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Q. Well, now, an increase in blood pressure from 100 to 150 to 170 -- that is to say, it starts at 100 and it goes to between 150 and 170, wouldn't that be the kind of thing that the folks at Merck would want to know about regarding somebody who is taking Vioxx? When I say "folks at Merck," I'm not talking about the president of Merck Research Laboratories, I'm talking about the people at Merck who monitor reports from the field, so to speak, regarding patient experiences.
A. If it -- I mean, if this were a true finding, then, yes, that would be of interest.
Q. Right. Well, you don't have any reason to dispute that Deborah Dagit, co-employee at Merck, would be untruthful about her increase in blood pressure, would you?
A. Oh, I would not have any reason to expect her to be untruthful.
Q. So, wouldn't you have --
A. And I --
Q. I'm sorry. Were you finished?
A. No. I don't have a reason -- I would be -- I would question whether or not this was an accurate statement.
Q. Well, you would question it, but you

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didn't question it, did you, sir?
A. Not to my recollection.
Q. Did you have anybody at Merck question it?
A. I do not believe so.
Q. Well, shouldn't you have?
A. I don't think so, because she is being treated by a physician.
Q. No, sir. The physician isn't able to decide whether this is a complication that merits changing a warning label or taking the drug off the market or doing a study; correct?
MR. KIERNAN: Object to the form.
THE WITNESS: The physician is treating the patient.
BY MR. SPECTER:
Q. Right. But I'm talking about, Merck wants to know if people are having complications while on Vioxx; don't they?
A. Yes, we do.
Q. This is a complication; right?
MR. KIERNAN: Object to the form.
THE WITNESS: I don't know that.
BY MR. SPECTER:
Q. Shouldn't somebody at Merck in the

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proper department have been told about this fact?
A. I don't think that that's -- I don't think so.
Q. Now, let me ask you, sir, about another communication that you got. This one is from a doctor at UCLA, Dr. Snodgrass. You got it in 2004, but somewhat earlier in the year, January 12th of 2004. I've marked it as P-38.

- - -

(Whereupon, Deposition Exhibit Kim-38, Letter 12-30-04, MRK-AFJ0009967, was marked for identification.)

- - -

(Witness reviewing document.)
BY MR. SPECTER:
Q. Take a minute and read it, if you would.
A. Thank you.
Q. I see you're doing that. Take your time.
A. Okay. I've read it now.
Q. Actually, I'm maybe a little bit confused here. He dates the letter as December 30, 2004. Your stamp in your office has it received January 12, 2004. Obviously, one of those things

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would be incorrect. Is that right?
A. I would assume.
Q. Which do you think is wrong? Do you think he's wrong on his date or are you wrong on your date?
A. I would assume that the stamp that my office put on here did not change the date from '04 to '05 in early January.
Q. I have the same problem in my office. But this fellow was writing to you, and he identifies himself as an academic physician who sees many migraine patients and makes extensive use of NSAIDs; correct?
A. That's correct.
Q. He says he's not against business or against Merck, he owns Merck stock, he knew Ed Scolnick when he was a medical resident at Mass General; correct?
A. That's correct.
Q. He characterizes your letter to the New England Journal of Medicine as being "self-serving." Is that right?
A. Yes, he does.
Q. And he said, "The coxibs looked good in the...'90s, in theory. Ulcers and GI bleeding

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limit use of the current NSAIDs. Most patients with chronic arthritis and related conditions are elderly; many have obvious cardiovascular disease. These are the people that one would expect to try any new 'wonder drug' for pain and that's what happened with the COX-2 inhibitors." Did I read the second and third sentences of the second paragraph correctly?

A. Yes.

Q. Are those true statements?

A. Umm.

Q. We can break it out one statement at a time if you'd like. That may be easier.

A. Okay.

Q. "Most patients with chronic arthritis and related conditions are elderly." Is that true?

A. I mean, I think that that's a generalization, and it depends on what you mean by "elderly," but it is true that as the population ages, the percentage of people that have arthritis goes up.

Q. He then says that, "Many have obvious cardiovascular disease." Is that also true?

A. I don't think so.

Q. He then says that --

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A. Well, excuse me. "Many," I mean, many is -- it depends on what he means by "many."

