

STATEMENT UNDER OATH
OF
DOCTOR ROBERT BLAKE

Taken pursuant to Notice by Miranda
D. Elkins, a Court Reporter and
Notary Public in and for the State of
West Virginia, at the U.S. Bankruptcy
Court, 324 West Main Street,
Clarksburg, West Virginia, on Monday,
March 27, 2006, at 8:54 a.m.

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2

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A P P E A R A N C E S (cont.)

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P R O C E E D I N G S

MR. SWENTOSKY:

My name is Dennis Swentosky. I'm an accident investigator with the Mine Safety and Health Administration, an agency of the United States Department of Labor. With me is Bob Wilson, from the Solicitor's Office, and Mike Rutledge and Dave Stuart, with the West Virginia Office of Miners' Health, Safety & Training. I've been assigned to conduct an investigation into the accident that occurred at the Sago Mine on January 2nd, 2006, in which 12 miners died and one was injured.

The investigation is being conducted by MSHA and the West Virginia Office of Miners' Health, Safety &

1 Training to gather information
2 to determine the cause of the
3 accident, and these interviews
4 are an important part of the
5 investigation.

6 At this time, the
7 accident investigation team
8 intends to interview a number
9 of people to discuss anything
10 that may be relevant to the
11 cause of the accident. After
12 the investigation is
13 completed, MSHA will issue a
14 written report detailing the
15 nature and causes of the
16 accident. MSHA accident
17 reports are made available to
18 the public in the hope that
19 greater awareness about the
20 causes of accidents can reduce
21 their occurrence in the
22 future. Information obtained
23 through witness interviews is
24 frequently included in these
25 reports. Your statement may

1 also be used in other
2 enforcement proceedings.

3 I would like to thank
4 you in advance for your
5 appearance here today. We
6 appreciate your assistance in
7 this investigation. The
8 willingness of anyone with
9 information to work with us is
10 critical to our goal in making
11 the nation's miner safer. We
12 understand the difficulty for
13 you in discussing the events
14 that took place, and we
15 greatly appreciate your
16 efforts to help us understand
17 what happened.

18 This interview with
19 Doctor Blake is being
20 conducted under Section 103(a)
21 of the Federal Mine Safety and
22 Health Act of 1977 as part of
23 an investigation by the Mine
24 Safety & Health Administration
25 and the West Virginia Office

1 of Miners' Health, Safety &
2 Training into the conditions,
3 events and circumstances
4 surrounding the fatalities
5 that occurred at the Sago
6 Mine, owned by International
7 Coal Group in Buckhannon, West
8 Virginia, on January 2nd,
9 2006.

10 This interview is being
11 conducted at the U.S.
12 Bankruptcy Court in
13 Clarksburg, West Virginia, on
14 March 27th, 2006. Questioning
15 will be conducted by
16 representatives of MSHA and
17 the Office of Miners' Health,
18 Safety & Training.

19 Doctor Blake, this
20 interview will begin by my
21 asking you a series of
22 questions. If you do not
23 understand a question, please
24 ask me to rephrase it. Feel
25 free at any time to clarify

1 any statements that you make
2 in response to the questions.
3 After we have finished asking
4 questions, you will also have
5 an opportunity to make a
6 statement and provide us with
7 any information that you
8 believe may be important. If
9 at any time after the
10 interview you recall any
11 additional information that
12 you believe may be useful in
13 the investigation, please
14 contact Richard Gates at the
15 phone number and e-mail
16 address provided to you. And
17 here's Mr. Gates' business
18 card.

19 Your statement is
20 completely voluntary. You may
21 refuse to answer any question
22 or you may terminate the
23 interview at any time. If you
24 need a break for any reason,
25 just let me know.

1 The court reporter will
2 record your interview and will
3 later produce a written
4 transcript of the interview.
5 Please try and respond to all
6 questions verbally since the
7 court reporter cannot record
8 nonverbal responses. Also,
9 please try to keep your voice
10 up. Copies of the written
11 transcripts will be made
12 available at a later date.

13 If any part of your
14 statement is based not on your
15 own firsthand knowledge but on
16 information that you learned
17 from someone else, please let
18 us know. Please answer each
19 question as fully as you can,
20 including any information you
21 have learned from someone
22 else. We may not ask the
23 right questions to learn the
24 information that you have, so
25 do not feel limited by the

1 precise question. If you have
2 information about the subject
3 of the question, please
4 provide us with that
5 information.

6 At this time, Mr.
7 Rutledge, do you have anything
8 that you would like to add on
9 behalf of the Office of
10 Miners' Health, Safety &
11 Training?

12 MR. RUTLEDGE:

13 Doctor Blake, I have a
14 little statement here that
15 just says that the West
16 Virginia Office of Miners'
17 Health, Safety & Training is
18 conducting this interview
19 session jointly with MSHA and
20 is in agreement with the
21 procedures outlined by Mr.
22 Swentosky for the interviews
23 that will be conducted here
24 today. However, the Director
25 of the Office of Miners'

1 Health, Safety & Training
2 reserves the right, if
3 necessary, to call or subpoena
4 witnesses or to require the
5 production of any record,
6 document, photograph or any
7 other relevant materials
8 necessary to conduct this
9 investigation. We appreciate
10 you being here. We thank you
11 for taking the time to come
12 down. If you have any
13 questions concerning the
14 State's part of this, you can
15 contact Mr. Mills at that
16 address.

17 MR. SWENTOSKY:

18 Doctor Blake, are you
19 aware that you may have a
20 personal representative
21 present when you're taking
22 this statement?

23 DOCTOR BLAKE:

24 Yes.

25 MR. SWENTOSKY:

1 And do you have a
2 representative with you today?

3 DOCTOR BLAKE:

4 No.

5 MR. SWENTOSKY:

6 Do you have any
7 questions regarding the manner
8 in which the interview will be
9 conducted at this point?

10 DOCTOR BLAKE:

11 No.

12 MR. SWENTOSKY:

13 Thank you. And could
14 you swear in Doctor Blake,
15 please?

16 -----
17 DOCTOR ROBERT BLAKE, HAVING FIRST
18 BEEN DULY SWORN, TESTIFIED AS
19 FOLLOWS:

20 -----

21 BY MR. SWENTOSKY:

22 Q. Could you give us your full
23 name, and spell your last name for
24 us, Doctor Blake?

25 A. Robert Eugene Blake,

1 B-L-A-K-E.

2 Q. And can we have your address
3 and telephone number, please?

4 A. 100 Hickory Street,
5 Buckhannon, West Virginia, 472-4831,
6 of course 304.

7 Q. And are you appearing here
8 today voluntarily?

9 A. Yes.

10 Q. Could you give us a
11 description of your educational
12 history, please?

13 A. I attended public school in
14 Harrison County. I attended the
15 United States Military Academy. Went
16 to Alderson-Broadus College.
17 Received my undergrad degree to
18 complete that. Went to West Virginia
19 University Hospital for medical
20 school. Residency in Emergency
21 Medicine. Training in United States
22 Army. And now I'm at Buckhannon.

