

From: David Kim <david.kim@murphys-law.com.au>
Sent: Friday, 4 November 2022 3:58 PM
To: Reception <reception@coastalhearts.com.au>
Cc: Kirk Watterston <Kirk.Watterston@murphys-law.com.au>
Subject: Our client: Julian Tubman | DOB: 28/02/1997

Dear Doctor,

Please see **attached** correspondence.

We look forward to hearing from you.

Kind regards,

David Kim
SOLICITOR - MURPHY'S LAW ACCIDENT LAWYERS
A 393 Gympie Road, Kedron Q 4031
PA PO Box 202, Kedron Q 4031
P 1800 094 603 D 07 3862 4630 W murphys-law.com.au F 07 3262 7729



Murphy's Law - Doyle's Guide 2021 - Leading Queensland law firms award winners



Reception

From: Ross Sharpe
Sent: Monday, 7 November 2022 7:50 AM
To: Reception
Subject: Re: Our client: Julian Tubman | DOB: 28/02/1997

Follow Up Flag: Follow up
Flag Status: Flagged

Important only to provide our information not anything else

Dr Ross Sharpe
Coastal Heart and Vascular
Ground Floor, Suite 9
14 Hill St
Southport 4215
Gold Coast Private Hospital
Tel: 1300 9 12345
Fax: 07 5532 9890



From: Reception <reception@coastalhearts.com.au>
Sent: Monday, November 7, 2022 8:47:58 AM
To: Ross Sharpe <rs@coastalhearts.com.au>
Subject: FW: Our client: Julian Tubman | DOB: 28/02/1997

Morning Dr Sharpe,

I have printed a copy of patients file and put this in your folder with above requested information. There is not a lot on this patients file so I am estimating a \$125 for this invoice to send to them?

I will speak with you through the day.

Kind regards
Deb Alley

Medical Administration/Reception

Coastal Heart and Vascular
Ground Floor, Suite 9
Gold Coast Private Hospital
Tel: 1300 9 12345
Fax: 07 5532 9890



COASTAL HEART
AND VASCULAR

This is an official medical report. If you are not the intended recipient please contact our radiology practice immediately and advise us.

QUEENSLAND X-RAY PTY LTD ABN 40 094 502 208
Mater Hospital Brisbane, SOUTH BRISBANE, QLD, 4101
Telephone : 07 3212 9000 Facsimile : 07 3163 1850

Friday, 10 December 2021

DR NICHOLAS ARONEY
PRINCE CHARLES HOSPITAL
RODE ROAD
CHERMSIDE QLD 4032

RE: MR JULIAN TUBMAN (28/02/1997)
2505/1918 CREEK ROAD
CANNON HILL QLD 4170

Patient ID : QXR3729344
Service Date : 08/12/2021
Dept :
UR No :
Episode ID : MHB18161087

EPID:
jxn1/mvt

CARDIAC MRI

History: Palpitations and chest pain. ?ARVC ?vaccine myocarditis.

Conclusion:

1. Pectus excavatum.
2. Appropriate aortic dimensions. Unremarkable mitral valve morphology.
3. Small homogeneous pericardial effusion and tiny pleural effusions. Perhaps very subtle epicardial enhancement of the basal inferior segments of the LV. In the correct clinical context however this could represent myocarditis.

Image Quality:

Study quality is fair - frequent ectopy.

Technique:

Imaging was performed on a 1.5 Tesla Siemens Sola scanner.
Presence of mildly irregular rhythm necessitated the use of prospective triggering.
Multiplanar bSSFP cine imaging with LV and RV quantitation.
Quantitative phase contrast flow imaging of the aorta and pulmonary artery.
T2W dark blood imaging with and without fat saturation.
Native T1 mapping (MOLLI)
Native T2 mapping
Multiplanar Late Gadolinium Enhancement (LGE) imaging with Gadovist.

Findings:

Marked pectus excavatum displacing the entire heart into the left hemithorax. Haller index is 6. Appropriate aortic dimensions. Otherwise normal thoracic anatomy and major vascular connections.