Q. I want to know whether you agree with it.

A. So, in the first part of the sentence he says "most" and then he switches to "many."

Q. Well, he's talking about -- he's advancing two different concepts; isn't he? The first concept he's advancing is that "most patients with chronic arthritis and related conditions are elderly." The second concept is that many of those people have obvious cardiovascular disease.

A. I'm not sure. It depends what was meant by "many."

Q. He then says, "These are the people that one would expect to try any new 'wonder drug' for pain." Do you agree with that?

A. No, not as is characterized.

Q. Well, maybe you don't agree with the characterization, but is there an underlying truth to his statement?

MR. KIERNAN: Object to the form.

THE WITNESS: There's an underlying problem with the statement in that it's not up to these people to decide whether or not they're going

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to try a new drug. It's up to their physician to decide whether or not to prescribe a new drug.

BY MR. SPECTER:

Q. Isn't the truth of the matter the way it really works out there in America, sir, is that Merck puts ads on television in the hopes that it is going to convince patients to ask for Vioxx, not that it is going to convince doctors to prescribe Vioxx?

A. I don't know that.

Q. Well, do you know one way or the other?

A. I know that Vioxx was a drug that required a physician's prescription.

Q. What do you think of direct-to-consumer advertising, Dr. Kim?

A. I think that direct-to-consumer advertising is something that is a complicated issue and that there are clear cases where it is a beneficial thing.

Q. Well, what do you think of it with Vioxx, sir? Good idea? Bad idea? Indifferent?

A. I'm really not -- I don't have a strong opinion. I don't have an opinion really on that.

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Q. Well, when you saw those ads on TV with Dorothy Hamill -- did you ever see those ads on TV, sir?

A. I saw the ad with Dorothy Hamill.

Q. Did you cringe, sir?

MR. KIERNAN: Object to the form of the argument.

THE WITNESS: I did not cringe.

BY MR. SPECTER:

Q. Did you have a reaction to it at all?

A. I had a reaction that I recognized that it was a commercial for Vioxx.

Q. Any other reaction, aside from recognizing that it was a commercial for your employer?

A. I did not have any other reaction that is significant.

Q. Well, I will and the jury will judge what is significant. I want to know if you had any other reaction, sir.

MR. KIERNAN: Counsel, I think it's about time for a break. You're just arguing with the witness now.

MR. SPECTER: Let's get the question answered and then we'll take a break.

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THE WITNESS: As I said, I had a reaction that it was a commercial for Vioxx.
BY MR. SPECTER:
Q. What other reaction did you have, sir, whether significant or otherwise?
A. I don't think there was any other reaction.
MR. SPECTER: May I finish this letter and then we'll take a break?
MR. KIERNAN: If it's just going to be more jury arguments, let's just take a break and you can make your jury arguments when we come back.
MR. SPECTER: We'll have to argue about what I'm doing by way of my questioning.
MR. KIERNAN: Let's take a break.
THE VIDEOTAPE TECHNICIAN: Stand by, please. That concludes Video Cassette Number 3. The time is 4:00 p.m. We're going off the record.
- - -
(Whereupon, there was a recess from 4:00 p.m. until 4:13 p.m.)
- - -
MR. KIERNAN: For the record, we had a Notice of Deposition, a document request in this case from Alabama counsel during the first day of

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the deposition. A formal objection to the Request for Production of Documents associated with that Notice of Deposition has been filed today on the grounds that the document request is untimely. I believe it's the Rogers case, and it was a notice that was provided by Mr. Allen on day one.
MR. SPECTER: Let's just note for the record there's no Alabama counsel present in the room.
MR. KIERNAN: Right. It appears that Alabama counsel left, I believe, yesterday at some point.
MR. MEADOW: This morning. He was here this morning. He left.
MR. KIERNAN: It looks like Alabama counsel was here this morning and has now departed, but we've made this note for the record.
Thank you.
THE VIDEOTAPE TECHNICIAN: This begins Video Cassette Number 4. The time is 4:13. We're back on the record.
BY MR. SPECTER:
Q. Dr. Kim, I have one other area regarding this letter from Dr. Snodgrass from UCLA that I want to ask you about, and that's at the

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bottom paragraph. He says that he saw two patients with migraine with aura" who had strokes while taking 25 milligram Vioxx daily, that they were aged 17 years of age and 24 years of age, respectively. He says he doesn't know if Vioxx caused their stroke, but none of his patients taking naproxen have had strokes. Do you see those statements?
A. I see those sentences you're referring to.
Q. Do you have a recollection of getting this letter? It would have come into you two months ago.
A. I have a vague recollection.
Q. Did you respond to it?
A. I do not believe I responded to it.
Q. Well, actually, it says here in your handwriting "File." Correct?
A. That's what it says.
Q. That means put it in the file; is that right?
A. That's correct.
Q. Then there's something called a "Privilege Redaction" above that. Do you see that there, sir?
A. I see that.