23 Q. And your medical background?

24 A. Residency in Emergency
25 Medicine after medical school.

1 Q. What certification and
2 licenses do you hold?

3 A. I have a West Virginia Board
4 of Medicine license. I'm also Board
5 Certified in Emergency Medicine.

6 Q. And do you have a specialty
7 that you practice?

8 A. Emergency Medicine is my
9 specialty.

10 Q. Okay. Thank you. And you're
11 currently employed at ---?

12 A. St. Joseph Hospital in
13 Buckhannon.

14 Q. And what is your present
15 position there?

16 A. I'm the medical director of
17 the emergency department.

18 Q. And how long have you held
19 that position?

20 A. Three years.

21 Q. And could you just briefly
22 describe your general job duties in
23 that position?

24 A. Medical direct --- I oversee
25 all physicians that work within the

1 emergency department, also patient
2 flow issues, nursing issues, hospital
3 issues relating to emergency care
4 within our hospital.

5 Q. And just starting at the
6 beginning, could you describe in
7 detail your involvement with the Sago
8 Mine accident? Just kind of start
9 with it and go through it.

10 A. The morning of the explosion,
11 I was notified by our hospital that
12 an incident had occurred. I went to
13 the hospital immediately. We
14 arranged our trauma teams to prepare
15 for what may come. So we fell into
16 our positions. Nothing happened for
17 a few hours, so I dismissed --- we
18 went to a stand down position and
19 waited for any further notice. Hours
20 went by, of course. Later, we had
21 received some phone calls that some
22 family members had not been taking
23 medications and would not leave the
24 site, so we had sent some nurses
25 down. Through the CO, we okayed

1 that, so we sent some nurses down to
2 provide some medical care to family
3 members.

4 After that, they got in
5 contact with us, and they did not
6 have medications at the site, such as
7 insulin and some pain medications and
8 blood pressure medications. Through
9 the CEO of the hospital and the
10 pharmacy director, I went down to the
11 mine to evaluate some of the patients
12 to make sure it was legal we can give
13 them medications and make sure that
14 they actually needed what they
15 needed. That was a few hours prior
16 to the notification that the miners
17 had been found. So I was on site at
18 that time seeing patients and
19 administering some medications at the
20 time. We also had some nurses bring
21 us some extra medications when the
22 notification that the miners had been
23 found. Because we were working with
24 EMS as well, the truck that went into
25 the mine site, we were on that, two

1 of my nurses and myself.

2 We went on into the mine site.
3 Fell onto the triage tent that had
4 been set up previously. Now, who set
5 that up, I don't know. But it was a
6 nice tent and had cots and some
7 limited supplies. We pulled oxygen
8 off of all the ambulances that we
9 could get to make all 12 beds have
10 oxygen and everything we needed.

11 At that point, someone, and
12 I'm not sure who it was, asked us if
13 we would be willing to go into the
14 mine. And one of my nurses agreed to
15 go with me, and we had a couple
16 paramedics that wanted --- that could
17 go. They gave us a brief safety ---
18 how to use the safety equipment that
19 the miners used and gave us a brief
20 outview of what was going to happen
21 and how they were going to get us in
22 the mine, and that's when we went in.

23 On our way in, we ran into the
24 man car bringing out Randal McCloy.
25 I did a very quick inspection of him.

1 We were close to the surface. I told
2 him to send him on out because we
3 were going on in. More further in
4 the mine, I was told a mile and a
5 half, when we ran into the second
6 group on the man car, bringing out
7 the rescuers. And that's when we
8 found out that no one had been found
9 alive other than Randal. And we
10 exited the mine.

11 Q. Okay. Thank you. And maybe
12 if I can go back, and we'll just kind
13 of start over again. I'll just fill
14 in my blanks.

15 A. Sure.

16 Q. And you said that you were
17 notified of the accident by who?

18 A. One of my nurses in the
19 emergency department.

20 Q. Do you know who that was?

21 A. I believe it was Pam Oats,
22 R.N.

23 Q. And do you know approximately
24 what time that was?

25 A. Approximately 8:00 in the

1 morning.

2 Q. Okay. And you had mentioned
3 that you had spoke to someone, and
4 you named him as a CO or ---?

5 A. CEO of our hospital.

6 Q. CEO?

7 A. CEO, yes.

8 Q. I'm sorry. Okay. And you
9 notified --- and what was his
10 notification to you?

11 A. I called him, he's of course
12 in charge of the hospital, to verify
13 what was going on and what my plans
14 were to get the hospital ready, just
15 to make sure he was aware of what was
16 going on.

17 Q. And at what time --- what time
18 was it that you went to the hospital?

19 A. About 8:15.

20 Q. Excuse me. I meant to the
21 mine.

22 A. To the mine?

23 Q. Yes.

24 A. That was the day that the
25 miners were found?

1 Q. Yes.

2 A. I did not go on site on the
3 mine until then.

4 Q. So that was on January 3rd
5 that you actually ---

6 A. I believe.

7 Q. --- went to the mine? Okay.
8 And approximately what time was that?

9 A. I'm unsure. It was dark, so
10 it was six, seven o'clock maybe.

11 Q. And you had received word that
12 some of the people at the church were
13 not going home. And kind of describe
14 that again just a little bit.

15 A. We had nurses down there the
16 day prior to that, several hours
17 before that. And they had taken it
18 upon themselves to go down and check
19 people. And they said that they
20 weren't getting medications. Now,
21 what time that was, I'm not sure.
22 But that's when we decided we needed
23 to do something.

24 Q. Okay. And what time did you
25 go to the church?

1 A. Again, that was that evening,
2 so it was dark.

3 Q. Dark?

4 A. 1900 hours.

5 Q. Okay. And you went actually
6 to the church? That's the first
7 place that you went to?

8 A. Yes.

9 Q. Okay. And at that point
10 there, then you administered some
11 medical treatment to some of the
12 people?

13 A. Brief medical treatment.
14 Mostly talking with my nurses, seeing
15 who needed to be seen and basically
16 discussing what medications they
17 needed and why.

18 Q. Okay. Do you know
19 approximately what time it was
20 whenever there was word to the church
21 that miners were --- there were some
22 miners alive? Do you have any idea?

23 A. I didn't look at my watch, no.

24 Q. Okay. And then you said you
25 got in an ambulance and went to the

1 mine from the church?

2 A. Yes.

3 Q. And yourself and you had, you
4 mentioned, some nurses?

5 A. I had two nurses, Amanda
6 Jones, who is an R.N., and Linda
7 Smith, R.N.

8 Q. Okay. So you got into the
9 ambulance and then you went over to
10 the mine?

11 A. Yes.

12 Q. And who did you --- do you
13 recall who spoke to when you got to
14 the mine first, the first person you
15 spoke to?

16 A. No, I do not. It was an
17 individual that had set up part of
18 the triage tent.

19 Q. And where was that triage tent
20 set up; do you recall?

21 A. Right outside the large
22 building that we got dressed in to go
23 into the mine. The wash house? I
24 assume that's what it was.

