SHAMBERG, JOHNSON & BERGMAN

TRIAL ATTORNEYS

SPRING 2002

Pictured in front of Kansas City's recently restored Union Station, left to right are John Parisi, Lynn Johnson, John Shamberg, Victor Bergman and Steve Six.

Happy New Era

We are excited to announce our relocation to the 2600 Grand Building at Crown Center in Kansas City, Missouri. Since 1949, our firm has been dedicated to the representation of individuals and families who have suffered serious physical or financial loss, or the wrongful death of a loved one.

As we enter into this New Year, we also celebrate a new era here at Shamberg, Johnson & Bergman and wish all of our friends a happy and safe new year filled with health, happiness, peace, and success. Please stop by and see us in our beautiful new offices.

Vencor Federal False Claims Act Case Settled
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Defective Fiberglass Roof Causes Quadriplegia:

Ford Motor Company Settles

Thirty-year-old Ericka DeVore did not know that the roof of her family's 1985 Ford Bronco was constructed of fiberglass and was attached to the rest of the vehicle by glue, an unsafe design in an accident. Ford Motor Company, however, knew of the dangers associated with this fiberglass roof design, but has never recalled the vehicle or warned consumers.

Lynn Johnson, along with our firm's good friend, Pat Nichols of Topeka, Kansas, represented Ericka Devore in her lawsuit in Cloud County, Kansas, alleging that the vehicle's roof and support structure was defectively designed. Ericka DeVore was the front seat passenger in a 1985 Ford Bronco when the vehicle was rear ended by a semi-truck, pushed into a ditch, and rolled over. Ericka, who was not using her passenger restraint system, was ejected from the rear of the full-size Ford Bronco when the roof became separated from the rest of the truck. As a result, Ms. DeVore was rendered quadriplegic from impact with the ground.

Ms. DeVore alleged that the impact from the truck caused the rear roof supports (or D-pillar) to fail. The D-pillar was attached to the rest of the vehicle by a one inch square piece of steel glued to the bed of the full-size Bronco. Potential hazards associated with this roof design were known to Ford. In 1978, the supplier of the fiberglass roof, Rockwell International, noted that Ford was changing the roof of the Bronco to include bonding steel into the rear of the vehicle. The memo also noted that "no other design alternatives are being considered by Ford because of time considerations." Rockwell, on its own, explored the use of a urethane foam-encased roll bar to increase the roof strength. As early as 1964, Ford conducted surveys in which its customers had "increasing fears ... that the fiberglass might shatter and might not last." Earlier versions of the full-size Bronco included an all steel top.

Plaintiff also alleged that Ford failed to test the ability of the fiberglass roof to remain intact during a rollover. Ford conducted rollover testing on earlier full-size Broncos with steel roofs and roll bars. Between the steel roof testing in the late 60s and the time of production of the 1985 Bronco, Ford did not conduct any other rollover testing. The testing on the 1960's version of the Bronco with a steel top revealed that the roof and roof support structures became detached during a rollover. Plaintiff's experts were prepared to testify that, had Ford conducted similar testing on the 1985 Bronco, it would have exposed the defective design.

Internal Ford documents addressed Ford's knowledge of likely ejections from vehicles. One memo noted that "some 6,000 lives might be saved in rollovers if complete containment could be achieved." Ford Motor Company knew that "the major cause for death in a rollover accident is ejection from the vehicle." Other Ford documents acknowledged that "people *are* injured by roof collapse" (emphasis in original) and that in rollover accidents, 22% of the occupants are ejected. Most alarming was a "cost/benefit analysis" which was noted as being a method to evaluate safety devices, and to compare injury costs with expenditures for product safety. After determining "the economic value of a human life," the Ford memo concluded that "totally effective rollover protection cannot easily be justified if it costs more than $26.00 per vehicle."

