Paul S. Padda, Esq. (NV Bar #10417)
Email: paul.padda@thefederaldefenders.com
Jason K. Hicks, Esq. (NV Bar #13149)
Email: jason.hicks@thefederaldefenders.com
THE FEDERAL DEFENDERS LAW GROUP
4240 West Flamingo Road, Suite 220
Las Vegas, Nevada 89103
Tele: (702) 707-2000
Fax: (702) 366-1940
Web: thefederaldefenders.com

Attorneys for the Plaintiff

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

THE ESTATE OF STEPHEN THOMAS CARY, JR.,

Plaintiff,

v.

UNITED STATES OF AMERICA

Defendant.

Case No. _____

COMPLAINT

This is a civil action seeking monetary and declaratory relief. In support of the relief sought by this Complaint, Plaintiff hereby alleges the following:

I.

JURISDICTION, VENUE AND LEGAL BASIS FOR THIS ACTION

1. This action arises under the Federal Tort Claims Act ("FTCA") Sections 2671 through 2680 of Title 28 of the United States Code ("U.S.C."). The FTCA, 28 U.S.C. § 1346(b)(1), provides that federal courts "shall have exclusive jurisdiction of civil actions on claims against the United States, for money damages, accruing on or after January 1, 1945, for injury or loss of property, or personal injury or death caused by the negligent or wrongful act or omission of any employee of the Government while acting within the scope of his office or

employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred."

2. Declaratory relief is authorized by 28 U.S.C. §§ 2201 and 2202.

3. Venue is proper in this federal judicial district pursuant to 28 U.S.C. § 1391 since "a substantial part of the events or omissions giving rise to the claim[s] occurred" in Nevada.

4. This civil action is brought by Plaintiff pursuant to federal statute and the common law of Nevada.

II.

THE PARTIES

5. Plaintiff, the Estate of Stephen Thomas Cary, Jr., was established under Nevada law following the death of Stephen Thomas Cary, Jr. ("Stephen"). Stephen was a veteran that served in the United States Army. As a veteran that honorably served his country, Stephen was eligible for veterans benefits which included, among other things, medical care at a Veterans Administration health care facility. Defendant acknowledged Stephen's death in correspondence dated July 17, 2015.

6. Defendant, the United States of America, is sued herein for monetary and declaratory relief based upon the acts and/or omissions of its "employees" as that term is defined under 28 U.S.C. § 2671.

III.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

7. By letter dated February 6, 2015, an administrative tort claim was submitted by Stephen to the General Counsel of the United States Department of Veterans Affairs ("VA"). The claim alleged and sought compensation for damages in the amount of two million, five hundred thousand dollars ($2,500,000.00).

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8. By letter dated July 17, 2015, the VA denied Stephen's administrative tort claim and provided him notice that "suit must be initiated within 6 months after the date of the mailing of [the] notice of final decision as shown by the date of [the] letter."

9. Because the VA has issued a final denial of the administrative tort claim that was submitted on February 6, 2015 and this lawsuit has been initiated within 6-months of that denial decision, this civil action is timely filed.

IV.

FACTUAL BACKGROUND

10. Defendant, the United States, operates a health care facility known as the Mike O'Callahan Federal Hospital ("MOFH") at the Nellis Air Force Base in Las Vegas, Nevada. Defendant, in operating MOFH, holds itself out to military personnel, their dependants and others who enter its facility to use that degree of care, skill, diligence, and attention used by hospitals generally in the local community in the care and treatment of patients. The hospital operated by Defendant employs, among others, doctors, nurses, interns, residents, student nurses, nurses' aides and other hospital personnel over which it exercises exclusive control and supervision, with the right to employ and discharge such employees.

11. Dr. Phil Goebel, M.D., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at MOFH and was an employee of Defendant and acting within the scope of his office and employment.

12. Dr. Eric B. Schmell, M.D., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at MOFH and acting within the scope of his office and employment.

13. Dr. Camilo Tabora, M.D., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at MOFH and was an employee of Defendant and acting within the scope of his/her office and employment.

14. Dr. Robert Sarazen, M.D., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at MOFH and was an employee of Defendant and acting within the scope of his office and employment.

