

COMMONWEALTH OF MASSACHUSETTS

HAMPSHIRE, ss.

Grand Jury

IN RE: INVESTIGATION

HEARING BEFORE HAMPSHIRE COUNTY
GRAND JURY AT THE HAMPSHIRE COUNTY
COURTHOUSE, NORTHAMPTON, MASSACHUSETTS,
ON SEPTEMBER 30, 2015.

APPEARANCES:

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(There were no exhibits marked.)

1 SONJA FARAK (SWORN.)

2 MR. CALDWELL: Good morning,
3 ladies and gentlemen. My name is Thomas
4 Caldwell. I'm an assistant attorney general.
5 With me sitting today is Special Assistant
6 Attorney General the Honorable Peter Velis.
7 We are continuing the investigation into the
8 drug lab at the University of Massachusetts
9 Amherst and any criminal conduct that occurred
10 at that laboratory. I'm continuing
11 questioning the witness, Ms. Sonja Farak.

12 EXAMINATION BY MR. CALDWELL

13 Q. Good morning, ma'am.

14 A. Good morning.

15 Q. Ma'am, during your time as a state
16 chemist with the -- employed by the Department
17 of Public Health and then subsequently the
18 Massachusetts State Police, you had a work
19 e-mail account; is that correct?

20 A. I did not hear. Working?

21 Q. You had a work e-mail account?

22 A. That is correct.

23 Q. And you used that work e-mail account

1 to speak with different chemists, correct?

2 A. Occasionally chemists, more
3 frequently ADAs.

4 Q. ADAs. Okay. So why did you use that
5 e-mail account -- or strike that.

6 Why were you e-mailing other
7 chemists?

8 A. Why was I e-mailing other chemists?

9 Q. Correct.

10 A. I e-mailed some chemists in the
11 Boston lab for -- to get their expertise and
12 their knowledge on certain drugs that we
13 received in our lab that we were unfamiliar
14 with.

15 Q. Are there any examples of drugs the
16 lab received for testing and you were not
17 familiar with?

18 A. One example is lisdexamfetamine.
19 Basically, it's an ADHD drug but it's, instead
20 of being a Class B, it's a Class C due to the
21 fact that it's not -- I don't want to say it's
22 not abusable but it's much harder to abuse
23 because it needs the acids in your stomach to

1 break it down into the amphetamine component.
2 And a lot of people that use amphetamines
3 snort them, so this is not a snortable drug I
4 guess.

5 Q. And was there any particular chemist
6 that you e-mailed more frequently than others?

7 A. Probably either Annie Dookhan -- she
8 seemed to be knowledgeable. I also have
9 e-mailed Peter Piro, P-I-R-O.

10 Q. And who is Peter Piro?

11 A. He was in charge of the mass
12 spectrometer lab in the Jamaica Plain, Hinton
13 lab.

14 Q. Did he train you on the mass
15 spectrometer?

16 A. Yes, he did.

17 Q. And did you e-mail Ms. Dookhan of
18 your own accord or was it suggested that you
19 contact her to -- for information on drug
20 testing?

21 A. I don't remember. I remember Peter
22 mentioning her name a couple times, that she
23 might have gotten the lisdexamfetamine sample

1 and knew more about it. I mean, I also
2 contacted -- I'm not sure if I was told to
3 contact Annie but when I went to the Boston
4 lab to learn a new piece of instrumentation, I
5 mean, we were in contact in setting up the
6 days that were workable for us.

7 Q. You indicated also that you spoke to
8 assistant district attorneys --

9 A. Correct.

10 Q. -- on your e-mail account?

11 A. Correct.

12 Q. Why would you do that?

13 A. Normally we would contact via e-mail
14 if we were trying to -- well, if they were
15 trying to set up dates that they might need us
16 to testify in court. You know, they would
17 e-mail me saying, you know, I have this case
18 with these drug lab numbers. It's scheduled
19 to go to court on this date. Are you
20 available. And, you know, I would let them
21 know yes or no, I've already got other cases
22 scheduled that day or which courthouse is it
23 in. Especially in Springfield, a lot of the

1 cases that were on the docket to go didn't
2 actually go to court -- or go to trial, so
3 there were multiple times I would have
4 different courts scheduled for the same day.
5 Most of the time we were on call. But it
6 was either to, like I said, make sure dates
7 were available or I would let them know I'm
8 going to be on vacation that week, you know, I
9 can't make it.

10 Q. So it's fair to say you had a pretty
11 busy schedule at the lab?

12 A. That is correct.

13 Q. And that's in terms of not only
14 performing the tests but also scheduling court
15 times?

16 A. Correct.

17 Q. Now, during your previous testimony
18 before the Grand Jury you gave us information
19 about the testing process at the lab. You
20 said that the drugs you most commonly analyzed
21 were cocaine, heroin, marijuana and certain
22 pills, correct?

23 A. Correct.

1 Q. Now, if you were assigned to analyze
2 a sample believed to be cocaine or heroin, the
3 first thing that you did after weighing the
4 sample was do a spot test, correct?

5 A. We didn't always do spot tests on the
6 cocaine since we had to do the crystal test
7 but there was spot testing that we did.

8 Q. Now, you didn't do it on the cocaine.
9 Was that something that you just didn't do on
10 your own or was that policy at the lab?

11 A. It was policy at the lab according to
12 the scientific working group for the drug
13 testing. We had to hit so many tests under
14 category A, category, B, category C, depending
15 on the drug and what the tests were and we did
16 fulfill those requirements.

17 Q. Okay. And there were -- but those
18 color spot tests that you did, it's not a
19 sophisticated testing process, correct?

20 A. No.

21 Q. And if you did do a color spot test,
22 what was the purpose of the color spot test?

23 A. It's a preliminary positive.

1 Basically, it's like a field test that a lot
2 of the police officers do. For example,
3 cocaine, if you add a small -- put a small
4 amount in a well, like a ceramic plate in a
5 well, and add a few drops of cobalt
6 thiocyanate, it's a pink liquid, it turns
7 blue. If it's not -- I mean, cocaine will
8 always turn blue in it but there are other
9 things that will turn it blue that are not a
10 hundred percent accurate but if it doesn't
11 turn blue, it's not going to be cocaine.

12 Q. Now, if you did do a color spot test
13 and it didn't produce a certain color --

14 A. Mm-hmm.

15 Q. -- that you described, you would know
16 at that point that the substance didn't
17 contain cocaine or heroin?

18 A. Correct, we would know that it
19 doesn't -- didn't contain what the specific
20 spot test would indicate.

21 Q. Now, would you do any other testing
22 after that or would you just immediately
23 determine that there's no -- it's not a

1 controlled substance?

2 A. No, we would -- if you need to do
3 testing, we would add it to the small vial and
4 run it under -- through instrumentation.

5 Besides doing -- when we -- when
6 there's a presumptive positive for one of the
7 common drugs, we could run a shorter runtime
8 on the machines. For something that wasn't
9 going to give any -- if we didn't know what it
10 was, we'd run a more broad range scan of the
11 substance to see if there were any narcotics
12 present.

13 Q. Okay. If you got that color reaction
14 in an unknown powder consistent with the
15 reaction you'd expect if the substance
16 contained cocaine or heroin, at that point you
17 use the gas --

18 A. Gas chromatograph.

19 Q. -- chromatograph and the mass
20 spectrometer?

21 A. Correct. We use the gas
22 chromatograph by itself and then afterwards we
23 use a different gas chromatograph that was

1 linked with the mass spectrometer.

