2026-2027
High School Mock Trial Case*

Meredith Grey, an Incapacitated Person,

by Ellis Grey, Guardian

v.

Alex Karev Family Medicine, LLP

Mock Trial Committee

Hon. Joyce Krutick Craig
Attorney Jeanine Dumont
Hon. Hope C. Seeley
Attorney Eilish Thompson
Attorney Jonathan Weiner
Attorney Mark K. Youssef

Final Version, November 13, 2026

* This case originated from the Young Lawyers Division of the Pennsylvania Bar Association. The CBA Mock Trial Committee is grateful to the Pennsylvania Bar Association for giving us permission to use the case. The CBA Mock Trial Committee adapted the case to Connecticut and made changes to the content contained in the original case problem.

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Message from the Mock Trial Committee

Welcome to the 2026-2027 Connecticut High School Mock Trial Competition. The mock trial program is, first and foremost, an educational program designed to encourage a deeper understanding and appreciation of the American legal system by providing students with an opportunity to participate actively in the legal process. Mock trials help students gain appreciation for the rule of law, legal issues and courtroom procedure. Moreover, while obtaining this knowledge, students develop oral advocacy skills, including proficiency in asking questions, listening, reasoning and thinking on their feet. Additional objectives include providing an opportunity to compete in an academic setting while promoting effective communication and cooperation between team members.

Equally important, is that participation in mock trial will teach the students professionalism. Students learn ethics, civility and how to be ardent but courteous advocates for their clients. Good sportsmanship and respect for all participants are central to the competition. We thank the teachers, coaches, advisors and judges, not only for the skills that they teach, but for the example of professionalism and good sportsmanship they model for the students throughout the tournament. The reality of the adversary system is that one party wins, and the other loses, and therefore, participants need to be prepared to accept defeat and success with dignity and restraint.

We thank the hundreds of volunteers who annually give their valuable time as coaches and judges throughout the mock trial season. Without their assistance, this competition would not be the tremendous success that it is each year. Finally, our special thanks to the students who devote their time and energy preparing for the tournament. Every year, we are amazed at the level of skill and talent the students bring to the courtroom.

We hope you find these materials interesting and wish you all the best of luck in this year's competition.

Case Summary

In October 2023, Meredith Grey had a problem. What had once been a promising athletic career on track for a Division I scholarship had plateaued. Normal training methods had failed to change the increasingly bleak reality, but a ray of hope shone through: LeMond Pure, a YouTube channel promoting consuming raw foods. Following LeMond's guidance, Meredith changed her diet, and her times improved. But when Meredith took the final plunge, eating raw deer that she and her friend killed while hunting, instead of growing stronger, she began to get sicker and sicker.

Meredith went to her longtime physician, Dr. Alex Karev, for care. But it was shortly before the winter holidays, and Meredith alleges that Dr. Karev was either disinterested or totally ineffective. Meredith's symptoms continued for days, then weeks, while Dr. Karev failed to do much more than treat her for a common cold. Nearly a month into her suffering, Meredith collapsed, and she was rushed to the Emergency Room, where the doctor on call diagnosed her with trichinosis, a parasitic disease that had ravaged her muscles.

Soon, it would ravage her brain, leaving a former future educator and cross-country star barely able to stand and entirely unable to remember what had happened to her, harms that could have been avoided with treatment, if only someone had recognized what medications were needed. Now, her grieving parent and guardian has sued the physician who missed that diagnosis, alleging that their negligence cost Meredith the life she had long desired.
Trial is joined.

Note on Names (and Disclaimer): All characters in this case are fictitious. Any similarity to actual people is strictly coincidental.

Case Note: Trichinosis was chosen as the condition to strike Meredith Grey in part because it is medically interesting and in part because it allowed us to bring Meredith's full story to you, with all its ups and downs.

Trichinellosis (more commonly, alternatively, and interchangeably known as trichinosis) is a very serious disease, and our fact pattern relies in part on there being an effective treatment for it to have the missed (or not!) diagnosis cause real harm to Meredith Grey. In reality, though, there are few – if any – effective treatments for this nasty parasite. Instead, Trichinosis is most effectively countered through prevention, and as the case accurately describes, that prevention has been extremely effective at keeping the number of cases in America each year to very small numbers. Always be sure to cook any meat you are eating thoroughly, *especially* meat from a game animal.

Prohibition On Uploading This Case to Any Generative Artificial Intelligence Platform

Generative artificial intelligence platforms such as ChatGPT, GitHub/Microsoft Copilot, and OpenAI are growing in their use and utility in our daily lives, and AI image generators such as DALL-E, Stable Diffusion, Copilot, and Adobe Firefly are now widely available, expanding creative opportunities while implicating the rights of the original creators whose work is used without their knowledge or permission.

These developments are pressuring many aspects of society to adapt, and mock trial is not immune. The Mock Trial Case Committee continues to work to balance the importance of learning to use these tools with the educational objectives of mock trial.

No team member, coach, observer, or individual affiliated with the competing team may upload any portion of this case to any generative AI tool. For avoidance of doubt, this includes uploading the case packet or any part of the case packet, such as the fictional logos in the Exhibits.

If any team member, coach, observer, or other individual affiliated with a competing team is found to have violated this prohibition, that team is subject to the full range of possible sanctions provided by the Rules of Competition, which can include suspension of that individual or expulsion of that team from competition this year and/or in future years.

If any individual or entity not affiliated with a competing team is found to have violated this prohibition, the authors reserve all legal rights with respect to such actions. For avoidance of doubt, the authors do not agree to any use of these materials for purposes other than this competition or the creation of derivative works from these materials; they reserve all copyrights and authors' rights in these materials; and they do not agree that any use of these materials to train a GenAI engine or other machine learning tool is a fair use or consent to any such use.

Team members and coaches shall ensure that others with whom they share these case materials are aware of this prohibition.

RETURN DATE: DECEMBER 2, 2025	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**OCTOBER 20, 2025**

COMPLAINT

COMES NOW Ellis Grey, Guardian of Meredith Grey, and sayeth as follows:

1. This is a professional malpractice action brought on behalf of plaintiff Meredith Grey against Meredith Grey's physician, Dr. Karev's Family Medicine, LLP. This Court has jurisdiction under the common law of Connecticut, and venue is appropriate, because the acts and omissions leading to this claim occurred in Middlesex County, Connecticut and the critical witnesses and records are located here.

2. Plaintiff Meredith Grey was adjudicated an incapacitated person, unable to make and communicate decisions regarding her person and estate, and this action is lawfully brought in her name by her guardian and loving parent, Ellis Grey.

3. Dr. Karev's Family Medicine, LLP (hereinafter, "Dr. Karev's Family Medicine") has operated in Middletown, Middlesex County, Connecticut for approximately forty years.

4. At all times relevant hereto, Dr. Alex Karev, Nurse Practitioner Richie Webber, and Addison Montgomery were employees of Dr. Karev's Family Medicine, acting within the scope of their employment.

5. Accordingly, all acts and omissions of Dr. Alex Karev, Nurse Practitioner Richie Webber, Addison Montgomery, and nurse's aide [First Name Unknown] Seaman were attributable

to Dr. Karev's Family Medicine, and Dr. Karev's Family Medicine is responsible for the acts and omissions of those individuals.

6. Plaintiff Meredith Grey (hereinafter, "Meredith") was a patient of Dr. Karev's Family Medicine for over a decade in and before December 2024.

7. In December 2024, Meredith sought care from Dr. Alex Karev, a board-certified physician in family medicine; Dr. Karev's Family Medicine; and its employees and agents.

8. Meredith and Meredith's family went to the offices of Dr. Karev's Family Medicine on Main Street in Middletown on at least three occasions in person between December 1, 2024, and December 30, 2024, and they communicated with Dr. Karev's Family Medicine many additional times during that period.

9. Each time that Meredith went to Dr. Karev's Family Medicine, and each time Meredith was communicating with Dr. Karev's Family Medicine, Meredith was suffering from trichinellosis, also known as trichinosis, a progressive parasitic disease capable of causing extreme harm to those who contract it.

10. Meredith showed known symptoms consistent with trichinosis throughout December 2024, including fatigue, a high fever, muscle pain, and gastrointestinal ailments, among others, which were present during her visits to Dr. Karev's Family Medicine.

11. Despite seeing Meredith three times, running multiple tests, and communicating at length with Meredith and Meredith's family, neither Dr. Karev nor anyone at Dr. Karev's Family Medicine diagnosed Meredith with trichinosis or treated Meredith with anti-parasitic medication that could have reduced the impact of trichinosis.

12. Instead, Dr. Karev's Family Medicine prescribed antibiotics and other treatments that do not reduce the severity of trichinosis in the slightest.

13. By missing this diagnosis and failing to treat Meredith for the disease from which Meredith was suffering, Dr. Karev's Family Medicine was negligent and deviated from the standard of care.

14. Dr. Karev's Family Medicine also maintained an ineffective electronic health record in further deviation from the standard of care.

15. Because the electronic health record was ineffective, Dr. Karev's Family Medicine failed to note or to share critical information regarding Meredith's care with other physicians and consultants, further delaying Meredith's diagnosis and treatment.

16. Because of the delays in diagnosis and treatment caused by the negligence of Dr. Karev's Family Medicine and its employees, Meredith's treatable condition worsened over the course of several weeks.

17. As a direct and proximate result of Dr. Karev's Family Medicine's carelessness, negligence and medical malpractice, acting through its agents, servants and/or employees, Meredith nearly died and was caused to sustain and suffer long-term, debilitating and life altering brain and motor injuries that are expected to be permanent.

18. In addition, the foregoing negligence of Dr. Karev's Family Medicine directly and proximately caused Meredith to lose valuable educational, occupational, and athletic opportunities, and she has been permanently deprived of her ability to carry on and enjoy life's activities to the same extent and in the same manner as she otherwise would have been able to do.

19. As a further direct and proximate result of the foregoing negligence of Dr. Karev's Family Medicine, Meredith has been required to and will continue to be required to undergo extensive ongoing, and lifelong care and medical treatment with all the attendant risks and complications associated therewith.

20. Pursuant to Connecticut General Statutes § 52-190a, a certificate of reasonable inquiry and good faith, and a written opinion of a similar healthcare provider, is attached to this Complaint.

WHEREFORE, the Plaintiff claims monetary damages in excess of Fifteen Thousand & 00/100 ($15,000.00) Dollars and this matter is within the jurisdiction of this Court.

/s/ Harriet B. Stowe, Esq.
Tapping Reeve Law Firm
250 Justice For All Boulevard
New Haven, Connecticut 06510

Attorneys for Plaintiff

RETURN DATE: DECEMBER 2, 2025	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**OCTOBER 20, 2025**

CERTIFICATE OF GOOD FAITH

I, HARRIET B. STOWE, hereby certify that I have made reasonable inquiry, as permitted by the circumstances, to determine whether there are grounds for a good faith belief that there has been negligence in the care and treatment of the Plaintiff, **MEREDITH GREY**. This inquiry has given rise to a good faith belief on my part that grounds exist to support the complaint filed on this date against Dr. Karev's Family Medicine, LLP in the care and treatment of the Plaintiff. See Physician's Opinion pursuant to Connecticut General Statutes § 52-190a, attached hereto as Exhibit A.

/s/ Harriet B. Stowe, Esq.
Tapping Reeve Law Firm
250 Justice For All Boulevard
New Haven, Connecticut 06510

Attorneys for Plaintiff

EXHIBIT A

PHYSICIAN'S OPINION PURSUANT TO CONNECTICUT GENERAL STATUTES § 52-190a

I, Izzie Stevens, M.D., hereby state as follows, consistent with the requirements of Connecticut General Statutes § 52-190a:

1. I am a licensed practitioner actively practicing family medicine in the State of Connecticut, at Hartford County Family Medicine Associates.

2. I have been practicing medicine in Connecticut for over fifteen years, and I am experienced in the standard of care for family medicine practitioners in areas like Middletown, Connecticut.

3. I have reviewed Meredith Grey's medical records from Dr. Karev's Family Medicine, Middlesex Hospital, and several rehabilitation facilities, along with other records and information provided by the Grey family.

4. Based on my review of the relevant documents, it is my opinion to a reasonable degree of medical probability that the care, skill, and knowledge exercised by Dr. Alex Karev and the employees of Dr. Karev's Family Medicine in the diagnosis and treatment of Meredith Grey, fell outside the acceptable professional standards of care of family medicine in Connecticut communities like Middletown, Connecticut.

5. There exists a reasonable probability that the divergence between the care, skill, and knowledge exercised and exhibited in the diagnosis and treatment of Meredith Grey and the community standard for such care and treatment was a proximate cause in producing injury to Meredith Grey.

Signature Expunged Per Statute

DOCKET NO. MMX-CV-25-6054121-S	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**DECEMBER 8, 2025**

ANSWER AND SPECIAL DEFENSES

COMES NOW defendant Dr. Karev's Family Medicine, LLP (hereinafter, "Dr. Karev's Family Medicine"), and gives answer to the Complaint against it as follows:

1. The allegations of paragraph 1 are legal conclusions to which no factual response is required. The defendant does not contest jurisdiction or venue.

2. The allegations of paragraph 2 are admitted.

3. The allegations of paragraph 3 are admitted.

4. The allegations of paragraph 4 are denied as stated. The defendant admits only that when providing medical diagnosis or treatment to Meredith Grey, the named individuals were acting within the scope of their employment.

5. The allegations of this paragraph are legal conclusions to which no factual response is required. To the extent a response is deemed required, Dr. Karev's Family Medicine admits, as a matter of law, that it is responsible for any proven acts and omissions of its employees in the diagnosis and treatment of Meredith Grey, including the employees named in this paragraph.

6. The allegations of paragraph 6 are admitted.

7. The allegations of paragraph 7 are admitted.

8. The allegations of paragraph 8 are admitted in part. It is admitted that Meredith Grey came in person for care at the Main Street office three times. It is denied that Meredith Grey subsequently communicated with the defendant, although it is admitted that Grey's parent – who was at that time not her guardian, but with whom Grey had authorized the defendant's employees to speak about her condition—called or emailed the defendant's employees on one or more occasions. The word "many" is susceptible to multiple meanings, and that characterization is denied.

9. The allegations in paragraph 9 are denied in part. It is admitted only that at some point during December 2024, Meredith Grey suffered trichinosis.

10. The allegations of paragraph 10 are denied as stated. The defendant admits that Meredith Grey's symptoms were consistent with trichinosis, but denies that they were particularly or peculiarly so. To the contrary, these symptoms were consistent with numerous other, far more common, ailments.

11. The allegations of paragraph 11 are denied as stated. The defendant admits only that Meredith Grey was not diagnosed with or treated for trichinosis during her time in the defendant's care.

12. The allegations of paragraph 12 are denied as stated. The defendant admits only that, consistent with the standard of care, it reasonably prescribed antibiotics and other treatment.

13. The allegations of paragraph 13 are legal conclusions to which no factual response is required. To the extent a response is deemed required, the allegations are denied.

14. The allegation of paragraph 14 is denied. By way of further response, the defendant maintained an effective set of electronic health records, but there is no standard of care for

electronic health records or electronic health record interoperability, and the defendant acted reasonably in licensing software appropriate to a practice of its size and medical specialty.

15. The allegation in paragraph 15 is denied.

16. The allegation in paragraph 16 is denied.

17. The allegations in paragraph 17 are denied in part. The defendant admits only that Meredith Grey suffered significant medical and physical issues stemming from her trichinosis infection.

18. The allegations in paragraph 18 are denied.

19. The allegations in paragraph 19 are denied.

20. As to the allegation in paragraph 20, the defendant admits only that the plaintiff filed a certificate of good faith which is a document that speaks for itself. All other allegations and implications of this paragraph, including any statements or implications in the Certificate of Good Faith and its attachment, are denied.

BY WAY OF SPECIAL DEFENSES

First Special Defense:

1. At all times relevant to this suit, the plaintiff, Meredith Grey, was an adult citizen and resided in the State of Connecticut.

2. Following the guidance of a YouTube "influencer," Meredith Grey illegally killed a deer and ate it raw and/or undercooked.

3. Despite being asked for information regarding the history of her illness on several occasions, Meredith Grey did not advise the defendant's employees—her own physicians and nurses—of the fact she had eaten a raw wild animal.

4. For the foregoing reasons, Meredith Grey was herself negligent and her negligence was a substantial factor in causing any and all injuries, loss, or damages alleged to have resulted therefrom, in excess of any fault of the defendant, and therefore, such damages must be diminished by the plaintiff's own comparative fault or negligence.

Second Special Defense:

1. At all times relevant to this suit, Meredith Grey resided with her parent, Ellis Grey.
2. Ellis Grey's negligence, actions, or inactions were a substantial factor in causing any and all injuries, loss, or damages alleged to have been suffered by Meredith.

WHEREFORE, Defendant prays that the Court enter judgment in its favor, award it costs, and award it such other recompense as the Court deems appropriate.

/s/ Samuel L. Clemens, Esq.
Twain & Clemens, LLP
225 Barnum & Yang Square
Bridgeport, Connecticut 06604

Attorneys for Defendant

DOCKET NO. MMX-CV-25-6054121-S	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**DECEMBER 22, 2025**

PLAINTIFF'S REPLY TO SPECIAL DEFENSES

First Special Defense:

The plaintiff hereby denies the First Special Defense and puts the defendant upon proof of all the material facts alleged therein.

Second Special Defense:

The plaintiff hereby denies the Second Special Defense and puts the defendant upon proof of all the material facts alleged therein.

/s/ Harriet B. Stowe, Esq.
Tapping Reeve Law Firm
250 Justice For All Boulevard
New Haven, Connecticut 06510

Attorneys for Plaintiff

DOCKET NO. MMX-CV-25-6054121-S	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**JUNE 8, 2026**

MEMORANDUM OF DECISION

Before the Court are cross-motions for summary judgment and *in limine* motions that collectively boil down to a simple question of Connecticut law: assuming that a child is bringing a suit, what is the impact of a parent or guardian's negligence on that suit?

The shortest version is that there is no direct impact whatsoever. Under Connecticut law, the doctrine of parental immunity operates to preclude third party actions against the parent of a child on the basis of the parent's allegedly negligent conduct. See generally *Crotta* v. *Home Depot, Inc.*, 249 Conn. 634, 732 A.2d 767 (1999). The primary focus of the parental immunity doctrine in Connecticut is the protection of the relationship between the parent and the child. The protection of that relationship enables the parent to raise the child effectively without undue interference from the state.

The *Crotta* court was silent, however, on whether a contributory negligence *special defense* can be raised against a parent. Presently, there is a split in the Superior Court on whether a contributory negligence special defense is permissible against parents. The majority of post-*Crotta* Superior Court decisions have stricken contributory negligence special defenses against parents on the ground that the special defense "would … place at issue the nature and adequacy of the plaintiff's exercise of parental discretion" on matters that are protected by the parental immunity doctrine. See *Ledger* v. *Plunkett*, Docket No. WWM-CV14-6008377S, 2016 WL 1443901, *5 (Judicial District of Windham, March 17, 2017) (collecting Superior Court cases).

The plaintiff in this case is Meredith Grey. While we recognize that the plaintiff was eighteen years old, she was still living at home and in high school. If her parent, Ellis Grey, were in some way negligent, it is not appropriate for this Court to be involved in questioning the nature and adequacy of parental discretion through a special defense for contributory negligence. As stated in *Crotta*, "[i]t is artificial to separate the parent and child as economic entities … The reality of the family is that, except in cases of great wealth, it is a single economic unit and recovery by a third party against the parent ultimately diminishes the value of the child's recovery." *Crotta*, supra, at 644.

This Court, therefore, grants the plaintiff's motion for summary judgment as to the defendant's second special defense because it is barred by the parental immunity doctrine.

The plaintiff, though, urges us to hold that because Ellis Grey's conduct cannot be comparative negligence, it is irrelevant to this matter entirely. That is a bridge too far. Just because Ellis Grey's actions do not figure in the jury's computation does not mean that they had no importance at all. The defendant alleges that Ellis Grey affirmatively made its job more difficult. If so, it is fair to consider that fact in assessing the defendant's performance in this case. The standard of care for the same condition can vary depending on various circumstances.

For example, an emergency physician might be held to one standard of care in their own ER, with all the time and resources available to them, but might be held to a different standard practicing emergency medicine out of the back of an ambulance or helicopter on the scene of a building collapse or motor vehicle collision.

Likewise, consider a physician who receives a laboratory result for a test that was performed or reported negligently. As a result, this physician is told that an important blood value was normal, when in fact it was highly abnormal. It would be unjust of this Court to hold that physician to the same diagnostic standard as a physician who received the result that highlighted the critical abnormality, even if the only difference between them was the negligence of an adult third party (the laboratory technician or pathologist).

Accordingly, the jury must be allowed to judge the negligence of *any* party—be that the plaintiff in a comparative negligence case or the defendant in a traditional one—under the totality of circumstances in which those actions or inactions occurred. The context of a tort action may include concurrent negligent acts by third parties that affect the decisions of parties or the reasonableness of parties' actions and inactions. That is true whether or not the actions of others are "compared" for negligence purposes or not.

For this reason, the Court will not categorically exclude swaths of potentially-relevant evidence. But, by the same token, nor is every fact relevant to totality of circumstances. Relevance is context-specific in these matters. Accordingly, the Court reserves for determination at trial the relevance of any particular action or inaction by any given third party to the reasonability of the action or inaction of either party to this action.

BY THE COURT:

/s/ Ginsberg, J.

DOCKET NO. MMX-CV-25-6054121-S	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**NOVEMBER 30, 2026**

STIPULATIONS

1. All documents, signatures and exhibits, including pre-markings, included in the case materials are authentic and accurate in all respects; no objections to the authenticity of any of the foregoing will be entertained. The parties reserve the right to dispute any legal or factual conclusions based on these items and to make objections other than to authenticity.

2. Jurisdiction, venue, and chain of custody of the evidence are proper and may not be challenged.

3. All statements are assumed to have been reviewed and signed on November 30, 2026. All statements were notarized on the day on which they were signed. Each witness was permitted to review their statement shortly before trial for completeness and accuracy, and none chose to amend their statements.

4. All required certificates of good faith and physician's opinion pursuant to General Statutes § 52-190a have been submitted and have been agreed or adjudicated to be satisfactory for purposes of Connecticut law.

5. On February 26, 2025, Meredith Grey was adjudicated an incapacitated person, unable to make and communicate decisions regarding her person and estate by the Probate Court of Middlesex County, Connecticut, and Ellis Grey was appointed guardian of the person and estate of Meredith Grey. Among the authorities granted to Ellis Grey was the authority to sue on Meredith Grey's behalf and defend suits brought against Meredith Grey.

6. As determined at Meredith Grey's deposition, she has no meaningful recollection of the events after Thanksgiving 2024 and does not have the ability to testify in the instant trial.

7. Meredith Grey completed the terms of the consent decree and supplemental order against her shortly before Thanksgiving 2024.

8. Exhibit 1 is the webpage of Dr. Karev's Family Medicine, LLP, as it existed in and before the 2024-25 time period.

9. Exhibit 2 is a publication of the Centers for Disease Control ("CDC"), a federal agency with the legal responsibility to publish and share information about medicine and disease for the benefit of the American public. There are no particular circumstances relating to this record that would indicate anything untrustworthy in this document.

10. Exhibits 3a and 3b were obtained from the Clerk's Office of the Middletown Superior Court.

11. Exhibit 4a is the cover of a book recovered from the backpack of Meredith Grey. Exhibit 4b is the cover of a .pdf document found on Meredith Grey's personal cell phone.

12. Exhibit 5 is a copy of a sign placed online by the Connecticut Department of Energy and Environmental Protection on or about October 15, 2024 and posted at several locations in Middlesex County by the same agency between October 15, 2024 and October 19, 2024.

13. Exhibit 5 had the force of law within the State of Connecticut, including at and around the campsite owned by the Yang family where Meredith Grey and Chris Yang camped in 2024.

14. Exhibit 6 was obtained from the email account of Ellis Grey. Identical copies of the email of November 24, 2024 were obtained from the email accounts of Meredith Grey and Chris Yang.

15. Exhibits 7a – 7e were obtained from the email account of Dr. Alex Karev. An identical copy of these emails was obtained by subpoena from the email account of Dr. Miranda Bailey.

16. Exhibit 8 is an excerpt of the partially completed deposition of Dr. Alex Karev in this case. The original of the deposition was accompanied by a certification under penalty of perjury by the court reporter, and neither party contests the accuracy of this transcription. Additionally, to the extent that the deposition was not completed, the transcript is not contested.

17. Dr. Alex Karev went home following the partially completed deposition excerpted in Exhibit 8 to rest. That evening, he was admitted to the Emergency Room of Middlesex Hospital, where he was diagnosed with a myocardial infarction (heart attack). Dr. Karev lived several additional months, but he never recovered sufficiently to complete the deposition before his death.

18. Exhibits 9a – 9e were obtained from LarkSoft, Inc., which maintained the medical records of Dr. Karev's Family Medicine. Any individual employed by Dr. Karev's Family Medicine at the time these records were created may be considered a custodian of these records.

19. Exhibits 10 and 11 were produced by Drs. Shepherd and Sloan, respectively, in discovery.

20. A certified copy of Exhibit 12 was produced by the State of Connecticut Department of Public Health, which by statute maintains records relating to the licensure status of medical professionals in the State.

21. No witness is identified in this matter as an expert by stipulation. Foundation may be laid, any witness may be qualified as an expert at trial, and each party reserves the right to object or not to object to any witness so qualified. All pretrial disclosure obligations have been met, and each party gave sufficient notice of intent to qualify any witness as an expert.

22. Trial will be bifurcated, and the first phase of the trial will be limited to liability.

/s/ Harriet B. Stowe, Esq.
Tapping Reeve Law Firm
Attorneys for Plaintiff

/s/ Samuel L. Clemens, Esq.
Twain & Clemens, LLP
Attorneys for Defendant

Relevant Mock Trial Jury Instructions

The judge will instruct the jury how to apply the law to the evidence. Hypothetically, if the judge in your mock trial case were to provide instructions to the jury, the following instructions would be read to the jury.

Although these instructions may not be used as an exhibit during the mock trial competition, students may use these legal concepts in fashioning their case and making arguments to the jury.