Height 157cm
Weight 63kg

MR JULIAN TUBMAN (DOB: 28/02/1997) 1

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QUEENSLAND X-RAY PTY LTD ABN 40 094 502 208
Mater Hospital Brisbane, SOUTH BRISBANE, QLD, 4101
Telephone : 07 3212 9000 Facsimile : 07 3163 1850

Pericardium: Unremarkable. Small homogeneous effusion deepest at 11mm inferior to the LV. Tiny bilateral pleural effusions.

Dr Johanne Neill
Queensland X-Ray

CC : Dr Kopp Peter William , Cnr Gregor Street West & Winn Street, North Lakes QLD 4509 /

MR JULIAN TUBMAN (DOB: 28/02/1997) 3

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Friday, 10 December 2021

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PRINCE CHARLES HOSPITAL
RODE ROAD
CHERMSIDE QLD 4032

RE: MR JULIAN TUBMAN (28/02/1997)
2505/1918 CREEK ROAD
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MR JULIAN TUBMAN (DOB: 28/02/1997) 1

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Mater Hospital Brisbane, SOUTH BRISBANE, QLD, 4101
Telephone : 07 3212 9000 Facsimile : 07 3163 1850

BSA 1.66m²

| LEFT VENTRICLE | | [Normal Mean (Range) - Male]* |
|----------------|----------------------|-------------------------------|
| EDV | 210mL | [187 (131-243)] |
| ESV | 100mL | [81 (49 -113)] |
| SV | 109mL | [106 (69 -143)] |
| EF | 52% | [57 (47 - 67)] |
| ED Mass | 75g | [109 (70 - 148)] |
| EDV/BSA | 127mL/m ² | [95 (69 - 121)] |
| ESV/BSA | 61mL/m ² | [41 (26 - 56)] |
| SV/BSA | 66mL/m ² | [54 (37 - 71)] |
| ED Mass/BSA | 45g/m ² | [56 (39 - 73)] |

**Derived from TPEH normal population*

Normal left ventricular morphology, size and systolic function – calculated ejection fraction 52%. Normal wall thickness. No regional wall motion abnormality.

| RIGHT VENTRICLE | | [Normal Mean (Range) - Male]* |
|-----------------|----------------------|-------------------------------|
| EDV | 216mL | [197 (127 - 267)] |
| ESV | 113mL | [95 (47 - 143)] |
| SV | 103mL | [104 (66 - 142)] |
| EF | 48% | [53 (44 - 62)] |
| EDV/BSA | 130mL/m ² | [100 (67 - 133)] |
| ESV/BSA | 68mL/m ² | [48 (25 - 71)] |
| SV/BSA | 62mL/m ² | [53 (35 - 71)] |

**Derived from TPEH normal population*

Normal right ventricular size and systolic function – calculated ejection fraction 48%. No regional wall motion abnormality.

Tissue Characterisation:

Perhaps very subtle epicardial enhancement in the basal inferior segments. No other myocardial enhancement demonstrated.

Native T2 mapping:

Base: 43.7 ms Mid: 44.3 ms Apex: 48.9ms

Valve Imaging:

Aortic Valve: Trileaflet; forward flow 111mls, regurgitation 3% (3mls)

Mitral Valve: Unremarkable

Tricuspid Valve: Unremarkable

Pulmonary Valve: Forward flow 106mls, regurgitation 2% (2mls)

Atria: Unremarkable; atrial septum is intact on limited non-dedicated views.

MR JULIAN TUBMAN (DOB: 28/02/1997) 2

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QUEENSLAND X-RAY PTY LTD ABN 40 094 502 208
Mater Hospital Brisbane, SOUTH BRISBANE, QLD, 4101
Telephone : 07 3212 9000 Facsimile : 07 3163 1850

Pericardium: Unremarkable. Small homogeneous effusion deepest at 11mm inferior to the LV. Tiny bilateral pleural effusions.

