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## QUESTIONS AND CONTACT INFORMATION

Questions concerning these case materials should be emailed to Kristen Leeds at the Center for Civic Values.

You may begin submitting questions anytime. **The deadline for submitting questions is noon on February 1, 2023.** The final update will be posted no later than **February 5, 2023.**

Questions must be sent in writing using [mocktrial@civicvalues.org](mailto:mocktrial@civicvalues.org). Please be sure to include return contact information in the event we need to reach you to clarify a question.

Answers to questions will be posted on the mock trial website:  
<https://civicvalues.org/mock-trial/this-years-case/clarifications/>.

Please check the [website](#) to see if your question has been answered before sending an email.

## INTRODUCTION AND ACKNOWLEDGEMENTS

Welcome to the 2023 New Mexico Gene Franchini High School Mock Trial Competition. Mock Trial, which began in 1978 and is administered by the Center for Civic Values (CCV), is an academic activity set in a competitive environment. It gives students hands-on experience in the law as it helps them develop the skills necessary for the mastery of state content standards for language arts and social studies.

This year's case, *Estate of Simone Langston vs Shea Harrison, MD*, is a civil proceeding.

The case was originally written by Pennsylvania lawyers Jonathan A. Grode, Paul W. Kaufman and Jane E. Meyer for the Pennsylvania High School Mock Trial Program, which graciously agreed to allow CCV to adapt and use the case in New Mexico in 2012. It was adapted for New Mexico by Michelle Giger and Karl Johnson. The case was further adapted for this year's New Mexico competition by the CCV board members Jack Sullivan, Heather Jaramillo, Mark Standridge and Executive Director Kristen Leeds. The CCV Board and staff thank the hundreds of volunteers who annually contribute their time and energy to the organization and running of the program, including the teachers who sponsor and coach teams, the attorneys who coach those teams, the judges who preside over and score the trials, and the administrative volunteers who provide invaluable assistance in the actual hosting of the qualifier and final competitions.

In addition, CCV expresses its heartfelt gratitude to Chief Judge Maria I. Dominguez, Camille Baca, the other judges and the staff of the Bernalillo County Metropolitan Court in Albuquerque and Chief Judge Manuel I. Arrieta, Brandi Sanchez, the other judges and staff of the Third Judicial District Court in Las Cruces for their support of mock trial.

We also extend special thanks to Senator Jacob Candelaria and the New Mexico Legislature for the annual funding provided to the mock trial program and the University of New Mexico School of Law for acting as the fiscal agent.

We hope you find these materials interesting and wish you all the best of luck!

## THE PROBLEM

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## STATEMENT OF FACTS

On April 10, 2021, the day before she would die, Simone Langston allegedly entered into an agreement with Defendant Dr. Shea Harrison, allowing Dr. Harrison to biopsy Simone's cancer cells and assigning Dr. Harrison exclusive rights to the cells in exchange for a payment to Simone in the amount of \$200,000. At the time, Simone was 72 years old and suffering from advanced forms of cancer. Dr. Harrison, a pathologist at New Mexico College Hospital in Las Vegas, New Mexico, discovered that Simone's metastasized colon cancer cells, which Dr. Harrison named SiLa, harbored extraordinary properties. Dr. Harrison believed that the SiLa cells could be genetically engineered to create a novel cure for cancer. Shortly after Simone's death, Dr. Harrison formed SiLa, Inc. and raised in excess of \$50 million dollars of venture capital funding. Dr. Harrison is currently developing SiLa into what might be a revolutionary advance in medical science.

Simone was the mother of Avery Langston, who lived with Simone, is Simone's only surviving heir, and brings this action as Personal Representative of the Estate of Simone Langston, challenging the validity of the purported agreement between Simone and Dr. Harrison on the grounds that Simone lacked the capacity (or competency) to enter into any kind of contract with Dr. Harrison. In her capacity as Personal Representative of Simone's estate, Avery argues that Simone's incapacity renders any agreement for the sale of her cancer cells invalid. Avery claims that Simone's aggressive chemotherapy treatment, the administration of a high dosage of morphine, and Simone's generally failing mental state made it impossible for Simone to read, understand and make competent decisions regarding her medical care or to understand a complex contract concerning the rights to SiLa, as evidenced, in part, by a competency examination she badly failed a few days prior to her death. In addition, Avery contends that Simone most likely would not have consented to Dr. Harrison's biopsy of Simone's cells because Simone was a member of the Temple of Bona Valetudo, a small but devout religious sect which believed that removal of any part of the human body, no matter how small, was a terrible sin.

According to Dr. Harrison, Simone granted Dr. Harrison permission to remove the cells and, by signing the April 10 contract, sold and conveyed to Dr. Harrison full rights to the cells removed. Addressing Simone's competency, Dr. Harrison points to a competency exam administered within an hour or so of Simone signing the contract, which exam supposedly shows that Simone was sufficiently competent to consent to the biopsy and to sell and convey the right to use SiLa in medical research and treatment. Dr. Harrison also claims that first-hand witness testimony supports a finding that Simone lucidly decided to sell her tissue. Simone's medical insurer had refused to cover her huge medical bill and her only significant asset was her home, in which Avery and Avery's own family lived. Simone was concerned that Avery would lose the home, and also may have felt an obligation to help humanity. Addressing the possibility that Simone will be found incompetent, Dr. Harrison alternatively contends that the right to extract and use the SiLa cells for medical research and treatment was acquired under a separate agreement entered into by Avery as Simone's de facto legal guardian.

At trial, the Plaintiff will present three witnesses: (1) Avery Langston, the Personal Representative of the Estate of Simone Langston; (2) Dr. Reagan Caget, Simone's oncologist; and (3) Dr. Blaine Davis, a competency expert. The Defense will also call three witnesses: (1) Darcy Hernandez, Simone's primary nurse; (2) Dr. Shea Harrison, the defendant; and (3) Dr. Gregory Haozous, a competency expert.

## WITNESS AND EXHIBIT LIST

<b>The following witnesses shall be called by the parties.</b>	
<b>FOR THE PLAINTIFF</b>	<b>FOR THE DEFENDANT</b>
Avery Langston	Darcy Hernandez
Reagan Caget, MD	Shea Harrison, MD
Blaine Davis, MD	Gregory Haozoous, MD
<b>The following exhibits may be used by teams in competition. They are pre-marked and are to be referred to by number as follows:</b>	
<b>EXHIBIT NUMBER</b>	<b>EXHIBIT NAME</b>
1	Consent for Chemotherapy form
2	Denial of Treatment form
3	Agreement for Rights to SiLa and Consent to Biopsy
4	Radiology Report
5	Pathology Report
6	Excerpt from Hospital Policies and Employee Manual - 2010
7	Medication Administration Record
8	Mini-Mental State Examination (MMSE) 02/2021
9	Mini-Mental State Examination (MMSE) 04/2021
10	Montreal Cognitive Assessment (MoCA) 04/2021
11	Drug Fact Sheet – Morphine Sulfate
12	Drug Fact Sheet – Naloxone

13	Letter and Check to Avery Langston
14	Résumé of Blaine C. Davis, MD
15	Curriculum Vitae Gregory Haozous, MD
16	Post-It Note
17	Check to Darcy Hernandez

## GLOSSARY OF MEDICAL TERMS

- **Adenocarcinoma** (ad"ě-no-kahr"sī-no´mah): A cancerous tumor originating in the cells of glandular tissue and forming irregular glands.
- **Analgesia** (an"al-je´ze-ah): absence of sensibility to pain.
- **Apoptosis** (ap"op-to´sis): a pattern of cell death affecting single cells, marked by shrinkage of the cell and fragmentation of the cell into membrane-bound bodies that are eliminated. Often used synonymously with programmed cell death.
- **Biopsy** (bi´op-se): removal and examination, usually microscopic, of tissue from the living body, performed to establish precise diagnosis.
- **Cecum** (se´kum): the first part of the large intestine, forming a dilated pouch proximal to the colon.
- **Chemotherapy**: treatment of cancer with anticancer drugs. The main purpose of chemotherapy is to kill cancer cells. It usually is used to treat patients with cancer that has spread from the place in the body where it started. Chemotherapy destroys cancer cells anywhere in the body. It even kills cells that have broken off from the main tumor and traveled through the blood or lymph systems to other parts of the body. Chemotherapy can cure some types of cancer. In some cases, it is used to slow the growth of cancer cells or to keep the cancer from spreading to other parts of the body. When a cancer has been removed by surgery, chemotherapy may be used to keep the cancer from coming back (adjuvant therapy). Chemotherapy can also ease the symptoms of cancer, helping some patients have a better quality of life.
- **Colonoscopy**: medical procedure where a long, flexible, tubular instrument called the colonoscope is used to view the entire inner lining of the colon (large intestine) and the rectum. A colonoscopy is generally recommended when the patient complains of rectal bleeding or has a change in bowel habits and other unexplained abdominal symptoms. The test is frequently used to test for colorectal cancer, especially when polyps or tumor-like growths have been detected.
- **Dementia** (dě-men´shah): general loss of cognitive abilities, including impairment of memory as well as one or more of the following: disturbed planning, organizing, and abstract thinking abilities. It does not include decreased cognitive functioning due to clouding of consciousness, depression, or other functional mental disorder.
- **Endorphins**: Pain-killing substances produced in the human body and released by stress or trauma.
- **Intramuscular [IM]**: administered to or occurring inside of a muscle.
- **Intravenous [IV]**: Within or administered into a vein.

- **Hilar mass:** In this case, it is a mass located in the center part of the lung, which lies directly beneath breast bone (sternum).
- **Histology** (histol'əjē): The science concerned with the minute structure of tissues and organs in relation to their function. Also called *microanatomy*. Adj. *histologic*
- **Metastasis** (mě-tas'tah-sis): transfer of disease from one organ or part of the body to another not directly connected with it, due either to transfer of pathogenic microorganisms or to transfer of cells; all malignant tumors are capable of metastasizing.
- **Neurologist:** A doctor who specializes in disorders of the brain and central nervous system.
- **Neurology** (noōrol'əjē): the branch of medicine that deals with the nervous system, both normal and in disease.
- **Oncologist:** A physician specializing in the diagnosis and treatment of cancer.
- **Oncology** (ongkol'əjē): The branch of medicine dealing with the physical, chemical, and biological properties of tumors, including study of their development, diagnosis, treatment, and prevention.
- **Opioid-antagonist:** a drug that blocks mu, kappa, or delta opioid receptors, used primarily in the treatment of opioid-induced mu receptor-mediated respiratory depression – including those using morphine.
- **Pathologist:** A doctor who specializes in the anatomic (structural) and chemical changes that occur with diseases. These doctors function primarily in the laboratory, examining biopsy specimens, and regulating studies performed by the hospital laboratories (blood tests, urine tests, etc). Pathologists also perform autopsies.
- **Pathology** (pah-thol'ah-je): the branch of medicine dealing with the essential nature of disease, especially changes in body tissues and organs that cause or are caused by disease.
- **Peripheral mass:** As pertains to this case, is a mass that lies at the outer edge of the lung.
- **Pericolic:** referring to the area located around the colon.
- **Psychiatrist:** a physician with additional medical training and experience in the diagnosis, prevention, and treatment of mental disorders.
- **Psychiatry** (si-ki'ah-tre): the branch of medicine dealing with the study, treatment, and prevention of mental disorders.

- **Radiologist:** A medical doctor specially trained in radiology (x-ray) interpretation and its use in the diagnosis of diseases and injuries.
- **Radiology** (rā·dē·ō·lǝ·jē): that branch of the health sciences dealing with radioactive substances and radiant energy and with the diagnosis and treatment of disease by means of both ionizing (e.g., x-rays) and nonionizing (e.g., ultrasound) radiation.
- **Small-cell carcinoma:** A highly aggressive malignancy, usually within the lung, which arises in proximal bronchi and spreads early to hilar and mediastinal lymph nodes.
- **Tumor** (too´mer): neoplasm; a new growth of tissue in which cell multiplication is uncontrolled and progressive.

**STATE OF NEW MEXICO  
COUNTY OF SAN MIGUEL  
FOURTH JUDICIAL DISTRICT**

**No. D-412-CV-2021-00499**

**AVERY LANGSTON, as Personal Representative of  
THE ESTATE OF SIMONE LANGSTON,**

**Plaintiff,**

**vs.**

**SHEA HARRISON, MD; SILA, INC., a New Mexico  
corporation; and NEW MEXICO COLLEGE HOSPITAL,**

**Defendants.**

**COMPLAINT**

1. Plaintiff Avery Langston has been appointed as the Personal Representative of the Estate of Simone Langston, and brings this action in that capacity to recover damages for medical battery and obtain a judgment declaring and establishing that an alleged contract supposedly entered into by Simone Langston before she died is null and void because Simone lacked mental competence and the legal capacity to enter into the contract.

2. Defendant Shea Harrison, MD (“Harrison”) resides in Las Vegas, New Mexico, within the County of San Miguel, New Mexico.

3. Defendant New Mexico College Hospital (“New Mexico College Hospital”) is located in Las Vegas, New Mexico, which lies within the borders of San Miguel County, New Mexico.

4. Defendant SiLa, Inc. is a New Mexico corporation with a principal place of business in Las Vegas, New Mexico, which lies within the borders of San Miguel County, New Mexico.

5. At all times relevant hereto, Harrison was an employee of New Mexico College Hospital.

6. At all times relevant hereto, Harrison was the President and Chief Executive Officer of SiLa, Inc.

7. On April 10, 2021, Harrison took a biopsy of cells from Simone Langston’s terminal cancer in order to convert those cells into a highly lucrative medical treatment for cancer.

8. There was no diagnostic or other medical need for the biopsy, and the biopsy did not advance Simone Langston's treatment.

9. The sole purpose for the harvesting of Simone Langston's cells was to create a marketable cancer therapy to benefit Harrison, New Mexico College Hospital, and/or SiLa, Inc.

10. Simone Langston did not consent to the biopsy of cells from her cancer, which was against her will and against her long-standing religious beliefs.

11. At all times relevant hereto, Harrison was acting as an agent of New Mexico College Hospital acting within the scope of Harrison's employment by New Mexico College Hospital.

12. In the alternative, at all times relevant hereto, Harrison was acting as an agent of SiLa, Inc.

### **COUNT I: FAILURE TO OBTAIN INFORMED CONSENT (MEDICAL BATTERY)**

13. The allegations of paragraphs 1-12, above, are incorporated as part of this Count I.

14. Pursuant to NMSA 1978, § 24-21A-3 of the New Mexico Medical Information Privacy Act, a physician performing a biopsy (meaning the removal and examination of tissue from a patient's body) must first obtain the patient's informed consent.

15. Physicians have a common law duty to obtain consent before committing a technical assault such as cutting the skin or puncturing it with a needle.

16. Simone Langston did not give Harrison informed consent for the biopsy Harrison performed on April 10, 2021 in which Harrison removed cells from Simone Langston's body and examined them.

17. Accordingly, Harrison violated the New Mexico Medical Information Privacy Act and/or committed a battery on Simone Langston on April 10, 2021.

18. Simone Langston's cause of action for damages arising from violation of the New Mexico Medical Privacy Act and/or medical battery survives her death and may be pursued by Avery Langston in her capacity as Personal Representative of the Estate of Simone Langston.

19. New Mexico College Hospital and SiLa, Inc. are liable for the damages suffered by the decedent by virtue of *respondeat superior*.

### **COUNT II: DECLARATORY JUDGMENT**

20. The allegations of paragraphs 1-19, above, are incorporated as part of this Count II.

21. Under the New Mexico Declaratory Judgment Act, “[i]n cases of actual controversy, district courts within their respective jurisdictions shall have power to declare rights, status and other legal relations whether or not further relief is or could be claimed.” NMSA 1978, § 44-6-2.

22. Defendants contend that Simone Langston signed an Agreement for Rights to SiLa and Consent to Biopsy dated as of April 10, 2021 and thereby provided informed consent for Harrison’s harvesting of Simone’s cells.

23. As of April 10, 2021, Simone Langston lacked mental competency and the capacity to enter into a valid and binding contract.

24. Because Simone Langston lacked mental competency and the capacity to enter into a valid and binding contract, the contract allegedly created when Simone Langston signed the Agreement for Rights to SiLa and Consent to Biopsy on or about April 10, 2021 is null and void.

WHEREFORE, the Estate of Simone Langston prays for an award of compensatory, actual and punitive damages against defendants and a declaratory judgment, to be determined by a jury and to remedy the callous, heartless assault on Simone Langston’s body and her dignity.

December 30, 2021

Date

*F. Lee Bailey*

Attorney for Plaintiffs

**STATE OF NEW MEXICO  
COUNTY OF SAN MIGUEL  
FOURTH JUDICIAL DISTRICT**

**No. D-412-CV-2021-00499**

**AVERY LANGSTON, as Personal Representative of  
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**vs.**

**SHEA HARRISON, MD; SILA, INC., a New Mexico  
corporation; and NEW MEXICO COLLEGE HOSPITAL,**

**Defendants.**

**DEFENDANTS' ANSWER TO PLAINTIFF'S COMPLAINT**

1. Admitted in part and denied in part. It is admitted that Plaintiff filed the instant action. The remaining averments of this paragraph constitute conclusions of law to which no response is required. Those averments are therefore deemed denied.

2. Admitted.

3. Admitted.

4. Admitted.

5. Admitted.

6. Denied. SiLa, Inc. was not incorporated until June 10, 2021. Accordingly, on April 10, 2021, Harrison had no position with the then non-existent company.

7. Denied as stated. Defendants admit only that Harrison took a biopsy of cells on April 10, 2021. The remaining allegations in paragraph 7 of Plaintiff's Complaint are denied, and strict proof thereof is demanded at trial.

8. Admitted.

9. Denied.

10. Denied. To the contrary, by way of further response, both Simone Langston and, to the extent that Simone Langston was incompetent, Avery Langston consented to the removal of cells.

11. Denied. Although Defendant Harrison was employed by New Mexico College Hospital, New Mexico College Hospital policy requires administrative approval for any non-therapeutic or research-based treatments. Because Harrison did not seek or receive administrative approval, Harrison was not acting with the scope of their employment when removing cells from Simone Langston on April 10, 2021.

12. Denied. See Paragraph 6 above.

**COUNT I: FAILURE TO OBTAIN INFORMED CONSENT (MEDICAL BATTERY)**

13. Defendants hereby incorporate the responses to the allegations in paragraphs 1-12 as though the same were fully set forth.

14. The averments in paragraph 14 of the Complaint constitute conclusions of law to which no response is required. To the extent a response is deemed required, they are admitted.

15. The averments in paragraph 15 of the Complaint constitute conclusions of law to which no response is required. To the extent a response is deemed required, they are admitted.

16. Denied.

17. Denied.

18. The averments in paragraph 18 of the Complaint constitute conclusions of law to which no response is required. To the extent a response is deemed required, defendants admit that a cause of action for medical battery survives the death of the person who allegedly suffered a medical battery and deny that any such claim exists with regard to the procedure performed on Simone Langston.

19. The averments in paragraph 19 of the Complaint constitute conclusions of law to which no response is required. To the extent a response is deemed required, they are denied. By way of further response, because no assault occurred, no one is liable. Furthermore, SiLa, Inc. is not responsible for actions that occurred before its creation. New Mexico College Hospital is not responsible for Harrison's actions because they were beyond the scope of Harrison's employment.

**COUNT II: DECLARATORY JUDGMENT**

20. Defendants hereby incorporate the responses to the allegations in paragraphs 1-19 as though the same were fully set forth.

21. The averments in paragraph 21 of the Complaint constitute conclusions of law to which no response is required. To the extent a response is deemed required, they are admitted.

22. Admitted.

23. Denied.

24. Denied.

### **AFFIRMATIVE DEFENSES**

1. Because SiLa, Inc. did not exist at the time of the alleged torts, it cannot be held responsible for them.

2. Because Dr. Harrison was not following New Mexico College Hospital policy and was advancing a research interest not approved by New Mexico College Hospital, Dr. Harrison was acting outside the course and scope of the Hospital's employment of Dr. Harrison. Accordingly, New Mexico College Hospital is not liable for the alleged torts.