Preliminary Instructions provided before the start of evidence

Members of the jury, you are about to perform one of the most serious duties of citizenship. You are going to decide a dispute between your fellow citizens. The way you as jurors do your job is as important to the administration of justice as the way I do mine as judge. Pay close attention to everything that is said and done in this courtroom so that you can perform your duties well.

It is my responsibility to decide all questions of law. You must follow my rulings and instructions on matters of law, whether or not you agree with them. For example, if I "sustain" an objection, that means that you will not hear certain evidence. You are not to think about what that evidence might have been or whether you wanted to hear it. I am likely to give other instructions during the trial in addition to these preliminary instructions and my final charge. You should consider all of my instructions as a connected series. Taken together, they constitute the law that you must follow.

I am not, however, the judge of the facts. It is not for me to decide what are the true facts about the claims you will hear. You, the jurors, are the sole judges of the facts. It will be your responsibility, at the end of the trial when you deliberate, to evaluate the evidence, and from the evidence find what the facts are. You will apply the rules of law that I give you to the facts as you find them, to decide whether the defendant is liable to the plaintiff and to what degree.

Each one of us has biases about or certain perceptions or stereotypes of other people. We may be aware of some of our biases, though we may not share them with others. We may not be fully aware of some of our other biases.

While you are deciding the facts of this case, you will have to judge the credibility and weight of the testimony and other evidence. By credibility, I mean the truthfulness and accuracy.

Among the things you should consider in assessing a witness's credibility are:

(1) the witness's opportunity and ability to see or hear or know the things testified to;

(2) the witness's memory;

(3) the witness's manner while testifying;

(4) the witness's interest in the outcome of the case, if any;

(5) the witness's bias or prejudice, if any;

(6) whether other evidence contradicted the witness's testimony;

(7) the reasonableness of the witness's testimony in light of all the evidence; and

(8) any other factors that bear on believability.

When you judge the credibility and weight of a witness's testimony, you are deciding whether you believe all, part, or none of the witness's testimony and how important that testimony is. Use your understanding of human nature and your common sense. Observe each witness as he or she testifies. Be alert for anything in the witness's own testimony or behavior or for anything in the other evidence that might help you judge the truthfulness, accuracy, and weight of his or her testimony.

Our biases often affect how we act, favorably or unfavorably, toward someone. Bias can affect our thoughts, how we remember, what we see and hear, whom we believe or disbelieve, and how we make important decisions.

As jurors you are being asked to make very important decisions in this case. You must not let bias, prejudice, or public opinion influence your decision. You must not be biased in favor of or against any party or witness because of his or her disability, gender, race, religion, ethnicity, sexual orientation, age, national origin, or socioeconomic status.

Your verdict must be based solely on the evidence presented. You must carefully evaluate the evidence and resist any urge to reach a verdict that is influenced by bias for or against any party or witness.

Instructions provided after the presentation of evidence

Members of the jury, as I said on the first day of trial, you are about to perform one of the most serious duties of citizenship. You are going to decide a dispute between your fellow citizens. You have heard the evidence presented in this case. It is now my duty to instruct you as to the law that you are to apply in this case.

Stipulations of Fact

Statements made by counsel are not evidence and are not binding on you. However, there are exceptions to this rule. One of these is when attorneys reach a "stipulation." When the parties stipulate, that is, when they agree, that a certain fact is true, their stipulation is evidence of that fact. You should regard the stipulated or agreed fact as proven.

The Parties: Meredith Grey, an incapacitated person, by Ellis Gray, her guardian and Dr. Karev's Family Medicine and Its Employees

In this case, the plaintiff is Meredith Grey. It has been stipulated that on February 26, 2025, Meredith Grey was adjudicated an incapacitated person, unable to make and communicate decisions regarding her person and estate by the Probate Court of Middlesex County, Connecticut, and Ellis Grey was appointed guardian of the person and estate of Meredith Grey. Among the authorities granted to Ellis Grey was the authority to sue on Meredith Grey's behalf and defend suits brought against Meredith Grey. Therefore, Ellis Gray has brought this lawsuit on Meredith Gey's behalf, but Meredith Grey is the plaintiff.

Meredith Grey, as the plaintiff, seeks money damages from Dr. Karev's Family Medicine, a business organization. Business organizations act through their employees and agents, the individuals who work there. An agent is someone who agrees to act for someone else, called the principal, under the principal's control.

In this case, Dr. Karev's Family Medicine admits that Dr. Alex Karev, Nurse Practitioner Richie Webber, administrator Addison Montgomery, and nurse's aide Sandy were its employees and that their conduct with respect to the diagnosis and treatment of Meredith Grey and the administration of Dr. Karev's Family Medicine were parts of their job. Dr. Karev's Family Medicine is therefore responsible for the actions of Dr. Karev, NP Webber, Montgomery, and Seaman in the diagnosis and treatment of Meredith Grey and the administration of Dr. Karev's Family Medicine.

Jury Must Not Consider the Damages
You must not consider the damages you might award at this time. Nor are you to trouble yourself with the consequences to the defendant of a finding of liability. You may later be asked to consider damages and, if so, I will instruct you in how to consider those questions at that time.

Burden of Proof
In civil cases, the plaintiff has the burden of proving her claims.

The plaintiff must prove her claims by a legal standard called "a preponderance of the evidence." Preponderance of the evidence means the claim is more likely true than not. You may have heard in criminal cases that proof must be beyond a reasonable doubt, but I must emphasize to you that this is not a criminal case, and you are not deciding criminal guilt or innocence. In civil cases such as this one, a different standard of proof applies. The party who asserts a claim has the burden of proving it by a fair preponderance of the evidence, that is, the better or weightier evidence must establish that, more probably than not, the assertion is true. In weighing the evidence, keep in mind that it is the quality and not the quantity of evidence that is important; one piece of believable evidence may weigh so heavily in your mind as to overcome a multitude of less credible evidence. The weight to be accorded each piece of evidence is for you to decide.

As an example of what I mean, imagine in your mind the scales of justice. Put all the credible evidence on the scales regardless of which party offered it, separating the evidence favoring each side. If the scales remain even, or if they tip against the party making the claim, then that party

has failed to establish that assertion. Only if the scales incline, even slightly, in favor of the assertion may you find the assertion has been proved by a fair preponderance of the evidence.

Medical Malpractice
In this case, the plaintiff, Meredith Grey, claims she has been injured because of the negligence of the defendant, Dr. Karev's Family Medicine, LLP ("Dr. Karev's Family Medicine") through the actions of its employees, including the doctor who runs that office, Dr. Alex Karev.

The plaintiff has the burden of proving her claim. The defendant denies the plaintiff's claim. In addition, as a defense, the defendant claims that the plaintiff herself was negligent, and that the plaintiff's own negligence was a substantial factor in bringing about the harm the plaintiff experienced. The defendant has the burden of proving this defense.

Negligence is the violation of a legal duty which one person owes to another. The legal duty that a health care provider, such as Dr. Karev, owes to a patient, such as Meredith Grey, has been established by our legislature.

We have a statute which provides that "[i]n any civil action to recover damages resulting from personal injury . . . in which it is alleged that such injury resulted from the negligence of a health care provider . . . the claimant shall have the burden of proving by a preponderance of the evidence that the alleged actions of the health care provider represented a breach of the prevailing professional standard of care for that health care provider. The prevailing professional standard of care for a given health care provider shall be that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."

Because the health care provider in this case, Dr. Karev, has been certified by the appropriate American board as a specialist, a "similar health care provider" in this case is, according to our statute, "one who: 1) is trained and experienced in the same specialty; and 2) is certified by the appropriate American board in the same specialty."

In this case, Dr. Karev's specialty is family medicine. The prevailing professional standard of care that applies to him is thus the level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent physicians who are board certified in family medicine. This standard applies to both diagnosis and treatment. In order to establish liability, the plaintiff must prove by a fair preponderance of the evidence that the defendant's conduct, through its employees, represented a breach of the prevailing professional standard of care that I have just described.

The standard of care is the standard prevailing at the time of the treatment in question. The treatment in question occurred in December 2024.

A doctor does not guarantee a good medical result. A poor medical result is not, in itself, evidence of any wrongdoing by the health care provider. Similarly, the fact that a doctor may have acted to the best of his ability does not avoid legal liability for damages resulting from substandard treatment, that is, treatment that is below the degree of care, skill and diligence which is to be expected in the field of family medicine in Connecticut. Errors of judgment that occur with the best intentions constitute negligence if they resulted from a failure to use reasonable care, skill and/or diligence. The question on which you must focus is whether the defendant, through its employees, has breached the prevailing professional standard of care.

As I have already mentioned, the plaintiff has the burden of proving by a fair preponderance of the evidence that Dr. Karev's conduct represented a breach of the prevailing professional standard of care. Under our law, the plaintiff must prove this by expert testimony. More specifically, the plaintiff must establish through expert testimony both what the standard of care is and her allegation that the defendant's conduct, through its employees, represented a breach of that standard. Finally, the plaintiff must establish, through expert testimony, that the breach of that standard of care was a proximate cause of the injuries that she claims.

The plaintiff alleges that the defendant, through its employees, deviated from the standard of care during the treatment of the plaintiff in that she showed known symptoms consistent with trichinosis throughout December 2024, neither Dr. Karev nor anyone at Dr. Karev's Family Medicine diagnosed the plaintiff with trichinosis or treated the plaintiff with anti-parasitic medication that could have reduced the impact of trichinosis. The plaintiff alleges that by missing this diagnosis and failing to treat her for the disease from which she was suffering, Dr. Karev's Family Medicine was negligent and violated the standard of care. Additionally, the plaintiff alleges that the defendant, Dr. Karev's Family Medicine, maintained an ineffective electronic health record in further violation of the standard of care by failing to note or to share critical information regarding the plaintiff's care with other physicians and consultants, further delaying Meredith's diagnosis and treatment, which resulted in the plaintiff's treatable condition becoming worse over the course of several weeks.

As I just indicated, the complaint filed by the plaintiff alleges more than one specific way in which the defendant was negligent. To prove negligence, it is not necessary for the plaintiff to prove that the defendant was negligent in all of the ways claimed. Proof that the defendant was negligent in just one of the ways claimed is sufficient to prove negligence.

If you find that the defendant was negligent, you must next decide if such negligence was a legal cause of any of the plaintiff's claimed injuries. Legal cause has two components: cause in fact and proximate cause.

The test for causation in fact is, simply, would the injury have occurred were it not for the defendant's breach of a duty of care, assuming you find such a breach. If the injury would have occurred even if there had not been a breach of the duty of care, then the breach is not the legal cause of the injury, and then you will render a verdict for the defendant.

The second component of legal causation is what we call proximate cause. The test of proximate cause is whether the defendant's negligence is a substantial factor in producing the plaintiff's injury. In other words, if the defendant's negligence contributed materially and not just in a trivial or inconsequential manner to the production of the injury or harm, then the defendant's negligence was a substantial factor. The plaintiff does not have to prove that the defendant's negligence was the *only* factor in causing the plaintiff's injuries. The law merely requires that the plaintiff shows more likely than not that the defendant's negligence was a substantial factor, which acting alone or in conjunction with other factors, brought about the plaintiff's injuries.

Negligence by Meredith Grey
In this case, the defendant has filed a special defense alleging that the plaintiff's injuries were legally caused by the plaintiff's own negligence. The defendant must prove the elements of this special defense by a preponderance of the evidence. Specifically, the defendant must prove that the plaintiff was negligent in one or more of the ways specified in the special defense and that such negligence was a legal cause of any of the plaintiff's injuries.

The special defense filed by the defendant alleges that following the guidance of a YouTube "influencer," Meredith Grey illegally killed a deer and ate it raw and/or undercooked, and that despite being asked for information regarding the history of her illness on several occasions, Meredith Grey did not advise the defendant's employees—her own physicians and nurses—of the fact she had eaten a raw wild animal.

To establish that the plaintiff was negligent, it is not necessary for the defendant to prove all of these specific allegations. The proof of any one of these specific allegations is sufficient to prove negligence.

You must decide whether Meredith Grey was negligent. Because Meredith Grey is not a professional, the standard for your decision on that question is different. Meredith Grey was an adult at the time that the defendant alleges that Meredith Grey acted negligently. That means that Meredith Grey must use the same degree of care as a reasonable person would under the circumstances, and if Meredith Grey did not use that same degree of care as a reasonable person would have, she is negligent. Meredith Grey is negligent if she does something which a reasonably prudent person would not have done under similar circumstances or fails to do that which a reasonably prudent person would have done under similar circumstances.

If you decide that Meredith Grey was negligent, then you must decide whether her negligence was a legal cause in bringing about the harm that she suffered, if any.

To be a legal cause, Meredith Grey's conduct need not be the only legal cause. The fact that some other causes concur with Meredith Grey's negligence in producing an injury does not relieve Meredith Grey of some responsibility for the harm she suffered, as long as her negligence is a legal cause of that harm.

Negligence by Ellis Grey

You also heard evidence that Meredith Grey's parent, Ellis, behaved in a way that some might assert was unreasonable. Ellis Grey's conduct is not itself at issue in this case. However, to the extent that Ellis Grey's conduct made the actions of someone else more or less reasonable, you may consider that in evaluating that individual's actions. So, for example, if Ellis Grey's conduct changed in your view the standard of care that the defendant had to meet, for example, by making a diagnosis easier or harder to make, you can consider that in assessing whether the defendant met that standard of care. Likewise, if Ellis Grey's actions or inactions made Meredith Grey's actions or inactions more or less reasonable, you can consider that in assessing Meredith Grey's actions or inactions.

Rules of Comparative Negligence

In this case, the defendant has filed a special defense alleging that the plaintiff's injuries were legally caused by the plaintiff's own negligence. The defendant must prove the elements of this special defense by a preponderance of the evidence. Specifically, the defendant must prove that the plaintiff was negligent in one or more of the ways specified in the special defense and that such negligence was a legal cause of any of the plaintiff's injuries.

As I have explained, the plaintiff has claimed that her injuries were caused by the defendant's negligence, and the defendant has claimed that it was caused by the plaintiff's own negligence. If you find that negligence on the part of BOTH parties was a substantial factor in causing the plaintiff's injuries, then the law is that the plaintiff can recover damages from the defendant only to the extent of the defendant's fault and may not recover damages to the extent that she herself was at fault.

If the plaintiff was more at fault than the defendant, then the plaintiff cannot recover any damages.

Here is an example to make this rule clear: If the plaintiff was 20% at fault and the defendant was 80% at fault, the plaintiff recovers 80% of her damages. If the plaintiff was 50% at fault and the defendant was 50% at fault, the plaintiff recovers 50% of her damages. However, if the plaintiff was more than 50% at fault, she was more at fault than the party she has sued, and she recovers no damages.

Conclusion as to Claims

The issues you must decide, in accordance with the law as I have given it to you, are:

Did Meredith Grey prove by a preponderance of the evidence that:

1. Dr. Alex Karev and/or the employees of Dr. Karev's Family Medicine, LLP breached the standard of care in the treatment of Meredith Grey, and if so,
2. Did the breach of the standard of care result in harm to Meredith Grey?

If so, then you must determine whether the defendant proved by a preponderance of the evidence that:

1. Meredith Grey acted negligently, and if so,
2. Did Meredith Grey's negligence contribute to the harm that she experienced?

If so, then you must determine what portion of the harm that Meredith Grey experienced (expressed as a percentage) was caused by the negligence of Dr. Karev and members of Dr. Karev's Family Medicine, LLP, and what portion of the harm that Meredith Grey experienced was caused by Meredith Grey's own negligence (these percentages must add up to 100%).

Healthcare Provider Not a Guarantor

No physician promises any outcome to a patient, and you may not presume or infer that Dr. Karev's Family Medicine failed to meet the standard of care simply because there was an unfortunate result. An unfortunate result may very well have occurred regardless of the degree of care and skill exercised.

For that reason, the mere occurrence or development of an injury does not prove negligence or causation. The mere fact that the plaintiff may have experienced an injury, in and of itself, does not mean that she is entitled to recover damages from the defendant.

Deposition Testimony

The sworn testimony of Dr. Alex Karev was taken by deposition prior to this trial, and may have been presented to you. The testimony of a witness who for some proper reason cannot be present to testify in person, may be presented in this form. Such testimony is given under oath and in the presence of lawyers for the parties, who question the witness. A court reporter takes down everything that is said and then transcribes the testimony. This form of testimony is entitled to the same consideration as if the testimony of the witness testified in court.

Expert Testimony

We have had in this case the testimony of expert witnesses. Expert witnesses, such as engineers or doctors, are people who, because of their training, education, and experience, have knowledge beyond that of the ordinary person. Because of that expertise in whatever field they happen to be

in, expert witnesses are allowed to give their opinions. Ordinarily, a witness cannot give an opinion about anything, but rather is limited to testimony as to the facts in that witness's personal knowledge. The experts in this case have given opinions. However, the fact that these witnesses may qualify as experts does not mean that you have to accept their opinions. You can accept their opinions or reject them.

In making your decision whether to believe an expert's opinion, you should consider the expert's education, training and experience in the particular field; the information available to the expert, including the facts the expert had and the documents or other physical evidence available to the expert; the expert's opportunity and ability to examine those things; the expert's ability to recollect the activity and facts that form the basis for the opinion; and the expert's ability to tell you accurately about the facts, activity and the basis for the opinion.

In general, the opinion of an expert has value only when you accept the facts upon which it is based. This is true whether the facts are assumed hypothetically by the expert, or they come from the expert's personal knowledge, from some other proper source, or from some combination of these.

You should ask yourselves about the methods employed by the expert and the reliability of the result. You should further consider whether the opinions stated by the expert have a rational and reasonable basis in the evidence. Based on all of those things, together with your general observation and assessment of the witness, it is then up to you to decide whether or not to accept the opinion. You may believe all, some or none of the testimony of an expert witness. In other words, an expert's testimony is subject to your review like that of any other witness

Deliberation

You are to discuss the case and deliberate only when all jurors are together in the jury room. You are not to discuss the case with each other or anyone else during breaks or recesses. The admonition I have given you during the trial remains in effect when all of you are not in the jury room deliberating.

When you retire to the jury room, you will be given a verdict form. You will need to select a Foreperson, who will organize your discussion, but the Foreperson has no greater influence or power over the verdict than any one of you. When you have a verdict, complete the verdict form and have the Foreperson you have selected sign it. Then return it to the bailiff.

The case is now in your hands.

DOCKET NO. MMX-CV-25-6054121-S	**:**	**SUPERIOR COURT**
	:	
MEREDITH GREY,	**:**	
AN INCAPACITATED PERSON,	**:**	
BY ELLIS GREY, GUARDIAN	**:**	**JUDICIAL DISTRICT OF MIDDLETOWN**
Plaintiff	**:**	
v.	**:**	
	:	
DR. KAREV'S FAMILY MEDICINE, LLP	**:**	
Defendant.	**:**	**NOVEMBER 30, 2026**

VERDICT FORM

We, the jury in this matter, find that

1. **Dr. Alex Karev and/or the employees of Dr. Karev's Family Medicine, LLP**

   _____ DID

   _____ DID NOT

   breach the standard of care in the treatment of Meredith Grey.

If you answered this question "Did," move to the next question. Otherwise, have the Foreperson sign this sheet and return it to the Bailiff.

2. **The breach of the standard of care**

   _____ DID

   _____ DID NOT

   result in harm to Meredith Grey.

If you answered this question "Did," move to the next question. Otherwise, have the Foreperson sign this sheet and return it to the Bailiff.

3. **Meredith Grey**

_____ DID
_____ DID NOT

act negligently, that is to say unreasonably.

If you answered this question "Did," move to the next question. Otherwise, have the Foreperson sign this sheet and return it to the Bailiff.

4. **Meredith Grey's negligence**

_____ DID
_____ DID NOT

contribute to the harm Meredith Grey experienced.

If you answered this question "Did," move to the next question. Otherwise, have the Foreperson sign this sheet and return it to the Bailiff.

5. **What portion of the harm that Meredith Grey experienced (expressed as a percentage) was caused by the negligence of Dr. Karev and members of Dr. Karev's Family Medicine, LLP, and what portion of the harm that Meredith Grey experienced was caused by Meredith Grey's own negligence (these percentages must add up to 100%)**

_____% **was caused by the negligence of Dr. Karev's Family Medicine, LLP, or its employees.**

_____% **was caused by the negligence of Meredith Grey.**

Have the Foreperson sign this sheet and return it to the Bailiff.

_____
Signature of Foreperson

Witness List

Plaintiff

- Ellis Grey
- Addison Montgomery
- Derek Shepherd

Defense

- Richard/Richie (“Richie”) Webber
- Christopher/Cristina (“Chris”) Yang
- Mark/Mary J. (“M.J.”) Sloan

Pronunciation Guide

- LeMond Pure (leh mond pur *or* luh mond pur)
- Trichinosis (trick in oh siss)
- Trichinellosis (trick in ell oh siss)

Statement of Ellis Grey

Social media is more addictive and dangerous than cocaine. I should know.

I'm clean now, 120 months, but before that? I lost ten solid years to drugs. I can barely remember it, half-developed snapshots of dirty mattresses and dark alleys and trading cash from whatever day job would take me or whatever the pawn shop would give me for anything I could lay my hands on so that I could buy my drugs. I can barely remember the birth of my daughter. My memory of her first steps? None. Her first words? Nothing. Drugs take away things you can't get back. Now, social media did the same to my poor girl.

As you can imagine, with drug addicts for parents—if you even can call my ex a parent!—Meredith never had it easy. Meredith was born small, probably from my drug use, and we were living hand-to-mouth, going wherever we heard there was work, stealing when we couldn't find any. There were shelters that would give Meredith formula, and later food, but there was never enough and never enough fruit or whatever. I wonder if Meredith would have been better off without us, but I wouldn't have survived. Sometimes, loving her was the only thing getting me out of bed.

Things came to a head in 2012. We were somewhere down in Florida, when a cop woke us up in the middle of the night. Meredith had unlocked the doors of the car we were sleeping in and she took a bunch of food from a convenience store and walked out. She was 7. There were needles on the floor, and we got arrested, again, and ended up appearing in front of one of those angry judges. He took Meredith away, and just like that, I had no kid. Turned out to be the luckiest day of my life. I learned that I would do *anything* to get my daughter back, even the one thing I could never do—staying clean. It was awful, physically and mentally brutal. There were many days I thought I wasn't going to make it. But on Meredith's 8th birthday, I picked her up from a group home and promised her it was the two of us, forever. My ex, of course, was high as a kite, useless. My case worker from the Department of Children and Families in Florida felt sorry for me and bought us one-way Greyhound tickets to back home, to lovely Connecticut, the pizza capital of America. Boy, did I miss the New Haven pizza when I was in Florida. I came back to Connecticut with nothing but the clothes on my back and a kid who had never sat in a real classroom.

Meredith was a good kid: diligent, loving, and smart. But she was so far behind, she was in kindergarten at eight years old. Not that you could tell she was delayed, small as she was.

And it wasn't just size. At that state home, Meredith had been diagnosed with pretty bad asthma, and we soon learned that Meredith needed steroids — prednisone, not that bodybuilder stuff — just to be able to play outside. But my Meredith always set her mind to the hardest task, and she became obsessed with running long distances. And Meredith was good in school, once she had

it. She dreamed of being a neurosurgeon which is sort of ironic, considering how Dr. Karev would let her down so badly.

From a young age, Meredith had one true friend, Chris Yang. They were inseparable, and Chris's parents let Meredith spend afternoons there, which meant I could take extra shifts at Pepe's Pizza after my first shift as a drug and alcohol counselor finished. I worried that the Yangs let Chris be exposed to way too much social media. They thought exposure was the best way to teach Chris how to use it properly, but to me it was a distraction and a danger. I refused to get Meredith a newer phone, not that I could afford it. The Yangs were not much better off than us, but Chris always had the latest iPhone. We did have a computer at our house and yes, internet, too, on one of those government grants. But at least I could track browsing history and control Meredith's screen time.

The Yangs had a parcel of land in the northwest corner of the state on a lake, near New York and Massachusetts where there is no cell reception, and you have to set up your own camp. They would go up there and bow hunt or fish for food, and Meredith was always welcome. Meredith loved those trips, running laps around the lake. I was invited, too, but I never have weekends off. Meredith went "off-the-grid" with them four or five times a year from seventh or eighth grade on. It was an ideal, country life.

The schools in Middletown are good, and some of the athletic teams are elite, especially running. So Meredith always had first-rate coaching, especially at Middletown Central, and it paid off. Even though she was still trying to make up for lost size, Meredith qualified for states in cross-country as a freshman and was in the top twenty-five as a sophomore. She started getting all kinds of attention from colleges, with those letters coming all the time. Coaches started showing up to meets, and the UConn coach said that if she could finish in the top eight at states, they would offer her a scholarship. My girl, running in a Division I program! Meredith had finally caught up academically, too, playing piano in the jazz band and taking her first AP classes. But, like Blood, Sweat, and Tears said—What goes up must come down—and the big wheels were about to come off.

It all started innocently enough: a couple of weeks before Halloween, 2024, I saw Meredith sitting by the computer looking a bit dejected. Her times had been suffering, and they'd gotten so bad she would barely make states, much less Top 8 there. The college coaches had gone quiet, too.

I was worried that Meredith might be considering something like what other athletes have done — taking those crazy drugs from online, but Meredith reassured me she knew what drugs could do. Instead, Meredith wanted to change her diet and to start interval training. We couldn't afford a nutritionist or private trainer, so I suggested YouTube. I know, I know, it's social media, but as a "how to" it's not so bad. That's how I fixed our ancient dishwasher.

I have never regretted a comment more. The first change was innocent enough — Meredith became very selective about what types of protein she ingested, not vegetarian or vegan, but

close. No more bacon — our weekly Sunday morning breakfast treat went out the window. Meredith also really got into monitoring sleep and toyed around with intermittent fasting. Then she started eating all these raw foods. Chris and Meredith had always logged their training on that Strava app, but they started wearing matching bracelets that had this odd insignia on it that looked like an intertwined “L” and “P” or maybe it was a “K” and a “B.” I figured it was some sort of new age friendship necklace — you know, like the Swifties.