Dr Johanne Neill
Queensland X-Ray

CC : Dr Kopp Peter William , Cnr Gregor Street West & Winn Street, North Lakes QLD 4509 /

MR JULIAN TUBMAN (DOB: 28/02/1997) 3

Julian Tubman

Transthoracic Echo

14/07/2022

Coastal Heart & Vascular
Suite 9, 14 Hill Street
Southport 4215
reception@coastalhearts.com.au
1300 912 345



Study Information

| | | | |
|---|----------------------|---------------------------|----------------|
| DOB: 28/02/1997 | Sex: Male | Weight: 58 kg | Height: 1.86 m |
| BSA: 1.73 m ² | Heart Rate: 50 bpm | Image quality: Good | |
| Patient ID: 57188 | Location: Gold Coast | Rhythm: Sinus bradycardia | |
| Referred By: Dr Ali Akbar Zebarjad | CC: - | | |
| Indication: Post covid vaccine pericarditis | | | |

Conclusions

1. Pectus excavatum
2. Mildly dilated LV size with low normal systolic function and reduced global longitudinal strain. EF 58%.
3. Normal LV diastolic parameters.
4. Normal left ventricular wall thickness, however myocardium appears mildly echogenic.
5. Upper normal RV size with low normal function. RVSP 23 mmHg.
6. Mild bi atria dilatation.
7. Normal aortic dimensions.
8. No significant valvular heart disease.
9. The pericardium appears mildly echogenic. 0.7cm (diastolic) to 1.6cm (systolic) circumferential pericardial effusion noted

Digitally signed
by Dr Ross
Sharpe

We are an accredited
practice



Findings

| | |
|-----------------|--|
| Left Ventricle | The left ventricle is mildly dilated in size by indexed volume criteria. Mass is normal, however myocardium appears mildly echogenic. There is normal diastolic function. Overall systolic function is low normal with an ejection fraction of 58%. There are no regional wall motion abnormalities. Moderately reduced GLS (-14.4%) |
| Right Ventricle | The right ventricle is upper normal in size. Overall systolic function is low normal. |
| Atria | The left atrium is mildly dilated in size by indexed volume criteria - 40ml/m2 The right atrium is mildly dilated in size 22cm2 |
| Atrial Septum | The interatrial septum appears intact on colour Doppler examination. |
| Aortic Valve | The aortic valve is tricuspid. The leaflets are thin and mobile. The valve demonstrates no stenosis. There is no valvular regurgitation. |
| Mitral Valve | There is no leaflet prolapse. The annulus is normal. The leaflets are thin and mobile. The valve demonstrates no stenosis. There is trivial mitral valvular regurgitation. |
| Tricuspid Valve | Thin and mobile leaflets. There is mild tricuspid regurgitation. RVSP is normal with an estimated RAP of 8 mmHg. |
| Pulmonary Valve | The pulmonary valve is thin and mobile. The valve demonstrates no stenosis. There is no pulmonary valve regurgitation. |
| Aorta | The aorta at the sinus is normal. The aorta at the sinotubular junction is normal. The ascending aorta is normal. |
| Pericardium | The pericardium appears mildly echogenic. 0.7cm (diastolic) to 1.6cm (systolic) circumferential pericardial effusion noted. Mildly abnormal right atria free wall motion. |

Sonographer: Lesa King
Cardiologist: Ross Sharpe (MBBS, FRACP, FCSANZ)
Informed consent obtained prior to examination

Patient name: Julian Tubman
Patient ID: 57188

Measurements

2D Echo

| | | | |
|------------------------------|---------------------------------|-----------------------|--------|
| LV End Diastolic Diameter | 5 cm (2.9 cm/m ²) | LA Diameter | - (-) |
| LV End Systolic Diameter | 3.3 cm (1.9 cm/m ²) | LA Area | - (-) |
| LV End Diastolic Volume | 137 ml (79 ml/m ²) | LA Volume | - (-) |
| LV End Systolic Volume | 52 ml (30.1 ml/m ²) | | |
| LV Fractional Shortening | 35% | RA Diameter | - (-) |
| LV Ejection Fraction Biplane | 58% | RA Area | - (-) |
| LV Ejection Fraction 2Ch | - | RA Volume | - (-) |
| LV Ejection Fraction 4Ch | 62% | IVC Diameter | - |
| IVS Diastolic Thickness | 0.7 cm | RV Diameter | - (-) |
| LVPW Diastolic Thickness | 0.7 cm | RV S' | - |
| LVOT Diameter | 2.4 cm | Ao Diameter | 3.3 cm |
| LV Mass | - (-) | Ao Sinus | - |
| | | Ao STJ | - |
| | | Ao Ascending Diameter | 2.6 cm |