2 Q. Okay. And those are pretty
3 sophisticated instruments; is that fair to
4 say?

5 A. It's fair to say.

6 Q. And the first thing you do is run the
7 instruments with the known substance, correct?

8 A. Right, we would run it with the
9 standard solution from the known substance.

10 Q. And what would the gas chromatograph
11 do, what was --

12 A. Basically, every -- if you -- if you
13 put a small amount of the sample and dissolved
14 it in -- in my case most of the time it was
15 methanol, not only would the suspected drug
16 dissolve but other possible adulterants to the
17 sample would dissolve, so the gas
18 chromatograph basically would separate it by
19 substance and show how many different
20 substances or show the -- it would show a peak
21 with the different substances, how quickly
22 they went through the column. So it separated
23 it basically.

1 Q. Okay. At what time would you do a
2 visual comparison, was it after you ran it
3 through the --

4 A. After we ran --

5 Q. -- gas chromatograph and mass
6 spectrometer?

7 A. Okay. After we ran it through -- we
8 did the standards testing on the gas
9 chromatograph as well, but we would compare
10 that with the sample gas chromatograph, the
11 graph that came out. At that point we'd also
12 run the gas chromatograph and mass spec and
13 after those results, we'd compare the standard
14 with the individual submission as well.

15 Q. Okay. So explain the process in
16 which you would use the microscope to examine
17 the substance?

18 A. Well, there was two different
19 microscopes. One microscope was used
20 primarily for marijuana. Under a microscopic
21 evaluation when you actually look at marijuana
22 under a microscope, there are like calcium
23 deposits on the leaves with tiny pistillate

1 hairs coming out and for it to be -- which
2 these calcium deposits and hairs are specific
3 for marijuana. And along with the Duquenois
4 color test that we'd run on it, we'd also then
5 follow that up with a mass spectrometer if
6 those two tests were positive.

7 The other microscope was a polarizing
8 light microscope so it was used for cocaine or
9 suspected cocaine and we'd put a small amount
10 of the sample on a glass slide and add a
11 substance to it. The initials are TLTA. And
12 it would form -- if there was cocaine present,
13 crystals would form in a certain crystalline
14 pattern.

15 The reason we did this is in theory
16 there are two forms of cocaine, basically a
17 right-handed cocaine and a left-handed
18 cocaine, for lack of a better word. It has to
19 do with its chirality of a round carbon atom
20 that has the same molecular structure, just
21 they're basically mirror images of each other.

22 So one form of cocaine was
23 controlled; the other isn't. The one that

1 isn't has like never been seen in nature but
2 in theory it could exist so the state law --
3 the law of the state had us prove which of the
4 two -- or which of the two enantiomers it was.
5 And so depending which -- which of the two
6 forms would give different crystalline
7 structures.

8 Q. So did you use the microscope for
9 every drug that you tested?

10 A. We did not use a microscope for
11 opiates or pills, per se. Like I said, we'd
12 occasionally use the microscope to get a
13 better visual of the pill to try to find the
14 imprint if it was worn off or scraped off or
15 whatnot but it wasn't actually done for
16 physical testing.

17 Q. And about how long would you examine
18 these substances under the microscope?

19 A. Not long at all, maybe five or 10
20 seconds depending on how pure -- or how
21 concentrated we'll say the cocaine was; on the
22 slide whether or not -- how quickly crystals
23 formed I guess. A more mixed and cut sample

1 took longer for the crystals to form because
2 basically the cocaine molecules would fight
3 each other in that solution before it could
4 form the crystals. There'd be less of them.

5 Q. Is it fair to say that was just an
6 extra step you would take to confirm that it,
7 in fact, was a controlled substance or was not
8 a controlled substance?

9 A. For the cocaine?

10 Q. The cocaine or for whatever you were
11 looking at under the microscope?

12 A. Yeah, it was for the cocaine under
13 the polarizing microscope -- how do I word
14 this -- just because we could get crystals
15 doesn't mean it would be a strong hit on the
16 mass spec. Likewise, we could get a positive
17 99 percent match on the mass spectrometer but
18 if we couldn't get crystals, we would have to
19 call it negative because we need to prove
20 which form of cocaine it was.

21 Q. So just to restate that, if you
22 couldn't confirm it with the mass spectrometer
23 testing, the instrument test, so if you didn't

1 get crystals when you looked under the
2 microscope for that testing, you would
3 automatically call the drug negative?

4 A. Correct.

5 Q. Did that happen frequently?

6 A. It was rare. It was either residues
7 or just a very cut sample.

8 Q. Did it ever happen the other way
9 around, where it was negative on the mass
10 spectrometer, gas chromatograph and then it
11 formed crystals under the microscope?

12 A. Not that I'm aware of.

13 Q. And that's -- that's basically, is it
14 fair to say that's a judgment call for you at
15 that point when you're looking at it under the
16 microscope?

17 A. As to the formation of the crystals?

18 Q. Yes.

19 A. Yes.

20 Q. And did you record that anywhere in
21 terms of what you observed under the
22 microscope?

23 A. We -- in our lab notebook we'd either

1 say the test was positive or negative to form
2 the crystals.

3 Q. And those lab notebooks also -- you
4 also recorded the results of the mass
5 spectrometer and gas chromatograph tests,
6 correct?

7 A. That's correct.

8 Q. So it's fair to say, Ms. Farak, at
9 the end of the day in order to sign a drug
10 certificate attesting that a sample contained
11 the controlled substance, it's fair to say
12 that the analyst has to rely on his or her
13 training and experience, correct?

14 A. Correct.

15 Q. And sometimes those are judgment
16 calls, correct?

17 A. Correct.

18 Q. Now, you previously testified about
19 the standards that the Amherst lab used. And
20 you remember that testimony, correct?

21 A. Used by the lab or used --

22 Q. Used by the lab?

23 A. Okay.

1 Q. All right. And you -- at some point
2 I asked you the question, the national
3 standards, they're fairly pure, correct?

4 A. They are pure, yes.

5 Q. And that they weren't like the other
6 samples that you were getting that were cut
7 with various substances, correct?

8 A. That is correct.

9 Q. Now, you testified that the samples
10 were pure and I believe you said they were 99
11 percent pure?

12 A. What are we talking about?

13 Q. The standards. Excuse me.

14 A. The standards mostly were 99 plus
15 percent pure.

16 Q. And the drug dealers would sometimes
17 use cutting agents or adulterants to increase
18 the weight and volume of their product,
19 correct?

20 A. Correct.

21 Q. Or to get more bang for their buck?

22 A. Yes.

23 Q. Now, the standards at the lab needed

1 to be pure, correct, because you needed known
2 substances in order to compare them to the
3 unknown adulterated substances that were
4 coming off the street, correct?

5 A. Correct.

6 Q. Okay. And to get those pure
7 standards, the lab would have to purchase
8 them, correct?

9 A. Correct.

10 Q. Now, at any time did the lab itself
11 create a standard, if you know?

12 A. I believe prior to my employment
13 there some of the designer drugs were created
14 but I am not positive. But we would dilute
15 the powder into like standard solutions but it
16 would always come as a pure substance.

17 Q. So at any time you were at the lab
18 did Jim Hanchett or anyone else produce a
19 standard maybe because you ran out of the
20 standard that was purchased or for some other
21 reason?

22 A. I'm not -- I'm not sure. I know Jim
23 was in charge of making the coke heroin

1 solution. How he did that, I am not a hundred
2 percent sure.