15. Dr. Patrick J. Boland, D.O., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at or in conjunction with MOFH and acting within the scope of his office and employment with Nevada Imaging Center, a corporation of unknown origin.

16. Dr. Eugenia E. Szontagh, M.D., during all time periods relevant to this Complaint, was a healthcare provider practicing medicine at MOFH and was an employee of Defendant and acting within the scope of her office and employment.

17. At all time periods relevant to this Complaint, there existed between the physicians identified herein and Stephen the relationship of physician-patient.

18. Defendant, its employees and other health care providers deviated from acceptable standards of practice and care by failing to adequately address Stephen's symptoms, first presented on or about January 3, 2011, which should have suggested the possibility of renal cell carcinoma.

19. In support of the allegations contained within this Complaint, Plaintiff has attached the *Affidavit of Mark J. Kelly, M.D.* *See* Exhibit A. The allegations, opinions and conclusions set forth in Dr. Kelly's Affidavit are relied upon and incorporated by reference herein.

20. Dr. Kelly is a diplomat of the American Board of Urology and has been a practicing urologist for over 22 years. *See* Exhibit B. He is currently in full-time private practice in Santa Monica, California. Id. His hospital affiliations include the Santa Monica- UCLA Medical Center and Saint John's Health Center in Santa Monica, California where he served as Chief of Urology from 1994-2001. Id. Based upon his training, background, knowledge and

experience, Dr. Kelly is familiar with the applicable standards of care for the treatment of individuals demonstrating the symptoms and conditions first presented by Stephen on or about January 3, 2011.

21. Dr. Kelly is qualified on the basis of his training, background, knowledge, and experience to offer expert medical opinion regarding those accepted standards of medical care, the breaches thereof in this case, and any resulting injuries and damages arising therefrom. Dr. Kelly has reviewed the medical records of the health care providers identified in this Complaint. However, with respect to Nevada Imaging Center, it has refused to produce Stephen's medical records despite the requirements of Nevada Revised Statute 629.051 mandating retention of medical records for five years.

22. Dr. Kelly has opined in his notarized Affidavit that "[t]here were three separate occasions during which time [Stephen] could have been diagnosed with" renal cell carcinoma but was failed by his health care providers. Additionally, Dr. Kelly has opined that the failure of Stephen to be seen and examined by a urologist "during the period of time in which his cancer could have been diagnosed and *most likely cured*" was ultimately fatal to his survival ("[t]he failure to secure a Urology Consultation to evaluate and manage [Stephen's] grossly bloody urine was a critical error in this case").

23. As a result of the negligence, carelessness, and medical malpractice of the Defendant's employees, who "clearly understood the importance as far back as January 2011 of having [Stephen] examined by a urologist," he was subjected to "careless, inconsiderate and sub-standard medical care" which ultimately cost him his life.

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V.

FIRST CAUSE OF ACTION

(Negligence / Medical Malpractice)

24. Plaintiff realleges and incorporates by reference the allegations found in paragraphs 1 through 23 set forth above.

25. Defendant owed Stephen Thomas Cary, Jr. a duty of care to operate MOFH and to provide him with medical services in a reasonable and safe manner. Defendant breached its duty of care towards Stephen by providing him with medical services that fell below the acceptable standards of practice and care. As a direct and proximate result of the negligence of Defendant, Stephen suffered an untimely and very painful death.

26. As a result of Defendant's negligence, the Estate of Stephen Thomas Cary, Jr. seeks damages in an amount to be proven at trial but not less than two point five million dollars ($2,500,000.00).

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VI.

RELIEF REQUESTED

27. Wherefore, in light of the foregoing, Plaintiffs seek the following relief in this matter:

a. Monetary damages in an amount no less than two million, five hundred dollars ($2,500,000);

b. Declaratory relief in the form of a finding of negligence on the part of Defendant;

c. Plaintiffs' costs in this action, including attorney's fees and any interest on judgment permitted by law;

d. Such other and further relief as the Court may deem just and proper in this case.