3. Dr. Harrison's conduct was unforeseeable, and New Mexico College Hospital is therefore not liable for the alleged torts Dr. Harrison committed.

4. To the extent that Simone Langston was incompetent, Avery Langston, as de facto guardian of Simone Langston, consented to the removal of Simon Langston's cells after being informed of the nature of the procedure, its risks, and its alternatives.

WHEREFORE, defendants respectfully request that the Court enter judgment in their favor and against plaintiff.

January 19, 2022  
Date

Matt Scarvey  
Attorney for Defendant

**STATE OF NEW MEXICO  
COUNTY OF SAN MIGUEL  
FOURTH JUDICIAL DISTRICT**

**No. D-412-CV-2021-00499**

**AVERY LANGSTON, as Personal Representative of  
THE ESTATE OF SIMONE LANGSTON,**

**Plaintiff,**

**vs.**

**SHEA HARRISON, MD; SILA, INC., a New Mexico  
corporation; and NEW MEXICO COLLEGE HOSPITAL,**

**Defendants.**

**OPINION**

**November 16, 2022**

Presently before the Court are motions for summary judgment of defendants Shea Harrison, MD (“Harrison”), SiLa, Inc., and New Mexico College Hospital (“New Mexico College Hospital”). For the reasons that follow, the motions of SiLa and New Mexico College Hospital will be granted, and the motion of defendant Harrison will be denied.

Defendant Dr. Shea Harrison, a pathologist regularly employed at all relevant times at New Mexico College Hospital, removed cells from decedent Simone Langston that may prove to have commercial worth to Dr. Harrison and SiLa, Inc.<sup>1</sup> Harrison claims that s/he was permitted to remove the cells by a contract with Simone Langston signed or, in the alternative, by a separate agreement reached with her guardian, Avery Langston. The parties agree that there are material issues of fact regarding the circumstances in which these alleged contracts were reached, if they were reached at all.

Whether and when a person possesses a property interest in cells removed as part of a medical procedure is a question that has challenged lawyers, judges, scientists and bioethicists. There is no doubt that New Mexico law recognizes a right to bodily integrity, but when cells are taken for medical purposes, that integrity has already been invaded. Nor does the individual from whom the cells are taken exercise continuing control over them. Thus, some experts urge this Court to hold that any lingering property rights are extinguished when the cells are entrusted to medical professionals, just as the right to any other chattel property is abandoned when it is handed over to a third party. Others argue that cells and the genetic information that they contain are more a part of

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<sup>1</sup> The only meaningful asset of SiLa, Inc., which was named for Ms. Langston, is the purportedly licensed rights to develop the cell line derived from Simone Langston’s cells.

the personhood of a New Mexican as any chattel property and should be entitled, at least, to no less protection than that afforded to a cherished trinket.

Thankfully, this Court is not writing on a blank slate. Although the New Mexico Supreme Court has not yet resolved this tension, other courts have, and this Court finds their reasoning persuasive. In Moore v. Regents of University of California, 51 Cal.3d 120 (1990), the California Supreme Court ruled, based in part on California law and in part on the policy interest in protecting medical research that benefits all from being controlled by individuals, that patients had no property interest in medically excised cells. The Moore case has been followed by several other distinguished jurists who concluded, as this Court does, that it correctly assesses the competing interests at stake. See Washington University v. Catalona, 427 F. Supp. 2d 985, 997 (E.D. Mo. 2006); Greenberg v. Miami Children's Hospital Research Institute, Inc., 264 F. Supp. 2d 1064 (S.D. Fla. 2003).

Paradoxically, however, it is clear that under many other circumstances, there are enforceable property rights for others in cell lines, genetic sequences, and other, similar forms of biological research. The United States Supreme Court has implied that cell lines are patentable, Diamond v. Chakrabarty, 447 U.S. 303 (1980), and other courts have consistently held that the medical researchers working with those cell lines hold property interests that are legally enforceable, see Pasteur v. United States, 814 F.2d 624 (Fed.Cir.1987); U.S. v. Arora, 860 F. Supp. 1091 (D.Md. 1994); Brotherton v. Cleveland, 923 F.2d 477, 482 (6th Cir.1991) (aggregate of rights existing in body tissue of corpse is similar to property rights); York v. Jones, 717 F.Supp. 421, 425 (E.D.Va.1989) (couple granted property rights in their frozen embryos). The Court finds it highly peculiar that the law would suggest that the only person who cannot profit from one's cells is the person from whom they are taken.<sup>2</sup>

This Court therefore finds that there is a distinction between two circumstances in which cells could be removed by a medical practitioner based not on property rights but on the simple principles of informed consent. The first category governs cells removed as part of a regular course of medical treatment in order to better diagnose or treat the patient. If cells are taken as part of a routine diagnostic biopsy or other, similar procedure, the patient has no expectation that the cells will be retained or that they will remain in the patient's control. Accordingly, the patient is considered to have abandoned them, has no further property interest in them, and the medical care provider that removed them may use any cells not destroyed in the diagnostic testing for any purpose.

By contrast, if the cells are removed without informed or presumed consent, such as when cells are removed for the sole purpose of commercializing them with no

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<sup>2</sup> Others appear to be troubled by this as well. Arizona State University and forty-one members of the Havasupai tribe of Native Americans reached an agreement in which the University paid hundreds of thousands of dollars to resolve claims that it used DNA information collected from tribe members in research on psychiatric illness and anthropology, even though the Havasupai had unquestionably consented to scientists using that information to study the abnormal rate of diabetes in the tribe. An anthropologist obtained the Havasupai DNA and used it to conclude that the tribe originated in Asia, which challenged long-held tribal cultural and religious beliefs. Although this settlement has no precedential force, it illustrates the perception that people have a right to control use of their genetic and biological material.

corresponding medical benefit to the patient, the patient is considered to retain whatever rights the patient does not actively surrender. The core question thus is not whether there is a property interest in the cells *per se*, but rather whether the “patient” consented to the “medical” treatment. Because consent is required, such consent may be limited, and a person may consent to donate cells for a limited purpose, even if the patient would have no property rights in those cells were they taken as part of a medical treatment. This common sense solution ensures that medical care providers need not fear to use the results of routine, consensual medical care, while preserving the individual right to limit the use of one’s genetic and biological material.

The parties agree that cells were taken from Simone Langston’s cancerous metastases on two occasions. First, cells were taken during her emergency admission, while the doctors attempted to determine the nature of her medical condition. These cells were taken for purposes of diagnosis, and because Langston was unconscious and in need of emergency care, her consent is presumed. Thus, Langston and her estate lack any property interest in the cells removed for diagnostic purposes. However, these cells were destroyed when an autoclave at the hospital’s pathology lab malfunctioned, and are not at issue here.

The second time that cells were taken from Ms. Langston was on or about April 10, 2021, after Dr. Harrison recognized the potential value of the cells.<sup>3</sup> Because Dr. Harrison concedes that these cells were removed in order to attempt to develop a cure for others’ cancer, not Ms. Langston’s, Ms. Langston was entitled to refuse to have the cells removed or to condition or limit her consent in whatever manner she chose. That interest may be enforced by her estate. Accordingly, Dr. Harrison’s motion must be denied.

The next question is whether New Mexico College Hospital can be held vicariously liable for Dr. Harrison’s alleged misdeeds. Here again Dr. Harrison’s testimony is instructive. The testimony makes it clear that Dr. Harrison never intended to use the “SiLa” cell lines in the course and scope of Dr. Harrison’s employment as a staff pathologist at New Mexico College Hospital. Instead, the entire course of conduct suggests that Dr. Harrison was pursuing a personal interest, not New Mexico College Hospital’s. For example, Dr. Harrison performed the biopsy over the weekend, outside normal work hours at the hospital. In addition, Dr. Harrison retained a private mental competence expert at personal expense, rather than using the hospital’s, which would have been free. Moreover, Dr. Harrison consciously chose not to follow New Mexico College Hospital’s detailed procedures for the approval of research. Finally, testimony by New Mexico College Hospital executives confirms that New Mexico College Hospital did not approve the cell biopsy and may not have approved it had they been asked. Nor did New Mexico College Hospital executives know about or approve of Dr. Harrison storing the cells at New Mexico College Hospital. Accordingly, the Court finds that there is no material issue of fact in this regard. The scope of Dr. Harrison’s employment with New Mexico College Hospital did not include extraction and use of cells for medical research and the

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<sup>3</sup> Whether this recognition was prompted by a desire to benefit all mankind, as Harrison argues, or by a crass desire for profit, as the Estate does, is irrelevant.

development of new medical treatments. New Mexico College Hospital does not enjoy a financial or legal interest in the development of the SiLa cell line. It should not share in the liability, if any, for the manner in which those cells were acquired. Judgment shall be entered for defendant New Mexico College Hospital.

Defendant SiLa, Inc.'s motion for summary judgment contends, in short, that it came into existence more than two months after the cells were taken and thus that it cannot be held liable for Dr. Harrison's actions in taking those cells. SiLa, Inc. is incorrect that there are no circumstances under which it could be held liable. There is well-developed New Mexico law holding that a "sponsor" or "promoter" of an as-yet-non-existent entity can nonetheless bind that entity. However, that is not the instant case. Here, the alleged contract is between Simone Langston and Dr. Harrison personally, not between Langston and SiLa, Inc. The payment for both the competency expert and the alleged payment for the cells themselves were both drawn on Dr. Harrison's personal account, not a SiLa, Inc. account or on venture capital intended to support SiLa, Inc. Nor is there evidence that SiLa, Inc. reimbursed Harrison for those costs. There is no evidence that Dr. Harrison had even conceived of SiLa, Inc. in the form it eventually took. Finally, Dr. Harrison has licensed the SiLa line of cells to SiLa, Inc., not transferred an ownership interest to that company. Accordingly, the Court finds no material issue of fact exists, and judgment shall be entered for defendant SiLa, Inc.<sup>4</sup>

With regard to plaintiff's cause of action for medical battery (Count I of the Complaint), the Court will conduct a jury trial in which the jury will answer a special interrogatory as to whether Dr. Harrison performed a biopsy on Simone Langston without informed consent. With regard to plaintiff's cause of action for a declaratory judgment as to the invalidity of the alleged contract between Simone Langston and Dr. Harrison (Count II of the Complaint), the Court will conduct a jury trial in which the jury will answer a special interrogatory as to whether Simone Langston lacked sufficient capacity to enter into a contract when she signed the Agreement for Rights to SiLa and Consent to Biopsy. If the answer to that question is "yes," the jury will answer a special interrogatory as to whether Avery Langston, as Simone Langston's guardian, entered into a contract providing informed consent for Defendant Shea Harrison, M.D. to perform a biopsy on Simone Langston and use the cells for medical research and treatment. Because the latter issue is raised by Dr. Harrison by way of affirmative defense, Dr. Harrison will bear the burden of proof on that issue.

The Court rejects plaintiff's argument that if Simone Langston was incompetent, that Avery Langston could not contract on her behalf because Avery had not been legally appointed as Simone's guardian. The record is replete with examples of Avery exercising medical judgment on Simone's behalf during periods that all parties agree Simone was incompetent. There is no suggestion in the record that any party, including Simone,

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<sup>4</sup> Plaintiff argues that the dismissal of SiLa, Inc. leaves it without a remedy. However, Dr. Harrison's ownership of the SiLa line of cells and Dr. Harrison's controlling interest in SiLa, Inc. are subject to legal or equitable transfer to plaintiff if plaintiff succeeds at trial. Although plaintiff is correct that SiLa, Inc. would still be allowed to develop the cells under the terms of its licensing agreement with Dr. Harrison regardless of plaintiff's wishes, the Court is untroubled by the possibility that a cure for cancer might emerge over plaintiff's objection.

objected to this arrangement. Having acted as Simone's guardian throughout the relevant time period, Avery Langston may not rely on a technicality to evade the legal responsibility of a guardian.

Accordingly, this court enters the following:

**PRE-TRIAL ORDER**

AND NOW, this 16<sup>th</sup> day of November, 2022, it is directed as follows:

1. Defendant New Mexico College Hospital's motion for summary judgment is **GRANTED**. Accordingly, judgment is entered in favor of defendant New Mexico College Hospital.
2. Defendant SiLa, Inc.'s motion for summary judgment is **GRANTED**. Accordingly, judgment is entered in favor of defendant SiLa, Inc..
3. Defendant Shea Harrison's motion for summary judgment is **DENIED**. Dr. Harrison shall prepare for trial on the merits of the remaining questions before the Court.
4. This action is hereby scheduled for a one-day jury trial during the January-March 2023 Civil Trial Term.

**BY THE COURT:**

*Ruth Bator Ginzberg*  
\_\_\_\_\_  
**RUTH BATOR GINZBERG**

**STATE OF NEW MEXICO  
COUNTY OF SAN MIGUEL  
FOURTH JUDICIAL DISTRICT**

**No. No. D-412-CV-2021-00499**

**AVERY LANGSTON, as Personal Representative of  
THE ESTATE OF SIMONE LANGSTON,**

**Plaintiff,**

**vs.**

**SHEA HARRISON, MD; SILA, INC., a New Mexico  
corporation; and NEW MEXICO COLLEGE HOSPITAL,**

**Defendants.**

**JURY VERDICT FORM**

In answer to the special interrogatories propounded by the Court, we make the following answers to which we have, by proper majority, agreed:

**Interrogatory No. 1:** Do you find that the Plaintiff Avery Langston, as Personal Representative of the Estate of Simone Langston, has proved to your satisfaction, by a preponderance of the evidence, that Defendant Shea Harrison, M.D., performed a biopsy on Simone Langston without obtaining informed consent?

Answer (check one):      Yes \_\_\_\_\_      No \_\_\_\_\_

**Interrogatory No. 2:** Do you find that the Plaintiff Avery Langston, as Personal Representative of the Estate of Simone Langston, has proved to your satisfaction, by a preponderance of the evidence, that Simone Langston, due to mental infirmity or physical infirmity lacked sufficient capacity to enter into a contract when she signed the Agreement for Rights to SiLa and Consent to Biopsy?

Answer (check one):      Yes \_\_\_\_\_      No \_\_\_\_\_

If your answer to Interrogatory No. 2 is "No," you should not answer any further questions. If your answer to Interrogatory No. 2 is "Yes," you are to answer Interrogatory No. 3, below.

**Interrogatory No. 3:** Do you find that the Defendant Dr. Shea Harrison, M.D. has proved to your satisfaction, by a preponderance of the evidence, that Avery Langston, acting as Simone Langston's guardian, entered into a contract providing

informed consent for Dr. Harrison to perform a biopsy on Simone Langston and use the cells for medical research and treatment?

Answer (check one):      Yes \_\_\_\_\_                      No \_\_\_\_\_

\_\_\_\_\_  
Foreperson

## LEGAL AUTHORITIES

*For purposes of the Gene Franchini Mock Trial Competition, the following sections of the New Mexico Medical Information Privacy Act and Restatement (Second) of Contracts have been adopted/modified as follows:*

### **New Mexico Medical Information Privacy Act, NMSA 1978, § 24-21A-3**

A. No person shall perform a biopsy for the purpose of using the tissue for medical research or the development of treatments of persons other the biopsy patient without first obtaining informed consent from the patient or the patient's authorized representative.

B. In order to provide informed consent for purposes of subsection (A), the person providing consent must be given a description of the biopsy procedure and the risks and alternatives that a reasonably prudent person would require to make an informed decision as to that procedure.

### **Restatement (Second) of Contracts: Capacity To Contract**

(1) No one can be bound by contract who has not legal capacity to incur contractual duties. Capacity to contract may be partial and its existence in respect of a particular transaction may depend upon the nature of the transaction or upon other circumstances.

(2) A natural person who manifests assent to a transaction has full legal capacity to incur contractual duties thereby unless the person is:

- (a) under guardianship, or
- (b) an infant, or
- (c) mentally ill, or
- (d) intoxicated.

### **Comments:**

1. *Total and partial incapacity.* Capacity, as here used, means the legal power which a normal person would have under the same circumstances. Incapacity may be total, as in cases where extreme physical or mental disability prevents meaningful understanding or manifestation of assent to the transaction, or in cases of mental illness after a guardian has been appointed.
2. *Types of incapacity.* Historically, the principal categories of natural persons having no capacity or limited capacity to contract were married women, infants, and insane persons. Those formerly referred to as insane are included in the more modern phrase "mentally ill," and mentally defective persons are treated similarly. Statutes sometimes authorize the appointment of guardians for habitual drunkards, narcotics addicts, spendthrifts, aged persons or convicts as in cases of mental illness.

3. *Inability to manifest assent.* In order to incur a contractual duty, a party must make a promise, manifesting his intention; in most cases he must manifest assent to a bargain. The conduct of a party is not effective as a manifestation of his assent unless he intends to engage in the conduct. Hence if physical disability prevents a person from acting, or if mental disability is so extreme that he cannot form the necessary intent, there is no contract. Similarly, even if he intends to engage in the conduct, there is no contract if the other party knows or has reason to know that he does not intend the resulting appearance of assent. In such cases it is proper to say that incapacity prevents the formation of a contract.

**Illustrations:**

- X, an aged person who suffers from severe dementia, agrees with Y, a competent adult, to sell his home to Y for \$100,000. X does not have a guardian, but is shown to have been incompetent at the time of the agreement. X dies shortly after the agreement is made. X's estate need not sell X's home, because X was not competent to make the agreement.
- P is mentally ill and under the legal guardianship of Q. During P's hospitalization, he becomes ill, and refuses surgical treatment. Q agrees with P's doctor, R, that the procedure is advisable and agrees that R should perform it. Shortly thereafter, P is medicated and regains competency. P refuses to pay R on the grounds that he did not agree to the surgery. R has the right to be paid; P is bound by his guardian's decision, even if he would have made a different one had he been competent at the time.

**STATE OF NEW MEXICO  
COUNTY OF SAN MIGUEL  
FOURTH JUDICIAL DISTRICT**

**No. No. D-412-CV-2021-00499**

**AVERY LANGSTON, as Personal Representative of  
THE ESTATE OF SIMONE LANGSTON,**

**Plaintiff,**

**vs.**

**SHEA HARRISON, MD; SILA, INC., a New Mexico  
corporation; and NEW MEXICO COLLEGE HOSPITAL,**

**Defendants.**

**STIPULATIONS**

1. With the exception of Exhibits 3 and 16, 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 the documents or exhibits other than Exhibits 3 and 16 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. Exhibit 3 is a true and accurate copy of the document allegedly signed by Simone Langston on April 10, 2021. Either party is free to contest the authenticity or admissibility of Exhibit 3 in all other respects.

3. Exhibit 16 is a true and accurate copy of the document allegedly found by Shea Harrison in her/his/their office. Either party is free to contest the authenticity or admissibility of Exhibit 16 in all other respects.

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

5. All statements were notarized on the day on which they were signed.

6. This matter shall be bifurcated. The issue of damages is not before the jury.

7. With the exception of Avery Langston, all witnesses have read the decedent's medical records in their entirety and are familiar with their contents.

8. Avery Langston was the sole surviving descendant of Simone Langston at the time of Simone Langston's death. Accordingly, Avery Langston was Simone Langston's sole heir.

9. Simone Langston having died intestate (without making a will), her entire estate, including the family home, was consumed paying the medical bills owed to New Mexico College Hospital and other medical care providers. The estate has no existing debts and no remaining assets.

10. Pursuant to the Court's decision, to the extent the fact finder might find that Simone Langston was incompetent on April 10, 2021, Avery Langston was authorized to act as her guardian and make decisions for her.

11. Dr. Shea Harrison removed Simone Langston's cells on April 10, 2021, using a cell biopsy, a surgical procedure of the type that required Dr. Shea Harrison to obtain Simone Langston's informed consent.

12. The language recited in Exhibit 3 describing the cell biopsy procedure (Fine Needle Aspiration (FNA)) and the risks and alternatives thereof, contains information that a reasonably prudent patient would require to make to an informed decision as to that procedure. Whether an informed decision was made in this case is not stipulated, however.

