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6	UNITED STATES DISTRICT COURT	
7	EASTERN DISTRICT OF CALIFORNIA	
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9	SHAWNEE HANNAH, et al.,	No. 2:17-cv-01248-JAM-EFB
10	Plaintiffs,	
11	V.	ORDER DENYING THE UNITED STATES'
12	UNITED STATES OF AMERICA, et	MOTION TO STRIKE EXPERT WITNESS DR. MICHAEL HURWITZ
13	al.,	
14	Defendants.	
15	This matter is before the Court on Defendant United States'	
16	Motion to Strike. Mot., ECF No. 15. Plaintiffs Shawnee Hannah	
17	and Bonnie Hannah ("Plaintiffs"	') filed an opposition, Opp'n, ECF
18	No. 16, to which the United Sta	ates replied, Reply, ECF No. 17.
19	On January 9, 2019, the Court h	neld an evidentiary hearing
20	regarding the admissibility of	Dr. Michael Hurwitz's proffered
21	testimony. Minute Order, ECF N	No. 24. After consideration of the
22	parties' briefing on the motion	and relevant legal authority, the
23	Court DENIES the United States'	Motion to Strike with respect to
24	Dr. Hurwitz. ¹	
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27	¹ The Court will rule on the United States' motion regarding	
28	nurse life-care planner April Stallings's at a future date after additional briefing and a further hearing, if necessary.	

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1	I. BACKGROUND
2	This medical malpractice action arises out of treatment
3	Plaintiff Shawnee Hannah received at the Department of Veterans
4	Affairs ("VA") Mather facility. Compl., ECF No. 1, pp. 6-10.
5	Mr. Hannah sought treatment at Mather for right-sided neck pain
6	and stiffness in May 2015. Id. at 6-7. Mr. Hannah underwent
7	surgery to drain a neck abscess on May 21, 2015. <u>Id.</u> at 7. When
8	Mr. Hannah woke up from anesthesia, he was quadriplegic. Id. at
9	8-9. Mather was unable to perform a cervical MRI on Mr. Hannah
10	while he was intubated, so medical staff attempted to transfer
11	him to a different facility after he stabilized. <u>Id.</u> at 8. The
12	hospital asserts that no beds were available for Mr. Hannah's
13	transfer until May 24, 2015, when he was transferred to UC Davis
14	Medical Center. Id. at 9. Mr. Hannah remained quadriplegic.
15	Id.
16	Plaintiffs submitted a September 2016 expert report from Dr.
17	Michael Hurwitz, a general surgeon who reviewed Shawnee Hannah's
18	medical records from the VA and UC Davis Medical Center. Hurwitz
19	Report, ECF No. 15-2, pp. 10-18. In that report, Dr. Hurwitz
20	states that the VA provided Mr. Hannah with "timely and
21	appropriate surgical care." <u>Id.</u> at 3. Dr. Hurwitz goes on to

describe the "diligent" consultations that Mr. Hannah received from internal medicine, ENT, infectious disease, neurology, pulmonology and cardiology, but notes those specialties are beyond his purview. <u>Id.</u> He opines that although he is "not trained in neurology and neurosurgery," "there appears to have been a very narrow window of time in which Mr. Hannah's neurologic function might have been salvageable[.]" Id.

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Nevertheless, he states it is "beyond [his] expertise to 1 speculate as to when this window closed." Id. Finally, Dr. 2 3 Hurwitz concludes that Shawnee Hannah required emergent transfer 4 to a facility with MRI and neurosurgical capabilities "if there 5 was to be any hope for preservation of neurologic function" and by its failure to provide such emergent access, VA fell below the 6 7 standard of care. Id. 8 II. 9 LEGAL STANDARD 10 In a case arising under the Federal Tort Claims Act (FTCA), 11 the Court applies the law of the state in which the alleged tort 12 occurred. Liebsack v. United States, 731 F.3d 850, 855 (9th Cir. 13 2013). The burden of proof for a medical malpractice claim in 14 California requires the plaintiff to offer competent expert 15 testimony. Flowers v. Torrance Mem'l Hosp. Med. Ctr., 884 P.2d 16 142, 147 (Cal. 1994). 17 Federal Rule of Evidence 702 governs the admissibility of 18 expert witness testimony in federal courts. In conjunction with 19 the preliminary inquiry required by Federal Rule of Evidence 104, 20 the Court must assess the expert witness's qualifications, the 21 relevance of his or her testimony, and that testimony's 22 reliability. Daubert v. Merrell Dow Pharm., Inc. ("Daubert I"), 23 509 U.S. 579, 594-95 (1993). The Court has wide discretion when 24 acting as a gatekeeper for the admissibility of expert testimony. 25 Kumho Tire Co., Ltd. v. Carmichael, 526 U.S. 137, 151-52 (1999). 26 The Court considers an expert's "scientific, technical, or 27 other specialized knowledge" in assessing whether the expert's 28 qualifications "will help the trier of fact to understand the