3 Q. Okay.

4 A. I'm assuming he took it from the
5 standards though.

6 Q. Did you ever -- did you yourself ever
7 create a standard?

8 A. Like I said, I would dilute some
9 small amount in liquid when we ran out of the
10 standard from the pure stock that the lab had
11 purchased, if that makes sense.

12 Q. It does.

13 A. We weren't actually making drugs at
14 the lab if that's the question.

15 Q. Who would order the standards when
16 they were -- when you ran out?

17 A. Towards the end I would believe -- I
18 believe it was Jim Hanchett. I know -- I'm
19 not sure which ones they were. I know at one
20 point we were low on something and the Boston
21 lab had an extra vial or whatever from the
22 manufacturer and so it was brought out to our
23 lab. But either Jim Hanchett or before him

1 Cam Stevenson, Alan Stevenson.

2 Q. So you never ordered standards?

3 A. I never ordered standards, no.

4 Q. Now, on or about July 2012 the
5 supervision of the Amherst drug lab was
6 transferred from the Department of Public
7 Health to Massachusetts State Police, correct?

8 A. Correct.

9 Q. And why was that, if you know?

10 A. There may have been a variety of
11 reasons. I mean, we were under the impression
12 that DPH didn't want us anymore. Whether or
13 not that was a good thing or not, I'm not
14 sure. I know there was a budget cut and the
15 lab was taken out of the budget and picked up
16 by the state police. The logistics of why,
17 I'm not sure.

18 We looked at it as a good thing that
19 we would then be able to get accredited with
20 the State Police Lab.

21 Q. Because you weren't accredited at
22 that point, correct?

23 A. That's correct.

1 And then we would -- I don't want to
2 say streamline things but instead of having,
3 you know, our -- the Amherst lab and the
4 Jamaica Plain lab were part of DPH and the
5 state police lab, the Worcester lab, was
6 actually part of the DA's office I believe.
7 So they were trying to consolidate it all into
8 one heading I guess or one entity.

9 Q. Okay. Was there any other reason
10 that you know of?

11 A. That I know of, I'm not sure.

12 Q. Now, the Mass. State Police operated
13 an accredited drug lab at Sudbury, correct?

14 A. Correct.

15 Q. And or about July 2012 the Amherst
16 lab was supposed to begin following the
17 Sudbury protocols, correct?

18 A. Correct.

19 Q. And the -- is it fair to say that the
20 only standards that they used at Sudbury
21 laboratory were standards that they purchased?

22 A. I have no idea. I'm assuming so but
23 I don't -- I don't know.

1 Q. Did the standards that came to the
2 lab, your lab at Amherst, did they ever have
3 any type of certificates with them that
4 attested to their purity, if you know?

5 A. I don't know. I wasn't in charge of
6 receiving chemicals or standards.

7 Q. Now, during your time as a chemist at
8 the Amherst lab, did you ever personally
9 respond to any type of discovery requests made
10 by defense attorneys?

11 A. Multiple times.

12 Q. Okay. And what would -- what would
13 you contain in a discovery packet that you
14 would send to a defense attorney?

15 A. At a minimum we would send a copy of
16 the drug receipt and the chain of custody of
17 the sample from the drug locker to the
18 chemist, back to the drug locker, back to the
19 police department. We would include a copy of
20 our handwritten notebook. We'd include a copy
21 of all the instrumental data, both of the
22 sample in question as well as the standard
23 that was run with that -- with -- well, in the

1 same run as the sample.

2 Additionally, some discovery packets
3 requested everything from copies of our SOPs
4 to a list of questions, you know, a CV. And
5 then the list of questions could be anything
6 from who else works in the lab and what are
7 their, you know, educational qualifications,
8 and training. It really depended what the
9 defense attorney requested and put a motion in
10 for that.

11 Q. Okay. What's an SOP?

12 A. Standard operating procedure.
13 Basically, it's the procedure that tells you
14 how to test the drugs or how to weigh the
15 drugs. We follow those written procedures on
16 how to do our job.

17 Q. What's a CV?

18 A. A curriculum vitae, it's basically a
19 quick resume. It will list our educational
20 experience, any other training we received and
21 the experience we gained in the lab.

22 Q. Okay. And it's fair to say that
23 you'd go to court and you'd be cross-examined

1 by a defense attorney on those items that you
2 provided initially?

3 A. It varied. We could be asked about
4 them. Most of the times when we got to court
5 they didn't have any questions for us but,
6 yeah, they could ask us about it if they
7 wanted to know about it.

8 Q. And approximately how many times did
9 you testify in court if you know and can
10 recall?

11 A. Maybe 50 total.

12 Q. At any point did any defense attorney
13 ask you any questions about the standards used
14 at the lab?

15 A. I don't believe so. Like I said, I
16 don't remember each time specifically. I'm
17 sure I mentioned that we ran standards to
18 compare with and they were known standards
19 from companies but I don't think they ever
20 questioned the standards.

21 Q. But you, in your discovery packets
22 that you prepared for defense counsel, you
23 would mention that there were standards used

1 and compared with?

2 A. Standards, correct.

3 Q. Okay. Ms. Farak, now, the last time
4 you testified about when you first stole
5 methamphetamine from the standard at Amherst.
6 Was that the first time you had tried
7 methamphetamine or had you tried
8 methamphetamine before then?

9 A. Methamphetamine by itself, yes, that
10 was the first time. Like I said, I think I
11 had a couple of E tablets before that that had
12 some methamphetamine in it but that was the
13 first time I tried it.

14 Q. And you never tried methamphetamine
15 when you were working at the Jamaica Plain
16 laboratory, correct?

17 A. That is correct.

18 Q. And you had previously testified that
19 you never had access to any of the standards
20 at the JP laboratory, correct?

21 A. That is correct.

22 Q. Who did have access to those
23 standards at the JP lab?

1 A. I know Chuck Salemi had it. I know
2 he had access. I'm not sure who else may have
3 had access to the standard. My guess is Peter
4 Piro might have. I don't know if we needed a
5 standard -- or the mass spec lab needed a
6 standard. If they got it, I'm not sure. I
7 never had to do that there so.

8 Q. Okay. Now, some more questions about
9 the Hinton lab. You had previously testified
10 when you started working at the Hinton
11 laboratory in Jamaica Plain in 2003 you were
12 assigned easier-to-analyze samples, correct?

13 A. Correct. I don't want to say easier
14 to analyze but less -- quicker samples in the
15 sense of instead of having to -- getting the
16 submission with a thousand bags, you'd get one
17 with three bags, so you'd be doing less
18 testing but they were also less likely to get
19 questioned or called into court so it was a
20 way to gain experience.

21 Q. Because you were learning on the job,
22 correct?

23 A. Correct. And we had training there

1 but it, you know, until you have -- you've
2 done it so many times, you know, you haven't
3 done it so.

4 Q. And it's fair to say that the most
5 common samples you were given in the beginning
6 of your employment by the Department of Public
7 Health at the lab was marijuana and pills?

8 A. It was marijuana, coke and heroin.

9 Q. Marijuana, cocaine and heroin?

10 A. Correct.

11 Q. Were you ever assigned any pills
12 to --

13 A. (Interposing) Towards the end of my
14 work -- I don't want to say work I had but
15 halfway through the time I was at the Hinton
16 lab the pill backlog was getting bigger so a
17 few of us were trained on the way of testing
18 pills and what solvents are needed to dissolve
19 the drugs out of the pill in order to be able
20 to run a mass spec and get the -- a correct
21 analysis.