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Q. Do you understand that there's something called an attorney-client privilege? Is that correct? Are you aware of that?
A. I'm aware of something called the attorney-client privilege.
Q. Did you send a copy of this letter to your lawyers?
A. I don't recall.
Q. Well, did you send this letter over to the people who monitor adverse events? I mean, here you have two patients, 17 and 24 years old for whom there had been a report of strokes while taking Vioxx.
A. I did not send a copy of this letter over to people who monitor adverse events. If Dr. Snodgrass reported these events, they would have made it into the Merck adverse event files.
Q. Well, he appears to have reported them to the president of Merck Research Laboratories; right?
MR. KIERNAN: Objection to form.
BY MR. SPECTER:
Q. Is that correct?
A. This is not -- I would not view this as reporting to me. The reporting of adverse events

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that physicians do has a specific form, and it comes into the adverse event department of Merck.
Q. So, if he doesn't use the right form and send the right form to the right place, then there's not going to be any followup on reports of strokes in young people? Is that correct?
MR. KIERNAN: Objection to form.
THE WITNESS: The way in which adverse events are collected on drugs that we market is through an adverse event reporting system in which the physicians report such adverse events.
MR. MEADOW: Objection, nonresponsive.
BY MR. SPECTER:
Q. Let's say he did it wrong. Let's say he just didn't send the right form and didn't send it to the right place. You know about it. You're the president of Merck Research Laboratories. Shouldn't you be telling the people who monitor adverse events about it?
MR. KIERNAN: Objection to form.
THE WITNESS: Again, the mechanism for reporting adverse events is one that physicians should be aware of, and it is an adverse event reporting system that comes into Merck.

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MR. MEADOW: Objection, nonresponsive.
BY MR. SPECTER:
Q. Dr. Kim, if he did it wrong, so what. You've got two young people with strokes. Shouldn't adverse reporting in Merck know about this?
MR. KIERNAN: Counsel, I think you're just arguing with the witness. He's already answered your question.
THE WITNESS: Again, the adverse events come through the adverse event reporting system.
BY MR. SPECTER:
Q. So, your assumption, just so we're clear, is that nothing was done at Merck in followup on these two reports; is that correct?
MR. KIERNAN: Object to form.
THE WITNESS: I don't know that.
BY MR. SPECTER:
Q. You did nothing in followup; correct?
A. I do not believe I did anything.
Q. Except for putting the word "file" on the top of the letter and making some entry for which your lawyers have taped a piece of black tape

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and typed the words "privilege redaction." Correct?
MR. KIERNAN: Objection to form.
THE WITNESS: I don't know how -- I don't know who put the black tape there. I know that it does say the word "file."
BY MR. SPECTER:
Q. When you go down and talk to the FDA, are you planning to tell the FDA about these events?
A. When I go down to the FDA, I will be going down to the FDA with the data that was in our clinical trials and in our adverse events.
Q. So, if this data doesn't get into your adverse events file by a correct form being supplied by Dr. Snodgrass, it won't be discussed; is that correct?
MR. KIERNAN: Objection to form.
THE WITNESS: Even if it were, it would be as part of an overall adverse event profile.
BY MR. SPECTER:
Q. Dr. Reicin is also a recipient of this; is that correct?
A. Well, the letter is addressed to Dr. Reicin as well.
Q. Did you discuss this letter with her?

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A. Not that I recall.
- - -
(Whereupon, Deposition Exhibit Kim-39, E-mails, MRK-AFJ0008381 - MRK-AFJ0008382, was marked for identification.)
- - -
BY MR. SPECTER:
Q. Take a look at this document, please, Kim-34 -- not Kim-34. I'm not sure what we're up to. 39. I apologize. This is an e-mail that was sent to you on August 27, 2004 by a Ph.D. retired former Merck Research Labs vice president named Richard A. Dybas. Did I pronounce that correctly?
A. I have no idea.
Q. Do you know him?
A. I do not.
Q. How many vice presidents does Merck Research Labs have?
MR. KIERNAN: Objection to form.
THE WITNESS: Oh, I see. This is a retired former MRL vice president.
BY MR. SPECTER:
Q. Right. How many vice presidents does Merck Research Laboratories have?

