. Plotnick's testimony that excessive birthing maneuvers were performed and that they caused plaintiff's injuries was not contradicted by the evidence offered by the defense.

Finally, the jury's verdicts on damages did not deviate materially from what would be reasonable compensation. A review of the record confirms that plaintiff suffered excruciating pain at the time that her pubis was separated an extraordinary 9.5 centimeters. Dr. Segarra

testified that any separation of over 1.5 centimeters is abnormal. Plaintiff was conscious and felt "terribly bad" when the resident and nurse performed the birthing maneuvers with her legs. Plaintiff actually heard the cracking of her pubis and immediately felt the incredible pain that caused her to scream out to let her go. The pain has continued through multiple invasive surgeries in 2003, 2005 and two in 2007. The jury heard the details of almost a decade of agony and impairment on many levels. The jury was able to consider the actual detriment to plaintiff during her many years of past and expected future diminished capacity. The award was not based on conjecture since the jurors heard the factual narrative of the effect on plaintiff's former active lifestyle. Not one case cited by defendants is analogous to the injuries at bar. Significant awards and settlements for cases with exquisite pain and similar injuries parallel the facts at bar.

Likewise, two recent decisions support the awards for past and future loss of services. Plaintiffs' marital relationship has been grievously harmed on multiple levels. Their former vibrant sexual intimacy has been virtually eradicated, and the household duties now fall on the shoulders of Mr. Bustos. While plaintiff had additional surgeries to alleviate her pain, she will have a lifetime of suffering in the 40 years that the jury determined remained. Viewing the evidence in a light most favorable to plaintiffs, the verdicts on damages should stand.

In reply, LHH adds that as plaintiffs have the burden of proof for every element of their case, it was proper at the close of all evidence to raise the lack of any evidence showing Dr. Weinberg, the anesthesiologist who gave the epidural, was an employer or apparent agent of LHH. Whether Dr. Weinberg appeared as an agent of LHH would have been a question for the jury, not a matter of law for the Court. Plaintiffs failed to introduce any *indicia* that he was an agent or apparent agent. Further, the chart shows it was Dr. Weinberg, and Nurse Flores testified

that Dr. Weinberg gave the epidural. Plaintiff was also aware Dr. Weinberg gave it from Dr. Segarra's deposition testimony.

Plaintiffs failed to cite to any testimony by Dr. Plotnick explaining how the birthing maneuvers were allegedly excessive, and merely regurgitate his conclusory one sentence opinion and misstate the trial record. Nor Dr. Plotnick physically demonstrate the birthing maneuvers. Plaintiffs also improperly quote testimony from the trial record that was stricken by the Court,

Further, as to the prior decisions, a denial of a summary judgment motion means nothing except that summary judgment was not warranted at that time. The merits of a motion pursuant to CPLR 4404(a) to set aside a verdict after a trial depend on the testimony and evidence adduced at trial, not an affidavit prepared two years earlier that was never submitted to the jury. In his affidavit in opposition to the summary judgment motion, Dr. Plotnick included more details than were in his trial testimony, but never stated that the alleged birthing maneuvers were a departure from accepted practice.

Plaintiffs failed to establish how the birthing maneuvers were a proximate cause of plaintiff's symphasis pubis diastasis. The cases plaintiffs cite are inapplicable as they involve falls causing an injury, which is in the logic of common experience of a lay person, whereas here, hyperilexion abduction maneuvers performed during vaginal delivery, and a symphasis pubis diastasis, are clearly outside the "logic of common experience" of a lay person. Dr. Prince offered a non-negligent explanation that the "symphasis is a joint and sometimes joints can separate."