13. All payments relating to the storage of the SiLa cells and the competency examination performed by Dr. Gregory Haozous were made from personal accounts owned by Shea Harrison. None of these payments have been reimbursed by SiLa, Inc.

14. Exhibits 11 and 12 are taken from Kilgore Trout, MD, Pharmaceuticals in Hospital Practice (7<sup>th</sup> Ed. 2008). "Trout's Pharmaceuticals," as it is commonly known, is a text from which medical students are taught and which is commonly used by medical professionals in hospital settings, including New Mexico College Hospital. Drs. Cagat, Davis, Harrison, and Haozous are familiar with Trout's Pharmaceuticals.

## STATEMENT OF AVERY LANGSTON

1 My name is Avery Langston, and Simone Langston was my mother. I am 43 years old  
2 and currently reside at the Circle of Hope Shelter in the Heritage Gardens section of Las  
3 Vegas, New Mexico with my two kids, Nikki, who is 13, and Roger, who's 9. My  
4 wife/husband left me when we were kicked out of our home after my mother passed away  
5 about a year ago. I still pick up the odd shift at the local J-Mart and receive public  
6 assistance to make ends meet. I used to get more work there, but I think they knew that  
7 I was making some side deals with customers I knew from the neighborhood. I was never  
8 caught, but they started giving me shifts only when someone called in sick or was on  
9 vacation and they were short-handed. Really, the only thing that keeps me going are my  
10 kids and my desire to get back at Dr. Shea Harrison, who took advantage of my mother  
11 and caused my family's downfall. It's an American tragedy.

12 About two years ago, my mom just didn't seem herself anymore at all. She was tired all  
13 the time. She was 72 but looked 92. Her fingers were gnarled, and her voice was half  
14 gone from smoking. For years, she put away what seemed like ten cigarettes at a time –  
15 at least two packs a day. Even though I made her quit about seven years ago, I would  
16 still catch her sneaking one. Where she got them, I had no clue, because she had trouble  
17 getting around, a lot of trouble breathing and even more trouble remembering things.  
18 Sometimes, I would catch her talking to herself when she thought she was alone. I once  
19 heard her claim that she was still menstruating. Now, I'm no doctor, but even I knew that  
20 was not possible. I think it was her just getting older and living through more than her fair  
21 share of troubles. She was still the sweetest, most caring woman, even if I sometimes felt  
22 more like the parent. I loved her dearly.

23 My family lived with her in the house where I grew up. I am an only child; my father was  
24 crushed in an accident at the mill when I was only ten. I was determined never to leave  
25 my mother's side, even after I was married. We never had much money, but the mill gave  
26 my mom some settlement cash and let us stay on their health insurance plan for life. We  
27 had the house and we had each other.

28 After dad died, Mom joined the Temple of Bona Valetudo. It was a stretch, because Mom  
29 was always a Bokononist, but I guess it was the only way she could cope with the loss.  
30 Anyway, she had a spiritual awakening, and pretty soon, in a lot of ways, she began to  
31 care more about the Temple than about me. She tried to get me to come to the Temple  
32 with her, but I had friends at our old church and cried my eyes out until she finally gave  
33 up. That was one thing we always disagreed about. Well that and the fact that when I was  
34 in high school, I got suspended my senior year for cheating on a mid-term, which probably  
35 cost me a chance at college. Mom never let me live that one down either. Anyway, Mom  
36 believed that God created her whole and that no one should take anything from her body.  
37 So she never got her blood taken, or had surgery or even had a mole removed. To her  
38 that kind of stuff was a sin, and she could go to hell for it. However, she could still get  
39 shots, so if she got real sick, she would eventually take some antibiotics or whatever and  
40 be back on her feet. Only when things got really bad did she go to the doctor.

41 February 14, 2021, was the worst day of my life. It was a Sunday, and I had just gotten  
42 home from a second shift at the J-Mart around 11:00 p.m. The kids were already in bed  
43 and my wife/husband was asleep in front of the TV, as always. And to think I thought I  
44 might get a romantic Valentine's Day dinner! I went upstairs to check on Mom, but she  
45 was not in her bed. I thought she must have been sleepwalking, which she had started to  
46 do more and more. I went through the entire house, but could not find her. I had just  
47 started to check the backyard when I noticed neighbors gathering at the corner and I  
48 heard sirens. I ran over and found my mother lying unconscious in a pool of blood in the  
49 middle of the street. My neighbors told me that my mom was the victim of a hit-and-run  
50 accident. I could barely process anything as I rode with her to New Mexico College  
51 Hospital. After a few hours in surgery, my mom was transferred to another wing of the  
52 hospital. She had a couple of broken ribs, a shattered leg and a mild concussion. She  
53 was still unconscious, but I was really happy that she made it through in one piece. She  
54 was lucky to be alive.

55 Later that day she was transferred to the oncology ward. Her doctor, Reagan Caget,  
56 explained to me that when they were operating, they found some abnormal bleeding and  
57 had to run some additional tests. I knew if mom were conscious she would never have  
58 allowed them to operate on her or take her blood because of her religious beliefs, but Dr.  
59 Caget just said it was for the best, because since she was unconscious, they were able  
60 to treat her. Turns out that mom had cancer, two cancers, really. It was bad. Colon cancer  
61 had spread throughout her body, and lung cancer was stopping her breathing. Dr. Caget  
62 explained to me the cancer was so far advanced that mom was going to have to undergo  
63 serious chemotherapy if she had any chance of surviving for more than a month or two. I  
64 got really concerned, but Dr. Caget explained to me that s/he had a new treatment regime  
65 that was promising and could really help mom. The best part was that it was non-invasive,  
66 so mom would have no religious objections. Plus, Dr. Caget convinced me that mom's  
67 health insurance would cover the cost, and if not Medicaid would certainly pick up the rest  
68 given our financial situation.

69 When my mom regained consciousness, she was devastated that the doctors operated  
70 on her without permission. At first, she was completely hysterical, and she kept saying  
71 that she was going to hell for it. Eventually, I couldn't take it anymore, and I just went  
72 home. When I came back in the morning, Nurse Darcy was there, and my mother was  
73 smiling ear to ear. Nurse Darcy explained that Papa Monzano, the head of the church,  
74 had said years ago that members would not go to hell if they didn't make a choice to get  
75 the medical care. Anyway, Mom was much calmer, and so I asked her what she wanted  
76 to do. She told me that she wanted to live, that the family needed her and that she didn't  
77 want to die in a hospital bed. We decided to get the experimental treatment, especially  
78 because it seemed to follow her religious beliefs. We waited a couple days for Dr. Caget  
79 to get the procedure approved by the hospital, then Dr. Caget had some expert come in  
80 on February 22 and make sure mom was competent enough to agree to the procedure,  
81 and to my surprise, even though she was too weak to fill out the paperwork, she was  
82 allowed to make medical decisions for herself. She dictated it, and I wrote it out, then she  
83 gathered her strength and signed it. I was worried that I would have to make the decision  
84 for her! And so the nightmare at New Mexico College Hospital began. Nurse Darcy and

85 Dr. Caget became my new family. Even the pathologist, Dr. Harrison, at first seemed to  
86 genuinely care about mom.

87 Dr. Harrison turned out to be a complete fraud. Shortly after the treatment started, Dr.  
88 Harrison stopped by to see us. Mom was showing some signs of progress, and Dr.  
89 Harrison was downright giddy, but not about that. Dr. Harrison explained that mom's colon  
90 cancer was special. Dr. Harrison believed it had some magical properties that could help  
91 save millions of lives. Mom, who was a bit groggy because of all the pain medication, was  
92 really excited about the idea of being able to help others through her suffering. But when  
93 Dr. Harrison asked about taking some more blood and tissue samples to confirm their  
94 findings, mom burst into tears. There was no way she was going to part with even the  
95 smallest cell, that's how much she believed in the teachings of the Temple. When mom  
96 explained, Dr. Harrison got really upset and yelled something like, "well then, I will just  
97 have to do it the old fashioned way and clone the ones I got." We all looked at each other  
98 like Dr. Harrison was some sort of mad scientist. I know that Dr. Harrison says I tried to  
99 negotiate a sale, but that's a lie. I wasn't concerned with money; all I wanted was my mom  
100 back. No amount of money would have changed that I think. Fortunately, Dr. Harrison  
101 was banned from visiting mom as a result of the stunt.

102 Just when life was settling down, it turned upside-down again. It was March 3rd. There  
103 had been a small fire in one of the labs and part of the hospital had to be evacuated. I  
104 was so worried about mom. When they finally let us back in the building a few hours later,  
105 I found my mom in her room crying uncontrollably. She said that Dr. Harrison had come  
106 to yell at her again and tell her that no one was there to protect her from the devil. Nurse  
107 Darcy thought that mom may have had a nightmare because of the chemotherapy. Nurse  
108 Darcy said that Dr. Harrison may seem odd, but was not the kind of person who would  
109 break the rules. Anyway, Nurse Darcy got permission from Dr. Caget to up mom's pain  
110 medication to calm her down. Just as mom was about to fall asleep, Dr. Caget came and  
111 delivered the horrible news that mom's insurance had rejected payment because the  
112 chemotherapy was too experimental. Dr. Caget also told us that Medicaid refused to  
113 provide coverage for the same reason, even though we qualified financially. Dr. Caget  
114 told us it was important to see the course through to get the best results and that we could  
115 apply for charity, or, at worst, mom's estate could file for bankruptcy. Dr. Caget told us  
116 that the total bill would be less than \$200,000 and that so far the bill was around \$50,000.

117 After a few tear-filled minutes, Dr. Harrison seemed to appear out of nowhere and must  
118 have been lying in wait nearby. Dr. Harrison offered to pay \$100,000 if mom consented  
119 to let Dr. Harrison take additional cell samples. Mom was too groggy to respond. I knew  
120 mom wouldn't go for it and told Dr. Harrison as much. It would take a lot more than that  
121 to make things better. Dr. Harrison got this crazy look and picked up a leftover tray of food  
122 and threw it at me. It missed, but the room was a complete mess. Dr. Harrison got very  
123 angry and started screaming, "This is the most ridiculous nonsense I've ever heard. Do  
124 you want to lose everything – your house, your family – stop being so shortsighted and  
125 stupid!" Mom was startled, and as soon as she realized Dr. Harrison was in the room, she  
126 started screaming, "The devil is here again, please protect me Avery, protect me, I don't  
127 deserve to go to hell!" I lost control of myself, lunged at Dr. Harrison, and landed my fist

128 landed square on the doctor's face. Everyone in the hospital must have heard the  
129 commotion. Nurse Darcy, who was there the entire time, restrained me. Later, I saw Dr.  
130 Caget scolding Dr. Harrison in the hallway. Dr. Caget promised me that Dr. Harrison  
131 wouldn't press charges, but I had to agree to not come to the hospital except during  
132 standard visitor hours. We were the victims but I was the one being punished. I was  
133 devastated again. My life was falling apart.

134 The next month or so was a daze. I would go to work and then to the hospital during  
135 visiting hours. Mom was kept heavily sedated with medication, more so than at any time  
136 during her stay. She was herself, but not. Her senses seemed completely dulled.  
137 Whenever Dr. Caget would come in to give a report on mom's progress, I would ask her  
138 how she was feeling. She always responded the same by chanting something like, "as  
139 long as my body remains intact, heaven will take me." It was like she wasn't thinking, just  
140 reacting. I think she was coming to terms with her fate, or maybe it was just her meds,  
141 but she was eerily calm after my fight with Dr. Harrison. Her silence was really frustrating,  
142 and I sometimes yelled at her, but even then, I couldn't get a reaction. When Dr. Caget  
143 told us on April 6 that hospital charity would not pay her medical expenses, I barely  
144 reacted. But Mom, turned and looked at me right in the eyes, with tears welling and said,  
145 "Maybe I should let the devil in." I knew she was referring to Dr. Harrison and Dr.  
146 Harrison's offer, but I also knew that it was just the pain talking. The Temple was her life.  
147 Nurse Darcy, who was also in the room changing Mom's IV, seemed to peek up when  
148 mom said this and they quickly and awkwardly left before finishing the job. It was really  
149 weird.

150 Mom died about a week later, on April 11<sup>th</sup>, just seven weeks after she was admitted. I  
151 was holding her hand and right before she died, she looked at me and said, "Dr. Harrison,  
152 the devil, did this to me. I hope heaven and not hell awaits me. I love you, Avery!" Mom,  
153 of course, forbid an autopsy, so we don't really know what killed her, but I guess it doesn't  
154 matter. About a week after the funeral I received a check for \$200,000 from Dr. Harrison,  
155 with a letter that said it was for the hospital bill and had a copy of some contract for the  
156 rights to mom's cells that was signed by mom and Dr. Harrison and witnessed by Nurse  
157 Darcy. It was dated the day before she died, during the time I was working. I was shocked.  
158 I have seen my mom's signature a thousand times, and this one looked like a weak  
159 version, if it was even hers at all, not traced from her consent form or something.

160 I know Dr. Harrison says I made some sort of side agreement for that amount. What a  
161 liar! I hadn't even once seen Dr. Harrison since the fight, and I definitely didn't place some  
162 secret note under their door. I was barely ever at the hospital at that point and when I  
163 was, I was always by my mom's side. I don't even know where the pathology department  
164 is. This is not my fault. What made things even worse was that the money didn't even  
165 come close to covering all of the hospital bills and hidden charges. I talked to my mom's  
166 lawyer, and he said not to cash the check, so we put it in escrow. But that meant the  
167 estate itself didn't have any money, and we had to sell the family house to cover all of the  
168 medical expenses. I had lost everything – my mother, our house and my spouse. Since  
169 then I learned that Dr. Harrison has taken mom's cells and turned it into some multimillion  
170 dollar research business. Maybe Mom was right. Maybe Dr. Harrison is the devil.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,

*Avery Langston*  
AVERY LANGSTON

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*

Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

**STATEMENT OF REAGAN CAGET, MD**

1 My name is Dr. Reagan Caget and I'm 49 years old. I currently reside in Victory Estates  
2 just outside of Las Vegas with my family. Dr. Harrison Harrison is my neighbor, which  
3 means I had to deal with that scoundrel while I was at work and at home. I've been an  
4 oncologist at New Mexico College Hospital since 2001 and I think Dr. Harrison joined the  
5 staff about a year after me as a pathologist. I attended medical school at the University  
6 of Colorado, graduating Alpha Omega Alpha (1996) and completed my residency in  
7 internal medicine and residency in oncology at the University of Rye Medical Center in  
8 2001. I have been the recipient of numerous federally funded grants for my experimental  
9 work with chemotherapy treatments and I've had several peer reviewed articles published  
10 on the subject. People say I'm cold, but it's no great sin to be more interested in the  
11 mechanisms for curing cancer than in the patients themselves. Patients die. So it goes.  
12 But cancer is eternal, until someone breaks through and eradicates it. That person will be  
13 a legend. Who wouldn't want to be Rosalind Franklin or Jonas Salk?

14 The case of Simone Langston is among the most interesting of my career. Simone's  
15 cancer was incredibly advanced when she finally appeared at the hospital. We thought  
16 she'd last a week, maybe two. I thought her case would be a great example of how life  
17 could be extended with the new chemotherapy I was developing. Unfortunately, she died  
18 just a few weeks after commencing treatment, so the data was unclear, but I'm convinced  
19 that my therapy gave her those precious extra days of life. In lay terms, Simone had two  
20 types of cancer. One was a very aggressive and previously unknown type of colon cancer  
21 that had metastasized, or spread, to all parts of her body through her blood stream, and  
22 the other was a lung cancer that was probably caused by years of smoking.

23 Part of what made Simone Langston's case so interesting was her religious beliefs. New  
24 Mexico College Hospital has a strict policy: we respect all religious limitations and obtain  
25 full consent for any procedures, especially from those patients who claim that religious  
26 belief prohibits certain medical actions. We pride ourselves in giving care on the patient's  
27 terms. I was really mindful of this, as well as my malpractice insurance premium, and so,  
28 on February 22, I made certain Simone signed a consent form. Consistent with hospital  
29 policy and Simone's religious beliefs, I also had her sign a denial of extraordinary  
30 treatment form. Simone was in terrible pain, so she dictated her answers to Avery, but  
31 she was able to sign it herself. Simone was on a light dose of morphine for the pain  
32 associated with injuries suffered from the car accident and was still recovering from a  
33 concussion, so to be safe, following policy, I had Dr. Davis, a staff psychologist at the  
34 hospital, perform a competency examination before the consent form was executed. In  
35 similar cases, we sometimes administer Naloxone, a drug that counteracts the effects of  
36 opiates like morphine, for consent form purposes. I think I've successfully given it to  
37 patients with similar size and weight to Simone that were on as much as 1.5 mg/1 min of  
38 morphine, but I never really pushed it much further than that. Naloxone is pretty powerful,  
39 and it can significantly improve awareness and reasoning, but we didn't even need it here  
40 at all. Davis determined that Simone was fit to consent to the treatment as she was. Avery  
41 said it was very considerate of me to be so concerned with Simone's religious beliefs.

42 Avery was always around, always in the way and often seemed to be fighting with Simone  
43 over religious issues. I guess I didn't care too much for Avery, but you don't get to choose  
44 your patients. So it goes. Still, I actually feel sorry about the financial mess my treatment  
45 caused. In hindsight, I was so concerned with getting Simone on my chemo regime that I  
46 may have oversold it to her and Avery. I told them that it would probably be covered by  
47 insurance or the hospital even though I knew that was unlikely. In addition, I couldn't cover  
48 any costs with grant money since the clinical trial had been completed. I figured they'd  
49 get hospital charity, but it probably would not have mattered, because they were so poor.  
50 Worst case scenario, Simone's estate would be insolvent as a result of the hospital stay.  
51 I felt awful when I later learned that Avery and Avery's kids ended up in a shelter. I guess  
52 I could've given them some money, but I've got a couple of kids of my own who want to  
53 go to college, and well, family first. I stand by my treatment. It was the best chance of  
54 slowing Simone's cancer.

55 Though I may have taken advantage of Simone, it was nothing like what Shea Harrison  
56 did. Harrison seems to have no conscience whatsoever. Harrison somehow became  
57 convinced that Simone's mutated colon cancer was destroying the lung cancer cells.  
58 Harrison told me the colon cancer cells might be reprogrammed and turned into the  
59 ultimate cancer treatment. Just another mad scientist peddling science fiction, but like  
60 cold fusion, it has some appeal to the uneducated. In fact, my chemo was killing the lung  
61 cancer. Harrison started calling Simone's cancer SiLa, and became obsessed. When  
62 Harrison found out that I had Simone sign a consent form only for my chemotherapy but  
63 not for any pathology samples, they cornered me in the cafeteria and loudly accused me  
64 of committing a "crime against humanity" and cutting off their supply to the "nectar of the  
65 gods." What a loon. Harrison was the only criminal in the room. After I refused to help get  
66 Simone's consent to a biopsy, Harrison stormed off. That made me smile. There are few  
67 things I enjoyed more than seeing Harrison frustrated.

68 But, Harrison was determined and started lurking around Simone's room at odd hours of  
69 the day and even sometimes at night, trying to find the right moment and courage to  
70 approach Simone about the consent form. I knew there was no way it was going to  
71 happen. The woman was devout, and watching Harrison try to fake a bedside manner  
72 was a joke. A couple days later, on March 2, I heard Harrison berating Simone, in my unit,  
73 about not consenting to a biopsy! Even Nurse Darcy couldn't believe what was going on.  
74 I've worked with Nurse Darcy for years and I trusted their judgment of character implicitly.  
75 Anyway, I didn't want my treatment results affected by a stressed outpatient so I told the  
76 hospital administration what had happened, and Harrison was banned from the oncology  
77 ward as a result. So it goes.

78 The next day, March 3, was wild. When I got to work, the Pathology lab was smoking!  
79 Apparently, Harrison had fallen asleep in the middle of an experiment. An investigation  
80 was opened, and my understanding was that if Harrison was found to have engaged in  
81 an unauthorized activity that resulted in the fire, they would lose their job at least, and  
82 possibly their medical license. Later that day, I learned that Simone's insurance claim was  
83 denied and that Medicare wouldn't pick up the tab for the chemo treatment. I had no  
84 choice but to tell Simone and Avery. I hoped that they would not stop the treatment, since

85 Simone was becoming a poster child for my chemo regime. Fortunately, on my advice,  
86 they decided to stay the course.