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In a significant ruling on Plaintiff's Motion in *Limine* under K.S.A.§ 8-2504(c), the trial judge excluded from evidence any mention that Ms. DeVore failed to wear her seat belt. The Court relied upon Hampton v. State Highway Commission, 209 Kan. 565 (1972) and Taplin v. Clark, 6 Kan.App. 2d 66 (1981). Both cases applied K.S.A. § 8-2504(c) to negligence claims only. Ms. DeVore successfully distinguished two cases which had allowed the introduction of seat belt evidence in automotive product liability cases. In Gardner v. Chrysler Corp., 89 F.3d 729 (10th Cir. 1996), a seat back failure case, the plaintiff had alleged that "the entire occupant restraint system in these seats is defective." Because the plaintiffs in Gardner alleged the restraint system itself was defective, evidence of non-use of the seatbelt was permitted. Floyd v. General Motors Corp., 25 Kan.App. 2d 71 (1998), was an allegedly defective steering mechanism case. In Floyd, the non-use of a seat belt was used to show that the defect did not cause the accident, but rather that the occupant was not in the driver's seat during the accident and that the steering mechanism broke during the accident. The Court reasoned that Floyd was limited to its facts and not determinative of the issue in our case. The Court concluded that Kansas law permits evidence of the non-use of seat belts only when the restraint system is part of the alleged defect or when the non-use of the seat belt caused the accident.

1985 Ford Bronco with separated fiberglass roof.

Plaintiff also brought claims against the Kansas Department of Transportation for allegedly causing the traffic to slow down, which resulted in the semi-truck rear ending Ericka DeVore's Bronco. The Kansas Department of Transportation settled for $200,000.00, the semi-truck driver settled for the policy limits of $1,000,000.00, and a confidential settlement was reached with Ford Motor Company.

Improper Repair of Manlift Results in Death

The improper repair and replacement of a cable caused a manlift to fail, resulting in the death of Mark Betzold. Lynn Johnson represented the heirs of Mr. Betzold in a claim against Larry Barnes and BarnesCo in Kingman County, Kansas. BarnesCo had been hired by Farmers Coop to replace the cable on a manlift, which was used to travel to the top of a grain elevator. The manlift had a cage for the occupant at one end of a pully system and a counterbalance weight at the other end. Connecting the cage and counterbalance weight was the improperly repaired cable.

In 1995, defendant BarnesCo was hired by the Farmers Coop in Norwich, Kansas to replace the entire cable. Instead, BarnesCo merely spliced the new cable onto the old cable at the counterweight. Defendant BarnesCo was also hired

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General Motors Rip-Stitching Seat Belt Case Settled

On June 7, 2000, while driving with her children to her home in Olathe, Kansas, Lynne Tankersley lost control of her General Motors 1997 Blazer, which left the roadway and rolled over. A defectively designed seatbelt failed to restrain Mrs. Tankersley in the occupant space and she was killed when she was partially ejected from the vehicle. This tragedy was the consequence of a conscious decision by General Motors to place the defective seat belt on the driver's side of the 1997 Blazer. This was a one-year, temporary fix of the Blazer's failing crashworthiness test scores. The 1997 General Motors Blazer driver's side was equipped with a "rip-stitching" seat belt (also euphemistically known as a load limiter or energy management loop) which allowed fifteen extra inches of slack in the restraint system.

GM testing videotape showing separating"rip-stitching" on seat belt.

Lynn Johnson built upon his experience from another rip-stitching seat belt case involving a 1991 Subaru Legacy and during discovery in the Tankersley case uncovered key information to substantiate the plaintiff's claim. A General Motors' engineer testified that the reason the rip-stitched seat belt was placed on the driver's side only was because in 1997 the Blazer first became subject to the requirements of Federal Motor Vehicle Safety Standard 208. FMVSS 208 requires that a vehicle be tested in a front-end collision mode against head injury criteria, femur loads, and chest decelerations. The 1997 Blazer failed the FMVSS 208 requirement with the normal restraint system. Instead of redesigning the vehicle to be safer and pass the test requirements, General Motors introduced fifteen extra inches of slack into the seat belt, allowing the Blazer to receive a passing test score, but resulting in an unsafe restraint system. The rip-stitching was not placed on the passenger side because the requirements of FMVSS 208 did not apply to the passenger side in that vehicle year. In 1998 General Motors redesigned the Blazer and removed the dangerous rip-stitching.

Our investigation also revealed that of the 500,000 1997 Blazers, Jimmys, and Bravadas, five deaths resulted from this defective seat belt design. Additionally, plaintiff's experts were unable to locate any other vehicle that had ever been manufactured or designed using this type of excessive energy management loop.