I tried not to worry, though, because her mood and times were all improving. But it wasn’t coming around fast enough for Meredith; she needed to get her times down by ten or twenty seconds to be competitive for D1 schools. The pressure was intense, and Meredith started asking for odd meals like high grade sushi tuna and steak tartare, to go with raw nuts, dried fruits, and vegetables. It was really expensive, but as Meredith said, it was “not as expensive as college tuition!” So I took every extra shift I could find, cleaned out my “fun account,” and tried to shop more at Whole Foods than BJs and PriceChopper. Meredith encouraged me to go to the local farms for meat — closer to the source, she said — but all I could manage was an occasional trip to the farmer’s market on the town Green on Saturdays.

Around Thanksgiving, Meredith asked if she could go camping with Chris the following weekend. Meredith had been driving for a while, but Chris had just gotten permission to use their dad’s Bronco to take their first “off grid” adventure without the family. I didn’t like the absence of adult supervision, but at some point, you need to let your little bird leave the nest.

Meredith came back that Sunday, December 1, 2024, happier than she had been in weeks. But by Tuesday or Wednesday, that energy was all gone. Meredith said she was tired and didn’t sleep so well in the woods and went straight to bed. I tried to get details, but Meredith was having none of it.

That Thursday, the 5th, Meredith took an Uber home around lunch after seeing the school nurse with stomach pain. She spent the evening alternating between episodes of diarrhea and vomiting while complaining of intense abdominal pain. I figured it was one of those stomach bugs and would pass quickly. Usually, Tylenol and Tums will do the trick. But nothing was working!

The next day, Friday the 6th, instead of going to school, I took Meredith to Dr. Karev, our family doctor since I was a kid. I went to Dr. Karev’s website to check availability, and it looked like it hadn’t changed since then. No online booking, just an @aol.com email address. So I called instead and chatted with Dr. Karev’s admin — someone named Addison Montgomery. They were nice enough to accommodate us immediately! When we got to the office, Meredith was now complaining of a headache and I noticed some puffiness around her eyes. Meredith was definitely fatigued, although she was up and around. I tried to be as thorough as possible, including the fact that Meredith was involved in healthy living. It had been more than a year since our last visit – we were just so busy, you know?! — so Addison scolded us a bit about that, and we filled out some more paperwork because Meredith was an adult now.

We still waited over an hour to see Dr. Karev, and Dr. Karev seemed uninterested in Meredith's condition. Meredith had a low fever, 101 or something, and Dr. Karev declared it was the flu or maybe norovirus. He said it was nothing to be worried about, unless Meredith started testing positive for COVID. He gave us a couple of those rapid tests. Dr. Karev prescribed Tamiflu and rest and said to reach back out if symptoms do not improve in five days. We went on our way, hopeful that the worst was behind us.

But while I provided as much comfort to Meredith as possible, she didn't improve over the weekend. Chris came over to drop off homework and to check in on Meredith. They were together in Meredith's room for an hour or so, and I gave them their privacy. Chris was fine, no symptoms at all. I asked Chris if they remembered anything odd about their camping trip, but Chris said other than it being a bit colder than expected and that the fish weren't biting too much, the trip was uneventful. When Chris left that afternoon, rather than saying goodbye, Chris said they were sorry. I asked for what, and Chris said, "All we wanted was to get better, stronger, truer to our nature. Meredith knows what I mean." It was very teenager melodrama, so I just told Chris it would all be fine.

Later, maybe on Sunday or Monday, I asked Meredith about it, and she just kind of trailed off, asking what would I do if they had done something illegal. I just about lost my mind, because of all the things, *my* Meredith would know not to do drugs. Meredith started shouting back that she would never do drugs and then stormed off. You know how it is with teenagers — so touchy.

Meredith was still ill and midterms were coming, so we went back to Dr. Karev on Tuesday the 10th. Addison signed Dr. Karev's name to a note for the school and quipped, "No one can read a doctor's signature anyway!" Dr. Karev was even shorter with us than our visit on Friday. They ordered some bloodwork and said we should get the results by the end of the week.

Everything was starting to shut down for the season. The school told me that Meredith could take her exams during the first week of the second semester, and some of the kids in their class even sent along "get well soon" and holiday cards! Schools were definitely more accommodating right after COVID! I focused on getting Meredith better, but nothing was working.

On Monday the 16th, I got a call from Addison stating that the bloodwork came back negative for Flu, Covid and Norovirus. They had also tested for hepatitis and tuberculosis, which can be acquired from shared needles. She said that Dr. Karev wanted to see Meredith again, so we went back over. We mostly saw Richie Webber, the nurse, but Nurse Richie said Dr. Karev thought it could be a bacterial infection rather than a virus and prescribed a ten-day course of Amoxicillin. I went to the local pharmacy and filled the prescription with my last spare cash for the year.

On Wednesday the 18th, I called Dr. Karev's office again and told Addison that Meredith's condition was worsening. Meredith's muscles hurt when touched and her eyes were becoming very sensitive to light and her fever still had not broken — it was up to 102, almost 103. The swelling around her eyes was worse too, I thought, although she was crying a bunch, so it was

hard to tell. Addison agreed to relay this to Dr. Karev, and I told Addison we were giving more Tylenol than the bottle recommended, to control the pain. She told me that if I was really worried, I could take Meredith to the Emergency Room. But an ER co-pay could be expensive, and we didn't have any extra money lying around. Since Dr. Karev already knew so much, I didn't feel like explaining it all to someone new, who would run the same tests. Dr. Karev never called me back.

Then, just when I was about to give up hope, it looked like things were getting better. Meredith's pain went down, and the fever was up and down. But the nausea was gone.

But the next night, Thursday the 19th, we were back on the roller coaster. Meredith moaned all night. I couldn't sleep with my heart breaking, so I tried to do some cleaning to soothe my nerves. Meredith's bag from the camping trip had never been unpacked, and I started there. I found a few arrow feathers, a couple of stickers with that logo from the bracelet that Meredith and Chris were wearing, a bowie knife, a rag that looked like it had dried blood on it, and a book entitled "M.E.A.T.: Maximum Energy, Animally Transformative," with a wild boar on the cover, written by Gabriella LeMond and Doug Dexter, published by LeMond Pure.

I did some Googling, and it led me to an entire world around these two influencers. This wasn't just paleo; these people preached an almost 100% raw protein diet. They were almost hypnotic: Gabriella is beautiful, and Doug has this honest face that draws you in. I lost hours to it, and I was not even trying to join them. It was a cult, with books, merchandise, catch phrases and mantras. And Meredith had watched over 100 hours of these videos! There was even a series of videos on how eating raw meat less than 30 minutes after an animal was killed was the best way to get the "maximum energy" of the "animal sacrifice."

Then I searched Meredith's email. What shocked me the most was the way Meredith and Chris talked about LeMond Pure, how it was going to give them an edge in spring cross-country, and how they were going to eat fresh game on that camping trip!

Friday the 20th was just as bad as the night before. Meredith had gone for a run the day before, Thursday, but it went really badly, and she was in a really bad place mentally and emotionally, and complaining a lot about the muscle pain and a headache. I confronted Meredith about the bracelet, the videos, the emails, everything, and I asked Meredith if they killed any wild animals. Meredith said that all they ate on the trip was fish, and yes, it was raw-ish, but they knew what they were doing. I forbade Meredith from ever watching LeMond Pure. I was furious, but I also didn't want to ruin the holiday.

Instead, I called Addison and gave Addison the whole story. I wanted to talk to Dr. Karev or Richie, but Addison said the office was closing for the holiday. Addison did say I could email, though, and since I wasn't sure I had gotten my point across, I wrote Addison via Dr. Karev's email address, a really long email with everything I had found, forwarding the email I had found between Meredith and Chris.

I never heard from Dr. Karev. Instead, Nurse Richie called me back late that day or early that Saturday — frankly, I am not sure of the date, it is all such a blur — responding to my message and email. The nurse said that the office had prescribed a stronger painkiller, so we could stop using the over-the-counter stuff, and a new antibiotic, in case the amoxicillin wasn't strong enough. They were worried about Lyme disease, because Meredith had been outside before it started. But they also were really clear with Meredith: no running until she felt better. That five-mile run to try and stop the muscle pain might have *caused* the joint pain!

Over the next couple of days, Meredith had trouble sleeping, so we stayed together, just trying to stay positive. Christmas came and went. We couldn't go anywhere, and Meredith had trouble with her stomach, which we expected from that powerful antibiotic. Most of the presents I had gotten Meredith were about running, so it was rough.

The morning of the 26th, I went to check on Meredith, there was no color in Meredith's face, and her pulse was very faint. I was able to jar Meredith awake, but as soon as I moved Meredith, she started screaming. I called 911, and an ambulance raced Meredith to Middlesex Hospital.

After that? All I can say is that Dr. Shepherd is an absolute godsend.

Unfortunately, because of the delay in getting the right treatment, Meredith has suffered some serious damage. The parasite was eating her muscles for weeks before it got under control. She will never run competitively again, and the manual dexterity she needed to play piano may not ever come back. But even worse, Meredith's brain function has suffered. The genius that drove Meredith from such a young age seems to have been dulled, like a car with no high beam. Meredith hasn't made it back to high school yet, much less college. She just can't think straight, like she's in a haze all the time. Sometimes, she still thinks she's eighteen and gets worried about exams. Still, just having Meredith alive is a blessing, one that I am thankful for every single day.

There is a lot of blame to go around here, and I blame myself, too. How could a parent not feel responsible? I wish Chris had told me the truth, but once we got Meredith back, she confessed that they killed a deer without a license and Meredith ate it raw… or close to raw? What Chris said was a little confusing. Chris didn't eat it, because they had caught a fish earlier in the day.

I tried to sue LeMond Pure, but I guess I wasn't the only one, because they declared bankruptcy and shut down the website.

But, most of all, I blame Dr. Karev. Dr. Karev should have known that something was really wrong. Dr. Karev should have ordered more tests. Dr. Karev should not have been so dismissive because they were more interested in a winter break than saving my child. Dr. Karev should have been as good a doctor as Dr. Shepherd.

I don't want revenge. But fair is fair. Dr. Karev has to pay for the damage he did, so maybe Meredith will still have a chance of recovery. Besides, it's all insurance money anyway.

Statement of Addison Montgomery

I have worked in several places during my twelve distinguished years in the medical field, and let me tell you, there was no place quite like Dr. Karev's. Make no mistake about it, Dr. Karev was an institution in Middletown. Dr. K had been there forever, but that's exactly the problem. He was there forever. And, well, life moves pretty fast, and if you are not willing to change, then your business is already losing. And the leaner you staff your office, the more you have to use technology *and* to invest in technology. And when you don't? You get tragedy like Meredith Grey. And when you're the boss? Then it's your fault.

My name is Addison Montgomery. I realized the importance of technology in the medical field shortly after graduating high school in 2014. I bounced around from major to major in college. From biology to nursing to hospital administration, they were all behind the times. Eventually, I got an online degree in business administration while working full-time as an administrative assistant at Middlesex Health Systems, or MHS as it's known. My father, who is a muckity-muck with MHS, got me the interview, but I insisted on no favors when I was interviewed. I wanted the job because I was qualified, not because of my father. I actually wouldn't have bothered to get my degree, but you need a degree for some jobs, or so I was told by my father. So, while everyone was playing around with sourdough starters and getting puppies during the pandemic, I was working on my degree at night.

When I graduated in the Spring of 2022, I immediately took a job working as an office manager for Dr. McDreamy, a gastroenterologist in private practice in Danbury, CT. Just like Dr. Karev, Dr. McDreamy was at the end of his career. He was having trouble selling his practice, because, well, he wasn't a very nice person. But he realized that if he wanted to have private equity or a hospital system come in and continue the good work that he started, he would need to modernize. That is where I came in. Within a few months, I had sourced a new electronic medical records system, scanned and uploaded all the active files, and created an archive for the paper ones. One night in early 2023, at dinner, I was explaining the advancements I had made to Dr. McDreamy's practice to my father, and just like that, he wanted to buy the practice for MHS!

I took that offer personally to Dr. McDreamy, and he walked away with nearly $2 million from that deal. My father was so pleased with me that he even gave me a $40,000 "bonus." Sure, that might have been seen as a bit of a conflict of interest, but I didn't make the deal with a payout in mind. I was just trying to help two good organizations come together. When I told Dr. McDreamy, rather than being upset, Dr. McDreamy told me that "I deserved it and more." It's like I always say, if you want a reward, make something happen.

I liked the fact that I didn't need to rely on my parents any longer, and I thought about becoming a broker specializing in medical practices, but ultimately, thought better of it. I realized that my

biggest strength was being an agent of change. I wanted to get another job working at a medical practice with an aging physician, help modernize it, and maybe earn another brokering fee.

So, in September of 2023, I took a job at Dr. Karev's office. I always liked Middletown, especially its Main Street which is great for walking at lunchtime. Plus, I love seeing the Connecticut River from my window. I also like being within walking distance to Wesleyan University and sometimes I attend lectures or plays after work. Dr. Karev seemed willing to change his practice to step into the modern world. I was excited, because Dr. Karev was more human than Dr. McDreamy. However, you could definitely tell he had lost a step (or three) over the years. He moved very slowly, his voice would shake when he spoke, and his hands did a bit as well. Still, he was a very nice person, and I really thought I could make a difference. Even just updating their website from a clipart-filled disaster would increase the value of the practice!

Unfortunately, I didn't have a chance to speak with his Nurse Practitioner, Richie Webber, before accepting the job. If I had, I probably wouldn't have joined. Richie was flat out nasty to me from day one, dismissing my ideas and always saying, "we've never done it that way before, and we are not going to do it that way now." Richie had the ear of Dr. Karev, and clearly Richie felt threatened by me. And Richie was right; if I was successful and private equity or a modern health system came in, Richie would lose control of Dr. Karev.

The first big issue was records. In the spring of 2024, after hearing my advice, Dr. Karev was excited to invest in a new electronic records system, but Richie blocked me from implementing it. Richie kept talking about cost, because *of course* that was Richie's focus: Richie was paid and got bonuses from cash at the end of the year. Dr. Karev held all the ownership equity, so if something cost the practice today and only paid off when it was sold, Dr. Karev would get all the benefit from it.

But even Richie could not deny that a change was needed. The practice had some antiquated DOS-based system that was probably created around the same time Dr. Karev got his AOL email address. It was clunky and couldn't easily transfer medical records to other practitioners. They were still faxing files upon request like it was 1998 or something. But despite that, Richie was somehow able to convince Dr. Karev that my plan to upgrade to the Epic system used at MHS that I convinced Dr. McDreamy to get was going to be draining the company's finances, and that I shouldn't be allowed to make strategic changes to the business without their approval. I was the business person, not Richie. I don't think Richie even knew how to read a profit and loss statement, and I definitely know that Dr. Karev had no clue. They relied on an equally aged accountant and very part-time bookkeeper to make payments and file taxes. Despite Dr. Karev's initial promises to me, it became clear that all Richie and Dr. Karev really cared about was whether or not there was enough money for substantial year-end bonuses.

Maybe that's not entirely fair. I *was* able to upgrade the old system, just not to Epic. Instead, we went with a startup out of New York, LarkSoft, that was still in Beta testing. Because it was so new, it was also crazy cheap. It was on a different information architecture, though. Epic uses

Chronicles and Clarity, but this was running on an adaptive version of OpenAI based on Python and C++. There's no binding industry standard, but you just knew it was going to be a problem.

I almost quit, then and there, but when I had dinner with my father in August, my dad reminded me that change is not always linear, and sometimes a business had to fail a bit before it could be lifted up. So I stayed, and as usual, dad was right. The actual system worked well for our own records, and the AI tool it used even found some issues in the old records that we were able to clean up.

The issue was interoperability. In EHR systems, you want two things. One is for your own day-to-day functions: putting in notes, storing and recalling patient records, receiving and integrating lab results, that kind of thing. But the second thing you want, ideally, is for your EHR system to talk with *everyone else's* EHR system, so your medical records can go to them, and theirs can come to you. Well, whatever the LarkSoft AI was doing for internal records, it was horrible at communicating with other systems. They could not get LarkSoft data, and LarkSoft would fragment incoming data horribly. The designers said they knew it was an issue, and they were working on it, but we never saw that improve, not until the full software released in mid-August 2025. So it was cheaper, but it let us down in a critical area. And of course, that meant that *we* let down Meredith Grey in a critical area. I think. I mean, I'm not a nurse or doctor or anything.

I remember the first time Ellis Grey called the office about Meredith. It was Friday December 6, 2024. Ellis said that Meredith needed to be seen urgently. Ellis was manic, and I felt bad, so even though Dr. Karev liked to close the office early on Fridays, I put Meredith on the list. Dr. Karev had been seeing Meredith her entire life — that's the way it was with most of Middletown. People trusted Dr. Karev more than the urgent care or the hospital. Plus, it's not like Meredith had a broken bone or something; what Ellis described to me on the phone sounded like a bad case of the flu.

Dr. Karev was running late that day and was over an hour late seeing Meredith. You could tell Richie was upset, because they wanted to get the weekend started. Meredith was the last patient, and I could overhear how dismissive both Richie and Dr. Karev were with Ellis and Meredith. Meredith was really quiet; she barely said anything. I could hear Dr. Karev asking Meredith some questions, but Ellis was always answering for her. I guessed at the time that it was because Meredith was not feeling well, but Ellis seemed to be bit overbearing. Richie and Dr. Karev were frustrated. They ended up saying it was probably nothing. Later, Richie said the visit was a complete waste of time and blamed me for permitting them to come in on a Friday. Dr. Karev prescribed some anti-viral meds and told them to come back if Meredith's condition didn't improve.

Early the next week, Ellis called again, once more in a complete panic. Meredith wasn't any better and reported that Meredith's condition was worse. Ellis was in panic mode and couldn't stop rambling and blathering on about how Meredith wasn't going to be able to take her midterm

exams because of the illness and was going to fail and wasn't going to get into college and couldn't run for her scholarship. It was hard to keep up.

Ellis ultimately asked, no begged, for a note from Dr. Karev for the school and some new medicine. I went to Richie and explained the situation. Richie took out a pad, scribbled out a school excuse and signed Dr. Karev's name. Richie also wrote a script in Dr. Karev's name for bloodwork. That wasn't unusual; Richie used Dr. Karev's prescribing pad or wrote electronic orders, and Dr. Karev didn't mind. As Doc used to say, "It's not like you could read my handwriting anyway."

On December 16th, we got the bloodwork results back, and they were all negative. Dr. Karev decided it must be bacterial and not viral and ordered a course of antibiotics for Meredith. I thought Amoxicillin was for kids — Meredith had turned 18 weeks before — but I did what the doc told me to, and when Doc asked me to get Dr. Bailey on the line, I connected the two of them. I was glad Doc was getting a second opinion, just in case. About twenty minutes later, Doc asked me to send Meredith's records to Dr. Bailey, and I did my best, but Dr. Bailey was on a totally different EHR — not Epic, and of course not LarkSoft, which was still in Beta — and we could not get the records to transfer. And Dr. Bailey's office had done away with their fax machine, so I just answered some basic questions on the phone. No, I don't remember what they were. It was two years ago! Then Dr. Bailey asked me to talk with his scheduler about fitting Meredith in, if we needed to. They were packed to the gills, but we were able to work out two or three times that could work. We did not wind up using them; Dr. Karev did not schedule Meredith for a formal consult.

I remember that I called Ellis after that, to let Ellis know about the antibiotic. Ellis had a ton of questions, but I really couldn't answer them, and even though I made a note for either Richie or Dr. Karev to get back to Ellis that week, neither of them did. I know it probably seemed just like another bad cold, but to me, it seemed like there was something really wrong with Meredith.

That week, our schedule was heavy. Everyone's was. But we were all in a festive mood, because the office was closing for the holidays. Dr. Karev was heading to Florida for some time with his kids who lived on the Space Coast, and he couldn't stop talking about it. I thought it was bad business; for some families, the holidays are the only time they have off to take care of things like annual physicals. But, Dr. Karev really didn't care… *Richie* really didn't care, and Dr. Karev wasn't going to fight Richie on it.

On the morning of the 20th, I got another one of those frantic calls from Ellis about Meredith and her condition. The antibiotics were not working, and Meredith's fever was spiking, and Ellis was saying stuff about pulse racing and being clammy. That didn't bother me that much, because Ellis said that stuff all the time, and when Richie took the vitals, the pulse was fine or whatever. In addition, Ellis was going on and on about how they found all of this odd information about some social media person who was inside of Meredith's brain and causing her to adhere to this

really odd all-meat diet. And then there was something about a camping trip and social media and running too much?

I took notes and entered them into the new records system I had created. Dr. Karev had already left for the day, but Richie was still there doing some odds and ends. I also knew Dr. Karev would most likely see the notes as he always reviewed the charts from home. I tried to get Richie to take the call, but all Richie said was, “send them to urgent care or the ER.” I took more details from Ellis about Meredith’s conditions and emailed this information to both Dr. Karev and Richie. I also gave the office email address to Ellis. I told her I monitored those, which was true. I think Richie did, too, at least when Dr. Karev was away. I didn’t get a response from Dr. Karev, but I did get an email response from Richie confirming receipt. I knew I was going to be there late that day, and as Richie was leaving for the holiday break, I pulled Richie aside when they walked by my desk. I had to give it one more go to get through to Richie. I told Richie I was very worried about Meredith and that it would be great if they could at least call Ellis back… Richie’s response was that we didn’t have time to call back every “crazy helicopter parent complaining about a common cold.” But Richie agreed to call the Doc and then to call Ellis the next day.

I was in the office the next week, while it was closed, to catch up on some paperwork and to get working on business plans for the new year. I also thought it would be a good time to go over the financials and see if there were some partners who might be looking to buy. Deals like that take time, so it’s good to start them early in the new year.

Sometime late that week, I saw a call come in from the Middlesex Hospital ER line. We have that one written under the receptionist’s phone, so I knew it was a priority call. I picked it up rather than letting it go through to the answering service. It was Dr. Shepherd, who I hadn’t heard of, and it was about Meredith. I was able to pull up the record and see that we had given Meredith some new prescriptions, for a painkiller and an antibiotic, and I told Dr. Shepherd that. Dr. Shepherd wanted the full medical records, so I uploaded them to the Middlesex Health Systems portal and got the “Connection Made!” message that LarkSoft automatically posts. But it does that whether or not the records got there. And sure enough, when Dr. Shepherd looked, no records! At least I was able to explain how to get the lab results. So that helped, I think.

When we got back from the break, we learned that Meredith had been admitted to the hospital and had gone into a coma or something. There was an article in the paper about the dangers of eating uncooked meat or something? I dunno; it was a whole thing.

The diagnosis didn’t really matter at that point. All that mattered was that Dr. Karev and Richie should have done something to prevent it. But Richie cared more about themselves than the patient. They were lazy, irresponsible, and most of all apathetic. Richie even said, “see I told you that Ellis should have taken Meredith to the ER sooner.” Yeah, right!

I did bump into Ellis a few months ago at the local Dollar General. Ellis was so kind to me and actually thanked me for trying and caring. I wish I could’ve done more. Apparently, Meredith is doing a lot better, out of the coma, but the damage is done. Meredith still can barely walk on her

own and she may never recover fully from the brain damage some parasite I never heard of caused.

Dr. Karev, though, well, I think the entire thing really hit home. Richie's spell on him was finally broken, but it was too late. The lawyers got involved, and I remember Doc being really stressed before that testimony thing. The next day? He went into the very same ER, and he never came out. Dr. Karev died in his sleep of a heart attack – I think it was a broken heart.

Dr. Karev's widow ended up selling the practice, or what was left of it, to MHS through a deal my dad brokered for pennies on the dollar. Richie was out of a job and, from what I heard, had to move pretty far from Middletown to find work to a town I never heard of, because I think they were or are still under investigation by the Connecticut State Board of Nursing. Or something.

Yes, I did get a bonus from my dad again, but it was way smaller than what it could or should have been. As for me, I am working for a great dermatology practice in Fairfield, modernizing their EHR system and punching up their business development and billing practices. The doc there is not old, but she's looking to sell to private equity in a few years, or maybe a health system. We'll see, but when the time comes? Prospective buyers will have no trouble uploading the patient data to *their* portals. I promise you that.

Statement of Derek Shepherd

Look, it would have been a good diagnosis. It wasn't *easy*. But the standard of care isn't what any fool could have guessed, it's what a *doctor* should know.

I am Dr. Derek Shepherd. I am the one who eventually recognized a parasitic worm was eating Meredith from the inside. Dr. Karev missed the diagnosis for weeks, and I had it in less than ninety minutes. As much as it pains me to testify against a member of my profession, an early diagnosis could have made a real difference. Heck, a diagnosis any time before Christmas might have saved Meredith years of pain and confusion.

There are only a couple dozen trichinosis cases annually in the United States, if that. (It's far more prevalent abroad.) So it is an easy diagnosis to miss if you're not thinking about it. Fortunately for Meredith, my true love is wilderness medicine. The real test of a doctor is how they function without a full hospital around them, and there's a risk that modern doctors get *too* reliant on fancy tests. That's why after I completed my residency in emergency medicine at UConn, I took a fellowship in wilderness medicine in Burlington, at the University of Vermont.

Well, that and going to UV put me near the many ski slopes in Vermont. I've been on skis ever since the first time my dad put me between his legs on the slopes of Killington, and while I was never gonna be Ted Liggety or Lindsey Vonn, sometimes I was in the final group with them! Now I have combined my two loves, and I'm in my second year as the Chief of the Emergency Department at the University of Vermont Medical Center in Burlington. When I'm not running our emergency room and inpatient beds, you better believe I'm flying down the black diamond trails at Stowe, Smuggler's Notch, Jay Peak and Mad River Glen.

But anyway, back to 2024. I was working *per diem* supervising the ER at Middlesex Hospital a few days after Christmas. That year, there was little snow and the weather hadn't been cold enough to make snow, so there wasn't much point in staying in Vermont, and I came home for a few months to take the place of a doc on parental leave. This gave me a chance to spend time with my parents.

Meredith's initial presentation was striking and unusual for someone just 18 years old. Meredith was almost completely ataxic, meaning she was having serious difficulties controlling muscle movements. She had a fever just shy of 102, and Ellis reported that Meredith had been experiencing terrible muscle and stomach pain and had had a persistent fever. Meredith had seen a family doc, but Meredith had not responded to either of two antibiotics.

I started what doctors call a "differential diagnosis." That's a systemic process for gathering information and ruling out possibilities, sorting diseases, kind of. You use the symptoms and the history to guide the process, looking for clusters of symptoms that fit possible causes, and ruling out others that would not make sense because they don't explain the symptoms.