25 Q. So it was right outside that?

1 A. Yes.

2 Q. And the person that you spoke
3 to, do you know if it was a company
4 person or ---?

5 A. No. This was a gentleman from
6 the State, I believe. He had a
7 yellow jacket on, Emergency Services,
8 who set up that tent. That's where
9 he ---.

10 Q. And that's the person you
11 spoke to?

12 A. Yeah.

13 Q. Okay. And what did they tell
14 you?

15 A. They told me that they had the
16 medical equipment inside here and a
17 place to treat the patients and that
18 I could use whatever I needed in
19 there and to let him know if I needed
20 anything else that wasn't in there.

21 Q. And what happened next? Did
22 you just wait around a while or ---?

23 A. We continued to set up. I
24 noticed that we didn't have really
25 enough oxygen. I also noticed that

1 the tent wasn't warm enough, so I
2 requested that we actually get some
3 kind of heating device in there. And
4 they had some heating device, but it
5 wasn't adequate. And that --- we
6 were trying to warm fluids. We did
7 have some fluids. Most likely, the
8 miners would be dehydrated, so ---
9 and that's --- so we were warming
10 fluids, carrying them on our persons,
11 getting them in the ambulances, yeah.

12 Q. And what type --- you say you
13 did get more heat?

14 A. No. I don't believe any more
15 heat came.

16 Q. No?

17 A. No, sir.

18 Q. Okay. And while on the
19 surface, did you --- at the mine, did
20 you have an opportunity to treat
21 anyone there?

22 A. No.

23 Q. No one needed any medical
24 treatment at all?

25 A. No.

1 Q. Okay. Then do you remember
2 what time it was the first time that
3 someone asked you to go --- that it
4 may be necessary to go underground?
5 Did they ask you or did you volunteer
6 to do that?

7 A. They asked us.

8 Q. And do you know who that was
9 that asked you that?

10 A. No, sir, I do not.

11 Q. Do you remember what time that
12 was, approximately?

13 A. No, sir.

14 Q. Okay. And do you recall
15 whether it was federal, state or was
16 it company personnel? Do you
17 remember that at all?

18 A. I believe it was state
19 personnel. And again, I don't
20 remember his name. I saw his picture
21 in the paper after the incident and I
22 remember it was a tall individual who
23 asked me to go.

24 Q. Okay. And what did they ---
25 just relate to me a little bit what

1 they said to you during that
2 conversation to go underground.

3 A. If I can assemble a team ---
4 if I would be willing to go in and if
5 I could assemble a team that would be
6 willing to go in to meet the miners,
7 to treat them in the mine.

8 Q. And at that time, what did you
9 hear or what --- did you know how
10 many people there possibly would be,
11 or did they say anything about how
12 many possible people there would be?

13 A. Twelve (12). And I also asked
14 the extent of their injuries, and
15 they weren't sure at that time.

16 Q. So they said there was 12
17 people ---

18 A. Twelve (12).

19 Q. --- that you would need to be
20 treating?

21 A. Uh-huh (yes).

22 Q. And you mentioned then that
23 you were given some training?

24 A. Yes.

25 Q. And can you kind of relate to

1 me a little bit of what extent that
2 training was?

3 A. It was rather brief. We were
4 outfitted with boots, helmets and the
5 side rescue breathing apparatus.
6 They did not --- the gentleman didn't
7 say --- he said he did not have a
8 demonstrating cannister to show us,
9 but basically to pop it open and how
10 to use it, so --- which probably
11 lasted about two minutes. I mean, it
12 was not --- it was very short.

13 Q. Do you know who that
14 individual was?

15 A. It was just one of the miners
16 in the room, an individual --- it was
17 a lady, actually, who was --- who had
18 brought us into that room, just
19 grabbed one of them and said, show
20 them how to use the rescue apparatus.

21 Q. That room, would that have
22 been ---?

23 A. The wash house.

24 Q. Oh, the wash house?

25 A. There were baskets above our

1 head and - - - .

2 Q. That's a good indication of
3 what it was. Okay. And in that
4 training, a few minutes, and then
5 what happened?

6 A. We assembled, walked towards
7 the, I guess, port, the opening
8 towards the mine. An individual
9 handed us batteries with lamps to
10 hook onto our helmets and strapped
11 that onto those belts. We then
12 walked down to the opening of the
13 mine. There were two mancars there,
14 I'm pretty sure.

15 Q. Just one second. It was
16 yourself and a nurse?

17 A. A nurse - - - one of my nurses
18 elected to stay back. And I had a
19 paramedic, two EMTs - - - .

20 Q. Do you know their names?

21 A. The nurse was Amanda Jones.
22 The paramedic, his last name was
23 Hart, and his wife.

24 Q. And she's a nurse?

25 A. She's an EMT, I believe. And

1 the other EMT, I do not know his
2 name. And he was a miner prior and
3 he had some experience and went in
4 with us. And actually I forgot
5 someone else. I'm sorry. There was
6 also an R.N. from Webster County that
7 was there. So actually I had two
8 nurses. Two nurses, a paramedic and
9 two EMTs.

10 Q. Those were the people that
11 actually went underground with you?

12 A. Yes, part of my team. Yeah.

13 Q. To go underground. Okay. All
14 right. Go ahead.

15 A. We went down to the opening of
16 the mine. And the first car with the
17 rescuers on it, there was only a slot
18 for one person, so that's the car I
19 got on and we entered the mine. The
20 rest of my team, with the equipment,
21 was to follow behind.

22 Q. And do you know approximately
23 what time that was?

24 A. No, sir.

25 Q. Prior to going under, did you

1 receive any further instructions from
2 anyone? I mean, you went down to the
3 pit and, you know, you got in the
4 mantrip. But just prior to that, did
5 anyone give you any additional
6 instruction or anything like that?

7 A. No, sir, other than how to use
8 the light, that was it.

9 Q. And so you were in the first
10 bus ---

11 A. Yes.

12 Q. --- or mantrip car? And there
13 was other rescuers in there, right,
14 mine rescue team members that you
15 ---?

16 A. Yes. They were riding on the
17 front of the car, the bus.

18 Q. And you rode in the outby or
19 the outside --- toward the surface
20 end of the bus?

21 A. I rode in very close proximity
22 to the driver of that bus. So
23 whatever --- it was a jumpseat.

24 Q. So you didn't have any cover
25 over you, you just ---

1 A. No.

2 Q. --- rode beside ---? And then
3 the other part of your team rode the
4 bus behind you?

5 A. Correct.

6 Q. And did you travel together,
7 meaning in close proximity?

8 A. No.

9 Q. You left first?

10 A. Yes.

11 Q. And you don't know how long
12 before the other bus started in?

13 A. Approximately about 15
14 minutes.

15 Q. And so as you traveled
16 underground, did you stop anywhere?

17 A. Yes, sir.

18 Q. And where do you recall ---?

19 A. The bus derailed.

20 Q. Okay.

21 A. When we were heading in, it
22 went off track.

23 Q. Was that shortly after you
24 started in or ---?

25 A. We had went through some

1 airlocks - - -

2 Q. Okay.

3 A. - - - and we weren't too far
4 past the last set of airlocks. It
5 was in kind of a turn, a left-hand
6 turn, I believe.