General Motors has not been willing to recall the 1999 Blazer to eliminate this dangerous design. Absent action by the National Highway Transportation Safety Administration, this dangerous restraint system will remain on the road for years to come. A confidential settlement was achieved and our deepest, heartfelt best wishes go out to the Tankersley family.

Vencor Federal False Claims Act Case Settled

In cooperation with the United States Department of Justice and the U.S. Attorney's Office for the Eastern District of Kentucky, our firm recently settled a False Claims Act case against Vencor, formerly one of the country's largest nursing home chains, for fraudulent billing for respiratory care services in skilled nursing facilities. Our partner, John Parisi, pursued the case on behalf of Wesley Roberts of Waco, Texas, a former Vencor employee who became concerned that respiratory therapists were billing for more treatment than had actually been provided. For example, a spirometry treatment that would take a therapist fifteen minutes to complete would be billed for ninety minutes. The submission of such billings were violations of the Federal False Claims Act. Roberts brought his concerns to his supervisors but was told not to worry about how therapy was billed. Frustrated by this response, he contacted our firm to see if he could do something to stop the practice. The False Claims Act case was filed.

Under the Act, a claim may be brought in any federal district court where the defendant transacts business. Although initially filed in the Federal District Court of Kansas, the case was transferred to the Western District of Kentucky, in Louisville, where Vencor was headquartered and where an investigation into the company was already taking place. Subsequent to the filing of the Roberts case, which was from Vencor's activities in the State of Texas, another action, Meharg, et al v. Vencor, was filed with almost identical allegations, arising from Vencor's activities in the states of Florida and Georgia. Although the False Claims Act is a "first to file" statute, the relators in both cases agreed to consolidate the actions into a larger case, which included allegations that Vencor engaged in a nationwide practice of overbilling for respiratory care services provided in skilled nursing facilities. The government intervened in the consolidated case.

During the pendency of the consolidated case, on September 13, 1999, Vencor filed for Chapter 11 bankruptcy protection. By the time Vencor filed for bankruptcy the Roberts/Meharg case was one of more than a dozen Federal False Claims Act cases pending against Vencor. The False Claims Act lawsuits alleged that the amount of false billing by Vencor to the federal government healthcare programs was over a billion dollars. Because Vencor was operating under the protection of the federal bankruptcy court in Delaware, it was unclear how much taxpayers would recover from the company.

In March of 2001, after months of negotiations with the government, its creditors and bankers, Vencor agreed to pay $219 million to the federal government to settle allegations of Medicare and Medicaid fraud. Of that total, $104.5 million was allocated to resolve civil False Claims Act cases alleging that Vencor knowingly submitted false claims to Medicare and TriCare (the military's healthcare pro-

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Significant Year 2000 Healthcare Recoveries Under the False Claims Act

- $74 million from Anthem Blue Cross/Blue Shield to resolve claims as the Medicare Part A fiscal intermediary for Connecticut, under-reported the total amount of interim payments by hospitals;
- $53 million from Gambro Healthcare Patient Services, Inc. as a result of allegations that Gambro billed Medicare for unnecessary laboratory tests.
- $31 million from Community Health Systems for allegedly "upcoding" patient billing for the purpose of increasing reimbursement amounts for various hospital services.

Since the 1986 amendments to the Federal False Claims Act there has been a steady annual increase in the number of False Claims Act cases filed and the amount of money recovered by the government. The total amount recovered from 1986 until the end of 2000 is over $8 billion. The *qui tam* provisions of the Act invite citizens (whistleblowers) to bring actions on behalf of the United States to prevent fraud on the government. Where the suit is successful, the *qui tam* plaintiff (relator) is entitled to between 15% to 30% of the amount recovered. As recorded by the Department of Justice, through the end of fiscal year 2000 (ending September 30, 2000), the total amount of money recovered under the Federal False Claims Act where there was an associated *qui tam* case was $4.174 billion. Of that amount, $3.962 billion was recovered in cases in which the Department of Justice intervened or otherwise pursued the claim on its own. The total amount recovered by relators in cases declined by the Department of Justice between 1986 and the end of 2000 reached $211 million. [See Chart on the next page.]