Most of Meredith's symptoms "sorted" into flu or virus, especially the fever and muscle pain, but those would not explain ataxia. Ataxia was consistent with a very serious infection, like meningitis, an inflammation of the brain. Meningitis can cause nausea and often is accompanied by a fever. But Meredith did not have the tell-tale neck stiffness or severe headache that are usually with meningitis. A stroke or circulatory problem, or drug use, could account for the ataxia, but it would not usually trigger a fever. That's why I'm saying it wasn't an easy diagnosis; there were a lot of inconsistent symptoms. Even I didn't immediately think "Trichinosis!"

After taking a complete physical and getting a history from Ellis — since Meredith was in and out of coherence — I sat down and started putting in orders for all of the usual tests. I called over to Dr. Karev's office to get the records of care, but after about fifteen minutes, I could not get Middlesex Hospital's electronic health record to work with whatever system Dr. Karev was using, which I'd never heard of. The best I could get was copies of the bloodwork from Meredith, because LabCorp works just fine with our EHR. A few minutes later I also spoke with the nurse or someone there, Montgomery something I think, who seemed lovely and well-intentioned but clueless about anything except the EHR, which Montgomery agreed would not work.

Nothing in the bloodwork appeared especially concerning, but the white blood cell count was high. And the duration of symptoms meant that *something* bad was going on, and getting worse. I was worried, and I went to the breakroom to get a cup of coffee. That's when I saw carrots.

Yes, carrots. Someone had brought in carrots, which are a huge favorite of dieters, and that got me to thinking about fad diets. Something in what that Montgomery person had read was about eating raw food, and Meredith was wearing a wristband with a symbol I recognized from something extreme skiers were advertising: LeMond Pure, a raw food company. I figured it was just, you know, carrots, but when I looked at their website, I was horrified. These wackos weren't just marketing granola bars and energy slushes, they were advising that people eat *everything* raw. That's madness, especially with meat or dairy.

From there, trichinosis was an obvious fit. It fit the differential nearly perfectly, and it doesn't show up on normal blood tests. I told Ellis what I was worried about, Ellis assured me that Meredith does not eat raw pork. It's a common misconception that trichinosis mostly comes from pigs. Food safety rules for restaurants and supermarkets, smart cooking practices, and everyone having access to stoves and ovens mean that almost all of that pork we eat is safe and well-cooked. In America, the most common carrier of *trichinella spiralis*, the most common version of the parasite, is actually wild game: bear, fox, wild cats like cougars, and even seal, walrus, and crocodiles can carry it! Also horses and dogs, although we don't eat them. Oh – and deer are also carriers, although they are not common carriers of the parasite. However, I recall presenting at the Northeast Regional meeting of the American Academy of Family Physicians in the late Spring of 2024 — I was asked to present on treating typical ski injuries in children — and after my presentation, I stayed to watch a panel discussion about unusual cases. One practitioner reported on two case studies in the prior year of trichinosis caused from eating

undercooked deer meat. One case was from upstate New York and the other one was from Rhode Island. I found it quite fascinating.

Something in the look on Meredith's face as I talked about raw meat had me concerned. So, I asked Ellis where it first hurt on Meredith. Ellis pointed me to Meredith's right thigh, and I reached over and gave it a firm squeeze. The scream Meredith gave could have curdled milk, and Ellis looked ready to sue me right there, or maybe kill me! But it was the answer I needed.

Dr. Karev's staff had thought Meredith's muscle pain was from sports, but as any wilderness medicine physician can tell you — and any family practitioner in a rural area *should* be able to tell you! — trichinellosis has a distinctive kind of pain, incredibly intense, and very localized, because the parasite is literally in that place, destroying tissue. That's nothing at all like a muscle sprain or strain: it's more intense, more debilitating, and much more location specific.

Was I sure it was trichinellosis? Of course not. There are only fifteen or twenty cases a year in the whole country. But I immediately ordered a biopsy of the tissue and cancelled the blood tests I had ordered, because they would be useless. Trichinellosis doesn't show up on a routine blood test. You need to look at the tissue itself to see if the parasites are there. Within an hour, I got a call back and the pathologist told me "I can see them. I can see them moving." Even I was a little grossed out by that.

Middlesex is a great community hospital, but I knew from Vermont that there were experimental treatments for parasitic infections that twenty years ago would have been untreatable, special combinations of anti-parasitic drugs like albendazole or mebendazole. I was betting Dartmouth Hitchcock Medical Center in New Hampshire was a study site, because they're a major academic medical center, and because Zenopharma makes one of the experimental drugs. And I was right.

I was able to get Meredith enrolled, and a parasitologist promised to come the next morning for a full evaluation. In the meantime, I ordered Meredith to the Intensive Care Unit. The nursing administrator objected, but I held firm. It's a good thing, too, because later that night, Meredith nearly died from an acute cardiac inflammation, which is a rare risk from trichinosis, but one I had studied. Because Meredith was already in the ICU, they were able to put Meredith into an induced coma and on continuous cardiac intervention. Had Meredith been in a different unit, the outcome might have been fatal. Had Meredith been at home, it almost certainly would have been.

After a week or so of the experimental treatments, Meredith was able to explain that she had eaten raw or undercooked deer during a hunting trip. Ellis went nuts at that, and we almost had to call security to give Meredith a little alone time. Ellis was very grateful for my diagnosis, but Ellis wanted to see the people who had done this to Meredith suffer. I tried to redirect that to something positive, so I asked permission to use Meredith's experience as a case study for *Wilderness & Environmental Medicine*, the journal of the Wilderness Medicine Society. Ellis agreed, and *WEM* loved it. In fact, the Medical Director at the University of Vermont Medical

Center is on the editorial board of *WEM*, and when she interviewed me for my current job as Chief of the Emergency Department, that's all we talked about. Well, that and what Bode Miller was like. Ellis and I also shared our story with the *Middletown Press*, a local paper, in their Medical Miracles section. I thought "miracle" was a bit much; it was a routine diagnosis, as far as I was concerned. Well, maybe not *routine*. It was a good diagnosis, probably the best of my career so far. But that's what I'm paid to do.

Ellis wanted to sue the LeMond group, and I was asked if I would be an expert. I enthusiastically agreed; anyone who is peddling that kind of nonsense needs to go down, and the expert fee was enough to buy me an Ikon Pass for the next several years. Unfortunately, after I finished my report about the health dangers of eating raw meat like the company said to do – and honestly, I should have just titled the report "Duh. It's raw. What are you even thinking?!" – the company went bankrupt.

That's when Ellis started to talk about suing Dr. Karev. At first, I was not for it. I'm sure Dr. Karev meant well. I don't think we need to sue doctors in situations like that. But the more I got into the records, the more it became clear to me that this was, sadly, a missed diagnosis.

On the first visit, sure, maybe trichinosis would not have been on anyone's mind. The smart money there is always on infection, and a virus or bacteria also could have caused the stomach problems that the records report. Heck, even the *treatment* can cause that, because antibiotics kill the helpful bacteria in your gut that you use to digest food. Much of what Dr. Karev did was right: taking a blood test, prescribing acetaminophen to break the fever, etc.

Of course, if Dr. Karev actually thought of trichinosis, then *everything* that follows is wrong. Only a highly specialized blood test can detect *trichinella spiralis*, a test that picks up on the proteins it sheds. Those tests – polymerase chain reaction (PCR) tests – became a go-to for identifying and classifying COVID, they're now very common. So I assume that trichinosis didn't even occur to him, which is consistent with what Richie Webber says.

But even if Dr. Karev wasn't thinking about trichinosis, you learn things over time that *should* affect your thinking. But Dr. Karev's notes do talk about diet and eating issues. At the second visit, Dr. Karev treated Meredith for the second visit's issues, but the focal pain was new, and it could have been meaningful. Here, it certainly was: focal muscle pain is the can't-miss-it symptom in this differential. If you ignore that, you will blow the call! There's no record of Dr. Karev doing a full physical exam on those legs.

I'm not saying Dr. Karev should have ordered a muscle biopsy, the test I eventually ordered. That is literally taking flesh from the body, so it involves anesthesia and a non-trivial amount of blood and pain. And it definitely might have ended the cross-country season! But if Meredith exhibited "intense" leg pain, that's telling. "Intense" is a variable term, and there is no objective scale for pain. But if Dr. Karev had been thinking of that less in terms of running and more in terms of the root infection, he might have thought of it as more important. As it was!

And yes, it was reasonable for Dr. Karev to call his colleague, Dr. Bailey, for a consult, even if he didn't send Meredith for a full workup. One of the best things doctors can do is talk to specialists. But Dr. Bailey never saw the full record. That's why the issue with the electronic medical record matters so much. An EHR is supposed to ensure continuity of care, so the second physician knows what the first one did. And the medical record had a key thing missing in it: Meredith was on long-term prednisone, a drug that suppresses fevers. That's one of the things that threw *me* off in that first hour: usually trichinosis has really high fevers, and Meredith's was only 101 or maybe 102. But prednisone changes that whole calculus, and so does taking a bunch of Tylenol. One of the good things about acetaminophen is that it helps reduce fevers, but that's only a good thing if you're not measuring one! And prednisone will *crush* a fever in some patients.

One more issue troubles me. The medical records do not record anything about Meredith having fluid around the eyes, but periorbital edema – the swelling with liquid of the area near the eyes – is a textbook symptom of trichinellosis. Various people mention that at times, it looked like Meredith had been crying. That could be evidence of a critical, cannot-miss symptom that the treating physicians missed or misunderstood. If so, that is a further breach of the standard of care.

I understand that the defense in this matter is arguing that Meredith was at fault here. That may be true, to some degree. But as much as we physicians need our patients to tell the truth, we know that they do not. Drug addicts will lie about what substances they have consumed and when. Abused individuals will swear on heaven's name that their partner never hit them. And heck, pretty much every patient lies about how much exercise they get. The idea that everything a patient says to a doctor will be true is not only wrong; it's dangerous.

As a result, while no physician can assume their patient is always lying, you can't ever assume you are getting the whole truth. Especially if something is embarrassing or awkward, a physician's consideration must include the possibility of malingering, misstatement, or outright untruth. While I'll admit that this is an unusual case, it's not unique to lie about hunting, especially if the hunter has no license, or was taking game out of season, or was on someone else's land. The standard of care requires doctors to refuse to take things at face value.

Finally, I know that hindsight is 20/20, and I don't like to engage in it. This was not an egregious miss, and I'm not condemning Dr. Karev or their staff for it. The true blame here lies with LeMond Pure and the other scum on YouTube or TikTok or Instagram for profit. If it were up to me, they would all be prosecuted!

But doctors work in the real world, and that world includes misinformation and flawed information. We have to be ready to make diagnoses specific to our regions. We still have bubonic plague in this country, and a doctor in New Mexico has to be ready to run that differential, even if one in Maine can be forgiven if they don't. Connecticut has a lot of hunters, and Middlesex County has more than our share. (As an ER doctor, I know better than most; who

do you think treats the hunting accidents?) That means that you have to make trichinosis a part of your differential, at least in cases that you are having trouble explaining, especially after the recent presentation at the Northeast Regional meeting of the American Academy of Family Physicians relating to the two cases of trichinosis caused from eating undercooked deer meat in neighboring states. That's why it is so important to attend professional conferences! Dr. Karev did not consider trichinosis in his differential diagnosis, and Meredith got much sicker because of it. So Meredith and Ellis deserve to be compensated.

All opinions I have expressed are within a reasonable degree of medical probability. I have reviewed the statements of all other witnesses to this action and all exhibits to this case. I also reviewed the complete records of care and treatment of Meredith Grey from age 8 to the present and the full record of Meredith's hospitalization at Middlesex Hospital.

I am not board-certified in family medicine, I did not do a residency in family medicine, and I have never practiced family medicine in an office setting full-time. However, I do practice medicine in a community setting and have practiced as a *per diem* physician in family medicine settings and settings akin to family practices, such as urgent care clinics. In order to assure myself of the standard of care for family practice, I have reviewed textbooks including Paulman, Taylor, Paulman, and Nasir's *Family Medicine: Principles and Practice (8th Ed.)* and Rakel and Rakel's *Textbook of Family Medicine (9th Ed.)*. My opinion is the result of the application of the standards identified therein and the common, effective, and accepted practices of physicians engaged in front-line diagnosis.

This is my first time testifying in court, although I submitted an expert opinion in the initial litigation against LeMond and would have testified there. I have charged $15,000 as a flat fee for my work on this case, although I have spent dozens of hours working on it, so I'm almost losing money here, unless Ellis and Meredith are successful and that opens up other testifying or media opportunities, which would be nice. My travel and lodging are paid for by counsel for plaintiff.

<u>Supplemental Report</u>:

I have received the report of Dr. MJ Sloan, and I cannot agree with the assessment of EHR interoperability that the report contains. Yes, as Dr. Sloan opines, there are significant continuing issues with EHR interoperability and there is no single national or state standard for EHR programs. However, in given regions, some EHR programs are far more common than others. For example, both of the hospitals in Middlesex County use an Epic Systems product, and their affiliated physician practices do as well. The Epic product is a cloud-based system which allows fluid interoperability from its constituent practices online.

If a patient is going to a Middlesex County ER, and you're on the Epic Systems EHR, doctors and nurses in that ER will have *complete* health records if you're on Epic. The same is true for urgent

care patients in the Middlesex Hospital network, which is four of the five urgent care clinics in Middlesex County. Dr. Karev was practicing family medicine in Middlesex County! Where else are his patients likely to go? So while I concede that there is no national or state requirement or mandatory standard for which EHR a provider uses or what interoperability standards apply, I think it is best practice for any *Middlesex County* provider to use an Epic Systems portal-based EHR. I don't know if it's exactly malpractice not to, but I think that's the standard of care for Middlesex County, or at least it should be. Any whatever EHR you choose, if you know it doesn't upload your records, you should look at a different choice. Otherwise, it's useless.

Statement of Richie Webber

I hate the title Nurse Practitioner. As though *all* nurses aren't practicing medicine, helping people… healing people? As though medicine could get done without nurses?

So let me explain it to you: I am as close to a doctor as someone can be without being a doctor. I not only had to get a bachelor's degree in nursing, but worked as a Registered Nurse and then got my masters. And that's before I had to pass the national exam. There aren't enough American medical school graduates to practice medicine in communities around the country, especially the smaller, rural communities or practices in high-Medicaid urban areas. It's NPs who wind up seeing patients, diagnosing and treating illnesses, ordering and interpreting lab work and imaging, and even prescribing medicine. Yes, I'm a nurse with a DEA number. I need a doctor to sign off on and oversee my work, but once that relationship is formed — once a supervising doctor trusts you — well, I am essentially doing the same job for a lot less pay.

And it's only going to get worse, as private equity and hospital systems buy up practices. Money wants to make money, and independent practices are disappearing. I hate it. To me, medical practice is about relationships. And when you are in a tight-knit community like Middletown, that is even more important. And it was important to Dr. Karev. I worked for Dr. Karev for over 20 years. He is an incredible doctor — he was board-certified in family medicine for decades and always stayed up-to-date by reading medical journals and by attending yearly medical conferences. He was great to me as I started as his RN, and he let me work full-time while I completed my advanced degree. He even kept me on salary when my license was suspended, although I was not working as an RN, of course. Together, we never, ever, let a patient down — and that includes Meredith Grey. I'm not saying that we were perfect, that we caught every single cause of every single ailment we ever saw. But as a team, we were operating well within the standard of care.

When Dr. Karev's office closed, I had to move across the state to northeastern Connecticut, the so-called "Quiet Corner" and take a 30% pay cut, working in a community much smaller and far more rural than Middletown. And the State Board still has my cases open, because of the case I had back in 2018. They could suspend my license again if I'm found to have acted inappropriately, maybe for longer this time.

So, what happened? Three things: it's such a rare disease, and Meredith hid the real cause from us, and, well, Dr. Karev hired Addison Montgomery. Addison, to put it bluntly, is an absolute idiot. This current generation is so obsessed with technology — so consumed with artificial intelligence — that if you do not speak that language and play that game, somehow you are behind the times. But, let me tell you, automated records systems and AI cannot feel a rash on the skin to see if it is raised, cannot hear the depth of a cough to determine if it is upper or lower respiratory, and cannot feel the pain someone is experiencing in the way their sick voice sounds over their regular tones.

And sure, having an electronic health record can be great. It can help with diagnoses, avoid mistakes in prescribing, and it can help with referrals. But Addison treated it like it would actually solve problems itself. It's just a chart!

Look, I am not stupid — I knew Dr. Karev was slowing down in terms of speed and ability. But he was still a *real* community doc who spent *real* time with his patients, learning their stories. And that meant he was still the best doc for miles. Folks want to go to an office with Middlesex Health System – you know, with the M-H-S- on the door, because it sounds like the school. But Middlesex Hospital ain't nothing but Veterans' Memorial Hospital with a new logo. And VMH was failing for *years* before those private equity folks bought it up and licensed the name. Patients race over to that shiny logo, only to find out that the docs and NPs at Definitely-Not-Just-VMH-with-a-new-name churn through a patient every ten minutes, all day long, barely hearing the words they say. That's private equity medicine right there.

At one point, Dr. Karev had several RNs or NPs and a Physician's Assistant, plus billing staff and the administrative team. But, by the time our Office Manager retired a few years ago, it was just the three of us and one part-time NP, plus Sandy Seaman, our nurse's aide, to take vitals. I told Dr. Karev we didn't need a replacement, but he didn't want me doing even more administrative tasks, so we went ahead and placed an ad — he said to put it on "the interweb" — for a receptionist.

And that is when Addison Montgomery waltzed into our lives. Dr. Karev was clearly impressed. Dr. Karev really believed that Addison was the answer to keeping the practice going. He refused to even call Addison a receptionist, *which is what Addison was*, instead referring to them as an office administrator. Apparently, Addison had convinced Dr. Karev that the way to carry on his legacy was to modernize the practice and get it ready for the next generation. But we operated on really small margins. With reimbursements from insurance going down, a heavily Medicaid population, and cost of care going up, we could not afford something with tons of bells and whistles that was meant for a larger practice. Every one of us had to skip a pay check or wait an extra two weeks for one from time to time. We had even canceled Dr. Karev's subscriptions to professional journals, which he bawled me out for when he found out, and I never gave him the notice for the Spring 2024 regional meeting of the American Academy of Family Physicians because I know he would have gone — he was religious about attending conferences but I didn't think it made much sense since he was retiring, plus it is expensive!

That's what Addison wanted, though: a big new system in from Epic that would have cost most of what Dr. Karev made in a year! If we had that kind of money, we'd have had more NPs! I half wondered if some of it was deliberate. Addison drove a shiny new Tesla, and not one of the cheap ones, so I did some internet sleuthing of my own. Turns out, Addison's father was the VP over at MHS in charge of new practice acquisition, in other words, putting small town docs out of jobs. I still had Addison's job application, and my friend Google explained that the last place Addison had worked? It had recently been sold to MHS!!! I tried to tell Dr. Karev about the conflict of interest, but Dr. Karev said, "selling the practice is not as bad as having it shut down."

Well, as you can imagine, I wanted to leave Dr. Karev's on my own terms, not getting undercut by some youngster trying to profit. I was going to be as guarded as possible when it came to Addison.

Besides, even if we could afford it, who knows if that system would even be around in a year?! Addison used to invite those reps in, and they'd bring lunch for us to eat during their pitch. One time, some rep who had told us that one product was the cat's meow came back not six months later, selling something totally different because the first one went out of business! We all knew the old system had to go; one or two of those sales reps didn't even recognize the name, 'cause it was halfway older than they were!

None of that affected the care we gave Meredith, though. Dr. Karev and I had known Meredith since she was a little kid, so tiny! We cared about her as much as anyone! And we did our best for her. No one would have been able to diagnose what turned out to be an extremely rare case of trichinosis. I mean only 10, maybe 20 people in all of America get this parasite a *year*. What happened was an incredibly rare tragedy. And it's doubly tragic, because of what those lawyers did to Dr. Karev. But it was not Dr. Karev's fault, nor was it mine.

The first time we saw Meredith as an adult was on December 6, 2024. That's my granddaughter's birthday, and we had tickets for the circus. Meredith was undersize and underweight most of her life, and she had a bad case of asthma that we had been managing. We were always working on maintaining the right level of prednisone for Meredith, and sometimes if Ellis ran short of money, Meredith would have to do without, and that would cause big issues. Sometimes Dr. Karev would give Meredith some extra out of the sample drawer to bridge until she could afford some. He wasn't supposed to do that, but that's the kind of guy he was. And we musta been good at our jobs, 'cause Meredith was the pride of the Middletown Central cross-country team!

Anyway, Meredith was our last patient of the day, and Dr. Karev and I saw her together. Addison shouldn't even have scheduled Meredith, because we were already behind schedule. Meredith came in with Ellis, as always. And as always, Ellis was super overprotective. Ellis just couldn't get their head around it, but their little girl was all grown up.

There was no mention of this camping or hiking trip. That could have been a very important thing, and Dr. Karev changed the whole approach a couple weeks later when Meredith did tell us about that. And yes, I'm sure it wasn't mentioned. Dr. Karev was obsessive with patient histories, and he would listen for as long as they wanted to talk. That's why we were always behind! Still, he caught things by just listening that other docs needed weeks and thousands of dollars in tests to still miss. So, if it's not in the history, it's not something that was said.

Meredith's symptoms were pretty standard – a stomachache, a bit of a fever, and some puffiness around the cheekbones. Nothing unusual for a teenage girl. Hormones, you know? We did a rapid test for COVID and for the flu, and it came back negative, but they often do, early on. Dr. Karev and I figured it was probably a bad cold and or some kind of non-flu virus, and we sent

her home with a prescription for Tamiflu and some COVID-Flu tests and instructions to contact the office in five days. Ellis seemed relieved. Meredith was shy as ever.

Normally, I would have tried to get Meredith to speak on her own behalf and ask a bunch of additional environmental type questions — like encounters with others who were sick, changes in behavior etc. — but Meredith was clearly not feeling well, and with Ellis in a near melt-down over a common cold, I decided to let it go. In the past, if Meredith had something we needed us to know, she had always told us, even when it was embarrassing. I'll give you an example. A couple years before, Meredith had taken up with a fella and got mono from it. She told us, even though Ellis had no idea they were courting! There was a little blow-up about that, but it let us make the right diagnosis. It's really important that patients answer our questions honestly, and that example proved that Meredith knew her health was more important than keeping things private.

Four days later, on December 10, Ellis and Meredith were back in the office again. This time Dr. Karev was not there, and I was just seeing a few regular patients for follow-ups. Ellis was in a tizzy about midterm exams and Meredith's worsening state. Meredith was starting to have muscle pain, and I couldn't figure that one out, but then Ellis told me that Meredith had gone for a long run or something. You can't overdo it! When the doctor says rest, *rest*. But it was concerning that Meredith wasn't getting better, so I electronically ordered a full battery of blood tests. The system Addison finally convinced Dr. Karev to buy could send orders to Quest or LabCorp or even the MHS in-house labs. It was sending and receiving full medical records that threw it for a loop.

During the history, when I asked Meredith if there were any changes to her diet or behaviors, she kind of started to shake her head before Ellis busted in and stated – "Doc, she's gone paleo – only eats raw stuff these days – you know a lot of sushi grade fish – and a ton of raw nuts and veggies." I didn't pay it much mind. We did start wondering then about eating disorders, of course. I also re-screened for drugs. Those concerned me. But Meredith told me it was none of that. If anything, she was excited to talk about her diet choices. That also concerned me. Eating disorders are real issues in high school, and kids often mask them by acting picky, or excited about some diet fad. Anorexia is a horrific condition, and it can twist your mind up. We counseled Meredith on that, but she seemed disinterested. She said "I'm an athlete, I only do things that make me stronger," which, you know, is just wrong. We've seen plenty of anorexic athletes, even if it's a terrible combination. These conversations happened outside Ellis's presence, because it's important to give patients a space where they feel safe. If parents are there for these tough conversations, that can cause patients to hold back.

Dr. Karev and I are a team, and he checks the chart daily. But even though I had his approval, I didn't need it. Ordering blood tests was standard practice for both of us — and everyone else! — when there's an unexplained, persistent low-grade fever, fatigue, and the other symptoms Meredith had. I asked Meredith to flex and stretch her legs for me, and she did fine, and she had

walked in, so I wasn't worried about a torn ligament or anything mechanically orthopedic causing that leg pain.

On December 16th, the blood test results did come back, and they were negative for all of the viral stuff I was exploring – no COVID, no flu, no norovirus. And the platelets and other blood levels were mostly normal. But the white blood cell count was definitely elevated. So, Dr. Karev and I both figured it had to be some sort of bacterial infection.

I scribbled another note excusing Meredith from school and one requesting the exams be postponed. I don't recall if I used my prescription pad or one of Dr. Karev's. Probably his, because some school nurses still think a "nurse's" note isn't enough! Regardless, I had Dr. Karev's express permission to use either. That's that old-school trust that made him a great doctor. Anyway, it was not like you could tell if it was his signature or not. Again, we didn't think much of it; this was the usual differential and course for someone presenting with Meredith's symptoms. It was going longer than we would like, but sometimes bacteria do that, then they respond to antibiotics in a day. You never can tell. I don't think any other family doctor would have done it any differently. We were acting 100% within the standard of care.

When Dr. Karev reviewed the notes from the day, though, he still thought the case was "off." So he called Miranda Bailey, a friend and an infectious diseases specialist in the area. We tried to get Dr. Bailey the medical records, and the next day, Dr. Karev told me that he had heard from Miranda that we were probably doing the right thing, but to consider insect-borne diseases, like Lyme or Rocky Mountain Spotted Fever or something from mosquitos. That made sense to me; Lyme can cause fevers and muscle aches, and fatigue, and Rocky Mountain Spotted Fever would explain the stomach issues. But neither one consistently causes elevated white blood cell counts, and Rocky Mountain Spotted Fever almost always has a lowered platelet count, but Meredith's platelets were fine. We decided to give the amoxicillin a little more time but to be ready to pivot.

Dr. Karev's kids had left Middletown just as soon as they graduated college, so every year, we close down over the holidays when he went to see the grandkids. That year, we were shut down from December 23rd to January 6th. Addison kept going on and on about how irresponsible it was to close for two weeks, but if a patient had an acute issue, there were several urgent cares in Middlesex County, and they could always go to the ER. Besides, Dr. Karev had an answering service, and I was around, just not in the office.