7 Q. So you went off track?

8 A. Yes, sir. I didn't.

9 Q. All right. That's fair. And
10 obviously, you got it back on track?

11 A. Yes, they did.

12 Q. Got it back on track.

13 A. Yes.

14 Q. Okay. And then take it from
15 there.

16 A. While we were getting back on
17 track, that's when the second set of
18 crew came in.

19 Q. And they caught up to you?

20 A. Caught up to us. So from then
21 on we were together.

22 Q. And you got back on track and
23 then you continued in - - -?

24 A. Continued on in. On our way
25 in, we saw lights coming out, another

1 bus coming towards us.

2 Q. Yes.

3 A. That bus came forward and
4 backed onto another track so we could
5 continue on through.

6 Q. Okay. We call that switching
7 out.

8 A. Switching out, okay. As we
9 pulled up, rescuers from my bus
10 yelled over to that bus and said,
11 where are people? And he goes, we
12 have one. We need medical, is what
13 he said.

14 Q. When you got to that
15 switch-out, ---

16 A. Yeah.

17 Q. --- did you actually stop and
18 wait for the bus to switch out?

19 A. Yes.

20 Q. And at that time, was there
21 any conversation, right at that time?

22 A. There was, but I can't recall
23 what was said.

24 Q. So you waited a moment or so?

25 A. A moment at best, 30 seconds.

1 Q. For the other --- the bus that
2 was on the way out, it pulled back
3 into the switch?

4 A. Yes.

5 Q. And once it was in the switch,
6 did you pull forward at all?

7 A. We pulled forward. And we
8 even came up even with it.

9 Q. Okay.

10 A. Then conversation, and then
11 they said that they needed medical.

12 Q. And who asked for --- do you
13 recall --- kind of like if you could,
14 as specifically as you can, take me
15 through that conversation.

16 A. The exact words, I'm not sure.

17 Q. I understand.

18 A. Our bus yelled over something
19 towards the bus that went into the
20 switch.

21 Q. Okay.

22 A. And that switch said, we need
23 medical. They had a miner ---
24 assuming that they had a miner.

25 Q. Yes. Someone from that ---

1 from McCloy's bus - - -

2 A. Correct.

3 Q. - - - yelled out that we need
4 help?

5 A. Yeah. Correct.

6 Q. And go ahead.

7 A. So our bus stopped, of course.
8 It was at a stop at that point. I
9 jumped out, went over and found him
10 on an aluminum, old-time EMS
11 stretcher, - - -

12 Q. Okay.

13 A. - - - sitting in a cage, per se,
14 on the front of that bus. There was
15 two individuals in that cage with
16 him. One had a mask on him, to help
17 to provide air, and another
18 individual was down near his feet.

19 Q. Were his feet toward the
20 outside of the bus, meaning the
21 opening where people go in and out?

22 A. If you look straight at the
23 bus, - - -

24 Q. Okay.

25 A. - - - his head was to the left

1 and his feet were to the right.

2 Q. So the feet and ---?

3 A. I could get into his feet
4 easier than I could to his head.
5 Does that help you?

6 Q. Yes.

7 A. Okay.

8 Q. Okay. So when you first went
9 over, where were you? Kind of
10 describe ---.

11 A. I was at his feet.

12 Q. His feet?

13 A. Yeah. That was the individual
14 who said that they needed medical.
15 That's the individual who said that.
16 And I went towards him.

17 Q. So you was actually at his
18 feet?

19 A. At his feet

20 Q. Okay. And that was the larger
21 opening?

22 A. Best I can remember.

23 Q. Did you ever go to the other
24 side?

25 A. Yes.

1 Q. So you went to the --- was
2 able to see his feet first. And what
3 did you do there?

4 A. I reached my hand in to feel
5 his body. He had a pulse.

6 Q. And where did you make that
7 examination that he had a pulse,
8 determine ---?

9 A. Behind his medial malleolus.
10 It's just an area you can feel a
11 pulse.

12 Q. And for the record, ---.

13 A. Posterior tibial fossa.

14 Q. Is that around the knee area?

15 A. It's at the ankle.

16 Q. At the ankle?

17 A. Yes, sir.

18 Q. Okay. So you took his pulse
19 at his ankle?

20 A. Very quickly. I felt a pulse.

21 Q. Did he have boots on?

22 A. I did not see boots, no.

23 Q. So you took his pulse at his
24 ankle?

25 A. Uh-huh (yes).

1 Q. And just describe that, if you
2 would, please.

3 A. I reached in --- the other
4 individuals in there, it was tight.
5 And I just reached in to do --- to
6 assess two things. First of all,
7 that he had a pulse and his body
8 temperature. And he was cold and he
9 had a pulse. I did not sit there and
10 count his pulse. It was just beat,
11 beat, he's got one. Looked up in the
12 car and the --- go on?

13 Q. Well, did you have a
14 conversation with anyone about that
15 at all?

16 A. No.

17 Q. Did anyone say anything to
18 you?

19 A. No. I looked up then and the
20 individual who was giving him oxygen
21 or giving him a mask, I said, is that
22 oxygen.

23 Q. And he was further in by the
24 bus?

25 A. Yeah. He was up towards

1 Randal's head.

2 Q. Okay.

3 A. And he didn't hear what I
4 said. So that's when I pulled out
5 and went around to his side and I
6 looked in. I couldn't get in ---.

7 Q. Was that through a smaller
8 hole or smaller opening?

9 A. It seemed like a cage.

10 Q. Okay. But I mean, was it on
11 --- do you recall whether that was at
12 the front of the bus?

13 A. It was on the front.

14 Q. On the front?

15 A. Yeah.

16 Q. Looking in through a cage-like
17 thing?

18 A. I was actually --- when I was
19 talking to him, I was actually on the
20 side.

21 Q. So you went around to the
22 side?

23 A. Yeah. I went from one side
24 around the front to the other side.

25 Q. Okay. And so then what

1 conversation did you have?

2 A. I asked him if that was
3 oxygen. And he said, yes. And I
4 said, is it forced into his lungs?
5 Because he was working --- he had
6 much difficulty breathing. He was
7 using accessory muscles to breathe.

8 Q. When you say accessory muscles
9 ---?

10 A. Neck muscles, chest muscles,
11 straining to breathe. Normally,
12 breathing, you just --- chest rises
13 and falls. But with him, he was ---
14 he was gasping for air.

15 Q. Did you actually see his chest
16 rising?

17 A. Yes, I could. And I asked if
18 he could force oxygen into his lungs.
19 And he said he could put it on
20 demand. So apparently that's what
21 --- when I asked this, that's what
22 demand meant, so he switched it at
23 that time.

24 Q. Did you physically see him
25 switching it or just ---?

1 A. Yeah. He turned to it and did
2 something.

3 Q. Something, okay.

4 A. And in my head, I mean, I
5 didn't say that, but we were close to
6 the surface at that time. I did not
7 ask if anyone was still alive beyond
8 that. I assumed that there were. So
9 I only have so many rescuers and so
10 much people to rescue, help with
11 those people.