Discussion

CPLR 4404(a) provides in pertinent part, that: "the court may set aside a verdict or any

judgment entered thereon and direct that judgment be entered in favor of a party entitled to judgment as a matter of law or it may order a new trial of a cause of action or separable issue where the verdict is contrary to the weight of the evidence ..." "The criteria for setting aside a jury verdict as against the weight of the evidence are necessarily less stringent (than setting aside a verdict on the ground that it was not supported by sufficient evidence as a matter of law), for such a determination results only in a new trial and does not deprive the parties of their right to ultimately have all disputed issues of fact resolved by a jury (*Hoffson v Orentreich*, 168 AD2d 243, 562 NYS2d 479 [1st Dept 1990]). Whether a jury verdict should be set aside as contrary to the weight of the evidence does not involve a question of law, but rather requires a discretionary balancing of many factors (*id.*). It has been stated that a jury verdict should not be set aside as against the weight of the evidence unless the jury could not have reached the verdict on any fair interpretation of the evidence" (*id.*) (internal citations omitted).

"In making this determination, the court must proceed with considerable caution, "for in the absence of indications that substantial justice has not been done, a successful litigant is entitled to the benefits of a favorable jury verdict . . . Indeed, the court must cautiously balance 'the great deference to be accorded to the jury's conclusion' ... against the court's own obligation to assure that the verdict is fair,' and the court may not employ its discretion simply because it disagrees with a verdict, as this would 'unnecessarily interfere with the fact-finding function of the jury to a degree that amounts to an usurpation of the jury's duty'" (*McDermott v Coffee Beanery, Ltd.*, 9 AD3d 195, 777 NYS2d 103 [1st Dept 2004] (internal citations omitted)).

As to the jury's finding regarding the dosage of the epidural block, the evidence presented at trial provided sufficient basis for a rational person to logically reach the same conclusion as the

jury. Contrary to LHH's contention, Dr. Plotnick testified that while the doses were "standard" doses, it was "*Based upon height, weight and criteria the anesthesiologist used* in her, it lowered her blood pressure. There is at least one notation of the heart rate going down, and that needed to be reversed, so it was *too dense of [plaintiff] at that time.*" The jury is entitled to credit any portion of the expert witnesses testimony as it chooses (*Mejia v JMM Audubon, Inc.*, 1 AD3d 261, 767 NYS2d 427 [1st Dept 2003] (the jury "was entitled to accept or reject either expert's position in whole or in part")).

It is noted that "[b]oth on a motion for summary judgment and on a motion for judgment notwithstanding the verdict, the standard for granting relief is whether, based on the evidence before the court, the movant is entitled to judgment 'as a matter of law'" (*Stephenson v Hotel Employees and Restaurant Employees Union Local 100 of the AFL-CIO*, 14 AD3d 325, fn. 4, 787 NYS2d 289 [1st Dept 2005] *citing* CPLR 3212[b], 4404[a]). "Whether the determination is based on pretrial evidentiary submissions or on the evidence presented at trial, the legal standard is exactly the same." Although a "denial of a motion for summary judgment will generally be res judicata of nothing except that summary judgment was not warranted" (*Puro v Puro*, 79 AD2d 925, 434 NYS2d 424 [1st Dept 1981] *citing* Siegel, Practice Commentaries, McKinney's Cons Laws of NY, Book 7B, CPLR 3212, C3212:21, p 440), the Court (Lobis, J.), as affirmed on appeal, previously cited to Dr. Plotnik's opinion which "references 'the unusually dense epidural block' as a contributing factor to the injury . . . ." and such evidence was presented to the jury. Therefore, it cannot be said that the jury's verdict on the issue of the epidural block was against the weight of the evidence.