The total number of *qui tam* cases filed between 1986 and 2000 was 3,326. As shown on the accompanying graph, the number of filings peaked at over 519 in 1997 and dropped to under 400 in fiscal 2000. Recoveries have steadily increased each year since 1988, when $355,000 was recovered, through 2000, when a record $1.2 billion was recovered. [See Chart on the next page.]

The False Claims Act has proved to be a powerful tool in combating healthcare fraud.

In those *qui tam* cases not taken by the Department of Justice, recoveries have been variable. In 1999, nearly $150 million was recovered in non-intervention cases.

The percentage of cases involving health and human services (healthcare cases) has steadily increased, rising from 12% in 1987 to 61% in 1998, the last year for which the data is available. To date, total recoveries by health and human services amount to $2.3 billion, while recoveries in the Department of Defense have been $1.23 billion.

As the data indicates, the vast majority of *qui tam* recoveries are made in cases in which the federal government intervenes. Although some relators have been successful in prosecuting cases without government intervention, a great deal of caution should be exercised in proceeding without direct government involvement.

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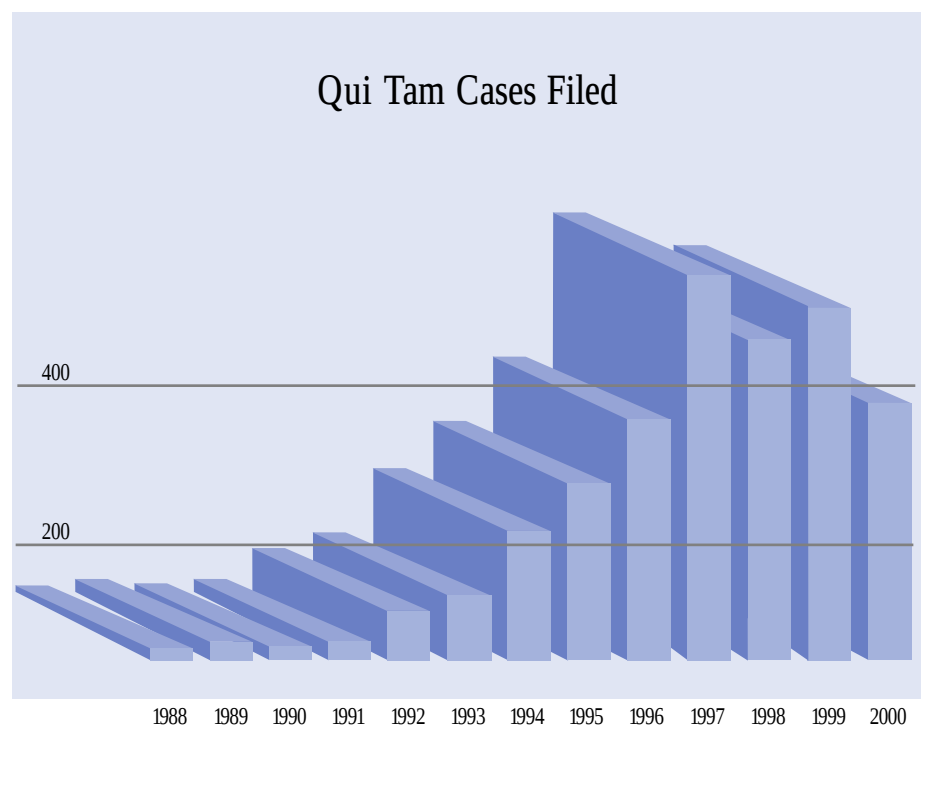
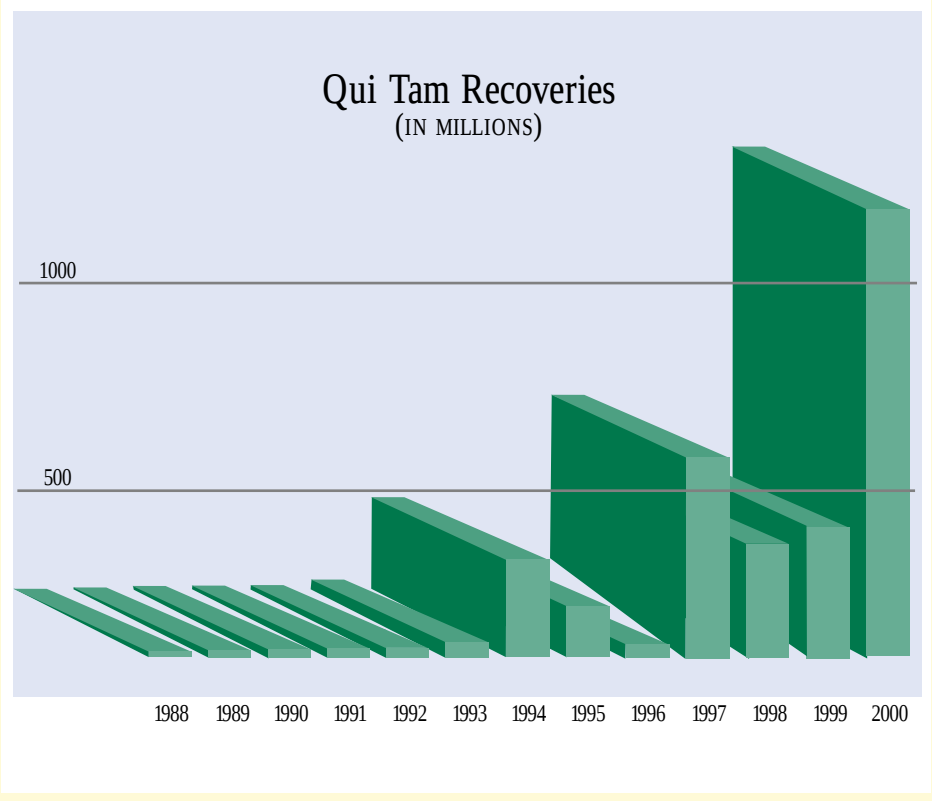
gram). The Vencor settlement is the second largest in a nursing home case under the Federal False Claims Act. The $104.5 million was apportioned among the various *qui tam* cases based on the value of the claims. At nearly $25 million, the Roberts/Meharg case was the second largest of the False Claims Act cases brought against Vencor. The relator's share of the recovery was 15% which resulted in a payment to the Roberts/Meharg relators of $3,713,695.17.