87 I told Nurse Darcy to keep an eye on Simone while I went to grab lunch, because Simone  
88 was frazzled by the fire alarms and commotion. I upped Simone's morphine to calm her  
89 nerves. When I got back not 25 minutes later, sandwich in hand, I heard a loud crash and  
90 yelling from Simone's room. I arrived to find Nurse Darcy restraining Avery, bits of food  
91 smattered everywhere, Harrison standing there incredulously with a hand on their face  
92 and Simone in tears. When the two of us left Simone's room, I told Harrison to leave my  
93 patient alone or else I would have them fired. At that point Harrison wailed, "Without SiLa,  
94 I don't have anything anymore anyway! Don't you see my own life also hangs in the  
95 balance?" In theory, Harrison may have been onto something, but this plea was  
96 completely pathetic, and Harrison seemed deranged. I returned to Simone's room and  
97 told Avery it would be best to limit visitation to designated hours.

98 Over the next month or so, Simone did well tolerating my treatment regime, although she  
99 was experiencing typical chemo side effects associated with my method, including  
100 general malaise and depression. Certainly beats nausea and internal burns. The most  
101 recent CT Scan even showed the lung cancer was definitely shrinking in size. Without  
102 Avery there as much, Simone seemed to be in better spirits. However, Nurse Darcy  
103 suggested that a higher morphine dosage would further minimize Simone's pain and  
104 reduce Simone's remaining anxiety. I agreed and increased the dosage on a couple of  
105 occasions. To be honest, Simone's mental state was not my concern. As long as she was  
106 still on the chemo and physically improving, I didn't pay much attention to her mental  
107 state. Nurse Darcy spent tons of time by Simone's side when Avery was not around, and  
108 the dosage was not dangerous by any means, though I am not an expert on pain  
109 management. If I had known then that Nurse Darcy was working for Harrison, I would've  
110 paid closer attention.

111 Regardless of her mental state or her level of sedation, Simone remained steadfast in her  
112 religious beliefs. Numerous times, Simone told me that if she was going to die, at least  
113 she would go to heaven because no one had taken anything from her body. It was like  
114 she was mindlessly chanting some religious incantation. The only time I ever saw her  
115 waver was on April 6, when I told her and Avery that the hospital charity had refused to  
116 provide them with any financial assistance. Simone and Avery had a whispered  
117 conversation about an offer for money from Dr. Harrison in exchange for some additional  
118 SiLa samples. Simone was saying something about saving the house, and Avery was  
119 nodding. I was stunned that Harrison would sink that low. I mean, unethical is one thing,  
120 but that's got to be criminal! Nurse Darcy snuck out of the room before I had the chance  
121 to ask what Simone and Avery were talking about. Still, I was very concerned that  
122 Harrison was up to something, so I decided to have Dr. Davis check Simone's mental  
123 status once again. I think Dr. Davis visited Simone around April 8<sup>th</sup>, but I never followed  
124 up. Life got in the way a bit, and I was working on more important things. So it goes.

125 Apparently, Dr. Harrison did get Simone to sign something on April 10<sup>th</sup> for the rights to  
126 her cells. I'm not surprised Harrison struck on a Saturday. We all knew Avery was working

127 on Saturdays, and there are fewer staff around on weekends. Plus, I work Monday  
128 through Friday, so Harrison knew I would not be there to interfere. And of course, Nurse  
129 Darcy was a witness ... who else would do it? I'd seen Simone the day before on my  
130 normal rounds, and I'm no psychiatrist, but there's no way that she knew what she was  
131 signing. She was completely out of it. Her eyes were glazed over and it looked like her  
132 mind was a million miles away.

133 After this case started, I reviewed Simone's medical records. Everything pertaining to her  
134 drug regimen seemed in order except that I am listed as authorizing Nurse Darcy to  
135 administer Naloxone. I don't remember doing it, but I reviewed the patient chart and it is  
136 accurate. I trusted Nurse Darcy, and I practically signed whatever they asked for. I am  
137 more careful with my staff nurses now. When Simone died on April 11th, I was shocked.  
138 I really believed she was doing well. I wonder what else Harrison and Nurse Darcy gave  
139 Simone on the 10th. Unfortunately, Simone's beliefs precluded an autopsy, so the cause  
140 of death listed by the medical examiner was cancer. That was impossible. My treatment  
141 was working. Other factors were at play. Also, I'm almost 100% certain that Avery didn't  
142 make a side deal with Harrison. Those two hated one another, and Avery's access was  
143 limited to the oncology ward. Our pathology department is pretty guarded under high  
144 security.

145 Harrison ended up taking the money and running, resigning before the results from the  
146 fire investigation were completed and starting up the SiLa lab with a pile of venture capital  
147 money. I hear that SiLa, Inc. is worth millions, and meanwhile Avery is stranded in poverty.  
148 Harrison also claims that SiLa, not my chemotherapy, prolonged Simone's life. What a  
149 joke. Harrison even got Nurse Darcy a job, and it certainly looks like Nurse Darcy and  
150 Harrison were in cahoots from the beginning. The two of them played me like a pawn.  
151 But here I am, and everything comes around. So it goes.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,

*Reagan Caget, MD*

REAGAN CAGET, MD

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*

Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

**STATEMENT OF BLAINE DAVIS, MD**

1 My name is Dr. Blaine Davis. I am 68 years old and I am the head of Psychiatry at New  
2 Mexico College Hospital. I have held this position on a part-time basis since unofficially  
3 retiring two years ago. I now consult with the hospital and spend most of my time working  
4 as a forensic psychiatry expert witness. I am retained generally to provide my expert  
5 opinion on matters regarding capacity for wills, contracts and consent required for medical  
6 care. I have now participated in over a hundred legal matters, about three-quarters of the  
7 time on behalf of plaintiffs. I charge \$275 per hour. I am also a member of the hospital's  
8 disciplinary board.

9 I obtained my B.S. in Psychology from Temple University in Philadelphia in 1977,  
10 graduating magna cum laude; my MD from the University of Pennsylvania in 1981; and  
11 completed my residency in Psychiatry from Pennsylvania Hospital in 1985, where I also  
12 served as the Chief Resident during my final year. After completing my specialty training,  
13 I took a position as a staff Psychiatrist at New Mexico College Hospital in 1986. I have  
14 received many awards and achievements, including being named a Life Fellow of the  
15 American Psychiatric Association in 2017. In addition, over the years, I've audited and  
16 taught law school classes at the University of New Mexico.

17 I first met Simone Langston at the request of Dr. Reagan Caget, her oncologist. Dr. Caget  
18 is a well-respected member of New Mexico College Hospital's staff and although I  
19 wouldn't consider Dr. Caget a close friend, we definitely respect each other. Dr. Caget  
20 sought to perform an experimental form of chemotherapy on Simone and needed to verify  
21 that Simone had the capacity to consent, pursuant to hospital policy. Simone held strong  
22 religious beliefs that precluded many forms of invasive care. While chemo is noninvasive,  
23 Dr. Caget still wanted to ensure that Simone was fully able to consent. Consent is required  
24 for all treatments and we have a special policy, which I lobbied for and drafted, to  
25 accommodate patients with strong religious beliefs. It was good for everyone: marketing  
26 loved it, patients appreciated it, and it reduced our malpractice liability.

27 Dr. Caget was concerned that Simone may have some form of dementia and that Simone,  
28 who was receiving intravenous morphine, might be cognitively impaired. On February 22,  
29 2021, I conducted a full psychiatric examination over the course of several hours. Simone  
30 denied any problems with her memory or having any other cognitive or functional  
31 problems. Although she lived with family, she stated that she easily could have lived on  
32 her own.

33 I also interviewed Avery Langston, who expressed concern about Simone's capacity.  
34 Avery indicated that Simone's mental state had been a concern for years and stated that  
35 Simone's mental state had deteriorated significantly over the past five years, manifested  
36 by Simone talking to herself. Avery also stated that Simone claimed that she had started  
37 menstruating again. I was surprised that this bothered Avery so much; it seemed clear to  
38 me that Simone probably confused bleeding caused by her colon cancer with  
39 menstruation, and I was frankly a little shocked that Simone was not feeling guilty for  
40 having ignored obvious warning signs. Both Simone and Avery reported that Simone had

41 no prior history of mental health treatment, brain trauma, outside of her recent  
42 concussion, or evaluation for memory problems. There was no indication of formal  
43 hallucinations or delusions. While Simone did become irritated during the interview and  
44 displayed mild anxiety, this was understandable given that Simone indicated she felt  
45 under attack for her religious beliefs.

46 From a physiological perspective, Simone was suffering from advanced metastatic colon  
47 cancer, lung cancer and multiple broken bones. In addition, she had a mild concussion,  
48 which can affect the results of the battery of standard neuropsychological tests I  
49 administered. Simone was receiving morphine for her pain intravenously at a rate of 1 mg  
50 / 1 min. The effects of morphine on cognitive ability are widely disputed, especially over  
51 time, as patients typically develop a tolerance to opiates, such that a higher dose is  
52 needed to obtain a beneficial effect. In addition, weight and general health also play a  
53 factor in determining the effect of the narcotic. However, it is widely accepted that a dose  
54 of 1.6 mg / 1 min. renders a patient to have a lack of capacity for a person of Simone's  
55 weight, which was 60 kg or 132 lbs.

56 The results of all of my testing were consistent with Simone having warning signs of  
57 dementia aggravated by the medication she was receiving and the nature of her physical  
58 ailment. However, Simone was definitively lucid, aware of her surroundings, and steadfast  
59 in her belief system. She performed well on the recognition memory, orientation to time  
60 and place, auditory comprehension, and reading ability tests administered at the time of  
61 my examination. The legal test for competence is not a high bar. We don't ask people to  
62 do calculus; they just have to be able to make a reasoned decision.

63 I also administered a Mini-Mental State Examination or MMSE. The MMSE is a 30 point  
64 questionnaire which is utilized to determine cognitive impairment. Simone scored a 25 on  
65 the MMSE, which is considered to be the bottom end of the effectively normal range of  
66 competency. This test has been a standard in the field for decades and is highly reliable.  
67 In every generation, someone thinks that they can do better than the MMSE, and recently  
68 some respected professionals have argued in favor of the Montreal Cognitive  
69 Assessment (MoCA). MoCA is a fine test, and it is superior in some ways to the MMSE,  
70 because it tests along broader axes of cognition. However, the MoCA test has only been  
71 in use for a decade or so, and lacks the built-up data that are so necessary for rigorous  
72 scientific comparison. I'm aware that it has been shown to provide better assessment of  
73 certain diseases in clinical studies, but so was Bertrand and Rumfoord's Summary Mental  
74 State Exam (SMSE), and later studies proved it nearly worthless for most other diseases.  
75 My own staff has from time to time urged that we move to the MoCA. When Gregory  
76 Haozous was here, Dr. Haozous strongly preferred it, but the MMSE has beaten back  
77 every competitor so far, and Haozous will someday rue having bet on the wrong horse.  
78 MoCA is promising, the best new test I have seen in years, and it may someday become  
79 the industry standard, but right now, we're better off with the time tested, and the MMSE  
80 is old faithful. Regardless, two professionals performing similar investigations should  
81 reach similar results. The test is merely a tool, and physicians who try to apply any test  
82 too rigidly or treat the numerical results of the test as the final word on the question of  
83 competence have failed to do their jobs. Forensic psychiatry is not an arithmetic exercise.

84 In my opinion, based on my training, experience, and examination, on February 22, 2021,  
85 Simone possessed the capacity to enter into contracts, to make a new will, and manage  
86 her financial affairs. She certainly had the capacity to sign the consent form. However, I  
87 strongly recommended that her capacity be examined on a regular basis, as I was very  
88 concerned that the chemo regime and narcotics she was receiving could negatively  
89 impact her ability to make decisions. A startling number of Dr. Caget's experimental  
90 chemotherapy patients experienced depression and I was concerned that the  
91 chemotherapy, in combination with her physical ailments and morphine intake, would  
92 quickly and markedly degrade her mental ability.

93 I had no further contact with Simone until about 6 weeks later when Dr. Caget sought  
94 another evaluation. I met with her on April 8<sup>th</sup>. Once again, Avery was present. Sadly, as  
95 I had feared, Simone was a shell of her former self. For starters, she did not recognize  
96 me, despite the length of my initial examination. I reviewed her chart, paying particular  
97 attention to the progress of her chemotherapy and her morphine intake. She was 1.6 mg  
98 / 1 min., which is the maximum amount recommended for someone of Simone's size,  
99 weight and age. Physiologically, the chemotherapy was taking its toll on Simone. She  
100 was obviously weaker than before, and she had a vacant look. While recent CT scans  
101 suggested that the chemotherapy was working in reducing the size of her colon cancer,  
102 the side effects were extensive. I didn't have the time or inclination to perform a full  
103 psychiatric examination, so I only did the MMSE. Simone scored a 12, which indicates  
104 moderate to severe cognitive impairment. In my opinion, Simone clearly could no longer  
105 understand the significant benefits, risks, and alternatives to proposed health care and  
106 make or communicate a health care decision. Furthermore, I didn't feel that Simone had  
107 the capacity to execute any contract, especially if the matter was complicated.

108 A patient's capacity, or competence, can fluctuate greatly, and someone displaying  
109 symptoms as severe as Simone's on April 8<sup>th</sup> can conceivably be deemed to have  
110 capacity as soon as the following day. However, Simone's mental capacity had  
111 plummeted, and the likelihood of a turnaround was vanishingly small. When I  
112 recommended to Avery a full mental health examination was needed to assess Simone's  
113 mental competence, Avery asked me if that meant that they would be in charge of all  
114 decisions from there on out regarding Simone's medical care. I responded affirmatively. I  
115 communicated my suggestion to Dr. Caget the next week, but Caget told me that Simone  
116 had passed away.

117 I have reviewed the document signed by Simone and Dr. Harrison on April 10<sup>th</sup>. In my  
118 opinion, there is little to no chance that Simone had the capacity, from both a medical and  
119 legal perspective, to execute this agreement. I see nothing in her medical records which  
120 suggest minor changes in her medication would have drastically improved her cognitive  
121 ability. I am aware that she received a small dose of an opioid-antagonist, Naloxone, on  
122 the 10<sup>th</sup> that would have nullified to some degree the effects of the morphine in her  
123 system, but considering the high levels of morphine already in her system and the wide  
124 variety of other factors leading to her diminished mental state, one injection alone would  
125 not have made her completely lucid. Could it have helped some, over a half hour or so?  
126 Sure, but that's about it. Honestly, I was surprised that Dr. Caget authorized Naloxone

127 considering the pain the patient was still experiencing. Regardless, this agreement should  
128 be deemed void in any and all courts of law. That signature alone reveals how weak  
129 Simone was.

130 A full disciplinary committee investigation was underway regarding the March 3<sup>rd</sup> fire when  
131 Dr. Harrison resigned, on June 9, 2021. We intended to commence internal termination  
132 proceedings against Dr. Harrison the following week, but I was pleased to be saved the  
133 aggravation.

134 Frankly, it was just a matter of time. Dr. Harrison was the kind of doctor we don't need  
135 here. You would have thought that the incident at the Rosewater Clinic, where Dr.  
136 Harrison resigned under allegations of forgery, would have scared them straight, but they  
137 cut corners, took liberties and were way too aggressive.

138 Dr. Harrison knew that hospital protocol required the staff psychologist to conduct such  
139 evaluations, but it's just like Harrison to have hired Haozous to whip up a secret MoCA  
140 exam on everyone's day off. I like Haozous, but everyone knows the good doctor is  
141 available at the right price, having resigned from New Mexico College Hospital for  
142 allegedly selling diet pills over the internet. Regardless, I have reviewed Dr. Haozous's  
143 opinion. If Simone really did score a 24 on the MoCA just three days after she registered  
144 a 12 on the MMSE, it just goes to show what a flawed test MoCA is. Or what a flawed  
145 physician performed it. Naloxone is a fine pharmaceutical, but it is not a miracle drug.  
146 Simone was a very, very sick woman lying, heavily medicated, quite literally in her death  
147 bed. It is sophomoric to think that a single 6mg dose of Naloxone would have brought  
148 Simone back from the near catatonic state in which I saw her to the level of competence  
149 Haozous claims to have observed. This is precisely why competence determinations are  
150 best left to trained forensic specialists using established tools, not gifted amateurs test  
151 driving their pet project.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,

*Blaine C. Davis, MD*

BLAINE C. DAVIS, MD

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*

Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

**STATEMENT OF DARCY HERNANDEZ**

1 My name is Darcy Hernandez, and I am 32 years old. I currently reside in Las Vegas,  
2 New Mexico. I'm a registered nurse and am currently employed as a Research Manager  
3 for ResearchPI, Inc, a company that specializes in the administration of clinical testing for  
4 new drugs on behalf of universities and pharmaceutical companies. Prior to working for  
5 ResearchPI, I was employed as a Registered Nurse by New Mexico College Hospital in  
6 the oncology ward for about six years. I got that job after completing a bachelor's degree  
7 in nursing from the University of Rye. I am so much happier now. I got the job, in part,  
8 because of Dr. Shea Harrison's glowing recommendation and now not only do I make  
9 twice the money, but instead of watching people slowly die, I'm making a difference for  
10 millions of people across the world. When my family moved here, we had nothing but a  
11 dream of a better life. Now, I am in a position to advance innovations that improve the  
12 lives of millions.

13 I first met Simone Langston when she was transferred to the oncology ward from the ER  
14 on February 14, 2021. I was assigned as her primary care nurse. People always think it  
15 is the doctors who need good relationships with patients, but it is the nurses who are  
16 responsible for caring them hour after hour. I always tried to keep my guard up with my  
17 patients, because mortality on the oncology ward is so high, but Simone was different.  
18 Her cancer was very advanced, but as soon as I saw her smile, a bond formed instantly  
19 between us.

20 I always had tremendous respect for Dr. Reagan Caget, who was the head of our  
21 oncology ward at New Mexico College Hospital. Dr. Caget was a phenomenal doctor and  
22 pretty much taught me everything I knew about the field of oncology, even though they  
23 seemed to care more about developing their experimental chemo regimen than about the  
24 individual patients. I was worried when Dr. Caget wanted to put Simone on the treatment;  
25 it's very hard on patients, and it is usually reserved for younger, stronger ones. I didn't  
26 want Dr. Caget killing Simone just to get a little more data.

27 To get Simone on the chemotherapy, Dr. Caget brought in one of our hospital's most well-  
28 known and respected doctors, Dr. Blaine Davis, to perform a psychiatric examination.  
29 Though Simone didn't really know what she was actually signing up for, she was definitely  
30 competent. I had only been caring for her for a couple of days, but you could tell this lady  
31 was with it, even if she was nearing 80. You don't need to be a doctor to understand  
32 whether or not someone is alert and aware. I was taught from a young age to respect my  
33 elders, but that seems to be a bit lost in a hospital environment. I was on the ward for six  
34 years, and I think most of our elderly patients were lucid. I wasn't surprised at all when  
35 Dr. Davis realized Simone was fit to sign the consent form.

36 At first, I felt sorry for Avery Langston, but that changed over time. For starters, I don't  
37 think Avery respected Simone at all. The way Avery treated Simone bordered on mental  
38 abuse. Avery would sit by Simone's bed, scolding her about all kinds of things, from  
39 money to her religious beliefs. Religious beliefs were very important to Simone, as they  
40 are to all of us in the Temple. All other folks know about us is that we believe in body

41 integrity, because every few years someone refuses medical treatment and makes the  
42 news, but there's so much more to our faith. If people could experience the beauty of  
43 *boko-maru*, or dance-pray with us for hours on end, they would realize that Bona Valetudo  
44 is just another way of looking at the world and finding beauty and meaning in the  
45 incomprehensible vastness of God. People think it must be strange for me to work as a  
46 nurse, taking blood samples and so on, but they miss the point: the Temple does not  
47 impose its beliefs on anyone else. We're happy to do whatever people themselves want  
48 to ease or end suffering. New Mexico College Hospital understood that, which is why so  
49 many people in the Temple go there.