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evidence or to determine a fact in issue." Fed. R. Evid. 702(a). 1 "If an individual is not qualified to render an opinion on a 2 3 particular question or subject, it follows that his opinion 4 cannot assist the trier of fact with regard to that particular question or subject." Morin v. United States, 534 F. Supp. 2d 5 1179, 1185 (D. Nev. 2005), aff'd, 244 F. App'x 142 (9th Cir. 6 7 2007). An expert's testimony is relevant if "it logically advances a material aspect of the proposing party's case." 8 9 Daubert v. Merrell Dow Pharm., Inc. ("Daubert II"), 43 F.3d 1311, 10 1315 (9th Cir. 1995). 11 An expert's mere assurances of reliability are insufficient 12 under Daubert. Daubert II, 43 F.3d at 1319. "Rather, the party 13 presenting the expert must show that the expert's findings are 14 based on sound science, and this will require some objective, 15 independent validation of the expert's methodology." Id. at 16 1316. 17 18 III. DISCUSSION 19 Dr. Hurwitz's Opinions Are Not Excluded Α. 20 Plaintiff seeks to offer Dr. Hurwitz's testimony that 21 physicians at Mather violated the standard of care regarding the timeliness of Mr. Hannah's transfer. The United States seeks to 22 23 strike Dr. Hurwitz's testimony, arguing that Dr. Hurwitz rendered 24 opinions on matters outside his established expertise. Mot. at 25 6-7. 26 Dr. Hurwitz Is Qualified to Provide Testimony a. 27 The Court first considers Dr. Hurwitz's "scientific, 28 technical, or other specialized knowledge" to determine if he is 4

qualified to testify on the topics at issue. <u>See</u> Fed. R. Evid.
702(a).

3 At the hearing, Dr. Hurwitz testified that he has been a 4 practicing physician for over 20 years. He currently serves as a 5 general surgeon and chief of staff at a hospital in Newport 6 Beach, California. Dr. Hurwitz relies on his education, 7 training, years of practice, and review of medical literature to 8 draw conclusions about the appropriate standard of care in a 9 medical situation. He believes that a general surgeon should 10 recognize that "an acute neurological change requires immediate 11 intervention, assessment and intervention." In this case, he 12 opines that the general surgeons at Mather fell below the 13 standard of care by not providing emergent transfer to a facility 14 where a MRI machine could accommodate an intubated patient.

15 The United States objects, inter alia, that Dr. Hurwitz's 16 current position does not entail overseeing patient transfer and 17 that he has not personally transferred a patient within the last 18 year. Furthermore, the United States argues that Dr. Hurwitz is 19 not knowledgeable about the transfer policies at different 20 hospitals. The United States appears to contend that only a 21 specialist in the field of patient transfer, with experience at 22 VA medical facilities, may testify about the topic.

The Ninth Circuit has not imposed such stringent requirements for medical experts. <u>See Doe v. Cutter Biological,</u> <u>Inc., a Div. of Miles Labs., Inc.</u>, 971 F.2d 375, 385 (9th Cir. 1992) (finding it was an abuse of discretion for a district court to grant a motion to strike medical experts for lack of personal knowledge). "Ordinarily, courts impose no requirement that an

expert be a specialist in a given field, although there may be a 1 requirement that he or she be of a certain profession, such as a 2 3 doctor." Id. Here, Dr. Hurwitz is an experienced general surgeon, testifying about the standard of care by other general 4 surgeons as it pertains to the timeliness of transferring 5 6 patients. Although he admittedly has not transferred a patient 7 within the last year, Dr. Hurwitz testified that he has past experience transferring patients. 8

9 The Court finds Dr. Hurwitz to be sufficiently qualified to 10 testify about the timeliness of transfer by general surgeons.

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b. Dr. Hurwitz's Testimony Is Relevant

Next, the Court reviews whether Dr. Hurwitz's testimony "logically advances a material aspect" of Plaintiffs' case. <u>Daubert II</u>, 43 F.3d at 1315. The Court finds that Dr. Hurwitz's testimony is relevant because it relates to standard of care and causation, essential elements of Plaintiff's case.

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c. Dr. Hurwitz's Testimony Is Reliable

18 Finally, the Court determines whether Dr. Hurwitz's 19 testimony is soundly based on objective, independent methodology. Daubert II, 43 F.3d at 1316. Concerns about reliability are 20 21 lessened where, as here, the Court sits as trier of fact. CFM 22 Commc'ns, LLC v. Mitts Telecasting Co., 424 F. Supp. 2d 1229, 23 1233 (E.D. Cal. 2005). See also Volk v. United States, 57 F. 24 Supp. 2d 888, 896 n.5 (N.D. Cal. 1999) ("[I]t bears noting that 25 the Daubert gatekeeping obligation is less pressing in connection 26 with a bench trial.").

As noted above, Dr. Hurwitz based his conclusions on his education, training, years of practice, and review of medical

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1	literature. Based on a thorough review of the record and Dr.
2	Hurwitz's report, the Court finds that Dr. Hurwitz's conclusions
3	and report are based on sufficient facts to satisfy the
4	reliability prong. Indeed, as the Court repeatedly stated at the
5	hearing on this motion, the United States' objections to Dr.
6	Hurwitz's testimony go primarily to the weight to be given to
7	this evidence rather than its admissibility.
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9	IV. CONCLUSION AND ORDER
10	Accordingly, the Court hereby DENIES the United States'
11	Motion to Strike with respect to Dr. Hurwitz's report and
12	testimony.
13	IT IS SO ORDERED.
14	Dated: January 23, 2019
15	Joh a Mende
16	OHN A. MENDEZ, UNITED STATES DISTRICT JUDGE
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