By blowing the whistle, Wes Roberts played an important part in ensuring that our nation's nursing home residents will receive the quality of care to which they are entitled and that federal tax dollars will actually be used to pay for these needed services.





FALSE CLAIMS ACT CASES

Requirements of Liability

In order to state a cause of action under the False Claims Act against a healthcare provider, the Plaintiff must establish three elements:

1) The medical provider submitted claims for payment to the Medicare, Medicaid or other governmental healthcare program;

2) The claims were false or fraudulent; and

3) The defendant knew the claims were false, or acted with deliberate disregard for the truth.

   United States v. NHC Healthcare Corp., 115 Fed.Supp.2d 1149, 1152-53 (W.D.MO. 2000) (citing United States v. Straus, 84 Fed.Supp.2d 427 (S.D.N.Y. 1999).

4) There is a split of authority of whether there is a fourth element – substantial damage to the federal government is required.

Answers to big 12 Trivia Puzzler –
ACROSS: 1) Alamo 4) Simms 6) Mangino 8) Bevo 9) Warner 12) Baylor 13) Snyder 14) Green 15) Switzer
DOWN: 2) Missouri 3) Herbie 4) Sanders 5) Boomersooner 6) Morris 7) Iowa 10) Faurot 11) Texas

Boone County Missouri Loss-of-a-Chance Settlement

A bittersweet conclusion to a sad and tough case for husband and wife, Gary and Donna Lane, ages 61 and 59. The Lanes' "loss-of-a-chance" case against CH Allied Services, Inc., d/b/a Boone Hospital Center was settled for $500,000 one week before trial in Columbia, Boone County, Missouri. To achieve this net amount through a verdict, the jury would have to award damages between $1.66 and $4.16 million. The Lanes were represented by Steve Six and Victor Bergman.