Aortic Doppler

| | |
|-----------------------|---------------------|
| LVOT Peak Velocity | 0.9 m/s |
| LVOT Peak Gradient | 3.3 mmHg |
| LVOT Mean Gradient | 1.9 mmHg |
| LVOT VTI | 22 cm |
| LVOT Stroke Volume | 99 ml |
| AV Peak Velocity | 1.1 m/s |
| AV Peak Gradient | 5.1 mmHg |
| AV Mean Gradient | - |
| AV VTI | - |
| AV Area (Cont Eq VTI) | - |
| AV Area (Cont Eq PV) | 3.6 cm ² |
| AV PHT | - |

Pulmonary Doppler

| | |
|------------------|---------|
| PV Peak Velocity | 1.2 m/s |
| PV Peak Gradient | 5 mmHg |

Tissue Doppler

| | |
|------------------------|-----------|
| LV E' Lateral Velocity | 13.7 cm/s |
| LV E' Septal Velocity | 12.2 cm/s |
| E/e' Lateral | 6.4 |
| E/e' Septal | 7.2 |
| E/e' Average | 6.8 |

Mitral Doppler

| | |
|-----------------------|----------------|
| MV E Peak Velocity | 0.9 m/s |
| MV A Peak Velocity | 0.5 m/s |
| MV Deceleration Time | - |
| MV PHT | - |
| MV A Duration | - |
| MV E/A | 1.62 {{units}} |
| Peak Gradient | - |
| Mean Gradient | - |
| MV Area (Cont Eq VTI) | - |
| MV Area (Planimetry) | - |
| MV Area (PHT) | - |

Tricuspid Doppler

| | |
|------------------|-----------|
| TR Peak Velocity | 1.9 m/s |
| TR Peak Gradient | 14.9 mmHg |
| RAP | 8 mmHg |
| RVSP | - |
| TAPSE | - |

Pulmonary Vein Doppler

| | |
|-------------|---|
| Systolic | - |
| Diastolic | - |
| Ar Velocity | - |
| Ar Duration | - |

Sonographer: Lesa King
 Cardiologist: Ross Sharpe (MBBS, FRACP, FCSANZ)
 Informed consent obtained prior to examination

Patient name: Julian Tubman
 Patient ID: 57188



Metro North
Hospital and Health Service

to:
Dr Peter Kopp
Lakelands Medical Centre
P.O. Box 51
KALLANGUR QLD 4503

Enquiries: Dr Andrew Redmond
QASIS
Telephone: 07 3648 3300
Facsimile: 07 3648 1560
File ref: AR: TC
Job no: 1456134

Dear Dr Kopp

Re: Julian Tubman UR: 3574884 DOB: 28/02/1997

Thanks for referring Julian Tubman to the Qld Adult Specialist Immunisation Service. Julian is a 25 year old Physiotherapist with no significant previous medical history, who had his first dose mRNA vaccination late October 2021. On day four after vaccination he had breathlessness and chest pain. He had persisting symptoms and was seen in the Emergency Department at The Prince Charles Hospital. At that stage he was told his ECG was abnormal in the lateral leads but the CRP and cardiac troponin were normal at that time. He was discharged on colchicine and a Non-Steroidal Anti-Inflammatory Drug. His energy returned but he had ongoing chest pain. Unfortunately this chest pain has continued for almost a year now. He has had extensive therapy with Non-Steroidal Anti-Inflammatory Drugs, trials of oral prednisolone, a 2 month course of oral methotrexate all without resolution of his chest discomfort. He is overall much improved from how he was in that he is able to walk 5km or even more at a time although he continues to get chest pain during this. The pain resolves on rest. He's been seen by several cardiologists and had 2 cardiac MRI scans. His MRI scans are abnormal and consistent with ongoing myocarditis. He has had multiple follow up echocardiograms all of which have shown small circumferential pericardial effusions.

