Wilridge v. Marshall

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upcoming hearing. However, there is an issue with Mr. Watson traveling to San Francisco. Mr. Watson suffers from hepatitis C, genotype 1a stage 3-4. *See* Exhibit A. It is the understanding of undersigned counsel that this is a relatively rare form of hepatitis. Further, he is currently under a sensitive medication regime to treat the hepatitis C and the resultant liver problems. *See id.* For example, there is one medication that has to be administered on a very specific timetable.

Based on this situation, there is a concern that traveling to San Francisco would interfere with Mr. Watson's medical treatment, and that the necessary medicine/treatment will not be available at whichever temporary facility they house Mr. Watson for the day prior to the hearing.

I have raised this issue with Ms. Jill Thayer, Esq., counsel for the Government in this case. She has stated that she does not oppose this request to have Mr. Watson testify via video-conference.

If a video-conference cannot be arranged, then Mr. Wilridge requests that Mr. Watson be allowed to testify telephonically. Undersigned counsel does not know Ms. Thayer's position regarding Mr. Watson testifying telephonically.

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## **DECLARATION OF COUNSEL IN SUPPORT**

I, Erick L. Guzman, Declare the following under penalty of perjury:

- 1 I am the attorney record in the above case. I was appointed pursuant to the Criminal Justice Act;
- 2. I am admitted to practice in California, and the Northern District of California:
- 3. I have spoken with Mr. Watson and reviewed the medical documentation he has provided, and I do believe traveling from San Luis Obispo to San Francisco could pose a health risk to Mr. Watson given his sensitive medical situation, and the related medication schedule he is on.
- 4. I do believe the Litigation Coordination department of California Men's Colony, San Luis Obispo has the facilities to allow Mr. Watson to testify via video-conference.
- 5. I do believe the Litigation Coordination department of California Men's Colony, San Luis Obispo has the facilities to allow Mr. Watson to testify telephonically.

### Ш

## **CONCLUSION**

Mr. Wilridge respectfully requests this Court to order that Mr. Watson be allowed to testify via video-conference, and he not be brought to San Francisco for the upcoming evidentiary hearing.

DATED: January 21, 2015 Respectfully submitted,

By

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Erick L. Guzman Attorney for Wilridge

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4	LINDED	TF A I
5	UNDER S	DEAL
6	IN THE UNITED STATES	S DISTRICT COURT
7	FOR THE NORTHERN DIST	RICT OF CALIFORNIA
8		
9	QUINN WILRIDGE,	No. CV 09-2236-SI
10	Plaintiff,	
11	V.	[PROPOSED] ORDER AUTHORIZING ANTHONY WATSON TO TESTIFY VIA
12	JOHN MARSHALL, WARDEN	VIDEO-CONFERENCE, OR, IN THE ALTERANTIVE, ALLOWING MR.
13	Defendants.	WATSON TO TESTIFY
14		TELEPHONICALLY
15	For good cause shown, IT IS ORDER!	ED that Anthony Watson be permitted to
16	testify via video for the upcoming February 4, 20	15 evidentiary hearing
17		
18		the alternative, if video-conference is not
19	available, that Mr. Watson be permitted to testify	y telephonically for the upcoming February
20	4, 2015 evidentiary hearing.	
21	IT IS FUTHER ORDERED that Antl	hony Watson not be transported to San
22	Francisco for the evidentiary hearing. Acco	ordingly, the previously signed writ ad
23	testificandum be vacated as to Anthony Watson o	only.
24	IT IS SO ORDERED.	
25		Susan Delaton
26	Dated: 1/23/15	
27		HON. SUSAN ILLSTON District Judge
28		

Case No. CV-09-2236-SI

# Exhibit A

## CHRONIC CARE FOLLOWUP VISIT/PROGRESS NOTE

NAME: WATSON, ANTHONY	CDCR#: P56486	DATE OF SERVICE: 10/29/2012
<b>DATE OF BIRTH:</b> 12/27/1966	HOUSING: C 006 1195001U	PAROLE DATE:

TIME: 8:30

REASON FOR VISIT: Chronic Care.