22 Q. Now, were you at this time when you
23 started your employment at the Hinton

1 laboratory, you were still using just a
2 one-chemist system, correct?

3 A. At the Hinton lab?

4 Q. Hinton lab.

5 A. Hinton lab, they always used, I
6 believe, two-chemist system where you have one
7 chemist do the preliminary work and then it
8 was given to the mass spec laboratory -- or
9 the mass spec room and either Peter, or later
10 on they had a couple other chemists rotating
11 through there too, would do a bigger batch
12 which might include three or four different
13 chemists' work run with standards and then
14 separate the paperwork that way.

15 Q. And that -- so you would hand it off
16 to the mass spec chemist?

17 A. Correct.

18 Q. And you weren't trained on the mass
19 spectrometer at this point?

20 A. Like I said, about halfway through I
21 got trained and so I was working in the mass
22 spec lab.

23 Q. If you know, what chemist at the JP

1 lab tested the most samples on a month to
2 month basis?

3 A. On a what?

4 Q. On a month to month basis, if you
5 know?

6 A. I'm not sure. You mean towards the
7 end or while I was there?

8 Q. While -- while you were there --

9 A. When I was there?

10 Q. -- in your experience at the Hinton
11 laboratory.

12 A. I know Peter's name was probably on a
13 lot of drug certificates but as a two-chemist
14 system, his name went on certificates for
15 multiple chemists when he was doing the mass
16 spec. I mean, I feel I did a fair amount of
17 mari -- especially marijuanas when they came
18 through. A woman, Danielle, I forget her last
19 name, probably had quite a bit but, I mean, I
20 don't want to say higher chemists, you know,
21 Chem IIs and Chem IIIs that were doing the
22 bigger samples and needed to spend more time
23 doing it so in theory they were doing less.

1 They were not doing less work but their sample
2 production was less.

3 Q. Okay. Now, you testified that -- is
4 it fair to say maybe at the end of 2003 you
5 were finally trained on the mass spectrometer
6 testing?

7 A. Correct.

8 Q. And can you please explain how long
9 would it take you do to the preliminary
10 testing on just say a marijuana sample and
11 then do the mass spec test, about how long
12 would that take to do one sample?

13 A. For marijuana specifically, in the JP
14 lab we did not need to do the mass
15 spectrometer on it, so we would do the
16 microscope test and the color test. So for
17 one specific sample from the time I got it,
18 opened it, weighed it, and ran all the
19 testing, if it was a simple one bag or two
20 bags sort of thing, I mean, no more than five
21 minutes. But, like I said, we didn't run the
22 mass spec on the marijuanas at that time.

23 For another sample, say cocaine or

1 heroin sample, by the time we did the
2 preliminary testing, once again it would only
3 be maybe five or -- five minutes of me
4 actually working on it before giving it over
5 to the mass spec lab.

6 Q. You had previously testified before
7 the Grand Jury that you -- at some point you
8 became aware of Annie Dookhan and what she was
9 doing at the JP lab, correct?

10 A. That's correct.

11 Q. And you became aware that she was, in
12 fact, dry-labbing drugs?

13 A. I heard that. I don't know that for
14 a fact but I -- yeah.

15 Q. Okay. And when did she begin her
16 employ at the Department of Public Health --

17 A. (Interposing) She started in I
18 believe November of 2003.

19 Q. And, again, how long did you work
20 with her?

21 A. I was -- six or eight months I think.
22 I moved out to Western Mass. in -- I think I
23 started at the beginning of August 2004, so

1 about eight, nine months. Nine months or so,
2 yeah.

3 Q. And you were never aware that
4 Ms. Dookhan was dry-labbing drugs, correct?

5 A. No, I was not aware.

6 Q. And you never observed her doing that
7 in the laboratory --

8 A. No, I didn't.

9 Q. -- while you were at the lab at
10 Hinton?

11 A. No.

12 Q. Now, going back, Ms. Farak, you
13 previously testified that you were using drugs
14 at the laboratory while you were doing your
15 testing, correct?

16 A. Correct.

17 Q. And you had also testified that
18 during your periods of non-use you experienced
19 withdrawal symptoms, correct?

20 A. Correct, yes.

21 Q. And it's fair to say that those
22 withdrawal symptoms had a negative effect on
23 your productivity?

1 A. I guess it's fair to say that. I did
2 take days off occasionally due to withdrawal
3 symptoms.

4 Q. Okay. And what type of withdrawal
5 symptoms were you suffering from?

6 A. Mostly just extreme fatigue,
7 headaches, very bad irritability.

8 Q. Okay. And do you believe that
9 affected your ability to perform the tests
10 accurately when you were suffering those
11 symptoms?

12 A. When I was actually at work? No, I
13 don't think it did.

14 Q. About how many times did you call out
15 sick to work because of suffering from
16 withdrawal symptoms?

17 A. Maybe just three or four times -- or
18 periods I guess. I know there was one time
19 when I was coming off methamphetamine I called
20 out I think two or three days in a row and I
21 call that as one time but.

22 MR. CALDWELL: Special
23 Assistant Attorney General Velis, do you have

1 any --

2 MR. VELIS: Yes, just a
3 couple, please.

4 *****

5 EXAMINATION BY MR. VELIS

6 Q. Good morning, ma'am.

7 A. Good morning.

8 Q. Mr. Caldwell asked you some questions
9 in detail about the testing procedure and the
10 analysis protocol that's followed. It's fair
11 to say, is it not, that a layperson would
12 construe the entire protocol that you're doing
13 as being a detailed procedure?

14 A. Correct. Are you saying would they
15 consider it or do they consider it a detailed
16 procedure?

17 Q. Yes.

18 A. Yes.

19 Q. You, in fact, consider it a detailed
20 procedure?

21 A. I mean, not knowing -- yes, I would.

22 Q. Now, notwithstanding your vast
23 experience, if anyone in this room including

1 myself were today to be taken through the
2 everyday average analysis of any of the drugs
3 that you mentioned, it would be fair to say
4 that we would have to pay strict attention to
5 what we're doing?

6 A. I mean, until -- to get a grasp of
7 it, yes. Once you knew what you were doing
8 it's fairly routine but, yes.

9 Q. Now, it's not a situation as it were
10 the machines do all the work?

11 A. Correct. I mean, they do some of the
12 work but they don't do all of the work.

13 Q. Now, in the course of doing these
14 analyses, as I say, there's a certain protocol
15 for each drug?

16 A. Or the class of drugs. I mean, pills
17 are grouped together in our SOPs so, you know,
18 if I get a tablet of -- a Percocet tablet,
19 it's basically analyzed in the same way but
20 each different type of drug has its own
21 procedure.

22 Q. You had indicated to Mr. Caldwell in
23 the past in your testimony that judgment calls

1 are predominant in this analytical procedure,
2 you have to make judgment calls, don't you?

3 A. Yeah. I don't want to say they're
4 predominant but they're necessary.

5 Q. Is there any kind of thesis or any
6 kind of guideline publication that any
7 scientific authority has ever suggested or --
8 to analysts to follow in analyzing specific
9 drugs as well as safeguards that should obtain
10 when you do this analysis that you can point
11 to off the top of your head?

12 A. Yeah, I know the DEA, Drug
13 Enforcement Agency, has published the
14 Microgram and Microgram Journal, which don't
15 necessarily give procedures on how to analyze
16 drugs but they do introduce new drugs and ways
17 they were tested.