Julian has been unable to work because he has not completed a primary course of immunisation against COVID and there is a healthcare worker mandate in Queensland requiring all healthcare workers to be fully vaccinated.

We have discussed Julian's case in our Multidisciplinary case conference and while he has ongoing chest discomfort he has a clear contraindication to receive any further COVID vaccination. Given the impact on his life and his ability to work this would certainly be in the high likelihood that this is related to his receipt of the first vaccine. I've advised him to reapply for the vaccine compensation scheme administered by the federal government. I've also advised him to try to avoid getting COVID and talked about how to do this. It is likely that the spike protein of the virus is involved in the pathogenesis of inflammatory heart disease associated with the illness and with vaccination, and there is extensive exposure to this protein in COVID infection. I've asked Julian to return to the clinic in 4 months time for review.

Royal Brisbane and Women's Hospital
Butterfield Street
Herston
Queensland 4029 Australia

Telephone +61 7 3646 8111
Facsimile +61 7 3646 1560
www.health.qld.gov.au

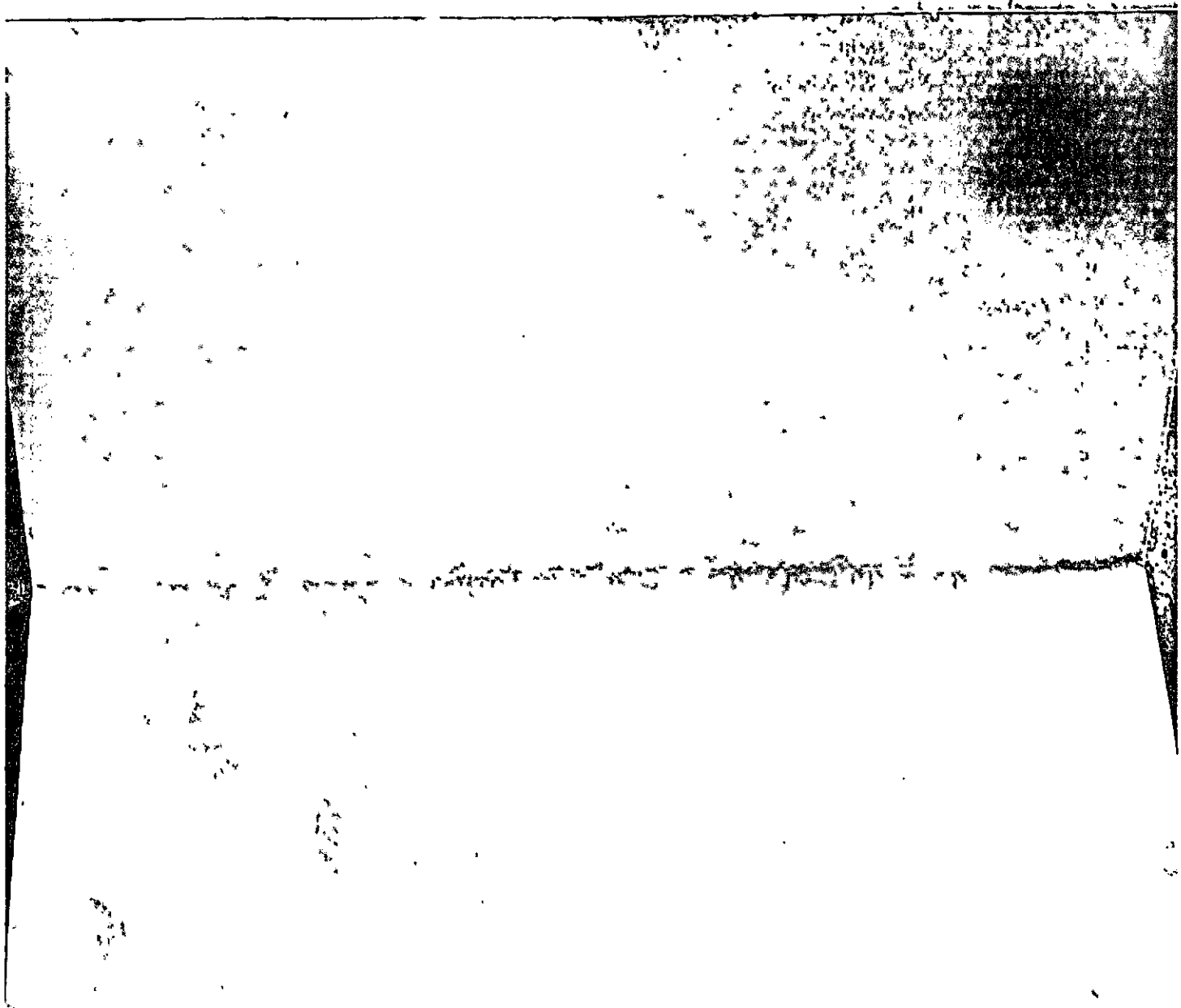
Yours sincerely

Electronically signed by Dr Andrew Redmond at 2:08 PM on 10/10/2022

Dr Andrew Redmond
Senior Staff Specialist

27 September 2022
(Dictated 26 September 2022)

cc:
Mr Julian Tubman 2505/1918 Creek Road CANNON HILL QLD 4170 Australia



Dr Ali Akbar Zebarjad
The Oasis Medical Centre
Shop 1.24, Level 1 Oasis Shopping Centre
BROADBEACH QLD 4218

Dear Ali Akbar

Re: Mr Julian Tubman DOB: 28/02/97 Phone: Mobile: 0426280297

Medications:

- Famotidine 20mg Tablets 1 od

Clinical:

Thank you for referring Julian. I note he has been looked at by several specialists in Brisbane in the cardiac and rheumatological specialties.

Julian is a physiotherapist and life was good before obtaining the Moderna C-19 vaccination late last year. He was training twice a day (triathlete) without any symptoms whatsoever. Following the vaccination he became unwell with central chest discomfort and eventually breathlessness.