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MR. SPECTER: Objection, testifying.
THE WITNESS: Yes, I do.
BY MR. KIERNAN:
Q. Can you put these numbers into perspective for us?
MR. BUCHANAN: Objection, form.
MR. MEADOW: Objection, form.
THE WITNESS: Sure. When we're talking about blood pressure, the numbers that we're talking about are the increases in what's called the systolic blood pressure or the first number that one hears when one is referring to a blood pressure. To put that in perspective, for example, normal blood pressure is considered to be blood pressures of up to 120 millimeters of mercury for the systolic blood pressure. And so in the example you just gave, if you were dealing with a person who had a normal blood pressure of 120, in one group that would go up to approximately 121, and the other group it would go up to approximately 124. So, there would be -- that would be the difference in blood pressure that we're talking about between the two groups.
BY MR. KIERNAN:
Q. Is this a 450 percent increase, as counsel suggested?

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MR. MEADOW: Objection, form.
THE WITNESS: No, it's not.
BY MR. KIERNAN:
Q. Now, you received a letter from a Dr. Snodgrass at UCLA describing two patients had who had migraines with aura. Do you recall that discussion?
A. Yes, I do.
Q. In his letter Dr. Snodgrass said that he did not know whether the events he described had anything to do with Vioxx. Do you recall that?
THE WITNESS: Yes, I do.
MR. MEADOW: Objection, leading.
BY MR. KIERNAN:
Q. Now, counsel asked you if you forwarded this letter to the folks at Merck who monitor adverse events. Do you recall that question?
A. Yes, I do.
Q. You indicated that you had not?
A. That's correct.
Q. Following your deposition on March 30, 2004, did you do any followup?
A. Yes, I did. I went to Dr. Peter Honig, who reports to me and to whom the adverse

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event reporting group reports ultimately up to, and I asked him what would be his advice in terms of what I should do if I were to receive a letter in which a potential side effect of a Merck drug was disclosed to me. And his advice was that I should send it to the head of the adverse event reporting group, and that is a doctor called Dr. Linda Hostelley.
And so, following that, what I did was to instruct my staff to go through my correspondence and to look for any correspondence which contained information or potential side effects with Merck drugs and to forward any and all of that correspondence to Dr. Hostelley in the adverse event department.
I also learned that there is, in fact, a formal procedure and policy around all of this at Merck for all employees at Merck in terms of what they should do when they receive information about a potential adverse event for a Merck drug. So, following being briefed on that policy and procedures, what I did to make sure that everyone on my staff was aware of those policies, was I actually requested that Dr. Hostelley come to my staff meeting, and she spent about 30 minutes working

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through and describing the background and what the procedures are for such events were one to get information about a potential side effect of a Merck drug, as well as I asked her to have a meeting with all of the administrative assistants for myself and my staff in order to explain the procedures so that as correspondence or letters come in from the outside that the administrative assistants see, they will also be alerted as to what the policies and procedures should be followed.
MR. MEADOW: Objection, nonresponsive.
MR. KIERNAN: Thank you very much, Dr. Kim, that's all I have at this time.
THE WITNESS: Thank you.
MR. KIERNAN: Shall we take a short break?
MR. SPECTER: That will be fine.
THE VIDEOTAPE TECHNICIAN: Stand by, please. The time is 11:54. We're going off the record.
- - -
(Whereupon, a recess was taken from 11:54 a.m. until 12:10 p.m.)
- - -

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THE VIDEOTAPE TECHNICIAN: This begins Video Cassette Number 2. The time is 12:10. We're back on the record.

- - -

EXAMINATION

- - -

BY MR. SPECTER:

Q. Dr. Kim, good afternoon.

A. Good afternoon.

Q. Shanin Specter, we've met before.

Dr. Kim, I want to start with what you were questioned about last during your counsel's direct of you, which was this letter from Dr. Snodgrass that was received by you on, I think you told us, January 12, 2005, Dr. Snodgrass being a physician at the University of California in Los Angeles. Do you recollect that letter being discussed with you a few minutes ago and also some weeks ago when we discussed this matter?