12 Q. Yes.

13 A. We were very close to the
14 surface. And we had a number of
15 individuals up on the surface that
16 could take care of Randal, so I just
17 tapped the bus and said, you need to
18 get out of here to the surface now.

19 Q. Okay. And was there anyone in
20 the bus that you had a conversation
21 with in addition to what you've just
22 described about the oxygen?

23 A. No. What I said about the
24 oxygen was the extent of my verbal
25 conversation with anything other

1 than, you need to go, get him to the
2 surface.

3 Q. Did anyone else in the bus say
4 that we need to get him to the
5 surface or anything?

6 A. No.

7 Q. Okay. And was there anyone
8 --- any other medical person or
9 anyone else get out of the bus that
10 you were in to assist you at all, or
11 were you the only one that got out of
12 that particular bus?

13 A. Yes.

14 Q. You were the only one?

15 A. I was the only one.

16 Q. Okay.

17 A. If I needed help, I would have
18 called towards them. They would
19 stay. To be honest with you, they
20 probably, at that point, didn't know
21 what I was doing because they
22 couldn't see.

23 Q. When you say they?

24 A. My other team members, because
25 they were back --- so they would have

1 saw the buses stop and may have
2 assumed we were just carrying on a
3 conversation.

4 Q. And at that point there, you
5 were still under the impression that
6 there were other miners further in
7 the mine that were alive?

8 A. Yes.

9 Q. And you were the one that made
10 the decision to transport the person
11 while they were on their way out?

12 A. They were on ---.

13 Q. Yes.

14 A. Make the decision to keep
15 going, yes.

16 Q. Yes. And so at that point
17 there then that particular --- Mr.
18 McCloy's bus had left?

19 A. There was conversation, move
20 the other buses out of the way, we
21 have a survivor. Those --- our two
22 bus --- our buses moved forward, it
23 switched out and went on up --- or
24 come out of the switch and continued
25 on out. And we got back on --- I got

1 back onto the car --- or the bus I
2 was on and we continued on.

3 Q. And when you say that there
4 was other conversation about moving
5 the bus out of the way, who was
6 having that conversation?

7 A. The drivers of the bus.

8 Q. Of the buses?

9 A. Yeah.

10 Q. Okay. And then once that bus
11 left then --- and that was the extent
12 of the treatment or ---?

13 A. Yes.

14 Q. And you didn't see Mr. McCloy
15 until you got on the surface again?

16 A. I did not see Mr. McCloy
17 again, period.

18 Q. Oh, okay. So at that point
19 then, you were still under the
20 impression that there were other
21 survivors. And once Mr. McCloy ---
22 the bus that Mr. McCloy was on left,
23 then what did you do?

24 A. Thought a lot.

25 Q. Okay.

1 A. And what I mean by that is
2 that you're not sure was he the
3 sickest and what to be expecting down
4 there, or am I going to find 11 other
5 individuals just like him and running
6 through my mind, do we have enough
7 oxygen, do we have enough equipment
8 to do this.

9 Q. So after your thought process,
10 ---

11 A. Yes.

12 Q. --- then what did you think?

13 A. We were ready.

14 Q. And then you got on the bus
15 and continued in?

16 A. That was --- we were on the
17 bus. And when we were traveling in,
18 that's when I was taking stock of my
19 equipment and what I had.

20 Q. So then you were --- once the
21 bus --- Mr. McCloy's bus left, then
22 you got back on. And did you have
23 any conversation with anyone else at
24 that time?

25 A. I don't believe so.

1 Q. And then you continued into
2 the mine?

3 A. Correct.

4 Q. Okay. And at what point did
5 you stop or did you --- when did you
6 have the next stop of the bus?

7 A. When we came upon the two
8 buses coming out of the remaining
9 rescue workers that were underground.

10 Q. And kind of tell me about that
11 a little bit.

12 A. How far we were, I'm not sure.
13 We had went past a certain point. I
14 asked the driver how far we were, and
15 he said we're over a mile now. And
16 then we saw lights coming toward us,
17 and we started slowing down. And as
18 we came up close enough to stop, we
19 stopped and the rescue workers in my
20 bus got off. I got off and joined
21 them in walking forward. In my mind,
22 I assumed that they had the rest of
23 the individuals. We basically passed
24 the --- the bus that came towards us
25 was a train-type engine and then a

1 flat bed behind that, like apparatus,
2 and we passed the train --- the motor
3 portion of that ---

4 Q. Yes.

5 A. --- and headed --- because we
6 thought they would be on that flat
7 bed because there was areas you could
8 see humps, and it's dark and ---.

9 Q. Yes, I understand.

10 A. And when some of the other
11 rescuers came forward and noticed
12 that there was no one there, they
13 said, where are they at? And the
14 driver of that engine said, where's
15 who at? And he says, the other
16 miners. And he said, there are no
17 other miners. And that's when we ---
18 when he goes, what do you mean,
19 that's when we found out that no one
20 else had survived.

21 Q. Do you know who it was that
22 they were talking to?

23 A. The driver of that engine. I
24 don't know his name.

25 Q. And do you know what mine

1 rescue team that was that was going
2 in, as you called them rescuers?

3 A. I do not. I do know the
4 individual that I sat closest to and
5 had the most conversation was from
6 Ohio. He was from Ohio.

7 Q. But you don't know who that
8 was?

9 A. No.

10 Q. Okay.

11 A. He told me his name, but
12 I ---.

13 Q. Yeah, I understand. And so
14 that's the point --- that's the ---
15 at that point you realize that there
16 was only one survivor?

17 A. Correct.

18 Q. And what other conversation
19 did you have at that point with
20 anyone?

21 A. There was some conversation
22 with the driver of --- again, me ---
23 not me, with the driver. And he was
24 visibly upset because of the
25 miscommunication.

1 Q. Sure.

2 A. And then he said something
3 along the lines, we need to get out.
4 They told us to get out. And the
5 rescue worker, again, I don't
6 remember his name, from Ohio, I said,
7 I need to get back to the surface as
8 quick as possible to catch up with
9 McCloy, because I was the only
10 physician.

11 Q. Sure.

12 A. And we quickly mounted the
13 buses and headed out.

14 Q. Was there any time that you
15 had voiced any objection to going out
16 of the mine or any conversation
17 about, we need to get into the mine
18 for others or anything?

19 A. No. My impression is that I
20 was in a place I wasn't supposed to
21 be at, to be honest with you. And
22 when you're told to leave, you leave.

23 Q. Do you have any idea like how
24 long you were in the mine at all?

25 A. No, sir.

1 Q. Do you have any idea what time
2 you might have exited the mine?

3 A. I'm going to guess about 1:30
4 in the morning. That would be an
5 absolute guess.

6 Q. But once you learned that all
7 the miners had perished, and then you
8 exited the mine, but you didn't have
9 --- there wasn't any other
10 conversation about we need to get
11 into the mine to check the others or
12 anything like that?