Respectfully submitted,

/s/ Paul S. Padda

Paul S. Padda, Esq.
Jason K. Hicks, Esq.
THE FEDERAL DEFENDERS LAW GROUP
4240 West Flamingo Road, Suite 220
Las Vegas, Nevada 89103
Tele: (702) 707-2000
Fax: (702) 366-1940
www.thefederaldefenders.com

Attorneys for Plaintiffs

Dated: January 12, 2016

EXHIBIT A

EXHIBIT A

Affidavit of Mark J. Kelly, M.D.

I, Mark J. Kelly, M.D., hereby testify to the following based upon my personal and professional knowledge:

1. I am a physician licensed to practice medicine in California specializing in Urology. I am a diplomat of the American Board of Urology. I have been a practicing Urologist for over 25 years. I am currently in full-time private practice in Santa Monica, California. My hospital affiliations include the Santa Monica- UCLA Medical Center and Providence-Saint John's Health Center in Santa Monica, California where I serve as Chief of Urology and on the Providence-Saint John's Health Center Cancer Committee. All of my licenses are current and on file with the appropriate agencies and boards.

2. My additional qualifications and training are further set forth in my Curriculum Vitae. Based upon my training, background, knowledge and experience, I am familiar with the applicable standards of care in the Diagnosis, Clinical Staging, Therapeutic Intervention and Prognostication for "renal cell carcinoma" (more commonly known as "kidney cancer").

3. I have reviewed medical records provided to me pertaining to Mr. Stephen Thomas Cary, Jr. (born September 22, 1971 and deceased May 29, 2015) ranging from May 24, 2010 through April 11, 2015. The records reveal the information set forth below upon which I am basing my opinions:

    a. On January 3, 2011 (Monday) at approximately 1:23 a.m., Mr. Cary presented himself to the emergency room of the Mike O'Callaghan Federal Hospital at Nellis Air Force Base in Las Vegas, Nevada ("Nellis Federal Hospital"). According to the hospital's intake sheet, Mr. Cary's chief complaint was "blood in urine." Emergency room staff noted that Mr. Cary told them he had been "peeing straight blood" and that it had "started Friday night." Dr. Phil Goebel, M.D., the attending physician that morning, ordered an emergency, noncontrast CT scan to be performed upon Mr. Cary. The test results revealed a solid lesion in his kidney and concern was appropriately focused at that time on the possibility that this lesion represented renal cell carcinoma. Mr. Cary's results were interpreted that same morning, at approximately 5:29 a.m., by Valor Teleradiology. Dr. Goebel appropriately recognized the severity of these findings and the maxim that visible blood in the urine is a malignancy until proven otherwise and notified Mr. Cary that he was initiating a referral to urology and medical oncology to be performed within 72 hours ("urology and oncology will be calling you to set up appointments to further evaluate the blood in your urine and the mass on your kidney and in your liver"). Dr. Eric B. Schmell, M.D., the interpreting physician for Valor Teleradiology, noted "the findings could represent a renal cell carcinoma with hepatic metastases. A CT with IV contrast is recommended for further evaluation." Computed tomography or

"CT" is the standard medical test that can reveal the presence of life threatening malignancies in patients presenting with blood in their urine that cannot be seen in a conventional X-ray. Proper administration of the appropriate CT Imaging with and without Intravenous Contrast is crucial to the detection of renal cell carcinoma.

b. The same morning, January 3, 2011 at approximately 4:21 a.m., Dr. Camilo Tabora, M.D. confirmed Dr. Goebel's directive by noting the following: "patient found to have a 3.2 cm left renal mass and 3.8 cm hepatic mass suspicious for cancer. Patient needs work up. Referred to urology and oncology." However, five hours later, or at 9:12 a.m., Dr. Robert Sarazen, M.D. dictated the following: "Reviewed ER note. Urology consult canceled. I have ordered labs, CT scan of chest/abdomen/ and pelvis. Will have the patient come in for evaluation ASAP."