50 But Avery didn't get it. Avery was condescending and callous, and quickly dismissed  
51 Simone's attempts at conversation. If Simone made a suggestion of any nature, Avery  
52 would make comments about how delusional Simone was acting or how the medication  
53 must be affecting Simone's judgment. Frankly, I didn't really understand why Avery spent  
54 so much time at the hospital anyway. Maybe Avery just wanted to be appointed Simone's  
55 guardian to avoid having to consult with Simone at all. Avery seemed hungry for that  
56 power.

57 A few days after Simone commenced her chemotherapy, Dr. Harrison came down from  
58 the lab to visit with Simone. Dr. Harrison was so excited. They felt that Simone's  
59 genetically mutated colon cancer had special properties which could lead to a novel  
60 therapy for cancer, one that didn't involve radiation or chemotherapy. Dr. Harrison wanted  
61 to get some additional biopsy samples from Simone to confirm their findings. However,  
62 like I said, Simone was steadfast in her religious beliefs, and she flatly rejected Dr.  
63 Harrison's suggestion. Avery went wild. First, Avery told Simone to "shut up about all that  
64 religious nonsense!" Then Avery asked Dr. Harrison how much Dr. Harrison was willing  
65 to pay for the samples. When Dr. Harrison explained that this was for the advancement  
66 of science and society and that they wouldn't pay a penny, Avery became belligerent and  
67 insisted that Dr. Harrison leave the room. I remember Dr. Harrison saying, "Well then, I  
68 will just have to do it the old fashioned way and clone the ones I got." I thought Avery was  
69 crazy to try to sell off pieces of Simone.

70 The next day, there was a fire in Dr. Harrison's lab, and that section of the hospital was  
71 evacuated. I saw Dr. Harrison outside the building as I was arriving for my shift. Dr.  
72 Harrison was definitely upset, agitated and muttering about Simone's tissue samples  
73 having been contaminated. When I finally got up to the oncology ward and checked on  
74 Simone, Simone was crying uncontrollably and muttering that she'd seen the devil. I  
75 figured that Simone must have been having a nightmare, which is often a side effect of  
76 chemotherapy. I went to Dr. Caget and suggested that we increase Simone's morphine  
77 dose to help calm her nerves. Dr. Caget approved my recommendation, which Dr. Caget  
78 pretty much always did.

79 When Dr. Harrison appeared at Simone's room a couple of hours later, I was pretty  
80 surprised. The increased morphine had just kicked in, and Simone was calmly sleeping.  
81 Dr. Harrison approached Avery and offered to pay Avery \$100,000 for what Dr. Harrison  
82 referred to as the "precious SiLa cells." I remember Avery's reaction like it was yesterday.

83 Avery said, “Well if you’re willing to pay \$100,000, I bet you’d pay three times that amount.  
84 I won’t say a word for my mother for under \$300,000.” How greedy is that?! I knew that  
85 they had just recently learned that insurance was not going to pay for Simone’s treatment,  
86 but that was no excuse. Avery’s comment must have struck a nerve, because Harrison  
87 picked up Simone’s meal tray and flung it across the room! Avery rushed at Dr. Harrison  
88 with arms flailing. The loud bang woke Simone who looked at Avery and reamed, “What  
89 has the devil gotten into you, child? Stop acting like such a fool!” I restrained Avery, and  
90 Dr. Caget came in and pulled Dr. Harrison out.

91 The next day, Dr. Harrison approached me in the cafeteria and apologized for  
92 overreacting to Avery’s demand. Dr. Harrison explained that the SiLa cells were so  
93 important to the future of humanity that every effort had to be made to obtain another  
94 sample. Dr. Harrison explained the whole thing, and I understood why Dr. Harrison’s effort  
95 to get more SiLa cells was more important than New Mexico College Hospital, Dr. Caget’s  
96 chemotherapy and even Simone’s life. These cells held the key to saving thousands of  
97 lives. One of the chief tenets of the Temple is that we work to end the suffering of others,  
98 even when it means suffering ourselves. It’s called *gerimondlan*, healing the world. Dr.  
99 Harrison asked me to explain this to Simone and then handed me a check for \$500, just  
100 for listening, I guess. Dr. Harrison said I could keep the money regardless of whether or  
101 not I made any effort to help. I decided to try. It was the right thing. It was *gerimondlan* in  
102 the truest sense.

103 Over the next month, Simone and I bonded. She told me stories of her childhood, her  
104 loving relationship with her husband, and her fears about what would happen to her  
105 grandkids if they were left to Avery and Avery’s awful wife/husband. She explained to me  
106 how much the Temple had helped her when her days were darkest and how that support  
107 created the deepest of faiths. Simone had no problems remembering things or  
108 communicating clearly, even with the extra morphine. Every word she spoke made sense,  
109 and her emotions were completely intact. It was only when Avery berated Simone that  
110 she would become agitated. I spent as much time as possible with Simone. I even slept  
111 in her room some nights. I eventually told her that I thought the chemo was not working  
112 and that she was going to die soon, with or without the treatment. That is how much I  
113 respected her – she deserved to know. Near the end of March, I explained to Simone  
114 about the magical cells in her body and, that even though they were killing her, she  
115 possessed a gift that would heal the entire world if she would just part with the smallest  
116 of cell samples. I told her that with Dr. Harrison’s help, she could save thousands of lives.  
117 I knew Simone didn’t want to betray her faith, but I also knew she understood the  
118 obligation of *gerimondlan* and her role in the Great Wheel. Simone became more  
119 removed, though I don’t think it was due to the morphine and chemo; it was because she  
120 was deep in spiritual thought. She may have been losing her hair, but she was definitely  
121 not losing her mind.

122 On April 6<sup>th</sup>, things changed dramatically. Dr. Caget told Simone and Avery that New  
123 Mexico College Hospital was not going to cover the treatment expense and that they  
124 would have to pay for everything. I think Simone then realized that her house would have  
125 to be sold. I could see the concern in her eyes, and I knew this is what motivated her to

126 say to Avery, “I think we should consider Dr. Harrison’s kind offer.” I left the room to tell  
127 Dr. Harrison the good news. Dr. Harrison told me to have Dr. Caget lower Simone’s  
128 morphine dosage to ensure that Simone was as lucid as possible when making this most  
129 important decision, and suggested that I have Dr. Caget sign off on a dose or two of  
130 Naloxone, a drug that counteracted the effects of morphine, just in case. I couldn’t see  
131 why. Though Simone had been quiet and introspective, she knew what was going on.

132 On April 10, Dr. Harrison came to the oncology ward in the afternoon with a psychiatrist  
133 to perform a competency exam. Simone was really not doing well at first but then Dr.  
134 Harrison told me to administer the Naloxone Dr. Caget had approved. It was a 6 mg dose.  
135 The effects of the drug were amazing. Within minutes, Simone’s eyes lit up and she was  
136 more talkative than she had been in weeks, though I could tell she was in considerable  
137 pain as the effects of the morphine were nullified. She squeezed my hand in a loving way  
138 and smiled at Dr. Harrison. Dr. Harrison handed Simone a document giving Dr. Harrison  
139 rights to the cells and consent for a new biopsy of her tumors. Simone read the document  
140 over carefully and even asked me a few questions. Simone wanted to make sure her  
141 family would get enough money to cover her medical bills. I told her that I thought the  
142 \$200,000 Dr. Harrison offered would more than cover it. She completely understood what  
143 she was doing. Simone looked towards the ceiling and said, “Dear Lord, I know you will  
144 forgive me.” She then signed the document. Dr. Harrison quickly performed the procedure  
145 and obtained the tissue sample.

146 Simone died the next day as a result of the aggressive chemotherapy. I think she let  
147 herself die because she knew she had served her purpose in this world and that her family  
148 would be taken care of. Regardless, I’m just so happy that Dr. Harrison got the cell  
149 samples to start SiLa, Inc. and potentially save the world from cancer. Simone understood  
150 that SiLa was far more valuable than any one life, even her own. She was healing the  
151 world.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,

*Darcy Hernandez*

DARCY HERNANDEZ

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*

Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

## STATEMENT OF SHEA HARRISON, MD

1 My name is Shea Harrison and I am 46 years old. Formerly, I was a pathologist at New  
2 Mexico College Hospital in Las Vegas. I now serve as President and CEO of SiLa, Inc.  
3 Ever since I realized the potential housed in Simone Langston's metastasized colon  
4 cancer, my life has taken an extraordinary course. I'm finally realizing my full potential  
5 and my ability to ultimately make a real difference in this world. However, this success  
6 has not come without my own personal pain and suffering. Sometimes, you have to hit  
7 bottom before you can reach the top. I've gone into tremendous debt, both monetarily  
8 and emotionally, to create SiLa, Inc. and I'm just now earning a return. Right now, I live  
9 by myself. My career and my research have always been more important than family.  
10 Some people are just destined for greatness, and in that respect Simone Langston and I  
11 are the same.

12 Cancer is the biggest killer in the world, accounting for over 13% of all deaths. Even while  
13 I was in medical school at the University of Rye, I knew that I needed to find a way to  
14 defeat this disease. Medically, cancer is nothing more than cells that have begun  
15 multiplying abnormally until they begin to take over parts of the body, often by  
16 metastasizing, that is moving through the blood stream or the lymphatic system to other  
17 areas of the body. Because the cells are native to our body, the immune system is  
18 powerless to stop them. In fact, scientists have identified several genes that often fail in  
19 cancer, including the genes that cells use to recognize when they have mutated and to  
20 apoptose, which is like cell suicide. In other words, cancer avoids all the things that the  
21 body has to stop it, and if it goes untreated, it will almost always kill.

22 However, cancer's strength could also be its downfall. Just as a cell mutates in order to  
23 become cancerous, if a mutation occurs in the cancer itself, it could become a weapon  
24 against other cancers! And that's what happened to Simone Langston. She was a heavy  
25 smoker. Smoking tobacco is medically just about the worst thing you can do to yourself.  
26 Smoking accounts for 90% of all cases of lung cancer. It's more than a terrible habit, it's  
27 murder, and just like it killed my father when I was young, it was killing Simone. In fact,  
28 Simone had developed two types of cancer, one in her colon that ended up spreading  
29 through her entire body and one in her lung. The cancer had gone untreated for so long  
30 that, when she finally was admitted to the hospital, the colon cancer had mutated, creating  
31 a new type of cancer that had beneficial, almost magical properties, including actually  
32 attacking and killing her lung cancer cells. It was like her colon cancer was itself a  
33 treatment for her lung cancer. I named these special cells SiLa, in Simone's honor and  
34 memory. I knew that if they could be stopped from becoming malignant themselves, SiLa  
35 could be used as a base to create a cure for cancer. This is exactly why I went into  
36 pathology: cancer is a disease that has to be attacked at the cellular level.

37 I remember the first time I met Simone. I knew that Dr. Reagan Caget had gotten a  
38 consent form to start Simone on a chemotherapy regime. A true colleague would've  
39 included my work in it as well, but Caget disliked me. I think it's because after medical  
40 school, while I was doing a year of research at the Rosewater Clinic, I was involved in  
41 some controversy where the Clinic accused me of forging a couple of informed consent

42 signatures. I didn't do it, though my lawyer reached a settlement with the Clinic whereby  
43 it would drop the investigation if I would resign. I never admitted any guilt at any time.  
44 Caget's good friend Blaine Davis was on the disciplinary board and probably told Caget  
45 about it.

46 Anyway, I wanted to get additional cell samples to continue my research and assumed  
47 Simone would consent to additional biopsy samples, given my reasons. I rarely visited a  
48 patient's room, since I'm more of a lab rat, but something of this magnitude was an  
49 exception. I first met Simone on March 2. Simone was ecstatic when I told her that even  
50 though she was dying, she would be able to save millions of lives. Although she was  
51 injured and on pain medication, she was completely lucid. She had a smile that filled a  
52 room and your heart with hope. However, Avery Langston was the complete opposite.  
53 Avery could only think of one thing: how much I would pay the family for more cell  
54 samples. Avery didn't seem to care that Simone's religious beliefs instructed that nothing  
55 be removed from her body. In any event, I got into a screaming match of sorts with Avery.  
56 I could respect a religious objection, even though it was ludicrous, but human life is not  
57 something to be sold to the highest bidder. I overreacted and may have said some things  
58 that sounded crazy. I think I told them that I was going to clone the cells, which is totally  
59 impossible. Regardless, Dr. Caget banned me from Oncology as a result of my  
60 confrontation with Avery.

61 I had to try something, so I stayed at the hospital late that night and tried to stimulate the  
62 culture I had into an artificial growth cycle, which would obviate the need for another  
63 biopsy. Unfortunately, sometime after 4 a.m., the coffee ran out, and I fell asleep at the  
64 autoclave. It short circuited, which caused a small fire. The sprinklers quickly doused the  
65 room, and there was just a lot of smoke, but the few SiLa cells I had were contaminated  
66 and completely useless!

67 I was devastated, realizing that my carelessness could cost thousands of lives. I started  
68 seeing my patients' faces in my mind, and my father's, accusing me of wasting their lives.  
69 I almost walked into the street in front of the hospital before I realized I'd been wandering  
70 the parking lot for several hours. The fire had been put out but it wasn't safe yet to re-  
71 enter the building. I knew it could end my career, but I didn't care: I snuck back in and  
72 went to see Simone. I know I shouldn't have, but I needed to explain to Simone what her  
73 choice really meant. Simone was alone and greeted me with a smile. I found her mind  
74 was as clear as mine was cloudy. I explained to her that the sample of her cells that I had  
75 were lost. I explained again how vital it was to my research that I get some more. She  
76 told me that she understood but was unsure of what to do. She said she wanted to help,  
77 but had taken vows she could not break without endangering her soul. I begged her to  
78 think about it and she soberly said, "okay." I told her I'd be back soon to discuss it after  
79 she had more time to think.

80 I thought I had gotten through to Simone and that she would make the right decision on  
81 her own, but I was worried time would run out. Her colon cancer was advancing quickly,  
82 and Dr. Caget's pie-in-the-sky chemo was not stopping it. I decided my only alternative  
83 was to approach Avery; it was the only way to make sure it happened *quickly*. I spent a

84 few soul-searching hours in my lab, only half paying attention to my work. I decided that  
85 I would liquidate all of my assets, if it meant being able to acquire another SiLa biopsy.  
86 So I went to Simone's room for the second time that day. I found Avery and Nurse Darcy  
87 with Simone. Simone appeared a bit out of sorts. She was not speaking, and her eyes  
88 were glazed over. What a change from a couple of hours before! I even thought for a  
89 second that maybe I had imagined my previous conversation with her. I told Avery that I  
90 would be willing to pay \$100,000 for consent to a biopsy. Avery, true to form, immediately  
91 rejected the offer, telling me that if I was willing to offer \$100,000, then I would certainly  
92 offer three times that amount. I was shocked. I wasn't even 100% sure SiLa had any  
93 commercial value, and even if it did, I would have to spend years unlocking it. My anger  
94 got the best of me, and I knocked over a food tray. Avery lunged at me and put a finger  
95 in my eye. Nurse Darcy restrained Avery, and Simone started screaming. Whatever  
96 inroads I made earlier were now destroyed. Dr. Caget, ended up chastising me, but I was  
97 so distraught I don't remember what exactly was said or how I responded. My father was  
98 back again in my mind's eye, staring at me accusingly, reminding me of my failures.

99 I decided to do some research into the Temple of Bona Valetudo. How wrong I had been!  
100 Based on what I read, offering Simone money could be interpreted by her as a temptation  
101 by the devil. I could not afford any more missteps. I needed someone with access to  
102 Simone. Fate provided me an answer; it was as if the whole universe realized how  
103 important this discovery was! I recalled that Nurse Darcy was a member of the Temple  
104 as well. Realizing that this was possibly my last chance, I approached Nurse Darcy the  
105 next day after their shift and carefully explained what SiLa really meant and what it could  
106 mean to humanity. I used the pathology report as my evidence and by the end of a cup  
107 of coffee, I had convinced Nurse Darcy that SiLa was so important that it could be an  
108 exception to the tenets of the Temple. Because I was so thankful that Nurse Darcy was  
109 even willing to listen to me, I gave them a check for \$500 to show my appreciation, even  
110 though I understood from the internet that money would not motivate a member of the  
111 Temple to assist me. Clearly Nurse Darcy really believed it was the right thing to do.

112 Over the next month or so, while I tried and failed to focus on my other work, I got reports  
113 from Nurse Darcy on Simone's progress on the chemo as well as her general mental  
114 state. Simone was dying, and the chemo was accelerating the process. Caget was too  
115 blinded by the hollow promises of the chemo to see that the real cure lay elsewhere.  
116 Nurse Darcy assured me that Simone remained lucid and that their conversations were  
117 productive, but I knew that the morphine Simone was taking was a very high dose and  
118 could affect her ability to make decisions on her own. Nurse Darcy told me that with Avery  
119 banned except during visiting hours, they talked openly about the Temple and whether or  
120 not Simone would be forgiven if she allowed the biopsy to occur. I was certain I had made  
121 the right decision in confiding in Nurse Darcy and hoped someday I could repay the favor.

122 On April 6, all of my prayers were answered. Nurse Darcy came running to my lab to tell  
123 me that for the first time, Simone said she would allow me to take the biopsy of the SiLa  
124 cancer. Apparently Simone was very worried that her family house was going to have to  
125 be sold to pay for her treatment. All that Simone wanted in exchange was for me to cover  
126 her medical bills. Simple enough really, since SiLa could be worth billions. It was a risk,

127 but it was worth it! I knew I had to be extremely careful about how I set everything up. I  
128 figured it would take about a week for me to get everything in order and decided that  
129 Saturday, April 10, was the perfect day. There was less staff around on weekends, and  
130 Dr. Caget never worked weekends, so I could move about freely on the oncology ward. I  
131 was also very concerned about documenting that Simone had the capacity to provide  
132 informed consent to the biopsy and to agree to the rights to SiLa she was signing over.  
133 So I hired a lawyer to draft the agreement and hired my old friend Gregory Haozous to  
134 check her competency to attest to the biopsy and sign the contract.

135 I hadn't spoken to Haozous in months, but Haozous was available, and was willing to do  
136 it that Saturday for one and one-half times their usual fee. I would've used a hospital  
137 psychiatrist, but the administration and I were not on good terms. I also had Nurse Darcy  
138 lower Simone's morphine dose on the 10<sup>th</sup> and get authorization from Dr. Caget for  
139 Naloxone, which would counteract the effect of the morphine. Even though I am not an  
140 expert in narcotics or psychiatry, I knew that both of those medication changes would help  
141 Simone with her ability to understand the agreement and to competently execute it. I  
142 wanted there to be no question as to the validity of the contract. The only thing I didn't  
143 know for sure was how much I would have to pay, so I began a radical liquidation – stocks,  
144 bonds, CDs, even my retirement accounts. Everything went into the "SiLa Fund" as I  
145 called it. I looked into a second mortgage and a quick sale of my Porsche in case I had  
146 to go to \$300,000, but fortunately, I found a post-it note from Avery on my lab door on the  
147 April 8<sup>th</sup> that said "\$200,000 and you got a deal." Simone eventually signed the  
148 agreement, but I kept Avery's note just in case.

149 On April 10<sup>th</sup>, after a false start on the test, Dr. Haozous re-started the MoCA almost  
150 immediately after the morphine had been discontinued and the Naloxone administered  
151 by Nurse Darcy. Dr. Caget had already signed off on the Naloxone. Simone started out  
152 real slow on the tests but then went from stoic and mildly responsive to animated and  
153 talkative. Simone was definitely of sound mind, and I wasn't surprised when she scored  
154 extremely well on the MoCA and was deemed competent. I had her review the agreement  
155 carefully and advised her to ask Nurse Darcy or me about any questions she had. Simone  
156 did have a few general questions about the biopsy procedure, which was a fine needle  
157 aspiration, and also about the amount of money offered. Nurse Darcy assured her that  
158 \$200,000 was more than enough to cover the medical expenses. I was really glad that  
159 Avery wasn't there to try and extort more money. Simone signed the contract about an  
160 hour after receiving the Naloxone. After the morphine was re-administered I performed  
161 the biopsy procedure, and SiLa was once again back in my hands. Unfortunately Simone  
162 died the next day, most certainly from the chemotherapy; but Simone will be immortal,  
163 and her contributions will be remembered long after her death! As for Avery, I feel bad  
164 that they're apparently living in a shelter or whatever, but I paid what Avery demanded.