13 A. No.

14 Q. And what did you do after you
15 exited the mine?

16 A. I got off the bus as quick as
17 I could and walked swiftly up to the
18 treatment tent. And when I got in
19 the tent, McCloy had --- they had
20 left five minutes --- I could hear
21 the radio report going in, so they
22 had just left five minutes prior to
23 me getting there.

24 Q. Could you kind of explain to
25 us about what the effects of carbon

1 monoxide poisoning is and its
2 treatment? Kind of go over that a
3 little with us.

4 A. Yes. Carbon monoxide poison
5 is a natural-occurring gas. It
6 happens in the atmosphere. We have
7 levels of carbon monoxide in us all
8 the time, because you can always test
9 someone and find some portions of it.
10 It's tasteless, odorless, so you
11 don't know it's there. As it
12 gradually builds, you have side
13 effects, nausea, headache. Then at
14 some point in time it gets to the
15 point to where your respirations
16 aren't effective, because carbon
17 monoxide binds to your red blood
18 cells more higher, more affinity ---
19 what we call affinity to your red
20 blood cells than pure oxygen does.
21 So when your red blood cells are
22 transporting oxygen, they're not
23 really transporting oxygen, they're
24 transporting carbon monoxide, which
25 cannot be used. And that cycle

1 stays. And it's a very hard bond to
2 break between the carbon monoxide and
3 the red blood cells.

4 The treatment is oxygen or
5 fresh air, plenty of fresh air,
6 getting out of the environment so you
7 don't --- you're not adding more
8 carbon monoxide into that. As far as
9 medical treatment, other than just
10 getting to fresh air, is high-flow
11 oxygen. And what that does is when
12 you're breathing pure oxygen, instead
13 of taking in 21 percent oxygen,
14 you're now taking in 100 percent. It
15 starts bumping off, getting rid of
16 the carbon monoxide, and it flushes
17 it out.

18 There are several ways to do
19 that. High-flow oxygen would be the
20 easiest way to do it, and that's what
21 my plans were in the mine. You also
22 can go to a hyperbaric chamber, which
23 basically causes more atmosphere and
24 pushes oxygen on. It's done very
25 quickly. Where high-flow oxygen

1 would work in a few hours, carbon
2 monoxide --- or a hyperbaric chamber
3 would work in a few minutes. They do
4 hours' worth of treatment, but it's
5 --- it's equivalent to hours' worth
6 of treatment.

7 Q. When you went underground, did
8 you have medical oxygen with you,
9 like oxygen tanks ---

10 A. Yes.

11 Q. --- and so on?

12 A. Yes.

13 Q. Do you have any kind of
14 explanation or thoughts of why Mr.
15 McCloy was able to survive when the
16 others did not?

17 A. Without seeing where he was
18 and the layout of that, I mean ---
19 there are some schematics to where
20 you can be deeper or where --- maybe
21 the carbon monoxide where he was
22 wasn't as strong as it was to the
23 outside, you know, or wherever it
24 was. Without seeing that, I can't
25 really make any comments concerning

1 those issues.

2 He is younger. That helps out
3 a lot. He's smaller, a small
4 individual, so he doesn't have a high
5 oxygen consumption rate, meaning he
6 doesn't burn a lot of oxygen to
7 breathe, energy to breathe and things
8 like that. So his ventilations can
9 be more shallow and still sustain
10 life. That's one. If he was hurt,
11 for example, knocked unconscious
12 prior to that, you don't breathe as
13 deep or as much as you do if you're
14 fully awake and nervous.

15 Q. Sure.

16 A. Those things would make a
17 difference.

18 Q. Okay. So actually if you had
19 some restriction or whatever that you
20 couldn't breathe as deep, that would
21 help you?

22 A. Yes. If you would know that
23 you're in a carbon monoxide setting
24 and just controlling --- just breathe
25 when you absolutely have to, then

1 that would help --- that would
2 sustain that, as opposed to being ---
3 breathing a lot.

4 Q. So the deeper breaths you
5 take, obviously you take in more
6 carbon monoxide ---

7 A. More carbon monoxide, correct.

8 Q. --- and so on? So if there
9 was some restriction ---

10 A. Restriction.

11 Q. --- or some reason why he was
12 not able to breathe as deep, ---

13 A. Yes.

14 Q. --- that would have helped
15 him?

16 A. Yes.

17 Q. If he was able to --- does
18 warmth have anything to do --- if he
19 was able to stay warm longer or
20 anything like that?

21 A. The warmer something is, the
22 more oxygen or gas is exchanged. So
23 it would be more beneficial to be
24 cold.

25

MR. SWENTOSKY:

1 Mike, do you have
2 anything?

3 BY MR. RUTLEDGE:

4 Q. That was your first trip in
5 the coal mine?

6 A. Other than the Beckley
7 exposition, no.

8 Q. Do you want to go back?

9 A. Yeah.

10 Q. Would you give me a brief
11 rundown of the equipment that you did
12 take in the mine, that your team
13 assembled and took in the mine? You
14 mentioned oxygen.

15 A. Oxygen containers. I believe
16 we had six. But we had T valves, so
17 we could give two at a time. We
18 wouldn't need a whole lot of oxygen.
19 The trip would be short out. We'd
20 only need 45 minutes to an hour worth
21 of time. Masks, the masks that we
22 were using were called nonrebreather
23 mask. And what that delivers is ---
24 it's supposed to deliver 100 percent
25 oxygen, but it's really about 98

1 percent. So when you expire, you
2 don't blow all the oxygen out. It
3 contains oxygen and pulls it back in.
4 We had IV setups so we could
5 administer fluids, and those fluids
6 were warm. We also had splinting
7 devices and things like that. But
8 those were all in a pre-contained
9 container. And I didn't go into
10 those. I just assumed that was a
11 standard pack. The thing that I
12 wanted to make sure was oxygen, IVs
13 and warm fluid.

14 Q. And you had first mentioned
15 that you came to the church and were
16 seeing some folks there. And that's
17 just an aspect of the whole thing
18 that I had never realized or
19 whatever. So that's interesting to
20 hear that. But how did you come to
21 go from --- you mentioned you went
22 from the church to the mine site in
23 an ambulance, okay. And whose idea
24 was this? Did somebody request this?
25 Or how did you come to go from the

1 church to the mine site in an
2 ambulance?

3 A. We were in the church and we
4 were waiting for some --- I mentioned
5 some other medications to come. I
6 went --- my nurses and myself went to
7 sit in an ambulance outside the
8 church, was carrying on a
9 conversation. There was a plan to
10 switch the ambulances out. So the
11 ambulance I was on was going to
12 switch with another ambulance for
13 their duty stations. And in the
14 meantime, that's when that --- the
15 bell rang. There was no way for my
16 ambulance to make it into the mine
17 because people were everywhere. I
18 exited that ambulance. The EMS guy
19 said, of course, go to the other
20 ambulance if you want to get in. So
21 we did, and we walked down to that
22 other ambulance which was stuck, and
23 it turned around and was going into
24 the mine. Just tapped on the door,
25 they saw who I was, and we just

1 jumped on.