## CHRONIC MEDICAL PROBLEMS:

1. Hepatitis C.

2. Migraine headaches.

3. Gastroesophageal reflux disease.

### SUBJECTIVE:

1. The patient has a history of hepatitis C, genotype 1a, stage 3-4. He was referred for treatment and his case has been submitted to Sacramento for approval. He has a followup with Dr. Park. He denies any abdominal pain, nausea, vomiting, melena, or hematochezia. He denies any lower extremity edema.

2. Migraine headaches. He is having headaches associated with light sensitivity about every two weeks. He is currently having headache now. He previously had Imitrex but has been off because he has been on Zoloft. He also has a history of heartburn and this is controlled with Zantac.

MEDICATIONS: Reviewed.

## ALLERGIES: NO KNOWN DRUG ALLERGIES.

OBJECTIVE/OBSERVATION: VITAL SIGNS: Temperature 96.6, pulse 51, blood pressure 141/87, respirations 20. Oxygen saturation 98%. Height: 5 feet 8 inches. Weight: 195 pounds. Body mass index: 29. GENERAL: The patient appears in no acute distress. Conjunctivae are anicteric. LUNGS: Clear. CARDIOVASCULAR: Regular rate and rhythm. ABDOMEN: Soft and nontender. EXTREMITIES: No edema.

LABORATORY DATA/DIAGNOSTIC DATA: On 10/12/2012, hepatitis C viral load 423,000. AST 71, ALT 107. INR 1.2. Hemoglobin 13.6. Platelets 69,000/

#### ASSESSMENT/PLAN:

- 1. Hepatitis C, genotype 1a, stage 3-4. No evidence of decompensated cirrhosis. Follow up with Dr. Park for possible treatment.
- 2. Migraine headache. Fair control, slightly worse. I started him on Tylenol No. 3 for 3 days for his acute headache and I will place him on Depakote for migraine prophylaxis.

3. Gastroesophageal reflux disease, good control, stable. Continue Zantac.

EDUCATION: The patient verbalized understanding of assessment and plan.

FOLLOWUP: Followup in 90 days.



Homan Kian, MD

Digitally authenticated on 11/5/2012 11:45 AM

HK/cf D: 10/29/2012 08:55:00 am

T: 11/02/2012 11:21:47 am

Job #: 569099

#### MEDICAL PROGRESS NOTE

NAME: WATSON, ANTHONY	CDCR#: P56486	DATE OF SERVICE: 11/28/2012
<b>DATE OF BIRTH:</b> 12/27/1966	HOUSING: C 006 2211001U	PAROLE DATE:

TIME:

CHIEF COMPLAINT: Hepatitis C treatment evaluation.

SUBJECTIVE: The patient is here for followup for his hepatitis C treatment evaluation. He has no complaints. He has no abdominal pain, GI bleeding, or fatigue.

MEDICATIONS: Medication reconciliation form reviewed.

#### **ALLERGIES:**

OBJECTIVE: VITAL SIGNS: Temperature 98.3, pulse 55, blood pressure 120/71, respirations 14. Weight 201. GENERAL: No acute distress. SKIN: No rash. HEENT: Sclerae anicteric. Oropharynx clear. LUNGS: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. ABDOMEN: Soft, nontender, nondistended. EXTREMITIES: No clubbing, cyanosis or edema. NEUROLOGICAL: Alert and oriented x3.

LABORATORY DATA: On 06/29/2012, WBC 3.1, hemoglobin 12.9, platelets 79,000. On 10/12/2012, white blood cell count 2.8, platelet count 69,000, hemoglobin 13.6, INR 1.2, AST 71, ALT 107, TSH 0.6, total bilirubin 0.8, albumin 4.5, Heptimax RNA 423,000, genotype 1a. On 11/27/2012, white blood cell count 3.4, hemoglobin 13.1, platelets 74,000.

ASSESSMENT/PLAN: Chronic hepatitis C, genotype 1a. He has 3-4 fibrosis on biopsy. He is on divalproex. This could be impacting his platelets. We will stop his divalproex and repeat his laboratories.

EDUCATION: The patient verbalized understanding of assessment and plan.

FOLLOWUP: Follow up in 4 weeks.



Daniel Park, MD
Digitally authenticated on 12/10/2012 4:26 PM

DP/sm D: 11/28/2012 09:44:00 am

T: 12/06/2012 03:52:41 pm

Job #: 591465