165 After I got Simone's sample and confirmed my original findings, I realized that I would  
166 need a better lab space - keeping the cells at New Mexico College Hospital was a legal  
167 mess waiting to happen. I hid them in the lab until I could pay a private facility to store  
168 them while I lined up investors. On June 1, 2021, I finally found the financing I was looking  
169 for and SiLa, Inc. was born. I quit working at New Mexico College Hospital the following

170 week. In recognition of the efforts on my behalf, I gave Nurse Darcy a good letter of  
171 recommendation to a company run by a couple of my medical school classmates. The  
172 Oncology ward has very high nursing turnover, and Nurse Darcy was ready to leave New  
173 Mexico College Hospital after all of this, too. To protect my intellectual property, I obtained  
174 a patent for the SiLa cells and licensed it to the Company. To date we have raised over  
175 \$56 million dollars in venture capital and we are only a year or two away from starting  
176 trials in rats with the reprogrammed SiLa cell. What a turnaround; like I said, sometimes  
177 you have to hit bottom before you rise to the top.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,  
*Shea Harrison, MD*  
SHEA HARRISON, MD

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*  
Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

## STATEMENT OF GREGORY HAOZOUS, MD

1 My name is Gregory Haozous. I am 49 years old, and I am a psychiatrist specializing in  
2 addiction and eating disorders. I am a founder and principal of IC9 LLC, a team of nine  
3 neurologists, psychiatrists, neurosurgeons, and counselors based in downtown Las  
4 Vegas. The “IC” stands for “Intra-Cranial,” because we’re all brain doctors. Catchy, isn’t  
5 it? IC9 provides consulting services for a wide variety of business and research  
6 institutions. For example, lots of organizations want grant money for research or drug  
7 testing but don’t have staff to perform competency examinations or administer psychiatric  
8 or neurological tests. No problem! We do, and we even have our own EEG, MRI and fMRI  
9 machines on which they can rent time. IC9 also receives grant funding of its own. In fact,  
10 I’m the lead investigator in a study funded by Castle Sugar, Inc. into whether its energy  
11 drinks are really addictive, or whether that’s just a spurious rumor spread by jealous  
12 competitors. We are still collecting data.

13 We also frequently serve as expert witnesses in both civil and criminal cases. Dr. Woodyly  
14 is the only forensic psychiatrist in the team, but she trained the rest of us in the basics,  
15 and we have all testified at least once in court. I have testified in a couple dozen cases,  
16 sometimes on addiction as a mitigating factor, but five or six times on competence issues.  
17 I charge \$350/hr for my time. I don’t know which side I have testified more frequently for,  
18 because I’m focused on my issue, not what it means to the case.

19 I received Bachelor’s and Master’s degrees in anthropology from the University of  
20 Chicago, but I left the program when my doctoral thesis was rejected. Thankfully, though,  
21 I had met all kinds of interesting people abroad when I was working on my Masters. One  
22 of them had friends in Colombia and - presto! - I was in med school at the Universidad  
23 Pontificia Bolivariana in Medellín. I had a blast in South America, but after I graduated in  
24 2001, I wanted to come back to the States. Luckily, there was an opening at the  
25 Rosewater Clinic, a prestigious medical think tank. They were doing some early studies  
26 with first-generation ADHD medication, which was basically amphetamines, and I had  
27 done research in Colombia in a clinical trial to measure the degree to which a substance  
28 is addictive. It was a natural fit, and I started post-graduate work there just a couple of  
29 weeks after my white coat ceremony.

30 I met Shea Harrison in my second year at Rosewater. Shea joined up as a pathologist.  
31 Shea isn’t exactly a people person, but if you needed something done, Shea was the  
32 best. Rosewater had a lot of rules, and a lot of them were silly. Shea realized that, too,  
33 and we worked together to do path-breaking work in addiction physiology. It was a real  
34 downer when Shea got the boot on some overblown forgery claim after generating the  
35 best data Rosewater had seen in years.

36 After a couple of years in research, in 2007 our grant ran out, and I joined Shea at New  
37 Mexico College Hospital. Big mistake! The psych department there is run by Blaine Davis,  
38 who invented half the techniques we use, but who quite frankly is older than dirt. The  
39 whole place was run like it was *Leave it to Beaver*. All the men wore ties, and the women  
40 had to wear skirts. Everything was “sir” this and “ma’am” that. But what bothered me the

41 most was that their practices were years out of date. Psychiatry is a fast-moving field, and  
42 we're learning more about the human mind every day. Tests that got the job done in 1990  
43 are ancient history now, but Davis insisted on them. Like the MMSE, which is a fine test,  
44 and was state of the art in its time.

45 Competence is a binary question: you either are competent to make a particular decision  
46 or you're not. The level of competence we require varies based on the decision: to decide  
47 to take or refuse a Tylenol, the standard is low, but for a transplant, the bar is much higher.  
48 Regardless, every medical decision requires competence in four distinct sub-areas:  
49 understanding of what the procedure is physically, appreciation of what it means to the  
50 patient, reasoning whether to undergo it and expression of that choice. Each of these  
51 pieces requires a different kind of mental ability, and the patient's reasoning can give  
52 insight into competence. For example, one patient may think God will heal them and may  
53 refuse surgery for that reason. That person might be wrong, but still competent, if they  
54 truly understand the procedure, appreciate the risk of non-treatment, reason and  
55 articulate that reasoning. But if a patient doesn't want surgery because they think the FBI  
56 will put a tracking device in them while they're under anesthesia, their decision is not  
57 based on understanding or appreciation of the procedure itself. That said, even the  
58 paranoid person might still be competent to make a contract or write a will. You can be  
59 competent for some things and not for others, or at one time and not others.

60 Unfortunately, the MMSE focuses on intact verbal skills, which overvalues expression and  
61 underemphasizes the reasoning process. By contrast, the Montreal Cognitive  
62 Assessment (MoCA) also tests visuo-spatial abilities, complex attention, and executive  
63 function. Because the MMSE is testing only one thing, even if it tests it very well, it has a  
64 much narrower range of outcomes. Because MoCA tests a wider range of abilities, it is  
65 more sensitive to people who are competent but whose intact verbal skills are impaired,  
66 and, critically, it also means that MoCA locates a patient within a much wider band of  
67 possible outcomes, so a MoCA result tells you more. MoCA is simply a better tool for  
68 assessing competence, and it's been proven clinically superior in patients with  
69 Huntington's Disease, minimum cognitive impairment Alzheimer's Disease, brain tumors,  
70 and stroke. And that's just the testing that has been done so far. The trend is undeniable.  
71 Dr. Davis always said that there wasn't enough data to support MoCA. There's no  
72 question that MMSE has the best volume of research behind it, but of course there isn't  
73 as much data for MoCA, when leading researchers like Dr. Davis refuse to try it! By that  
74 logic, I'd have driven a shiny new horse and buggy here, instead of my Tesla.

75 So I didn't stay too long at New Mexico College Hospital. After I started challenging Dr.  
76 Davis at medical staff meetings and secretly taught the ER staff to use MoCA, an  
77 investigation started into an "anonymous" tip that I was prescribing drugs over the  
78 internet. I let things play out a little, but when they referred me to the Board of Medical  
79 Examiners, I knew that was it. The allegations were totally false but I had gotten into a  
80 bad practice of writing prescriptions for myself, and I knew that the Board would figure  
81 that out sooner or later. It started with some diet pills, but those are basically speed, so I  
82 was having trouble sleeping. Then I prescribed myself some sleeping aids, which made  
83 me groggy, so I slipped and broke my foot. Then I needed some painkillers... anyway,

84 long story short, I was hooked on some things. I admitted my mistake to the Board and  
85 resigned from New Mexico College Hospital. I reached out to some other folks having  
86 similar problems bringing their hospitals' gray hairs into the 21<sup>st</sup> Century, and IC9 was  
87 born. Now I'm my own boss and I'm making twice the cash. I've never looked back.

88 I was surprised to hear from Shea in April 2021. It had been a while, and Shea sounded  
89 really excited. They needed a competency exam, and they needed it fast. I told Shea no  
90 problem. Then Shea said it needed to be done that Saturday, which was a huge problem,  
91 because I had tickets to see the Crystal Method that night in Albuquerque. But Shea  
92 offered to sweeten the deal, and since I could use the extra money, I said sure. Anything  
93 for an old friend, right?

94 When I got to Simone Langston's room on April 10, around 2:30 p.m., I could see  
95 immediately why Shea wanted me there. Simone looked terrible. Her cheeks were drawn,  
96 her skin was pale, her eyes had sunk into her head, and she had trouble breathing. Even  
97 before I reviewed her chart, it was obvious that she was dying quickly from something  
98 nasty. I wasn't surprised to see that it was lung cancer. That's why you'll never see me  
99 smoking a cigarette.

100 Simone was too weak to go through a full psychiatric evaluation, and I had someplace  
101 else to be, so I went straight to the MoCA. At first, it was a train wreck. Simone drew a  
102 square instead of a cube, drew a smiley face instead of a clock, and she called the lion a  
103 kitty cat and the rhinoceros a dinosaur. I was ready to leave then and there, but Shea  
104 persuaded me to start over after the nurse stopped the morphine and dosed Simone with  
105 6 mg Naloxone. The more I thought about it, the more that made sense. I mean, Simone  
106 wasn't in a different universe on any of her answers, and her opiate doses would be  
107 enough to make anyone a little loopy.

108 Sure enough, the Naloxone cleared her right up. Opiates affect different people  
109 differently, and opiate antagonists do, too. Clinical studies generally don't support  
110 Naloxone doing what I saw it do. But for Simone Langston, the impact was incredible. In  
111 a matter of minutes, life returned to her eyes and she was sharp as a tack. Even though  
112 it did take longer than normal to complete the exam, Simone scored a 24. If you simply  
113 follow the numbers and apply the MoCA guide that means that she was Moderately  
114 Impaired and that she most likely lacked capacity. But that's why tests are administered  
115 by professionals, not robots. Two of the questions that Simone missed had to do with the  
116 day and date. In a patient who has been heavily medicated or who has been in the  
117 hospital for a long time, losing track of time is quite common. I would have been  
118 concerned if she had thought that it was still the 1990s, but she was only off by a few  
119 days. That's not a serious cause for concern, clinically. Besides, even the MoCA numbers  
120 put her at the very high end of Moderately Impaired, within the margin of error for outright  
121 competence. With that said, based on my observations, she was not impaired at all. That's  
122 why the test guide says "most likely" lacks capacity, not "lacks capacity." Some 24s are  
123 competent, and Simone wasn't even a real 24. If you count the questions she missed,  
124 she was a 26, and she acted like one. She was reasoning well and was oriented and

125 aware. I am confident, within a reasonable degree of medical certainty, that she was  
126 competent, at least until the Naloxone wore off.

127 I know that Dr. Davis doesn't think that the Naloxone could have worked as well as it did  
128 and doesn't think the MoCA result is valid. I have a lot of respect for Dr. Davis despite our  
129 differences, and I generally trust Blaine's tests. Dr. Davis and I agree that the factors in  
130 Simone's mental state were age, illness, and medication. She was only in the hospital  
131 two months, so her age did not meaningfully change, and while she certainly got sicker,  
132 there is no evidence that the cancer spread to her brain. So that leaves medication, and  
133 morphine depresses mood and reduces competence. Moreover, over time, patients build  
134 up drug resistance, so higher and higher doses are needed to achieve pain relief. These  
135 higher doses also mean greater mental effects. But those effects only last while the drug  
136 is being administered. If the drug is lessened or counteracted, its suppressive effects  
137 fade, too. A patient whose opioids are reduced or counteracted can very quickly rebound  
138 into (often painful) competence. And, of course, Dr. Davis's April 8 examination was an  
139 MMSE. If Simone Langston's intact verbal skills were suppressed by her high dose of  
140 morphine, the MMSE could give an artificially low report.

141 Anyway, I finished my report immediately and recall Simone looking through the consent  
142 form and agreement with a pen in her hand. This took place less than an hour after  
143 Simone took the Naloxone. Even though I wasn't paying close attention, it appeared to  
144 me that Simone remained alert and competent. When Shea and the nurse started talking  
145 to Simone about the biopsy procedure, I was really surprised to hear that Simone was a  
146 Bona Valetudian but was consenting to a biopsy. When I was in medical school, we stood  
147 by and watched more than one Valetudian pass away because they refused a transfusion  
148 or didn't want a test that we needed. I thought about saying something, but Simone wasn't  
149 my patient, she was Shea's, and anyway, I had a plane to catch. I packed my materials  
150 and took off. Can't say I'm surprised to find myself here, though. This is what happens  
151 when you mess around with people's religion.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add. The material facts are true and correct.

Signed,

*Gregory Haozous, MD*  
GREGORY HAOZOUS, MD

SIGNED AND SWORN to before me at 8:00 AM  
on the day of this round of the 2023 New Mexico Mock Trial Competition.

*Elowen Rajala*

Elowen Rajala, Notary Public  
State of New Mexico

My Commission Expires: November 1, 2024

**EXHIBITS**

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## CONSENT FOR CHEMOTHERAPY



### New Mexico College Hospital

55293 W 39<sup>th</sup> Avenue  
 Las Vegas New Mexico 87701  
 voice 585.939.6161  
 fax 585.939.6162  
 e-mail [info@nmch.org](mailto:info@nmch.org)  
 web [nmch.org](http://nmch.org)

#### Department of Oncology

#### Oncologist: Reagan Cagat, MD

DATE: February 22, 2021

Patient: Simone Langston

DOB: 08/10/1948

ID: 0908076

#### READ THE FOLLOWING CAREFULLY:

- You are being asked to give your permission to participate in an experimental chemotherapy treatment that will be administered by New Mexico College Hospital through the care of Dr. Reagan Cagat. Specifically, this treatment involves a combination of chemotherapy drugs that have not been used together in the past: Camptosar, Eloxatin, and Vectibix. Therefore, New Mexico College Hospital has deemed this treatment plan **experimental**. It is hoped that this chemotherapy treatment will retard the growth of your very aggressive and metastasized colon cancer.
- If you have any questions or concerns about this procedure, please ask Dr. Cagat to provide further information so that you feel you are making as informed a decision as possible before signing this consent form.

#### GENERAL PROCEDURES:

- Over the course of the next **eight weeks**, you will be given the chemotherapy through intravenous (IV) delivery. The medication will be provided incrementally with dose depending on the schedule dictated by Dr. Cagat. You will not need to ingest any pills. You will remain at New Mexico College Hospital as an inpatient until the chemotherapy schedule has been completed in full, unless unforeseen complications arise or you voluntarily withdraw from the program. No cell or tissue samples will be required, but you must have CT scans and MRIs from time to time in order to monitor the status of your colon cancer.

#### SIDE EFFECTS:

- As with any treatment involving chemicals, **there are side effects that may occur**. Because this particular treatment plan has been deemed experimental, New Mexico College Hospital and Dr. Cagat cannot guarantee what particular discomforts you may feel. However, as with most forms of chemotherapy, you may experience the following symptoms: depression of the immune system; fatigue; bruising; nausea;

and hair loss. Unlike with chemotherapy of the past, there have been no reported instances of psychosis or night terrors with the particular combination of chemotherapy drugs associated with this treatment plan.

### **COSTS**

- This treatment is not part of a formal clinical trial and New Mexico College Hospital is in no way or form responsible for the cost associated with this treatment. You or your insurance company will be responsible for medical costs associated with receiving this chemotherapy. If you have insurance, your insurance company may or may not pay for these costs. If you do not have insurance, or if your insurance company refuses to pay, you will be required to pay.

### **VOLUNTARY PARTICIPATION / WITHDRAWAL FROM TREATMENT**

- Participation in this treatment is voluntary. While it is strongly recommended that you do not stop the chemotherapy once the course has started, you will, at all times, retain the ability to cease participation for any reason. Written notification must be provided to hospital staff if you no longer wish to continue to receive treatment.

### **AGREEMENT OF DECISION TO PARTICIPATE**

*I have read and comprehended this consent form. This experimental treatment plan has been explained to my satisfaction and all of my questions relating to the proposed chemotherapy, including the risks and discomforts, and side effects have been answered. I also affirmatively state that I have the capacity and ability to enter into this treatment plan willfully and knowingly. Based on this information, I voluntarily agree to give permission (consent) for me to take part in the proposed experimental chemotherapy treatment.*

*Simone Langston*

\_\_\_\_\_  
**Signature of Participant**

Feb. 22 2021

\_\_\_\_\_  
**Date**

Simone Langston

\_\_\_\_\_  
**Printed Name of Participant**

DENIAL OF TREATMENT FORM



New Mexico College Hospital

55293 W 39th Avenue
Las Vegas New Mexico 87701
voice 585.939.6161
fax 585.939.6162
e-mail info@nmch.org
web nmch.org

Department of Oncology
Oncologist: Reagan Cagat, MD

DATE: February 22, 2021
Patient: Simone Langston
DOB: 08/10/1948
ID: 0908076

PLEASE COMPLETE THE FOLLOWING IN YOUR OWN WORDS DESCRIBING THE TYPES OF TREATMENT AND PROCESSES YOU DO NOT WISH TO RECEIVE. THIS FORM CAN BE COMPLETED IN ANY LANGUAGE. IF YOU NEED A TRANSLATOR ONE WILL BE PROVIDED FREE OF CHARGE BY NEW MEXICO COLLEGE HOSPITAL.

I, Simone Langston, do NOT wish to receive the following types of treatments and procedures associated with the medical care I am receiving from New Mexico College Hospital with respect to my colon and lung cancer because of my religious beliefs in the Temple of Bono Valetada:

- 1. the taking of anything from my body
2. any tests that require blood
3. any other tests that use needles of any kind
4.
5.

My physician explained to me the benefits of receiving such treatment which include: being able to better monitor my sickness and the effects of the treatment I did consent to

Despite any recommendations made by my physician, I freely and of sound mind refuse to consent to any of the treatments listed above.

Simone Langston
NAME

Feb. 22, 2021
DATE

Simone Langston
SIGNATURE

## AGREEMENT FOR RIGHTS TO SILA AND CONSENT TO BIOPSY

This Agreement shall be deemed effective as of April 10, 2021 by and between Simone Langston (“Seller”) and Dr. Shea Harrison (“Buyer”).

### RECITALS

WHEREAS: Seller possesses a special type of colon cancer, whereby the tumor cells have mutated and metastasized (such mutated and metastasized cells are herein referred to as “SiLa”);

WHEREAS: SiLa has been determined to have the ability to attack and destroy other cancer cells located in Seller’s body;

WHEREAS: Buyer seeks to obtain the rights to SiLa in order to conduct additional research in the hopes of reprogramming SiLa so that it can be used and marketed as a novel cancer-fighting drug; and

WHEREAS: In order to ensure that Seller (patient) provides to Buyer (physician) her full and informed consent to the biopsies required in order to obtain SiLa, Buyer hereby informs Seller of the following:

- The procedure to be performed is a **Fine Needle Aspiration (FNA) biopsy** of Seller’s left lung. This is a routine procedure whereby a 22-gauge needle will be inserted into the core of your tumor under fluoroscopic (light) guidance, and a tissue sample will be obtained. This procedure will be done while you are mildly sedated with morphine but you will remain awake. You may feel pressure, and a brief sharp pain when the needle touches the lung tissue. Most patients do not experience severe pain. The needle is withdrawn when enough tissue has been obtained. The entire procedure takes 30 to 60 minutes.
- All alternatives to obtaining the tissue samples as needed to provide Buyer with SiLa involve procedures which are more invasive than this FNA procedure and involve more significant complications.
- If you have any questions or concerns about this procedure or with any issue discussed today, please ask Buyer/physician to provide further information so that you feel you are making as informed a decision as possible before signing this Agreement and providing your consent at the end of this document.