The events of this case occurred on April 4, 1996, when Donna Lane had a stroke following an endoscopy procedure at Boone County Hospital. Donna's attending physician ordered a "stat CT" scan to determine if the stoke was ischemic (caused by obstruction of a vessel which could be dissolved by tPA) or hemorrhagic (caused by a bleed in the brain which would be further aggravated by an agent like tPA). The results of Donna's CT scan showed the stroke to be ischemic and her attending physician ordered that she be transferred to the ICU and given tPA. Time was of the essence because the literature at the time recognized a three hour window for administration of tPA, with decreasing benefit and increasing risk of hemorrhage if administered beyond three hours. Later that day, the attending physician went to the ICU to check on Donna, and was surprised she was not there. Donna was still on the nursing floor and the orders for transfer to the ICU for administration of tPA had not been carried out. Donna's physician then consulted with a neurologist and determined there could still possibly be some benefit from administration of tPA, even outside the three hour window, and he personally transferred Donna to the ICU for the administration of tPA. The tPA was started at 4:00 p.m., which was six hours and 30 minutes after the onset of the symptoms. Donna did not receive the benefit of the clot dissolving properties of the tPA. As a consequence of her stroke, she has difficulty speaking, walking, attending to her own daily needs, and living independently. The medical expenses to date were about $200,000. The plaintiff's life care plan for future costs and expenses was $4,300,000. In addition, plaintiff's had a claim for $528,000 for non-economic damages and a loss of services claim by Gary Lane. The defendant's life care plan was $288,000.

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Missouri law on loss-of-a-chance.

Generally, in negligence cases, damages are not awarded to the plaintiff unless, "but for" the negligence of the defendant, the plaintiff had a better than 50% chance of survival. When a less than 50% chance for recovery is what is lost due to negligence, the case falls under the "loss-of-chance" theory. "Loss-of-chance" is a theory of liability, causation, and damages used in cases where a less than 50% opportunity to survive or escape injury is lost because of negligence. The Lane case confronted several unique and difficult issues associated with loss-of-a-chance cases. First, while loss-of-a-chance is a well established theory in Missouri wrongful death cases, Wollen v. DePaul Health Center, 828 S.W.2d 681, 685 (Mo.banc 1992), there is no explicit authority for the use of loss-of-a-chance where the plaintiff survived with a disability. There is, however, an approved loss-of-a-chance instruction for injury cases. MAI 21.12. And while loss-of-a-chance deals directly with causation, the Missouri Supreme Court has also characterized the issue as one of damages – the plaintiff may recover only that percent of the total damages which is equal to the percentage chance that was lost. If the lost-chance is 25%, the plaintiff may recover 25% of the total damages found by the jury. If the loss-of-a-chance is 51%, however, then the plaintiff may recover the full damages, because the general burden of proof in a negligence case – i.e., more probable than not – has been satisfied. In this case, the evidence could support a finding of loss of a zero percent chance up to 60%. Loss-of-a-chance must be specifically pled or it is waived under Missouri practice. It is not entirely clear under Missouri law if the plaintiff must at some point elect to use the loss-of-a-chance theory or the general negligence theory; although there is authority that both may be submitted to the jury. See Baucom v. DePaul Health Center, 918 F.Supp. 288 (E.D. Mo. 1999) (holding that plaintiff need not elect between lost-chance theory and general negligence any time before final judgment.).

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to conduct periodic inspections of the cable assembly. During an inspection before the manlift failure, BarnesCo noted that the cable connection at the counterweight was "ok." On July 29, 1999, Mark Wayne Betzold was operating the manlift at the Farmers Coop when the cable broke at the exact point where the defendants had spliced the new cable to the old.

The Occupational Safety and Health Administration investigated the claim shortly after the accident. The investigation revealed that the problem related to "old, broken, frayed, corroded, wire cable." The OSHA investigation also concluded that the "connection of old wire cable to new wire cable" was the "point in which the wire broke inside the counterweight."

By the end of the case, the defendants were ready to admit liability and merely argue damages to the jury. Mr. Betzold was earning approximately $25,000.00 per year at the time of his death. Two teenage children were still living at home and Mr. Betzold was divorced from the children's mother. With caps of $250,000.00 for the wrongful death claim and $250,000.00 for pain and suffering, the plaintiffs were prepared to argue substantial "Wentling" damages to a jury. A settlement was ultimately reached for $730,000.00 on behalf of the wrongful death heirs.

Failure of manlift cable at location of the unsafe repair.