On December 20th, in the morning, we got another call from Ellis. Dr. Karev was leaving early to get ready for his trip to fly to Tampa to see his daughter, and I literally had just turned off my computer as I was working only a half day when I overheard Addison speaking with Ellis about Meredith. And this rant must have been epic, because all I could hear was Addison trying to validate whatever new theory Ellis had as to why Meredith was not getting better. Addison tried to get me to take the call, but I said no. I told Addison to tell Ellis to go and take Meredith to urgent care or the ER if things were getting bad.

Later, we got a follow-up email that was even wilder – something about a cult who had taken over Meredith's mind and a camping trip with one of the Yang kids? I tried to read it all. I did. But it was more than unhinged, and I can't say I read every word. Oh, and I know Addison is saying that it was Addison who made me call Dr. Karev about Meredith, but that's not true. I monitor the email, we always respond to our patients, and I always communicate with Dr. Karev in tricky cases.

So I called Dr. Karev and tried to give him the highlights as best I could, about the camping trip and eating game and all that. We also discussed the increasing possibility that either Meredith or Ellis, or both, was on drugs and what impact that might have on the situation. Ultimately, we agreed that the email was confusing, but didn't change either of our views of the medical situation. But it confirmed that Meredith was in the woods overnight, and because Meredith was not responding to amoxicillin, we did what Dr. Bailey advised: we swapped the amoxicillin for doxycycline, the front-line drug for both tick-borne illnesses. And I prescribed some extra painkillers – which I am *very* cautious about doing, now – to keep Meredith from taking too much acetaminophen, which can cause liver damage.

From there, the instruction to Ellis was very clear: if it was bad, go to urgent care or the ER or call the answering service.

I was surprised as anyone to learn that Meredith was actually suffering from a parasitic infection. Trichinosis is extremely rare in the US – there are only about a dozen of cases a year, two dozen at most. Even the best and most trained doctors in the country would have missed it. And the fact that Meredith wasn't forthcoming about what had happened on this hunting trip — yeah, like everyone else, I read about what really happened later, in the paper — made it impossible to diagnosis the situation, especially when coupled with the frantic, Chicken Little actions of Ellis. I also know that there were some issues with our medical records making their way to the ER, but I am not an IT person. But I know for a fact that I did my part and followed protocol.

Look, I feel terrible that Meredith suffered permanent damage. It is the worst feeling possible for someone in the medical profession to have a patient not get better. But I feel worse for Dr. Karev. This lawsuit literally killed him. Me, I will be fine, and frankly, I am glad we are having this trial, because I know my name will be cleared. Dr. Karev? His heart gave out before he could get his good name back.

And justice? Justice will never be served to the likes of Addison. Addison took what was left of the practice for their dad and MHS. I bet Addison's already working another mark. I weep for the future of community medical care in this country.

Statement of Christopher/Cristina Yang

Look, I want to start with this, ok? None of us wanted this to happen: not me, not Meredith, not Ellis, not Gabby, and not Doug. Meredith and I just wanted to go to college together.

My name is Christopher/Cristina Yang, but I prefer Chris. I am Meredith Grey's best friend. Have been since the fifth grade, when I finally realized how cool the weird little girl who talked like Wednesday Addams and was two years older than the rest of us was. Maybe I'm Meredith's only friend right now. I'm 18 years old, and I'm a Freshman in UCONN's renowned Agricultural Engineering program.

I still can't really believe it. Getting into Ag Eng was basically my dream for the last decade, and it was Meredith's dream, too. For me, I mean. Meredith didn't have the grades for Ag Eng, and she always wanted to be a teacher, even if she always played along with Ellis's whole "My baby's gonna be a doctor!" thing. Meredith was good in school, but not, like, "going to ace sophomore Chem and go to Harvard Med" good. But UCONN has *amazing* education programs, too, and we had it all planned out: room together, run together, graduate together.

The only issue was going to be paying for it. Ag Eng will graduate me with a good-paying job working in crop science or conservation or land use or something, and my folks will help, but Meredith and I both knew Ellis was not going to be able to help much for Meredith. Meredith's best path was going to be through athletics. The only issue was that UCONN is Division I and in a power conference; everyone running for that team was a state champ or state finalist or whatever. Meredith had a legit shot at the state championship, but we needed to get Meredith every edge we could to live our dream. We just had to!

I mean, nothing illegal! We all got the lectures every year from Coach about not using performance enhancing drugs. Coach told us about famous athletes who lost everything – like Lance Armstrong being stripped of seven Tour de France cycling titles, and Marion Jones, one of the greatest female sprinters of all times, having to forfeit five medals from the Olympics. Yikes.

But every other edge we could get: elite training methods, better sleep habits, diet… if it existed, we tried it. And it worked! Our times improved steadily, and Meredith was on track to contend for a state title in our junior and senior years. My standardized test scores and honors classes meant I got a lot of glossy brochures from elite liberal arts schools and academic programs; Meredith's times meant she was getting visits from coaches. She even started drawing some D1 attention.

Of course, neither of us could afford private coaching or pre-Olympic camps or anything like the kids from the elite prep schools got. We were just public school kids, so we had to do it ourselves, taking books out of the library, watching anything we could on YouTube, and spending hours on Reddit. That was easier for me than Meredith; Ellis was really weird about the internet.

But that was fine with us; we just got together for “study nights” at my house. My house had better snacks, anyway.

One night, we found Gabby, Doug, and LeMond Pure. At first, it was kind of a lark, watching these gorgeous people eating crazy foods, raw meat, raw vegetables, raw everything and promising if we did so, it would result in improved athletic performances. We would watch the LeMond Pure videos over and over — they were mesmerizing.

But then came junior year. Meredith had just turned 18, and we figured her times would go through the roof as she got taller and stronger. It didn’t work out that way *at all*; our times plateaued and started getting worse. Hers fell worse than mine, but then, she was starting from a higher place!

It didn’t help that Meredith lost a bunch of training time in the spring and summer. You see, we went to this house party over winter break in 2023 with a bunch of the other athletes. Those kinds of things weren’t our scene, but we didn’t want to be outcasts, and our friends on the soccer team begged us to show. Well, you know how these things are. Someone’s parents were out of town, but they left the liquor cabinet open, and the college kids with their fake IDs were back in town, so things got wild pretty fast. Meredith and I didn’t drink, but we had to do something, so we smoked up some weed that one of the football guys had brought. Nothing too heavy, just enough to take the edge off school stress and reset for winter break.

The only problem was, things got out of hand. There were about 100 kids there and the music was really loud. It wasn’t long before we heard the sirens. I didn’t have my license yet, but Meredith was a couple years older because she like failed kindergarten or something, so she had gotten hers as a sophomore! We jumped in my sister’s Jetta and booked it. We knew we could *not* be caught at that kind of party. Coach would sit us for a month, and Meredith had coaches coming in to watch her run in early January.

The thing was, we might have booked it a little *too* hard. One of the officers coming in saw us, and Meredith wasn’t doing 25 in a residential area, if you know what I mean. A ticket would have been bad enough, but the cop was no idiot. She smelled the weed on us and did a sobriety test that Meredith failed. Now the speeding violation turned into something much worse: a DUI. Meredith was still a juvenile, so she was released quickly. I heard her tell the police that she didn’t have any parent or guardian, and I guess they must have believed that, because they let her walk back to her car. A few weeks later, I took her to the first hearing with the judge. Meredith didn’t want Ellis to know about it, because Meredith said Ellis would freak out hard. Something about drugs being a big deal to them. The lawyer assigned by the court to Meredith was good, and the judge seemed really nice, like fatherly or whatever, and the lawyers worked out a deal where Meredith would do counseling and community service rather than having to plead guilty.

But it was still the heart of cross-country season, and Meredith was always saying she didn’t need counseling, like she got enough of that at home. Like, we both knew it was just that *one* party. I guess Meredith lost track of time or something, because that summer, she begged me to

take a few hours off work and bring her to court again. It was the same judge, but this time, he was totally different! He was *so* mad that she hadn't done the counseling. His face got all red, and he laid into her for asking for mercy and then not holding up her end of the deal. His yelling went on and on, for like, three or four minutes. Eventually, though, he gave her a second chance — the "last one," he shouted — and reset all the things she was supposed to do. But he also said that if she even got so much as a parking ticket, he was going to find her guilty and punish her bad. He used some other word for guilty, but we knew what he meant. So Meredith started taking all of that really seriously, and she couldn't let her grades slip, or Ellis would have noticed, so that meant less time for training. And I had started taking APs junior year, three of them, so I didn't have as much time, either. It got so bad that Shonda Rhimes started beating Meredith across the line in some of the meets, and Shonda didn't even have any hopes of running in college!

Anyway, we found LeMond Pure again just as our times were really tanking, and this time we got really hooked. We would try anything we could to get back on the leader board and back on track. We started off small, of course, getting some better raw foods at Trader Joe's or whatever. We watched some cooking videos, everything from Anthony Bourdain to, like, Food Network, and we made everything from really basic salads to more sophisticated sushi, ceviche, and steak tartare. At that time, we followed all the directions exactly.

And that seemed to help; Meredith started beating Shonda again, and I was getting back into form. One time, before a big early season meet win, we convinced my folks to take us to a nice place for dinner the night before, and we had them make us tartare and sushi. It was amazing, and when I logged a personal best the next day and Meredith was back on the podium, it confirmed what Gabby and Doug were saying: raw food was safe, no matter what Big Food wanted us to believe, and it was unlocking our potential.

We kept eating raw, trying to mix in more and more meats from Trader Joe's or Whole Foods whenever we could. We didn't always love the taste, but we never got sick or anything like that. And we kept improving. But none of it was happening fast enough for Meredith. She wasn't back to her personal best yet, or even that close, and colleges were deciding who to offer scholarships to the next year.

That's why in late October, Meredith said we had to get more serious. We started watching all the videos, not just the slick, well-produced new ones, but the OGs when Gabby would hold her cell phone while Doug did a thing, and then they'd switch places and they were shooting, like, in local parks or whatever. They were doing crazy stuff back in the day, and Meredith? Meredith thought that this was the good stuff. "Pure truth, before they went commercial," she said. She started emailing the founders, asking for advice, and they sent us a couple of boxes of swag. I thought it was tacky, but Meredith insisted we wear it every day, to remind us to stay committed, she said.

The more we watched, the more she did, the more meets she was winning. But her times were more "Meredith personal best" than "your next state champ." Meredith had been wanting for weeks to go Full Pure, and she talked me into going out to the family Camp the weekend after Thanksgiving. Ellis had the usual freakout, but eventually, we got permission to go Saturday into Sunday. I brought my small bow and after a long day's hunt, we managed to drop a deer. Meredith went down immediately and started skinning it, with one of those LMP videos saved on her phone playing next to her. When she finished, she made a tartare of it, but not mincing it quite as much, because she didn't want to process it so much that it would no longer rewild her mitochondria. That was the point, after all! She put on the salt and pepper and added an egg. She refused to use Worcestershire sauce or mustard, which a lot of folks put in red meat tartares, since sauces like that are considered processed foods.

I'd never seen her so happy, but it freaked me all the way out. I had caught a small bass at the lake earlier, but since there wasn't time for a ceviche, I just panfried it. Meredith insisted I eat *some* of it raw, so I took a couple bites that way. It was nasty. The next day, we went home, and Meredith was positively glowing with excitement to run. That night, she texted me that she had just run her best time ever in the 1500 and it felt so good that she ran another seven miles, just for fun.

I figured that was going to be the start of a great comeback story. Instead, it was the beginning of the end. The next day was a Monday, and I went for a run before school in a local state park. As I was leaving, I noticed a flier posted on one of those notice boards. It was from the fish and game commission, and it announced that deer hunting required a license. Who knew? I took a picture and showed it to Meredith in homeroom, and Meredith totally freaked out! I hadn't been thinking about it, but if Meredith broke the law — even in a little way — that could put her back in front of that judge. And we *both* knew how that would go. I promised I would keep it quiet.

Meredith went home early that day, or maybe the next day, but I didn't think much of it. I figured she was freaked, and she'd be back soon.

But then she wasn't. In fact, other than a couple visits to see the nurse or talk with the principal, Meredith never made it back to Middletown Central. She started getting sick, and I mean real sick. She was vomiting and had diarrhea, and she had a bad fever for a while. We thought it might be COVID or the flu, so I stayed away for the first week, but after that, we all knew it was something else, so I started coming over. We would sit together, and once every few days, Meredith would try to run, but she was in pain the whole time. You could see her wasting away, and she had these puffy eyes more times than not, I think from crying? Or something.

Meredith didn't get better after a week or two, and it seemed like the doctors couldn't figure it out. It seemed pretty obvious to me that it had something to do with the deer that Meredith had eaten, because I hadn't eaten that, and I wasn't sick. But the couple of times that I mentioned it to Meredith, she said she was "sure" it was not that and that I could not tell Ellis, because Ellis would freak out and tell her doctors, who would tell the judge. That sounded pretty crazy to me,

but Meredith was super intense about, grabbing my wrist painfully and demanding that I promise her I could not tell. She said it would make her better just knowing that the secret was safe with me. So, I went along with it, although I always encouraged her to come clean.

I could understand Meredith's concerns, honestly. Ellis was crazy uptight, and when Ellis got stuck on some idea, nothing could move them off it. Ellis would go on and on about it, just repeating the same points again and again, but still looking for you to confirm what was being said? I dunno; my parents are not like that, so I could not imagine living that way all the time.

Of course, now I regret not telling Ellis or someone about the deer. But then, I was still thinking the LeMond Pure way, that raw was good. And it wasn't like that seemed wrong; I had had the raw fish, and I was fine. I did email LeMond Pure to see whether there was some risk to Meredith, but all I got back was a generic autoreply.

It was only when Meredith went into the hospital that I realized that this was so serious. I mean, I heard from another friend whose mom is a nurse or something, that Meredith almost died. I thought that was just stupid school rumors, but I later learned from Ellis and Meredith that it was true! It's so scary.

Anyway, once that doctor at the hospital figured things out, Meredith got better. Definitely *not* back to normal better. Meredith can't run, and Meredith never made it back to school. I still used to go over to see her, but we didn't have that much to talk about, you know? Meredith didn't really remember anything past throwing up a couple days after Thanksgiving, until, like, after the hospital, and she still has these periods where she doesn't think straight at all, about anything. Besides, I was probably the only one visiting her. After word got around about the whole "eating a deer raw" thing, even the people who were mostly friendly with Meredith were like "that's gross" and stopped calling or texting.

I guess I eventually stopped calling, too. It was just too much, you know? Meredith was out of it, we had nothing to talk about, and Ellis was always going on about this or that or raging against the doctors and LeMond Pure. The last time I was over, back when school was just starting again in 2025, Ellis spent the two of our three hours together railing against social media and phones, and then Ellis turned on me and started screaming about what me and my family had done. After that, I was like "Chris Yang, out."

I hope Meredith gets better, but for now? I need to concentrate on me.

Statement of M.J. Sloan

Afterward, it is always easy to look back and say that someone else ought to have done something differently, assembling facts that with the benefit of knowing the outcome, you now say they ought to have had or understood. But doctors do not get a medical record highlighted to identify those facts that will prove weeks or months later to have mattered. Specialists often deride the general practitioner for some lack of insight which they tell themselves they would not possibly have suffered, even though they only see patients identified as needing their specialty, with the record of care well developed by those very general practitioners.

One need not repeat President Roosevelt's *Man in the Arena* speech to know that hindsight bias is hogwash. Every physician makes mistakes, and any physician of any tenure has buried at least one. That is an uncomfortable reality: while we aspire to perfection, neither the profession nor the law requires that we attain it.

My name is M.J. Sloan — that is, Dr. Mark/Mary Sloan, M.D., M.L., Ph.D. — and I am a professor of clinical pediatric medicine and the former Chair of the Department of Family Medicine at Yale University. I practice in the New Haven County and Middlesex County communities, and I trained many of the physicians who work in these counties, including Dr. Alex Karev, whom we all lost too soon. I have been asked by Alex's insurer to provide an expert opinion in this matter, and I was glad to do it, although I have only been an expert witness in litigation a handful of times, all defending physicians against efforts to question their medical judgment. Actual medical malpractice is vanishingly rare, in my opinion, and lawsuits should be limited to examples of truly gross mistakes, like leaving a surgical sponge in a patient, or removing the wrong limb. Too often, insurers pay plaintiff's attorneys who Monday morning quarterback doctors' decisions. Virtually every practicing physician has been drained by those parasites, including me!

In order to form my opinion, I have reviewed all medical records in this matter, the other exhibits identified by the parties, and the statements of each witness.

Let us begin with the simplest and most unfortunate reality here: Dr. Karev and his staff did not diagnose their patient's condition. There is no doubt that young Meredith Grey suffered from trichinosis, or trichinellosis if you prefer that terminology, through December 2024. When Grey presented to Dr. Karev's office in early December, the only correct diagnosis was trichinosis and the optimal treatment was immediate anti-parasitic medications, which would likely have reduced the harm that Grey suffered.

Grey brought this tragedy upon herself by following some pseudo-scientific nonsense that led her to kill and consume a deer that was raw in a misguided attempt at improving athletic performance. Undoubtedly, that deer was carrying the parasite. Alex was in the position to mitigate the damage of this youthful indiscretion, and he and his staff failed to do so. As a result,

young Grey lost her best chance at a more positive outcome, and she has suffered greatly from the parasite. None of that is particularly disputable.

Credit, too, to Dr. Shepherd for a perceptive diagnosis and for the wisdom to both connect promptly with academic specialists and to insist on intensive care. I tip my cap to Dr. Shepherd.

So far, so good. But then… enter the lawyers, stage left, and soon Dr. Shepherd is transmuting Shepherd's own excellent work into the conclusion that anyone who did not match it acted unreasonably or failed in their own duties. But one physician's success does not mean that another failed, particularly when the latter had the benefit of more information.

And make no mistake, time brings information. Consider a virus. The symptoms for one virus may look quite like another in the first few hours, but three days later, we may be able to predict which virus is the culprit even before the first test comes back. Likewise, even without an MRI, a few weeks' time will tell a mild strain from a bad one. The same is true of response to treatment: if the symptoms respond to an antibiotic, it is likely a bacteria caused those symptoms, not a virus. And responding to one antibiotic but not another may suggest which bacterium was the cause. But no antibiotic works instantly. You wait and see what happens. A doctor who arrives later in the course of the illness has valuable information the original physician did not: additional symptoms have emerged, or symptoms have faded, or the symptoms responded or not to treatment. This is doubly true for non-specific symptoms like fever, nausea, and pain.

Consider the first visit to Dr. Karev's office, in December 2024. A young athlete runs a modest fever for a day or two and is profoundly fatigued. No one, not even Dr. Shepherd, would suggest that trichinosis was the most likely diagnosis. Instead, a differential diagnosis is like a funnel, moving downward from all the possible diagnoses to more and more likely ones. And not all possibilities are created equal. All medical students are taught: when you hear hoofbeats, you do not look for zebras. In other words, when you see a symptom, you look for the most common explanations first, even if you studied the exotic possibilities. Younger medical students are always trying to test for Fabry disease or something, when the fatigue is more likely the flu.

Returning to young Grey, in an athlete, the most common case of a fever is – far and away – an infection or virus. Influenza, mononucleosis, coronaviruses, even some intestinal viruses… all commonly include fever, and some rhinoviruses may present that way. Athletes are in close quarters with other athletes – in classrooms, in practice rooms, in buses – and are exposed to athletes from other schools, which have different micro-environments of infectious disease. Communicable disease spreads like wildfire in this population.

Fatigue hardly helps you make a diagnosis any more than fever. Anyone who has ever had a flu knows how draining it can be. And some studies suggest that particularly intense – and therefore particularly fatiguing – exercise may be linked to modest immune suppression. An athlete who literally "gives 110%," pushing themselves ten percent past the reasonable limits of their body, may be more fatigued and thus more vulnerable to communicable disease.

It's easy to say "Test for everything!" But that is also wrong. Testing drains resources from the system and from wallets, and the patients who paid for the tests have to skimp on other parts of life, including food or medicine they can no longer afford. Testing can also bring patients into contact with other sick individuals, exposing them to other disease, to say nothing of the anxiety it causes, which like any other stress may itself suppress immune response.

That's why testing for every exotic disease would *itself* be malpractice. There are ten, twenty, perhaps even thirty or forty *million* influenza cases every year, and ten, perhaps twenty cases of trichinosis. As unsatisfying as it may be when the rare case turns out to be something exotic, "Take a few days to see what happens" is not only the standard of care in many cases, but the *ideal* care standard for a family or general practitioner. For the family practitioner, "Do no harm" can mean do not get your patients upset and do not use up their scarce resources.

Dr. Shepherd's critique of Dr. Karev's office's performance during the later visits has greater force, although I still contend that Alex remained within the standard of care. Time passed, providing important clues: the fatigue remained, the pain remained at least to some degree, the fever had not abated, and new symptoms have emerged.

Alex *did* react to those changes. Alex ruled out the common cold, which would have resolved, and he tested for influenza. And he began looking at other causes, like hepatitis.

And these symptoms do not mean trichinosis would be meaningfully more likely. So the steps Alex's office took were not unreasonable. He tested for the common possible ailments. But a regular blood test, even a full blood panel, will not reveal trichinellosis. That requires a specialized, targeted test. It makes sense not to run that on every patient, since perhaps 1 out of every 20 or 30 million Americans will have trichinosis in a year.

Nor did Meredith Grey have a classic presentation for trichinosis. We typically tell trichinosis from other diseases by two symptoms: an intense, often focused muscle pain from the parasite eating the muscle and a very high fever, often between 103 degree and 105 degrees Fahrenheit. Indeed, it this fever itself that leads to most trichinosis diagnoses: because a fever that high is itself dangerous, when a patient has one, they often will be sent to the emergency room, where the far greater and more specialized resources of a hospital identify the cause. A family physician diagnosis of trichinosis is unusual in the extreme.

There were no real risk factors here, so far as Alex would have known. The patient in question was not an avid hunter, and the patient had a stable home life run by a responsible parent who knew how to cook and had the resources to do so. Once, as a young doctor working at a hospital in upstate New York, I encountered a patient with significant developmental disabilities. This patient presented with a high fever and intense focal pain with no known cause. I diagnosed trichinosis almost immediately, but that diagnosis was comparatively easy: the patient could barely live independently, and they had limited resources to pay for quality meat. I concluded,

correctly, that the patient had undercooked cheap pork. This presentation was completely different: a much lower fever, no known psychosocial clues, etc.

A primary care physician also has to know when to call for help, and Alex brought in Miranda Bailey, a superlative consultant upon whom I have relied many times. While I might have liked to see a formal consult, Dr. Karev did consult with Dr. Bailey, and I agree with Dr. Bailey that this was looking more like a tick-borne disease than something exotic. There are approximately half a million cases of Lyme disease in the United States each year, and even the 1,500 or 2,000 cases each year of Rocky Mountain Spotted Fever are 100x more than trichinosis!

Alas, of course, Dr. Bailey may not have known a critical fact: Meredith Grey was being treated with a steroid, prednisone. Prednisone is a corticosteroid, not an anabolic steroid, so it would not have changed hormones or risked liver damage like nandrolone or synthetic testosterone. But prednisone does suppress fevers. Powerfully. Someone taking prednisone will have no fever when other people might be febrile, and they will have a lower-than-expected fever more broadly. That could turn a fever of 103 or 104 – which would have been more telling of trichinosis – into a fever of 101 or 102, masking a serious problem by making it seem indicative of nothing more than a routine bacterial or viral infection.

Even accounting for that, with trichinosis, one would expect a consistent, high level of pain and symptoms. Meredith Grey's symptoms waxed and waned over time, with the fever and pain sometimes higher, sometimes lower. The Tylenol (acetaminophen) could also account for that, because after all, its purpose is to lower fevers and reduce pain. But even so, Alex responded reasonably to the information from the consult: when amoxicillin was not immediately effective, he switched to doxycycline, which is the best treatment for the tick-borne pathogens. And he prescribed a painkiller that reduced Grey's consumption of acetaminophen, removing a potential barrier to clearer diagnosis.

In sum, in my professional opinion based on years of practice, this case of trichinellosis presented more like a virus or bacterial infection for most of its course, maybe even all of its course. Accordingly, in my professional opinion, Dr. Karev was within the wide range afforded by the standard of care in his treatment of Meredith Grey.

Even so, Dr. Shepherd is not wrong. The diagnosis would have been a humdinger, but it was makeable. Likely not at the first visit, unless there was focal pain that was truly specific, very local. But by the second, it was clear that something was ongoing. The case could even have been referred to my department at Yale, and perhaps one of our clinicians would have been able to help. Still, the testing Alex ordered was within the bounds of professional judgment, and it was not malpractice.

Instead, the biggest barrier to care was the Greys themselves. This is an awkward subject, because one would *like* to think that patients tell their doctors the truth. No. Patients withhold information for all kinds of reasons, and they lie. A dentist has patients with teeth falling out

their skulls who tell him they brush twice a day and floss five times a week, and I once had a patient who insisted vociferously that he exercised by walking ten miles a day even though it was clear looking at him, given his weight of over 400 pounds, he wasn't physically capable of walking that distance!

I have no doubt that had Meredith Grey told Alex or his nurse that Meredith had eaten raw game, it would have changed the differential entirely. Certainly, even a friend and mentor of Alex's like me would not be testifying that Alex met the standard of care in such a case, especially because of those two case studies from our neighboring states that were reported on at the Spring 2024 Northeastern Regional Conference for the American Academy of Family Physicians in which two individuals were inflicted with trichinosis after eating raw or undercooked deer meat. But Meredith withheld that critical fact over several visits. Meredith was an adult and bears the responsibility of that choice.

Of course, there's also the other side of the coin: too much information. And when the office did hear from the family, it sounds like communication was hurt by what might be called Reddit-itis. The breakdown in trust in medical professionals has led to numerous websites springing up where people can get information from other sources. Sometimes those sources are reliable, like the websites of the Mayo Clinic, the World Health Organization, and the like. Others, like WebMD, present credible medical information but without context. Other sites are nothing more than clusters of the panicked "advising" one another based on one-off experience. And don't get me started on "ask your doctor about" direct-to-patient advertising.