c. On January 6, 2011 Mr. Cary underwent CT imaging of his chest and abdomen as ordered by Dr. Sarazen on January 3, 2011. The tests were performed at the Nevada Imaging Center in Las Vegas, Nevada and interpreted by Dr. Patrick J Boland, D.O. Despite the dire circumstances under which Mr. Cary had been referred to Nevada Imaging Center, Dr. Boland's report merely indicates Mr. Cary was there because of "Abdominal pain. Stones. Follow up," when in fact, the actual indication was for the assessment of a suspected renal cancer. Although the procedure was performed on January 6, 2011, it was not dictated until January 7, 2011 and ultimately transcribed on January 12, 2011. Dr. Boland noted that the patient [Mr. Cary] was studied "without and with intravenous contrast" but made a glaring error and misrepresentation that squandered an opportunity for the timely diagnosis of Mr. Cary's actual diagnosis, namely kidney cancer. He did not in fact administer intravenous contrast but instead gave Mr. Cary oral contrast which was of no benefit to Mr. Cary. By withholding intravenous contrast, no tumor enhancement data could be obtained from this CT Imaging, thus the opportunity to make the right diagnosis was missed. It is my opinion that a clear violation of the standard of care in the CT assessment of Mr. Cary's kidney cancer occurred. Enhancement characteristics of a solid renal mass are determined in the noncontrast and *post IV* contrast phase, not in the post oral contrast phase as performed by Dr. Boland.

d. Because of this major error by Dr. Boland, he wrongly inferred that the mass (which ultimately led to Mr. Cary's demise) was a simple "hyperdense cyst." This created a narrative of misinformation that persisted well beyond the curative opportunity for Mr. Cary. Additionally, as noted earlier, Dr. Boland dictated that the motivation for the CT scanning of Mr. Cary on January 6, 2011 was related to "kidney stones" and not "URINATION OF BLOOD SEVERE..." as requested by emergency room physician Dr. Goebel. Nevada Imaging Center's characterization was both

inaccurate, misleading and ultimately a costly blow to the survival chances of Mr. Cary.

e. Subsequently, on January 12, 2011, Dr. Sarazen indicated in a note, documenting his treatment of Mr. Cary on January 3, 2011, that "I referred the patient to urology who canceled the consult and recommended a CT with IV contrast." He noted Mr. Cary was "anxious and somewhat frustrated with the delay in his ability to get further evaluated." Dr. Sarazen further ordered labs and CT scans of the chest, abdomen and pelvis and to come in for evaluation "ASAP." Despite this sequence of comments, Dr. Sarazen added to his clinical diagnosis of Mr. Cary on this date, "NO SOLID TUMOR SEEN ON CT SCAN.

f. On June 6, 2012 Mr. Cary presented to the emergency room of the Nellis Federal Hospital complaining of abdominal pain which hospital staff assumed was connected to a "previous hernia." Despite his prior, documented history at Nellis Federal Hospital ("patient found to have a 3.2 cm left renal mass and 3.8 cm hepatic mass suspicious for cancer") there is no indication in the medical records of June 6, 2012 that a careful evaluation of a known solid right renal mass with the use of intravenous contrast to determine the tumor's enhancement characteristics was considered and/or contemplated. Instead, Mr. Cary underwent a CT scan of the abdomen with the primary focus appearing to be upon his "previous hernia." Dr. Eugenia E. Szontagh, M.D. interpreted this CT scan ("done without intravenous contrast enhancement") and documented that a comparison was made to Mr. Cary's prior CT scan performed back in January 3, 2011. She concluded that there was "no significant interval change."

g. Approximately two and a half years later, on January 10, 2015, Mr. Cary again presented himself to the Nellis Federal Hospital emergency room complaining of cough for two to three months, persistent shortness of breath, dramatic weight loss of approximately thirty pounds in the last two to three months and skin nodules scattered throughout his body including right rib posterior back and lower abdominal. Physical examination showed multiple skin nodules on his body. X-Ray of the chest showed diffuse reticular nodular opacity with new large bilateral hilar and mediastinal adenopathy. A CT of the thorax showed "partial visualization of a renal mass, concerning for renal cell carcinoma. Extensive mediastinal and hilar lymphadenopathy with innumerable pulmonary nodules, consistent with metastatic disease."

h. On January 10, 2015 Mr. Cary had a CT of the abdomen *without and with contrast.* The radiologist reported multiple liver lesions - likely hemangiomas, 8 cm mass in the upper pole of the right kidney, small renal cysts in the left kidney and metastatic lymphadenopathy adjacent to the inferior vena cava.

i. On January 15, 2015 Mr. Cary had a CT guided biopsy performed of the right kidney mass. The cytopathology report of the specimen, issued on January 16, 2015, revealed papillary renal cell carcinoma. The brief clinical history description was "*43 years old with large right renal mass, retroperitoneal adenopathy, hilar and mediastinal adenopathy, and multiple pulmonary nodules.*"

j. Less than six months later, on May 29, 2015 Mr. Cary tragically succumbed to metastatic renal cell carcinoma ("kidney cancer").