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This medical malpractice action was filed on behalf of the Lanes against the defendant Boone Hospital Center. The theory of the case was "loss-of-a-chance" of a good outcome from the stroke without significant neurological injuries if Donna had been treated with tPA within three hours. As a result of the delay in diagnosis and treatment of her stroke with tPA, Donna was deprived of her opportunity to benefit from such treatment.

The defense in the case emphasized the fact that the FDA had not approved tPA for non-hemorrhagic stroke until June of 1996, months after this event; that the nursing staff at Boone Hospital (except for the ICU) could not reasonably be expected to have knowledge or awareness of the treatment; that the window of opportunity for the treatment is only three hours and the tPA probably could not have been started that quickly no matter what; that there was not unnecessary or unreasonable delay by the nurse in obtaining the CT scan or transferring Mrs. Lane to the ICU; that the standard of care across the country did not require the use of tPA in this clinical circumstance; that the physicians should not have managed the case by telephone for brand new treatment with only a three hour window but should have come to the hospital to supervise the case; and most importantly, that the chance for cure benefit from the tPA was approximately 12% at best, and probably less for Donna due to the location of her clot in a large vessel, the middle cerebral artery.

In this particular case, the plaintiffs had a neurology expert who stated that Mrs. Lane had a 60% plus chance for benefit if the tPA had been given within the first three hours. This opinion was probably helpful toward settlement but was not directly supported by any medical literature or data. Therefore, in the Lane case, if a jury had concluded that the loss-of-a-chance was 12%, then the gross verdict would have had to be $4,166,666 in order to equal the net $500,000 settlement; and if the jury decided the lost-chance was 30%, the gross verdict would have had to be $1,666,666 to recover the same net $500,000.

STROKE: WHAT "CHANCE" DOES TPA PROVIDE?

Every year more than 500,000 Americans suffer strokes, about 150,000 die and 300,000 are disabled. At least 35,000 of these people have strokes while in a hospital.

Until June of 1996, when the FDA approved tPA for treatment of selected stroke patients, there was no treatment available for strokes that had any proven benefit. Tissue plasminogen activator, or tPA, provides a "chance" for certain stroke victims to escape significant neurologic injury. This treatment is also called thrombolytic therapy — the category of drugs known as "clot busters." Since the advent of tPA therapy for stroke in 1996, there has been a nationwide movement to recognize strokes as "brain attacks," and hospitals have been organizing teams specializing in "emergency brain resuscitation" – or EBR. The treatment is still controversial, and recent studies show tPA has not yet become standard practice at the majority of hospitals in the United States.

tPA is an effective therapy for acute non-hemorrhagic stroke when administered within three hours of symptom onset. The medication can open (recanalize) occluded cerebral arteries before irreversible brain injury has occurred. The benefit appears to be limited to the first three hours. Within the first three hours, the earlier tPA is given the better the chance of clinical improvement and a good outcome. tPA should never be given for a hemorrhagic stroke. About 80% of all strokes are non-hemorrhagic, or ischemic, involving a blood clot. The seminal study on the benefit of tPA was NINDS rt-PA Stroke Study Group. Tissue Plasminogen Activator for Acute Ischemic Stroke. N Engl J Med 1995; 333:1581-1587. This is still the definitive publication on the efficacy of thrombolytic therapy for acute ischemic stroke. The results, which have been verified for the long-term in subsequent publications, show that for matched groups of 100 stroke patients, i.e., a group which does not receive tPA, and a group which receives tPA, 38 of 100 patients in the untreated group will have minimal or no disability from their stroke, and 50 of 100 patients in the tPA group will have minimal or no disability. Based on these outcomes, the "absolute risk" represented by additional patients with favorable outcomes was 12%, which is the "absolute lost-chance." In other words, for every group of 100 people who were administered tPA, there were 12 additional people who received benefit. Expressed in statistical terms as "relative risk," the relative increase in favorable outcomes was approximately 30% for the tPA group. *So the lost-chance can be quantified in a range from 12% to 30%.*

Scott E. Nutter and Anne E. Popper Join Firm

We welcome Scott E. Nutter, who joined the firm this past summer. Scott received his law degree from the University of Missouri-Columbia in 1999, where he graduated cum laude, served as Managing Editor of the Missouri Law Review and was inducted into the Order of the Coif and the Order of the Barristers. While in law school, Scott received the highest grade in six different courses and received numerous awards for outstanding performance in his law school's mock trial program.