This relentless barrage of quasi-medical messaging leads to patients coming to doctors with their own diagnoses in mind, their own proposed courses of treatment, and so forth. That is not itself a bad thing. But in the hands of a panicked patient or parent, it can lead to the patient over-providing information or focusing repeatedly on the wrong information. Think of the needle in the haystack. Reddit-itis is constantly making more stacks, and it insists the doctor focus on the hay instead of looking for a needle!

Calling a doctor every few hours with updates – or, worse, new theories from yet more conversations on Reddit or with your sister's boyfriend's cousin who is a nursing student! – is counter-productive. The physician is trained to know when things should change or should have changed, and they can set a reasonable schedule for communication.

Finally, I have been asked to opine on the issue of getting information from Alex's practice to other providers. I have served as an advisor to the Connecticut Department of Health and the United States Department of Health and Human Services on this issue, and to be clear, it *is* an issue. Ideally, all electronic health records would be interoperable, meaning that any two or more applications would communicate effectively without compromising the content of the transmitted medical data. There is no question in the established, reliable clinical literature that interoperable electronic health records have the prospect of improving care markedly.

But in America, we have not mandated any one EHR system. Instead, we let the free market provide products and allow individual providers to choose. That means there is not even a common framework for these systems! Many of them use some version of Health Level Seven, but that's not required, and others do not. Some have vendor-propriety software architecture.

The U.S. government has incentives for adoption of interoperable EHRs, but those are focused on large institutions like hospitals, not individual practices. And there is no industry standard for what EHR is right to choose, no standard of care for EHRs, and no standard for interoperability. It's fine to suggest that there *should* be interoperability or that if it was *your* practice, you would have chosen a different system. But it is unfair and inaccurate to say that not following your personal preferences violates the standard of care. There is none.

Dr. Karev was running a small practice. The cost of changing systems is immense, tens or even hundreds of thousands of dollars. No one is paying family practitioners that kind of money! And without any standard for interoperability, there's no guarantee that in a year or two, what is the best practice for any EHR system might change. Nor is it always good to "upgrade;" it can hurt patient care if information is not fluidly swapped from one system to another

Until we set a national — or even State of Connecticut — standard for EHRs, or until we heavily subsidize them so smaller practices can afford them, there will be no standard of care for EHR use other than maybe "use one." Without interoperable systems or standards, all a practice can do is make sure it has on-call providers with access to the system to manually share data.

Here, interoperability *could* have mattered, because perhaps had Dr. Bailey known Meredith was on prednisone, Miranda would have viewed the fever as more significant. And an earlier ER visit could have made a difference. Meredith had not shown significant neurological deficits until after Christmas Day, and earlier treatment may – may – have prevented that. One cannot say for sure, but there was at least a reasonable medical likelihood of that.

With that said, while EHR interoperability seems to reduce costs, medication errors, and duplication of testing, there is not robust, peer-reviewed data that shows that it is effective at improving clinical outcomes. So, to suggest it definitely *would* have changed the outcome is false. That's simply a guess.

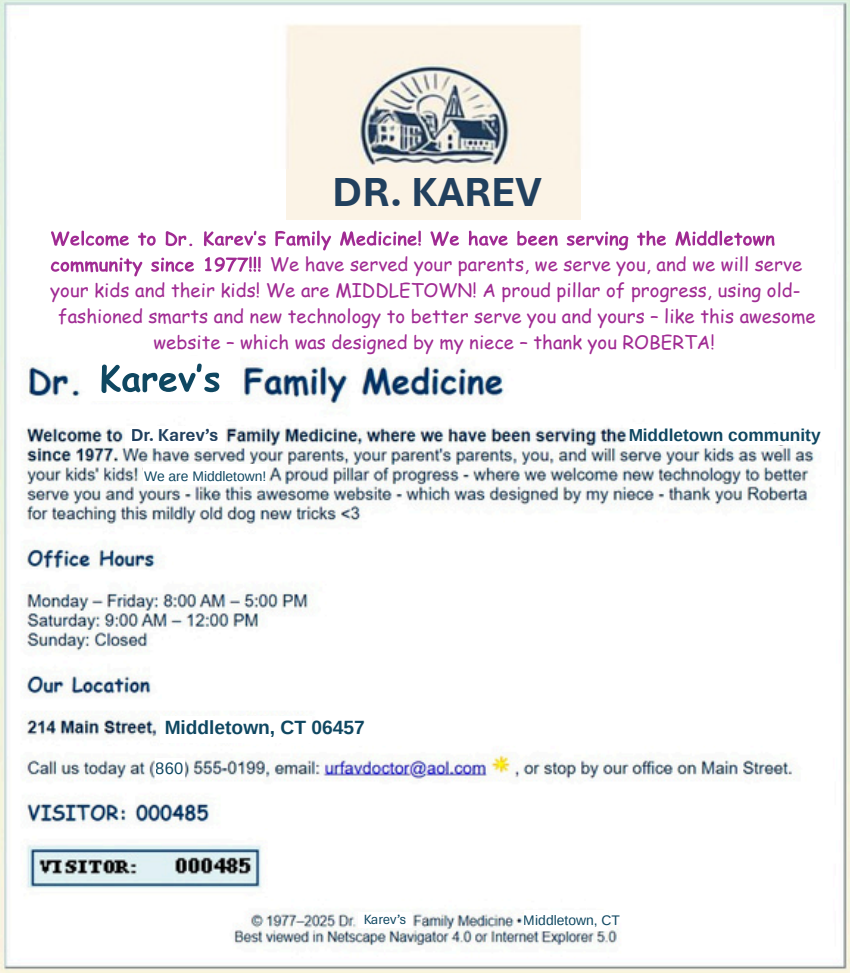
The condemnation of Alex Karev's practices here is understandable, but it is based in hindsight bias, not medical science. The actions Alex and his staff took were reasonable based on what they knew. As I have said, this was a makeable diagnosis, and I am certain we all wish that it had been made sooner. But the diagnostic and treatment services provided were reasonable and well within the standard of care for a family physician practicing in a community setting. Accordingly, it is my opinion that Dr. Karev's Family Medicine is not liable for any malpractice. In addition, it is my professional opinion within a reasonable degree of medical probability that the actions of Meredith Grey in concealing her actions and Ellis Grey in flooding the office with useless information and follow-up calls both contributed to the harm Meredith suffered.

Alex is not the villain of this sad tale. The villains here are the idiots who told high school kids to eat game raw, not the doctors who tried to correct the damage those damn fools did.

Exhibit List

1. Dr. Karev's Family Medicine Webpage
2. Info Sheet on Trichinosis (CDC)
3. Consent Decree from Court (3a) and Supplemental Order (3b)
4. LeMond Promo Material
5. Posting Re: State License Needed To Hunt Deer
6. Email between Meredith Grey and Chris Yang, forwarded by Ellis Grey to Dr. Alex Karev
7. Email Exchange between Dr. Alex Karev and Dr. Miranda Bailey
8. Transcript Excerpt of Deposition of Dr. Alex Karev
9. Medical Records of Meredith Grey
10. Curriculum Vitae of Derek Shepherd, M.D.
11. Curriculum Vitae of M.J. Sloan, M.D., M.L., Ph.D.
12. Consent Suspension of License and Prescribing Privileges for Richie Webber

Exhibit 1



DR. KAREV

Welcome to Dr. Karev's Family Medicine! We have been serving the Middletown community since 1977!!! We have served your parents, we serve you, and we will serve your kids and their kids! We are MIDDLETOWN! A proud pillar of progress, using old-fashioned smarts and new technology to better serve you and yours – like this awesome website – which was designed by my niece – thank you ROBERTA!

Dr. Karev's Family Medicine

Welcome to Dr. Karev's Family Medicine, where we have been serving the Middletown community since 1977. We have served your parents, your parent's parents, you, and will serve your kids as well as your kids' kids! We are Middletown! A proud pillar of progress - where we welcome new technology to better serve you and yours - like this awesome website - which was designed by my niece - thank you Roberta for teaching this mildly old dog new tricks <3

Office Hours

Monday – Friday: 8:00 AM – 5:00 PM
Saturday: 9:00 AM – 12:00 PM
Sunday: Closed

Our Location

214 Main Street, Middletown, CT 06457

Call us today at (860) 555-0199, email: urfavdoctor@aol.com , or stop by our office on Main Street.

VISITOR: 000485

VISITOR: 000485

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Best viewed in Netscape Navigator 4.0 or Internet Explorer 5.0

Exhibit 2

Trichinellosis (Trichinosis)

EXPLORE THIS TOPIC

SEARCH

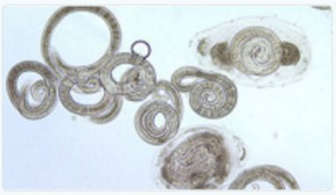
< PARASITES

About Trichinellosis

For Everyone
SEPTEMBER 10, 2024

KEY POINTS

- People who eat raw or undercooked meat from certain animals can get trichinellosis.
- Trichinellosis is a rare disease in the United States, and the risk of getting it is low.
- Trichinellosis symptoms can be mistaken for flu symptoms.
- Cooking meat to safe temperatures prevents trichinellosis.



MORE INFORMATION

For Everyone | Health Care Providers

Overview

Trichinellosis is an infection caused by the larvae of a parasitic worm. Parasites are living things that live on or inside other living things. People get trichinellosis, or trichinosis, after eating raw or undercooked meat that contains the parasite. Usually, meat contaminated with the *Trichinella* larvae comes from meat-eating animals such as bear, wild boar, or walrus.

Trichinellosis is a rare disease in the United States, with only about 15 confirmed cases per year. Worldwide, there are about 10,000 recorded cases per year. Trichinellosis can cause severe symptoms.

In the past, people in the U.S. often got the disease from eating undercooked or raw pork containing the larvae. Modern regulations on raising commercially farmed pigs and cooking guidelines for pork have helped to lower the risk of trichinellosis in this area.

Signs and symptoms

The signs, symptoms, severity, and duration of trichinellosis can vary. Symptoms often start with

- Nausea
- Diarrhea
- Tiredness
- Fever
- Abdominal (belly) discomfort

ON THIS PAGE

Overview
Signs and symptoms
Risk factors
Prevention
Diagnosis
Treatment and recovery

RELATED PAGES

Symptoms
Prevention

VIEW ALL
Trichinellosis (Trichinosis)

Symptoms can then progress to include

- Headache
- Fever
- Chills
- Cough
- Swelling of the face and eyes
- Aching joints and muscle pain
- Itchy skin
- Diarrhea
- Constipation

If the infection is heavy, you may have trouble coordinating movements, and have heart and breathing problems. Severe cases can cause death.

Risk factors

The risk of getting trichinellosis in the U.S. is very low. People who eat raw or undercooked pork or wild game, in particular, bear, wild boar, wildcat, fox, wolf, seal, or walrus are at risk of getting trichinellosis. Even tasting small amounts of such meat while it's raw or undercooked (like tasting the meat during preparation) puts you at risk for infection with *Trichinella* worms.

Homemade jerky and sausage made of these meats can also be sources for trichinellosis.

Fact

Trichinellosis does not spread from person to person. You can't give it to another person or get it from them.

Prevention

The best way to prevent trichinellosis is to cook meat to safe temperatures Use a food thermometer to measure the internal temperature of cooked meat. Do not sample meat until it is properly cooked.

You should also

- Wash your hands with warm water and soap before preparing food and after handling raw meat.
- Freeze pork less than 6 inches thick for 20 days at 5°F (-15°C) to kill any worms.
- Clean meat grinders and all other tools thoroughly after each use.

Be aware that

- Curing (salting), drying, smoking, or microwaving meat alone does not consistently kill infective worms. Homemade jerky and sausage were the cause of many cases of trichinellosis reported to CDC in the past.
- Freezing wild game meats, unlike freezing pork products, may not effectively kill all worms because some worm species that infect wild game animals are freeze-resistant.

Four steps to Food Safety:

Clean, Separate, Cook, Chill

Diagnosis

If you have trichinellosis symptoms and may have eaten raw or undercooked meat, please speak with your healthcare provider. They may perform a laboratory test using a small sample of your blood to diagnose trichinellosis. Occasionally, a provider may recommend a muscle biopsy, where they look at a sample of your tissue under a microscope to detect trichinellosis.

Treatment and recovery

Safe and effective prescription drugs are available to treat trichinellosis and your symptoms. Treatment should begin as soon as possible. Your healthcare provider will make treatment decisions based on your symptoms, your exposure to raw or undercooked meat, and your laboratory test results.

Exhibit 3a

Superior Court

In the Interest Of:

Meredith Grey

Date of Birth 9/6/2006

JUVENILE DIVISION

DOCKET NO: CP-24-JV-1964-2024

CONSENT DECREE ORDER

PERSONS APPEARING AT THIS HEARING:

☒ Juvenile	☒ Attorney for Juvenile	☐ Guardian	☐ Guardian
☒ Police Officer	☒ Attorney for State	☐ Probation Officer	☐ Caseworker
☐ Victim	☐ Attorney for Victim	☐ Victim Advocate	☐ Witness

☒ Other Friend of Juvenile

AND NOW, this _____ day of _____, _____ after hearing:

THE COURT FINDS that:

1. AGREEMENT OF THE PARTIES TO CONSENT DECREE

☒ The State and the Juvenile agree to the entry of a consent decree.

2. JUVENILE'S ADMISSION

☒ (a) The Juvenile has not admitted to any of the offenses alleged in the Petition.

☐ (b)The Juvenile has tendered an admission to some or all of the delinquent acts alleged in the Petition as indicated on Exhibit A, the admission is knowingly, intelligently and voluntarily made, and conforms to the requirements of the law therefore, the admission is accepted by this Court.

☐ (c) The Juvenile has tendered an admission to some or all of the offenses alleged in the Petition; however, the Court rejects said admission for the following reasons:

3. RULING ON THE OFFENSES

☐ The findings on the offenses set forth in Exhibit A attached are incorporated by reference herein.

4. FURTHER FINDINGS

☒ THE COURT FURTHER FINDS:
Juvenile shows remose. First time offender. Strong academics and athletics history.

☐ Further Findings attached

IT IS ORDERED that:

5. AMENDMENT OF THE PETITION

☐ Upon motion of the Attorney for the State, the Petition is amended as follows: _____

6. CONSENT DECREE

☒ COMMENCEMENT – A Consent Decree shall be commenced for a period of six months, scheduled to expire on July 17, 2023, under the supervision of the Juvenile Probation Department. Proceedings are suspended until further order of this Court.

7. FINANCIAL CONDITIONS

☒ (a) COURT COSTS – The Juvenile shall pay court costs in the amount of $150.
☒ (b) FINE – For the offense of DUI, the Juvenile shall pay a fine of $150.
☐ (c) RESTITUTION – The Juvenile shall pay restitution in the amount of $_____ for the benefit of _____.
☐ (d) JUVENILE RESTITUTION FUND – The Juvenile shall pay $_____ for the benefit of the Juvenile Restitution Fund.
☐ (e) OTHER COSTS – The Juvenile shall pay $_____ for _____.
☐ (f) PAYMENT SCHEDULE – Based on their ability to pay, the Juvenile shall make payments as follows: $20/moth until paid in full, no interest.

8. FINANCIAL LIABILITY OF THE GUARDIAN(S)

☐ The guardian(s) shall be liable for the payment of financial conditions as follows: _____

9. COMMUNITY SERVICE

☒ The Juvenile shall perform 40 hours of community service as directed by the Juvenile Probation Department.

10. ADDITIONAL PROGRAMS AND CONDITIONS

☒ (a) The Juvenile shall be subject to the following additional programs and conditions: Drug and alcohol counseling as directed by the Juvenile Probation Department; Juvenile to commit no further offense of any kind during period of consent decree
☐ (b) The Juvenile shall be subject to the additional programs and conditions as specified in the attached document entitled "Additional Programs and Conditions" which is incorporated by reference and made a part of this order.

11. EDUCATION/EVALUATIONS

☒ (a) **EDUCATIONAL NEEDS** – The Juvenile's educational needs are ☒being addressed ☐not being addressed.
☐ (b) **HIGH SCHOOL DIPLOMA OR GED** – The Juvenile has attained a ☐ high school diploma ☐ GED.
- ☐ (i) The Juvenile is pursuing post-secondary education.
- ☐ (ii) The Juvenile is not pursuing post-secondary education.

☐ (c) **STABILITY AND APPROPRIATENESS** – In order to ensure the stability and appropriateness of the Juvenile's education, the court orders the following services: _____
☐ (d) **EDUCATIONAL DECISION MAKER** – An educational decision maker:
- ☐ (i) Shall be appointed pursuant to Rule 147. Specify, if available: _____
- ☐ (ii) Continues to be necessary at this time. Specify, if available: _____
- ☐ (iii) Is not necessary at this time, in that: _____
- ☐ (iv) Is not applicable at this time, in that: _____

☐ (e) **EDUCATIONAL EVALUATIONS** – Specify the educational evaluations, tests, counseling, or treatments that are necessary: _____
☐ (f) **EDUCATIONAL SETTING** – While the Juvenile is in placement, he/she shall attend:
- ☐ (i) his/her school of origin.
- ☐ (ii) a public school in proximate location to the placement facility.
- ☐ (iii) a school facilitated by the placement facility, as this court finds it is not in the best interest of the Juvenile, or protective of the community, to attend school elsewhere.

12. HEALTH/EVALUATIONS

☐ (a) **HEALTH CARE AND DISABILITY** – If parental consent cannot be obtained, the following evaluations and treatment are authorized: _____

☐ (b) **HEALTH EVALUATIONS** – Specify any health evaluations, tests, counseling, or treatments that are necessary: _____

13. SHARED CASE RESPONSIBILITY

☐ Case management responsibility for the Juvenile is to be shared by the Juvenile Probation Office and the County Children and Youth Services Agency, specifically, _____.

14. CONSEQUENCES FOR VIOLATING CONSENT DECREE CONDITIONS

☒ The Juvenile has been advised that the Petition may be reinstated and that the Juvenile may be held accountable as if the consent decree had never been entered if there is a new petition filed against the Juvenile, or the Juvenile fails to fulfill the express terms and conditions of the consent decree.

15. FURTHER ORDERS

☒ (a) The Juvenile Probation Office is directed to complete the following evaluations and reports on the Juvenile: Drug and alcohol addiction assessment.

☐ (b) IT IS FURTHER ORDERED that:

_____

☐ Further Orders attached

Next Scheduled Court Event: July 16, 2024

RECOMMENDED:

_____G. Shannon_____
Juvenile Court Hearing Officer

This Juvenile Court Hearing Officer's recommendation is not final until confirmed by the Court below. A party may challenge the recommendation by filing a motion with the clerk of courts within three (3) days of receipt of the recommendation.

ORDER

AND NOW, this 17th day of January, 2024, the Juvenile Court Hearing Officer's recommendation is hereby adopted as an Order of Court.

BY THE COURT:

_____J. Johnson, J._____

Copies To:
Juvenile Probation

Exhibit 3b

Superior Court	:	**JUVENILE DIVISION**
	:	CP-24-JV-1964-2024
In the Interest of:	:	
	:	
Meredith Grey	:	
	:	
Date of Birth 9/6/2006	:	

ORDER EXTENDING CONSENT DECREE

AND NOW, this 16th day of July, 2024, juvenile Meredith Grey having failed to complete the simple, straightforward requirements of the Consent Decree entered by this Court on January 17, 2024, it is **ORDERED** that the Consent Decree entered on January 17, 2024 be **EXTENDED** for a period of six months, to and including January 17, 2025. It is **FURTHER** ordered, with consent of the juvenile through counsel, that the community service requirement shall be expanded to **80** hours of community service in light of the juvenile's failure to comply with the requirements thus far.

It is **FURTHER ORDERED** that there will be **NO** further extensions for **ANY** reason and that should juvenile Grey fail to complete the counseling she absolutely needs and the service requirements that she has been ordered to fulfill, this case will be placed on an **immediate** trial footing for summary adjudication of the question of delinquency. Should juvenile Grey commit any offense against the peace or good order of the State of Connecticut prior to January 17, 2025, this case will be placed on an **immediate** trial footing for summary adjudication of the question of delinquency.

_/s/ J. Alexson, J._____
J. Alexson, Judge

Exhibits 4a and 4b





Exhibit 5

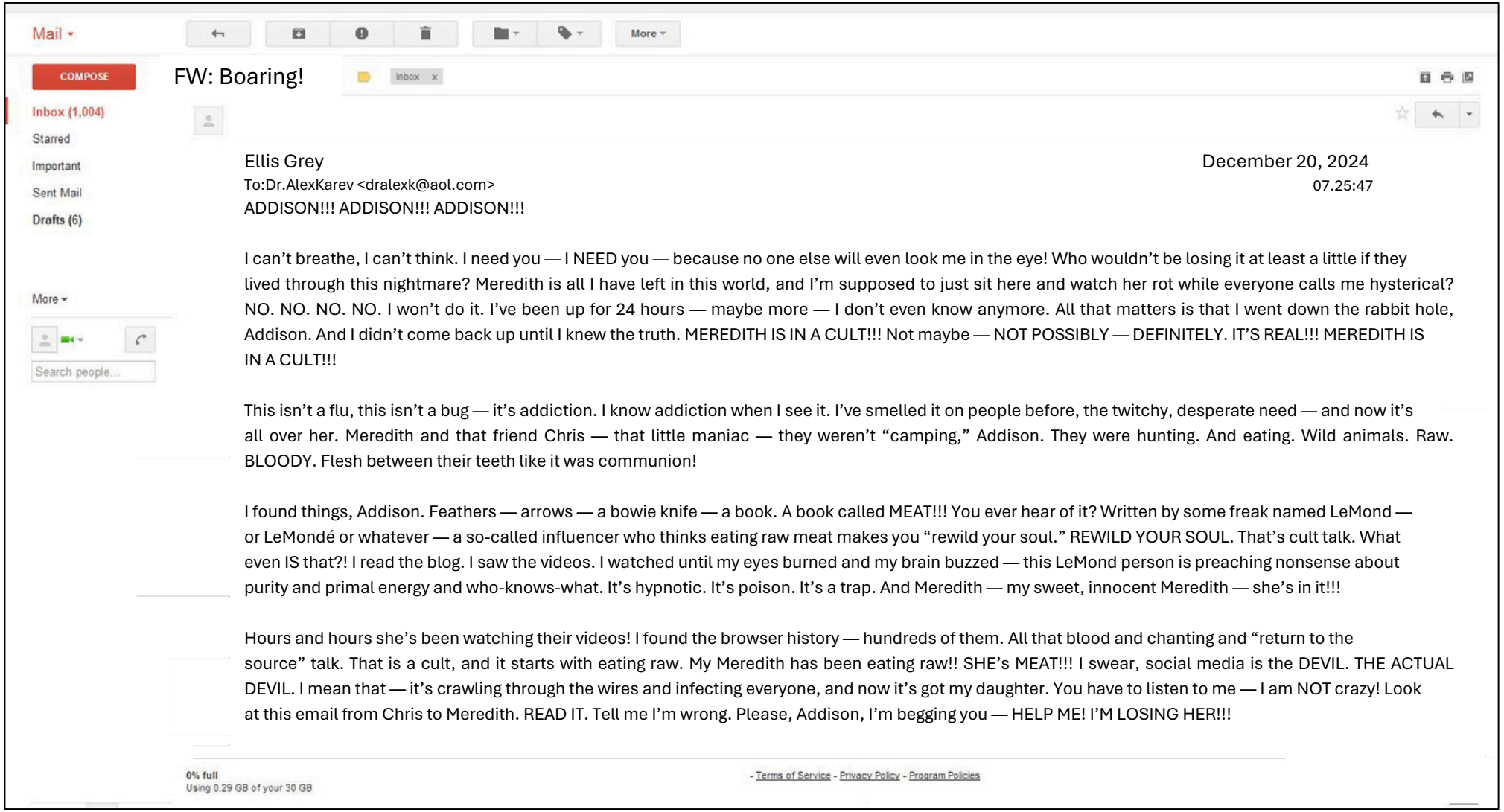
Connecticut Department of
ENERGY &
ENVIRONMENTAL
PROTECTION

NOTICE

No person may hunt deer or small game with a bow and arrow without a valid permit issued by the Commissioner of Energy and Environmental Protection. Permits to hunt with a bow and arrow shall be issued only to qualified applicants who must have successfully completed the conservation education bow hunting course pursuant to CT law. See Connecticut General Statutes Section 26-86c.



Exhibit 6



Mail

COMPOSE

Inbox (1,004)

Starred

Important

Sent Mail

Drafts (6)

More

Search people...

More

Inbox x

FW: Boaring!

Ellis Grey

December 20, 2024

To:Dr.AlexKarev <dralexk@aol.com>

07.25:47

ADDISON!!! ADDISON!!! ADDISON!!!

I can't breathe, I can't think. I need you — I NEED you — because no one else will even look me in the eye! Who wouldn't be losing it at least a little if they lived through this nightmare? Meredith is all I have left in this world, and I'm supposed to just sit here and watch her rot while everyone calls me hysterical? NO. NO. NO. NO. I won't do it. I've been up for 24 hours — maybe more — I don't even know anymore. All that matters is that I went down the rabbit hole, Addison. And I didn't come back up until I knew the truth. MEREDITH IS IN A CULT!!! Not maybe — NOT POSSIBLY — DEFINITELY. IT'S REAL!!! MEREDITH IS IN A CULT!!!

This isn't a flu, this isn't a bug — it's addiction. I know addiction when I see it. I've smelled it on people before, the twitchy, desperate need — and now it's all over her. Meredith and that friend Chris — that little maniac — they weren't "camping," Addison. They were hunting. And eating. Wild animals. Raw. BLOODY. Flesh between their teeth like it was communion!

I found things, Addison. Feathers — arrows — a bowie knife — a book. A book called MEAT!!! You ever hear of it? Written by some freak named LeMond — or LeMondé or whatever — a so-called influencer who thinks eating raw meat makes you "rewild your soul." REWILD YOUR SOUL. That's cult talk. What even IS that?! I read the blog. I saw the videos. I watched until my eyes burned and my brain buzzed — this LeMond person is preaching nonsense about purity and primal energy and who-knows-what. It's hypnotic. It's poison. It's a trap. And Meredith — my sweet, innocent Meredith — she's in it!!!