As to whether the epidural block was administered by an LHH employee, it is

uncontested that a "hospital may not be held concurrently liable for injuries suffered by a patient who is under the care of a private attending physician chosen by the patient where the resident physicians and nurses employed by the hospital merely carry out the orders of the private attending physician, unless the hospital staff commits "independent acts of negligence or the attending physician's orders are contradicted by normal practice" while a hospital cannot be held liable for the acts or omissions of private attending physicians" (*Suits v Wyckoff Heights Med. Ctr.*, 84 AD3d 487, 922 NYS2d 388 [1st Dept 2011]). However, LHH failed to address, in reply, plaintiffs' contention that this issue was not preserved for review. By raising this issue for the first time on this post-trial motion, LHH waived its right to raise this objection as a basis to set aside the verdict as against the weight of the evidence (*see e.g.,Gafur v Garden Cab Corp.*, 1 Misc 3d 912(A), 781 NYS2d 624 (Table) [Sup. Ct., Bronx County 2004] [trial errors are waived to seek relief not appropriately raised on this post-trial, CPLR § 4404(a) motion to set aside the jury verdict. Since at trial plaintiff never moved for a mistrial on such grounds which he asserts in this post-trial motion, plaintiff waived his right to seek relief on these grounds pursuant to CPLR § 4404(a)")).

The record also supports the jury's finding that defendants' birthing maneuvers were a departure and that such departure caused plaintiff's injuries. "In a medical malpractice action, as in any negligence action, the plaintiff has the burden of proving, by a preponderance of the evidence, that the defendant's negligence, in this case the departure from good and accepted medical practice, proximately caused the injury claimed" (*Mortensen v Memorial Hosp.*, 105 AD2d 151, 483 NYS2d 264 [1st Dept 1984]). "If such negligence is a substantial factor in producing the injury, it is a proximate cause of the injury" (*id.*). Further, a "plaintiff is not

required to eliminate every other possible cause. . . . That another possible cause concurs with a defendant's negligent act or omission to produce an injury does not relieve a defendant from liability if the plaintiff "shows facts and conditions from which the negligence of the defendant and the causation of the accident by that negligence may be reasonably inferred.' . . . However, "where an [injury] is one which might naturally occur from causes other than a defendant's negligence the inference of his negligence is not fair and reasonable.' The burden, of course, of proving causation always remains with the plaintiff. If conflicting inferences may be drawn, the choice of inference is.for the jury" (*id.*) (internal citations omitted); *see also Brewster v Prince Apartments, Inc.*, 264 A.D.2d 611, 695 N.Y.S.2d 315 [1st Dept 1999]).

The evidence supports a finding that it was more likely than not that plaintiff's injuries were caused by excessive birthing maneuvers. As pointed out by plaintiffs, LHH's records, namely, the notation that plaintiff suffered "left lower extremity [pain] most probably related to position during second stage of labor" coupled with plaintiff' testimony of how her legs were being positioned "toward" her stomach and the "loud cracking" sound plaintiff heard, indicate that the birthing maneuvers caused plaintiff's resulting injuries. Dr. Plotnick, testified based on his review of the LHH chart, the Hospital for Special Surgery chart, and plaintiff's testimony. Plaintiff stated that LHH staff members "would push [her] legs toward my stomach" for "four or five times" and that this maneuver was "painful." The jury also had the opportunity to observe the witnesses demonstrate the manner in which the birthing maneuvers were performed and led to the injuries claimed. Thus, the jury was entitled to disregard any and all portions of conflicting testimony, including testimony that plaintiff's injuries were the result of hormonal changes she underwent during pregnancy and labor. As the record supports Dr. Plotnick's

conclusion, and the jury's finding, that to a reasonable degree of medical certainty the birthing maneuvers caused plaintiff's injuries, vacatur of the jury award on such issue is unwarranted.

Finally, while the Court recognizes that the damage award by the jury was on the "high end," the Court is disinclined to set aside the verdict.

Conclusion

Based on the foregoing, it is hereby

ORDERED that defendant Lenox Hill Hospital's motion pursuant to CPLR 4404 to (1) set aside the verdict as a matter of law and enter judgment in favor of said defendant, or (2) set aside the verdict pursuant to CPLR 4404 as against the weight of the evidence and order a new trial, or (3) reduce the verdict, is denied.

Dated: July 19, 2011

Hon. Carol Robinson Edmead, J.S.C.

HON. CAROL EDMEAD