NOW THEREFORE, in consideration of the mutual covenants, conditions, and promises herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound hereby, agree as follows:

1. Seller's Obligations. Seller agrees to allow Buyer to have the exclusive rights to SiLa for the purposes of medical research and commercial distribution. Seller, in full awareness of her religious beliefs, agrees to allow Buyer to obtain biopsies of the tumors located in her lung containing SiLa. In addition, this agreement provides full and informed medical consent for the aforementioned biopsies. Seller agrees that the biopsies are to occur immediately after executing this agreement. Seller agrees to allow Buyer to perform said biopsy.

2. Buyer's Obligations. Buyer agrees to purchase rights to SiLa for \$200,000 to be paid directly to Simone Langston, or if Simone Langston dies, to her sole heir, Avery Langston, within in 10 days of the execution of this agreement. If Buyer fails to provide full payment within the stated period of time, this agreement will be deemed null and void.

3. Term. The term of this Agreement shall be indefinite from date of execution.

4. Royalties and Dividends. No royalties or dividends will be paid to Seller at any point now or in the future for any and all financial gain realized through the commercial marketing, sale, and distribution of SiLa by Buyer.

5. Entire Agreement. This Agreement constitutes the complete and exclusive statement of all mutual understandings between the parties with respect to the subject matter hereof, superseding all prior or contemporaneous proposals, communications and understandings, oral or written. In addition, this Agreement supersedes any and all agreements, waivers, refusals and consent forms executed by Seller to any medical care provider that contradict the terms of this Agreement. This Agreement may be amended only in writing by an instrument signed by each party.

6. No Partnership. Nothing contained in this Agreement shall constitute or be construed to be or create a partnership or joint venture between the parties or their respective successors or assigns.

7. Section Headings. The section headings contained herein are for convenience of reference only and are not intended to define, limit or describe the scope or intent of any provision of this Agreement.

8. Governing Law and Dispute Resolution. This Agreement shall be deemed to have been made and shall be construed and interpreted in accordance with the laws of the State of New Mexico and any and all disputes that may arise hereunder shall be resolved in a court of competent jurisdiction sitting in San Miguel County, New Mexico. In the event of any dispute under this Agreement, the non-prevailing party shall pay to the prevailing (or substantially prevailing) party all costs of dispute, including without limitation its reasonable attorney's fees and court costs.

9. Waiver. No waiver of any provision hereof or of any right or remedy hereunder shall be effective unless in writing and signed by the party against whom such waiver is sought to be enforced. No delay in exercising, no course of dealing with respect to, or

no partial exercise of any right or remedy hereunder shall constitute a waiver of any other right or remedy, or future exercise thereof.

10. Force Majeure. If the performance of any part of this Agreement by either party is prevented, hindered, delayed or otherwise made impracticable by reason of any flood, riot, fire, judicial or governmental action, labor disputes, act of nature or any other causes beyond the control of either party, that party shall be excused from such to the extent that it is prevented, hindered or delayed by such causes.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement and/or have caused this Agreement to be executed by their duly authorized officers effective as of the Effective Date.

Seller: Simone Langston

Buyer: Dr. Shea Harrison

*Simone Langston*

*Shea Harrison*

Witness: Darcy Hernandez

*Darcy Hernandez*

## RADIOLOGY REPORT

**New Mexico College Hospital**

**55293 W 39<sup>th</sup> Avenue**  
**Las Vegas New Mexico 87701**  
**voice 585.939.6161**  
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**e-mail [info@nmch.org](mailto:info@nmch.org)**  
**web [nmch.org](http://nmch.org)**

**Department of Radiology**  
**Oncologist: Jayne Ratkin, MD**

DATE: February 14, 2021

Patient: Simone Langston

DOB: 08/10/1948

ID: 0908076

---

**A. Procedure**

- a. Spiral CT Scan – Abdomen/Pelvis and Lung
  - Use of X-rays to visualize the internal organs of the body. This is a non-invasive, fairly low-risk imaging modality that is tolerated well by patients.

**B. Radiologic Findings**

- a. No obvious organ damage or source of internal bleeding; however, there is marked circumferential thickening of the cecum (Figure 1). The bowel wall has a low-attenuation component (Figure 1), which is due to necrosis. There is also stranding of the pericolic fat, a finding suggestive of tumor invasion through the wall. Biopsy via colonoscopy is needed to confirm the diagnosis of colon cancer.
- b. In addition to the lesion identified in the colon, two nodules were discovered in the lungs (Figures 2 and 3, below). The hilar mass (Fig 2) is estimated to be approximately 7.42 cm in greatest dimension. The peripheral mass (Fig 3) is estimated to be approximately 4 cm in greatest dimension. These opacities seem to suggest metastatic cancer; biopsy via fine needle aspiration (FNA) is needed to confirm the diagnosis.

**C. Diagnosis**

- a. Colon cancer – biopsy needed to confirm diagnosis.
- b. Several lung tumors, suggestive of metastatic cancer – biopsy needed to confirm diagnosis.

**D. Recommendations**

- a. Colonoscopy with biopsy
- b. Lung FNA biopsy

Radiologist: *Jayne Ratkin*





## New Mexico College Hospital

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Las Vegas New Mexico 87701

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e-mail [info@nmch.org](mailto:info@nmch.org)

web [nmch.org](http://nmch.org)

### Department of Radiology

**Oncologist: Jayne Ratkin, MD**

DATE: March 31, 2021

Patient: Simone Langston

DOB: 08/10/1948

ID: 0908076

#### A. Procedure

- a. Spiral CT Scan – Lung
  - Use of X-rays to visualize the internal organs of the body. This is a non-invasive, fairly low-risk imaging modality that is tolerated well by patients.

#### B. Radiologic Findings

- a. A repeat CT scan of the lung was performed to evaluate the size of the hilar mass discovered on February 14, 2021. The tumor was originally estimated to measure 7.42 cm in greatest dimension (Fig 1 – below right). The latest CT scan shows that the left hilar tumor has shrunk considerably, now measuring 2 cm in greatest dimension (Fig 1 – below left).

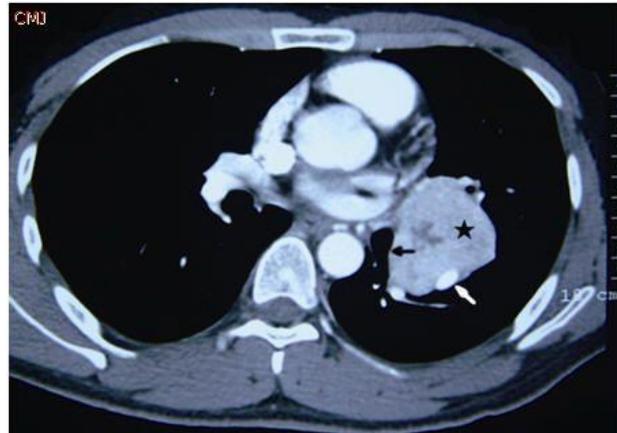
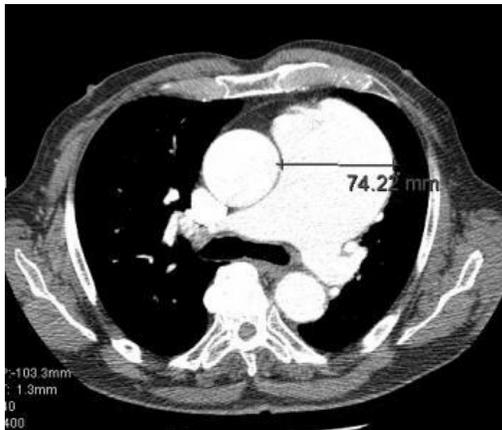


Figure 1. Comparison CT scans of the chest showing a left hilar mass (Feb 14, 2021) measuring 5 cm, and the same hilar mass measuring 2 cm 1.5 months later (Mar 31, 2021). LUNG CANCER IS REDUCING IN SIZE.

#### C. Diagnosis

- a. Possible diminishing lung cancer.

#### D. Recommendations

- a. Lung FNA biopsy.

Radiologist: *Jayne Ratkin*

## PATHOLOGY REPORT

**New Mexico College Hospital**55293 W 39<sup>th</sup> Avenue

Las Vegas New Mexico 87701

voice 585.939.6161

fax 585.939.6162

e-mail [info@nmch.org](mailto:info@nmch.org)web [nmch.org](http://nmch.org)**Department of Pathology****Pathologist: Shea Harrison, MD**

DATE: February 22, 2021

Patient: Simone Langston

DOB: 08/10/1948

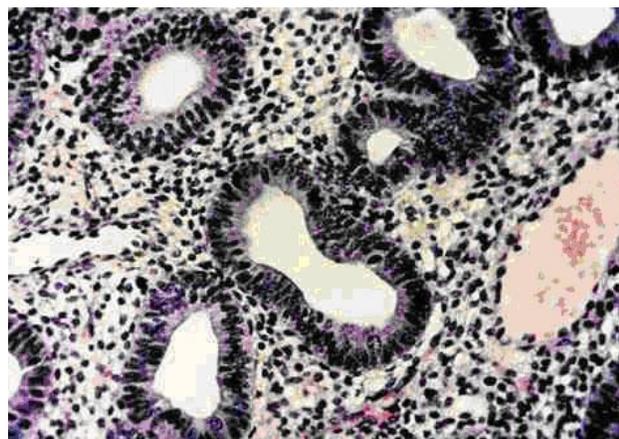
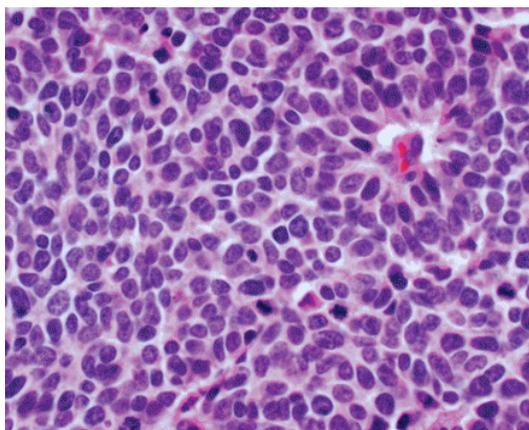
ID: 0908076

**A. Procedure**

- a. Fine Needle Aspiration (FNA) of the lung
  - A routine procedure with very little risk to the patient. A 22-gauge needle is inserted into the core of the tumor under fluoroscopic (light) guidance, and a tissue sample is obtained. In this case, two tissue samples were obtained from two different regions of the left lung.

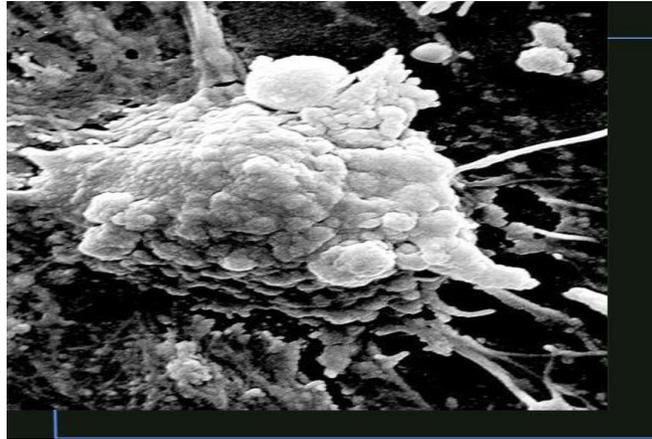
**B. Pathologic Findings**

- a. Two tissue samples were obtained from the left lung. The first biopsy was taken from a hilar mass approximately 7 cm in diameter as measured by radiology. The second biopsy was taken from an 8 cm mass, as measured by radiology, in the periphery of the left upper lobe. The histological findings from the biopsies, using light microscopy, are shown in Figures 1 and 2. The biopsies showed two different types of lung cancer invading the lung. One type was small-cell carcinoma, which was the predominant cell in the hilar lung mass. The second type of cell was metastatic adenocarcinoma from the colon, which was found predominantly in the peripheral mass; however, several adenocarcinoma (colon cancer) cells were noted in the hilar mass.



Figures 1, 2. Hematoxylin – Eosin (H&E) stain of the cells from the left hilar lung mass showing high cellularity, frequent mitoses, and small-cells with scant cytoplasm, demonstrating small-cell carcinoma (Fig 1) LUNG CANCER. H&E stain of cells from the peripheral nodule in the left upper lobe showing somewhat enlarged glandular cells with slightly enlarged nuclei exhibiting moderate pleomorphism and hyperchromasia, indicating adenocarcinoma (Fig 2).

- b. Using electron microscopy (EM), the FNA tissue sample from the hilar mass was inspected with greater scrutiny. With this modality, it appeared as if the adenocarcinoma cells were inducing apoptosis (“cell suicide”) of the small-cell cancer cells, shown in Figure 3 below.



**Figure 3. Electron Microscopy (EM) of SiLa cells causing apoptosis (“cell suicide”) of small-cell carcinoma cells of the lung.**

### **C. Diagnosis**

- D. This is an interesting and rare case of two types of lung cancer co-existing simultaneously. The primary cancer of the lung is small-cell carcinoma, which exists solely in the left hilar mass. The secondary cancer of the lung is metastatic colon cancer, which exists predominantly in the periphery of the lung, but also seems to be resulting in apoptosis (“cell suicide”) of the primary cancer cells in the hilar mass.

### **E. Prognosis**

- a. Both metastatic colon cancer and small-cell carcinoma of the lung carry a poor prognosis with expected lifespan of only a few months from time of diagnosis. However, in evaluating the unusual and unexpected activity of the adenocarcinoma cells against the small-cell carcinoma cells, the prognosis of the patient seems slightly improved. It seems as if the one cancer is attacking and killing the other.
- b. In reviewing the literature on lung cancer, there are no prior case reports of cancer cells from one type of cancer destroying the cancer cells of another type of cancer, making this a unique and unprecedented case. As such, these cancer-killing cells, or SiLa cells, as they should be referred to in all future research, represent a very important discovery. **SiLa could possibly be a breakthrough for research pertaining to a noninvasive cure for cancer.** A vaccination could also be derived.

### **F. Recommendations**

- a. Obtain additional tissue samples via FNA from the hilar mass to evaluate the regression of the tumor and the depletion of the small-cell carcinoma cells. More importantly, these samples can be used by researchers across the globe to find a novel cure for cancer.
- b. Obtain additional radiologic images to evaluate the reduction in size of the hilar mass.

**Pathologist:** *Slea Harrison, MD*

## EXCERPT FROM HOSPITAL POLICIES AND EMPLOYEE MANUAL-2021

Hospital Policy: Religion  
Page 10

### **Section 3.0: Religion**

New Mexico College Hospital was founded on the historical and truly American tenet of religious freedom. Hand in hand with this right comes the right of separation of church and state. New Mexico College Hospital prides itself on the fact that we are not associated with any religious denomination nor any government or municipal entity.<sup>5</sup> New Mexico College Hospital willingly accepts all patients regardless of their belief systems and is an equal opportunity employer. New Mexico College Hospital believes that religious freedom ultimately leads to an environment where both our employees and patients feel comfortable giving and receiving care.

Therefore, New Mexico College Hospital has indoctrinated the following general policies of the American Medical Association, as modified and as follows:

- **Continued Support of Human Rights and Freedom:** New Mexico College Hospital affirms (1) to support the dignity of the individual, human rights and the sanctity of human life, and (2) to oppose any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies.
- **Nondiscrimination Policy.** New Mexico College Hospital affirms that it has not been its policy now or in the past to discriminate with religious belief and/or identity.
- **Civil Rights Restoration.** New Mexico College Hospital reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin, or age.

In addition, New Mexico College Hospital has mandated the following requirements for all physicians when providing care to patients who hold any religious beliefs that prevent or inhibit certain types of medical treatment:

1. Obtain patient consent for medical treatment by using the New Mexico College Hospital Standard Consent Form. This form should be modified according to department, physician and treatment sought before being signed by a patient.
2. Have patient complete a New Mexico College Hospital Standard Denial of Treatment Form. This form should be modified according to department and physician, but must be completed by the patient using her/his own words ensuring full comprehension of the denial of treatment. All fields must be completed before the form is signed by a patient.
3. Have a member of the New Mexico College Hospital Psychiatric Department perform a full competency exam to ensure that the patient has the legal capacity to execute the New Mexico College Hospital Standard Consent Form and the New Mexico College Hospital Standard Denial of Treatment Form. This exam must be completed before any forms are completed and/or signed.

---

<sup>5</sup> Please note that New Mexico College Hospital does receive grant funding from the federal and state government for medical research endeavors.

MEDICATION ADMINISTRATION RECORD



**New Mexico College Hospital**  
 55293 W 39<sup>th</sup> Avenue  
 Las Vegas New Mexico 87701  
 voice 585.939.6161  
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 e-mail [info@nmch.org](mailto:info@nmch.org)  
 web [nmch.org](http://nmch.org)

**Department of Oncology**  
**Oncologist: Reagan Cagat, MD**  
 Patient: Simone Langston  
 Medical Record #: 0908076  
 DOB: 08/10/1948  
 Wt: 60 kg  
 Ht: 65 in

DATE	TIME	MEDICATION	DOSE	ROUTE	RATE	AUTHORIZED
Feb-15-2021	13:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Cagat
Feb-17-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Cagat
Feb-19-2021	13:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/ 1 min	Dr. Cagat
Feb-21-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/ 1 min	Dr. Cagat
Feb-23-2021	13:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Cagat
Feb-25-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Cagat
Feb-27-2021	13:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/ 1 min	Dr. Cagat
Mar-01-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Cagat
Mar-03-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-04-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-05-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-06-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-07-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-08-2021	01:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-09-2021	00:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.3 mg/1 min	Dr. Cagat
Mar-10-2021	22:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.4 mg/1 min	Dr. Cagat
Mar-11-2021	21:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.4 mg/1 min	Dr. Cagat
Mar-12-2021	20:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.4 mg/1 min	Dr. Cagat
Mar-13-2021	19:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.4 mg/1 min	Dr. Cagat
Mar-14-2021	18:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.4 mg/1 min	Dr. Cagat
Mar-15-2021	16:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Cagat
DATE	TIME	MEDICATION	DOSE	ROUTE	RATE	AUTHORIZED

Mar-16-2021	14:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Caget
Mar-17-2021	12:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Caget
Mar-18-2021	10:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Caget
Mar-19-2021	08:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Caget
Mar-20-2021	06:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.5 mg/1 min	Dr. Caget
Mar-21-2021	03:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-22-2021	00:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-22-2021	21:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-23-2021	18:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-24-2021	15:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-25-2021	12:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-26-2021	09:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-27-2021	06:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-28-2021	03:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-29-2021	00:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-29-2021	21:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-30-2021	18:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Mar-31-2021	15:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-01-2021	12:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-02-2021	09:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-03-2021	06:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-04-2021	03:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-05-2021	00:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-05-2021	21:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-06-2021	18:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-07-2021	15:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-08-2021	12:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1.6 mg/1 min	Dr. Caget
Apr-09-2021	00:00	Morphine Sulfate	2000 mg/1 bag NS*	IV	1 mg/1 min	Dr. Caget
Apr-10-2021	15:00	Morphine Sulfate	Discontinued	*****	*****	Hernandez RN
Apr-10-2021	15:00	Naloxone	6 mg	IM	n/a	Dr. Caget
Apr-10-2021	16:00	Morphine Sulfate	2000 mg/1bag NS*	IV	1 mg/1 min	Dr. Caget

MINI-MENTAL STATE EXAMINATION (MMSE)-02/2021



**New Mexico College Hospital**  
 55293 W 39<sup>th</sup> Avenue  
 Las Vegas New Mexico 87701  
 voice 585.939.6161  
 fax 585.939.6162  
 e-mail [info@nmch.org](mailto:info@nmch.org)  
 web [nmch.org](http://nmch.org)

**Department of Psychiatry**  
**Psychiatrist: Blaine Davis, MD**  
 DATE: February 22, 2021  
 Patient: Simone Langston  
 DOB: 08/10/1948  
 ID: 0908076

CATEGORY	POSSIBLE POINTS	SCORE	COMMENTS
Orientation to time	5	4	Patient was able to identify the year, season, month, day, but not date.
Orientation to place	5	5	Perfect identification of location of residence.
Registration	3	3	Perfect registration of three items located in room.
Attention and calculation	5	4	Patient had minimal difficulty on reverse spelling exercises.
Recall	3	2	Patient had minimal difficulty remembering registration items.
Language	2	2	Perfect understanding of language examples.
Repetition	1	1	Perfect ability to repeat phrases as stated.
Complex commands	6	4	Patient had moderate difficulty with complex commands including object drawing.
<b>TOTAL SCORE: 25</b>	<b>COMMENTS:</b> Patient, while struggling with complex commands aspect of the test, appears to have full command of mental faculties. Patient, however, did display warning signs of potential future problems, especially when accounting for current illness (advanced cancers) as well as current medication (morphine) and proposed aggressive chemotherapy. Patient currently has legal mental capacity to make decisions regarding medical care. It is recommended that the patient's mental state be monitored closely over the coming weeks to ensure capacity remains intact.		