A. Yes, I do.

Q. Do you recollect that the letter contained a report from Dr. Snodgrass that two patients that he saw with migraines who had been prescribed Vioxx who were aged 17 and 24 had had strokes? Do you recollect that?

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A. I don't recollect the details. If you want to show me the letter, I'll be happy to refresh my memory here.

Q. It is in the last paragraph, the third sentence.

A. Yes. It says "Two patients I saw with migraine with aura had strokes while taking 25 milligrams rofecoxib daily, aged 17 and 24. I don't know if Vioxx caused their stroke, but none of my patients taking naproxen have had strokes."

Q. Thank you.

Now, as I understand your testimony from a few minutes ago, you did not know before you answered my questions on March 30th of this year that in point of fact, you should have sent this letter down to the adverse event report department; is that correct?

A. I think it's fair to say that that is correct. I was not familiar with the exact details of the procedures here.

Q. But, in fact, when you got this letter in January 2005, you should have sent it down to the adverse event report department; correct?

A. The policy and procedures at Merck for Merck employees are that when any employee

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receives a letter or information about a potential adverse event, that it should be forwarded to the adverse event department.

Q. So, that means this letter should have been sent down to the adverse event department in January of 2005; correct?

A. Assuming that that's when I received that letter, that would have been the policy and procedures to follow.

Q. Now, you'd been working at Merck for four years and two months exactly when I asked you about this on March 30th of 2005; correct?

A. Correct.

Q. You did not know the relevant policy until we discussed the issue on that date and then thereafter when you asked about it; correct?

A. I'm sorry, when you said "thereafter when you asked about it" --

Q. Well, you did followup by asking your colleague, Dr. Honig, what you should be doing; correct?

A. That's correct.

Q. Is there a written policy with respect to the obligation of all Merck employees, including the president of Merck Research

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Laboratories, to provide to the adverse event department any report of adverse incidence?

A. I'm not sure if there's a written policy. What I am now aware of is that there is a policy and procedures to be followed by all Merck employees when they receive information about a potential adverse event with a Merck product.

Q. Well, have you asked if there is a written policy to that effect?

A. No. What I've done is to --

Q. Sir, my only current question is, have you asked if there is a written policy to that effect? I think that question could be answered yes or no.

A. No, I have not.

Q. Well, isn't it important for you to know as the president of Merck Research Laboratories, a person who describes himself as being "responsible for the overall patient safety associated with Merck's drugs" -- you did use those words to describe yourself earlier today; correct?

A. That is correct.

Q. Isn't it important for a person who is "responsible for the overall patient safety associated with Merck's drugs" to know whether

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there's a written policy at Merck requiring Merck employees to provide adverse incidence reports to the adverse event report department?
A. I think the important thing for me to know is that such a policy exists and to take steps to ensure that that policy is followed. When I was made aware of the policy, I took steps to ensure that not only my staff, but also the administrative assistants of my staff, were aware of these policies.
Q. Can you answer my question directly as to whether you believe you should know whether there's a written policy to that effect?
A. I don't think it's critical that I know that there's a written policy to that effect. What is important is that I know that there are policies and procedures and that there are people in place to articulate and follow those policies.
Q. Putting aside the question of whether you think it important to know whether there is a written policy on this subject, do you think that there should be a written policy informing Merck employees of their obligation to report adverse incidents to the adverse event report department?
A. You're asking my opinion?

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Q. Yes.
A. Yes. My opinion is yes.
Q. Are you going to see to it that such a policy is put in writing if it has not already been done?
A. I will investigate whether or not there is such a policy in writing. I assume that there is, but I don't know that there is, which is why I answered the question the way I did.
Q. Okay. Thank you.
If there is not such a policy in writing, will you see to it that it's put in writing?
A. I will take steps to investigate if that's the case.
Q. Well, can you answer my question directly, which is, will you see to it that such a policy is put in writing if it has not already been put into writing?
A. I think it's fair to say that I would do that, yes.
Q. You have that power; correct?
A. I have the power to influence that.
Q. How many employees does Merck have?
A. Approximately 65,000 employees at Merck.