4. It is my opinion and belief that had the appropriate standards of care been met in the treatment of Mr. Cary, he would most likely be alive today. Papillary renal cell carcinoma is highly curable. This lesion is typically diagnosed at an early stage. According to the American Journal of Surgical Pathology (Am J Surg Pathol 2002; 26:281) the five (5) year survival rate is eighty-two to ninety percent (82-90%) in persons diagnosed with Stage I of this cancer. Sadly, in this case Mr. Cary's cancer was not properly detected until it had metastasized to Stage IV.

5. According to the Cleveland Clinic, papillary renal cell carcinomas often present as small, multiple lesions that enhance with IV contrast.

6. In light of the foregoing, it is necessary and important to study renal masses both without and with intravenous contrast material to measure the contrast enhancement characteristics of the tumor. Standard criteria dictate that if the lesion enhances by greater than 15 Hounsfield units (HU), this is a renal cell carcinoma until proven otherwise.

7. There were three separate occasions during which time Mr. Cary could have been diagnosed with this malignancy. When he first presented to the emergency department on January 3, 2011 with three days of bloody urine a noncontrast CT was performed. This represented the first lost opportunity. Later, when he was referred to the Nevada Imaging Centers for a contrast CT and none was performed, a second opportunity for detection and cure was lost. Finally, on January 6, 2012 yet a third opportunity to diagnosis Mr. Cary's cancer was wasted when Dr. Szontagh failed to recognize the importance of administering intravenous contrast enhancement.

8. Most baffling, Mr. Cary was never seen by a urologist during the period of time in which his cancer could have been diagnosed and *most likely cured.* Apparently, a urologic consultation was canceled and never rescheduled despite Dr. Goebel's observation of "URINATION OF BLOOD SEVERE" pertaining to Mr. Cary. The failure to secure a Urology Consultation to evaluate and manage Mr. Cary's grossly bloody urine was a critical error in this case. It is clear is that medical personnel clearly understood the importance as far back as January 2011 of having Mr. Cary examined by a urologist. At the time, Dr. Sarazen confirmed that Mr. Cary was "anxious and somewhat frustrated with the delay in his ability to get further evaluated."

9. In conclusion, it is my opinion that the life of Stephen Thomas Cary, Jr. was tragically cut short by careless, inconsiderate and sub-standard medical care. A veteran of this Nation's armed forces, Mr. Cary deserved much better.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. I reserve the right to change my opinions pending the production and review of additional medical records.

Dr. Mark J. Kelly, M.D.
Diplomat, American Board of Urology
Santa Monica, California

Dated: January 4, 2016

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

Subscribed and sworn to before me
this 4 day of ~~December~~ January 2016.

ALDO ALDANA
Commission # 2020165
Notary Public - California
Los Angeles County
My Comm. Expires Apr 15, 2017

NOTARY PUBLIC

EXHIBIT B

EXHIBIT B

Curriculum Vitae

MARK JOSEPH KELLY, M.D.

Diplomate, American Board of Urology

Birth date:	[redacted] 1956
Birthplace:	Niagara Falls, New York
Office:	Westside Urological Medical Group, Inc. 2001 Santa Monica Boulevard Suite 590 West Santa Monica, CA 90404
Telephone:	(310) 829-0039
Facsimile:	(310) 828-1791
CA Medical License:	G55252
DEA License:	AK3231204
NPI:	109 388 9263
Board Certification:	The American Board of Urology. Original certification, 1992 Recertification, 2002, 2011.