18 They are also part of the group that
19 -- the SWGDRG, basically the scientific
20 working group which sets the standards that
21 accredited laboratories do use to analyze
22 drugs and that they list the three categories
23 of, you know, you need one test from this

1 category, one test from that category, et
2 cetera, to get positive results or negative
3 but to ensure that results are accurate I
4 guess. Like I said, we did follow those --
5 our procedures were in line with those
6 procedures.

7 Q. So if I were to follow you or any of
8 the ladies and gentlemen here were to follow
9 you to do an analysis this afternoon and you
10 would be directing us to certain things
11 knowing that we hadn't done it before to take
12 us through a procedure, so you in a sense
13 would be the guideline, you would be the
14 guidepost?

15 A. I would be communicating what the
16 protocol is.

17 Q. What the protocol is?

18 A. Yes.

19 Q. Now, contained within that, would you
20 direct attention to various -- to different
21 variables?

22 A. Yes.

23 Q. In other words, sir, I direct your

1 attention to this or, ma'am, I direct your
2 attention to this, and that would require a
3 sharp focus on our part?

4 A. Correct.

5 Q. So in the course of the average
6 analysis that's done on a daily basis --

7 A. Mm-hmm.

8 Q. -- there has to be a pretty high
9 level of concentration? On the analyst's
10 part? Excuse me.

11 A. It does help.

12 Q. And when Mr. Caldwell asked you about
13 these judgment calls that you have just said
14 have to be made --

15 A. Mm-hmm.

16 Q. -- what percentage would you say of
17 the analyses that are required to be performed
18 or were required to be performed by you in
19 those years that you were employed at the lab
20 involved judgment calls?

21 A. I mean, do you consider comparing --
22 comparing two sets of results a judgment call
23 or is that just looking at the two facts, you

1 know, two things and do they compare? Is that
2 a judgment call in your --

3 Q. Well, I'm really -- I guess you're
4 the person because --

5 A. Well, I'm trying to --

6 Q. -- you're the expert, not me.

7 A. I find that very straightforward. I
8 don't think that's a judgment of -- I
9 understand the crystals may be more of a
10 judgment call.

11 Q. So certain drugs require more of a
12 certain drug determination?

13 A. Possibly. I mean, to determine the
14 right- or left-handedness of a cocaine
15 molecule but, once again, if cocaine isn't in
16 there it won't form any crystals so.

17 Q. Well, I guess maybe I was unclear. I
18 think you said to me the machines don't do all
19 the work?

20 A. No, they don't do all the work. They
21 do make a comparison with the internal
22 standard. They do give a match quality. We
23 do review that and -- I don't want to say make

1 sure the computer's accurate but we do compare
2 the standard that we've run as well as the
3 piece of evidence we've run just to make
4 sure -- to double-check.

5 Q. Okay. I plead ignorance but is it
6 fair to say, clearly, that the machines don't
7 make any judgment calls?

8 A. Correct. They make factual --
9 factual results.

10 Q. Upon which you make a judgment?

11 A. For which we?

12 Q. The analyst.

13 A. We make a judgment or we, yeah, I
14 guess we determine whether or not those
15 results are consistent with the other testing
16 that has been performed on the piece of
17 evidence.

18 Q. Now, in terms of your withdrawal
19 symptoms, you had indicated to Mr. Caldwell a
20 certain amount of times that you had called in
21 sick or whatever the case may be.

22 A. Correct.

23 Q. Were there any occasions, Ms. Farak,

1 during the course of your duties at the time
2 that you were at the lab wherein you felt
3 withdrawal or you may have felt an urge or you
4 may have felt something that you felt required
5 you to ask someone else in the lab to do the
6 testing for you even though you don't want to
7 go home sick?

8 A. No, I don't believe so.

9 Q. So you never asked anyone else to
10 stand in for you?

11 A. I was gonna be having the withdrawal
12 symptoms one way or the other, I might as well
13 work and be productive.

14 Q. Okay. But you admittedly were
15 impaired during this entire process?

16 A. I'm not saying the entire process.
17 There was a chance I was preoccupied at times.
18 Likewise, when my now ex-wife called me
19 multiple times a day I got distracted. When
20 Sharon's kids were sick she was distracted.

21 Q. Well, what about being under the
22 influence?

23 A. You're talking about judgment calls

1 and being distracted.

2 Q. Well, my question is during this
3 period of time, if I understood you correctly,
4 your previous testimony, you were under the
5 influence?

6 A. At sometimes, yes.

7 Q. Now, did you ever speak with any of
8 law enforcement personnel, Ms. Farak, or
9 assistant district attorneys about the
10 procedures that you followed in these cases?
11 Is that ever -- I know that may not be --
12 well, I don't know or I wouldn't be asking
13 you. That's not commonplace, correct?

14 A. I don't remember talking to any, I'll
15 say, law enforcement officials about that. I
16 believe meeting with a few different ADAs or
17 federal attorneys we would go -- depending on
18 the case, they may be bring me in to -- I
19 don't want to say prep me but let me know what
20 type of questions they were going to ask me.
21 They might have a feeling of what the defense
22 attorney is gonna try to poke a hole in, so
23 I'd have to explain the procedures to them as

1 well as providing it in multiple discovery
2 packets, if that answers your question.

3 Q. So to put in the most simple terms,
4 did any of them ever question a result of
5 yours --

6 A. No.

7 Q. -- all during the course of your
8 duty --

9 A. I don't recall.

10 Q. -- because, in essence, it wasn't
11 their place?

12 A. It wasn't their place.

13 I never had a defendant in a case
14 swear their thing wasn't drugs and it was.
15 Most of the time that a defense attorney would
16 bring me to the stand was either, A, to see if
17 I showed up. Because if I didn't show up they
18 could in theory try to get that piece of
19 evidence thrown out as a lack of ability to
20 get it cross-examined; or they may question --
21 actually, they questioned me a lot about the
22 police and how the drugs got to the lab and
23 how do I know nothing happened to the drugs

1 between the police and the lab, which in that
2 case I don't have any idea. But I don't
3 remember a specific incident where they
4 actually questioned my -- the analysis.

5 Q. Without me having read any of your
6 responses to your condition with respect to
7 drugs and the use of drugs and being under the
8 influence while at the lab, without me having
9 read any of the chronology of that but only
10 having in mind for the purposes of this
11 question the year 2004, latter of 2004 --

12 A. Okay.

13 Q. -- I think like September, up until
14 the time that the lab closed -- up until the
15 time that you were no longer employed there --

16 A. Yeah.

17 Q. -- is there any year that you could
18 point to or any time period that you could
19 point to where you were more under the
20 influence or more impaired than not?

21 In other words, example, and I know
22 this -- I'm not putting any words in your
23 mouth -- were you more impaired in the years

1 2004 to 2007 than you were 2008 to 2011 or can
2 you not say that?

3 A. I would say I was more impaired 2011
4 to when I was arrested.

5 Q. I'm sorry?

6 A. I was more impaired during that time.
7 I was much more preoccupied by it, in getting
8 it. I would say 2011 on I was more impaired
9 than previously. Previously the drug of
10 choice I was using actually I feel helped me
11 focus and concentrate and be productive where
12 starting a little bit in 2011 but more 2012 my
13 focus became more -- at times became more on
14 obtaining drugs than it had previously been.
15 In the past I could use it, be good and not be
16 craving it the rest of the day but once I
17 started using coke and typically crack my
18 focus definitely changed.

19 Q. Okay. And once you started using
20 coke and definitely crack your focus had
21 changed, definitely changed. I think you just
22 said that?