A small pericardial effusion has been documented and is persistent. A cardiac MRI was suggestive of some minor myocarditis and I believe there has been a recently noted small troponin elevation.

In the last several months he had noted marked hand digital swelling. He showed me a photograph of 'sausage' like digits with an ulceration over the proximal phalanx ring finger. At present the digital skin quality is poor and dry. He has also noted some intermittent swelling and pain in the knee and ankle.

I believe a battery of rheumatological tests have been performed which have all been normal.

Initial treatment was with a nonsteroidal anti-inflammatory drug and colchicine. At some stage prednisone was prescribed.

I repeated his echocardiogram today and there is still a small global pericardial effusion of 0.7 cm in diastolic. There is no signs of haemodynamic compromise.

Julian has had to resign from his job as he is no longer able to perform those duties as he is feeling so unwell. Also the commute to the Gold Coast is difficult from Brisbane. He had to take that position as it was the only job he could find where he did not need the second C-19 vaccination.

I also note that Julian, on quite minimal exertion (that is just walking) becomes symptomatic and quite tachycardic up to 170 bpm.

I do not believe that the pericardial effusion is the cause of this. There were no signs of constriction on the echocardiogram. Blood pressure normal. Autonomic dysfunction may be at play here.

It is likely that Julian has developed vaccine induced myopericarditis and subsequently a significant immunological response i.e. he has developed an undefined autoimmune disease. It may be worthwhile him having a further rheumatological opinion.

Today I prescribed Famotidine to block some of his histamine receptors. I would consider some beta blocking therapy. I need to keep a close eye on him to ensure that he does not develop increasing pericardial effusion that may require draining.