STANDARD SCORE KEY	
25-30	Effectively Normal – Legal Capacity
21-24	Slightly Impaired – Most Likely Lacks Legal Capacity
10-20	Mostly to Moderately Impaired – Lacks Legal Capacity
≤ 9	Severely Impaired – Lacks Legal Capacity

Attestation: *I, the undersigned, having followed all New Mexico College Hospital procedures, hereby attest that the above results of the administered Mini-Mental State Examination are true and accurate to the best of my professional ability.*

Blaine Davis, MD

Signature

MINI-MENTAL STATE EXAMINATION (MMSE)-04/2021



**New Mexico College Hospital**  
 55293 W 39<sup>th</sup> Avenue  
 Las Vegas New Mexico 87701  
 voice 585.939.6161  
 fax 585.939.6162  
 e-mail [info@nmch.org](mailto:info@nmch.org)  
 web [nmch.org](http://nmch.org)

**Department of Psychiatry**  
**Psychiatrist: Blaine Davis, MD**

DATE: April 8, 2021  
 Patient: Simone Langston  
 DOB: 08/10/1948  
 ID: 0908076

CATEGORY	POSSIBLE POINTS	SCORE	COMMENTS
Orientation to time	5	0	Patient was not able to identify time at all.
Orientation to place	5	2	Patient was only able to state that she was in a hospital in Las Vegas.
Registration	3	2	Patient had difficulty identifying items in room. Took extended period of time to generate 2 correct answers.
Attention and calculation	5	2	Patient had moderate to severe difficulty in reverse spelling exercise.
Recall	3	2	Patient had moderate difficulty remembering items.
Language	2	1	Patient displayed moderate difficulty understanding language examples.
Repetition	1	1	Perfect ability to repeat phrases as stated.
Complex commands	6	2	Patient had extreme difficulty with complex commands including object drawing.
<b>TOTAL SCORE: 12</b>	<b>COMMENTS:</b> Patient, unfortunately, over the course of seven weeks has shown a tremendous depletion of mental capacity. Patient was not even able to recall my previous assessment of her mental capacity. Patient categorically no longer has the legal capacity required to make decisions regarding her medical treatment. Such results are most likely the effect of her heavy morphine regimen and aggressive chemotherapy. Prognosis of patient's ability to regain capacity prior to imminent death highly unlikely, if not impossible. Appointment of guardian recommended.		

STANDARD SCORE KEY	
25-30	Effectively Normal – Legal Capacity
21-24	Slightly Impaired – Most Likely Lacks Legal Capacity
10-20	Mostly to Moderately Impaired – Lacks Legal Capacity
≤ 9	Severely Impaired – Lacks Legal Capacity

Attestation: *I, the undersigned, having followed all New Mexico College Hospital procedures, hereby attest that the above results of the administered Mini-Mental State Examination are true and accurate to the best of my professional ability.*

*Blaine Davis, MD*

Signature

MONTREAL COGNITIVE ASSESSMENT (MOCA)

Date: April 10, 2021  
 Subject: Simone Langston  
 DOB: 08/10/1948  
 Location: New Mexico College Hospital – Las Vegas  
 Gender: Female  
 Education: Some High School

Category	Possible Points	Score	Comments
Visuospatial/Executive	5	4	Subject was able to execute line sequencing drawing task, draw a cube, and a clock. Handwriting was weak and wavering.
Naming	3	2	Subject was able to identify all animals, except for llama, mistook for an alpaca.
Attention	6	5	Flawless ability to repeat numerical sequences backwards and forwards. Read letters adequately. Moderate difficulty with subtraction exercise.
Language	3	3	Subject displayed full command over ability to repeat phrase read by tester. Strong letter fluency.
Abstraction	2	1	Subject had some problems associating a watch to a ruler.
Delayed Recall	5	5	Subject displayed minimal difficulty recalling word list from the beginning of examination.
Orientation	6	4	Subject was able to identify the year, month, city and place. Unable to state date or day.
<b>TOTAL SCORE: 24</b>	<b>COMMENTS:</b> Test subject upon initial contact appeared borderline catatonic. Hospital staff administered 6mg of Naloxone to counteract effects of morphine. After effects of Naloxone were realized, I administered the MoCA. Such course of action ensured that the mental state of the subject was accurate and not masked by narcotics. Subject displayed amazing clarity and cognitive ability, especially when considering advanced stage of cancer. Understandably, subject had a difficulty with orientation to time considering weeks of morphine course administered intravenously. Therefore, subject would most likely have scored a 26 on the MoCA. As a result, I have no issues deeming this individual competent to make decisions regarding medical care and execute complex agreements.		
<b>STANDARD SCORE KEY</b>			
26-30	Effectively Normal – Legal Capacity		
19-25	Moderately Impaired – Most Likely Lacks Legal Capacity		
0-19	Greatly Impaired – Lacks Legal Capacity (i.e. Alzheimer’s)		

Attestation: I, the undersigned, hereby attest that the above results of the administered MoCA are true and accurate to the best of my professional ability.

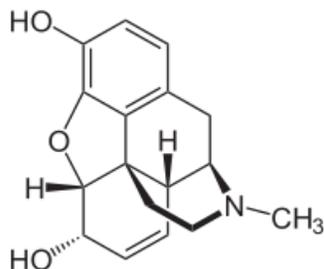
*G. Haozous, MD*

## DRUG FACT SHEET-MORPHINE SULFATE

- *Origin* –most common alkaloid obtained from opium, which is the dried sap of unripe poppy seeds. Though it was officially discovered in 1804, historical records indicate that people have known about the effects of opium since Byzantine times. Morphine was first manufactured for commercial sale and medical use in 1827.
- *Indications* –prototypical analgesic medication that serves as a benchmark for which other analgesic medications are compared for potency. It is used medically to reduce severe pain and suffering (i.e., promotes analgesia). Other indications include cough suppression and anti-diarrheal.
- *Mechanism of Action* – acts directly on the central nervous system (CNS) by binding to mu receptors on neurons and inhibiting the release of stimulating neurotransmitters. Morphine acts similarly to the natural endorphins found in the body by promoting decreased sensation of pain.
- *Uses* – mainly for palliation of pain, including pain associated with myocardial infarction (heart attack), kidney stones, severe back pain, sickle cell crisis, cancer, etc. Morphine has also been used as a vehicle for physician-assisted suicide (legal only in Oregon) in patients with terminal illness.
- *Recommended Dosage* – based on weight in kg and intravenous (IV) rate of administration. Standard dose = 2000mg/1 bag normal saline (NS)

Weight (kg)	Recommended Rate – IV (mg/min)	Maximum Rate- IV (mg/min)
40	0.5	1.1
60	1	1.6
80	1.5	2.1

- *Side Effects* – very high potential for addiction both physically and psychologically. Additionally, patients quickly develop tolerance to the drug and require increasing doses in order to maintain the analgesic effects. Morphine is associated with a severe but non-lethal withdrawal syndrome involving diarrhea, cravings, goose bumps, tears, yawning, perspiration, runny nose, achy bones and muscles, etc. Constipation is a less severe but highly unpleasant side effect associated with being on the drug. Altered mental status and diminished mental capacity likely with high doses. Can make user more susceptible to suggested actions by others.
- *Metabolism* – largely metabolized by the liver. The half-life of morphine is 120 minutes, meaning that half of the original dose of morphine that was administered will be degraded after 120 minutes. Morphine is highly fat soluble, which is why it has such a long half life. Morphine will be effectively eliminated from the body after 480 minutes.



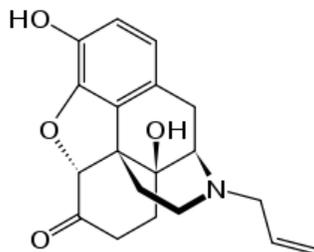
## Exhibit 12

## DRUG FACT SHEET-NALOXONE

- *Origin* –synthetic opioid receptor antagonist. It was developed in the 1960s in order to combat the effects of opioid ingestion (such as morphine). It has recently been suggested that it may also have some benefit when administered to a patient in septic shock.
- *Indications* –reversal of life-threatening central nervous system (CNS) and respiratory drive depression caused by opioid overdose. Also used for the complete or partial reversal from the effects of physician-administered opioid regimens (i.e., after surgery) in order to provide patient lucidity and clarity.
- *Mechanism of Action* – its chemical structure is similar to that of morphine and thus it acts as a competitive antagonist of morphine at the mu receptors in the CNS. It prevents morphine from binding to the receptor; therefore, morphine is unable to produce its effects on the body (i.e., analgesia).
- *Uses* –frequently used in the emergency department in order to reverse opioid overdoses in patients. Naloxone is also used on the wards in the hospital to quickly reverse the effects of morphine in patients being managed on long-term pain control regimens. This drug is also used by anesthesiologists following surgery to awake a patient out of a sedated state.
- *Recommended Dosage* – based on intramuscular (IM) dosage administration; weight is not a factor. Standard dose = 4mg/injection. Do not exceed 2 standard doses in one hour period. If reversal of opioid effects are not seen after 10 mg administered over a 2 hour period, opioid-induced toxicity should be suspected.

Weight (kg)	Standard Dose – IM (mg)	Maximum Dose – IM (mg)
40	4	8
60	4	8
80	4	8

- *Side Effects* –change in mood, nausea, vomiting, sweating, restlessness, increased sensation of pain, headache, seizure, chest pain, allergic reaction, fast heart rate, high blood pressure, etc.
- *Metabolism* –The half-life of each dose of Naloxone is approximately 30 minutes, meaning that half of the original dose of Naloxone that was administered will be degraded after 30 minutes. One standard dose of Naloxone (i.e. 4mg IM) generally lasts about 120 minutes before it is effectively eliminated from the body. A standard single dose of Naloxone generally remains effective for 45 mins. As the Naloxone degrades, its beneficial effects will also diminish correspondingly. Therefore, because the half-life of morphine is 120 minutes and the effective elimination of morphine takes 480 minutes, several 4mg injections may be needed in order to completely reverse morphine’s effects.



## LETTER AND CHECK TO AVERY LANGSTON

April 16, 2021

Avery Langston  
6002 Meade St.  
Las Vegas, New Mexico 87110

RE: **Payment for Purchase of Rights to SiLa**

Dear Avery:

It is with a heavy hand and heart that I write this letter to you. All of us who had your mother touch our lives will mourn her for years to come. Although I cannot say that I really knew her well as a person, the limited interaction I had with her leaves me with an impression of a devote, caring and loving mother. I hope that your time of grieving allows you to celebrate the time you had with her amongst the sorry her loss will certainly cause.

However, you should appreciate the fact that because your mother allowed me to biopsy her cells and obtain the rights to SiLa, she will actually live on for decades, if not centuries to come. As much as she was a special person, her cells were and will always remain magical. The future of cancer research and medicine will never be the same. It is my hope and intention, as I write on my first page of new letterhead for SiLa, Inc., that my efforts will not be in vain and that SiLa will realize its full potential and defeat the world's greatest killer.

Per the agreement I made with your mother on April 10, 2021 (and as specifically requested by you), please find enclosed a personal check in the amount of \$200,000. I hope that it more than covers any medical expenses incurred and allows you to take a break and enjoy life as your mother would have wanted you to. I also hope you can forgive me for any disagreements we had in the past and take pride in my future work with SiLa. Maybe if I had agreed to pay your family earlier, a lot of unnecessary pain, mistrust and misdeeds could have been avoided. For this, I am truly sorry.

When SiLa becomes a household word in a few years and cancer becomes as easy to cure as the common cold, I hope you will smile every time "SiLa" is echoed. Your mother's cancer was actually a blessing in disguise.

Best regards,

*Shea Harrison*

Shea Harrison, MD  
Chief Researcher, President & CEO

Dr. Shea Harrison 6875 Douglas Street Las Vegas, NM 87110		666
		DATE <u>April 16, 2021</u>
PAY TO THE ORDER OF	<u>Avery Langston</u>	<b>\$ 200,000.00</b>
<u>Two hundred thousand and zero cents XXX</u>		, DOLLARS
		
FOR	<u>rights to Sila</u>	<u>Shea Harrison</u>
: 885112745  : 12966685931 12    : 666		

## RÉSUMÉ OF BLAINE C. DAVIS, MD

New Mexico College Hospital • Suite 320A • Las Vegas, NM 87701

### EDUCATION

**Pennsylvania Hospital**, Residency, Psychiatry (1981-1984); Chief Resident with Distinction (1984)

**University of Pennsylvania**, Philadelphia, PA, MD, 1981

High honors in psychiatry

Departmental honors in neurology, internal medicine

**Temple University**, Philadelphia, PA, B.S. Psychology, magna cum laude

Teodoro Donoso Prize – Awarded to best bachelor's thesis in the biological sciences

### EXPERIENCE

New Mexico College Hospital, Las Vegas NM, 1986-Present

Chief of Psychiatry, 1993-Present

Staff Psychiatrist, 1986-1993

Chair of Medicine, 2004-2007

**Blaine Davis Consulting Psychiatry, L.L.C.**, 2013-Present

Provides forensic and therapeutic psychiatric consulting services to individuals and organizations in need of same, leveraging three decades of professional experience to solve problems and provide **reliable, expert testimony in state and federal courts.**

**New Mexico College Hospital**, Adjunct Professor of Psychiatry, 2005-2015

### PROFESSIONAL ASSOCIATIONS

**American Psychiatric Association**, Fellow, 1982-Present; Life Fellow, 2017-Present

Board Certified, Forensic Psychiatry, 1987-Present

Chair, Forensic Psychiatry Working Group, 2000-2002

Editor, Journal of Forensic Psychiatry, 1998-2012 - Editor in Chief, 2010-2012

**American Board of Forensic Examiners**, 1994-Present

Chairman, Board of Governors, 2006-2008

William C. Pilgrim Award for Exceptional Contribution, 2014

**American Board of Psychiatry and Neurology**, 2003-Present

### REPRESENTATIVE PUBLICATIONS

*Capacity to Contract: A Growing Problem in an Aging Population*, Psychology Today, June 2012

*Dynamics of Competence and the Mini-Mental State Exam*, Journal of Forensic Psychiatry, Summer 2005

*The Mini-Mental State Exam: In Defense of an Old Friend*, American Journal of Psychiatry, Jan. 2021

**A complete list of publications and presentations is available upon request.**

## CURRICULUM VITAE OF GREGORY HAOZOUS, MD

15 Horlick Minton Way • Las Vegas, NM 15217

**EDUCATION**

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**New Mexico College Hospital**, Residency, Psychiatry, 2003-2007

Honors: Asa Breed Honors Fellowship in Clinical Psychiatry, 2006-2007

**Universidad Pontificia Bolivariana, Medellín, Colombia**, MD *cum laude*, 2001

Honors: Von Koenigswald Prize for Experimental Biopsychology for research into differential physiological impact of variations in benzoylmethylecgonine administration and concentration.

**University of Chicago**,

Master's Degree in Anthropology, 1998

Thesis: *Wampeters, Granfalloon and Foma: Comparative Views of the Divine in the Southern Caribbean Islands*

Bachelor's of Science in Anthropology, 1996

President, Inter-Fraternity Council

**EXPERIENCE**

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**IC9, L.L.C.**, Founder and Principal, 2009-Present

Provide addiction and eating disorder counseling and treatment in conjunction with the New Mexico College's student health center and in private professional counseling facility. Consult with mental health professionals nationwide on addiction issues. Research addiction and eating disorder issues pursuant to grants from National Institutes of Health and private companies. Provide testimony on addiction, eating disorder and competence issues in state and federal courts and to other individuals and companies for grant acquisition and maintenance.

**New Mexico College Hospital**, Staff Psychiatrist, 2007-2009

Provided range of psychiatric diagnostic and treatment services to diverse patient population. Worked closely with nationally-recognized faculty to provide first-rate patient services.

**Rosewater Clinic**, Researcher in Clinical Psychiatry, 2000-2002Researched effects of amphetamine compounds on muscular and skeletal formation and growth in anorexic and bulimic population. Published findings in *Nature*.**PUBLICATIONS**

---

With Dr. Shea Harrison, *Vicious Cycles: Multiform Analysis of Parasympathetic Effects of Amphetamine Use in Patients Compromised by Eating Disorders*, *Nature*, 21 June 2003.*Competence and Testimony in the Narcotic Drug Abuser: Beware the Changes in Mental State*, *American Journal of Psychiatry*, September 2009*The Silent Killer: What to Do With Your Anorexic Teen*, Redbook, August 2013

*The Montreal Cognitive Assessment: A Better Way to Quickly Assess Competence to Refuse Medical Treatment in Emergent Care Settings*, Emergency Medicine Journal, December 2018

**PROFESSIONAL ASSOCIATIONS**

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American Psychiatric Association, Fellow, 1996-Present

Drug Abuse Working Group, 2008-2015

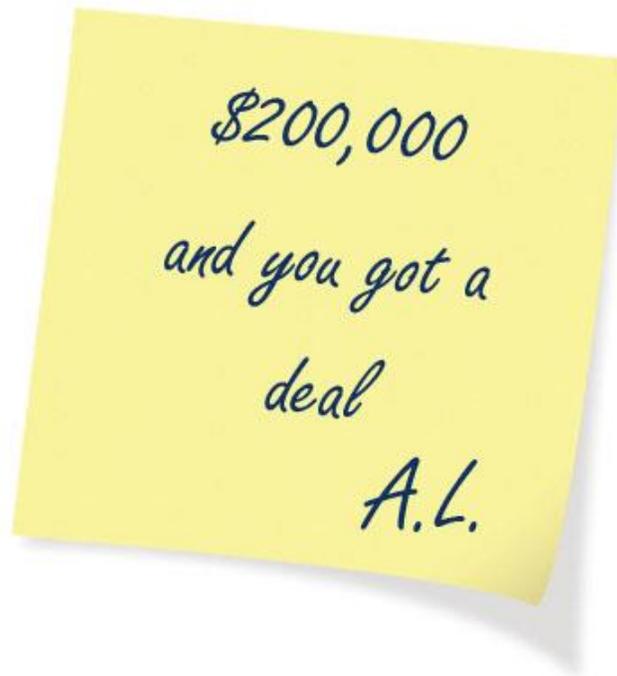
Eating Disorder Working Group, 2009-Present

Montreal Cognitive Assessment Advisory Council, 2019-Present

The Association for Addiction Professionals, 2003-Present

National Eating Disorders Association, Board Member, 2013-Present; Honored Clinician, 2019

POST-IT® NOTE



CHECK TO DARCY HERNANDEZ

Dr. Shea Harrison 6875 Douglas Street Las Vegas, NM 87110	659
	DATE <u>March 4, 2021</u>
PAY TO THE ORDER OF <u>Darcy Hernandez</u>	\$ 500.00
<u>Five hundred and zero cents XXX</u>	, DOLLARS
	
FOR <u>just listening</u>	<u>Shea Harrison</u>
: 885112745  : 12966685931 12    : 659	