23 A. I believe that's what I said.

1 Q. All right. And can you pinpoint when
2 that started?

3 A. I believe using the cocaine standard
4 in the lab, which was -- appears to have
5 started in early 2011. I know by early 2012 I
6 -- 2011 -- okay. 2011 I might have already
7 been using a little bit of coke.

8 By the end of 2011 I had tried using
9 crack. I wasn't obsessed with it. For lack
10 of a better way to describe it, I wasn't very
11 good at smoking it. I didn't have the system
12 down. But throughout 2012 I was predominantly
13 focused on crack and I was -- my production
14 decreased and although I don't feel my -- the
15 accuracy went down in my testing, I do believe
16 the production went down due to the fact that
17 I was -- had other focuses.

18 Q. So, finally, taking 2004, late 2004
19 as a starting point --

20 A. Mm-hmm.

21 Q. -- did the intensification of the
22 urge to use drugs gradually increase or was
23 there a dramatic intensity that increased in a

1 certain year?

2 Starting from 2004 when did the
3 intensity start to increase in terms of the
4 urge?

5 A. I remember the first time I used the
6 methamphetamine it was a pretty instantaneous
7 I want it. I eventually --

8 Q. (Interposing) Was that in '04?

9 A. That was in '04 I wanted it. I could
10 use it, like I said, once a day and I would be
11 okay and not think about it the rest of the
12 day because I was still feeling some of the
13 positive effects.

14 Once I was using the shorter lasting
15 drugs, the cocaine and the crack, the
16 intensity of the cravings or the frequency of
17 the cravings increased.

18 Q. And you can't pinpoint what year that
19 happened?

20 A. I know when I started crack
21 specifically that the cravings were
22 ridiculously intense. There was a huge jump
23 in cravings.

1 Q. And what year did you start crack?

2 A. I started crack like -- started it in
3 late fall, early winter of 2011. In 2012 I
4 was predominantly only using crack so.

5 Q. But cravings and urges from other
6 drugs took place before that?

7 A. Slightly, I mean, not to the same
8 intensity.

9 Q. Not the same intensity?

10 A. No.

11 Q. How was your attendance record from
12 2004 up until the time --

13 A. I think it was pretty good. I don't
14 have a copy of my personnel file. I'm sure
15 you guys have obtained that already.

16 MR. VELIS: All right. I
17 have nothing further.

18 MR. CALDWELL: I have nothing
19 further for this witness. I invite any
20 questions from the Grand Jurors.

21 Sir.

22 GRAND JUROR: I have a couple
23 for you. Some might be intense, some aren't.

1 Some might even be repetitious.

2 Just trying to go back into this
3 thing when you're doing your testing. Did you
4 have to use standards with your testing every
5 time you did a test or was there something
6 locked into the machines that already gave you
7 a pre-result?

8 THE WITNESS: So we would get
9 a batch of samples, 10 or 15, for example. So
10 we have our preliminary from either the color
11 test or whatnot what it could be. When we'd
12 go to the machine we'd say, oh, we think we
13 have some positive cocaine and some positive
14 heroin and some positive oxycodone. So in
15 that process of running those 10 samples on
16 the instrumentation, we would run a cocaine
17 standard, a heroin standard and an oxycodone
18 standard. So each run or batch of samples
19 would have its own standard run with it.

20 Same thing with the mass spec. It
21 would be the -- each batch would have its own
22 set of standard that was run with it.

23 You mentioned if there's something

1 already in the computer. So the match quality
2 that the mass spec came up with was not
3 comparing our standard with the sample. The
4 match quality was running -- was comparing the
5 sample with a database, I believe through the
6 Georgia -- Georgia Crime Database or whatever
7 it is. It's a common database that's used in
8 these applications. I don't know why but. It
9 would compare that to the standard in the
10 system. Likewise, we would see -- it would
11 also compare our standard to the standard in
12 the system to get a match quality.

13 Does that answer your question?

14 GRAND JUROR: Yes, yeah.

15 And outside of doing like maybe a
16 marijuana test, every other test required at
17 least three or four segments or more of
18 testing?

19 THE WITNESS: The only ones
20 that did not require more testings were Class
21 E drugs. If someone got arrested and they had
22 some Ibuprofen 800, we would look up the
23 labeling on it and in a couple different

1 books, make sure the pill or capsule was
2 intact, and if it was a Class E drug, we
3 reported it as a Class E drug, which is
4 anything like from Ibuprofen 800s to
5 antidepressants to antibiotics, things you do
6 need a prescription for but not necessarily
7 narcotics or anything that's abused, if that
8 makes sense.

9 GRAND JUROR: This is a --
10 might be a little tricky, I don't know, or
11 could be touchy. All these times you were
12 going to your therapists and everything
13 throughout the years and everything. Now, do
14 therapists have the same kind of patient
15 confidentiality I guess that a doctor would so
16 that they could not call up and say, hey, I've
17 got somebody in here who's taking drugs out of
18 the lab?

19 THE WITNESS: I believe so.
20 What I was told is that they had to report if
21 I was homicidal, suicidal, or like could
22 injure or disable a person, the elderly or
23 something like that but they were not required

1 to report crime that they knew was happening
2 if it did not involve --

3 GRAND JUROR: But during your
4 visits did they actually suggest that you stop
5 removing products from the lab or maybe
6 turning yourself in or anything?

7 THE WITNESS: They never
8 suggested turning myself in. They definitely
9 thought I needed help in treatment. The first
10 therapist, Sarah Hawrylak, I mean, really
11 pushed for me to go to a detox. She pushed me
12 to go to NA meetings which, like I said, I
13 eventually did go to a few and then turned
14 right back around. Yeah, therapists
15 throughout the time were not, you know,
16 condoning my type of behavior by any means.

17 GRAND JUROR: Now, I don't
18 know, on all these visits you had -- and you
19 don't have to answer this -- was this stuff
20 that was covered under your insurance or was
21 this coming out of your pocket when you went
22 to these therapies?

23 THE WITNESS: Therapy, it was

1 covered under my policy.

2 GRAND JUROR: I'm thinking of
3 all these things that may help you -- benefit
4 you or somebody else in the future.

5 And during all this time you used
6 drugs through the lab and everything else, did
7 you ever have to resort to buying on the
8 street to fill in or?

9 THE WITNESS: I never had to
10 do that and, like I said, my partner at the
11 time -- she has her medical marijuana card now
12 but she had mental -- or mental health but
13 also physical ailments and she had a
14 connection to buy pot, which years ago back,
15 you know, in 2002, 2003 I would smoke. I
16 can't say I didn't smoke at all but it wasn't
17 what I wanted.

18 GRAND JUROR: So you had a
19 backup, you could use that or --

20 THE WITNESS: I guess. I
21 really didn't care for it. I preferred
22 stimulants and marijuana kind of had the
23 opposite effect. I never bought it.

1 GRAND JUROR: Near the end
2 what would you think would actually be the
3 cost of the daily use of your drugs if you had
4 to buy on the street?

5 THE WITNESS: I have no idea
6 what drugs cost on the street.

7 GRAND JUROR: You don't know?

8 THE WITNESS: I have no idea.
9 I mean, easily at the end I was -- I mean, at
10 the very end I probably could have gone
11 through an eight ball of crack a day, which I
12 don't know if that's a lot or not a lot.

13 GRAND JUROR: You don't know?

14 THE WITNESS: I have no idea.
15 People ask me that and I'm like, I've never
16 bought it. I don't know.

17 GRAND JUROR: This question
18 may be even for one of you gentlemen more.

19 I'm just curious, after all these
20 deals that are going through with this kind of
21 attesting, if there is now in place or
22 expected to be that anyone working at these
23 kind of lab facilities will be going under

1 drug and alcohol testing, if it would be some
2 kind of thing that's coming forward or?