Hours and hours she's been watching their videos! I found the browser history — hundreds of them. All that blood and chanting and "return to the source" talk. That is a cult, and it starts with eating raw. My Meredith has been eating raw!! SHE's MEAT!!! I swear, social media is the DEVIL. THE ACTUAL DEVIL. I mean that — it's crawling through the wires and infecting everyone, and now it's got my daughter. You have to listen to me — I am NOT crazy! Look at this email from Chris to Meredith. READ IT. Tell me I'm wrong. Please, Addison, I'm begging you — HELP ME! I'M LOSING HER!!!

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Using 0.29 GB of your 30 GB

- Terms of Service - Privacy Policy - Program Policies

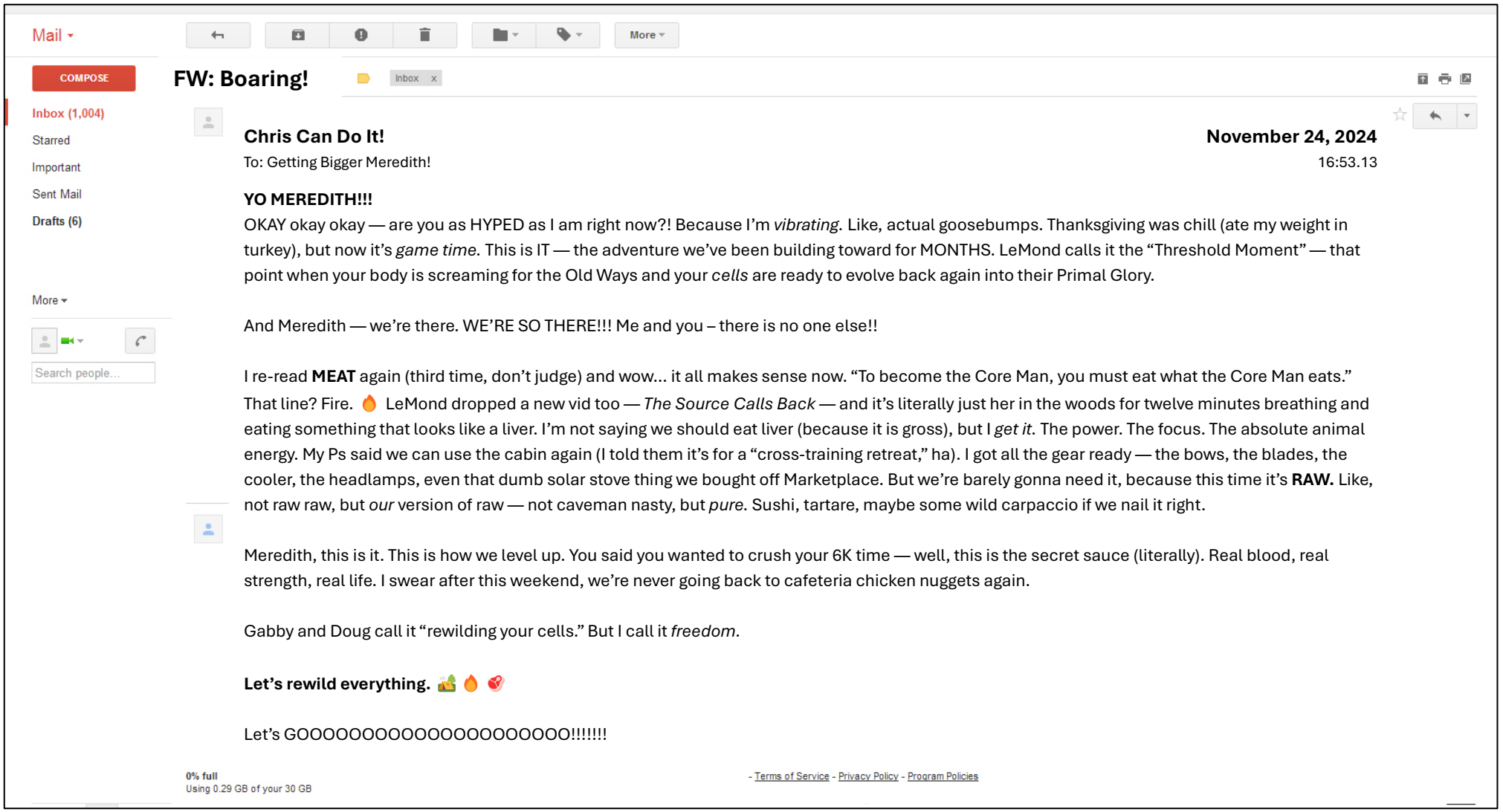

Mail
More
COMPOSE
Inbox (1,004)
Starred
Important
Sent Mail
Drafts (6)
More
Search people...
FW: Boaring!
Inbox x
Chris Can Do It!
To: Getting Bigger Meredith!
November 24, 2024
16:53.13
YO MEREDITH!!!
OKAY okay okay — are you as HYPED as I am right now?! Because I'm vibrating. Like, actual goosebumps. Thanksgiving was chill (ate my weight in turkey), but now it's game time. This is IT — the adventure we've been building toward for MONTHS. LeMond calls it the "Threshold Moment" — that point when your body is screaming for the Old Ways and your cells are ready to evolve back again into their Primal Glory.
And Meredith — we're there. WE'RE SO THERE!!! Me and you – there is no one else!!
I re-read MEAT again (third time, don't judge) and wow... it all makes sense now. "To become the Core Man, you must eat what the Core Man eats." That line? Fire. 🔥 LeMond dropped a new vid too — The Source Calls Back — and it's literally just her in the woods for twelve minutes breathing and eating something that looks like a liver. I'm not saying we should eat liver (because it is gross), but I get it. The power. The focus. The absolute animal energy. My Ps said we can use the cabin again (I told them it's for a "cross-training retreat," ha). I got all the gear ready — the bows, the blades, the cooler, the headlamps, even that dumb solar stove thing we bought off Marketplace. But we're barely gonna need it, because this time it's RAW. Like, not raw raw, but our version of raw — not caveman nasty, but pure. Sushi, tartare, maybe some wild carpaccio if we nail it right.
Meredith, this is it. This is how we level up. You said you wanted to crush your 6K time — well, this is the secret sauce (literally). Real blood, real strength, real life. I swear after this weekend, we're never going back to cafeteria chicken nuggets again.
Gabby and Doug call it "rewilding your cells." But I call it freedom.
Let's rewild everything. 🏕️🔥🥩
Let's GOOOOOOOOOOOOOOOOOOOO!!!!!!!
0% full
Using 0.29 GB of your 30 GB
- Terms of Service - Privacy Policy - Program Policies

Exhibit 7a

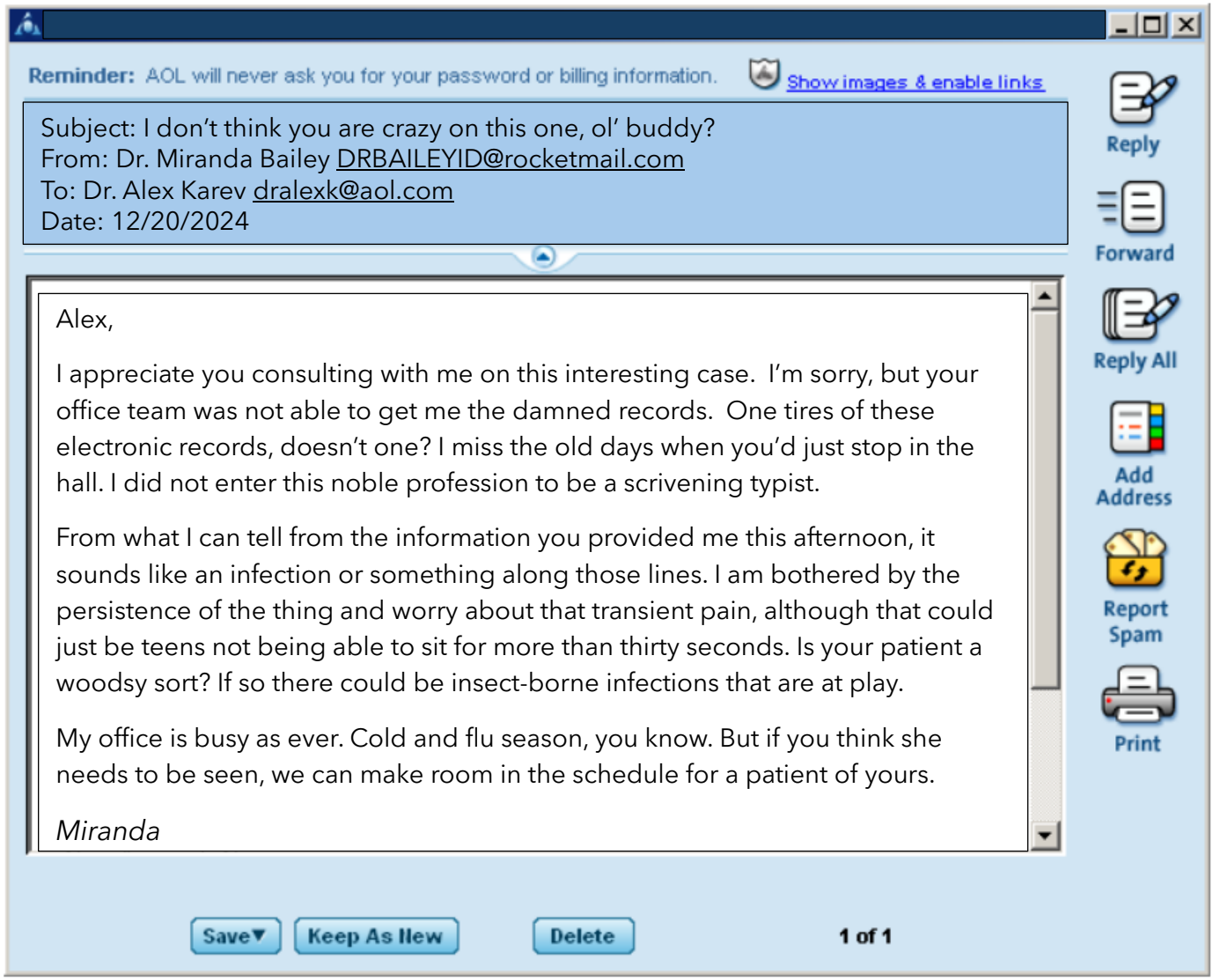

Reminder: AOL will never ask you for your password or billing information.
Show images & enable links
Subject: I don't think you are crazy on this one, ol' buddy?
From: Dr. Miranda Bailey DRBAILEYID@rocketmail.com
To: Dr. Alex Karev dralexk@aol.com
Date: 12/20/2024
Alex,
I appreciate you consulting with me on this interesting case. I'm sorry, but your office team was not able to get me the damned records. One tires of these electronic records, doesn't one? I miss the old days when you'd just stop in the hall. I did not enter this noble profession to be a scrivening typist.
From what I can tell from the information you provided me this afternoon, it sounds like an infection or something along those lines. I am bothered by the persistence of the thing and worry about that transient pain, although that could just be teens not being able to sit for more than thirty seconds. Is your patient a woodsy sort? If so there could be insect-borne infections that are at play.
My office is busy as ever. Cold and flu season, you know. But if you think she needs to be seen, we can make room in the schedule for a patient of yours.
Miranda
Reply
Forward
Reply All
Add Address
Report Spam
Print
Save
Keep As New
Delete
1 of 1

Exhibit 7b

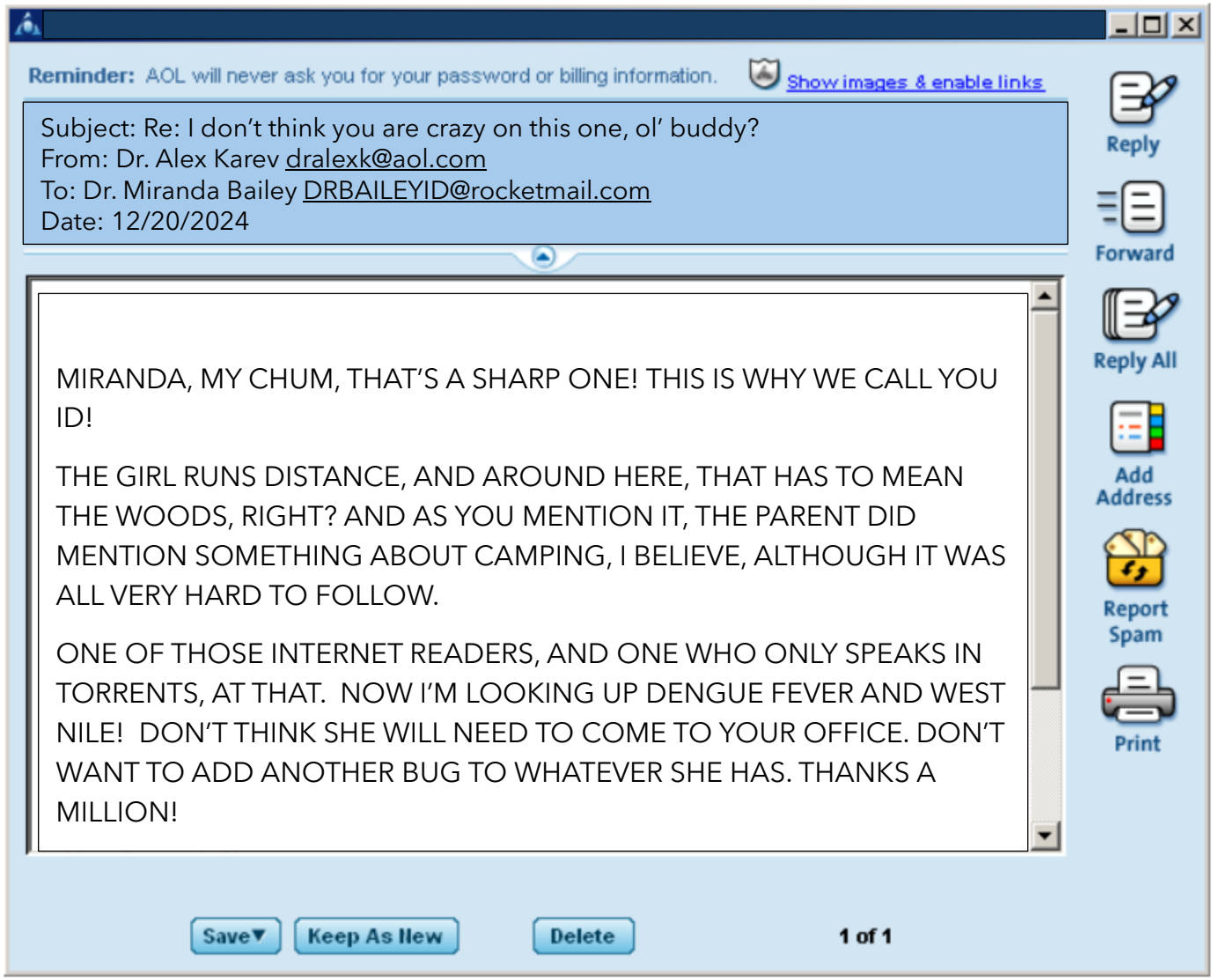

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Show images & enable links
Subject: Re: I don't think you are crazy on this one, ol' buddy?
From: Dr. Alex Karev dralexk@aol.com
To: Dr. Miranda Bailey DRBAILEYID@rocketmail.com
Date: 12/20/2024
MIRANDA, MY CHUM, THAT'S A SHARP ONE! THIS IS WHY WE CALL YOU ID!
THE GIRL RUNS DISTANCE, AND AROUND HERE, THAT HAS TO MEAN THE WOODS, RIGHT? AND AS YOU MENTION IT, THE PARENT DID MENTION SOMETHING ABOUT CAMPING, I BELIEVE, ALTHOUGH IT WAS ALL VERY HARD TO FOLLOW.
ONE OF THOSE INTERNET READERS, AND ONE WHO ONLY SPEAKS IN TORRENTS, AT THAT. NOW I'M LOOKING UP DENGUE FEVER AND WEST NILE! DON'T THINK SHE WILL NEED TO COME TO YOUR OFFICE. DON'T WANT TO ADD ANOTHER BUG TO WHATEVER SHE HAS. THANKS A MILLION!
Reply
Forward
Reply All
Add Address
Report Spam
Print
Save
Keep As New
Delete
1 of 1

Exhibit 7c

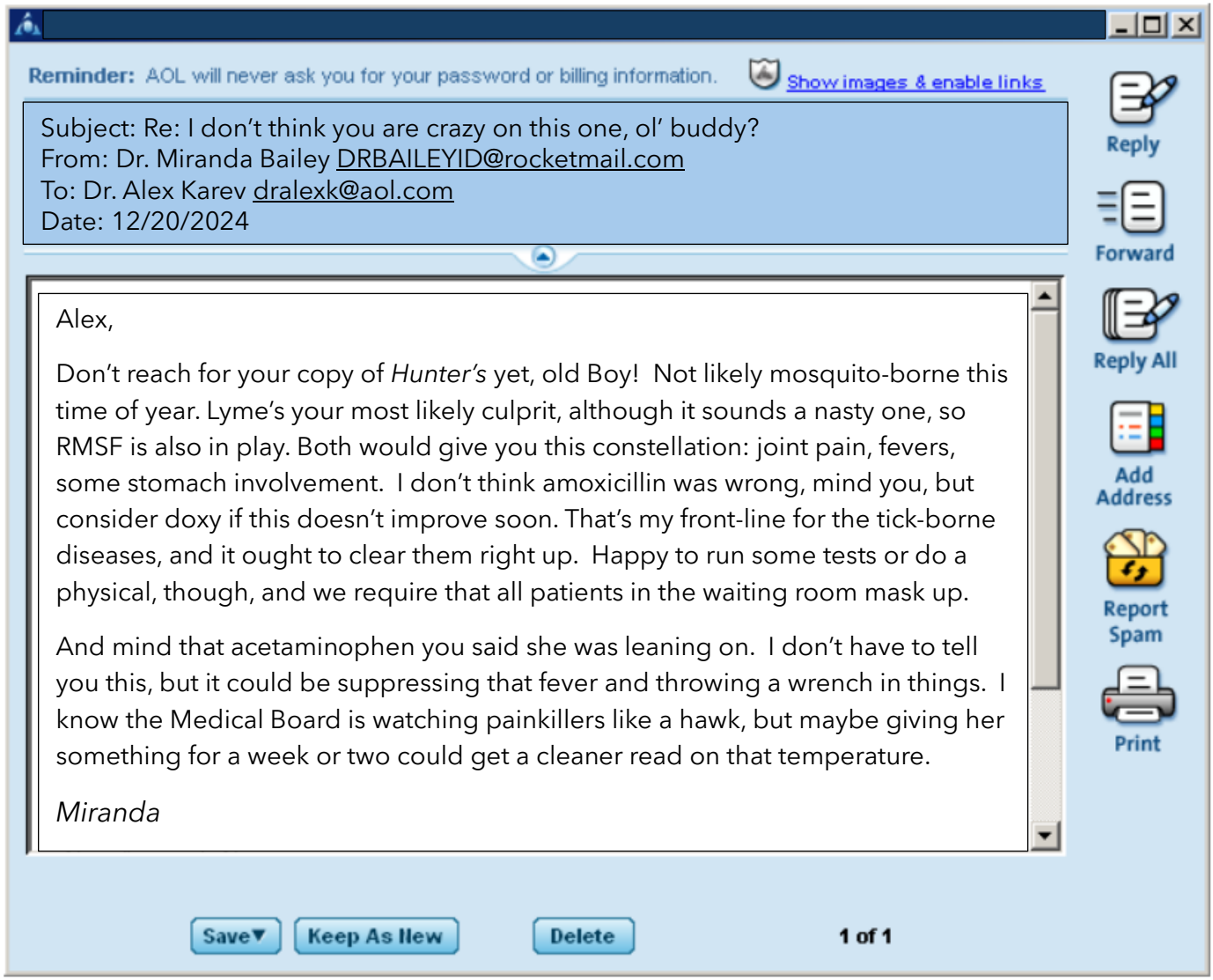

Reminder: AOL will never ask you for your password or billing information.
Show images & enable links
Subject: Re: I don't think you are crazy on this one, ol' buddy?
From: Dr. Miranda Bailey DRBAILEYID@rocketmail.com
To: Dr. Alex Karev dralexk@aol.com
Date: 12/20/2024
Alex,
Don't reach for your copy of Hunter's yet, old Boy! Not likely mosquito-borne this time of year. Lyme's your most likely culprit, although it sounds a nasty one, so RMSF is also in play. Both would give you this constellation: joint pain, fevers, some stomach involvement. I don't think amoxicillin was wrong, mind you, but consider doxy if this doesn't improve soon. That's my front-line for the tick-borne diseases, and it ought to clear them right up. Happy to run some tests or do a physical, though, and we require that all patients in the waiting room mask up.
And mind that acetaminophen you said she was leaning on. I don't have to tell you this, but it could be suppressing that fever and throwing a wrench in things. I know the Medical Board is watching painkillers like a hawk, but maybe giving her something for a week or two could get a cleaner read on that temperature.
Miranda
Reply
Forward
Reply All
Add Address
Report Spam
Print
Save
Keep As New
Delete
1 of 1

Exhibit 7d

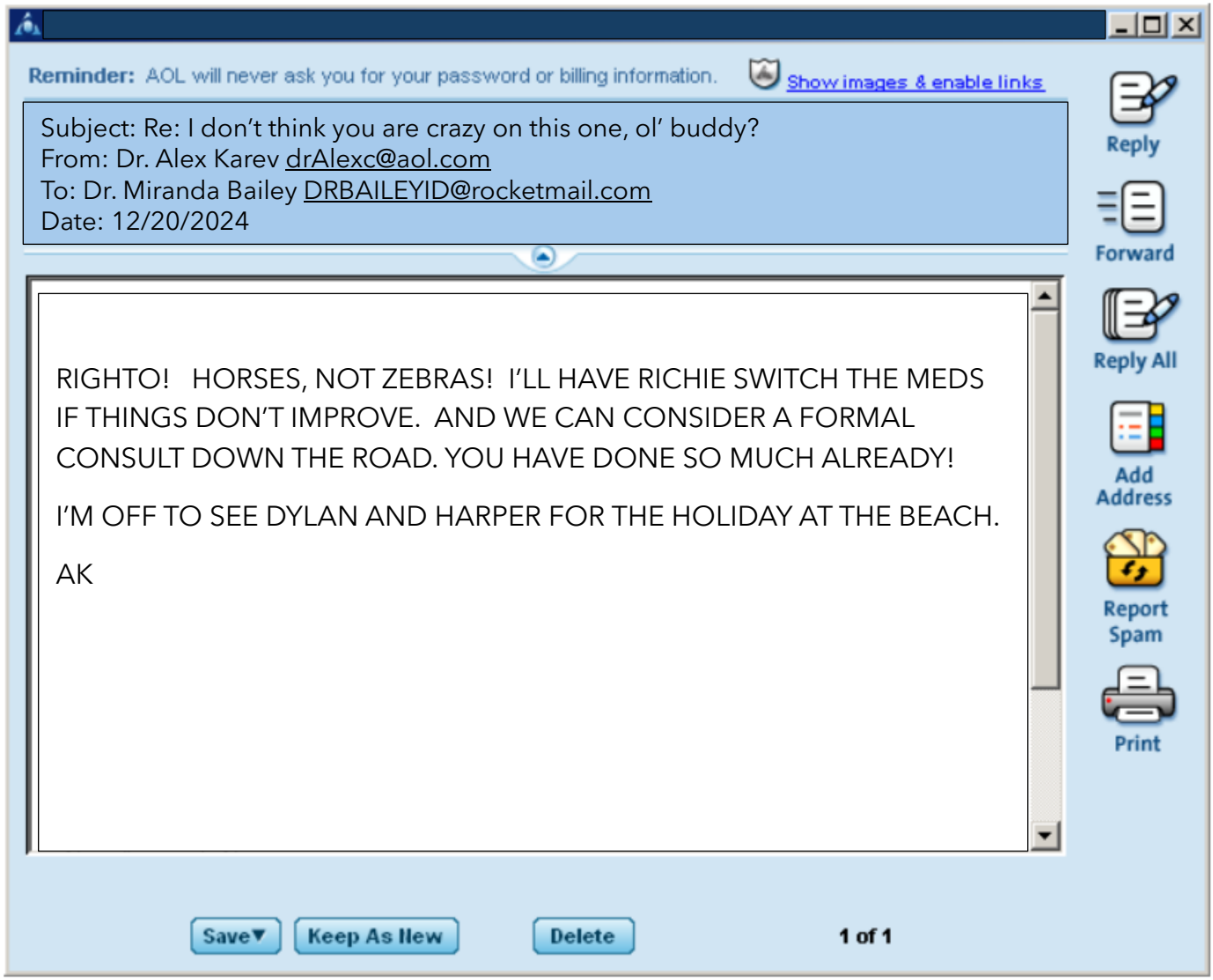

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Show images & enable links
Subject: Re: I don't think you are crazy on this one, ol' buddy?
From: Dr. Alex Karev drAlexc@aol.com
To: Dr. Miranda Bailey DRBAILEYID@rocketmail.com
Date: 12/20/2024
RIGHTO! HORSES, NOT ZEBRAS! I'LL HAVE RICHIE SWITCH THE MEDS IF THINGS DON'T IMPROVE. AND WE CAN CONSIDER A FORMAL CONSULT DOWN THE ROAD. YOU HAVE DONE SO MUCH ALREADY!
I'M OFF TO SEE DYLAN AND HARPER FOR THE HOLIDAY AT THE BEACH.
AK
Reply
Forward
Reply All
Add Address
Report Spam
Print
Save
Keep As New
Delete
1 of 1

Exhibit 7e

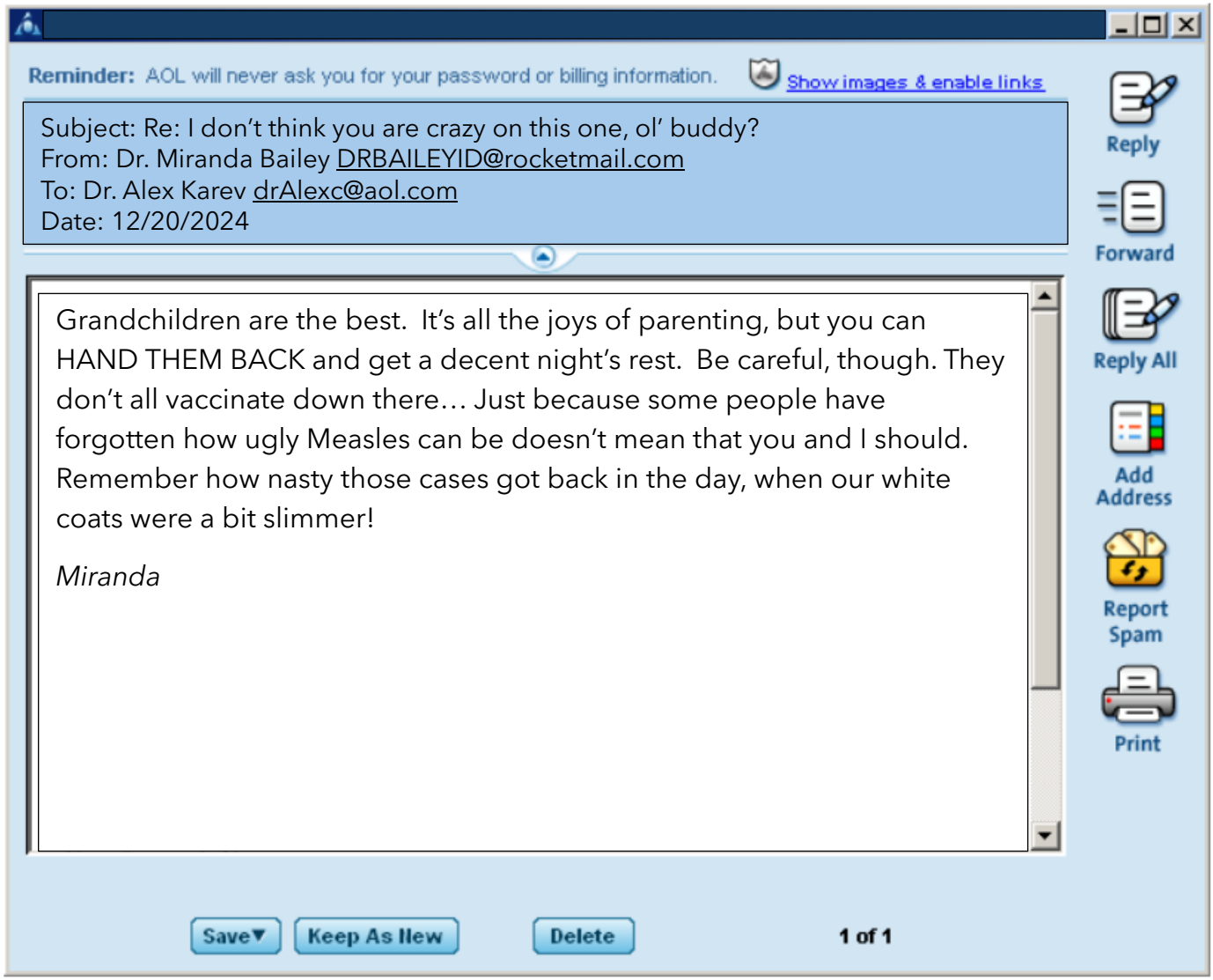

Reminder: AOL will never ask you for your password or billing information.
Show images & enable links
Subject: Re: I don't think you are crazy on this one, ol' buddy?
From: Dr. Miranda Bailey DRBAILEYID@rocketmail.com
To: Dr. Alex Karev drAlexc@aol.com
Date: 12/20/2024
Grandchildren are the best. It's all the joys of parenting, but you can HAND THEM BACK and get a decent night's rest. Be careful, though. They don't all vaccinate down there… Just because some people have forgotten how ugly Measles can be doesn't mean that you and I should. Remember how nasty those cases got back in the day, when our white coats were a bit slimmer!
Miranda
Reply
Forward
Reply All
Add Address
Report Spam
Print
Save
Keep As New
Delete
1 of 1

Exhibit 8

Excerpts from Pages 16 – 18 of the Deposition of Dr. Alex Karev

EXAMINATION BY HARRIET B. STOWE, ESQ. (Plaintiff's Counsel).