Dr Sharpe specialises in advanced Cardiac and Endovascular Solutions:

Coronary Peripheral Renal Mesenteric Carotid Stenting/Atherectomy;

Structural Heart Interventions: ASD PFO Left Atrial Appendage Closure/Valvuloplasty/TAVI/TOE

His research and special interests are: PFO and Migraine/Cryptogenic Stroke/Cardio-Neurogenic Disease/Carotid Disease

Southport/Ballina testing: Stress/Echo/TCD/Vascular Duplex.

Hospitals: Pindara/Gold Coast Private Hospital

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T/A Ross Sharpe Cardiology Pty Ltd
ABN: 40110858154

Julian has a long road ahead. I will see him again in four to six weeks.

Should you have any queries or concerns please contact the rooms.

Kind regards



Dr Ross Sharpe

Provider No:0807997K

Dictated but not sighted by the Author

Date typed: Thu 14 Jul 2022

cc: Dr Peter Kopp, Lakelands Medical Centre, 1 Winn Street (Chr Gregor Street West, Winn Street, NORTH LAKES QLD 4509

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T/A Ross Sharpe Cardiology Pty Ltd
ABN: 40110858154

BECAUSE
UNEXPECTED
HAPPENS.



Our Ref: KW:DK:220628
Contact: Kirk Watterston
Phone: 07 3862 4630
Email: kirk.watterston@murphys-law.com.au

murphy's law ACCIDENT LAWYERS
a division of **PREMIER LEGAL**
SOLUTIONS GROUP
1800 0 WIN 0 FEE
1800 094 603
murphys-law.com.au
admin@murphys-law.com.au
PO Box 202 Kedron Qld 4031
393 Gympie Road Kedron Qld 4031

4 November 2022

Dr Ross Sharpe
Sharpe Cardiology and Endovascular
By Email: reception@coastalhearts.com.au

Dear Sir/Madam

OUR CLIENT: JULIAN RYAN TUBMAN
DOB: 28/02/1997
DOA: 29/10/2021

We act on behalf of the abovenamed client who was involved in an incident on the above date.

We understand our client has sought treatment from you.

We would be grateful if you could provide a complete copy of your medical records (including radiology).

We **enclose** the following:

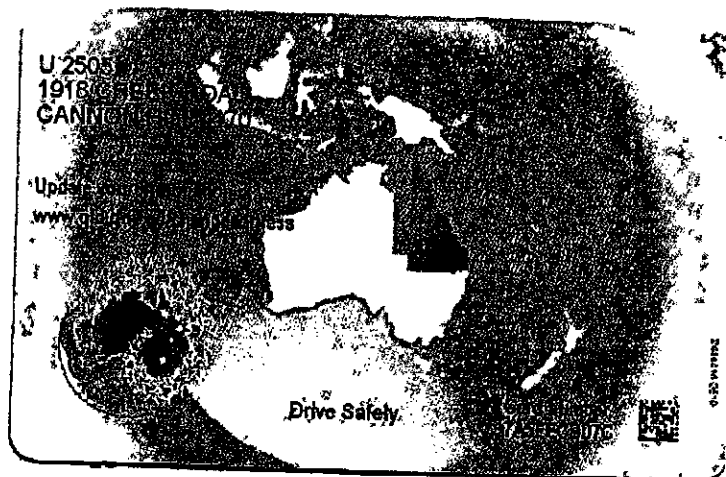
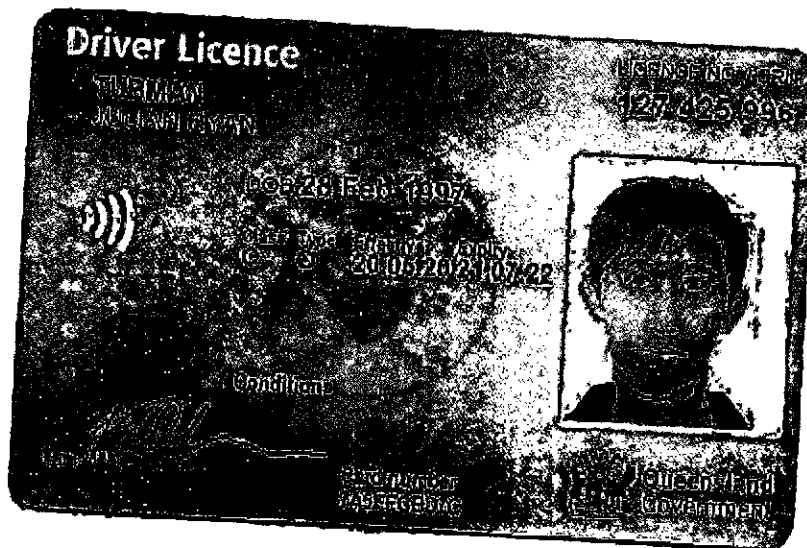
1. an executed authority;
2. our client's photographic identification;
3. a certified copy of Kirk Watterston's practicing certificate.