3 MR. CALDWELL: Sir, that
4 would be a question you can direct to the
5 witness.

6 If you know, Ms. Farak.

7 THE WITNESS: I don't know.
8 I'm gonna assume that those precautions or
9 those things, if they have not already
10 occurred, will be. We were not drug tested
11 due to the union's bargaining -- collective
12 bargaining agreement.

13 GRAND JUROR: Right.

14 THE WITNESS: And whether or
15 not we should have had a special situation or
16 circumstance, I am totally a hundred percent
17 for drugs testing of employees. I am also in
18 favor of more cameras in the lab. We did not
19 have a camera in the lab at all or in the
20 evidence safe.

21 I remember telling a therapist back
22 in, you know, 2000 -- probably 11 that I just
23 wish they would, you know, put cameras in.

1 And not that -- I don't know if it would have
2 stopped me but there weren't a lot of
3 precautions in place to prevent someone from
4 doing that and I just wish they would have.
5 Maybe I would have been caught earlier, maybe
6 I would have found a way to stop. I don't
7 know.

8 GRAND JUROR: Okay. That's
9 my end of it. Thank you.

10 GRAND JUROR: I'm not
11 thoroughly convinced that through all the
12 years of taking drugs and doing all these
13 tests and being sick taking tests, you didn't
14 take any shortcuts or make any mistakes in the
15 results that came through. Is there anybody
16 that you're uneasy about that went into jail
17 as a result of your testing?

18 THE WITNESS: I don't believe
19 so at all. I am so thoroughly convinced of
20 that.

21 I know with all my drug use and my
22 motivations changing towards the end there is
23 doubt about my ability to do the job. It is a

1 job that I loved from the get-go, you know,
2 when I was in the Jamaica Plain lab with no
3 drug use. I do realize the responsibility and
4 duty that was involved. I know I wouldn't do
5 anything intentionally to put -- especially
6 put anyone in jail or even call something
7 negative that was positive so I can take it.

8 There was a duty. I know when I
9 crossed the line to actually taking evidence
10 that, I mean, I knew it was one of those
11 things in the beginning I'm never going to do,
12 that I know I'm going too far when that
13 happens. And, you know, I did pass different
14 lines in the sand.

15 I guess part of me, you know, besides
16 having a duty to do these tests correctly, it
17 was also, I didn't want to send anyone
18 innocent to jail. You know, I could be that
19 person, you know, and I also knew if I did the
20 test accurately there wouldn't be any reason
21 for the test to be contested and possibly
22 reanalyzed or possible misdoings being brought
23 up. If I did everything well there would be

1 no reason for anything to be questioned.

2 GRAND JUROR: Did you testify
3 that when you tampered with the evidence, you
4 used some of the evidence for your own
5 personal use?

6 THE WITNESS: I did.

7 GRAND JUROR: You always
8 returned it with a similar amount or close to
9 similar amount that was in there but did you
10 ever put anything else in there that wasn't --
11 aspirin pills instead of percocet or anything?

12 THE WITNESS: I never touched
13 pills but for a while I was just taking drugs,
14 small amounts from different pieces of
15 evidence so the weights were not accurate. If
16 they were reweighed they may show a decrease
17 in an amount. But once I started using crack,
18 like I said, late 2011 or -- yeah, late 2011,
19 2012, I got to the point where I was taking
20 more -- I took enough that would definitely be
21 noticeable by the, you know, the naked eye and
22 I did start putting counterfeit substances in
23 pieces of evidence.

1 GRAND JUROR: So if they went
2 back and tested those particular samples, they
3 would not have the -- they would have
4 something other than that was written in the
5 evidence room?

6 THE WITNESS: If they were to
7 go back and retest pieces of evidence, they
8 may not find the same thing. There are a few
9 pieces of evidence that are a hundred percent
10 counterfeit substance at this time, that I
11 took all of it for one reason or the other,
12 whether I needed it, I wanted it or if it was,
13 you know, I had left some of it but tried to
14 put a counterfeit substance that looked like
15 it but it was difficult to make it look the
16 same, I would take it all out and put a
17 hundred percent counterfeit substance in.

18 There were other pieces of evidence
19 that maybe I only took, you know, a third of
20 what was there so two-thirds of it is what was
21 originally there and I added something that --
22 with a similar appearance or consistency or
23 whatnot to make up the difference.

1 THE FOREPERSON: In your
2 initial training period in Jamaica Plain you
3 referred to on numerous occasions positive
4 results being 98, 99 percent of your test,
5 some number below that being negative. Was
6 that percentage ever written in the standard
7 operating procedures that you had to follow?

8 THE WITNESS: Do you mean the
9 match quality?

10 GRAND JUROR: Yes.

11 THE WITNESS: No.

12 GRAND JUROR: So that was
13 pure judgment.

14 THE WITNESS: I don't know if
15 it was judgment on my part but it's -- I don't
16 know if the boss was told that by his boss or
17 whatnot.

18 GRAND JUROR: So each chemist
19 could technically say I'm gonna call it 95
20 percent positive and you could say I'm gonna
21 call it 98 percent positive --

22 THE WITNESS: I guess
23 depending on --

1 GRAND JUROR: -- and there's
2 nothing to really have a standard protocol as
3 to what percentage --

4 THE WITNESS: (Interposing)
5 What percentage of quality? I don't know that
6 either.

7 I mean, in the Jamaica Plain lab the
8 mass spec was not always and not normally run
9 by the same chemist so it was up to the mass
10 spectrometer chemist and not the bench chemist
11 to indicate whether or not the match qualities
12 were acceptable.

13 GRAND JUROR: Talking a
14 little bit about oversight, so for many years
15 I worked for a large corporation as a
16 department head and supervised in excess of 50
17 people. I had to give each person every
18 January a list of objectives for the year:
19 This is what I expect for productivity, this
20 is what I expect for accuracy, this is what I
21 expect for a myriad of things. And I also had
22 to tell them how they would be monitored.

23 Did you and the rest of the people in

1 the lab ever -- were they ever given a list of
2 expectations as to, this is your job and this
3 is how we expect it to be done and this is how
4 we're going to monitor it?

5 THE WITNESS: I don't believe
6 so. I don't remember getting it in either
7 lab.

8 The overall expectation of the lab
9 was that we were going to do the tests right.
10 I mean, it wasn't, oh, it's okay if you do the
11 test wrong. You know, we're talking about
12 people lives here but there was no set list of
13 expectations. A lot of it wasn't just on us
14 but depending on what the police departments
15 brought in. You can't say you have to get
16 through so many samples a month or you have to
17 do this or you have to do that because you
18 never know what -- what piece of evidence
19 you're gonna get so.

20 As for monitoring, while I was in the
21 Jamaica Plain lab they were -- I don't want to
22 say audited. They did some, occasionally -- I
23 don't know if it was routinely, I don't

1 remember the schedule. The supervisor would
2 basically, you know, have so many -- I don't
3 remember how many -- a number of previous
4 submissions that were analyzed and still kind
5 of in the lab that hadn't been picked up by
6 the police officers yet, come over and kind of
7 retest it in front of them just to show that
8 the results that we originally got were the
9 same as what we got now. I don't remember
10 that happening in the Amherst lab at all.

11 I mean, we did have reviews, an
12 annual review, but I'm not saying it was a
13 joke. It wasn't the specifics of did you meet
14 this quota, did you meet this quota, did you
15 meet this quota.