Q. Doctor Karev, when you first examined Meredith Grey, what did you believe was causing her symptoms?

A. At that point, she presented with fever, muscle pain, and general malaise. It looked viral to me — a common influenza-type infection. I prescribed Tamiflu, an antiviral with a few side effects. I told her to take Tylenol (acetaminophen) for the pain.

Q. Was there anything unusual about her presentation?

A. Not especially. She had some muscle pain, but she was a runner, and dehydration and running can cause muscle pain. She was fatigued, but that is common in flu cases. Look I have known Meredith for years and years. I was her only doctor for her entire life. This was not the first time Meredith came with these symptoms, and it was viral before. And virus is always the first-line diagnosis in kids and especially athletes. Kids tend to get the same stuff over and over again – like ear infections, or sinus infections.

Q. When did you change your course of treatment?

A. I don't recall, but it was after the labs came back negative. The first flu tests were on site, and they are not as accurate. Also, cold and flu viruses tend to resolve swiftly, and even after a week or two, this seemed not to be resolving. I thought perhaps there was a secondary bacterial component, so I prescribed a broad-spectrum antibiotic – Amoxicillin – Meredith had loved the bubble gum flavor since she was a young child, so we ordered that version.

Q. Did you later learn that Meredith Grey had eaten game?

A. I think so? I don't recall off-hand, but I know we got some information from Ellis around the time I went to Florida. I discussed it with Richie, and that sounds somewhat familiar, although I would not want to swear to it.

Q. Did you consider Trichinosis at that stage?

A. No — not then, and not ever, really. Her muscle tenderness could have been from the viral infection or even from fatigue, and I was told that she had kept running, even though I prescribed rest. Nothing pointed specifically to Trichinella — and in this country, it's exceedingly rare.

Q. Doctor, did you attend the Spring 2024 meeting of the Northeastern Chapter of the American Academy of Family Physicians during which two case studies were presented, one from upstate New York and one from Rhode Island, of individuals who were stricken with trichinosis after eating undercooked deer meat? ?

A. I don't recall.

Q. You don't recall attending the meeting, or you don't recall that particular presentation?

A. I don't recall either. I usually go, but I don't think I was able to attend that meeting for some reason.

Q. Doctor, did you later learn that Meredith had eaten that game raw?

A. Much later. From the ER doctor, after Meredith was admitted. I don't remember the name. They were from out of town and left town again not long thereafter. I know every doctor in town, but the ones who only come work here for a few months, I may not have the chance to meet.

Q. Had you known earlier that Meredith had been eating wild game that was less than fully cooked, would that information have changed your approach?

A. Yes, absolutely. If I had known she'd eaten raw or undercooked meat, especially deer, I would have run serology and considered Trichinosis earlier. But I didn't have that history at the time. Meredith had a bit of a complicated relationship with her parent, and kept this hidden from me. I wish Meredith would have told the truth. Would have changed everything – everything.

Q. What other things do you think would have made you think of trichinosis?

A. Trichinosis typically presents with a very high fever. Meredith never had a fever over 102 in our office. Ellis said that the fever had touched the very low part of the 103 range, but Ellis was often… not a clear historian, and most home-use-grade thermometers are not especially accurate. That was worrying enough for me to consult with a local infectious disease specialist, Miranda Bailey, but not enough for an ER visit or a formal consult. Miranda has a very busy practice.

Q. You've testified she was also on prednisone. Could that have affected how her illness presented?

A. Yes, she was. Wow. Yes, I suppose it could have, now that I think of it. — prednisone suppresses inflammation. It can blunt fever, delay muscle swelling, and make infections look milder than they are. It's possible it masked the severity… [Unintelligible; witness mumbling]

Q. Dr. Karev, did you tell Dr. Bailey that Meredith was on prednisone?

A. [Witness coughs] I don't recall. Miranda was given access to our medical records, though, and they would have shown it. I… I… can we take a break?

Q. Just please answer this question, and one more, and then we can take a break. Dr. Karev, what if Dr. Bailey couldn't get access to those records. Would she have known about the prednisone?

A. I am not sure. I do not recall mentioning pred to Miranda, but I may have. It's possible.

Q. But if Dr. Bailey did not know, wouldn't that mean she would not understand the severity of the fever or its importance?

A. That is likely true, yes. The interaction of an anti-febrile medication and the symptoms would have mattered to an infectious diseases specialist. If she didn't know for whatever reason, then… oh, dear, I see now what you mean.

Q. Doctor, please stay with me here – this is important . . . In hindsight, do you believe your initial treatment was reasonable?

A. Given what I knew then, yes. The symptoms aligned with a viral infection, and I escalated appropriately when she didn't improve. I … I guess… I guess … I guess I should have maybe done … I'm sorry . . . I'm sorry … I am not feeling very well. [The witness pauses. The witness begins coughing uncontrollably]

Q. I just have a few more questions about this.

VINNY GAMBINI, ESQ. (Dr. Karev's Counsel): I don't think so, counsel. With respect, I've already let this go more than the one question you asked.

Q. Doctor, are you all right?

A. I — I'm sorry — I'm not feeling — [Witness appears unwell.]

ATTY. GAMBINI: Counsel?

Q. Fair enough, Vinny. At the defendant's request, we are taking a break. Going off the clock at…

Court Reporter. 2:46 pm

Q. Going back on the record, Dr. Karev continues not to feel well. We have agreed that the deposition will be adjourned until he is capable of proceeding.

ATTY. GAMBINI: On behalf of Dr. Karev, I confirm that agreement and thank plaintiff's counsel for his professional courtesy.

Q: Of course, Vinny. We all hope he feels better soon.

[Deposition recessed at 3:12 p.m.]

Exhibit 9a

DR.COLTER

Name: **Grey, Meredith** Date of Birth: 9/6/2006

Insurance: CT HUSKY Insurance Number: 6007604567895431276

Date of Service: 12/06/2024

Service: Office Visit Seen By: KAREV MD / WEBBER NP

Existing Diagnoses: Asthma. Intermittent Muscle Soreness (Athlete, ongoing). Fracture (R. Arm) (resolved). Chx. Pox. (resolved). Malnutrition (resolved). R/O cannabis exposure (resolved).

Current Medications: Daily Vitamin, Prednisone, Acetaminophen (as Needed)

Vitals: BP 100/70 Pulse: 57 Temp: 101.6

History: Patient out of school today and part of yesterday due to discomfort. Pt. reports fever 24-48 hrs.; abdominal pain; diarrhea; vomiting. Treated at home per parent with Tums, acetaminophen. Decreased diarrhea, vomiting this morning, fever increased. Headache worsening. Fatigue, on and off.

Exam: Pt. abdomen and GI tender. Ears, nose clear. Eyes normal, but w some pain from headache. No other physical findings. Pt. quiet, Pt. Parent providing bulk of history. Pt. AAOx3. Pt. mental status within normal limits, subdued.

Diagnosis: Probable cold/flu/viral origin. Rule out COVID. Rule out influenza. Rule out norovirus. Rule out dehydration (headache).

Test/Lab/Imaging: Pt. neg on antigen test for COVID. Pt. neg on Flu A/B test.

Narrative: Pt. consents to parent presence, sharing of information with parent. Revised HIPAA form for Pt. (now adult) completed, documenting same.

Pt. out of school in last 24 hours due to increasing abdominal pain, GI symptoms. Pt. is HS athlete w inc. exposure to infectious vectors. History from parent indicates normal progress for cold/flu virus, but pt. is negative for same. Pt. to retest in 48 hours, as may be too soon in course of illness for rapid-test positive result. Combination tests (2) provided.

Pt. to continue OTC treatment for symptoms, rest for weekend. Pt. to push clear liquids as soon as tolerated. Pt. to return to school if symptoms resolve by Monday. Absence documented w Stay Home order. Tamiflu prescribed, as needed. Pt. Parent expresses concern re: cost, counseled re Medicaid benefits.

Exhibit 9b

DR.COLTER

Name: **Grey, Meredith** Date of Birth: 9/6/2006

Insurance: CT HUSKY Insurance Number: 6007604567895431276

Date of Service: 12/10/2024

Service: Office Visit Seen By: WEBBER NP (approved: KAREV MD)

Existing Diagnoses: Asthma. Seasonal Allergies. Intermittent Muscle Soreness (Athlete, ongoing). Fracture (R. Arm) (resolved). Chx. Pox. (resolved). Malnutrition (resolved). R/O cannabis exposure (resolved).

Current Medications: Daily Vitamins, Prednisone, Acetaminophen (as Needed)

Vitals: BP 110/70 Pulse: 61 Temp: 102.2

History: Patient remains out of school. Decreased abdom. pain, diarrhea, nausea. Fever persists, treating at home per parent with Tums, acetaminophen. Neg. Home Test flu. Neg. Home Test COVID. Fatigue static.

Exam: Pt. abdomen and GI within normal limits. Ears clear. Nose clear. No other significant physical findings. Pt. quiet, Parent providing bulk of history. Parent suggests drug use. Pt. denies. Pt. and Parent separated. Pt. denies 2x. Pt. following strict diet for running. No processed foods. Raw foods (e.g. sushi, nuts, celery, carrots). Monitoring intake closely. Very enthusiastic about topic. Able to walk. Mental status within normal limits. AAOx3. Gait normal, Pt. shows good range of motion in tests, no obvious ortho issue.

Diagnosis: Likely bacterial or persistent viral. Rule out anorexia.

Test/Lab/Imaging: Combined blood count panel w Hep C, Tuberc. ordered.

Narrative: Pt. remains out of school with fever, fatigue, leg pain. Leg pain rises and falls, sometimes intense. Intense pain sometimes lasts 15-30 mins. History from parent indicates viral or bacterial origin. All rapid tests negative. Pt. to continue OTC treatment for symptoms. Strict rest. Pt. tolerating liquids, most foods. Pt. Parent excuses for Pt. counseling re: eating disorders, appropriate food mix in diet. Pt. denies drugs, alch. Pt. asks if steak tartar or sushi are ok and if they could cause stomach issues. Pt. advised that food safety rules and protocols should prevent same, if from reliable sources. Pt. Parent rejoins. Absence from school doc'd w Stay Home order.

Exhibit 9c

DR.COLTER

Name: **Grey, Meredith** Date of Birth: 9/6/2006

Insurance: CT HUSKY Insurance Number: 6007604567895431276

Date of Service: 12/15/2024

Service: Office Visit Seen By: KAREV MD / WEBBER NP

Existing Diagnoses: Asthma. Seasonal Allergies. Intermittent Muscle Soreness (Athlete, ongoing). Fracture (R. Arm) (resolved). Chx. Pox. (resolved). Malnutrition (resolved). R/O cannabis exposure (resolved).

Current Medications: Daily Vitamins, Prednisone, Allegra (as Needed), Acetaminophen (as Needed), Tamiflu (present illness)

Vitals: BP 120/70 Pulse: 67 Temp: 101.9

History: Patient remains out of school. Fever persists, treating at home per parent with Tums, acetaminophen. Neg. flu, COVID. Fatigue increased.

Exam: Pt. abdomen and GI within normal limits. Ears clear. Nose clear. No other significant physical findings. Muscle pain up and down, occasionally intense. Pt. quiet, Parent providing bulk of history. Parent suggests drug use. Pt. denies. Able to walk. Mental status within normal limits. AAOx3.

Diagnosis: Likely bacterial. Rule out anorexia.

Narrative: Pt. remains out of school with fever, fatigue. History from parent indicates viral or bacterial origin. All rapid tests negative. Pt. to continue OTC treatment for symptoms. Strict rest. Pt. tolerating liquids, most foods. Absence from school doc'd w Stay Home order. Pt. Parent expresses concern re: exams. Request to postpone doc'd with Dear Nurse note. Prescribed amoxicillin (bblgm) to start immediately.

Exhibit 9d

Name: **Grey, Meredith** Date of Birth: 9/6/2006

Insurance: CT HUSKY Insurance Number: 6007604567895431276

Date of Call: 12/18/2024

Service: Pt. Call. Seen By: MONTGOMERY ADMIN

Call Notes: Pt. not improving on Amox. Inc. temp. per Pt. Parent. (102.5-103.) Light sensitive, swelling or circles under eyes (? – Pt. Parent unsure). Muscle discomfort/soreness after running. Pt. not leaving bed as often. Pt. treating with extra Tylenol (greater than normal recommended). Tylenol helping. Pt. Parent v. concerned, discusses possible diagnoses from WebMD inc. leukemia, cancer, meningitis, hantavirus. Pt. Parent again advised that rest is needed. Pt. Parent pledges not to permit more running. Per KAREV MD, asked re: woods activity. Pt. Parent confirms Pt. was on camping trip prior to illness, often runs distances in woods. Conveyed same to KAREV MD, WEBBER NP.

Exhibit 9e

Name: **Grey, Meredith** Date of Birth: 9/6/2006

Insurance: CT HUSKY Insurance Number: 6007604567895431276

Date of Call: 12/20/2024

Service: Pt. Call. Seen By: MONTGOMERY ADMIN

Call Notes: Pt. not improving on Amox. Fever lower (102+). Inc. muscle pain. No new running. Pt. runs distances and ran early this morning. Pt. now in bed at 11:30 a.m. Pt. treating with extra Tylenol (greater than normal recommended). Tylenol helping some, not enough, per Pt. Parent. Pt. Parent discusses at length "cult" exposure. Internet. Concern re: drugs. Concern re: syphilis, herpes, Hep. C. Concern re: diet – raw? Concern re: outdoor exposure. Pt. Parent reports Pt. had been Hunting during outdoor exposure pre-symptoms. Pt. camped overnight in NW CT with friend.

Following call 12/18/24, Pt. Parent researched CDC website. Concerned re: Lyme. Concerned re: West Nile Virus. Concerned re: Rift Valley Fever. Concerned re: Marburg virus. Pt. advised to discontinue all running.

Per Webber NP, Pt. and Pt. Parent advised to seek emergency care if symptoms persist during office closure. Pt. Parent provided answering service number.

Supplemental Note:

12/23/2024 – MONTGOMERY ADMIN – Laboratory results (CBC+) inconclusive. Elevated white cell count, otherwise largely within normal limits. Neg for Hep B. Neg for Tuberculosis. Advised WEBBER MD.

Supplemental Note:

12/23/2024 – WEBBER NP – Rec'd email from Pt. Parent, supplemental to call of Pt. Parent 12/18, 12/20. Called KAREV MD to discuss. Advised KAREV MD of contents of calls, email. Per KAREV MD, prescribed doxycycline, hydromorphone (2mg per 8 hours, 7 days, NO REFILLS). Called Pt. to discuss. Pt. sleeping. Per HIPAA waiver, advised Pt. Parent of plan, inc. risk of dependence. Pt. Parent confirms. Pt. Parent. expresses gratitude for doxy. Pt. Parent starts to discuss additional diagnoses from internet rsch. Call ended.

Exhibit 10

Derek Shepherd, M.D.

EDUCATION

University of Vermont Health Network, Fellowship, Wilderness Medicine, 2021-22

University of Connecticut School of Medicine, Residency, Emergency Medicine, 2018-21

University of Connecticut School of Medicine, M.D., 2018
Noah Wylie Memorial Prize for Excellence in Emergent Care

University of Colorado, B.S., Environmental Engineering, 2013
Academic All-American, First Team, Alpine Skiing
Phi Beta Kappa

EXPERIENCE

University of Vermont Medical Center, Burlington, VT
Chief, Emergency Department, 9/2026-Present
Staff Physician, 11/2025 - 9/2026

Gillette Medical Staffing, Middlesex County, CT
Emergency Room Physician (per diem) @ Middlesex Hospital, 11/2024 - 2/2025

Steamboat Ski & Resort Corporation, Mountain Medical Director, 1/2024 – 8/2024

Rocky Mountain Per Diem, 9/2022 – 12/2023
Staff per diem physician for numerous groups and organizations within the rocky mountain region, including Beaver Creek Hospital (Beaver Creek, CO); Sun Valley Family Medical Associates, PC (Sun Valley, ID); Little Cottonwood Canyon Sports Medicine Specialists (Sandy, UT); Alta Urgent Care (Alta, WY); South Ogden Family Medicine (Ogden, UT); Teladoc Health (New York, NY) (remote)

Middlesex County Fire Department, Paramedic, 8/2013 – 6/2014

PROFESSIONAL ASSOCIATIONS AND CERTIFICATIONS

American Academy of Emergency Medicine, Board Certification Pending
Member, 2015-Present

Wilderness Medical Society, 2015-Present
Diplomate, Mountain Medicine, 2017
Fellow of the Academy of Wilderness Medicine (application pending)

PUBLICATIONS AND PRESENTATIONS

Case Study: MG, TikTok, and the Bambi, Wilderness & Environmental Medicine, July 2025

The Threat of Game Parasites: The Case of MG, Continuing Medical Education (Wilderness Med. Soc. Ann'l Meeting 2027 (proposed); Amer. Acad. Emer. Med. Ann'l Meeting 2027 (proposed))

Exhibit 11

M.J. Sloan, M.D., M.L., Ph.D.

EDUCATION

Quinnipiac University, Master of Laws, 2022
Columbia University, Ph.D., Public Health, 1993
Yale New Haven Hospital, Residency, Family Medicine, 1979-82
Yale University School of Medicine, M.D., 1979
Fairfield University, B.S., Physical Chemistry, 1975
Phi Beta Kappa, Zeta Iota Pi

EXPERIENCE

Clinical Professor of Medicine, Yale University, New Haven, CT, 1985-Present
Michael Robinavitch Professor of Family and Community Medicine, 2010-Present
Full Clinical Professor of Medicine, 1994-2010
Associate Clinical Professor of Medicine, 1985-1994

Middletown Family Medical Associates, Middletown, CT, 1985-1993
Partner, 1989-1993
Staff Physician,1985-1989

PROFESSIONAL ASSOCIATIONS AND HONORS

American Academy of Family Physicians
Board Certified, 1987-Present
Board Certification Review Committee, Examiner, 2000-2020; Chair, 2007-12
Association of Departments of Family Medicine, Yale University Representative, 1987-2015
Diversity, Equity, and Inclusion Committee, Chair, 2020-22
Society of Teachers of Family Medicine, Member, 1986-Present
Trinity Santos Prize for Career Contributions to Family Medical Education, 2023
Commonwealth of Connecticut, Department of Health, Medical Assistance Advisory Committee, Member, 2015-2022
United States Department of Health and Human Services, Health Information Technology and Advisory Committee (HITAC), Member/Advisor 2016-2025
Physicians for Common Sense and Tort Reform, Founder, 2005; Member, 2005-Present; President, 2005-2014

PUBLICATIONS

Editor and Chapter Contributor, *Nasir's Family Medicine*, 2015-Present (5th Ed through 8th Ed.)

I have authored or co-authored over four dozen publications in peer-reviewed journals and another several dozen in popular or non-academic publications, in addition to two screenplays and an illustrated book of poetry. A full list of publications is available upon request.

Exhibit 12

Memorandum of Understanding

This Memorandum of Understanding ("Memorandum") is reached between and among prospective petitioners the United States Drug Enforcement Administration (DEA); the State of Connecticut Department of Public Health (the "State"); and prospective respondent Richie Webber ("Webber"), a Nurse Practitioner in the State of Connecticut, to resolve the potential administrative claims and defenses between and among them.

WHEREAS Webber is a graduate of the University of Saint Joseph's School of Nursing in West Hartford, Connecticut, and the University of New Haven's Family Nurse Practitioner Master's degree and Post-Master's certificate programs;

WHEREAS Webber served as a Nurse's Aide at Veterans Memorial Hospital from 1993 until 1995; as a Registered Nurse at various locations from 1995 until 2011; and as a Nurse Practitioner from 2011 until this date in 2019 with Dr. Karev's Family Medicine, LLP; all without previous discipline;

WHEREAS Webber prescribed controlled substances, including opioid painkillers and amphetamines, outside the course of usual medical practice, in the years 2015, 2016, and 2017;

WHEREAS Webber caused prescriptions for controlled substances, including opioid painkillers and amphetamines, to be issued by another by signing that individual's names to prescriptions for the same without their knowledge, in the years 2016 and 2017;

WHEREAS Webber voluntarily reported the foregoing misconduct;

WHEREAS Webber's employer, Dr. Alex Karev, testified credibly in Webber's support that he permitted Webber to use his prescription pad without his knowledge or express consent;

WHEREAS Webber did not divert or sell controlled substances to known drug users or abusers or in a manner inconsistent with the practice of medicine from 2015-17;

WHEREAS Webber acted within in a misguided effort to assist patients, not for Webber's own profit or that of Webber's employer; and

WHERAS Webber has expressed sincere regret and a desire to change;

WHEREFORE on this, the 5th day of July, 2019, the parties hereby consent, covenant, and agree as follows:

1. Potential respondent Webber's licenses as a registered nurse and nurse practitioner shall be suspended for a period of six months, during which time Webber cannot serve in either capacity.

2. Webber's license as a registered nurse and nurse practitioner shall be suspended for an additional period of eighteen months, with such licenses fully restored and such suspension held in abeyance upon good behavior.

3. Should Webber have no further disciplinary infractions for four years from the date of this Agreement, the suspension in Paragraph 2 shall be null and void.

4. Webber's DEA registration number shall be suspended for a period of one year, during which time Webber may not prescribe any substance.

5. During the period of the foregoing suspensions, Webber shall be permitted to remain working as a nurse's aide, receptionist, or other, similar position, at whatever rate of compensation Webber's employer sees fit to provide.

6. During the six months beginning with the effective date of this agreement, Webber shall complete at least thirty-six hours of continuing nursing or medical education, at least twelve of such hours must be on topics relating to prescribing or controlled substances.

7. At the conclusion of each period of suspension, Webber's license shall be restored, and Webber may return to work in whatever capacity Webber's then-current licensure permits.

For the State:	For the DEA:	For Richie Webber:
/s/ Owen Hunt	/s/ S.A. Callie Torres	/s/ Richie Webber, N.P.
Owen Hunt	Callie Torres	Richie Webber, R.N., N.P.

CERTIFICATION OF COMPLETION

	Potential Respondent	**Verification**
CNE/CME Compliance	*D. Webber*, 11/22/2019	*York Clark, CT DPH*
Suspension Complete, No Incident	*D. Webber*, 1/6/2020	*York Clark, CT DPH*
DEA Number Restored	*D. Webber*, 7/7/2020	*DI R. Field*, DEA
Suspension Complete, No Incident	*D. Webber*, 7/10/2020	*York Clark, CT DPH*