Professional Associations:

Los Angeles Urological Society, (President, 2000-2001)
Bay Surgical Society (Program Director, 2001)
American Urologic Association, Diplomate
Western Section of the American Urological Association
California Urological Society
American Association of Clinical Urologists
California Medical Association

Recent Acknowledgements:

Castle Connolly selection, 2012 Top Doctors in Southern California
U.S. News & World Report: Top Urologists in America
America's Top Urologists, Consumer Research Council
LA's Top Doctors, Los Angeles Magazine
Marquis Who's Who in American Medicine
America's Top Surgeons, Consumer's Research Council
Patient's Choice Award, American Registry

Current Practice Status:

Private Practice in Santa Monica, California.
Partner, Westside Urological Medical Group

Hospital Affiliations:

Saint John's Health Center (Chief of Urology, 1994-2001)
Santa Monica-U.C.L.A. Medical Center
Surgery Center of Santa Monica

Educational Background:

Undergraduate College:

State University of New York (SUNY) at Buffalo
B.A.: Cell and Molecular Biology
1974 - 1978

Postgraduate Research:

Roswell Park Memorial Cancer Institute
Buffalo, New York
Oncology / Epidemiology (1978-80)

Medical School:

Albert Einstein College of Medicine of Yeshiva University
Bronx, New York
1980 - 1984

Surgical Residency:

PGY 1&2: General Surgery (1984 – 1986)
Kaiser Foundation Hospital, Los Angeles, CA

PGY 3: Urology (1986 – 1987)
Clinical Urology,
Kaiser Foundation Hospital, Los Angeles, CA

PGY 4: Urology (1987 – 1988)
Clinical Urology, Kaiser Foundation Hospital, Los Angeles, CA
Basic Science Research, U.C.L.A. Department of Surgical Oncology

PGY 5: Urology (1988 – 1989)
Clinical Urology, Kaiser Foundation Hospital, Los Angeles, CA
Renal Transplant Service, UCLA Department of Urology

PGY 6: Chief Resident in Urology 1990
Kaiser Foundation Hospital, Los Angeles, CA
Gary E. Leach, M.D., Chief of Service

Special Training and Certification:

Laser Certifications:
Holmium Laser/Nd: YAG, CO2 Laser, Greenlight Laser Ablation

Extracorporeal Shock Wave Lithotripsy Certification (AUA)

California State Fluoroscopy Certification

Microsurgery Training Certification, Microsurgery Research Institute, San Francisco

Contigen Implant Training

Visual Laser Ablation of Prostate. Harbor-U.C.L.A. Medical Center (August 1992)

Use of the Holmium/Nd: YAG Laser in Urological Surgery. Workshop and Hands-On Training UCLA Medical Center November 1994

Endourology / Ureteroscopy, AUA Surgical Learning Center. Houston, Texas

Radiofrequency Tissue Ablation Training (TUNA), VidaMed Training Course, Irving, CA (April 1996)

Basic and Advanced Laparoscopic Surgery in Urology, AUA Surgical Learning Center, Houston, TX (July 1997)

Endo-Urologic and Ureteroscopy Certification (AUA Training Center, Houston, Texas)

Indigo Interstitial Laser Ablation of the Prostate, Beverly Hills, CA (August 2000)

Renal and Prostate Targeted Cryoablation Training Symposium, Columbia Presbyterian Hospital, NY, NY (October 2000)

Laparoscopy for the Urologist: Didactic and Hands-On Animal Laboratory
USC Department of Urology 2001

Hand-Assisted Laparoscopic Nephrectomy Course: Didactic/Hands-On Laboratory
USC Department of Urology

Targeted Cryoablation for Urologic Applications. Regional Training workshop. USMD Surgical Center. Arlington, Texas. 2007

Minimally Invasive Surgical Techniques in Urologic Surgery, Ethicon Endo-Surgery Research Laboratory, Cincinnati, Ohio

High Frequency Ultrasound (HiFu) Ablation of Prostate Cancer Training Seminar, Toronto, Canada 2007

da Vinci Robotic Surgery Console Certification – Intuitive Surgical Training Institute, UC Irvine. 2007

Advanced laparoscopy training. AUA Hand-on training. Baylor Medical School. 11/11