16 GRAND JUROR: So basically
17 there was no oversight in the Amherst lab?

18 THE WITNESS: Correct.

19 GRAND JUROR: You also
20 mentioned that the lab was not accredited.

21 THE WITNESS: Yeah.

22 GRAND JUROR: That's
23 surprising. That you're in an industry that

1 is working hand in hand with the police
2 department and stuff is going to court. Why
3 was it not accredited?

4 THE WITNESS: Simple answer,
5 money. Even back when I was in the Jamaica
6 Plain lab you heard rumors that they were
7 trying to get us accredited and this and that
8 and somehow it would just fall off the table.
9 There's no money to put into everything that
10 needs to get done for it.

11 Like I said, the lab did try to do
12 all the procedures and protocols and follow
13 all the guidelines that were given by this
14 group that would be required. The actual
15 money that was needed to get accredited was
16 not available to us.

17 Part of the time the DPH, Department
18 of Public Health, that's what we were under
19 first, I mean, tried to shut the lab down also
20 by not funding and had to go for like senate
21 overrides and whatnot to keep the labs open at
22 all.

23 Whether or not DPH was playing with

1 aliquots of money so they could get more money
2 for their programs and not fund us sort of
3 thing, I'm not sure. I mean, this is
4 speculation I guess. But we at different
5 times even in the Amherst lab, Rebecca was
6 working on trying to get this stuff --
7 paperwork together, you know, I don't want to
8 say written in a way but try to prepare a
9 packet to get accredited. Cam, when he was
10 still there had thought about coming back
11 after retiring and working part-time. You
12 know, you could work up to, I don't know, up
13 to 20 percent of the time and still get your
14 full retirement because retirement was only 80
15 percent and just to work on that but the
16 funding for him to do that wasn't there.

17 GRAND JUROR: And, lastly,
18 when you had mentioned there was no drug
19 testing due to the fact of the labor
20 agreement, was that a Massachusetts labor
21 agreement, was it a national thing because it
22 seems crazy working in that field --

23 THE WITNESS: I agree with

1 you. It's a -- the union is called MOSES.
2 It's the Massachusetts Organization -- um,
3 basically the science and engineers and
4 there's an S in there. But it's science and
5 engineers so since we were part of the
6 Department of Public Health, all their -- it
7 was the same union I was in as a
8 bacteriologist working in the HIV lab, people
9 working in the STD labs and all the different
10 scientists were kind of grouped together on
11 this. Like I said, whether or not we should
12 have been in DPH in the first place is
13 debatable.

14 I even see positives and negatives
15 when, yeah, it makes more sense to put it
16 under public safety, which we eventually came
17 under, but then is there -- are we working for
18 the state police or are we kind of an
19 independent third party because we shouldn't
20 have a stake in those results. So there's a
21 positive or negative with them. But as a
22 whole, MOSES collective bargaining agreement's
23 in there and it's never been updated so.

1 GRAND JUROR: I have a
2 question about two of the exhibits that were
3 found when your car was searched. It's sort
4 of a curiosity question.

5 THE WITNESS: Okay.

6 GRAND JUROR: The one about
7 the neighbor who wanted your expertise about
8 that drug testing?

9 THE WITNESS: Yes.

10 GRAND JUROR: And on there
11 there's a Doctor Bombardier's name. And then
12 the other document is the Pittsfield
13 pharmacist, Nicole Bombardier. Any
14 relationship between these two people?

15 MR. CALDWELL: If I can for
16 the record, the Grand Juror was referencing --
17 the first was Grand Jury Exhibit Number 7 and
18 the second was Grand Jury Exhibit Number 10.

19 THE WITNESS: I have no idea.
20 I had never noticed that so I am not aware of
21 it but great observation there.

22 GRAND JUROR: Just curious.

23 THE WITNESS: I have no idea.

1 MR. CALDWELL: Are there any
2 other questions from the Grand Jurors?

3 MR. VELIS: One more
4 question.

5 In conclusion, Ms. Farak -- unless
6 anyone else has a thought about a question --
7 interrupt me if I'm wrong but I gleaned from
8 your remarks about your fellow employees that
9 you spoke about them affectionately.

10 THE WITNESS: Correct.

11 MR. VELIS: You were a
12 close-knit group?

13 THE WITNESS: Fairly close,
14 yeah.

15 MR. VELIS: Do you have any
16 reason to believe that from 2004 up until the
17 time when your employment was terminated, do
18 you have any of reason to believe that any of
19 those fellow employees -- any of them -- were
20 ever aware of your physical or mental
21 condition during that period of time?

22 THE WITNESS: Physical
23 condition, meaning the drug use?

1 MR. VELIS: Drug use and
2 mental condition, meaning any of the things
3 for which you were being treated.

4 THE WITNESS: I know at times
5 they heard me talking on the phone with my
6 partner. I could be argumentative I guess. I
7 don't want to say I was screaming at her on
8 the phone at times but I'm sure they heard
9 that.

10 In 2012 when I was -- started a
11 second group therapy, not the DBT but after
12 that, I did have to leave. It was at a 1
13 o'clock on Friday group so I did leave early
14 and I believe I used sick time. I'm not a
15 hundred percent sure if I always used sick or
16 sometimes I used vacation time.

17 MR. VELIS: That was in 2012?

18 THE WITNESS: 2012.

19 At the end, I mean, I had lost weight
20 due to my drug use. My moods had changed
21 slightly. I actually did have some physical
22 stuff. That's when I was diagnosed as a
23 diabetic. It's an autoimmune form so it's

1 kind of a like a late onset juvenile diabetes
2 thing so I was -- which could explain certain
3 things like weight loss and maybe my sugars
4 are off and all these sorts of things. I
5 mean, looking back maybe they all see things
6 in a different light but prior to that time I
7 don't have any reason to believe that they
8 knew when I started therapy or about the drug
9 use.

10 MR. VELIS: It's fair to say
11 you don't know?

12 THE WITNESS: I don't know.
13 I don't think they did. I have no reason to
14 think they did but I have no idea really what
15 went through their heads. You'd have to ask
16 them.

17 MR. VELIS: I have nothing
18 further.

19 GRAND JUROR: No one ever
20 said how are you feeling today, no comments?
21 I mean, usually when you work with coworkers
22 and you're off one day, somebody will say, you
23 know, are you feeling okay?

1 THE WITNESS: You know, they
2 knew some of the stuff with my wife too and
3 maybe some of my mood changes at times had to
4 do with her. You know, they heard me talking
5 on the phone. Okay, fine, I'll be home. I'll
6 bring you to the doctor or whatever, you know,
7 frustration in that sense.

8 You know, people have bad days and I
9 probably just said I'm just having a bad day.
10 I didn't sleep well last night. Yeah, I'm not
11 feeling good. Like I said, I was fairly close
12 I guess to my coworkers but I wasn't
13 buddy-buddy with any of them so.

14 MR. CALDWELL: Are there any
15 other questions?

16 Grand Jurors are content.

17 I have nothing further.

18 MR. VELIS: Nothing further.

19 (The presentation was
20 suspended.)

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1 COMMONWEALTH OF MASSACHUSETTS

2 COUNTY OF HAMPDEN

3

4 I, KATHLEEN M. HOUGHTON, Court

5 Reporter, hereby certify that the foregoing is

6 a true and accurate transcription of my

7 stenographic notes to the best of my knowledge

8 and ability.

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KATHLEEN M. HOUGHTON

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