Following law school, Scott served as a judicial law clerk for the Honorable D. Brook Bartlett, Chief Judge of the United States District Court for the Western District of Missouri. Scott is admitted to practice in Kansas and Missouri and is a member of several bar and trail lawyer's organizations. Scott will focus his practice on product liability, automotive and trucking accident litigation, class action litigation and general tort law.

Scott E. Nutter

Anne E. Popper

Anne graduated from the University of California at Berkeley (B.A. 1991), where she played softball until an injury ended her career, and from the University of Missouri, Kansas City School of Law (J.D. 1997), where she served as a staff associate on the Law Review and Senior Articles Editor of the Urban Lawyer. During law school Anne received the Dean's Academic Achievement Award in Contracts II and Preservation Law.

Anne is admitted to practice before the state courts in Missouri and Kansas, and in front of the United States District Court for the Western District of Missouri and the District of Kansas. Anne is the Special Projects Chair for the Association of Women Lawyers of Greater Kansas City, and is a member of several other bar and trial lawyers' associations, including the Kansas City Metropolitan Bar Association, the Association of Trial Lawyers of America, the Missouri Association of Trial Attorneys, Trial Lawyers for Public Justice, and the American Bar Association. Anne intends to focus her practice on medical negligence and personal injury litigation.

REFERRAL RELATIONSHIPS

We welcome referrals or will associate with you and we will be considerate of your relationship with your client.

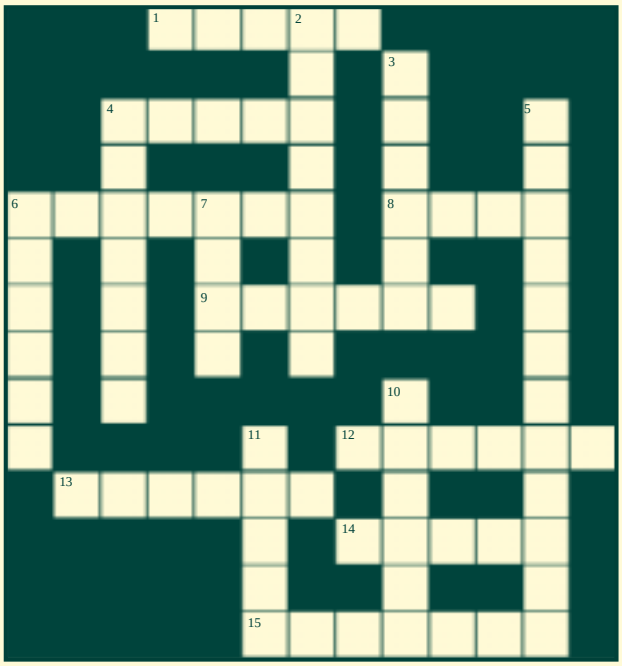
We return referral fees in accordance with the rules of professional conduct.

Our goal is to maximize results for you and your client.

Big 12 Trivia Puzzler

Across

1. San Antonio hosts this bowl.
4. University of Texas quarterback whose father played quarterback for the New York Giants.
6. New KU football coach.
8. UT mascot.
9. NFL superstar coached by former University of Kansas coach Terry Allen while at the University of Northern Iowa.
12. University of former Chicago Bears Hall of Fame linebacker Mike Singletary.
13. Big 12 coach played football at William Jewell.
14. Former Nebraska star now a starting running back for the Green Bay Packers.
15. Prior to Bob Stoops, the last coach to win a national championship at Oklahoma.



Down

2. School hosted first homecoming.
3. Cornhusker mascot.
4. This former Detroit Lion was a Heisman Trophy winner at Oklahoma State.
5. 2000 Football Champ Fight Song.
6. Former Texas Tech star running back who most recently played with the Kansas City Chiefs, prior to pleading guilty on drug-related charges.
7. University where current Big 12 coaches Bill Snyder and Bob Stoops coached together under Hayden Fry.
10. MU Football Stadium.
11. In 1996, Big 12 Conference Football champ.

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