Our client makes this request pursuant to Principle 12.1 of the Australian Privacy Principles contained in the *Privacy Act 1988* (Cth).

We thank you for your assistance and look forward to your early reply.

Yours faithfully
Murphy's Law Accident Lawyers

Kirk Watterston
Senior Associate



I do hereby certify that this is a true copy of
the original document sighted by me.

Date: 27/07/2022

Signed: 

KIRK JAMES WATTERSTON
Solicitor

Legal Profession Act 2007

Practising Certificate

Pursuant to the provisions of the *Legal Profession Act 2007* (the Act) I hereby certify that

Kirk James Watterston

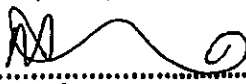
LLB, BSc, GradDipLP


is authorised to engage in unsupervised legal practice as a Solicitor of the Supreme Court of Queensland from first of July 2022 to thirtieth of June 2023.

The holder of this unrestricted employee practising certificate is entitled to engage in legal practice except as a principal of a law practice.

I do hereby certify that this is a true copy of the original document sighted by me.

Date: 30/08/2022

Signed: 
Monique Andre 0229
Solicitor



Rachel Leeding
Manager, Records and Member Services
Queensland Law Society Incorporated

Date eleventh day of August 2022

00076797

BECAUSE
UNEXPECTED
HAPPENS.



murphy's law ACCIDENT LAWYERS
a division of **PREMIER LEGAL &
MURPHY'S LAW GROUP**
1800 0 WIN 0 FEE
1800 094 603
murphys-law.com.au
admin@murphys-law.com.au
PO Box 523 Clayfield Qld 4011
1-2/696 Sandgate Road Clayfield Qld 4011

AUTHORITY FOR RECORDS

JULIAN RYAN TUBMAN

DOB: 28/02/1997

DOA: 29/10/2021

I, Julian Ryan Tubman of Unit 2505 / 1918 Creek Road, CANNON HILL, QLD,
hereby authorise you to supply to my solicitors, ***Murphy's Law Accident
Lawyers*** of 2/696 Sandgate Road, Clayfield, 4011 copies of any
documents, records, reports and information you hold on my behalf.

DATE: 27/07/2022



Julian Ryan Tubman

BECAUSE
UNEXPECTED
HAPPENS.



murphy's law ACCIDENT LAWYERS
a division of PREMIER LEGAL &
MURPHY'S LAW GROUP
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PO Box 523 Clayfield Qld 4011
1-2/696 Sandgate Road Clayfield Qld 4011

AUTHORITY FOR INFORMATION FROM HOSPITAL

JULIAN RYAN TUBMAN

DOB: 28/02/1997

DOA: 29/10/2021

I, Julian Ryan Tubman of Unit 2505 / 1918 Creek Road, CANNON HILL, QLD, hereby authorise you to supply to my solicitors, ***Murphy's Law Accident Lawyers*** of 2/696 Sandgate Road, Clayfield, Qld, 4011 copies of all information, material, documents, reports and clinical notes in connection with treatment received by me.

Please forward all relevant documents directly to Murphy's Law Accident Lawyers at the following postal address:

P O Box 523
CLAYFIELD QLD 4011

DATE: 27/07/2022



Julian Ryan Tubman