2 Q. So basically you went to the
3 mine on your own initiative?

4 A. Yes. Yes.

5 Q. And you mentioned some of the
6 symptoms of CO poisoning. Is that
7 the correct term to call it CO
8 poisoning?

9 A. Yes.

10 Q. Some of the first symptoms
11 being nausea and headache, and then
12 later on the respirations being
13 ineffective. Can you give us
14 percentages or amounts of carbon
15 monoxide that brings on these
16 different symptoms?

17 A. I would have to review that.
18 But off the top of my head, I believe
19 30 to 40 percent can give you really
20 bad headaches and nausea. Up to 70
21 percent I believe is when
22 respirations would stop and death.
23 Below 20 percent can be found to be
24 almost normal. Smokers can have like
25 a 10 to 15 percent carbon monoxide

1 level in their body at all times.

2 Q. So 20 percent you would say is
3 normal or can be normal or a smoker?

4 A. Doesn't require treatment, ---

5 Q. Okay.

6 A. --- let's put it that way.

7 Q. Thirty (30) to 40 can cause
8 the nausea and headaches?

9 A. Yeah.

10 Q. And the respiration would
11 become ineffective ---

12 A. Around 70.

13 Q. --- around 70?

14 A. Yeah. Again, that's just off
15 the top of my head. The numbers may
16 be a little different in some
17 textbooks, but ---.

18 Q. And just to try to be as clear
19 as possible, ---

20 A. Yes.

21 Q. --- now are we talking about
22 20 percent CO in the air or 20
23 percent blood saturation or ---?

24 A. Blood saturation.

25 Q. Okay.

1 A. Remember I said that carbon
2 monoxide has a higher affinity than
3 oxygen does.

4 Q. Sticks to the red blood cells?

5 A. Right. So basically what
6 would happen, if you have X amount
7 --- let's say 20 percent in the air
8 that you're breathing, for example.
9 I mean, it may be higher. I don't
10 know. But as you bring in oxygen and
11 every time you bring in a carbon
12 monoxide, it sticks. The oxygen
13 comes off, but the carbon monoxide
14 stays. It would scavenge and pick it
15 up. So a longer term actually would
16 make it worse.

17 Q. But these percentages that you
18 mention are percent of carbon
19 monoxide in the blood ---

20 A. In the blood.

21 Q. --- on your ---

22 A. It's a blood sample that's
23 taken.

24 Q. --- blood cells? And when you
25 first --- excuse me, how long --- you

1 said your trip in the mine derailed.

2 A. Yes.

3 Q. How long did it take to get
4 that trip back on the rails?

5 A. Estimating, 15 minutes.

6 Q. And how did you see that being
7 done?

8 A. With jacks.

9 Q. One or more than one?

10 A. More than one jack.

11 Q. And when you met the other
12 trip coming out that had Mr. McCloy
13 on it, you took a pulse at the ankle?

14 A. Uh-huh (yes).

15 Q. And you don't know or don't
16 recall him having boots on or not
17 having boots on?

18 A. I don't remember seeing boots.
19 And thinking about that question now,
20 I don't think I could have got to his
21 ankle. With the boots that I had on
22 I couldn't get to his ankle. And I
23 saw his ankles, so I don't think he
24 had boots on.

25 Q. Okay. And you assessed pulse

1 at the ankle, which you did feel a
2 couple of beats or whatever?

3 A. Yes.

4 Q. You said you touched him to
5 feel body temperature or ---?

6 A. Yes.

7 Q. Okay.

8 A. Again, just a feel. It's not
9 that reliable. It is an extremity.
10 It could be colder than the rest of
11 the body and still have a normal
12 temperature.

13 Q. And the reaction that you got,
14 that he was cold?

15 A. He was cold?

16 Q. Cold?

17 A. Yes.

18 Q. And then you asked the other
19 man that was in there with him about
20 the oxygen that he was giving?

21 A. Yes. The oxygen he was
22 delivering --- the breathing was in a
23 black big box, like a backpack-like
24 apparatus.

25 Q. Right.

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MR. RUTLEDGE:

I'll have a little bit more in just a few minutes, but that's all for now. Thanks.

BY MR. SWENTOSKY:

Q. And speaking about carbon monoxide poisoning, ---

A. Yes.

Q. --- as a person, that onset comes further and further, let's say, until death?

A. Yes.

Q. Would that cause a person to throw up blood or blood come from the mouth?

A. You --- would it directly cause that? No. However, you become sick and nauseated. You can throw up. If you throw up enough, yes. If you're just sick and threw up and threw up, you could actually cause little tears in your esophagus and actually throw up blood, yeah. Now, did the carbon monoxide cause it?

1 No. But it causes you to be sick,
2 and the rest - - - .

3 Q. And then that - - -

4 A. Yeah.

5 Q. - - - causes that?

6 A. Right.

7 Q. It can be like a frothiness
8 blood?

9 A. Absolutely. Yeah. It is
10 plausible, I should say.

11 MR. SWENTOSKY:

12 Let's go off the
13 record.

14 OFF RECORD DISCUSSION

15 BY MR. SWENTOSKY:

16 Q. Did you ever treat Mr. McCloy
17 in the hospital at all?

18 A. No. No.

19 Q. You never saw Mr. McCloy after
20 - - -

21 A. That incident.

22 Q. - - - that incident? Okay.

23 Going back to the carbon monoxide
24 poisoning. That kept getting worse
25 for those individuals. Can that

1 cause a person to become incoherent?

2 A. Yes.

3 Q. And a person may start doing
4 something that you normally would not
5 do?

6 A. Correct. It would be
7 equivalent --- when you talk about
8 carbon monoxide poisoning, you're
9 really talking, as far as the body
10 goes, hypoxia, lack of oxygen. So
11 just like a pilot, if they got too
12 high, they can see things and
13 hallucinate and not act themselves.
14 The same situation.

15 MR. SWENTOSKY:

16 Mike?

17 BY MR. RUTLEDGE:

18 Q. And the only treatment, you
19 said, for the CO poisoning is either
20 pure oxygen with a mask or whatever
21 or the hyperbaric chamber?

22 A. Yes.

23 Q. And all that does is just
24 infuse more oxygen into the tissue
25 quicker?

1 A. Correct, at a higher
2 atmospheric pressure.

3 Q. Okay. Have you made
4 statements to any other groups,
5 agencies or anybody, public
6 statements, press, anybody?

7 A. I've had several interviews,
8 yes, sir.

9 Q. Can you tell us who those were
10 with?

11 A. There were several. CNN,
12 Sanjay Gupta did that. Rita Crosby
13 from MSNBC, I believe. There was a
14 radio station. I don't remember who
15 that was. I also talked to ABC World
16 News Tonight, I believe.

17 Q. Okay. And can you kind of
18 summarize what their interests were
19 or what information that you gave
20 them?

21 A. CNN had the most in-depth
22 questions. They asked many of the
23 same things that you all have. That
24 was an interview probably about two
25 hours long, taped. Rita Crosby asked

1 questions concerning the treatment of
2 the individual who was treated in our
3 emergency department. I did not
4 treat that individual, so I couldn't
5 answer her questions.

6 Q. Mr. McCloy?

7 A. No, one of the miners that was
8 on the ---.

9 Q. Okay.

10 A. I'm sorry. And then she asked
11 questions about carbon monoxide
12 poisoning. ABC World News Tonight
13 just asked about my entrance into the
14 mine and out. And then the radio
15 station talked about carbon monoxide
16 poisoning and its treatments.

17 Q. During those interviews, did
18 you give any statements as to maybe
19 McCloy's condition or other things
20 that maybe should have been done or
21 --- I didn't see, I've not heard ---.

22 A. Yes. Most of it as his
23 condition, yes, and what I had done
24 here. There was one thing that
25 Sanjay Gupta asked me and things were

1 chopped out of concerning who can
2 pronounce who dead, where and why and
3 how much. And I said that normally
4 it would be a physician or a
5 paramedic to do that. But in a mine
6 situation, I don't know.
7 Underground, in adverse conditions
8 --- that last little comment was cut.
9 So it was perceived --- and I had
10 some friends that were upset about
11 that. And again, that's not what I
12 said, but that's what came across as
13 I was trying to say that a doctor or
14 --- a physician or a paramedic should
15 pronounce someone dead in the mine.
16 That's not what I said.

17 Q. So in your opinion, ---

18 A. Yes.

19 Q. --- you said that you had two
20 nurses and two paramedics ---?

21 A. A physician, myself, two
22 nurses, a paramedic and two EMTs.

23 Q. And two EMTs?

24 A. Yes.

25 Q. And in an imaginary situation,

1 if you had gotten to the section
2 where these fellows were at and one
3 of these EMTs said to you, I checked
4 person A over here, and he's gone,
5 would you accept that?

6 A. Yes.

7 Q. That would be a real good
8 indication that ---?

9 A. Indication, yeah.

10 Q. So you would have confidence
11 that a practicing or a working EMT
12 would be able to tell the difference
13 between someone who was alive and
14 dead?

15 A. In that situation, yes.

16 MR. RUTLEDGE:

17 That's all I have.

18 ATTORNEY WILSON:

19 I just have one quick
20 question.

21 BY ATTORNEY WILSON:

22 Q. And one of the reasons we're
23 here, we want to learn.

24 A. Yes.

25 Q. And we pray something like

1 this never happens again. But if it
2 does, we want to learn from what we
3 did here. Is there anything that you
4 could add or any recommendations that
5 you would have as to what the
6 agencies did that you think could
7 have been done differently so that in
8 the future we can learn from that?

9 A. That question has actually
10 entered my mind a lot. I mean, I had
11 --- I had feelings that night that
12 this --- we could have done something
13 better, you know, I could have got in
14 there sooner or we could have done
15 something a little different.
16 Sitting back then, I --- it's a
17 dangerous situation. And being in
18 the Army, we don't put docs right up
19 on the front lines, we have medics,
20 we have EMTs, and we pull people back
21 so we're not getting shot at, so can
22 take care of greater good. I think
23 the same way, that's the way the mine
24 was working. You put rescue
25 personnel to get in who have some

1 training that can get people out of a
2 dangerous situation and bring them
3 back to aid stations, per se. I
4 don't know it would be worth training
5 a physician or nurses or paramedics
6 to be rescuers. You're putting a lot
7 of training into someone that
8 basically doesn't have to be that far
9 forward. What I mean by forward is
10 in the mine. Because when you have a
11 --- I was thinking, you got blast
12 injuries, you got burns, you know, so
13 --- crush injuries and then
14 asphyxiations, oxygen and --- basic
15 EMTs can take care of all that
16 really. It's just getting them back,
17 and then the more supportive care
18 happens. There would be incidences
19 that someone could be crushed and a
20 leg could be caught and you'd have to
21 do something, have medical expertise
22 to extract him, you know, out of
23 that, but those are rare, you know.
24 And compared to the whole globe
25 thing, it would be, you know, better.

1 I mean, yeah, I was like, boy, I
2 could throw on this apparatus and
3 just go in there and do this, but
4 then I don't think it's worth it, to
5 tell you the truth, as far as
6 training and stuff.

7 ATTORNEY WILSON:

8 Thank you.

9 BY MR. RUTLEDGE:

10 Q. That's a very good analogy, by
11 the way. I like that way of looking
12 at it. I just need to revisit one
13 other thing.

14 A. Yes.

15 Q. Is that when you learned that
16 miners had been found and been found
17 alive, now you mentioned you heard
18 the church bells ring. Is that what
19 you meant when you said that the
20 bells rang?

21 A. When the bells --- we were in
22 the ambulance. The bell was ringing.
23 We pop out and go, what's going on?
24 And then there were people running
25 around, they're alive, they're alive,

1 they were found. And then there was
2 some radio contact, and then that's
3 when we moved to the other ambulance.

4 Q. The EMS radio?

5 A. Yes.

6 Q. So basically you're in the
7 ambulance, someplace warm and dry,
8 ---

9 A. Yes.

10 Q. --- have a seat and have a
11 conversation with these people, you
12 hear the bell ringing, okay, and
13 somebody says, what does that mean,
14 and ---

15 A. What's going on, right.

16 Q. --- somebody passing by, you
17 know, says they were found?

18 A. Yeah.

19 ATTORNEY RUTLEDGE:

20 Appreciate it. Thank
21 you.

22 MR. SWENTOSKY:

23 Is there anything else
24 that you would like to provide
25 us with that you think may be

1 relevant or if there's any
2 kind of statement that you'd
3 like to make?

4 A. The only statement I was
5 considering was the last question
6 about how would you set up for
7 medical care in that situation. And
8 I've already answered that, I
9 believe.

10 MR. SWENTOSKY:

11 Do you have anything?

12 MR. RUTLEDGE:

13 No, thanks.

14 MR. SWENTOSKY:

15 On behalf of MSHA, I
16 would like to thank you for
17 appearing and answering
18 questions today. Your
19 cooperation is very important
20 to the investigation as we
21 work to determine the cause of
22 the accident. We ask that you
23 not discuss your testimony
24 with any person who may have
25 already been interviewed or

1 may be interviewed in the
2 future. This will ensure that
3 we obtain everyone's
4 independent recollection of
5 the events surrounding the
6 accident.

7 After questioning other
8 witnesses, we may call you if
9 we have any follow-up
10 questions that we feel that we
11 need to ask you. If at any
12 time you have additional
13 information regarding the
14 accident that you would like
15 to provide to us, please
16 contact us at the information
17 that was previously provided
18 to you. If you wish, you may
19 now go back over any answer
20 that you have given during the
21 interview or you may make a
22 brief statement if you would
23 like to make at this time.

24 A. No, thank you.

25 MR. SWENTOSKY:

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Thank you very much,
Doctor, for coming in. We
really appreciate it.

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STATEMENT CONCLUDED AT 10:01 A.M.

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