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Q. How many of those 65,000 people do you think, like you, didn't know that there was a policy requiring Merck employees to report adverse incidents to the adverse event report department?
MR. KIERNAN: Objection, form.
THE WITNESS: I do not know.
BY MR. SPECTER:
Q. Do you intend to find out?
A. I don't intend to find out in that way.
Q. Do you intend to find out in some way?
A. Well, I think the question is a good question and is one that is worthy of followup.
Q. So, do you intend to follow up to the question that I've asked?
A. Yes, I think --
Q. How?
A. -- that that's a good suggestion.
Q. How?
A. Well, I will begin by discussing it with people like Dr. Honig and others on my staff. In general, I rely on people that are subject matter experts on my staff, and I would not want to

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proscribe, proscriptively say how it is that we should go about doing something, but I do think that the issue is an important issue that I should discuss with members of my staff who are better equipped to address these issues.
Q. Does the FDA require drug companies to have a procedure in place for the internal reporting of adverse incidents?
A. I'm not familiar with what the explicit FDA requirements are.
Q. You don't know; correct?
A. I don't know. People on my staff would certainly know the answer to those questions.
Q. Dr. Kim, when you discussed this matter further with Dr. Honig, did you see to it that Dr. Snodgrass's letter reporting two strokes in women aged 17 and 24 who were taking Vioxx, did you see to it that this letter found its way down to the adverse event report department?
MR. KIERNAN: Objection to form.
THE WITNESS: I think I said what I did. I'll restate it.
What I did was to instruct my staff to go through my correspondence and to identify any correspondence which highlighted a potential adverse

event with a Merck drug and to forward that to Dr. Hostelley. When they did that, this was one of the letters that they found.
BY MR. SPECTER:
Q. Was there followup by the adverse event report department on these reports?
A. I do not know what the adverse event department did following receipt of this letter.
Q. Have you asked?
A. No, I have not.
Q. Does it interest you to know what followup has occurred with respect to a letter that was addressed to you from a physician at the University of California concerning a report of strokes in two young women aged 17 and 24 while on Vioxx?
A. It's of interest to me to know that I have highly competent and qualified people who are extremely familiar with the procedures and policies and the FDA requirements to deal with these issues and that they are in place to carry out their functions.
Q. My question was whether it interests you to know what followup has occurred with respect to this letter. Do you want to know the answer to

that question?
A. Specifically, no. I think that, again, I have qualified people who are addressing these issues, and I have confidence in them to do so.
Q. Do you have an expectation that they are going to contact Dr. Snodgrass and get the records of these patients?
A. I don't have that expectation. I do have the expectation that they will follow procedures and do so in a correct manner that follows the policies and procedures.
Q. Do you know what those procedures are?
A. No, I do not.
Q. Don't you think you ought to know what the procedures are for followup of adverse incident reports?
A. I have extreme confidence in the group that is dealing with adverse event reporting at Merck. It's a highly qualified, very professional group, and I have confidence in them, and I have confidence in the leadership that they are doing the correct thing.
Q. Dr. Kim, when you asked your staff to

pull together these reports that you had received concerning adverse incidents regarding pharmaceuticals, how many such reports did they pull together?
MR. KIERNAN: Objection to form.
THE WITNESS: I believe that there were two.
BY MR. SPECTER:
Q. Was this one of them?
A. That was one of them.
Q. What was the other one?
A. I don't recall.
Q. Did it regard Vioxx?
A. I don't recall.
Q. When was that letter received by you?
A. I don't recall.
Q. Do you know how many letters employees of Merck have received over the five plus years that Vioxx was on the market reporting on adverse incidents that were not, in fact, reported to the adverse event report department because the person who received the letter, like you, didn't know the procedures?
MR. KIERNAN: Objection to form.
THE WITNESS: No, I do not.

BY MR. SPECTER:
Q. Have you made any effort to inquire as to that subject?
MR. KIERNAN: Objection to form.
THE WITNESS: No, I have not.
BY MR. SPECTER:
Q. Now, moving backward from what you were asked about by Mr. Kiernan in his direct of you, do you recollect telling us that "all...NSAIDs are associated with an increased cardiovascular risk"?
A. I believe what I said was that the FDA had concluded that NSAIDs and COX-2 inhibitors were associated with increased cardiovascular risk.
Q. Just a moment, sir.
Dr. Kim, I want to show you your testimony. Apparently this is not going to extend across the table because of the cord, but I'll read to it you and if you'd like to see it yourself, you can certainly come over and take a look at it.
Mr. Kiernan --
MR. SPECTER: Let's go up, if we could, Lisa, to the question that was asked.
BY MR. SPECTER:
Q. The question that was asked was: