

Appendix 32

Superior Court Criminal Minute Sheet 7/25/05

SUPERIOR COURT OF WASHINGTON FOR GRANT COUNTY
CRIMINAL MINUTE SHEET

DATE: JULY 25, 2005
JUDGE: KEN JORGENSEN

CAUSE NO: 04-1-00312-4
REPORTER: RECORDED - DEPT 2
PLTF ATTY: J. KNODELL
 S. SCOTT
 E. OWENS
 A. LIN
 C. FAIR

CLERK: STARR WINTERS
DEF ATTY: Moser
 R. EARL
 B. GWINN
 B. HILL
 J. GOLDSTEIN
 R. SMITH
 A. WHITE
 E. VASILIADES

STATE OF WASHINGTON

VS

MARIBEL GOMEZ

DEF PRESENT: YES NO

11:34

INTERPRETER: _____

=====PRELIMINARY HEARING/ARRAIGNMENT=====



04-152374

____ INFORMATION PROVIDED TO DEFENDANT
____ READING WAIVED
____ ADVISED OF RIGHTS

____ READ IN OPEN COURT
____ ADVISED OF CHARGES
____ ADVISED OF VIOLATIONS

COUNSEL:

____ APPOINTED COUNSEL
____ ORDER APPOINTING ATTORNEY SIGNED
____ WAIVED COUNSEL
____ RETAINED COUNSEL

____ ADVICE OF RIGHTS FILED/SIGNED
____ INDIGENCE REPORT FILED/SIGNED
____ NOTICE OF APPEARANCE FILED

PROBABLE CAUSE:

____ PREVIOUSLY ESTABLISHED
____ PROBABLE CAUSE STATEMENT MADE BY _____
____ S&T
____ ORDER FINDING PROBABLE CAUSE SIGNED
____ BAIL SET \$ _____

____ ORDER SETTING CONDITIONS OF RELEASE SIGNED
____ RELEASED ON PERSONAL RECOGNIZANCE
____ PR BOND \$ _____
____ SIGNATURES REQUIRED OF _____
____ BENCH WARRANT ORDERED

=====PLEA ENTRY=====

____ NOT GUILTY PLEA ENTERED
____ PLEA ACCEPTED OF NOT GUILTY
____ ORDER SETTING SCHEDULE ENTERED
____ GUILTY PLEA ENTERED
____ DEFENDANT ADVISED OF GUILTY PLEA RIGHTS
____ GUILTY PLEA ACCEPTED
____ DEFENDANT SIGNS STMT OF DEF ON PLEA OF GUILTY
____ COURT SIGNS STMT OF DEF ON PLEA OF GUILTY
____ PLEA AGREEMENT APPROVED
____ PROBABLE CAUSE STATEMENT ADOPTED BY PLTF/DEF

____ DEFENDANT ADMITS VIOLATION
____ DEFENDANT DENIES VIOLATION
____ ORDER ON COMMUNITY SUPERVISION VIOLATIONS SIGNED
____ ORIGINAL INFORMATION
____ AMENDED INFORMATION
____ ORDER AMENDING INFORMATION SIGNED
____ DISMISSAL OF COUNT(S) _____
____ PSI ORDERED
____ PSI WAIVED
____ PSI SENTENCING DATE ORDER SIGNED

=====SENTENCING=====

____ JUDGMENT AND SENTENCE SIGNED
____ BAIL EXONERATED

____ ORDER OF RESTITUTION ENTERED/TO BE ENTERED

SPECIAL MINUTES: Mr Moser stated having no expert witness @ this time; Deeks Cont; State Regs to know if def is going to Cont, call maker for Cont for PR may Regs Cont;

CONTINUED TO: 8.1.05 FOR: PR

CONTINUED TO: _____ FOR: _____

PLMHRG ARRAIGN MTHRG ALFHRG GPOH GPSH SNTHRG SCVHRG RVWHRG DSMHRG HSTKIC HSTKPA HSTKSTP
NCHRG ARGPSH ARGPOH PTMHRG FNRHRG NGPH 3.5/3.6 HEARING STRICKEN PREPARED BY _____

Appendix 33

Superior Court Criminal Minute Sheet 8/1/05

SUPERIOR COURT OF WASHINGTON FOR GRANT COUNTY
CRIMINAL MINUTE SHEET

DATE: AUGUST 1, 2005
JUDGE: JOHN ANTOSZ

CAUSE NO: 04-1-00312-4
REPORTER: RECORDED - DEPT 2
PLTF ATTY: J. KNODELL
 S. SCOTT
 E. OWENS
 A. LIN
 C. FAIR

CLERK: STARR WINTERS
DEF ATTY: Moser
 R. EARL
 B. GWINN
 B. HILL
 J. GOLDSTEIN
 R. SMITH
 A. WHITE
 E. VASILADES

STATE OF WASHINGTON

VS

MARIBEL GOMEZ

DEF PRESENT: YES NO

INTERPRETER: J. Guzman

=====PRELIMINARY HEARING/ARRAIGNMENT=====

____ INFORMATION PROVIDED TO DEFENDANT
____ READING WAIVED
____ ADVISED OF RIGHTS
____ READ IN OPEN COURT
____ ADVISED OF CHARGES
____ ADVISED OF VIOLATIONS



04-152489

COUNSEL:

____ APPOINTED COUNSEL
____ ORDER APPOINTING ATTORNEY SIGNED
____ WAIVED COUNSEL
____ RETAINED COUNSEL
____ ADVICE OF RIGHTS FILED/SIGNED
____ INDIGENCE REPORT FILED/SIGNED
____ NOTICE OF APPEARANCE FILED

PROBABLE CAUSE:

____ PREVIOUSLY ESTABLISHED
____ PROBABLE CAUSE STATEMENT MADE BY _____ S&T
____ ORDER FINDING PROBABLE CAUSE SIGNED
____ BAIL SET \$ _____
____ ORDER SETTING CONDITIONS OF RELEASE SIGNED
____ RELEASED ON PERSONAL RECOGNIZANCE
____ PR BOND \$ _____
____ SIGNATURES REQUIRED OF _____
____ BENCH WARRANT ORDERED

=====PLEA ENTRY=====

____ NOT GUILTY PLEA ENTERED
____ PLEA ACCEPTED OF NOT GUILTY
____ ORDER SETTING SCHEDULE ENTERED
____ GUILTY PLEA ENTERED
____ DEFENDANT ADVISED OF GUILTY PLEA RIGHTS
____ GUILTY PLEA ACCEPTED
____ DEFENDANT SIGNS STMT OF DEF ON PLEA OF GUILTY
____ COURT SIGNS STMT OF DEF ON PLEA OF GUILTY
____ PLEA AGREEMENT APPROVED
____ PROBABLE CAUSE STATEMENT ADOPTED BY PLTF/DEF
____ DEFENDANT ADMITS VIOLATION
____ DEFENDANT DENIES VIOLATION
____ ORDER ON COMMUNITY SUPERVISION VIOLATIONS SIGNED
____ ORIGINAL INFORMATION
____ AMENDED INFORMATION
____ ORDER AMENDING INFORMATION SIGNED
____ DISMISSAL OF COUNT(S) _____
____ PSI ORDERED
____ PSI WAIVED
____ PSI SENTENCING DATE ORDER SIGNED

=====SENTENCING=====

____ JUDGMENT AND SENTENCE SIGNED
____ BAIL EXONERATED
____ ORDER OF RESTITUTION ENTERED/TO BE ENTERED

=====SPECIAL MINUTES:=====

Mr Moser moves for Conty; State is not
opposed to Conty; explain - Mr Moser explain hard to
find expert re. Credentials; Ask guest Mr Moser re
Add Conty; Mr Moser stated once finds an expert no
unknown to experts schedule; State Regs a Review of expert

CONTINUED TO: 10-3-05 FOR: PTC

CONTINUED TO: 9-7-05 FOR: Def's mm for Appl of expert

PLMHRG ARRAIGN **MTHRG** ALFHRG GPOH GPSH SNTHRG SCVHRG RVWHRG DSMHRG HSTKIC HSTKPA HSTKSTP
NCHRG ARGPSH ARGPOH PTMHRG FNRHRG NGPH 3.5/3.6 HEARING STRICKEN PREPARED BY _____

Appendix 34

Superior Court Criminal Minute Sheet 9/7/05

SUPERIOR COURT OF WASHINGTON FOR GRANT COUNTY
CRIMINAL MINUTE SHEET

DATE: SEPTEMBER 7, 2005
JUDGE: KEN JORGENSEN

CAUSE NO: 04-1-00312-4
REPORTER:
PLTF ATTY:

CLERK: STARR WINTERS
DEF ATTY:

STATE OF WASHINGTON

VS

MARIBEL GOMEZ

- J. KNODELL
- S. SCOTT
- E. OWENS
- A. LIN
- C. FAIR

- R. EARL
- B. GWINN
- B. HILL
- J. GOLDSTEIN
- R. SMITH
- A. WHITE
- E. VASILIADES

DEF PRESENT: YES NO

INTERPRETER: _____

RECORDED IN DEPT # 2 START 9:18

=====PRELIMINARY HEARING/ARRAIGNMENT=====

INFORMATION PROVIDED TO DEFENDANT
 READING WAIVED
 ADVISED OF RIGHTS

READ IN OPEN COURT
 ADVISED OF CHARGES
 ADVISED OF VIOLATIONS



COUNSEL:

APPOINTED COUNSEL
 ORDER APPOINTING ATTORNEY SIGNED
 WAIVED COUNSEL
 RETAINED COUNSEL

ADVICE OF RIGHTS FILED/SIGNED
 INDIGENCE REPORT FILED/SIGNED
 NOTICE OF APPEARANCE FILED

PROBABLE CAUSE:

PREVIOUSLY ESTABLISHED
 PROBABLE CAUSE STATEMENT MADE BY
 _____ S&T

ORDER SETTING CONDITIONS OF RELEASE SIGNED
 RELEASED ON PERSONAL RECOGNIZANCE
 PR BOND \$ _____
 SIGNATURES REQUIRED OF _____
 BENCH WARRANT ORDERED

ORDER FINDING PROBABLE CAUSE SIGNED
 BAIL SET \$ _____

=====PLEA ENTRY=====

NOT GUILTY PLEA ENTERED
 PLEA ACCEPTED OF NOT GUILTY
 ORDER SETTING SCHEDULE ENTERED
 GUILTY PLEA ENTERED
 DEFENDANT ADVISED OF GUILTY PLEA RIGHTS
 GUILTY PLEA ACCEPTED
 DEFENDANT SIGNS STMT OF DEF ON PLEA OF GUILTY
 COURT SIGNS STMT OF DEF ON PLEA OF GUILTY
 PLEA AGREEMENT APPROVED
 PROBABLE CAUSE STATEMENT ADOPTED BY PLTF/DEF

DEFENDANT **ADMITS** VIOLATION
 DEFENDANT **DENIES** VIOLATION
 ORDER ON COMMUNITY SUPERVISION VIOLATIONS SIGNED
 ORIGINAL INFORMATION
 AMENDED INFORMATION
 ORDER AMENDING INFORMATION SIGNED
 DISMISSAL OF COUNT(S) _____
 PSI ORDERED
 PSI WAIVED
 PSI SENTENCING DATE ORDER SIGNED

=====SENTENCING=====

JUDGMENT AND SENTENCE SIGNED
 BAIL EXONERATED

ORDER OF RESTITUTION ENTERED/TO BE ENTERED

SPECIAL MINUTES: _____

to be noted spoken to Cust & Regs
to come

CONTINUED TO: 9.20.05 FOR: min to appoint expert

CONTINUED TO: _____ FOR: _____

PLMHRG ARRAIGN **MTHRG** ALFHRG GPOH GPSH SNTHRG SCVHRG RVWHRG DSMHRG HSTKIC HSTKPA HSTKSTP
 NCHRG ARGPSH ARGPOH PTMHRG FNRHRG NGPH 3.5/3.6 HEARING STRICKEN PREPARED BY _____

Appendix 35

Superior Court Criminal Minute Sheet 9/20/05

SUPERIOR COURT OF WASHINGTON FOR GRACIA COUNTY
CRIMINAL MINUTE SHEET

DATE: SEPTEMBER 20, 2005
JUDGE: JOHN ANTOSZ

CAUSE NO: 04-1-00312-4
REPORTER:
PLTF ATTY:

CLERK: STARR WINTERS
DEF ATTY: Moser
 R. EARL
 B. GWINN
 B. HILL
 J. GOLDSTEIN
 R. SMITH
 A. WHITE
 E. VASILIADES

STATE OF WASHINGTON

VS

MARIBEL GOMEZ

- J. KNODELL
- S. SCOTT
- E. OWENS
- A. LIN
- C. FAIR

DEF PRESENT: YES NO

INTERPRETER: _____ RECORDED IN DEPT # 2 START 10:57

=====PRELIMINARY HEARING/ARRAIGNMENT=====

- ____ INFORMATION PROVIDED TO DEFENDANT
- ____ READ IN OPEN COURT
- ____ READING WAIVED
- ____ ADVISED OF CHARGES
- ____ ADVISED OF RIGHTS
- ____ ADVISED OF VIOLATIONS



COUNSEL:

- ____ APPOINTED COUNSEL
- ____ ORDER APPOINTING ATTORNEY SIGNED
- ____ WAIVED COUNSEL
- ____ RETAINED COUNSEL
- ____ ADVICE OF RIGHTS FILED/SIGNED
- ____ INDIGENCE REPORT FILED/SIGNED
- ____ NOTICE OF APPEARANCE FILED

PROBABLE CAUSE:

- ____ PREVIOUSLY ESTABLISHED
- ____ PROBABLE CAUSE STATEMENT MADE BY _____ S&T
- ____ ORDER FINDING PROBABLE CAUSE SIGNED
- ____ BAIL SET \$ _____
- ____ ORDER SETTING CONDITIONS OF RELEASE SIGNED
- ____ RELEASED ON PERSONAL RECOGNIZANCE
- ____ PR BOND \$ _____
- ____ SIGNATURES REQUIRED OF _____
- ____ BENCH WARRANT ORDERED

=====PLEA ENTRY=====

- ____ NOT GUILTY PLEA ENTERED
- ____ PLEA ACCEPTED OF NOT GUILTY
- ____ ORDER SETTING SCHEDULE ENTERED
- ____ GUILTY PLEA ENTERED
- ____ DEFENDANT ADVISED OF GUILTY PLEA RIGHTS
- ____ GUILTY PLEA ACCEPTED
- ____ DEFENDANT SIGNS STMT OF DEF ON PLEA OF GUILTY
- ____ COURT SIGNS STMT OF DEF ON PLEA OF GUILTY
- ____ PLEA AGREEMENT APPROVED
- ____ PROBABLE CAUSE STATEMENT ADOPTED BY PLTF/DEF
- ____ DEFENDANT ADMITS VIOLATION
- ____ DEFENDANT DENIES VIOLATION
- ____ ORDER ON COMMUNITY SUPERVISION VIOLATIONS SIGNED
- ____ ORIGINAL INFORMATION
- ____ AMENDED INFORMATION
- ____ ORDER AMENDING INFORMATION SIGNED
- ____ DISMISSAL OF COUNT(S) _____
- ____ PSI ORDERED
- ____ PSI WAIVED
- ____ PSI SENTENCING DATE ORDER SIGNED

=====SENTENCING=====

- ____ JUDGMENT AND SENTENCE SIGNED
- ____ BAIL EXONERATED
- ____ ORDER OF RESTITUTION ENTERED/TO BE ENTERED

SPECIAL MINUTES: Mr Moser Regs to strike his case and discuss expert to be applied as reminder of upcoming trial date; Cust explains problems of getting an expert; State explains difficulty in getting an expert to testify; Cust directs cust to immediately resolve issue;

CONTINUED TO: 9.26.05 FOR: Pr
CONTINUED TO: _____ FOR: _____

PLMHRG ARRAIGN (MTHR) ALFHRG GPOH GPSH SNTHRG SCVHRG RVWHRG DSMHRG HSTKIC HSTKPA HSTKSTP
ACHRG ARGPSH ARGPOH PTMHRG FNRHRG NGPH 3.5/3.6 HEARING STRICKEN PREPARED BY _____

Appendix 36

Permanency Planning Review Order 9/1/04

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FILED
KENNETH O. KUNES, CLERK
BY _____ DEPUTY
SEP 2 2004
RECORDED IN _____
VOLUME _____ PAGE _____

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF GRANT
JUVENILE DIVISION

In re the Dependency of:	NO. 03-7-00134-6
EDGAR ARECHIGA,	<input type="checkbox"/> REVIEW HEARING ORDER
D.O.B.: 09/14/02	<input checked="" type="checkbox"/> PERMANENCY PLANNING REVIEW ORDER
	<input checked="" type="checkbox"/> Clerk's Action Required, Paragraph 3.1, 3.10

I. HEARING

1.1 A review hearing was held on August 10 and continued to August 24 and then to September 1, 2004.

1.2 Persons appearing at the hearing were:

<input type="checkbox"/> Child	<input type="checkbox"/> Child's Lawyer
<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Mother's Lawyer Anderson
<input checked="" type="checkbox"/> Father	<input checked="" type="checkbox"/> Father's Lawyer Moser
<input type="checkbox"/> Legal Guardian or Custodian	<input type="checkbox"/> Legal Guardian's or Custodian's Lawyer
<input checked="" type="checkbox"/> Child's GAL	<input type="checkbox"/> GAL's Lawyer
<input checked="" type="checkbox"/> Agency Worker Terry	<input checked="" type="checkbox"/> Agency's Lawyer McIntosh
<input type="checkbox"/> Probation Counselor	<input checked="" type="checkbox"/> Other <i>Spanish interpreter</i>

1.3 Testimony was taken from *Rocky Terry, Heidi Geplatt, Terry Cullen, Maribel Gomez*

PLAINTIFF'S
EXHIBIT
P22

1 1.4 The court considered the file and record herein, statements from counsel, the
2 caseworker's report of July 30, 2004, and: GAL report filed 08/09/04, and exhibits

3
4
5 **II. FINDINGS**

6 The Court FINDS that:

7 2.1 Indian status:

- 8 The child is Indian as defined in 25 U.S.C. 1903(4).
9 The child is not Indian as defined in 25 U.S.C. 1903(4).
10 It has not been determined whether the child is Indian as defined in 25 U.S.C. 1903(4).

11 2.2 Pursuant to RCW 13.34.030, the child was found to be dependent on
12 03/26/04.

13 2.3 The child is currently placed in parental care since _____ out-of-home
14 care under the custody and supervision of DCFS. The child has resided in out-of-
15 home placement since 09/10/03.

16 2.4 The agency plan is is not contested.

17 2.5 The mother has complied with the following court-ordered services:
18 Random UA testing; Drug/alcohol after care treatment; maintains a safe and
19 stable home; completed First Aid & CPR; participated in visitation; provided
20 accurate information for Kidscreen & relative search; information provided as
21 to person/s residing/frequenting home; potential father information; regular
22 contact with DCFS

23 The mother has not complied with the following court-ordered services:
24 _____
25 _____

26 The father has complied with the following court-ordered services:
27 Maintains safe and stable home; cooperates with DCFS; provides necessary
28 information to DCFS; participated in visitation; submitted to random UA's..

29 The father has not complied with the following court-ordered services:
30 Tested positive for methamphetamine and cocaine in UA dated 06/07/04.
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The child has complied with the following court-ordered services:
all

2.6 The agency has has not offered or provided the court-ordered services.

2.7 Court supervision should should not continue.

2.8 The child has been residing in licensed care relative care. A reason for removal of the child as set forth in RCW 13.34.130(2):

no longer exists and the child should be returned home.
 still exists and it would be contrary to the child's welfare to return home.

(a) Reasonable services have have not been provided or offered to the parties to facilitate reunion.

(b) The child has has not been placed in the least restrictive setting appropriate to the child's needs. Consideration has has not been given to placement with the child's relatives.

(c) There is is not a continuing need for out-of-home placement. The placement recommended by the supervising agency is is not appropriate.

(d) The mother has has not made progress during the preceding review period toward correcting the problems that necessitated the child's placement in out-of-home care.

Comments: Criminal charges prevent the progress the Department expects.

The father has has not made progress during the preceding review period toward correcting the problems that necessitated the child's placement in out-of-home care.

Comments: Criminal charges against the mother and father's denial of knowledge prevent the progress the Dept. expects

(e) Visitation has occurred with mother as scheduled sporadically never other _____
Lack of mother's visitation is the result of lack of parent's effort
 parent's incarceration geographical distance court order
 other _____

Visitation has occurred with father as scheduled sporadically never other _____
Lack of father's visitation is the result of lack of parent's effort
 parent's incarceration geographical distance court order
 other _____

(f) Additional services, not previously ordered, are are not needed to facilitate the return of the child to the parents.

(g) The projected date for the child's return home or the implementation of another permanent plan of care is February 2005

1 2.9 In the previous review period, the permanent plan of care in effect for the child
 2 has been:
 3 Primary: Alternative:
 Return of the child to the home of the mother father
 guardian or legal custodian;
 Adoption;
 Permanent Legal Custody pursuant to chapter 26.10 RCW or the
 5 equivalent laws of another state or a federally recognized Indian
 6 tribe;
 Guardianship;
 Long term relative or foster care with a written agreement;
 7 Independent living.

8 2.10 Reasonable efforts have have not been made by DSHS to implement
 9 and finalize the permanent plan of care for the child:
 For the reasons detailed in the social study (ISSP); and/or
 Other: _____
 10 _____
 11 _____

12 2.11 The primary permanent plan of care for the child has has not been
 13 achieved:
 For the reasons detailed in the social study (ISSP); and/or
 Other: _____
 14 _____
 15 _____

16 2.12 A termination petition should be filed pursuant to RCW 13.34.138(1)(a).
 A guardianship petition should be filed.

18 **III. ORDER**

19 **IT IS ORDERED:**

20 3.1 Dependency is dismissed, and the guardian ad litem and CASA is discharged.
 The child remains a dependent child pursuant to RCW 13.34.130.
 21 3.2 The child shall return to or remain in mother's father's parent's home
 22 upon the following conditions:
 per agency plan
 other _____
 24 3.3 The child shall be placed in or remain in DCFS custody for placement. DCFS is
 25 authorized to place the child in licensed care relative placement with

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3.4 Services shall be offered or provided:
 as set forth in the Agency Report to Court, which as filed and attached is adopted:
 in its entirety.
 with the following amendment(s): _____
 as follows: _____

Time deadlines for initiation and/or completion of additional services shall be:
 as set forth in the report;
 as follows: _____

3.5 The parent and/or child shall authorize releases of information for treatment providers. Reports and evaluations by such providers, including those which might be privileged, shall be filed with the court and distributed to all parties, absent court order limiting such distribution.

3.6 The mother's visitation shall be supervised unsupervised. The court adopts the visitation plan submitted by DCFS as filed and attached to this order. Other visitation conditions: *Twice weekly in her home.*

Tuesdays 5-7 p.m.; Sundays noon to 5, effective immediately
 The father's visitation shall be supervised unsupervised. The court adopts the visitation plan submitted by DCFS as filed and attached to this order. Other visitation conditions: *Twice weekly in the home on same schedule as mother.*

3.7 The person or agency having custody of the child shall have the power to authorize and provide routine medical and dental examination and care and all necessary emergency care.

3.8 PERMANENCY PLANNING HEARING (to be used only as specified in RCW 13.34.145).

The child has resided in the foster parent's home relative's home for more than six months and that caretaker has been informed of this permanency planning hearing.

The permanency plan for the child recommended by DSHS is approved modified as follows: _____
not approved

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The permanency plan for the child shall be:

- | | | |
|-------------------------------------|--------------------------|---|
| Primary: | Alternative: | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Return of the child to the home of the <input checked="" type="checkbox"/> mother <input type="checkbox"/> father |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> guardian or <input type="checkbox"/> legal custodian; |
| <input type="checkbox"/> | <input type="checkbox"/> | Adoption; |
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent Legal Custody pursuant to chapter 26.10 RCW or the |
| <input type="checkbox"/> | <input type="checkbox"/> | equivalent laws of another state or a federally recognized Indian |
| <input type="checkbox"/> | <input type="checkbox"/> | tribe; |
| <input type="checkbox"/> | <input type="checkbox"/> | Guardianship; |
| <input type="checkbox"/> | <input type="checkbox"/> | Long term <input type="checkbox"/> relative or <input type="checkbox"/> foster care with a written agreement; |
| <input type="checkbox"/> | <input type="checkbox"/> | Independent living. |
| <input type="checkbox"/> | | A petition for termination of parental rights shall be filed. |
| <input type="checkbox"/> | | A petition for guardianship shall be filed. |
| <input type="checkbox"/> | | Dependency is dismissed. |

3.9 The person or agency having custody of the child shall have full power to authorize and provide all necessary, routine and emergency medical, dental, or psychological care as recommended by the child's treating doctor or psychologist.

3.10 A review hearing shall be held:

On January 18, 2005 at 8:15 a.m.

At: Grant County Juvenile Court, 303 Abel Road, Ephrata, Washington 98823

3.11 It is further ordered: the licensed care provider/relative shall be allowed to travel out-of-state with the child for a period not to exceed two weeks after giving prior notice to DCFS. The licensed care provider/relative may consent to necessary medical and dental treatment during these trips.

3.12 Other The GAL shall address the allegations of discrimination in the foster home against the child with the counselors
DATED this 2nd day of September, 2004.

Ryan E. Spelman
JUDGE/COURT COMMISSIONER

Presented by:

CHRISTINE O. GREGOIRE
Attorney General

M. Ann Mcintosh
M. ANN McINTOSH, WSBA #20281
Assistant Attorney General

1 Approved by:

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3

Guardian Ad Litem

4



5

DOUG ANDERSON, WSBA #20313

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Attorney for the Mother

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ROBERT MOSER, WSBA #32253

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Attorney for the Father

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NOTICE

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**A PETITION FOR PERMANENT TERMINATION OF THE PARENT-CHILD
RELATIONSHIP MAY BE FILED IF THE CHILD IS PLACED OUT-OF-HOME
UNDER AN ORDER OF DEPENDENCY. (RCW 13.34.180.)**

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Child's Name: Edgar R. Arechiga

B. Recommended Services and Responsibilities for the next six months:

FEDERAL LAW MANDATES THAT A PERMANENCY PLAN BE ESTABLISHED FOR CHILDREN WITHIN TWELVE MONTHS OF OUT OF HOME PLACEMENT. PARENT SHALL BE IN FULL COMPLIANCE WITH ALL COURT ORDERED SERVICES/RESPONSIBILITIES LISTED BELOW OR DCFS MAY PURSUE A PERMANENT PLAN OTHER THAN RETURN HOME. THE PERMANENCY PLAN MAY INCLUDE TERMINATION OF PARENTAL RIGHTS, GUARDIANSHIP, ADOPTION OR LONG TERM FOSTER CARE.

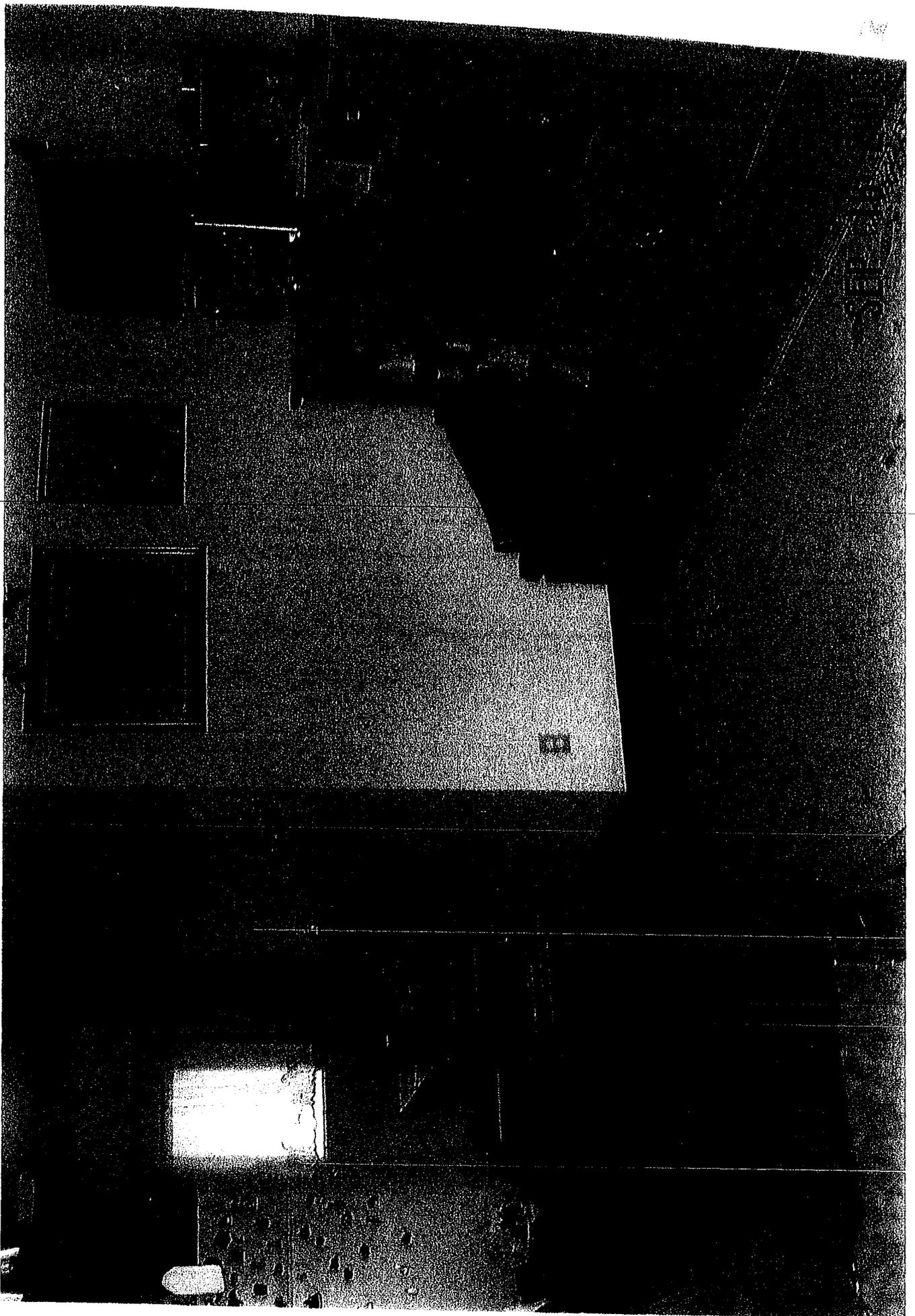
1. Parents/Family - Identify services/responsibilities to meet educational, medical, environmental, social, psychological, ethnic, and cultural needs:

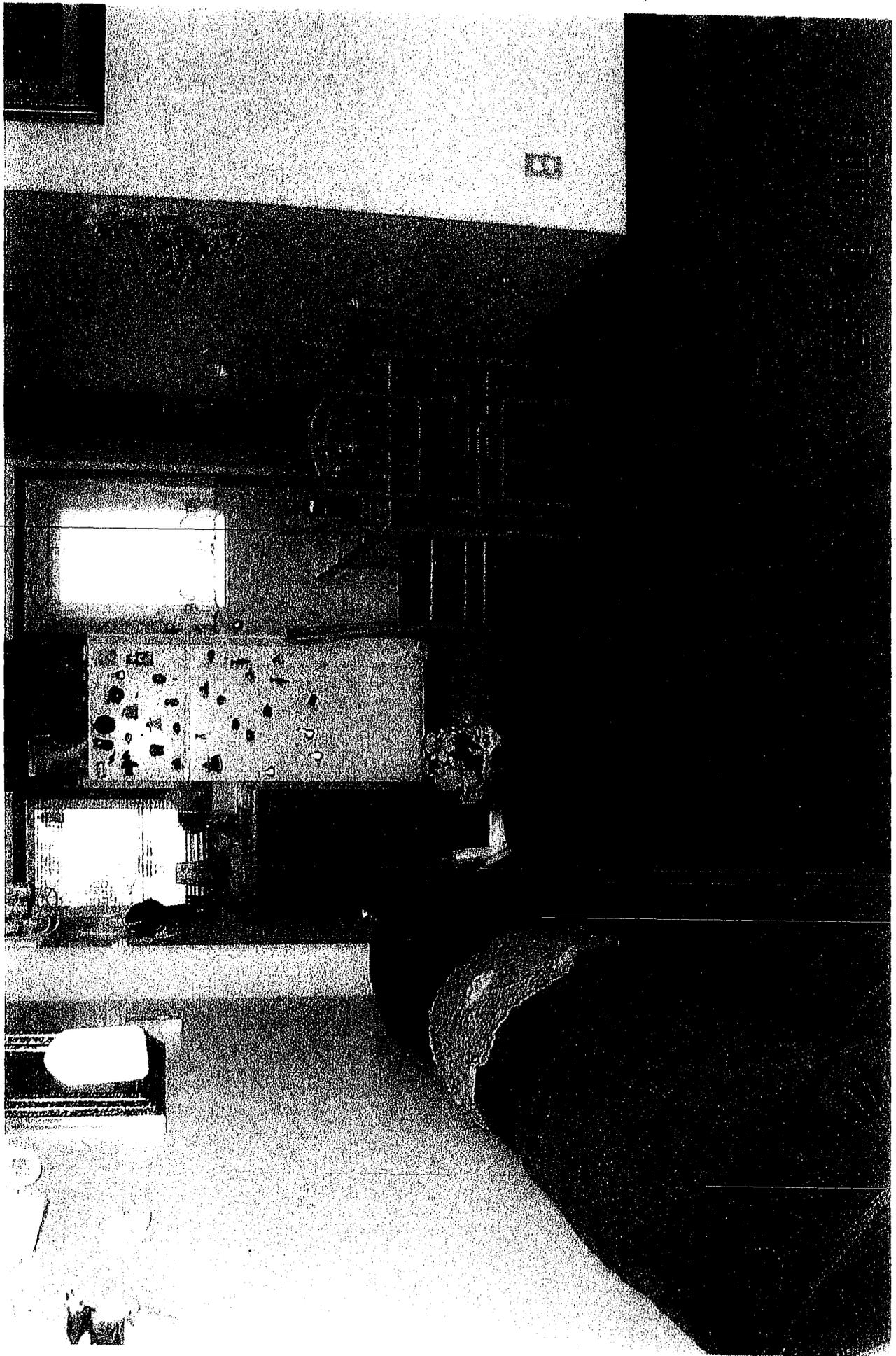
AS TO THE MOTHER:

1. The mother will cooperate in a psychological re-evaluation and successfully progress in any recommended treatment with DCFS approved providers; this is scheduled and will be completed within two months.
2. The mother will cooperate in an anger management evaluation and successfully progress in any recommended treatment; this is scheduled and will be completed within two months.
3. The mother will cooperate in observed random UA testing as set by DCFS.
4. The mother will maintain a safe and stable home for a period of at least three-months prior to the return to her care any dependent children.
5. The mother will successfully progress in parent education in DCFS approved program(s).
6. The mother will successfully progress in services of an Intensive Family Preservation Specialist and/or a Family Preservation Specialist if recommended by DCFS.
7. The mother will provide information as to persons residing in or frequenting the home and individuals over the age of 16 will be required to submit to a Criminal History and Background Check prior to the visitation or return of dependent children to the mother's care.
8. The mother will actively cooperate in providing identifying information of all potential fathers and will cooperate in the paternity testing process.
9. In order to maintain bonding with her child the mother will actively participate in visitation.
10. The mother will sign any needed releases of information every 90 days to assess progress and research ability to safely parent.
11. The mother will contact assigned social worker on a weekly basis to report on any changes in address, phone, partners, household members, employment, or other action that might affect case plan.
12. The mother will not use illegal or non-prescribed mind-altering substances.
13. The mother will not participate in any illegal activity.

Appendix 37

Photographs (2) of Maribel Gomez's Kitchen and Living Room





Appendix 38

Visit Report 1/4/02, Lorraine Benson



Support
Care
And
Networking
For Families

Client Name (last Name first):	Gomez, Raphael
Date of Service:	1/4/02

The frame that was coming apart. Mom went and changed out of the skirt that had been spit up on. Dad gave baby a teething ring and smiled and talked to him. Maria wanted to hold him so Mom put him on her lap. He was chewing on his fingers and seemed to get more and more uncomfortable (probably teething). Mom took him and snuggled him in a blanket and rocked him. Dad couldn't leave him alone and played peek-a-boo with a corner of the blanket. Baby was content in Mom's arms. The three of them watched a show about dog-training as Mom and baby snuggled. They talked about pets. Baby fell asleep, and Mom continued to hold him. Baby woke after about a half hour and was fussy. Mom walked around the room with him, bouncing, patting and shush-ing him. He settled down. Juliana (3yrs.) came out at 11:10. She climbed on Dad's lap and inquired about the baby. Dad hugged her, smiled and said "That's mine!" They laughed. Mom let Dad hold the baby while she prepared the bottle for me to take. Dad talked to him, smiling and kissing him. He showed Juliana and talked to her about the baby. Mom put on baby's jacket, kissing him and saying "My baby, my baby, my baby" smiling. Mom covered him up and carried him to the car. I stopped part way back because the baby was crying. I propped a bottle for him which quieted him and proceeded to take him home because I had another visit soon after.

I Hereby certify under penalty of perjury the items and total listed herein are true and accurate.

Incomplete Service Reports will be sent back to provider. This will delay payment.

Lorraine Benson

SSP Print Name

Lorraine Benson

SSP Signature

Appendix 39

Visit Report 3/11/02, Esperanza Pando



Support
Care
And
Networking
For Families

Client Name (last Name first):	Gomez, Rafael
Date of Service:	3-11-07

Rafael was crying when we arrived to the house, so Maribel right of way got him when she opened the door. She asked me what was wrong with him - I told her that he cries all the way to her house, because he just wants to be held. She told me that the foster parent must hold him a lot. She went to the room to wake up Jose. They played with him then she gave him a jar of Gerber food. He ate it very well. They enjoy seeing him eat food because of how fast he wants it to be put into his mouth. When he was done eating, she changed his diaper. They played with him some more. When it was about 30 minutes until it was time to go, she gave him a bottle of milk. He fell asleep. Jose laid with him. Maribel got ready to leave. She said they were going to an appointment to see if she was pregnant. When it was time to go, she took him to the car.

I Hereby certify under penalty of perjury the items and total listed herein are true and accurate.

Incomplete Service Reports will be sent back to provider. This will delay payment.

Esperanza Pando
SSP Print Name

Esperanza Pando
SSP Signature

Appendix 40

SER Log Report 10/8/02, Linda Turcotte

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22(INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

*SW Twelves staffed above with Sup DeLuna.
SW Twelves will look into the possibility of DCFS paying
for the father's out-patient treatment at ADDS.

SR Supervisory Review SER Date: 10/07/2002 Time: 00:00
Created By ---> DELUNA, CECILIA 509-764-5690 FAX: 509-764-5685
Person: RAFAEL GOMEZ

Reviewed case: Child continues his placement w/ parents.
A CPS investigation occurred during the month with
allegations of physical abuse. Allegations were unfounded
to both parents. CWS SW Twelves made several HVs to the
home prior to the investigation. SW T recently received a
TC from PCAP advocate, Angie Carlson that she had recently
made HV and saw child w/ a bruise on his forehead. Mom's
explanation was that the child bumped his head on the crib
railing. Angie advised mom to use a crib pad. Mom advised
her that Olga, previous CWS SW, advised against it because
of the dangers of crib pads. Also, Angie advised that the
mother has been out of compliance w/ drug-alcohol tx plan.
SW advised her to make a referral to intake.

SW also received a letter from PARC counselor, Noemi
Amescua that the PARC is unable to serve the father due to
conflict of interested. Apparently, PARC has only one
bilingual counselor who is serving mom and unable to serve
dad.

TC was made to Noemi by this supervisor re: mom's lack of
compliance and clarification of dad's program. Noemi
confirmed that the mom had missed some group sessions, some
due to her pregnancy, but also because of a conflict she
was having w/ another woman in the group. Noemi advised
mom to go in for individual sessions. Noemi stated she
believes mom has not been able to make all of the sessions
because she recently gave birth. This sup advised Noemi
that mom's newborn was in the hospital for jaundice for a
few days, which could have also been a factor to her not
showing up for counseling. Noemi has excused mom and will
write a letter advising mom that she needs to go in for an
individual session on Oct. 18th. SW will reiterate the
importance of continuing tx to mom. As for the father's tx
plan, Noemi stated he needs to seek tx elsewhere, she
advised ADDS. SW will make referral to ADDS.

NA Narrative (no other code appl) SER Date: 10/08/2002 Time: 00:00
NQ Staffing - Other
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22 (INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

LEP CPS referral #1355178 assigned to CPS social worker
Linda Turcotte who is bilingual/cultural Latina.

CPS Sup Monek and SwT staffed CPS referral involving a
current CWS In-Home Dependency of 14 month old Rafael
Arechiga Gomez. The ref who is Angie Karlson the mother's
P-CAP advocate from Grant County PARC reported that a home
visit on 10/2/2002, ref observed a bump/bruise on the upper
portion of Rafael's forehead. Ref stated that the bruise
was elongated, 1 1/2 inches long and 1/2 inch wide with a
circular bruise on the bottom. Ref asked the mother about
the bruise and the mother stated that Rafael bangs his head
against the crib until he falls asleep.
Ref also concerned that Rafael is losing weight since
returning to the mother's care. Ref reported that the
mother has issues w/child's weight and will only allow the
child to eat so much.

Due to child being stated dependent/open CWS case, CPS to
investigate for child physical neglect. The possibility of
child still having bruise is slight to none due to ref
reporting the incident 6 days later which would not include
the additional 3-4 days of the bruise happening prior to
ref seeing it.

CC Collateral Contact SER Date: 10/09/2002 Time: 00:00
SQ Staffing - Other
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

SwT met with CWS social worker Twelves and staffed the
current CPS report/allegation. Sw Twelves reported that
though he has recently been reassigned case from prior CWS
social worker Olga Castillo Gaxiola, which involved two
home visits/contact with Maribel Gomez, the mother, Jose
Arechiga, the father, and Rafael (dependent child) and
step-siblings. Social worker Twelves did not report
finding safety concerns of Rafael and/or other
step-siblings in the care/home of parents.

CC Collateral Contact SER Date: 10/09/2002 Time: 00:00
TC Telephone Contact
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

10/09/2002: SwT attempted to contact ref/CC via telephone
but not successful.
10/10/2002: SwT attempted to contact ref/CC via telephone
but not successful.

Appendix 41

SER Log Report 10/17/02, Linda Turcotte

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22 (INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

FX Face to Face with Parent/Guar SER Date: 10/09/2002 Time: 09:00
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Person: MARIBEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

10/09/2002 9:00AM OI between Jose Arechiga (father) and
CWS SW Twelves.

The father came to the Moses Lake DCFS office to request
gasoline vouchers. He stated that the mother was in the
car nursing their newborn, Edgar.

This SW provided the family 2 gas vouchers, for \$25.00
each, one for this week and one for next.

IP Initial Contact Parent/Guardi SER Date: 10/17/2002 Time: 13:30
IF Initial Face to Face w/Child
NA Narrative (no other code appl
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

ICW: Bio-mother denied that child is of Native American
heritage.

CPS swT conducted initial face-to-face contact with the
bio-mother, Maribel Gomez and dependent child, Rafael
Arechiga Gomez. Also present at the home visit were the
mother's two children: Edgar Arechiga Gomez, newborn, and
JuliAnna Gomez.

SWT informed Maribel of CPS referral and allegation of
physical neglect. Maribel denied that the bruise on
Rafael's fore head being significant/abusive and/or that it
was a result of her neglecting to safely supervise the
child.

Maribel reported that Rafael has on/off hit his head
against the wooden bars of his crib but it was not with a
force that was a danger to him. Maribel denied the alleged
size/description of the bruise on Rafael's head. Maribel
went on to report that Rafael is a growing child who is
wearing a cast on his foot which limits him to a lot of
what he can do as a toddler. Maribel talked at length as
to being consistently watchful of Rafael's activity so as
he doesn't use his leg so it heals correctly. Maribel
reported that last week she took Rafael in to see Dr.
Verhage who had an x-rey done on Rafael's leg, reported to
Maribel that the bone is healing exceptionally well.
Maribel indicated that Dr. Verhage reported that as well as
the leg is healing is a reflection as to the excellent care
that Maribel is providing for Rafael. Dr. Verhage informed
Maribel that Rafael's cast will be removed in two weeks.

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22 (INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

Maribel insisted that swT go to bedroom and observe Rafael's crib. Maribel attempted to re-illustrate event and stated that Rafael taps his head against the bars of crib, not "bangs". Maribel also reported that she initially had crib "bumpers" all around but was told by CWS sw Catillo-Gaxiolla to have the bumpers removed to due to danger of infant/child.

SwT talked to maribel of the report alleging Maribel having issues with Rafael's weight and will only allow Rafael to eat "so much". Maribel adamantly denied that she is limiting and/or withholding meals/food to Rafael. Maribel talked at length about Rafael having difficulty in recognizing/limiting his intake of food when he is "full". Instead, Rafael will continue taking/eating food and will then vomit due to having ate excessively. Maribel stated that she talked to Dr. Verhage about this problem with past CWS social worker Olga Castillo Gaxiolla present, where Dr. Verhage explained that it is not uncommon for a child to experience this "over indulging of food" then vomiting as a result of prenatal exposure to cocaine/meth. Dr. Verhgae advised Maribel that Rafael's food intake needs to be limited to an amount that he is receiving sufficient nourishment. Maribel was confident in her identifying/assessing Rafael's food intake. Maribel talked at length about her parenting experience with her three older children which she feels makes her qualified in experience/judgment. Maribel associated any of Rafael's limited weight loss to his growth which she expressed as steady/healthy growth in height and weight. Maribel expressed that in her parental experience, as well as her mother's advise, all children experience "growth spurts" where your child will first be stocky/chubby then seem thin and long, but as long as the child is not sick eventually the growth will even-out. Maribel also pointed out that she has taken Rafael to Dr. Verhage, most recently/last week, and the doctor did not make issue of Rafael's weight or being malnutrition.

SwT spent and extended visit with Maribel and her three children in the home, where swT observed Maribel demonstrate above average ability in managing and caring for the three children. Maribel demonstrated a confident and comfortable manner/style in the care of her newborn. Noteworthy, was the interaction and consistent patient response between Maribel and her three young children. SwT did not note any bruise/scar or injury on Rafael or other siblings. It would be the opinion of swT that Rafael's reported bruise/lump on head does not meet the sufficiency of physical abuse and/or physical neglect and there was no evidence to substantiate and incident/pattern of CA/N.

Case ID:13L306387-0 Stat:0 File:GOMEZ,MARIBEL 712-01TO22 (INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

SQ Staffing - Other SER Date: 10/17/2002 Time: 16:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

SwT staffed CPS investigation status with CPS Monek, CWS
Sup Deluna and
CWS Sw Twelves. At this point of CPS investigation, it
would concluded that this reported injury is not a
substantiated act of parental physical neglect but rather a
general common toddler act that resulted in a bruise/lump.
As to the report of child's nutrition/weight loss, the child
has been to his doctor concerning his leg in cast, and
medical provider has not expressed concern to the mother
and/or CPS.

CC Collateral Contact SER Date: 10/18/2002 Time: 10:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

SwT met with ref/P-CAP advocate, Angie Karlsson at the DCFS
office. Per Angie, when she went to Maribel's home and
observed the bruise/lump on Rafael's forehead, it appeared
to be of 3-4 days old. Initially, Angie did not find the
bruise of concern, but after staffing w/her supervisor, it
was advised that Angie make report to CPS due to child
being dependent.

Angie expressed concerns as to bonding between Maribel and
Rafael though she could not give fact as to her assessment,
other than it appears that Rafael at times would rather go
with Angie than Maribel during visit. Angie reported that
she was concerned because Maribel and Jose were not
following through with their substance abuse treatment
plan, and their cases were nearly closed, but Angie got
Maribel to commit to meeting with Namoi on 10/17/02. SwT
and Angie talked at length about Maribel, Jose and the
children. Angie concluded that in her opinion from on-going
contact with the family, she did not believe that Maribel
and Jose physically abused Rafael and or failed to
supervise him. Angie stated that she believes, once
Maribel is told of a safety concern, Maribel makes 100%
effort to correct it. Angie expressed that Maribel will
respond/act on CPS social worker's advise/directive, but
does not seem to accept the same direction from her as the
advocate which is of concern to Angie. SwT suggested that
Angie contact CWS social worker Twelves with serious safety
and/or client compliance issues.

SQ Staffing - Other SER Date: 10/18/2002 Time: 15:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

Appendix 42

SER Log Report 10/18/02, Linda Turcotte

Case ID:13L306387-0 Stat:0 File:GOMEZ,MARIBEL 712-01TO22 (INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

SQ Staffing - Other SER Date: 10/17/2002 Time: 16:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

SWT staffed CPS investigation status with CPS Monek, CWS
Sup Deluna and
CWS Sw Twelves. At this point of CPS investigation, it
would concluded that this reported injury is not a
substantiated act of parental physical neglect but rather a
general common toddler act that resulted in a bruise/lump.
As to the report of child's nutrition/weight loss, the child
has been to his doctor concerning his leg in cast, and
medical provider has not expressed concern to the mother
and/or CPS.

CC Collateral Contact SER Date: 10/18/2002 Time: 10:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

SWT met with ref/P-CAP advocate, Angie Karlsson at the DCFS
office. Per Angie, when she went to Maribel's home and
observed the bruise/lump on Rafael's forehead, it appeared
to be of 3-4 days old. Initially, Angie did not find the
bruise of concern, but after staffing w/her supervisor, it
was advised that Angie make report to CPS due to child
being dependent.

Angie expressed concerns as to bonding between Maribel and
Rafael though she could not give fact as to her assessment,
other than it appears that Rafael at times would rather go
with Angie than Maribel during visit. Angie reported that
she was concerned because Maribel and Jose were not
following through with their substance abuse treatment
plan, and their cases were nearly closed, but Angie got
Maribel to commit to meeting with Namoi on 10/17/02. SWT
and Angie talked at length about Maribel, Jose and the
children. Angie concluded that in her opinion from on-going
contact with the family, she did not believe that Maribel
and Jose physically abused Rafael and or failed to
supervise him. Angie stated that she believes, once
Maribel is told of a safety concern, Maribel makes 100%
effort to correct it. Angie expressed that Maribel will
respond/act on CPS social worker's advise/directive, but
does not seem to accept the same direction from her as the
advocate which is of concern to Angie. SWT suggested that
Angie contact CWS social worker Twelves with serious safety
and/or client compliance issues.

SQ Staffing - Other SER Date: 10/18/2002 Time: 15:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22(INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

SwT met with CWS Sup Deluna and CWS SW Twelves and advised them of CPS investigation findings and contact with ref/P-CAP worker and her issues of concerns.

CH CPT Staffing SER Date: 10/18/2002 Time: 16:30
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

No mandatory CPT necessary.

NA Narrative (no other code appl SER Date: 10/18/2002 Time: 16:45
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1355178 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ

Safety assessment, risk assessment, and parent notification completed.

FX Face to Face with Parent/Guar SER Date: 10/21/2002 Time: 00:00
FC Face to Face with child
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Person: MARIBEL GOMEZ
Person: MARIA GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

10/21/2002 OI between Maribel Gomez (mother), Jose Arechiga (father), Maria Gomez (eldest child, female, 10 yoa), Rafael Arechiga (dependent child, male, 14 moa), Edgar Arechiga (male, 1 moa), and assigned CWS SW Murray Twelves.

The parents explained that they had gone to do laundry, the night before, and that Maria was watching Rafael and Edgar.

Rafael took a tumble and got a small red mark on his forehead near the hairline. Maria insisted that the family go to the Moses Lake DCFS office, to explain to this SW how Rafael had incurred the injury. She didn't want to risk another incident of miscommunication and CPS intervention/removal of the children.

Maria recounted the above to this SW, in her own words. This SW observed a small red mark on Rafael's forehead. The child was sitting in his father's lap and appeared to feel safe and to be quite happy to be there. The parents noted that he still needed to be supervised closely, as he is still jealous of the baby.

The mother reported that she had resumed regular participation in her out-patient drug/alcohol treatment

Appendix 43

SER Log Report 10/30/02, Cecilia Deluna

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01TO22(INA/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

SR Supervisory Review SER Date: 10/23/2002 Time: 00:00
Created By ---> MONEK, MARTHA 509-764-5699 FAX: 509-764-5685

SW has investigated, no evidence of child abuse. CWS continues to work with the parents and provide services. Initial ref. High risk children placed. Returned home after CPT/CART approval. Second investigation completed. CPT not needed. Safety assessment and risk assessments completed.

SW to check to determine if risk assessment completed for ref.1350869, may have forgotten to check box, since assessment done on later ref.

SR Supervisory Review SER Date: 10/30/2002 Time: 00:00
Created By ---> DELUNA, CECILIA 509-764-5690 FAX: 509-764-5685

Person: RAFAEL GOMEZ

Reviewed LEP case w/ SW Twelves, LEP CWS SW. Child remain in his parents' care. SW reports that the child is doing well. There were CPS referrals relating to possible physical abuse of the child. CPS referral were unfounded and the CPS worker reported to be impressed w/ the quality of parenting in the home. SW continues to work with the family and is in the process of referring the father to an appropriate drug/alcohol tx center. PARC terminated services to the father based on their lack of LEP providers. Face to face contact w/ family members was made between CPS SW and SW Twelves per policy.

SR Supervisory Review SER Date: 11/13/2002 Time: 00:00
Created By ---> MONEK, MARTHA 509-764-5699 FAX: 509-764-5685

This case was not opened to SW Turcotte on CAMIS in error. Matter has now been resolved. SW Turcotte has completed the investigation on two referrals. Case on inactive until SW completes requirements for closure.

End of Service Episode Report

Appendix 44
Intake Summary Report, 2/1/03

	<p>result in his immediate removal from the home, as well as the removal of the siblings. The entire family has gone to great lengths to be sure that Rafael was safe. This fear of CPS intervention is likely the reason why the mother called CWS SW Twelves/ref before she called a doctor.</p> <p>712</p>
<p>Referral Id: <u>1401894</u> Received Date: <u>03/24/2003</u> Program: <u>INC</u> Decision: <u>Referred to Licensing</u> Risk Tag Description: <u>No Tag</u> Investigation Standard: Response Time: Intake Worker: <u>989-03KC68</u> Worker End Date: <u>03/26/2003</u> Overall Risk After Invest: Primary Caretaker: <u>GRIFFITH, DENISE</u></p>	<p>Referrer called CI with concern that confidentiality has been broken. The referrer discussed that while at lunch a cashier had walked up to the referrer, and began discussing a case that was out of her office. Since the town is small the cashier had recognized the referrer as a SW. The cashier discussed with the referrer how appalled she was that the State can allow such tragedies to go on. The cashier went on to say that foster children do not need to be removed from their home 5 times and then placed back into the same home that they were removed from. The cashier went on saying that the Griffith family are good people and that is where the child should stay, the cashier went further by saying does that child need to be in a body cast before the state realizes what's going on. The referrer then at that point asked the cashier how she knows so much information about the Griffith family. The cashier stated that she had overheard the FP (mother) talking to someone (unknown) and that is how she received the information. The cashier then ended the conversation with the referrer with, the cashier will be conducting her own investigation and protesting if the State places the child back into the bio-home.</p>
<p>Referral Id: <u>1387112</u> Received Date: <u>02/03/2003</u> Program: <u>INC</u> Decision: <u>Referred to Licensing</u> Risk Tag Description: <u>No Tag</u> Investigation Standard: Response Time: Intake Worker: <u>989-08YP69</u> Worker End Date: <u>02/03/2003</u> Overall Risk After Invest: Primary Caretaker: <u>GRIFFITH DENISE M/BRUCE D</u></p>	<p>Referrer states he received information from foster parent that yesterday when they were at church child fell and sustained a bruise on the side of his head. No medical attention was required.</p> <p>712 99rs00</p>
<p>Referral Id: <u>1372339</u> Received Date: <u>12/07/2002</u> Program: <u>CPS</u> Decision: <u>Accepted</u> Risk Tag Description: <u>High</u> Investigation Standard: Response Time: <u>Emergent</u> Assigned Worker: <u>712-01TO22</u> Worker End Date: <u>12/31/2002</u> Overall Risk After Invest: Primary Caretaker: <u>GOMEZ,</u></p>	<p>Ref is ██████████ Cental WA Hosp ██████████</p> <p>ALLEGATIONS: PHYSICAL ABUSE & NEGLIGENT TREATMENT OR MALTREATMENT</p> <p>Ref called to report that 16 month old Rafael Arechega (aka: Rafael Gomez) was brought into the ER from Quincy ER. The child was present with a left femur fracture, a burn on left hand, on the right ear is an abrasion with a hematoma, and the left occipital (back of the head) has a scalp abrasion. The attending physician Dr. Lance Jobe believes that the injury is suspicious. Ref stated that mother Maribel Gomez was defensive and stated that the child slipped and fell.</p>

AD-Bygone, N.J. DEFENDANT'S EXHIBIT 106

Appendix 45

SER Log Report 3/18/03, Murray Twelves

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

CO Court Activities (Administrat SER Date: 03/18/2003 Time: 10:00
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: RAFAEL GOMEZ
Person: MARIBEL GOMEZ
Person: JOSE ARECHIGA

03/18/2003 10:00AM Dependency/Permanent Plan Review at
Grant County Juvenile Court.

Agreed order between DCFS and the parents, for the
dependent child to return to the parents' care on
03/25/2003, following approval from the CPT on that date.

The foster mother, who is vehemently opposed to this
child's return home, sent a packet of information to the
court through the GAL, Tammy Cardwell. This SW received a
written copy of the foster parent's report, but there were
also photos of the original injuries and letters from
friends of the foster family.

Tom s Caballero AAG decided that this information should be
presented to the judge before he signed the agreed order.
This information was presented to the judge, who asked the
GAL for her opinion. The judge indicated that he
understood the foster parent's concerns, but he saw no
reason not to sign the order. The judge signed the order.

UP Visit - Unsupervised SER Date: 03/18/2003 Time: 10:30
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

The family was excited to have Rafael over night.
Maribel fed him and comfort him.
The children played him and also took care of him.
Rafael ate fruit,beans and meat.
He appears comfortable and likes the family.
Maribel noticed that Rafael brought back the orange she
send with him on the last visit.
Rafael brought home some of his clothes and other things.
Maribel also asked that Rafael's hair not be cut,because
she wants to take him to get his first hair cut.
Maribel is using discipline methods by stopping the
behavior and sitting the children down in a corner or chair
when they don't listen to the rules.
Jose will need to learn discipline for the children
behavior.
Maribel does most of the discipline and sets the rules.
The home appeared appropriate and safe.
Maribel took care of the unsafe things we talked about at
the last visit.
She removed the pot and pans near the stove.
The television is also put away.
I talked about the gate for the kitchen.

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05 (CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

Maribel said that the family was taking care of Rafael when the Maribel is cooking.
She also said that Jose had an accident at work and that he wanted to go back to work.
Maribel said that Jose was not feeling well and he needed to do what the doctor said.
If Jose is not well by a couple of days he is to go back to the doctor and have the doctor put a wrap around his ribs.
I took Maribel to explain to Jose's supervisor on his medical conditions.
He asked that Jose go back to work when the doctor release him to go to work.

MC Contact - Health Care (Medica SER Date: 03/18/2003 Time: 13:30
SQ Staffing - Other
Created By ---> TURCOTTE, LINDA (OLGA 509-764-5728 FAX: 509-766-2620
Referral: 1372339 Person: MARIBEL GOMEZ

Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

CPS Sup Monek advised CPS SwT to telephone/inform Dr. Feldman of DCFS having a 3/25/2003 CPT/CART staffing concerning Rafael Arechiga-Gomez and of the importance in having a report with Feldman's medical findings/opinion as to report at the staffing.

03/18/2003, 1:45PM, CPS SwT tc to Dr. Feldman at Children's Hospital in Seattle and left a voice mail message with the above information and request for a report prior to 3/25/2003 staffing.

FP Contact - Care or Facility Pr SER Date: 03/19/2003 Time: 08:00
CC Contact - Collateral
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: RAFAEL GOMEZ

03/19/2003 8:00AM This SW found a TC msg from Denise Griffith (foster mother), left last night at 5:20.

In her message, the foster mother stated that she had received the news about the outcome of the dependency review hearing, and that the foster family did not want to take dependent child Rafael Ar chiga G mez back after his weekend visit home.

(The child was anticipated to have an unsupervised weekend visit with his birth family, from Friday 03/21/2003 to Monday 03/24/2003. He would have then returned to the foster home. The CPT meeting to approve the child's return home is scheduled for the next day, Tuesday 03/25/2003. In this case, the child's visit home will be extended by a day, until the CPT meeting.)

Appendix 46

SER Log Report 3/25/03, Gracie Alvarado

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05 (CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

This SW got supervisory approval to provide the family a \$100.00 voucher to purchase clothing at Jack & Jill Consignment, in Moses Lake. The family will drive to Moses Lake to pick up the voucher and make the purchase.

MC Contact - Health Care (Medica SER Date: 03/21/2003 Time: 15:15
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

03/21/2003 3:15PM TC to Laura Moncada @ 509-765-5809.

This SW provided a brief history for Rafael, and requested a Birth-to-Three assessment. Someone from the Ephrata School District will call the family to schedule the appointment.

CH Staffing - CPT SER Date: 03/25/2003 Time: 00:00
Created By ---> DUVALL, KATHLEEN 509-764-5718 FAX: 509-764-5685
Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

case staffed with CART members. Foster Parent liaison was present for foster parent. Team agreed with reunification plan.

UP Visit - Unsupervised SER Date: 03/25/2003 Time: 09:30
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

Maribel said she was asleep because her infant was teething and was in pain.

Maribel also mentioned that the family and Rafael went to town.

They bought Rafael some clothes and shoes.

Maribel said things were going find at the grocery store.

Later the children helped with putting the groceries away.

Rafael also was helping and got hurt with a small can that his was carrying while running.

He had a small cut on his lip.

I observed Rafael while visiting the home.

Rafael runs and jumps on the furniture.

He also fell twice on his own feet and over toys.

Maribel disciplines him by letting him know not to run or jump on the furniture.

We have talked about discipline methods and Maribel use good communication skills and teach Rafael to be safe.

Maribel still needs to put the locks on the kitchen doors.

She said that she had bought the locks and needed for Joe to help put the locks.

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

I also talked about the gate for the children to stay away from the kitchen when Maribel is cooking. Rafael appears well and happy to be home. The children also said they were happy to have Rafael at home. Julio mentioned that they wanted to buy Rafael some boots but couldn't because he always falls.

FP Contact - Care or Facility Pr SER Date: 03/25/2003 Time: 09:40
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

03/25/2003 9:40AM TC to Denise Griffith (foster parent).

Mrs Griffith stated that she would not come to the special CPT, this afternoon. She did not know if Starlene Clig (foster parent liaison) would be there to speak on her behalf.

(It should be noted that this CPT was called because the foster mother was not invited, in error, to the last CPT whose purpose was to approve return home. This meeting was scheduled to give the foster mother, who is strongly opposed to the child's return to his parents' care, a chance to present her perspective.)

This SW also asked Mrs Griffith about clothing and toys that the parents had sent to her. The parents state that these items were not returned. Ms Griffith responded that she had sent those items back at other times.

This SW TC'd Starlene Clig (foster parent liaison), who confirmed that she had spoken with Mrs Griffith and that she would attend the CPT meeting this afternoon.

PX Parent - Bio/Adopt or Guardia SER Date: 03/27/2003 Time: 09:30
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Person: MARIBEL GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA

03/27/2003 9:30AM TC from Maribel Gomez (mother).

Ms Gomez reported that the father, Jose Ramon Arechiga, had been in an automobile accident early that morning, on his way to work. A man, who appeared to have been intoxicated, crossed the center line and hit him. The family van suffered enough damage that it cannot be driven, and it was towed away. The father is complaining of pain in the chest.

Appendix 47

SER Log Report 5/13/03, Gracie Alvarado

Case ID:13L306387-0 Stat:0 File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

know how she was going to pay.
She also said there was an arrest for her if she didn't pay this soon.
Maribel said this worries her very much because she didn't want to go to jail.
She also said that she had some problems when going to get her U.A. test at the clinic and needs to talk to you.
The clinic didn't want to test her before her signing a paper is what she said.
She said she didn't know what to do.

FC Child - Face-to-Face w/Child SER Date: 05/13/2003 Time: 09:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000

Person: RAFAEL GOMEZ

Maribel is observing Rafael's behavior very carefully because she is worried.
She said that he is biting her on the hand,cries when his diaper dirty,just cries,fighting,sits with his mouth open,scratches his face,arms,and legs.
I did see the bits on Maribel's hand and arm.
Rafael is calling Maribel mom often and Maribel is teaching him to sit and play with his toys.
Maribel also feeds him while he is standing because she is afraid he will choke.
Rafael doen't chew his food well and gets angry when he doesn't get lots of food.
His is sleeping till noon and will sleep if no one wakes him up.
Maribel said she is waking him up to eat.
Maribel also wants help with taking Rafael to a specialist and worries that Rafael needs help with his behavior.
I have observe some of Rafael's behavior and agree that Rafael needs attention.
Maribel is teaching Rafael to eat,talk,and toilet training.
She talks about teaching Rafael how to take care of him self as he gets older.
Maribel is talking about going to school and learning English to better herself.
She is also wanting for Rafael to receive his S.S.I. check to help with Rafael's needs.
I went over a couple of pamphlets entitled"Discipline For My Children When They Are Fighting Each Other",and "Step By Step 13- 15 Months,in Spanish.
Also information regarding children taking care of once self.
Maribel said she is careful with her children's safety.
Maribel is calling Home support on the phone because she is worried and can't understand her situation with her needs due to lack of knowing English.

Appendix 48

SER Log Report 5/20/03, Murray Twelves

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

CC Contact - Collateral SER Date: 05/15/2003 Time: 16:30
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Person: MARIBEL GOMEZ
Person: JULIANNA GOMEZ
Person: MARIA GOMEZ
Person: JULIO GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

05/15/2003 2:30PM TC from P-CAP worker Angie Karlsson @ Grant County PARC.

On Monday 05/12/2003, Maribel Gomez came to her drug/alcohol group session at Grant County PARC. Jose Ramon Arechiga (father) stayed outside in the car, with the baby, Edgar, and with dependent child Rafael Arechiga Gomez (male, 21 moa). The three older children played in the parking lot: Maria ("Lupita", 10 yoa), Julio (6 yoa), and Julianna (4 yoa).

When Ms Karlsson approached the car to great the father, she saw Rafael in the back seat. He had what looked like a scrape and a bruise on the side of his face. She asked the father about the marks on Rafael's face, and the father replied that it was a reaction to something someone gave him to eat at a party.

The other children approached the car and Ms Karlsson asked Lupita about the marks on Rafael's face. Lupita replied that Rafael is allergic to Hot Cheetos, and that a non-family member must have given him some at a party the family attended.

Ms Karlsson staffed this situation with the director of Grant County PARC, who advised Ms Karlsson that she should pass this information on to this SW.

Ms Karlsson didn't think the marks on Rafael's face looked like they were from an allergic reaction.

Ms Karlsson stated that she has had concerns in the past that the mother wasn't as bonded to Rafael as she was to Edgar, probably because Rafael had spent so much time in foster care. Ms Karlsson feels that it is better now, but she feels that there is still a difference between the mother's bonding with Edgar and her bonding with Rafael.

CC Contact - Collateral SER Date: 05/20/2003 Time: 08:45
PX Parent - Bio/Adopt or Guardia
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

Person: RAFAEL GOMEZ

05/20/2003 8:45AM TC from Noem Am zcuca, drug/alcohol counselor at Grant County PARC.

Maribel G mez (mother), did not come to her drug/alcohol group, on Monday. She told P-CAP worker Angie Karlsson that she could not meet with her because she had to go to group, but she didn't go to group and she didn't call in to say she couldn't come.

Counselor Am zcuca will try to contact Ms G mez to tell her to come in for a spot UA today.

05/20/2003 2:00PM TC from Maribel G mez.

~~Ms G mez reported that Counselor Am zcuca called her to come in for a spot UA today. Ms G mez assumes that is because she missed her Monday night group. Ms G mez explained that her mother was visiting from California, and that she had to go to the hospital, on Monday. Ms G mez was waiting for a phone call from the hospital, so she didn't attend her drug/alcohol group and she didn't phone in that she couldn't come.~~

Ms Gomez brought up problems that the family continues to have with Rafael. He bites, scratches, and pulls hair. He recently bit his mother/Ms Gomez and drew blood. This is all related to not getting his way. He also scratches himself. Ms Gomez has been putting socks over his hands, at night, so that he won't scratch himself, and sometimes she has to resort to this measure during the day. Rafael's behaviors seem to vary, according to the day. One some days, he is even tempered, well-behaved, sweet, and he plays well with his siblings. Other days, he seems to wake up angry, and he throws tantrums and behaves very aggressively.

At times, Rafael sits with his mouth open for 15 minutes, while he does or says nothing, and he drools. A doctor who examined Jos Ram n Ar chiga (father), after his workplace and automobile accidents, observed that Rafael "didn't look right".

Ms Gomez feels that she has not been getting adequate help with Rafael. HSS Gracie Alvarado and FPS Counselor Jorge Chac n make valuable contributions, but Rafael appears to need services that go beyond theirs. Ms Gomez stated that she would find the right specialists herself, to procure the kind of services that Rafael needs.

This SW brought up getting Rafael into Early Head Start, to address his socialization and behaviors. The mother

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Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

replied that HSS Alvarado was helping them to get this started.

This SW pointed out that the mood swings, the open mouth and drooling, and such were medical problems that needed to be reported to their doctor. The doctor could then make appropriate referrals to specialists.

The mother noted that she has already made arrangements to take Rafael to be seen by another doctor.

Ms Gomez asked when this SW could make a HV, to discuss these things further. This SW suggested some time next week, to which Ms Gomez agreed.

05/20/2003 4:00PM This SW spoke with HSS Alvarado.
She is helping the mother with a Birth-to-Three assessment - not with Early Head Start.

The doctor that the mother is going to take Rafael to is Dr DeLeon, the doctor mentioned by the mother who observed that Rafael "didn't look right".

FC Child - Face-to-Face w/Child SER Date: 05/20/2003 Time: 09:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

Maribel was worried not only for Rafael but for her mother that was ill. She talked about Rafael's behavior, and how his behavior was getting out of control. I answered the phone when Maribel was out taking her son to the bus stop. It was the Birth to three they an appointment for Rafael and needed to have Maribel bring him in at 10 a.m. on Wednesday. The person with birth to three program said that the program was ending and that he would call her in August. I canceled, because Maribel said that she wasn't sure about the program. She said she had talked to Jose and that they decided they didn't want for Rafael to attend the Birth to three program. Maribel and Jose didn't understand the services that Birth to three were offering. I tried to explain but decided to wait and reschedule the appointment when the program is again in service. I listened to Maribel's concerns with Rafael's behavior. He is pinching himself and making the pinching bleed, cries when is has a bowel movement or, dirty diaper, is

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

fighting, crying for no reason, and hurting himself.
This concerns Marbiel and Jose.
Maribel said she is doing all she can to teach Rafael not to hurt himself.
She is also disciplining him and helping understand to behave with his siblings.
Maribel is putting Rafael in bed wearing long socks to cover his arms and long pants to cover his legs.
She said she feels sad because she needs to protect Rafael from harming himself.
Maribel is blaming herself for Rafael's behavior and said she is going to teach him to care for himself.
I went over a few pamphlets entitled "Good Ways To Raise Good Children", "Step By Step 7 To 9 Months", "What You Need To Know About Violence In The Home", "Parents And Stress", "Discipline For Your Children", and "What You Should Know About Children And Being Careless", in Spanish.
Maribel said she liked to read information to better her parenting and care her children.

FC Child - Face-to-Face w/Child SER Date: 05/21/2003 Time: 12:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

I called Maribel to inform her of my visit.
Maribel was happy to hear that I was going to observe Rafael on his behavior.
She said she wanted for Rafael to get the help she needed.
Maribel and I made the appointment to see Dr. DeLeon in Moses Lake.
The appointment was made for 4 p.m. on Thursday in Moses Lake.
Rafael is having temper tantrums and cries for no reason. He is pinching himself on the stomach, under the arms, biting his arm till they bleed, pinching other areas in his body and putting his hair.
I also observed him eating fast and gets upset when there is no more food on his plate.
He also bits his mother when she is explaining that his is done with his food.
Rafael has bit his mother 3 times and she is afraid to say this is happening because she doesn't want for Rafael to be taken away from her.
Maribel is disciplining Rafael's behavior by putting him in his crib for a few minutes and this appears to be working.
Rafael appears to be needing to be supervised all most all the time or he will hurt himself.
Maribel and the children had fun feeding the animals.
Rafael appeared confused and scared while patting the

Appendix 49

SER Log Report 5/21/03, Gracie Alvarado

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

fighting, crying for no reason, and hurting himself.
This concerns Marbiel and Jose.
Maribel said she is doing all she can to teach Rafael not to hurt himself.
She is also disciplining him and helping understand to behave with his siblings.
Maribel is putting Rafael in bed wearing long socks to cover his arms and long pants to cover his legs.
She said she feels sad because she needs to protect Rafael from harming himself.
Maribel is blaming herself for Rafael's behavior and said she is going to teach him to care for himself.
I went over a few pamphlets entitled "Good Ways To Raise Good Children", "Step By Step 7 To 9 Months", "What You Need To Know About Violence In The Home", "Parents And Stress", "Discipline For Your Children", and "What You Should Know About Children And Being Careless", in Spanish.
Maribel said she liked to read information to better her parenting and care her children.

FC Child - Face-to-Face w/Child SER Date: 05/21/2003 Time: 12:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

I called Maribel to inform her of my visit.
Maribel was happy to hear that I was going to observe Rafael on his behavior.
She said she wanted for Rafael to get the help she needed.
Maribel and I made the appointment to see Dr.DeLeon in Moses Lake.
The appointment was made for 4 p.m. on Thursday in Moses Lake.
Rafael is having temper tantrums and cries for no reason. He is pinching himself on the stomach, under the arms, biting his arm till they bleed, pinching other areas in his body and putting his hair.
I also observed him eating fast and gets upset when there is no more food on his plate.
He also bits his mother when she is explaining that his is done with his food.
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Maribel is disciplining Rafael's behavior by putting him in his crib for a few minutes and this appears to be working.
Rafael appears to be needing to be supervised all most all the time or he will hurt himself.
Maribel and the children had fun feeding the animals.
Rafael appeared confused and scared while patting the

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05 (CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

animals.

Maribel said that she was concerned for Maria because, Maria had said that Rafael's crying frustrated her and was afraid.

Later in the visit I saw bruises under Rafael's under arms and breasts.

I talked to Jose and he appeared worried that Rafael had this behavior.

FC Child - Face-to-Face w/Child SER Date: 05/29/2003 Time: 15:40
PX Parent - Bio/Adopt or Guardia
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ
Person: JULIANNA GOMEZ
Person: MARIA GOMEZ
Person: JULIO GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

05/29/2003 3:40PM HV with Maribel Gomez and all of the children. Rafael seemed happy and was reported to have had a good 2 - 3 days, with no tantrums. This SW went with the purpose of completing a Family Assessment, for COA.

The mother had a lot to say. The family has been having a lot of problems with Rafael's aggressive and violent behaviors. He bites, pinches, and pulls hair. The mother showed this SW scars on her hands where Rafael had bitten her. He also scratches and pinches himself, as a nervous habit. He has good days, while other days start out bad (in terms of tantrums and aggressive behaviors) from the time Rafael gets up in the morning. Strangely, Rafael will typically inflict a vicious bite, then get sleepy and fall asleep.

Eldest child, Maria Guadalupe ("Lupita") has become overwhelmed and withdrawn. When she comes home from school, she withdraws to the children's bedroom and doesn't want to come out. All of the children are fearful that Rafael will do something that will result in apparent or real harm to himself, in response to which CPS will come in and remove all of the children from the home.

The parents took Rafael to Dr Conrado DeLeon, in Moses Lake, last week. He examined Rafael and listened to the mother's description of his behaviors. He said he would see what he could do.

The mother and father are very angry because they feel that this SW has not given the family as much attention over the last month, while these behaviors have been getting worse.

Appendix 50

SER Log Report 5/30/03, Cecilia Deluna

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05 (CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

animals.

Maribel said that she was concerned for Maria because, Maria had said that Rafael's crying frustrated her and was afraid.

Later in the visit I saw bruises under Rafael's under arms and breasts.

I talked to Jose and he appeared worried that Rafael had this behavior.

FC Child - Face-to-Face w/Child SER Date: 05/29/2003 Time: 15:40
PX Parent - Bio/Adopt or Guardia
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ
Person: JULIANNA GOMEZ
Person: MARIA GOMEZ
Person: JULIO GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

05/29/2003 3:40PM HV with Maribel Gomez and all of the children. Rafael seemed happy and was reported to have had a good 2 - 3 days, with no tantrums.

This SW went with the purpose of completing a Family Assessment, for COA.

The mother had a lot to say. The family has been having a lot of problems with Rafael's aggressive and violent behaviors. He bites, pinches, and pulls hair. The mother showed this SW scars on her hands where Rafael had bitten her. He also scratches and pinches himself, as a nervous habit. He has good days, while other days start out bad (in terms of tantrums and aggressive behaviors) from the time Rafael gets up in the morning. Strangely, Rafael will typically inflict a vicious bite, then get sleepy and fall asleep.

Eldest child, Maria Guadalupe ("Lupita") has become overwhelmed and withdrawn. When she comes home from school, she withdraws to the children's bedroom and doesn't want to come out. All of the children are fearful that Rafael will do something that will result in apparent or real harm to himself, in response to which CPS will come in and remove all of the children from the home.

The parents took Rafael to Dr Conrado DeLeon, in Moses Lake, last week. He examined Rafael and listened to the mother's description of his behaviors. He said he would see what he could do.

The mother and father are very angry because they feel that this SW has not given the family as much attention over the last month, while these behaviors have been getting worse.

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

They want to have a meeting with this SW and Supervisor Cecilia DeLuna, at the Moses Lake DCFS office, to discuss their frustrations. The father left before this SW's HV, because he was angry. The mother stated that she is grateful for the FPS and HSS services that they are receiving, but she feels that Rafael needs far more extensive testing and services.

The family had had an appointment for Rafael to have an evaluation by Birth-to-Three, but they canceled it, fearful that such an agency would find something wrong to report to CPS. According to the mother, it is the father who feels this way.

The family has not heard back from the Housing Authority of Grant County, since their appointment there a month ago. The mother asked this SW to send a letter urging prioritization of their case. (Note: This SW sent a letter to the Housing Authority the next day, 05/30/2003.)

The mother is very unhappy with the drug/alcohol services she is receiving at Grant County PARC. She stated that her drug/alcohol counselor is now saying she would have to do 9 months of out-patient treatment, while the understanding had previously been 3 months. The mother wants to go to the private drug/alcohol center, Alcohol Drug Dependency Service (ADDS), where the father has been going. This SW replied that this wouldn't be a problem, but that DCFS wouldn't pay for it. The mother will check with ADDS to see if they have a sliding fee scale.

Regarding Rafael, this SW stated that a doctor would have to make the referral for medical testing, within the limitations of medical coupon regulations. Dr DeLeon or the family's physician Dr Verhage would need to do this. It's possible that Dr DeLeon is still looking into possible assessments for Rafael, so we may yet hear back from him. Birth-to-Three would assess Rafael's development, and Early HeadStart could help with socialization and behavioral issues.

In the meantime, the sudden changes in Rafael's behaviors, from one day to the next, could be the result of allergies. This SW suggested the mother write down everything that Rafael eats. On days where he is aggressive, it may be possible to observe from the mother's notes that he has consistently eaten certain foods before his "bad days". If that proves to be the case, the mood swings could possibly be reduced. The mother agreed to do this.

It was not possible to complete the Family Assessment. The mother stated that the family would come to the Moses Lake DCFS office the next afternoon, 05/30/2003, around 3:00PM

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SER Log Report 5/30/03, Cecilia Deluna

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05 (CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

to do the assessment.

SR Supervisory/Administrative Re SER Date: 05/30/2003 Time: 00:00
Created By ---> DELUNA, CECILIA 509-764-5690 FAX: 509-764-5685
Person: RAFAEL GOMEZ

Reviewed LEP/CWS case: Child remains in the parents' home and has been observed by the SW, HSS and FPS provider. There has been no incidents of significant injury to the child since his return to the home. The child, however, has been observed by the providers to intentionally hurt himself by pinching his body, biting his hands and pulling out his hair. The mother is very concerned re: his behavior. She took him to see Dr. Deleon, who has referred child to Children's Hospital for neuro/eval.

~~Father will complete drug/alcohol services in a week. Mom has requested to change drug/alcohol providers due as her family circumstances has changed and would be in the family and child's best interest to do so. This sup has authorized for SW to make the arrangements for this change.~~

Both parents have been cooperative w/ the case plan and have completed all requested UAs, which all have come back negative.

PX Parent - Bio/Adopt or Guardia SER Date: 05/30/2003 Time: 17:00
Created By ---> TWELVES, MURRAY 509-764-5744 FAX: 509-764-5685
Referral: 1372339 Person: MARIBEL GOMEZ
Person: JULIANNA GOMEZ
Person: MARIA GOMEZ
Person: JULIO GOMEZ
Person: RAFAEL GOMEZ
Person: JOSE ARECHIGA
Person: EDGAR ARECHIGA

05/30/2003 5:00PM The mother had stated, yesterday, that she and the father would come to the Moses Lake DCFS office, this afternoon, to go over the Family Assessment with this SW. They never came.

FC Child - Face-to-Face w/Child SER Date: 06/02/2003 Time: 09:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

Children appeared well and happy.
I left at 11:15 and Rafael never woke up.
Maribel said she lets him wake up on his own.
Maribel said she was doing the best she could with caring for Rafael and her family needs.
She talked about her week end with her family.

Appendix 52

SER Log Report 8/28/03, Gracie Alvarado

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

Person: RAFAEL GOMEZ

08/27/2003 8:45AM This SW, HSS Gracia Alvarado, and GAL Tamara Cardwell accompanied Maribel Gomez (mother) to Grant County District Court, to speak on her behalf. She had a warrant for her arrest relative to an old DWI charge. The Court didn't know that she has been in drug treatment and recovery.

At court, Judge Fitterer quashed the warrant. Ms Gomez agreed to make payments to the Court, until \$935.00 is paid.

Another warrant, just reissued 8/21/2003, was also uncovered. It is for an old charge of Obstruction of Justice and the mother's failure to appear for hearing. The legal complaint was obtained from the Prosecutor's Office, then the mother paid the County Clerk's office \$75.00 to quash the warrant and set a hearing. From the Quincy Police report, it appears that the mother could have been implied in a crime committed by another person, through mistaken identity. The next hearing is set for 9/11/2003.

This SW returned to the office and HSS Alvarado took the mother to the Ephrata Police Dept. According to HSS Alvarado, the police recommended the mother try to work the matter out with the landlord. The police also recommended that the mother file a claim against the landlord with the County Clerk (Small Claims Court) and that she report the matter to the newspaper.

HSS Alvarado accompanied the mother to the County Clerk's office and to the newspaper. The woman who works at the landlord's office felt very bad for the mother and her family, and she offered to take the mother to Wal-Mart to buy necessities.

FC Child - Face-to-Face w/Child SER Date: 08/28/2003 Time: 03:00
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

Berta called, from Columbia Basin Agency in Ephrata where Maribel Gomez old renters.
Berta asked if she would help the family with the loss of their things that the landlord took and throw away. She said she felt it was her fault and needed to help. I explained to the family and Maribel said it was okay for Berta to help.
Berta bought Rafael a new crib, used clothes for the

Case ID:13L306387-0 Stat:O File:GOMEZ,MARIBEL 712-01GM05(CPS/OP)
Created: 08/18/2000 by USER: MELINDA OWENS-DOURTE

children, and gave them three hundred dollars from Watmart for food and other needed things. Rafael had bruises on his forehead and when his is angry he hits his head against the wall. Jose said he will talk to Rafael about not doing this and stops him. Maribel said that they will discipline Rafael's behavior when needed by asking him to stop or send him to his room. They will also sit him down for a few minutes close to them. Maribel mentioned that Jose and her never like to spank the children. I asked the parents to teach and talk to the children and never spank. Maribel told Berta that she felt bad taking these things from her. Aberta also asked her workers that they help Maribel put the crib together. Maribel was very thankful. She and Jose talked about when the children walk around in their socks and don't want to put their things in the right place. I told the parents that good communication help the children understand the rules.

SR Supervisory/Administrative Re SER Date: 08/29/2003 Time: 00:00
Created By ---> DELUNA, CECILIA 509-764-5690 FAX: 509-764-5685
Person: RAFAEL GOMEZ

Reviewed case: Child remains in his parents care. SW reports child is doing well, parents are providing him w/ his health and safety needs and both continue to comply w/ services. SW will recommend dismissal at next 6 month in-home review hearing. CPT staffing is necessary prior to dismissing case.

FC Child - Face-to-Face w/Child SER Date: 09/02/2003 Time: 09:30
PX Parent - Bio/Adopt or Guardia
UP Visit - Unsupervised
VS Visit - with siblings
Created By ---> ALVARADO, GRACIE 509-766-2618 FAX: 000-000-0000
Person: RAFAEL GOMEZ

Maribel said that she was up most of the night with Rafael. He doesn't want to sleep and wants to stay awake when its time to go to bed. I suggested that Maribel wake him up when the other children are up and let him take a nap at noon and wake him up in 2 or 3 hours. This can get him have a schedule for sleep. Maribel said she was going to try and keep him awake in the morning and have him nap. Rafae's crib is in with his brother's room.

Appendix 53

Intake Summary Report, Murray Twelves 9/10/03



Referral ID 1447263
 Decision Accepted
 Primary Caretaker GOMEZ, MARIBEL

Received 09/10/2003 10:50
 Program Child Protective Services

REFERRAL, WORKER, AND SUPERVISOR DETAIL

Case ID: [REDACTED]
 Intake Decision: Accepted
 Response Time: Emergent Investigation Standard: High Standard
 Risk Tag: 5 - High
 Total Worker Assignment Records: 4

Worker Assignments

Name	Phone Number	Worker Role	Start Date	End Date
ELAINE S LIPSON	(206) 341-7364	Intake Worker	09/10/2003	09/10/2003
CI DUTY SUP	(800) 562-5624	Intake Supervisor	09/10/2003	09/10/2003
ERNIE GOWEN	(800) 562-5624	Intake Supervisor	09/10/2003	09/10/2003
MOESLAKE REGIONONE	(509) 764-5757	Assigning Supervisor	09/10/2003	

Law Enforcement Agency:

Law Enforcement Report Number:

Law Enforcement Report: Not Printed

PRIMARY CARETAKER INFORMATION

Person ID : 2131340
 Name : GOMEZ, MARIBEL Sex: Female
 Alias Info: GOMES, MARIBEL
 Race Info: Other Race not listed
 Title : Military:
 Age: 28 Years Birthdate: 11/23/1974
 Phone: (509) 754-1291 Message: (509) 398-1549
 Ethnicity: Yes, Mexican, Mexican-American, Chican
 Last Known Address: 24 JUNES COURT EPHRATA, WA 98823

PERSONS IDENTIFIED IN REFERRAL

Name	DOB	Age	Sex	Relationship	Role	Race	Language	LEP
GOMEZ, RAFAEL ARECHIGA	08/07/2001	2 Years	M	Reference Person	V	White/Caucasian	Spanish	Y
ARECHIGA, JOSE RAMON	06/30/1973	30 Years	M	Parent Birth/Adoptiv	L	Other Race not listed	Spanish	Y
GOMEZ, MARIBEL	11/23/1974	28 Years	F	Parent Birth/Adoptiv	S	Other Race not listed	Spanish	N
GOMEZ, JULIO	10/10/1996	6 Years	M	Sibling Birth/Adopti	L	Other Race not listed	Spanish	Y
GOMEZ, MARIA GUADALUPE	07/27/1992	11 Years	F	Sibling Birth/Adopti	L	Other Race not listed	Spanish	N
				Sibling		Other Race not listed		

GOMEZ, JULIANNA	12/04/1998	4 Years	F	Birth/Adopti	L	listed	Spanish	Y
ARECHIGA, EDGAR RAMON	09/14/2002	11 Months	M	Sibling Birth/Adopti	L	Other Race not listed	Spanish	Y

SCHOOL INFORMATION FOR PERSONS IDENTIFIED IN REFERRAL

Name	School Name	Address	City, St Zip	Phone
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CHILD ABUSE/NEGLECT ISSUES AND ALLEGATIONS OR CONCERNS

"Physical Abuse"

Incident Address:

Same As Primary Address

Primary Address:

24 JUNES COURT
EPHRATA, WA 98823

Incident Date: Incident Time: N/A

ALLEGATIONS:

Death of a Dependent Child.

██████████ CWS SW ██████████ received a TC from Maribel Gomez (mother), at 4:45PM on Tuesday 09/09/2003. The mother was extremely upset and difficult to understand on the phone. Ref eventually determined that the mother had been feeding in-home dependent child Rafael Archiga Gomez (male, DOB 08/01/2001), that he had passed out, and that he had fallen. This SW asked the mother if she had any way to get the child to the hospital. She replied that a neighbor could take them. This SW advised her to get the child to the hospital right away. The mother cried, "Don't take my child!"

Ref then called Columbia Basin Hospital (509-754-4631), in Ephrata where the family lives, to advise them that the mother and child would be arriving. The ER staff person who answered stated that they had just arrived, and that the child was not breathing.

Ref TC'd CASA GAL Tamara Cardwell (509-754-5690 ext 24), who said she would meet the mother at the hospital.

An ER staff person told ref that the child appeared to have aspirated some food. It took a long time to revive him. His heart was beating and he was on a respirator. He was otherwise unresponsive, and he was to be airlifted to the Children's Hospital wing at Sacred Heart Medical Center, in Spokane. At approx 7:30PM, the helicopter lifted off, taking the child and his father, Jose Ram n Ar chiga, to Spokane.

The mother returned home to gather needed clothing and supplies, along with her youngest child that she is breast-feeding, Edgar Ram n Ar chiga (male, DOB 09/14/2002). A volunteer driver took the mother and Edgar to the hospital in Spokane. The 3 older children remained in the care of neighbors.

09/10/2003 8:20AM TC by CWS SW Twelves ██████████ at Children's Hospital/Sacred Heart Medical Center, in Spokane. (GAL Tamara Cardwell had left a message to call Nurse ██████████ for an update.)

Nurse ██████████ stated that the child's pupils were dilated and fixed, and that the hospital was going to do a blood profusion study, some time this morning, to determine if there were still blood flow to the brain. There may be swelling of the brain, which could in turn cause herniation of the brain into the brain stem. The brain swelling could be the result of lack of oxygen and/or blood supply to the brain, and from the child hitting his head. Ref asked if the hospital suspected abuse or neglect, to which Nurse ██████████ replied that she wasn't aware of any such suspicion.

09/10/2003 10:15AM TC from Nurse ██████████ SHMC. She reported that Rafael had died.

NOTE: This family is Spanish-speaking LEP. They are of Mexican background, and they claim no Native American heritage.

It should be noted that the family has experienced trauma from CPS intervention. Both parents and children have been very anxious that anything that happened to Rafael could result in his immediate removal from the home, as well as the removal of the siblings. The entire family has gone to great lengths to be sure that Rafael was safe. This fear of CPS intervention is likely the reason why the mother called CWS SW Twelves before she called a doctor.

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Addendum To Allegations

Activity Date	Worker	SER Notes
	100	<p>Consulted with duty supervisor, [redacted] regarding report received from Medical Examiner for Spokane County, [redacted] at this date and time. Referral # 1447263 already received regarding this incident but additional information was received from this caller that should be added to the referral. This information is being added to the previous referral as follows. Rafael Archiga (DOB 8-7-01) is still connected to life support, but is waiting to be disconnected because he has is essentially dead. Referrer states that the child is reported to have had developmental and emotional problems. Referrer states that second hand information received regarding the child's injury is suspicious for child abuse. The following account of the incident was told by the parents. Referrer states that yesterday, the child wanted more dinner and the mother, Maribell Gomez, said no. He threw himself backward and hit his head on the floor. Mother picked him up and put him back in the chair. He again threw himself backward hitting his head on the floor. Mother then noticed that he was not breathing. She opened the door so he could get air. Then she went to a neighbor's house. The neighbor (name not known) called the DCFS social worker for the family. The social worker instructed that the child should go to the hospital immediately. Mother and father drove him to Columbia Basin Hospital in Ephrata. Referrer states that it is estimated that the child was without oxygen for approximately 28 minutes between the</p>

Not entirely true

RISK FACTORS AND ADDITIONAL INFORMATION

Child Characteristics:

It has been suspected that Rafael may have suffered neurological damage from the prenatal drug exposure. He has a history of wanting to eat until he vomits, and he becomes agitated when he finishes his meal. He may have an abnormally high threshold of pain, as he has shown little pain response to serious injury. Additionally, he appears to go through cycles of aggressive and violent behavior. A referral was made by a Moses Lake physician to Children's Hospital in Seattle for a full neurological examination of Rafael. Children's Hospital has communicated with the family about the examination, but a date has not yet been set for this examination.

History of Child abuse and Neglect:

Background:

Rafael Archiga Gomez was removed from his parents' care, at birth, because of prenatal exposure to drugs. He suffered clear symptoms of withdrawal after birth. He was returned to parental care, in June 2002, when he was 10 moa. His parents had made great strides in addressing their drug issues, by that time, and Rafael settled back in well with his family.

In Sept 2002, while the parents were out and the children were being watched by a paternal uncle, Rafael had an accident with a small scooter and broke his leg. All 5 children were removed from the home in the middle of the night. Medical assessment was that this could indeed be an accidental injury, not uncommon among children this age, so the children were all returned home after 5 days.

In December 2002, Rafael had another accident resulting in a femur fracture to the other leg. Though there was no actual evidence of abuse or neglect, CPS made a determination of high risk to the child, based upon the two serious injuries within 3 months. Rafael was removed from the home and spent the next 4 months in foster care.

It has been suspected that Rafael may have suffered neurological damage from the prenatal drug exposure. He has a history of wanting to eat until he vomits, and he becomes agitated when he finishes his meal. He may have

an abnormally high threshold of pain, as he has shown little pain response to serious injury. Additionally, he appears to go through cycles of aggressive and violent behavior. A referral was made by a Moses Lake physician to Children's Hospital in Seattle for a full neurological examination of Rafael. Children's Hospital has communicated with the family about the examination, but a date has not yet been set for this examination.

The mother has typically fed Rafael while the child stood before her. She found that he tended to eat more calmly when she did it this way.

It should be noted that the family has experienced trauma from CPS intervention. Both parents and children have been very anxious that anything that happened to Rafael could result in his immediate removal from the home, as well as the removal of the siblings. The entire family has gone to great lengths to be sure that Rafael was safe. This fear of CPS intervention is likely the reason why the mother called CWS SW Twelves/ref before she called a doctor.

Caretaker Characteristics:

2 parent household/Hispanic ethnicity/Spanish speaking

Social and Economic (Environmental) Factors:

Additional Risk Factors:

REFERRER INFORMATION

***** CONFIDENTIAL *****

No Call Back Requested

Contact Phone: (509) 764-5744

Person ID :	355032	Alias	TWELVES,	Race	White/Caucasian
Name :	<u>TWELVES, C</u> <u>MURRAY</u>	Sex:	Male	Info:	MURRAY
Title :		Military:			
Age:	Unknown	Birthdate:			
Phone :	(509) 764-5744	Message:			
Ethnicity:	No, not Spanish/Hispanic/Latino				
Last Known Address:	1620 S PIONEER WAY SUITE A B13-3 MOSES LAKE, WA 98837				

Referrer Type: DSHS Intake Mode: Telephone Information Source: First-hand Knowledge

Referrer Notes:

VICTIM INFORMATION

Person ID :	2271252	Alias	ARECHIGA,	Race	White/Caucasian
Name :	<u>GOMEZ,</u> <u>RAFAEL</u> <u>ARECHIGA</u>	Sex:	Male	Info:	RAFAEL

JO 368

Title : Military:
Age: 2 Years **Birthdate:** 08/07/2001
Phone : (509) 754-1291 **Message:** (509) 398-1549
Ethnicity: Yes, Mexican, Mexican-American, Chicana
Last Known Address: 24 JUNES COURT
 EPHRATA, WA 98823

SUBJECT INFORMATION

Person ID : 2131340 **Alias** GOMES, **Race** Other Race not listed
Name : GOMEZ, MARIBEL **Sex:** Female **Info:** MARIBEL **Info:** listed
Title : Military:
Age: 28 Years **Birthdate:** 11/23/1974
Phone : (509) 754-1291 **Message:** (509) 398-1549
Ethnicity: Yes, Mexican, Mexican-American, Chicana
Last Known Address: 24 JUNES COURT
 EPHRATA, WA 98823
Danger Info:
Danger Notes:

SUFFICIENCY SCREEN INFORMATION

- Yes** Is there sufficient identifying information to locate the child?
- Yes** Was the alleged perpetrator a caretaker of the child or acting in *Loco Parentis*; or is the parent negligent in protecting the child from further Child Abuse and Neglect?
- Yes** Is there a specific allegation of Child Abuse or Neglect that meets the legal and/or WAC Definition?
- Yes** Is there a risk factor which places the child in danger of imminent harm?

RISK TAG INFORMATION

Risk Tag: 5 - High
Basis for Risk: 09/10/2003 - DECJ300
 Referral originally screened in as I&O, reviewed referral and consulted with intake SW J. Slaughter who was contacted by medical examiner with additional information indicating some suspicion as to cause of injury to child which has resulted in child being brain dead.
 Active CPS case, other children in the home.

Total Referral Records: 11

Referral History

Referral Data	Allegations/Concern Text
Referral Id: 1447263	Death of a Dependent Child. Assigned CWS SW Murray Twelves (ref) received a TC from Maribel Gomez (mother), at 4:45PM on Tuesday 09/09/2003.
Received Date: 09/10/2003	
Program: CPS	
Decision: Accepted	

Risk Tag Description: High
Investigation Standard:
Response Time: Emergent
Intake Worker: 989-07LE25
Worker End Date: 09/10/2003
Overall Risk After Invest:
Primary Caretaker: GOMEZ,
 MARIBEL

The mother was extremely upset and difficult to understand on the phone. Ref eventually determined that the mother had been feeding in-home dependent child Rafael Archiga Gomez (male, DOB 08/01/2001), that he had passed out, and that he had fallen. This SW asked the mother if she had any way to get the child to the hospital. She replied that a neighbor could take them. This SW advised her to get the child to the hospital right away. The mother cried, "Don't take my child!"

Ref then called Columbia Basin Hospital (509-754-4631), in Ephrata where the family lives, to advise them that the mother and child would be arriving. The ER staff person who answered stated that they had just arrived, and that the child was not breathing.

Ref TC'd CASA GAL Tamara Cardwell (509-754-5690 ext 24), who said she would meet the mother at the hospital.

An ER staff person told ref that the child appeared to have aspirated some food. It took a long time to revive him. His heart was beating and he was on a respirator. He was otherwise unresponsive, and he was to be airlifted to the Children's Hospital wing at Sacred Heart Medical Center, in Spokane. At approx 7:30PM, the helicopter lifted off, taking the child and his father, Jose Ram n Ar chiga, to Spokane.

The mother returned home to gather needed clothing and supplies, along with her youngest child that she is breast-feeding, Edgar Ram n Ar chiga (male, DOB 09/14/2002). A volunteer driver took the mother and Edgar to the hospital in Spokane. The 3 older children remained in the care of neighbors.

09/10/2003 8:20AM TC by CWS SW Twelves/ref to Jodi Berstler RN (509-474-5233), at Children's Hospital/Sacred Heart Medical Center, in Spokane. (GAL Tamara Cardwell had left a message to call Nurse Berstler for an update.)

Nurse Berstler stated that the child's pupils were dilated and fixed, and that the hospital was going to do a blood profusion study, some time this morning, to determine if there were still blood flow to the brain. There may be swelling of the brain, which could in turn cause herniation of the brain into the brain stem. The brain swelling could be the result of lack of oxygen and/or blood supply to the brain, and from the child hitting his head. Ref asked if the hospital suspected abuse or neglect, to which Nurse Berstler replied that she wasn't aware of any such suspicion.

09/10/2003 10:15AM TC from Nurse Berstler, SHMC. She reported that Rafael had died.

NOTE: This family is Spanish-speaking LEP. They are of Mexican background, and they claim no Native American heritage.

It should be noted that the family has experienced trauma from CPS intervention. Both parents and children have been very anxious that anything that happened to Rafael could

	<p>result in his immediate removal from the home, as well as the removal of the siblings. The entire family has gone to great lengths to be sure that Rafael was safe. This fear of CPS intervention is likely the reason why the mother called CWS SW Twelves/ref before she called a doctor.</p> <p>712</p>
<p>Referral Id: <u>1401894</u> Received Date: 03/24/2003 Program: INC Decision: Referred to Licensing Risk Tag Description: No Tag Investigation Standard: Response Time: Intake Worker: <u>989-03KC68</u> Worker End Date: 03/26/2003 Overall Risk After Invest: Primary Caretaker: GRIFFITH, DENISE</p>	<p>Referrer called CI with concern that confidentiality has been broken. The referrer discussed that while at lunch a cashier had walked up to the referrer, and began discussing a case that was out of her office. Since the town is small the cashier had recognized the referrer as a SW. The cashier discussed with the referrer how appalled she was that the State can allow such tragedies to go on. The cashier went on to say that foster children do not need to be removed from their home 5 times and then placed back into the same home that they were removed from. The cashier went on saying that the Griffith family are good people and that is where the child should stay, the cashier went further by saying does that child need to be in a body cast before the state realizes what's going on. The referrer then at that point asked the cashier how she knows so much information about the Griffith family. The cashier stated that she had overheard the FP (mother) talking to someone (unknown) and that is how she received the information. The cashier then ended the conversation with the referrer with, the cashier will be conducting her own investigation and protesting if the State places the child back into the bio-home.</p>
<p>Referral Id: <u>1387112</u> Received Date: 02/03/2003 Program: INC Decision: Referred to Licensing Risk Tag Description: No Tag Investigation Standard: Response Time: Intake Worker: <u>989-08YP69</u> Worker End Date: 02/03/2003 Overall Risk After Invest: Primary Caretaker: GRIFFITH DENISE M/BRUCE D</p>	<p>Referrer states he received information from foster parent that yeserday when they were at church child fell and sustained a bruise on the side of his head. No medical attention was required.</p> <p>712 99rs00</p>
<p>Referral Id: <u>1372339</u> Received Date: 12/07/2002 Program: CPS Decision: Accepted Risk Tag Description: High Investigation Standard: Response Time: Emergent Assigned Worker: <u>712-01TO22</u> Worker End Date: 12/31/2002 Overall Risk After Invest: Primary Caretaker: GOMEZ,</p>	<p>Ref is Jessica Jimenez, Cental WA Hosp (509)662-1511.</p> <p>ALLEGATIONS: PHYSICAL ABUSE & NEGLIGENT TREATMENT OR MALTREATMENT</p> <p>Ref called to report that 16 month old Rafael Arechega (aka: Rafael Gomez) was brought into the ER from Quincy ER. The child was present with a left femur fracture, a burn on left hand, on the right ear is an abrasion with a hematoma, and the left occipital (back of the head) has a scalp abrasion. The attending physician Dr. Lance Jobe believes that the injury is suspicious. Ref stated that mother Maribel Gomez was defensive and stated that the child slipped and fell.</p>

MARIBEL

Intake worker requested Ref contact to place child on an administrative hold until LE could investigate situation. CAMIS identifies that the case is open to CWS SWr Murray Twelves (509)764-5744, Region One, Moses Lake/#712.

0449: Intake worker contacted Hosp. to obtain update on child's status, and was informed by Shanna Hawkins head RN that LE had not been contacted.

0454: Intake worker contacted Wenatchee LE (509)664-3900, and spoke to LE officer Mike Smith. Intake worker informed LE that child was a dependent with the state and requested LE to place child into protective custody.

0528: Intake worker received T/C from LE officer Smith, who stated that an officer was at the Central WA Hosp. and that the child may also have a possible skull fracture. Intake worker requested Smith to have investigating officer to contact Central Intake for parents statement and confirmation of PC on child.

0610: Intake worker received T/C from LE officer Smith stating that officer at hosp. is LE Adcock, and that child was being possible discharged in a few hours when the Hosp. Orthopedic surgeon arrived.

0615: Intake worker contacted Officer Adcock. LE stated that mother indicated that child got injury to back of head appx. 4 to 5 days ago when they were at a laundry mat. Child had been playing with a ball which rolled under the table. When child retrieved the ball, he stood up and hit his head on the bottom of the table. The burn injury was due to pulling hot soup down on him self. LE stated that the burn appeared to be a 2nd degree burn with scabs crusted over it. The fracture to the femur, the possible skull fracture, and the hematoma were due to mother spilling water that the child slipped on when she dumped a wash bucket. LE felt that mother's statement was not consistent with injuries. LE officer stated that the friend that had been present with the mother was Lucinda Garcas (509)787-1013, 6782 Road I Pt. 5, NW Ephrata, and that the mother currently had warrants out for her arrest for charges of petty theft. LE did not feel that he would arrest mother at this time due to youngest child. Father is also present at hosp. and Ephrata police will be contacted to do a welfare check on the siblings (report #02-20627.)

0640: Intake worker received T/C from Officer Downey, Ephrata LE (509)762-1160, stated the siblings are with the mother's friend Lucinda Garcas and that he would sending an officer out to do a welfare check.

Referral Id: 1355178
 Received Date: 10/07/2002
 Program: CPS
 Decision: Accepted
 Risk Tag Description: Moderate
 Investigation Standard:
 Response Time: Non-emergent
 Assigned Worker: 712-01TO22

On 10-7-2002, Angie Karlson a P-CAP advocate from Grant County PARC called and spoke with intake sw Kate DuVall. Ref is calling regarding RAFEAL, the son of MARIBELLE GOMEZ.

Ref states that she completed a home visit on 10-2-2002. During that visit she observed a bump and bruise on the upper portion of Rafeal's forehead. Ref stated that the bruise was elongated, 1 1/2 inches long, and 1/2 inch wide, with a circular bruise on the bottom. Ref asked mother about the

<p>Worker End Date: 12/31/2002 Overall Risk After Invest: Primary Caretaker: GOMEZ, MARIBEL</p>	<p>bruise, and the mother stated that Rafeal bangs his head against the crib until he falls asleep. Ref stated that mother said that she was told not to get a crib bumper because they were dangerous, so the child bangs his head against the railings.</p> <p>Ref is also concerned that the child is losing weight since returning to his mother's care. Ref stated that the mother has issues with the child's weight, and will only allow the child to eat so much.</p> <p>CAMIS: OPEN CWS CASE.</p>
<p>Referral Id: <u>1350869</u> Received Date: 09/21/2002 Program: CPS Decision: Accepted Risk Tag Description: High Investigation Standard: Response Time: Emergent Assigned Worker: <u>712-01TO22</u></p>	<p>Ref is Dr. Ed Miller, of Samaritan Hosp. in Moses Lake (509) 766-1301.</p> <p>ALLEGATIONS: PHYSICAL ABUSE & NEGLECT</p> <p>Ref called to report that Rafael Gomez was brought into the hosp. by his father Jose Gomez, for a broken leg. ER nurse identified that Child had 4 small bruises on his right abdomen, and one small bruise on right side. Bruises appear to be a handprint.</p>
<p>Worker End Date: 12/31/2002 Overall Risk After Invest: Primary Caretaker: GOMEZ, MARIBEL</p>	<p>Father was evasive when questioned on how child sustained injury. Child's mother Maribell Gomez, came in later and spoke to Jose, which caused him to refuse to talk. Mother had been on an upper hosp. floor with their 8 day old child Edgar Arechega-Gomez, (hospitalized with jaundice.) Parents are Spanish speaking and appeared to have limited English. Hosp. provided an interpreter, but the individual was unable to obtain any more information from parents.</p> <p>Intake worker advised Ref to contact Law Enforcement to investigate and place child into protective custody. Moses Lake LE Officer John Perez (509)754-2011 contacted Intake worker and stated that Jose indicated that his brother Gregario Gomez told him that Rafael broke it when he was running.</p> <p>Intake worker placed Rafael with FP Denise & Bruce Griffith (509)346-8792, requested Hosp. Admin. hold placed upon Edgar, and placed Julianna, Julio, & Maria Gomez with FP Cory & Susan Stalsig (509)764-4229. Intake worker requested drug toxic screen on Edgar, and the results were negative.</p> <p>CAMIS identified that case is open to CPS SWr Olgar Castillo, Moses Lake Office, Straw Box #712-99RS00.</p>
<p>Referral Id: <u>1339335</u> Received Date: 07/31/2002 Program: CPS Decision: Information Only Risk Tag Description: No Tag Investigation Standard: Response Time: Intake Worker: <u>712-03CK04</u> Worker End Date: 12/31/2002</p>	<p>Ref is Alicia Estrada. She called cws sw and discussed her concerns regarding Maribel Gomez. CWS sw had ref call intake sw.</p> <p>Ref states that she has seen Maribel slap Rafeal in the mouth and check. Ref states that Maribel has told ref that she hates the child. Ref states that she knows that Maribel abuses the children because she lived there for two months. Ref states that she moved out because she couldn't watch Maribel hurt the children.</p> <p>Ref's tone changed, she sounded angry as she talked about</p>

<p>Overall Risk After Invest:</p> <p>Primary Caretaker: GOMEZ, MARIBEL</p>	<p>the cws sw, stating that "Olga is so sucking stupid, she cares more for the mom then the babies, I told her but she didn't do a fucking thing. She stated that she couldn't live in the same neighborhood as Olga had poison the neighbors against her by talking with them about her.</p> <p>CC: CWS SW who states that Alicia was kicked out of the apartment when she refused to complete an criminal background check. CWS SW contact with ref has been erratic. SW stated that she had done a home visit after speaking with the ref, and observed the children to be fine. Mother expressed concern to the sw that the ref had been confronted about taking items of the children's as she was leaving.</p> <p>CASE STAFFED with CWS sup.</p>
<p>Referral Id: <u>1357312</u></p> <p>Received Date: 07/31/2002</p> <p>Program: CPS</p> <p>Decision: Information Only</p> <p>Risk Tag Description: No Tag</p> <p>Investigation Standard:</p> <p>Response Time:</p> <p>Intake Worker: <u>712-03CK04</u></p> <p>Worker End Date: 12/31/2002</p> <p>Overall Risk After Invest:</p> <p>Primary Caretaker: GOMEZ, MARIBEL</p>	<p>Referral allegations were made to intake sw Murray Twelves on 7-31-2002. Ref was a family friend who was made homeless by the family's decision (at caseworker's request) to have her move out. Ref was directed to call her concerns into intake sw by current sw. The assigned sw completed the blue referral form. Allegations and referral created on 10-14-2002 by sw Kate DuVall.</p> <p>Ref reported that Maribel hits her son, Rafael and yells at him. Ref reports that Maribel drinks beer and smokes. Ref reports that Maribel is mean to her husband and that she doesn't deserve that good of a man. Ref was upset with the assigned sw for "not caring" for the child. The assigned sw completed home visits on 7/29/02 and on 7/30/02, and did not observe any signs of bruising on the baby's body.</p> <p>Sw wanted to document that ref was very hostile when Maribel asked her to move out, taking diapers and clothing that belonged to the baby. Ref made statements about calling CPS so that CPS would give the baby to the ref.</p>
<p>Referral Id: <u>1265633</u></p> <p>Received Date: 11/19/2001</p> <p>Program: CPS</p> <p>Decision: Accepted</p> <p>Risk Tag Description: Mod High</p> <p>Investigation Standard:</p> <p>Response Time: Non-emergent</p> <p>Assigned Worker: <u>712-01TO22</u></p> <p>Worker End Date: 12/31/2002</p> <p>Overall Risk After Invest:</p> <p>Primary Caretaker: GOMEZ, MARIBEL</p>	<p>On 11-19-2001, intake received a phone call from Kerry Atchinson, who performs the observed UA's for Samaritan Health, reported that parents MARIBEL GOMEZ and her paramour, JOSE ARECHIGA were driving two children in a car while they were high.</p> <p>Ref states that she will call law enforcement. Ref states that the car is a blue spectrum, with a license plate of 302 BAE. Ref states that this is an open case with OLGA CASTILLO-GAXIOLA.</p> <p>Ref states that the UA's were positive for cocaine. Ref states that she watched JOSE leave the building and drive off in the car with the two children, approximately 3 and 5.</p>
<p>Referral Id: <u>1231904</u></p> <p>Received Date: 07/24/2001</p> <p>Program: CPS</p> <p>Decision: Accepted</p> <p>Risk Tag Description: Moderate</p> <p>Investigation Standard:</p> <p>Response Time: Non-emergent</p>	<p>On 07/24/2001 Ref HEIDI RUSNOCK, HOSPITAL SOCIAL WORKER @ SAMARITAN HOSPITAL, made telephone contact with Intake Social Worker Sonja Cary to report prenatal injury to unborn child, FETUS GOMEZ (3rd trimester). Bio-mom MARIBEL GOMEZ (DOB 11/23/75,) tested positive for cocaine usage on 07/24/2001. REF TRISH BRADWAY, R.N., 765-5606, also made telephone contact with Intake to verify the information below.</p>

Assigned Worker: 712-01TO22
 Worker End Date: 12/31/2002
 Overall Risk After Invest:
 Primary Caretaker: GOMEZ,
 MARIBEL

Ref states that MARIBEL GOMEZ resides at 8768 Road 10 NW, Ephrata, WA, with her children JULIANNA GOMEZ (DOB 12/4/98, 2 YOA), MARIA GOMEZ (DOB 07/27/92, 9 YOA), and JULIO GOMEZ (DOB 10/10/1996, 4 YOA).

Ref states that on 07/24/2001 MARIBEL GOMEZ was admitted to SAMARITAN HOSPITAL, 801 E. WHEELER ROAD, #765-5606, for lower pelvic pain. Ref states the admitting physician was Dr. Verhage. Ref states the patient MARIBEL GOMEZ told staff at SAMARITAN "she fell" but couldn't remember "how."

Ref states that at the time MARIBEL GOMEZ was admitted to SAMARITAN, nursing staff suspected the patient was high on drugs. Ref states that nurses reported that MARIBEL GOMEZ GOMEZ was bouncing off the walls.

Ref states that MARIBEL GOMEZ complied with a compulsory drug test. Ref states that MARIBEL GOMEZ not only tested positive for cocaine, she admitted to Dr. Verhage that she "uses" but doesn't "use all the time."

Ref states Dr. Verhage was concerned that MARIBEL GOMEZ might experience ABRUPTION, described as the placenta separating from the uterus. Ref states that drug usage can cause ABRUPTION. ABRUPTION is life-threatening to the unborn fetus. Ref states that MARIBEL GOMEZ did not demonstrate any symptoms of ABRUPTION, such as fetal distress or contraction pattern.

Ref TRISH BRADWAY, R.N., states that MARIBEL GOMEZ will be discharged from SAMARITAN HOSPITAL @ 4:00 p.m. on 7/25/2001. Ref states that MARIBEL will continue with prenatal care at the MOSES LAKE COMMUNITY HEALTH CENTER, 606 Coolidge, Suite 101, 765-0674, with Dr. Nye.

Ref states MARIBEL GOMEZ had been receiving prenatal services from QUINCY VALLEY MEDICAL CLINIC, 908 10TH AVE SW, QUINCY, WA 98848, 787-3531. Ref states MARIBEL was unhappy with services in QUINCY. Ref states the patient's doctor at QUINCY VALLEY MEDICAL CLINIC was Dr. Meyers.

Prenatal care: Ref states that she contacted Dr. Meyers and he stated that he has only seen MARIBEL GOMEZ twice for prenatal care. Ref states that Dr. Meyer's reported that she had made several visits to the emergency room.

Trish Bradway reported that she saw MARIBEL GOMEZ on 07/19/2001 for outpatient services @ SAMARITAN. (MARIBEL GOMEZ thought her h20 broke). Ref states that MARIBEL GOMEZ informed her that she had a prenatal appointment at MOSES LAKE COMMUNITY HEALTH "within the hour." Ref TRISH BRADWAY made a prenatal appointment for MARIBEL GOMEZ at MLCH for 07/20/2001. Ref states MARIBEL GOMEZ did not show up for her scheduled prenatal appointment.

Ref TRISH BRADWAY states she made another prenatal visit

visit for MARIBEL GOMEZ for Friday, 7/27/2001. Ref states she will continue to document when MARIBEL GOMEZ misses her prenatal appointments.

CAMISH H(X): 08/16/2000 CPS (ACCEPTED); FINDINGS: PHYSICAL NEGLECT. FOUNDED.

SPANISH ONLY.

Referral Id: 1131150
 Received Date: 08/16/2000
 Program: CPS
 Decision: Accepted
 Risk Tag Description: High
 Investigation Standard:
 Response Time: Emergent
 Assigned Worker: 712-03HJ01
 Worker End Date: 12/31/2002
 Overall Risk After Invest:
 Primary Caretaker: GOMEZ, MARIBEL

THE REF IS A POLICE OFFICER FOR THE QUINCY PD. HE REPORTED TO THE AFTER HOURS WORKER THAT MARIBEL GOMEZ, AGE 26, AND HER THREE CHILDREN WERE INVOLVED IN AN AUTO ACCIDENT IN WHICH MARIBEL RAN A STOP SIGN AND COLLIDED WITH ANOTHER VEHICLE.

WHEN LAW ENFORCEMENT ARRIVED AT THE SCENE THE MOTHER WAS DETERMINED TO BE HIGHLY INTOXICATED. THE CHILDREN WERE FRIGHTENED. THE POLICE ARRESTED THE MOTHER AND ATTEMPTED TO FIND A SUITABLE PLACEMENT FOR THE CHILDREN. THEY WERE UNABLE TO LOCATE RELATIVES OR FRIENDS OF THE FAMILY WILLING TO ACCOMMODATE THE CHILDREN. CPS AFTER HOURS WAS CONTACTED TO LOCATE A PLACEMENT FOR THE CHILDREN.

PROTECTIVE CUSTODY WAS SIGNED BY LAW ENFORCEMENT.

MOTHER IS LEP.

NO PRIOR CAMIS HX.

CHILDREN WERE PLACED IN DCFS LICENSED FOSTER CARE.

8/17/00 CPS STAFFING W/ DELUNA THERE IS NO PRIOR CPS HX ON THE MOTHER OR CHILDREN. THE POLICE INSPECTION OF THE HOME REVEALED NO CONCERNS. THE MOTHER WILL BE ARRAIGNED LATER IN THE DAY AND RELEASED. THERE ARE NO GROUNDS FOR FURTHER CPS PLACEMENTS OR LEGAL INTERVENTION. CASE TO BE STAFFED W/ THE CPT AND PENDING THE APPROVAL OF CPT, THE CHILDREN SHALL BE RELEASED TO THE MOTHER'S CARE AFTER A CPS FACE TO FACE WITH ALL FAMILY MEMBERS.

8/17/00 TC TO GRANT COUNT JAIL MOTHER TO BE RELEASED. NO PRIOR CRIMINAL BACKGROUND OR CONCERNS.

8/17/00 TC TO NANCY MARTINEZ, FOSTER PARENT NO CONCERNS EXPRESSED BY THE FOSTER PARENT REGARDING THE HEALTH AND WELLBEING OF THE CHILDREN. THEY APPEAR TO HAVE REACHED AGE APPROPRIATE DEVELOPMENTAL MILESTONES AND ARE BONDED TO THE MOTHER.

8/17/00 CPT STAFFING TEAM MEMBERS AGREED WITH THE RETURNED HOME PLAN. THEY REQUESTED THE MOTHER OBTAIN A DRUG EVAL. CASE TO REMAIN OPEN FOR MONITORING AND SSPS PAYMENTS.

8/17/00 CASE PALM CHILDREN TO BE RETURNED TO THE MOTHER'S CARE LATER IN THE DAY. HOME INSPECTION TO TAKE PLACE. CASE TO REMAIN OPEN FOR MONITORING FOR A PERIOD OF 30-60 DAYS.

Total Case Records: 6

Cases Related to Persons in this Referral

Case ID	Status	Folder Name	Folder Type	Worker - Start/End Date
13L3066870	Closed	TEJEDA GUADALUPE/GOMES MODESTO	Foster Care License	707 - PERRY, MARY: 09/13/2001 - 05/01/2002
13D3063874	Open	GOMEZ RAFAEL ARECHIGA GOMEZ RAFAEL ARECHIGA	Private Agency Financial Revenue File	712 - TWELVES, MURRAY: 09/01/2002 - 712 - CHAPMAN, CHARLI: 09/13/2001 - 09/13/2001 712 - CASTILLO, OLGA: 09/13/2001 - 08/30/2002 712 - TURCOTTE, OLGA L: 08/10/2001 - 09/13/2001
13D3063871	Closed	GOMEZ, MARIA	Child Welfare Services	712 - HILL, JAMES: 08/16/2000 - 10/06/2000
13D3063872	Closed	GOMEZ, JULIO	Child Welfare Services	712 - HILL, JAMES: 08/16/2000 - 10/06/2000
13D3063873	Closed	GOMEZ, JULIANNA	Child Welfare Services	712 - HILL, JAMES: 08/16/2000 - 10/06/2000
13L3063870	Open	GOMEZ, MARIBEL GOMEZ, MARIBEL GOMEZ, MARIBEL GOMEZ, MARIBEL GOMEZ, MARIBEL	CPS CPS CPS CPS CPS	712 - TURCOTTE, OLGA L: 12/31/2002 - 03/17/2003 712 - TURCOTTE, OLGA L: 12/09/2002 - 12/31/2002 712 - TURCOTTE, OLGA L: 10/30/2002 - 12/03/2002 712 - TURCOTTE, OLGA L: 09/23/2002 - 10/30/2002 712 - TWELVES, MURRAY:

	GOMEZ, MARIBEL	CPS	09/01/2002 - 712 - TURCOTTE, OLGA L: 11/20/2001 - 11/30/2001 712 - CASTILLO, OLGA: 09/10/2001 - 11/30/2001 712 - CASTILLO, OLGA: 09/10/2001 - 08/30/2002 712 - TURCOTTE, OLGA L: 07/26/2001 - 09/10/2001 712 - HILL, JAMES: 08/16/2000 - 10/06/2000
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Total Facility Complaint Records: 2

Facility Complaint History

Referral ID	Received Date	Facility/Primary Caretaker	Bus ID
1401894	03/24/2003	GRIFFITH DENISE M/BRUCE D	241177
1387112	02/03/2003	GRIFFITH DENISE M/BRUCE D	241177

Service Episode Summary

Ser ID	Date	Time	Action	User ID
6858177	09/10/2003	11:51	Addendum to Allegations	SLJU300

Assess ID	Date	Details	Overall Risk	Worker ID
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*** END OF INTAKE SUMMARY REPORT ***

Appendix 54

Telephone Interview of Ophoven 2/12/07

INTERVIEW WITH DR. OPHOVEN
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OPHOVEN: IT WAS BETWEEN AN INTENTIONAL OR A POTENTIAL ACCIDENTAL,
OR POTENTIALLY SOMETHING ELSE, FINAL EVENT...

KNODELL: OKAY, APPARENTLY WE ARE ON TAPE NOW.

OPHOVEN: (INAUDIBLE) DISPUTING THE FACT THAT THIS CHILD WAS HURT.

KNODELL: RIGHT.

OPHOVEN: A LONG TIME AGO. AND WE DON'T KNOW WHERE, WHEN OR HOW
OR UNDER WHAT CIRCUMSTANCES. BUT, (INAUDIBLE) FELT
WITHOUT YOU KNOW, BEING TAKEN TO THE HOSPITAL OR
SOMEBODY SAYING HOLY CRAP THIS KID'S SUFFERED A TERRIBLE
ACCIDENT, IT IS PROPER TO UH.....TO PLACE INFLECTED INJURIES AT
THE TOP OF THE LIST.

KNODELL: M, HUH.

OPHOVEN: FOR HIS OLD INJURIES.

KNODELL: AND WHY IS THAT?

OPHOVEN: WELL IT, JUST, THEY'RE PRETTY SERIOUS. NOW, A, A BASILAR
SKULL FRACTURE, A LOT OF PEOPLE THINK THAT BASILAR SKULL
FRACTURES IS LIKE A REALLY, REALLY AWFUL FRACTURE?

KNODELL: M, HUH.

OPHOVEN: IT'S ACTUALLY, IT ACTUALLY IS, IT TAKES LESS WORK TO GET A
BASILAR SKULL FRACTURE THAN IT IS TO GET IT IN OTHER PLACES
BUT THERE'S NO QUESTION THIS KID'S HEAD IS UH, FRACTURED.

KNODELL: RIGHT.

OPHOVEN: SO BLUNT FORCE TRAUMA TO THE HEAD, THAT'S NOT DEBATABLE.
AND THERE IS BONAFIDE EVIDENCE OF HEALING FRACTURES TO
THE.....PROXIMAL PART OF THE HUMERUS BONES ON BOTH SIDES.
AND THAT'S OLD. SO, WE KNOW THIS CHILD SUFFERED BLUNT
FORCE TRAUMA TO THE BONES UM, OF THE HEAD AND OF THE
UPPER ARMS AT SOME TIME IN THE PAST THAT PASS BEING

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SUFFICIENT FOR ACTUALLY BEING TIME FOR NEW BONE TO FORM IN THE FRACTURES. SO IT'S A NICE EXAMPLE OF CLASSIC HEALING SKULL FRACTURES AND ARM FRACTURES.

KNODELL: ALL RIGHT.

OPHOVEN: IN THE ABSENCE OF SOMEBODY BEING, YOU KNOW, AN ALBANIAN EARTHQUAKE, UM, OR, SOMEBODY YOU KNOW, HAVING AN OBVIOUS ACCIDENTAL EVENT THAT SOMEHOW EXPLAINS THESE THINGS. THE DIFFERENTIAL DIAGNOSIS PRETTY MUCH SETTLES IN ON INFLECTED INJURIES, IN A CHILD THAT'S THIS LITTLE.

KNODELL: OKAY, UM.....LET ME FOLLOW UP WITH A COUPLE QUESTIONS. BECAUSE, I MEAN, WHEN YOU SAY THESE, THESE INJURIES ARE OLD, WHAT IS, WHAT ARE WE TALKING ABOUT A YEAR? ARE WE TALKING ABOUT...?

OPHOVEN: IT'S CONCEIVABLE. UH, AND WHAT I WOULD DO THEN, GIVEN THE FACT THAT I KNOW THAT THESE ARE ALL OLD, THEN I WOULD GO BACK TO THE MEDICAL RECORDS OF THE CHILD. OR WITNESSES WHO'VE BEEN AROUND THE CHILD. I WOULD FOCUS MY LAW ENFORCEMENT INVESTIGATION AROUND EVERY MINUTE OF THIS CHILD'S LIFE FROM THE TIME OF BIRTH ON, TO TRY AND FIGURE OUT WHAT TIME FRAME THESE INJURIES OCCURRED. SOMETIMES YOU CAN GET A, A GOOD IDEA BY LOOKING AT THEIR GROWTH CHART. SOMETIMES THEIR GROWTH FALLS OFF A LITTLE BIT WHEN YOU KNOW, THEY'VE BEEN, YOU KNOW THEY'VE BEEN HURT. OR...IT MAY BE, YOU KNOW THERE'S A LOT OF DIFFERENT WAYS YOU CAN SORT OF ZERO IN ON THE POSSIBLE TIME FRAME. BUT, UNFORTUNATELY WE ARE NOT AS GOOD AS THE GUYS IN CSI SO WE CAN'T COME IN AND SAY YOU KNOW, IT WAS LAST NOVEMBER. BUT WITH BONE IN IT, AND THERE'S ACTUALLY GOOD BONE FORMING IN THE SKULL, THAT MEANS IT'S OLD, OLD.

KNODELL: ALL RIGHT, SO YOU'RE SAYING THAT THE BLUNT FORCE TRAUMA THAT KILLED RAFFY WAS, OLD, OLD?

OPHOVEN: NO, WHAT I'M SAYING IS THAT THERE'S EVIDENCE OF AN OLD, OLD INJURY.

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KNODELL: OH, OKAY. I'M SORRY. ALL RIGHT. UM...

OPHOVEN: NOW THE NEXT QUESTION IS.....WHAT DID THAT INJURY DO TO HIM DEVELOPMENTALLY AND PHYSICALLY? SO THE NEXT SET OF QUESTIONS I'D ASK IS, UM, HOW WAS RAFFY DOING IN (INAUDIBLE). HOW WAS RAFFY DOING WITH HIS, WITH HIS DEVELOPMENTAL SKILLS? WAS HE WALKING, RUNNING, TALKING, FEEDING HIMSELF, UM, WAS HE.....UM, WITNESSED BY OTHERS TO BE UM.....DEVELOPMENTALLY CHALLENGED. UM, AND WE DO KNOW THAT HE WAS BEHAVIORALLY EXTREMELY CHALLENGED. UM, AND YOU KNOW, THERE'S A TENDENCY TO, THERE IS A TENDENCY TO KIND OF, UH...HAVE THAT (INAUDIBLE) THAT MAYBE THAT'S DUE TO THE CHALLENGES HE HAD WHEN HE WAS BORN OR THE ENVIRONMENTAL CHALLENGES, BUT ACTUALLY RAFFY MAY HAVE HAD REAL SERIOUS BEHAVIORAL PROBLEMS BECAUSE HE MAY HAVE HAD UNDERLYING BRAIN DAMAGE. SO THAT'S A, THAT'S A QUESTION THAT'S JUST OUT ON THE TABLE. OKAY. SO THEN WHAT IS THE INFORMATION WE, ONE OF THE OTHER KEY FACTORS HERE THAT, THAT IS ON THE TABLE FOR CONSIDERATION, THERE IS A, AS FAR AS I KNOW A DOCUMENTED FALL OFF THE BED THAT WAS REPORTED TO DCFS OR WHATEVER CALL THEM?

SCOTT: RIGHT.

KNODELL: UH, CPS.

OPHOVEN: HUH?

KNODELL: CPS.

OPHOVEN: CPS OKAY. UM, UH, A COUPLE DAYS BEFORE HE DIED OR BEFORE HE CAME TO THE HOSPITAL?

KNODELL: WELL, IT WAS MORE LIKE, WELL IT WAS MORE THAN A COUPLE DAYS, THAT WAS AUGUST 27.

OPHOVEN: YEAH.

KNODELL: THE CHILD GOES TO THE HOSPITAL ON SEPTEMBER 10.

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OPHOVEN: OKAY, SO WITHIN THE LAST COUPLE WEEKS?

KNODELL: YEAH.

OPHOVEN: FAIR?

KNODELL: YEAH.

OPHOVEN: OKAY, SO HE FALLS OFF THE BED AND UM,....WE KNOW THAT. THEN, WE ALSO KNOW THAT,...UH....FROM THE INVESTIGATION THERE WERE SOME ADDITIONAL EVENTS THAT OCCURRED ON THE DAY OF HIS UH, DETERIORATION AND UM, THAT MAY OR MAY NOT HAVE INVOLVED THE IMPACTS OF THE HEAD, MAY OR MAY NOT HAVE INVOLVED TIPPING OVER. MAY OR MAY NOT HAVE INVOLVED SEIZURES. MAY HAVE OR MAY NOT HAVE INVOLVED ASPIRATION OF OATMEAL, ALL KINDS OF WHATEVER. OKAY, SO HE COMES TO THE HOSPITAL AND HE'S IN EXTREMIS AND THE MAIN PROBLEM HE HAS IS HE'S BEEN DOWN FOR A WHILE, AND HE DEVELOPS UH, D.I.C. AND HE DEVELOPS UM.....ARDS, A-R-D-S. AND HE DEVELOPS, OR WE'RE ABLE TO SEE HE HAS NO UM, UH, THAT HE HAS SEVERE BRAIN SWELLING AND....UM....HE GOES THE COURSE OF A CHILD THAT HAS UM.....SEVERE SECONDARY, INJURY TO THE BRAIN. SECONDARY INJURY BEING THE CONSEQUENCES OF UM, THE ANOXIA AND WHATEVER CAUSING BRAIN SWELLING AND UM.....UH.....A LITTLE BIT OF HEMORRHAGE IN THE HEAD AND UM BRAIN DEATH. HE HAD PAPERLEDEMA WHICH IS UM, IN THIS CASE AN EXTREMELY IMPORTANT FINDING. THEREFORE, PAPERLEDEMA MEANS THAT THE BRAIN SWELLING DIDN'T JUST START ON THE 9TH.
.....UM.....THE SUBDURAL IS EXTREMELY SMALL AND IS SO SMALL THAT IT ACTUALLY COULD BE JUST THE CONSEQUENCES OF D.I.C. AND SWELLING OF THE BRAIN. UM..... THE EVIDENCE OF RECENT UM, TRAUMATIC INJURY TO THE BRAIN, I DON'T SEE ON THE NEUROPATH REPORT. I SEE A LOT OF EVIDENCE OF OLD DISCUSSIONALBE OLD INJURY. UH, THERE IS A FIBERABLE BRUISE ON THE BACK OF HIS, ON HIS BACK AND ON THE BACK OF HIS HEAD. THE QUESTION OBVIOUSLY IS HOW BIG WERE THOSE BRUISES WHEN HE FIRST, WHEN, WHEN THEY FIRST OCCURRED. BECAUSE HE HAS SUCH BAD BLEEDING PROBLEMS AND BECAUSE HE, HIS BODY IS DEPENDENT UM, THE AMOUNT OF BLEEDING BACK THERE CAN'T BE CORRELATED WITH THE AMOUNT OF TRAUMA.

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KNODELL: OKAY.

OPHOVEN: SO THIS IS, THIS IS, UH, THIS IS A REALLY DIFFICULT CASE. I DON'T THINK THERE'S ANY QUESTION THAT THIS CHILD HAS SUFFERED CHILD ABUSE. UM, THE ISSUE HERE IS HIS VULNERABILITY TO SUBSEQUENT INJURY AND THE EVIDENCE WE HAVE FOR UM, THERE BEING A...UM.....NEW FATAL INJURY TO THE HEAD. UM, I'LL BE ANXIOUS TO LOOK AT THE BRAIN AND THE OTHER MATERIALS.

KNODELL: SO...

OPHOVEN: SO THE KEY WORDS, AGAIN, I'M GONNA GO BACK IS HE HAS SEVERE PNEUMONIA. HE HAS SEVERE BRAIN SWELLING. HE HAS SEVERE BLEEDING. AND HE HAD A PROLONGED DOWN TIME. BASICALLY RAFFY UM, AFTER YOU KNOW UM, 25 MINUTES, UM.....OF, OF FULL CARDIAC ARREST, A LOT OF STUFF CAN HAPPEN TO THE BODY AFTER THAT.

KNODELL: OKAY. UH, WOULD YOU, WOULD YOU UH, SAY ON THE BASIS OF THE MULTIPLICITY OF INJURIES WE'VE GOT HERE, WOULD IT BE FAIR TO SAY HE, HE'D SUFFERED FROM A PATTERN OR PRACTICE OF ASSAULT DURING HIS UH, SHORT LIFE?

OPHOVEN: I CAN SAY THAT HE HAD ONE ASSAULT FOR SURE. AND UNTIL I LOOK AT THE SLIDES I CAN'T TELL YOU WHETHER THE, BRAIN AND THE, SKULL AND THE BONES LOOK LIKE THEY'RE SEPARATE, OR ARE SIGNIFICANTLY DIFFERENT AGES. UM, BUT HE ALSO HAD A FRACTURES UM, HE'S ALSO HAD PREVIOUS FRACTURES.

KNODELL: RIGHT.

OPHOVEN: UM, OF OTHER AGES AND OTHER INJURIES THAT CERTAINLY UM,..... IN MY OPINION WOULD BE VERY DIFFICULT TO ATTRIBUTE TO SIMPLE UM, ACTIVITIES OF DAILY LIVING.

KNODELL: OKAY, SO MAYBE...

OPHOVEN: SO I THINK THERE'S A CHRONIC HISTORY OF UM.....OF ABUSE..... WITH EVIDENCE OF, AT A MINIMUM OF INAPPROPRIATE LACK OF ATTENTION TO, TO PROTECT. AND YOU HAD FOUR OTHER KIDS IN

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THE FAMILY, YOU CAN'T SAY EVERY BOO BOO THAT HAPPENS TO A, YOU KNOW, TO A TODDLER IS, IS CHILD ABUSE.

KNODELL: M, HUH.

OPHOVEN: ESPECIALLY IF THE FAMILY IS, IS, YOU KNOW, NOT.....POPULATED WITH SOCCER MOM THINKING. BUT THERE'S TOO MANY INJURIES HERE TO, TO SAY ANYTHING BUT THIS IS, THIS FALLS INTO THE, INTO THE BATTERED CHILD...CHILD UH, CONTEXT.

KNODELL: OKAY.

OPHOVEN: NOW WHO IS ANOTHER QUESTION, BUT...

KNODELL: OKAY, BUT IT APPEARS THAT THE CHILD DID SUFFER FROM A PATTERN OF ASSAULTS?

OPHOVEN: OF BATTERED CHILD OR WHATEVER YOU WANT TO CALL THAT, YEAH, CHILD ABUSE.

KNODELL: OKAY, UH.....I, I'D LIKE TO GO BY, YOU'VE GIVEN US A LOT OF INFORMATION. I, I.....I THINK WHAT YOU TOLD ME BEFORE WE WENT ON TAPE, THERE WERE, THE FEATURES WERE, LET'S SEE, VERY SMALL SUBDURAL, PAPLEDEMA, ANOXIA INJURY. YOU HAD A QUESTION ABOUT THE ONE AND I THOUGHT THERE WAS SOMETHING ELSE YOU MENTIONED, WAS THERE?

OPHOVEN: YEAH, HE, HE CAME TO THE HOSPITAL HIS FIRST, HIS FIRST CHEST FILMS, OR EARLY CHEST FILMS, I DON'T HAVE THEM RIGHT IN FRONT OF ME, SHOWED THAT BOTH OF HIS LUNGS WERE BASICALLY WHITED OUT.

KNODELL: M, HUH.

OPHOVEN: OKAY? AND HE HAD UM, AT AUTOPSY, TERRIBLE PNEUMONIA. UM.....SO THAT'S GONNA BE AN IMPORTANT QUESTION, IS THERE EVIDENCE OF ASPIRATION THERE? IS THIS UH, IS, IS THE, IS THE DEGREE OF MANGERATION (?) OF THIS, WHAT WE CALL A.R.D.S, OR ARDS, ASPIRATORY DISTRESS SYNDROME OR SHOCK ONE. UM, IS IT A CHICKEN OR AN EGG.

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KNODELL: M, HUH.

OPHOVEN: I THINK THAT'S GONNA BE A KEY QUESTION. AND CERTAINLY WHEN HE CAME TO THE HOSPITAL PEOPLE WERE REALLY WORRIED ABOUT HIS PULMONARY FUNCTION. THEY WERE HAVING A TERRIBLE TIME VENTILATING HIM, K?

KNODELL: YEAH.

OPHOVEN: AND THAT IS NOT TYPICAL FOR A CHILD THAT HAS JUST GOTTEN A BUMP TO THE HEAD. THEY USUALLY ARE REALLY EASY TO VENTILATE. YOU JUST PUT A TUBE IN AND BREATH FOR THEM. IT'S JUST NO BIG DEAL. IN THIS CASE, THEY HAD A LOT OF TROUBLE GETTING AN AIRWAY AND WHEN THEY DID, WHEN THEY DID TRY AND VENTILATE HIM, THEY HAD A LOT OF TROUBLE VENTILATING HIM. WHICH MEANS THERE WAS SOMETHING WRONG WITH THE COMPLIANCE IN THE LUNGS.

KNODELL: M, HUH.

OPHOVEN: WHICH THE DOCTOR'S ARE THINKING ABOUT QUITE EARLY. I THINK THERE'S ONE, THERE'S ONE OF THE UH, THE UH, ADMISSION SUMMARY'S THAT TALKS ABOUT POSSIBLE ASPIRATION, SO THE QUESTION, THE ROLE, THE QUESTION HERE IS WHAT'S THE ROLE OF THE, THE.....OF THE ONE PATHOLOGY IN THE SEQUENCE? AND OF COURSE, THE QUESTION I WOULD BE ASKING IS HOW LONG HAD HE BEEN SICK? YOU KNOW SOMETIMES YOU GET, SOMETIMES YOU GET THE FRESH UM, DETERIORATION OR CARDIA ARREST AND THEN WHEN YOU LOOK AT THE CASE, YOU REALIZE THAT THIS WASN'T FRESH. THAT THEY CALLED 9-1-1 WHEN, YOU KNOW, IT WAS CLEAR THAT, ESPECIALLY IN CASES IN KIDS WHO ARE, WHO ARE, WHO ARE HAVE BEEN IN A CHALLENGING ENVIRONMENT, UM, AND SOMETHING BAD HAPPENS TO THEM, YOU KNOW, SOMETIMES THE FAMILIES WAIT TO SEE IF THEY TURNED AROUND AND GET BETTER. AND IN SOME CASES, THEY WAIT A LITTLE LONG AND DISCOVER THAT THEY TURN AROUND AND....GET WORSE AND GO ON TO DIE. AND SO THE QUESTION HERE IS WHAT (INAUDIBLE) DO WE ACTUALLY HAVE ABOUT WHEN, WHERE, HOW, WHAT WITNESSES DO WE HAVE ABOUT THE CHILD'S BEHAVIOR IN THE DAYS BEFORE, UM, THIS EVENT. AND UM, HOW CONFIDENT ARE WE THAT WE

KNOW WHEN, UM, AND EXACTLY WHAT HAPPENED. UM, SO I DO LISTEN TO THE, TO THE UM, TO THE CARE GIVER'S STATEMENTS ABOUT WHAT HAPPENED AND THEN I TRY TO PUT IT TOGETHER WITH WHAT I'M ACTUALLY SEEING. HE COULD'VE WHACKED HIS HEAD. HE HAD A GOOSE EGG AND THEY SAID HE HAD JUST A LITTLE BIT OF BRUISING ON HIS FOREHEAD.

KNODELL: HAVE YOU, HAVE YOU TALKED WITH MARIBEL?

OPHOVEN: THE, THE DEFENDANT?

KNODELL: YEAH.

OPHOVEN: NO, NO, I DON'T. I NEVER HAVE TALKED TO DEFENDANTS?

KNODELL: WOULD THAT BE HELPFUL?

OPHOVEN: NO, BECAUSE I RELY ON LAW ENFORCEMENT TO DO UH, A GOOD NEUTRAL INQUIRY. AND UM, I DON'T, AS A MEDICAL EXAMINER AND PATHOLOGIST I'M NOT TRAINED IN LAW ENFORCEMENT. BUT I DO RELY ON SOME OF THE INFORMATION THEY BRING ME. SO IT'S IMPORTANT THAT WE GET THE INFORMATION BUT IT'S, YOU KNOW, I DON'T KNOW, I DON'T KNOW ALL THE DETAILS. SO....

KNODELL: WELL, YOU GOT THE STATEMENTS THAT, THAT, THAT MARIBEL GAVE TO LAW ENFORCEMENT DON'T YOU?

OPHOVEN: THAT, THAT, HE, HE HAD A TEMPER TANTRUM. HE WAS KNOWN TO THROW HIMSELF TO THE FLOOR. THAT HE WAS REPORTEDLY IN HIS NORMAL STATE OF HEALTH THAT DAY. AND THAT HE HAD BEEN EATING SOME OATMEAL AND THEN HE FLEW BACKWARDS ON THE FLOOR AND UM, THAT DIDN'T HAVE ANY CARPETING. THAT THE BABY DIDN'T LOSE CONSCIOUS BUT UM, KEPT, HE HIT HIS HEAD ON THE FLOOR. SHE PICKED HIM UP AND THEN HE WENT DOWN. THAT'S WHAT I KNOW.

KNODELL: AND YOU ALSO HAVE THE MEDICAL REPORTS, INDICATE WHAT HISTORY SHE WAS GIVING WHEN SHE WAS BRINGING THE CHILD IN?

OPHOVEN: RIGHT, RIGHT AND I KNOW, AND I AGREE WITH THOSE, THOSE ARE

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THE THINGS THAT I. BUT I ALSO WANT TO KNOW WHAT HAPPENED THE DAY BEFORE AND THE DAY BEFORE AND WHO, WHO IS, UH, BESIDES MARIBEL SAW THE CHILD AND WITNESSED THE CHILD TO BE IN THEIR NORMAL STATE OF HEALTH.

KNODELL: WELL, WHAT I THINK WHAT MARIBEL TELLS US IS THAT SHE'S, EXCEPT FOR ONE INCIDENT, ONE INSTANCE WHEN SHE GOES TO THE HOSPITAL TO GIVE BIRTH TO EDGAR, WHICH IS ABOUT A YEAR BEFORE, UH, THAT SHE'S WITH THE CHILD ALL THE TIME.

OPHOVEN: YEAH.

KNODELL: UH, IS THAT YOUR UNDERSTANDING?

OPHOVEN: YEAH.

KNODELL: UH...

OPHOVEN: I JUST, I ALSO AM VERY INTERESTED IF THERE'S ANYBODY ELSE WHO SAW, OR INTERACTED WITH RAFFY IN THE DAYS BEFORE UM.....THEY CAME TO THE HOSPITAL.

KNODELL: AND WE SAY THE DAYS, ARE WE TALKING ABOUT A WEEK? TWO WEEKS?

OPHOVEN: YEAH.

KNODELL: THAT'S THE PERIOD THAT'S GONNA BE SIGNIFICANT?

OPHOVEN: YEP. IT IS. AND FOR ME THAT'S IMPORTANT BECAUSE, UM, AND IN, AND YOU KNOW, THIS IS JUST COMMON SENSE. IF A, IF AN INDIVIDUAL HAS BEEN UM, HAS BEEN SUPERVISED BY CPS AND IN EVERY, AND EVERYTHING THEY'RE DOING IS, IS UNDER OBSERVATION AND CONCERN AND YOU KNOW THAT YOU HAVE TO BE, YOU HAVE TO MAKE SURE THAT NOTHING BAD EVER HAPPENS, IT UM...HAS A TENDENCY TO AFFECT HOW STRAIGHT FORWARD THEY ARE ABOUT WHAT MAY HAVE BEEN GOING ON WITH THE CHILD IN THE DAYS OR WEEKS BEFORE. I'M NOT SUGGESTING THAT'S WHAT HAPPENED. I'M JUST SUGGESTING THAT A FRESH STORY OF A FRESH ACCIDENT WHEN THE, WHEN THE PATIENT

COMES IN, UM, MAY OR MAY NOT MATCH WITH THE...MEDICAL EVIDENCE. BUT THE MEDICAL EVIDENCE MIGHT SHOW THAT THE CHILD WAS ACTUALLY, HAD NOT BEEN DOING WELL FOR SOME PERIOD OF TIME.

KNODELL: OKAY.

OPHOVEN: AND THAT'S THE ISSUE HERE, BECAUSE IF WE BASE EVERYTHING ON...YOU KNOW, THAT, THAT'S THE, THE CATCH 22. WE SAY WELL, EVERYTHING IS, THERE IS A LOT OF WITNESSES WHO WANT TO CLAIM AND SAY WHAT MARIBEL SAYS ISN'T TRUE. THEREFORE SHE MUST'VE WHACKED HIM.

KNODELL: RIGHT.

OPHOVEN: BUT THE ALTERNATIVE IS, THE THINGS MARIBEL AREN'T SAY IS TRUE BECAUSE SHE WAS AFRAID WHEN SHE FIRST CAME IN TO SAY THAT KID WAS NOT DOING WELL FOR A PERIOD OF TIME. SO HOW DO YOU MAKE THE DISTINCTION. WELL YOU MAKE THE DISTINCTION BY LOOKING AT THE EVIDENCE.

KNODELL: WELL,...

OPHOVEN: THAT, THAT'S THE KEY. SO IF THE CHILD IS PAPLEDEMA, GRADE FOUR PAPLEDEMA WHEN HE ARRIVED AT THE HOSPITAL, I'M SUSPICIOUS OF WHEN HE STARTED TO GET SICK.

KNODELL:OKAY.

OPHOVEN: I'M VERY SUSPICIOUS. AND THEN, WE ADD TO THAT THE FACT THAT HE, HE, HE HAS REALLY, TERRIBLE, AWFUL, UNVENTILATIBLE LUNGS. WHICH MEANS AN ADVANCED PROCESS GOING ON. AND 9-1-1 WASN'T CALLED UNTIL HE WAS BASICALLY DEAD. THE QUESTION HERE IS WHEN.....DID HE START TO GET SICK AND WHY MIGHT SHE HAVE MADE SOMETHING UP?.....

KNODELL: SO WOULD IT...

OPHOVEN: OR MAYBE WHAT SHE WAS TALKING ABOUT HAPPENED TWO OR THREE DAYS BEFORE AND IT DIDN'T HAPPEN THAT MORNING. AND

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IT'S ALL, YOU KNOW, YOU CAN'T SAY THAT YOU CAN'T BELIEVE
THE DEFENDANT AND THEN BELIEVE PARTS OF IT. YOU SEE WHAT
I'M SAYING?

KNODELL: M, HUH.

OPHOVEN: YOU KNOW?

KNODELL: M, HUH.

OPHOVEN: THERE ARE PARTS OF WHAT SHE SAYS I DON'T BELIEVE AND I'M
GONNA TAKE HER AT HER WORD THAT HE WAS PERFECTLY FINE
THIS MORNING. EXCEPT OBVIOUSLY HE WASN'T PERFECTLY FINE
THIS MORNING. SO UH, GOSH WHAT DO I DO WITH THAT? WELL I'M
NOT GONNA PRETEND THAT HE WAS PERFECTLY FINE THAT
MORNING. I'M NOT GONNA IGNORE THOSE FINDINGS. SO THERE'S
SOME, THERE'S SOME, THERE'S SOME CONFLICT IN YOUR EXPERTS.
SOME OF US ARE HOLDING ON TO THE EVIDENCE AND SOME OF YOU
ARE CHOOSING TO IGNORE THEM. IGNORE THE EVIDENCE.

KNODELL: I, I'M SORRY, COULD YOU EXPLAIN TO ME WHAT YOU MEAN BY
THAT?

OPHOVEN: WELL, IT, AS I UNDERSTAND IT, THERE HAS BEEN TESTIMONY THAT
THE PAPLEDEMA DOESN'T MATTER.

KNODELL: M, HUH.

OPHOVEN: AND IT REALLY DOES. AND THERE'S BEEN TESTIMONY THAT THERE
WAS NO LUCID INTERVAL OR THAT HE HAD, UM, DOWN THAT
MORNING AND UH, I DON'T AGREE WITH THAT. AND THE MEDICAL
EVIDENCE AND THE SCIENTIFIC LITERATURE CLEARLY WOULDN'T
SUPPORT THAT.

KNODELL: WELL, UH, WHO TOLD YOU THAT?

OPHOVEN: THAT UH, THERE'S TESTIMONY THAT HE WOULD NOT HAVE HAD A
LUCID INTERVAL?

KNODELL: YEAH.

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OPHOVEN: UH, MR. MOSER.

KNODELL: OKAY. UM, WELL DO YOU SEE, IN, IN, IN WHAT YOU'VE BEEN PROVIDED WITH, WE'RE TALKING ABOUT MEDICAL REPORTS AND SO THE LAW ENFORCEMENT REPORT AND SO FORTH. IS THERE, ANY HISTORY THAT YOU SEE THAT, IS THERE ANY EXPLANATION THAT HAS BEEN GIVEN OR ANY INCIDENT REPORTED THAT WOULD EXPLAIN ALL THE, THESE INJURIES. THE SHOULDERS, THE, THE, BLUNT TRAUMA TO THE HEAD? ANY OF THAT STUFF?

OPHOVEN: THE OLD INJURIES?

KNODELL: ANY OF THEM?

OPHOVEN: THE OLD INJURIES UH, IN MY OPINION, THE ONLY PLAUSIBLE EXPLANATION, UNLESS I FIND SOMETHING IN THE ADDITIONAL MATERIALS THAT MR. MOSER IS SENDING ME, UM, THE ONLY PLAUSIBLE EXPLANATION IS THAT THEY WERE INFLICTED.

KNODELL: OKAY, AND WE DON'T HAVE ANY HISTORY OF INFLICTED INJURY HERE. THERE'S NOBODY SAYING, I HIT HIM OVER THE HEAD OR I SAW SOMEBODY HIT HIM OVER THE HEAD.

OPHOVEN: THERE'S NO HISTORY OF ACCIDENTAL INJURY YOU MEAN?

KNODELL: WELL, THERE'S NO HISTORY OF INFLICTED TRAUMA?

OPHOVEN: NO, I KNOW THAT, BUT DO WE HAVE AN EXPLANATION FROM ANYBODY ABOUT HOW HE GOT HIS SKULL FRACTURE?

KNODELL: YEAH, DO YOU SEE ANY EXPLANATION THAT, THAT ANY, ANYTHING THAT HAS BEEN PRESENTED TO US THAT WOULD EXPLAIN...

OPHOVEN: OH, ALL THESE INJURIES IN, UH, YOU KNOW BUT I THINK, I THINK THERE CERTAIN IS A, AND I USE TO SEE THIS IN THE PAST, WHERE YOU COULD GO IN AND YOU COULD SAY WELL LET'S TAKE THE, THE FEMUR FRACTURE, ALL BY ITSELF.

KNODELL: M, HUH.

OPHOVEN: ALL BY ITSELF. AND LET'S TALK ABOUT ALL THE DIFFERENT WAYS THAT A FEMUR FRACTURE THAT CAN HAPPEN AND OBVIOUSLY KIDS CAN GET FEMUR FRACTURES WITHOUT CHILD ABUSE, SURE. AND YOU CAN GET A SKULL FRACTURE WITHOUT CHILD ABUSE. AND YOU CAN GET A TIBIAL FRACTURE WITHOUT CHILD ABUSE. AND YOU GET BURNS ON THE HANDS AND TONGUE WITHOUT CHILD ABUSE. AND YOU CAN HAVE INFECTED ABRASIONS TO THE SCALP WITHOUT CHILD ABUSE. BLAH, BLAH, BLAH, BLAH, BLAH. BUT WHEN YOU'RE LOOKING AT THE, AND WHEN YOU'RE LOOKING AT THE ACTUAL CASE AS A WHOLE, IT IS REASONABLE TO DETERMINE THAT THIS FALLS INTO UH, UH, UH, A CATEGORY OF UH, OF INFLICTED INJURIES.

KNODELL: AND I GUESS, GUESS WHAT I'M ASKING, YOU DON'T SEE ANY, I MEAN I DIDN'T SEE ANYTHING, IN ALL THE HISTORY WE'VE GIVEN, I MEAN AND IT'S FAIRLY VOLUMINOUS, THERE'S A LOT MORE THAN WE HAVE IN MOST CASES. I DON'T SEE ANY INCIDENT DESCRIBED IN ANY CONTEXT THAT WOULD EXPLAIN ANY INFLICTED INJURY. I'M, IS THERE ONE THAT I'M...THAT I...

OPHOVEN: I DON'T KNOW WHAT YOU'RE SAYING, THAT WOULD EXPLAIN ANY INFLICTED INJURIES?

KNODELL: WELL, IS THERE, THERE'S NOTHING IN THE HISTORY THAT, NOBODY DESCRIBES INFLICTED INJURY EVER HAPPENING TO THIS CHILD.

OPHOVEN: DID SOMEBODY DATE THE KID UP?

KNODELL: WELL, I'M TALKING ABOUT...

OPHOVEN: YOU MEAN NON-ACCIDENTAL?

KNODELL: WELL, YOU TAKE A LOOK AT THIS...YOU TAKE A LOOK AT THIS...

OPHOVEN: WELL, IT'S JUST, IT HAS TO DO WITH TERMINOLOGY.

KNODELL: OKAY.

OPHOVEN: I'M, I'M, I'M, I'M HAVING TROUBLE FOLLOWING YOUR QUESTION.

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KNODELL: DO, DO YOU SEE ANYTHING, DO YOU SEE ANYTHING IN, IN THIS CHILD'S LIFE BEING DESCRIBED BY ANYONE, WHETHER IT'S MOM, LAW ENFORCEMENT, RELATIVE OR ANYBODY, THAT DESCRIBES AN INCIDENT THAT WOULD HAVE RESULTED IN THE INFLECTED INJURIES THAT YOU SEE IN THIS CHILD?

OPHOVEN:UH, I DON'T KNOW HOW TO ANSWER YOUR QUESTION BECAUSE WHEN YOU PUT INFLECTED INTO THE INJURY PHRASE, IT'S DIAGNOSTIC.

KNODELL: OKAY.

OPHOVEN: SO DO I HAVE ANY EXPLANATION FOR THE INJURIES...THAT WOULD PLAUSIBLY PRESENT AN ALTERNATIVE TO INFLECTED?

KNODELL: WELL DOCTOR...

OPHOVEN: IS THAT WHAT YOU'RE SAYING?

KNODELL: NO, I, WHAT I'M SAYING IS, DO YOU, HAVE YOU SEEN ANY DESCRIPTION OF ANYTHING, I MEAN WHAT YOU TOLD US IS THAT THE ONLY PLAUSIBLE EXPLANATION FOR A NUMBER OF THESE OLD INJURIES IS THAT THEY ARE INFLECTED?

OPHOVEN: YEAH, YEAH.

KNODELL: OKAY.

OPHOVEN: THAT'S WHAT I SAID.

KNODELL: DO YOU SEE ANY, ANY DESCRIPTION OF ANY EPISODE IN THIS CHILD'S LIFE OR ANYBODY INFLECTED ANY INJURIES ON THIS CHILD? IN OTHER WORDS, NOT...

OPHOVEN: YOU MEAN A WITNESS TO CHILD ABUSE?

KNODELL: OR, YEAH, OR SELF PURPORT BY MARIBEL? OR?

OPHOVEN: NO.

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KNODELL: I MEAN, THERE'S NOTHING, NOBODY'S DESCRIBED ANY INCIDENT IN THIS CHILD'S LIFE WHERE THE CHILD SUFFERED THE KIND OF INJURIES THAT, THAT CORRELATE TO, TO WHAT YOU SEE?

OPHOVEN: I HAVE TO BE REALLY CAREFUL. I DON'T HAVE ANYTHING HERE THAT EXPLAINS THE NUMBER AND CHARACTER OF HIS INJURIES.

KNODELL: OKAY. ALL RIGHT, I'M NOT, I'M NOT A DOCTOR SO I'M...

OPHOVEN: NO, IT'S HOW YOU'RE FRAMING IT. IT'S HOW YOU'RE FRAMING THE QUESTION. AND SO I JUST WANT TO MAKE SURE I'M ANSWERING THE QUESTION CORRECTLY. THAT WHAT, I, I, WHAT I WAS TRYING TO EXPLAIN TO YOU AND I PROBABLY MISREPRESENTED IT. IS YOU COULD GO THROUGH A LIST OF ALL THESE INJURIES IN CHILDREN IN GENERAL, AND THERE ARE CERTAINLY CIRCUMSTANCES THAT ARE ACCIDENTAL. IF YOU WENT THROUGH A LONG LIST OF ALL THESE INJURIES AND SAY ARE, ARE THERE CHILDREN IN THE WORLD THAT HAVE SUFFERED ONE OR MORE OF THESE INJURIES FROM ACCIDENTS AND THE ANSWER IS SURE. IS THERE REASON TO BELIEVE THAT THESE INJURIES WERE ALL ACCIDENTS? AND IN MY OPINION, THE ANSWER IS NO.

KNODELL: OKAY.

OPHOVEN: DOES THAT, IS THAT, DOES THAT CLARIFY?

KNODELL: YEAH.

OPHOVEN: IT'S THE WHOLE, NOT THE PARTS, BUT IF SOMEBODY WERE TO SAY DOCTOR THERE'S A LEFT FEMUR FRACTURE DUE TO CHILD ABUSE. IS EVERY LEFT FEMUR FRACTURE LIKE THIS ONE DUE TO CHILD ABUSE, THE ANSWER IS OF COURSE NOT. BUT WHEN YOU'RE LOOKING AT ALL OF THE FINDINGS TOGETHER, THEN YOU START TO, TO BE IN A SITUATION WHERE YOU'RE UH, WHERE YOU'RE LEFT WITH NO ALTERNATIVE BUT THAT THE CHILD IS BEING ABUSED.

KNODELL: RIGHT.

OPHOVEN: NOW, WHO'S DOING IT.....CAN BE DETERMINED FROM LOOKING AT THE CHILD. THERE ARE CERTAINLY INVESTIGATIVE,

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THERE'S INVESTIGATIVE INFORMATION THAT CAN BE BROUGHT FORWARD THAT LEAVE YOU WITH NO ALTERNATIVE CONCLUSIONS, BUT THAT'S NOT THE PATHOLOGIST'S JOB. WHAT I CAN TELL YOU IS THAT THIS CHILD HAS SUFFERED INJURIES AT THE HANDS OF OTHERS, OR OTHER. WHAT HAPPENED ON THE LAST EVENT, IS THE ONE THAT IS THE MOST...CRITICAL AND WHAT IS THE MEDICAL EVIDENCE TELL US ABOUT THAT LAST EVENT, IS WHAT I'M TRYING TO CONVEY TODAY. THAT INFORMATION, THAT BECAUSE THE CHILD WAS A VICTIM OF ABUSE BEFORE, IT WOULD NOT BE INAPPROPRIATE TO CONSIDER THE POSSIBILITIES THE CHILD WAS A VICTIM OF ABUSE AGAIN. THEN YOU LOOK AT THE EVIDENCE TO DRAW WHATEVER CONCLUSIONS ARE APPROPRIATE. YOU DO TAKE INTO ACCOUNT WHAT THE MOTHER SAID, BUT YOU ALSO HAVE TO LOOK AT WHAT THE EVIDENCE SAYS. AND SOMETIMES WHAT THE CARE GIVER SAYS IS COMPLETELY INCONSISTENT WITH THE FINDINGS, BUT IT MAY NOT BE CONSISTENT WITH AN ASSAULT.

KNODELL: ALL RIGHT.

OPHOVEN: DOES THAT MAKE SENSE?

KNODELL: YEAH, IS THAT WHAT YOU'RE SAYING IS THE SITUATION HERE THOUGH?

OPHOVEN: I, I DON'T KNOW YET. THAT'S WHERE WE GET TO THE FRUSTRATING I STILL DON'T HAVE ALL THE INFORMATION.

KNODELL: OKAY.

OPHOVEN: BUT, BUT TO CONCLUDE THAT BECAUSE HE'S DEAD, HE WAS THE VICTIM OF AN ASSAULT, WITHOUT LOOKING AT THE EVIDENCE.

KNODELL: M, HUH.

OPHOVEN: IS.....A PROBLEM OBVIOUSLY.

KNODELL: OKAY, I THINK STEVE HAD A QUESTION, HE'S TRYING TO TELL ME. WHAT?

SCOTT: YEAH, UH, DOCTOR, I KNOW YOU INDICATE THAT THE, UH, YOU

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CAN'T DETERMINE WHO CAUSED THESE INJURIES FROM THE PATHOLOGY, BUT CAN YOU DETERMINE FROM THE PATHOLOGY BUT CAN YOU DETERMINE FROM THE PATHOLOGY THAT THE UH, INJURIES WERE INFLICTED BY UH, LET'S SAY AN ADULT VERSES A, LET'S SAY ADOLESCENT?

OPHOVEN: NO, AND I THINK THIS IS IMPORTANT, NOT NECESSARILY. AND AGAIN, I DON'T HAVE A LOT OF INFORMATION ABOUT THIS, THE OTHER SIBLINGS. HOW WELL THEY WERE SUPERVISED. HOW EXPOSED RAFFY WAS TO, TO, TO CARE, TO ROUGH HOUSING AND SO ON. BUT WHAT I, WHAT I HAVE, WHAT I AM AWARE OF IS THAT BEFORE I CONCLUDE THAT THE ONLY PERSON THAT COULD HAVE HURT OR KILLED THE CHILD IS THE ONLY GROWN UP PRESENT, I GOT TO HAVE A LOT MORE INFORMATION. BECAUSE IN MY 30 YEARS OF PRACTICE, I HAVE CASES WHERE OUT OF CONTROL CHILDREN HAVE HURT AND KILLED YOUNGSTERS. NOW THAT IS NOT MY FIRST REFLEX. THAT IS I'M WELL AWARE THAT A LOT OF PEOPLE WANT TO BLAME OTHERS. I DIDN'T GET A SENSE HERE THAT ANYBODY HAS TRIED TO BLAME OTHERS. THE OTHER CHILDREN. UM, BUT IT IS, UM, IT IS, IT IS, WHEN, WHEN YOU START LOOKING AT THE DIFFERENTIAL DIAGNOSIS IF THE CHILD HAS BEEN ABUSED THEN WHO COULD'VE DONE IT, YOU HAVE TO LOOK AT THE WHOLE BUNCH THAT THE CHILD HAD EXPOSURE TO.

SCOTT: M, HUH.

OPHOVEN: I DON'T KNOW HOW OLD THESE OTHER SIBLINGS ARE. I DON'T KNOW IF SHE LEAVES THEM ALONE WITH RAFFY. I DON'T KNOW WHO ELSE WAS LEFT WITH RAFFY. I THINK THOSE ARE ALL OTHER QUESTIONS THAT WOULD BE BROUGHT UP ON THE DAY OF THE AUTOPSY.

KNODELL: WELL, I THINK THE OLDEST CHILD AT THE TIME, THE OLDEST WAS 11 YEARS OLD.

OPHOVEN: WELL, AN 11 YEAR OLD KID CAN KILL A KID. I MEAN WE KNOW THAT ALREADY, CAUSE THERE'S BUNCHES OF THEM IN PRISON. SO, I DON'T KNOW. I'M NOT SUGGESTING IT AND I'M NOT BEING ASK TO COME TO WASHINGTON TO SUGGEST THAT THE 11 YEAR OLD HURT AND KILLED RAFFY,

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KNODELL: M, HUH.

OPHOVEN: I MEAN I HOPE TO HEAR THAT.

KNODELL: YEAH.

OPHOVEN: I'M JUST SAYING IN ANSWER TO STEVE'S QUESTION, IS IT APPROPRIATE TO CONCLUDE THAT THE ONLY PERSON WHO COULD'VE DONE THE HURTING IS THE ONLY ADULT PRESENT? THE ANSWER IS NO.

KNODELL: WELL HAVE YOU, YOU, IN YOUR EXPERIENCE, HAVE YOU EVER HAD A SITUATION WHERE AN 11 YEAR OLD CHILD KILLED ANOTHER CHILD IN THE MANNER THAT RAFFY DIED HERE AND INFLICTED THE, THE, THE NUMBER AND DEGREE OF INJURIES THAT YOU SEE IN THIS CASE?

OPHOVEN: NOT, NOT LIKE, NOT OVER TIME LIKE THIS. I MEAN I HAVEN'T SEEN A CASE LIKE THIS. I HAVE SEEN, I HAVE SEEN AN 11 YEAR OLD CHILD HURT AND KILL UM, A CHILD RAFFY'S AGE UM, AND EVEN OLDER.

KNODELL: M.

OPHOVEN: UM, FROM MULTIPLE BLUNT FORCE TRAUMA.

KNODELL: YEAH.

OPHOVEN: ABSOLUTELY, BUT UM...

KNODELL: BUT, WOULD IT BE CONSISTENT IN YOUR EXPERIENCE FOR UH, YOU KNOW IF YOU HAD UM, A CHILD LIKE RAFFY, A TWO YEAR OLD IN A HOME WITH, WITH AN OLDER SIBLING. DO YOU THINK AND OLDER SIBLING WOULD BE ABLE TO INFLICT THIS DEGREE AND NUMBER OF INJURIES WITHOUT THE STAY AT HOME MOM UH, KNOWING ABOUT IT?

OPHOVEN: WELL, NO, OF COURSE NOT.

KNODELL: OKAY. NOW...

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OPHOVEN: OF COURSE, YOU'D KNOW WHAT'S GOING ON. THE ISSUE HERE OF COURSE, IS, IS, IS HAVE THE QUESTIONS BEEN ASKED, HAVE WE, HAVE YOU LOOKED INTO IT...

KNODELL: M, HUH.

OPHOVEN: AGAIN, IT'S ONE OF THOSE SITUATIONS WHERE YOU'VE GOT A DEAD KID AND YOU WORK OUR WAY BACKWARDS. TO THE LAST ADULT, THE RESPONSIBLE ADULT AND THEN IF THE EVIDENCE SUGGESTS THAT IT MIGHT BE UM, UH, UH, AN INFLICTED INJURY THEY WE JUST KIND OF WRAP IT UP.

KNODELL: OKAY.

OPHOVEN: UM.....THAT'S NOT HOW WE DO REGULAR FORENSICS.

KNODELL: SURE.

OPHOVEN: AND UM, AND SO I'M SHARING WITH YOU, IN A CASE THAT'S UNUSUAL BECAUSE RAFFY'S CASE IS VERY UNUSUAL, THE FINDINGS THEY HAD AT AUTOPSY ARE NOT CONSISTENT WITH FRESH, BLUNT FORCE TRAUMA TO THE HEAD.

KNODELL: M, HUH.

OPHOVEN: THAT THERE ARE OTHER VARIABLES THAT NEED TO BE EXAMINED AND DEALT WITH INCLUDING THE POSSIBILITY THAT RAFFY HAD BEEN UNDER THE WEATHER FOR SOME TIME, BEFORE 9-1-1 WAS CALLED, AND.....THAT...THAT...WHAT WE'RE TRYING TO RELY ON PART OF HER STATEMENT AS TRUTH TO CONCLUDE THAT WHAT SHE SAID IS A LIE, THEREFORE SHE KILLED HIM.

KNODELL: M, HUH.

OPHOVEN: BUT WE'RE IGNORING SOME OTHER PARTS OF THE STORY THAT CLEARLY ARE INCONSISTENT WITH THE MEDICAL FACTS. SO, FOR ME, IT'S KIND OF WELL, THEN I GOT TO SET HER STATEMENTS ASIDE. I GOT TO LOOK AT THE EVIDENCE. I GOT TO LOOK AT EXACTLY WHAT'S GOING ON HERE. I HAVE TO ABOUT, FOR ALL I KNOW, HE, HE'S, SHE COULD'VE PUT HER HAND OVER HIS MOUTH

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CAUSE HE WAS SPITTING OATMEAL TWO DAYS BEFORE AND HE VOMITED AND ASPIRATED AND THEN DWINDLED TO DEATH UNTIL SHE CALLED 9-1-1.

KNODELL: M, HUH.

OPHOVEN: BECAUSE HE HAD TERRIBLE PNEUMONIA AND BRAIN SWELLING AND DIED.

KNODELL: RIGHT.

OPHOVEN: SO I'M NOT SUGGESTING THAT'S WHAT HAPPENED, I'M JUST SAYING THAT'S JUST, THAT'S JUST AS PLAUSIBLE AS THE ONE THAT WE HAVE HERE IS THAT SHE KILLED HIM THAT MORNING.

KNODELL: UM, DOCTOR, WHEN YOU SAY, WHEN YOU SAY THAT RAFFY WAS UNDER THE WEATHER PRIOR TO UH, WHAT WAS THE DATE? 9-10. IT WAS 9-10?

SCOTT: 9-9.

OPHOVEN: 9-9.

KNODELL: OKAY, WHAT, WHAT DO YOU MEAN? WHAT DOES UNDER THE WEATHER MEAN?

OPHOVEN: UM, WHAT I, WHAT I'M SAYING., I'M NOT SAY THAT I HAVE EVIDENCE TO PROVE THAT YET?

KNODELL: OH.

OPHOVEN: WHAT I'M SAYING IS, IS THAT WE HAVE ASSUMED THAT WHAT, WHAT SHE SAID IS TRUE.

KNODELL: AW.

OPHOVEN: THAT RAFFY WAS IN, WAS IN HIS PERFECT STATE OF HEALTH THAT MORNING. OKAY?

KNODELL: RIGHT.

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OPHOVEN: I'M SAYING THAT IT'S, THAT BASED ON THE EVIDENCE THAT I HAVE, FROM JUST THE PAPER, THAT'S NOT TRUE.

KNODELL: OKAY.

SCOTT: WELL, WHAT, WHAT, THINGS WOULD YOU LOOK FOR IF, UH, IF HE WAS UNDER THE WEATHER AND THEN PROCEEDED TO...

OPHOVEN: WELL THEN AGAIN, I DON'T KNOW WHO WAS IN AND OUT OF THAT HOUSE. I DON'T KNOW WHAT OTHER WITNESSES HAVE SAID ABOUT WHETHER OR NOT HE WAS PERFECTLY WELL. I MEAN THAT'S INFORMATION THAT I WOULD BE ASKING LAW ENFORCEMENT TO GET ME. WHEN WAS THE LAST TIME THAT RAFFY WAS SEEN BESIDE SOMEONE OUTSIDE THAT HOUSEHOLD TO BE PERFECTLY WELL?

KNODELL: UM, DOCTOR LET ME UM, LET ME SEE IF I, I, AND PLEASE EXCUSE, YOU'RE BEING VERY PATIENT WITH US, I REALLY, I REALLY APPRECIATE IT. OBVIOUSLY WE DON'T HAVE A LOT OF BACKGROUND IN THIS SORT OF THING, BUT UM, WHEN I READ YOUR UM, INTERVIEW WITH STEVE UH, I THINK YOU WERE TALKING ABOUT THESE THINGS BACK THEN. I'M TRYING TO FIND WHERE YOU WERE EXPLAINING THIS AND I THOUGHT YOU DID A REALLY GOOD JOB WITH IT. EXPLAINING THAT UH, THERE COULD BE A DELAY BETWEEN, YOU KNOW, A FAIRLY SIGNIFICANT DELAY BETWEEN THE INFLECTION OF THE FATAL INJURY AND THEN THE, UM, THE CHILD ACTUALLY GOING INTO A, YOU KNOW, DISTRESSFUL SITUATION?

OPHOVEN: RIGHT.

KNODELL: AND I THINK, I, I DON'T SEE IT. I SHOULD'VE TAGGED THIS THING. LIKE YOU WERE TALKING ABOUT THE SITUATION WHERE FOR EXAMPLE, THE PARENTS ARE ABUSIVE, AND UM, BUT DELIVER THE CHILD TO A BABYSITTER AND THE BABY UM....

OPHOVEN: OH, THE DROP AND RUN SCENARIO?

KNODELL: YEAH, RIGHT. AND, YOU DESCRIBED, AND I WISH I COULD FIND THIS DARN THING, CAUSE IT'S DARN GOOD. YOU DESCRIBED THAT FOR US AND YOU SAID THAT THIS IS, YOU KNOW THIS IS WHERE WE

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COME IN, YOU HAVE TO TAKE A LOOK AT THIS OTHER POSSIBILITY AND UM.....OH, HERE IT IS. UM.....I MEAN I'VE HAD TWO OR THREE OF THESE WHERE THE KIDS HAVE BEEN DROPPED OFF A WEEK, AFTER A WEEK AT HOME YOU KNOW WITH A HISTORY OF COLD VOMITING AND WEIGHT LOSS. AND THEN HE FINALLY GETS BACK TO THE BABYSITTER AND HAVING A FUNKY MORNING AND HAS A SEIZURE AND GOES TO THE HOSPITAL.

OPHOVEN: YES.

KNODELL: OKAY. SO I GUESS, WHAT I'M ASKING YOU IS,.....IS.....IF THE CHILD SUFFER, WELL, WHEN THE CHILD SUFFERED THIS WHOLE FATAL INJURY, BECAUSE YOU'VE COME TO THE CONCLUSION THAT THE FATAL INJURY ACTUALLY OCCURRED SOME DAYS OR MAYBE LONGER BEFORE, BEFORE RAFFY PRESENTED AT THE HOSPITAL?

OPHOVEN: NO, I HAVE, LET'S TALK ABOUT EPISODE, LET'S TALK ABOUT EPISODE A, EPISODE B AND EPISODE C, OKAY?

KNODELL: OKAY.

OPHOVEN: EPISODE A, BEING THE, THE, BRAIN AND SKULL TRAUMA THAT RAFFY SUFFERED SOME MONTHS BEFORE.

KNODELL: OKAY.

OPHOVEN: THE DAY.....BE THE EVENT THAT STARTED THE DOWNHILL COURSE TO HIS DEATH.

KNODELL: RIGHT.

OPHOVEN: SOME.....TIME....IN THE QUESTION MARK, HOURS OR DAYS, BEFORE HE CAME TO THE HOSPITAL. K?

KNODELL: M, HUH.

OPHOVEN: AND, C....IS WHEN HIS HEART STOPPED BEATING.

KNODELL: RIGHT.

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OPHOVEN:AND THEN OF COURSE, D IS WHEN HIS LIFE ENDED.

KNODELL: OKAY.

OPHOVEN: NOW THINGS HAPPEN IN BETWEEN A AND B AND C AND D.

KNODELL: RIGHT.

OPHOVEN: SO THE PATHOLOGIST COMES IN AND SAYS, OKAY, I'M GONNA HELP YOU WITH WHEN A HAPPENED, AND WHAT A WAS. SO WE'VE ALL AGREED THAT A WAS BLUNT FORCE TRAUMA TO THE HEAD RESULTING IN UH, SKULL FRACTURES AND EPIDERMAL HEMORRHAGE AND SUBDURAL HEMORR. B, EVENT UNKNOWN. PRECIPITATED WHAT WOULD EVENTUALLY TAKE HIS LIFE WITH LACK OF OXYGEN TO THE BRAIN.

KNODELL: OKAY.

OPHOVEN: C IS WHEN, WHEN THE BABY'S HEART STOPPED BEATING AND 9-1-1 WAS CALLED. CPR INITIATED, AND, AND WE HAVE A TIME OF OVER A HALF AND HOUR WHERE WE HAVE NO PULSE, SO LET'S GIVE, LET'S TALK ABOUT THAT INTERVAL. THE C INTERVAL BEING IRREVERSIBLE BRAIN DAMAGE ON TOP OF WHAT WAS A FATAL EVENT. OKAY? AND THEN WE WERE IN THE HOSPITAL FOR A WHILE AND WE DID THINGS TO HIM AND WE TRIED TO HELP HIM AND WE DID CT SCANS AND WE LET HIM HANG AROUND AND BLEED INTO PLACES. K?

KNODELL: M, HUH.

OPHOVEN: AND THEN HE DIED AND THEN WE GOT PICTURES. B IS THE KEY HERE. WHAT'S B? AND WHEN DID B HAPPEN? NOW WE HAVE THEORIES ABOUT WHEN B HAPPENED. BUT ALL THE THEORIES OF WHEN B HAPPENED ARE BASED ON MARIBEL'S STATEMENT THAT RAFFY WAS NORMAL THAT MORNING. AND THEN SHE GOES, AND WE CHOOSE TO BELIEVE THAT. RIGHT?

KNODELL: M, HUH.

OPHOVEN: AND SHE GOES ON TO SAY A BUNCH OF STUFF THAT WE CHOOSE

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NOT TO BELIEVE.

KNODELL: RIGHT.

OPHOVEN: BUT EVERYTHING HINGES ON RAFFY BEING NORMAL THAT MORNING.

KNODELL: M, HUH.

OPHOVEN:ACCORDING TO MARIBEL. (INAUDIBLE) HAVE IS THAT THAT'S NOT TRUE.....REALLY STRANGE LUNG PROBLEMS. LET'S PUT THAT IN THE ARDS, A-R-D-S CATEGORY. AND...

KNODELL: SO WHAT IS, WHAT DOES THAT STAND FOR AGAIN?

OPHOVEN: IT STANDS FOR..

KNODELL: WHAT?

OPHOVEN: ...(INAUDIBLE) DISTRESS SYNDROME.

KNODELL: OKAY.

OPHOVEN: BUT THAT'S THE OLD THING THAT WE USE TO CALL IT. WHAT IT REALLY MEANS IS, IS SHOCK LUNG, IT TAKES TIME. UH, THE PRECIPITATING EVENT CAN BE MANY THINGS, BUT WHEN HE GOT TO THE HOSPITAL, HIS FIRST X-RAY SHOWED THAT HIS LUNGS WERE COMPLETELY WHITED OUT. THAT COULDN'T HAVE OCCURRED IN JUST THE 25 MINUTES THAT HE WAS DOWN, OKAY?

KNODELL: OKAY. THAT WOULD'VE BEEN OVER A COUPLE OF DAYS?

OPHOVEN: COULD BE, HAVEN'T SEEN THE SLIDES YET.

KNODELL: OKAY.

OPHOVEN: THE SECOND KEY VARIABLE HERE, IS THE PAPLEDEMA. PAPLEDEMA IS BRAIN SWELLING THAT'S ALL THE WAY OUT TO YOUR EYEBALLS.

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KNODELL: RIGHT.

OPHOVEN: OKAY? IT'S REALLY BAD BRAIN SWELLING ALL THE WAY OUT TO YOUR EYEBALLS. THAT TAKES TIME. SO I HAVE TWO, ON PAPER, REASONS TO BELIEVE THAT MARIBEL'S STATEMENT THAT THIS ALL HAPPENED THAT MORNING IS NOT THE TRUTH.

KNODELL: ALL RIGHT.

OPHOVEN: BUT WHAT HAPPENED, THEN BECOMES THE QUESTION.DO WE KNOW FOR SURE THAT WHAT HAPPENED WAS ANOTHER ASSAULT OR.....IT'S WHAT HAPPENED SOMETHING ELSE,.....AND SHE WAS TOO AFRAID BECAUSE HE WAS SICK, TO GET HELP UNTIL IT WAS TOO LATE?

KNODELL: ALL RIGHT SO, UH, I GUESS THE QUESTION I'M ASKING MYSELF IS, IF UM, SOME KIND OF TRAUMATIC INCIDENT HAPPENED THAT CAUSED THIS BRAIN SWELLING TO THE DEGREE THAT IT'S CAUSING ALL THIS PABLEDEMA AND THE LUNGS BECOME SO CONGESTED THAT UH, HE'S UH,...

OPHOVEN: THAT'S WHY HE HAD AN ARREST.

KNODELL: YEAH. WOULD, WOULD THE CHILD BE EXHIBITING ANY SYMPTOMS OR ANY DISTRESS AT THAT POINT? WOULD IT BE PAINFUL?

OPHOVEN: WELL, OVER TIME, SEE AGAIN, OVER TIME, HE COULD'VE GONE DOWN JUST LIKE A PERSON WITH PNEUMONIA.

KNODELL: M, HUH.

OPHOVEN: LIKE AN OLD PERSON WITH PNEUMONIA.

KNODELL: RIGHT.

OPHOVEN: IF HE ASPIRATED.

KNODELL: RIGHT.

OPHOVEN: SO HE GOT SICKER, AND SICKER AND SICKER AND SICKER UNTIL HE

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FINALLY, YOU KNOW. AND THEN WE DIDN'T THINK HE WAS THAT SICK AND THEN WE DIDN'T CALL THE HOSPITAL UNTIL IT WAS TOO LATE. NOW, THERE'S ALL KINDS OF QUESTIONS IMBEDDED IN THAT. AND SO WHY WOULD WE WAIT? BUT I ALSO, AGAIN, HAVING BEEN IN THIS BUSINESS SO LONG, I HAD A FAMILY THAT WAS SO DEVASTATED BY THE CPS INVOLVEMENT WHEN THEIR KID BROKE HIS ARM THAT WHEN HE GOT MENINGITIS THEY DIDN'T CALL THE DOCTOR.

KNODELL: M, HUH.

OPHOVEN: BECAUSE THEY THOUGHT THEIR KID WAS GONNA GET TAKEN AWAY AND THEN THEY ENDED UP WITH A VEGETABLE. SO YOU KNOW, THERE'S ALL KINDS OF, IT'S, IT'S JUST WHAT, WHAT SPECIFIC FACTS HAVE BEEN USED TO DRAW WHAT SPECIFIC CONCLUSIONS?

KNODELL: RIGHT, BUT I, BUT...

OPHOVEN: BUT THAT'S ALL I'M DOING HERE. I'M TALKING OUT THE TOP OF MY HEAD CAUSE I DON'T HAVE YOU KNOW, ALL MY STUFF YET.

KNODELL: RIGHT. WELL LET ME, I MEAN GENERALLY SPEAKING THOUGH, IF A CHILD, LET'S, LET'S, LET'S GO BACK TO EPISODE A. YOU GOT THIS, THIS UH...

OPHOVEN: YEAH.

KNODELL: THIS BRAIN, THIS TRAUMA THAT'S CAUSED THIS FRACTURE THAT CAUSED THIS...

OPHOVEN: YEAH.

KNODELL:MASS, THIS SUBDURAL....UM, IF, IF A CHILD TWO YEARS OF AGE SUFFERED FROM THIS KIND OF INJURY, IT WOULD EITHER, HE WOULD BE SYMPTOMATIC WOULDN'T HE? HE'D BEGIN TO, WOULD HE?

OPHOVEN: WELL, WHY HE WOULD BE AND THEN HE'D RECOVER...

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KNODELL: OH.

OPHOVEN: ...TO WHATEVER LEVEL OF RECOVERY HE WAS GONNA RECOVER.
AND AGAIN RAFFY IS A VERY, VERY CHALLENGED KID. I THINK WE
ALL SORT OF ASSUMED HE WAS CHALLENGED BECAUSE HIS MOM
WAS DRUG DEPENDANT DURING PREGNANCY.

KNODELL: WELL WHO TOLD YOU...

OPHOVEN: HE MAY HAVE ACTUALLY BEEN CHALLENGED BECAUSE HE, HAD
BRAIN DAMAGE.

KNODELL: WHO TOLD YOU HE WAS CHALLENGED?

OPHOVEN: WELL THE (INAUDIBLE) THAT HE HAS, THAT HE HAS UM, TEMPER
TANTRUMS AND THAT HE THREW HIMSELF BACKWARDS?

KNODELL: M, HUH.

OPHOVEN: AND DID UH, THAT HE WAS KNOWN TO HAVE SIGNIFICANT
BEHAVIORAL PROBLEMS SINCE BIRTH?

KNODELL: RIGHT.

OPHOVEN: UM, THAT'S, THAT'S (INAUDIBLE).

KNODELL: WELL, OKAY. WE...

FAIR: NO.

KNODELL: WE DON'T THINK THAT...THAT ANY OF THAT IS DOCUMENTED,
DOCTOR.

FAIR: YEAH, NONE, NO OTHER DOCTORS HAVE FOUND THAT. THAT'S ALL
SELF purported BY THE MOTHER.

KNODELL: YOU, HAVE YOU GOT ANYTHING BESIDES SELF PURPORT FROM
MOTHER, DOCUMENTS THAT KIND OF THING?

OPHOVEN: NO, I'M JUST GOING FROM THE MEDICAL RECORD.

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KNODELL: OKAY.

OPHOVEN: I AM GONNA GO BACK OVER THE MEDICAL REPORTS AND TAKE A LOOK AT HIS GROWTH DEVELOPMENT. IT CERTAINLY LOOKED LIKE AN OTHERWISE NORMAL FAT BABY.

FAIR: YEAH, YEAH. WE HAD A NEUROLOGICAL REPORT AND HE, HE IS A FINE HEALTHY BABY AND NO NEUROLOGICAL PROBLEMS, NO BEHAVIORAL PROBLEMS THAT ANYBODY'S EVER WITNESSED.

KNODELL: EXCEPT MOM.

FAIR: EXCEPT FOR MOM.

OPHOVEN: OKAY.

KNODELL: ALL RIGHT SO, SO...

OPHOVEN: SO (INAUDIBLE) I'M JUST READING FROM MY MEDICAL RECORD RIGHT HERE SO, UM, IF HE'S NOT BEHAVIORALLY CHALLENGED, THEN HE'S NOT BEHAVIORALLY CHALLENGED BUT, BACK TO YOUR ORIGINAL QUESTION, WHICH WAS, AFTER THE KID HAD HIS HEAD HURT REALLY BAD, WOULD HE HAVE HAD SYMPTOMS? AND THE ANSWER, IS YEAH.

KNODELL: WHAT KIND OF SYMPTOMS WOULD YOU BE LOOKING FOR?

OPHOVEN: WELL HE COULD'VE LOOKED LIKE HE HAD REALLY TERRIBLE AWFUL UM, FLU. SO I'M GONNA GO BACK IN THE LITERATURE AND LOOK, OR GO BACK IN HIS MEDICAL RECORDS AND SEE.

KNODELL: SO HE, HE COULD MANIFEST SYMPTOMS THAT WOULD LOOK LIKE FLU?

OPHOVEN: WELL, ALL I CAN TELL YOU THAT WE KNOW, THAT SINCE HE DIDN'T GO TO THE HOSPITAL AND GET TREATED FOR BRAIN INJURY?

KNODELL: YEAH.

OPHOVEN: AND SKULL FRACTURE? THAT, THAT HIS SYMPTOMS WERE

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OBVIOUSLY MISINTERPRETED AS SOMETHING ELSE.

KNODELL: I'M...YOU, YOU MEAN BY THE MOTHER?

OPHOVEN: NO, BY SOMEBODY. WHOEVER'S CARE HE WAS IN, THE SYMPTOMS WERE MISINTERPRETED BY SOMEBODY ELSE.

FAIR: WELL, HE WAS NEVER TAKEN TO THE DOCTOR. THAT'S...

OPHOVEN: PARDON?

FAIR: HE WAS NEVER TAKEN TO THE DOCTOR. THAT'S THE PROBLEM.

OPHOVEN: I CAN'T HEAR YOU HON.

FAIR: THE PROBLEM...

KNODELL: I'M SORRY, DOCTOR, I SHOULD TELL YOU THIS IS CAROLYN FAIR AND I TINK SHE WAS UH, SHE WALKED IN A LITTLE LATE. SHE'S SAYING HE WAS NEVER TAKEN TO THE DOCTOR. I'VE GOT THE...

OPHOVEN: YEAH, I KNOW. HE WAS NEVER TAKEN TO THE DOCTOR FOR THIS, FOR THIS TERRIBLE HEAD TRAUMA.

KNODELL: OKAY AND...

OPHOVEN: AND THERE, THERE WE ARE. I MEAN, UM,.....I DON'T KNOW, THAT'S WHY WE DON'T KNOW WHEN IT HAPPENED BUT IT WAS A TERRIBLE BRAIN INJURY. I MEAN HE'S GOT AN EPIDERMAL AND A MASSIVE SUBDURAL AND BASILAR SKULL FRACTURE. I MEAN THIS IS A TERRIBLE BLOW.

KNODELL: SO, I MEAN, AND THAT HAPPENED, WE BELIEVE, AT LEAST SOME MONTHS BEFORE THE, THE...

OPHOVEN: YEAH.

KNODELL: ...RAFFY DIED. OKAY SO WHEN HE...

OPHOVEN: THAT'S A.

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KNODELL: ...BEG YOUR PARDON?

OPHOVEN: THAT'S A.

KNODELL: THAT'S A, YEAH. NOW, DOCTOR, UM, UH...IT, WHAT, WHEN RAFFY
SUFFERED THAT BLOW, WOULD YOU NOT EXPECT MAYBE TO LOOSE
CONSCIOUSNESS TO...

OPHOVEN: SURE, HE COULD HAVE.

KNODELL: WOULD YOU...

OPHOVEN: BEHAVE LIKE ANY...

KNODELL: SO SOME, SOME SYMPTOMS OF CONCUSSION?

OPHOVEN: SURE.

KNODELL: WHICH WOULD, WOULD IT BE ACCURATE TO SAY THAT HE WAS
CONCUSSED? WOULD, IT NECESSARILY CONCUSSED BY THIS KIND
OF INJURY?

OPHOVEN: SURE.

KNODELL: UH, SO HE...

OPHOVEN: SUFFERED...HE SUFFERED A CONCUSSION. HE SUFFERED A, A
SEVERE HEAD INJURY.

KNODELL: OKAY. AND UM...

OPHOVEN: THAT'S WHY I BELIEVED THE BEHAVIORAL PROBLEMS,
UM,.....HISTORY. BECAUSE THIS KIND OF CONCUSSION IS THE
KIND OF THING THAT DOES CHANGE YOUR COGNITIVE UM, WORLD.
AND DOES LEAD TO PERSONALITY, CHALLENGING PERSONALITIES
AND AGGRESSION AND VIOLENT BEHAVIOR AND.....YOU KNOW ALL
KINDS OF STUFF. SO I JUST ASSUMED THAT THOSE TWO WENT
TOGETHER.

KNODELL: OKAY, BUT AGAIN, WE HAVE THE REPORT FROM MOM THAT THE

CHILD WAS EXTREMELY DIFFICULT AND HAD THE CHALLENGING PERSONALITY CHARACTERISTICS BUT THERE'S NO REPORT ANYWHERE, OF ANY KIND OF LOSS OF CONSCIOUSNESS.

OPHOVEN: NO, NO, I UNDERSTAND THAT. I THINK AGAIN, THAT'S ANOTHER REASON WHY THE DIAGNOSIS IS INFLICTED HEAD TRAUMA.

KNODELL: M, HUH.

OPHOVEN: BECAUSE THIS CHILD DIDN'T GET RUSHED TO THE HOSPITAL WHEN HE SUFFERED HIS HEAD INJURY.

KNODELL: RIGHT.

OPHOVEN: I MEAN THAT'S JUST, YOU KNOW THAT'S JUST SIMPLE.

KNODELL: OKAY.

OPHOVEN: SO, YOU KNOW, IF THE CHILD, THE CHILD HAD BEEN CATAPULTED OUT OF A VEHICLE AND LANDED ON HIS HEAD, UM...AND WAS BROUGHT TO THE HOSPITAL AND EVERYBODY THOUGHT HE WAS IN REMARKABLE IN GOOD SHAPE, I'D STILL NOW, ATTRIBUTE THAT EVENT TO HIS UM, TO, TO THE BLUNT FORCE TRAUMA. I MEAN IF THAT'S THE ONLY THING HE HAD. BUT IF WE DON'T HAVE ANY EVIDENCE OF THIS CHILD SUFFERING BLUNT FORCE TRAUMA TO THE HEAD, THAN, THE, THE OBVIOUS CONCLUSION IS THAT IT WAS INFLICTED AND THE CHILD WAS INTENTIONALLY NOT BROUGHT TO MEDICAL ATTENTION AFTER HE SUFFERED THE INJURY.

KNODELL: YEAH. UM.....LET ME GET THIS. NOW LET ME ASK YOU ABOUT THE UM, ABOUT THE UH.....UH, THE SHOULDERS. THE UH, AND I ALWAYS FORGET THE UH...

OPHOVEN: THEY CALL THEM A METABICEL (?) FRACTURE AND THE CLASSICAL METABICEL (?) INJURY AND IT'S AT THE TROCANTER AND THE NICE THING ABOUT THIS AUTOPSY IS THAT THE PATHOLOGIST DID A TEST THAT WE ALL NEED TO LOOK AT, WHICH IS WE SAW AN X-RAY THAT HE HAD ABNORMAL BONES THERE BUT HE ACTUALLY WENT IN AND TOOK SECTIONS OF THE TISSUE SO WE CAN LOOK AT THEM UNDER A MICROSCOPE.

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KNODELL: M, HUH.

OPHOVEN: AND THE TISSUE UNDER THE MICROSCOPE SHOWS THAT IT'S OLD.

KNODELL: WELL, SO, DO I UNDERSTAND, JUST TO PUT THIS IN LAYMAN'S TERMS, THIS CHILD'S ARMS WERE PULLED OUT OF THEIR SOCKETS?

OPHOVEN: NO, NO, THAT'S NOT FAIR. UM, THAT'S A DISLOCATED SHOULDER.

KNODELL: OKAY. UM...

OPHOVEN: HE HAS BROKEN BONES, UM, UM, NEAR THE SHOULDER THAT'S CONSISTENT WITH TWISTING OR JERKING.

KNODELL: M, HUH.

OPHOVEN: FORCEFUL, ROUGH HANDLING. THAT RESULTED IN FRACTURE OF THE BONES AND THEN HEALING.

KNODELL: OKAY, BUT THE, THE DAMAGE TO THE, THE INJURY TO THE HUMERUS AGAIN WAS INFLICTED AS OPPOSED TO ABUSIVE? UH, I'M SORRY INFLICTED AS OPPOSED TO UH, ACCIDENTAL?

OPHOVEN: THERE'S NO, UH, YES, I WOULD CONCLUDE BASED ON THE, ELEMENTS OF THE CASE THAT THESE ARE UM INFLICTED INJURIES, YES.

KNODELL: NOW, NOW WHAT ABOUT, WOULD THESE HAVE BEEN PAINFUL. WOULD IT HAVE BEEN PAINFUL FOR RAFFY TO HAVE THIS INJURY INFLICTED?

OPHOVEN: OH, I THINK IT WOULD'VE HURT, YES. THE QUESTION IS HOW LONG WOULD THEY CRY AND WOULD THEY USE THEIR ARMS AND ALL THAT STUFF. AND WHAT I'VE NOTICED OVER THE YEARS IS SOMETIMES THE BABY'S GET BROUGHT IN FOR NOT USING THEIR, NOT USING THAT EXTREMITY UM, RIGHT AWAY. AND THEN MONTHS OR YOU KNOW, LATER WE, WE SEE EVIDENCE OF A FRACTURE WHEN WE DIDN'T SEE IT UM INITIALLY. AND THEN OTHER TIMES WE HAVE KIDS THAT HAVE TERRIBLE, AWFUL FRACTURES ALL OVER AND WE HAVE, WE HAVE WITNESSES WHO

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HAVE BEEN WITH THE CHILD WHO DIDN'T NOTICE ANYTHING. SO
UM, WHEN IT HAPPENED IT HURT.

KNODELL: M, HUH.

OPHOVEN: HOW LONG HE WAS SYMPTOMATIC, I CAN'T SAY. I WOULD BE
SURPRISED IF HE WASN'T SYMPTOMATIC FOR AT LEAST A COUPLE
THREE DAYS, CHOOSING TO NOT USE THE EXTREMITY AS WELL.
NOT WANTING TO MOVE THE EXTREMITY THAT WELL. BUT I'VE
HEARD DOCTORS CLAIM THAT THE CHILD CRIED CONSTANTLY FOR
TWO OR THREE STRAIGHT DAYS AND THAT'S JUST NOT BORN OUT
IN UNINVOLVED WITNESSES WHO'VE BEEN WITH CHILDREN WITH
THESE INJURIES, WHO HAVE NOT NOTICED THAT THEY WERE
IRRITABLE.

KNODELL: DOCTOR CAN I ASK ON THAT LAST ONE, AND I'M TRYING TO ASK
YOU ABOUT THE PAPLEDEMA, IS YOUR CONCLUSION ON THAT
BASE, IS THAT BASED ON YOUR CLINICAL EXPERIENCE OR IS THERE,
IS THERE LITERATURE? COULD YOU...

OPHOVEN: YEAH, THERE'S LIT...THERE'S LITERATURE, IT'S CLINICAL
EXPERIENCE, IT'S NEUROLOGY LITERATURE. IT'S A, IT'S ONE OF
THOSE THINGS WHERE PAPLEDEMA IS, IS, IS A UH, IT'S NOT, IT'S NOT
TOTALLY WELL UNDERSTOOD BUT IT IS CERTAINLY ONE OF THOSE
THINGS WHERE UM, YOU KNOW THAT IT MEANS THERE HAS BEEN
INCREASE IN THE CRANIAL PRESSURE FOR SOME TIME. CHILDREN
WITH CLASSIC UM, LET'S SAY, YOU KNOW THE SCENARIO WHERE
MARIBEL ACTUALLY KILLED UM, UH, RAFFY THAT MORNING, HE
SUFFERED AN IMMEDIATE ARREST. WE TAKE HIM TO THE
HOSPITAL, BY THE TIME HE DIED WE WOULDN'T HAVE SEEN
PAPLEDEMA.

KNODELL: OKAY, LET ME COME BACK TO PAPLEDEMA. I'M ASKING ABOUT
THE UM, THE SHOULDERS?

OPHOVEN: OH, YOU ASK ME ABOUT PAPLEDEMA?

KNODELL: I, I DID. I'M GONNA COME BACK TO IT. I, I PAPLEDEMA IS NUMBER
TWO, AS TO THE, AS TO THE SHOULDERS, UH, ARE...YOUR
EXPERIENCES, ARE YOUR CONCLUSIONS ABOUT HOW THE CHILD

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WOULD HAVE REACTED TO...

OPHOVEN: BOTH CLINICAL AND...

KNODELL: AND LITERATURE?

OPHOVEN: NO, IT, MY FIELD?

KNODELL: YEAH.

OPHOVEN: UM, THE, THE, MY OPINIONS ARE BASED ON BASICALLY THREE
GENERAL CATEGORIES.

KNODELL: M, HUH.

OPHOVEN: TRAINING.....EXPERIENCE....AND CURRENT MEDICAL KNOWLEDGE.

KNODELL: ALL RIGHT IS THE CURRENT MEDICAL KNOWLEDGE, CAN, CAN YOU
POINT ME TO ANY UH, LITERATURE THAT WOULD SUPPORT YOUR
CONCLUSION THAT THE CHILD COULD HAVE BEEN UH,
UH.....COULD HAVE SUFFERED THIS UH, UH, INJURY TO THE
SHOULDER AND NOT HAVE CRIED YOU KNOW, FOR TWO OR THREE
DAYS?

OPHOVEN: UM.....I CAN'T, I DON'T THINK I CAN POINT YOU TO LITERATURE
ABOUT CHILDREN'S BEHAVIOR AFTER THESE INJURIES AT ALL.
WHAT I CAN POINT YOU TO IS CASE MATERIALS WHERE PEOPLE
HAVE, YOU KNOW, I HAVE SPECIFIC CASES WHERE PEOPLE HAVE
BEEN AROUND CHILDREN WHO HAVE SUFFERED THESE INJURIES.

KNODELL: OKAY.

OPHOVEN: AND THEY, THEY UH, THEY DIDN'T APPEAR TO HAVE PROLONGED
IRRITABILITY OR CRYING OR WERE CONSOLABLE. UM, I DON'T
THINK ANYBODY HAS LITERATURE THAT TALKS ABOUT BEHAVIOR
AFTER....THIS KIND OF A FRACTURE. I THINK THE ALTERNATIVE
WOULD BE ANYONE WHO SPECULATES ABOUT WHAT THE, THE
BEHAVIOR WOULD'VE BEEN IS THE ONE THAT NEEDS TO GET THE
LITERATURE.

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KNODELL: M, HUH.

OPHOVEN: THAT'S WHAT I'M BASICALLY SAYING IS THAT THERE IS A WIDE RANGE OF, OF BEHAVIOR THAT CAN OCCUR AFTER AN INJURY LIKE THIS.

KNODELL: ALL RIGHT NOW LET ME ASK YOU ABOUT THE PAPLEDEMA BECAUSE THIS IS ONE WHERE APPARENTLY, AND AGAIN, IF I'M UNDERSTANDING CORRECTLY, WHERE YOU'RE IN DISAGREEMENT WITH DR. FELDMAN. DR. FELDMAN SAYS THAT THE, THE PAPLEDEMA WHICH WE SAW IN RAFFY, UH, COULD HAVE UH, BEEN A RESULT OF ACUTE TRAUMA. UM, YOU'RE SAYING IT'S A GRADE FOUR. IT HAD TO HAVE BEEN GOING ON FOR SEVERAL DAYS?

OPHOVEN: THAT'S, THAT'S WHY THE LITERATURE SAYS.

KNODELL: OKAY.

OPHOVEN: THAT IT TAKES TIME, THAT, THAT IT UH, THAT DR. FELDMAN WOULD BE SPECULATING ABOUT UM, THIS KIND OF PAPLEDEMA IN AN ACUTE EVENT. UM, IN MY OPINION, UM, AND THAT PAPLEDEMA IS A PUZZLING VARIABLE IN THIS CASE. I THINK THE LITERATURE IS PRETTY CLEAR ABOUT THAT. I DON'T HAVE ONE AT MY FINGERTIPS, BUT, I'D BE VERY INTERESTED IN WHATEVER LITERATURE HE HAS TO SUGGEST THAT, THAT UH, GRADE FOUR PAPLEDEMA IS CONSISTENT WITH RAFFY GETTING HURT...

KNODELL: WELL...

OPHOVEN: ...ON THE DAY THAT....

KNODELL: ..I....

OPHOVEN: ...THE PAPLEDEMA WAS NOTICED.

KNODELL: I'LL ASK HIM AND I'LL SHARE THAT WITH HIM, COULD YOU POSSIBLY, WOULD YOU BE WILLING TO PUT TOGETHER SOME OF THE LITERATURE THAT YOU'RE, YOU'RE, UH, UH,...

OPHOVEN: WELL, I CAN, I'LL DO WHAT I CAN, UM... TO PULL IT TOGETHER, BUT

AGAIN, I THINK I, THINK IF IT'S GONNA BE A WARM OF LITERATURE?

KNODELL: M, HUH.

OPHOVEN: UM, UH, I'D BE GLAD TO ENGAGE IN THAT, BUT UM, UH, I'LL BE GLAD TO ENGAGE IN THAT IF THAT'S WHAT YOU WANT. UM, BUT I WOULD LIKE, I THINK THE FIRST THING YOU NEED TO DO IS GO BACK AND ASK FOR, ASK FOR A NEUTRAL NEUROLOGIST.

KNODELL: M, HUH.

OPHOVEN: WHAT PAPLEDEMA MEANS.

KNODELL: OKAY.

OPHOVEN: GO ASK A PERSON WHO TAKES CARE OF KIDS AND LOOKS IN THEIR EYES A LOT.

KNODELL: OKAY.

OPHOVEN: UM, BECAUSE YOU WANT TO GET INTO A WAR THAT STARTS WITH THROWING PAPERS BACK AND FORTH AT EACH OTHER. IT'S LIKE FINE, BUT I'M REFLECTING KIND OF THE, THE, THE,USUAL AND CUSTOMARY CONCERNS AND ISSUES, UM.....AND I DON'T WANT TO PRE-DEBATE WITH DR. FELDMAN RIGHT NOW. ANYTHING'S POSSIBLE, AS YOU'RE WELL AWARE. GRADE FOUR PAPLEDEMA TRADITIONALLY MEANS THAT THE CHILD HAS HAD BRAIN SWELLING FOR SOME TIME.

KNODELL: OKAY, BUT IT'S POSSIBLE THAT IT COULD ALSO BE AS A RESULT OF ACUTE TRAUMA?

OPHOVEN: NO, I DON'T, I HAVEN'T HAD A CASE WHERE THAT'S EVER OCCURRED. UM, SO I, IN, IN MY YEARS OF EXPERIENCE, PAPLEDEMA MEANS (INAUDIBLE NOISE IN BACKGROUND) ...DEMA HAS BEEN PRESENT FOR A REALLY LONG TIME.

KNODELL: OKAY.

OPHOVEN: I HAVE ALSO BEEN IN THE BUSINESS LONG ENOUGH WHERE YOU

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CAN GET ANY OPINION TO COUNTER THE PREVAILING OPINION. BUT
PAPLEDEMA IN MY WORLD MEANS THAT THE BRAIN SWELLING HAS
BEEN GOING ON FOR A WHILE.

KNODELL: OKAY.

OPHOVEN: THAT'S ALL I'M TELLING YOU.

KNODELL: IN A NORMAL CASE?

OPHOVEN: PARDON?

KNODELL: I, I SAY IN THE NORMAL CASE. IN, IN....

OPHOVEN: I MEAN IF YOU WANT TO, IF YOU WANT TO TAKE A CASE, AND SAY
OKAY, I'M GONNA CONSTRUCT A CASE, AND I'M GONNA
CONSTRUCT THE STORY AND I'M GONNA CONSTRUCT THE
THEORY.....AND I'M GONNA IGNORE ALL OF THE REALLY
IMPORTANT STUFF CAUSE IT ISN'T, YOU KNOW, THEY DON'T
REALLY, NECESSARILY HELP ME. IT'S TOTALLY POSSIBLE TO
CONSTRUCT A STORY THAT, AND YOU DON'T NEED BRAIN TRAUMA
AND YOU DON'T NEED A SIGNIFICANT SUBDURAL. AND YOU DON'T
NEED ANYTHING REALLY EXCEPT THAT THE KID'S BEEN ABUSED IN
THE PAST IS NOW DEAD. YOU CAN MAKE A PRETTY GOOD STORY
THAT SOMEBODY KILLED HIM RIGHT NOW. MY JOB, AS A
PATHOLOGIST IS TO TELL YOU WHAT THIS STUFF MEANS.

KNODELL: OKAY.

OPHOVEN: AND PAPLEDEMA MEANS IT DIDN'T HAPPEN TODAY.

KNODELL:ALL RIGHT AND DOCTOR I'M SORRY. WE'RE NOT, WE'RE NOT
TRYING TO MAKE THIS INTO A WAR OF EXPERTS.

OPHOVEN: NO, I JUST, LIKE I SAID, I'VE BEEN DOING THIS FOR A LONG TIME.
I'VE TESTIFIED, YOU KNOW, FOR THE FIRST HALF OF MY CAREER I
WORKED WITH UH, WITH FOLKS PROSECUTING THE CASES TO TRY
AND HELP PEOPLE UNDERSTAND THAT PARENTS HURT AND KILL
THEIR KIDS. AND THAT'S WHAT, WHAT THE FIELD WAS LIKE BACK
IN THOSE DAYS. WE HAD PEOPLE WHO ACTUALLY CAME IN AND

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USED THE JURIES SKEPTICISM AND LACK OF BELIEF THAT A MOTHER WOULD HURT AND KILL THEIR KID TO TRY AND COME UP WITH A BOGUS ALTERNATIVE. NOW, MY WORK IS LARGELY IN DEFENSE BECAUSE PEOPLE ARE, ARE USING BOGUS EVIDENCE TO SUPPORT A, AN ACCUSATION.

KNODELL: M, HUH.

OPHOVEN: SO THERE'S NO PROBLEMS IN THIS CASE WITH THEIR BEING THE PRESENCES OF CHILD ABUSE. BUT TO TAKE THE ACTUAL FACTS AND SAY WELL I'M GOING TO BLOW THEM OFF AND I'M NOT GONNA REALLY STUDY THE CASE. AND I'M NOT GONNA UNDERSTAND IT AND I'M NOT GONNA TELL THE TRUTH ABOUT WHAT IT MEANS...

KNODELL: M, HUH.

OPHOVEN: ...ON...THAT'S HOW COME I'M TESTIFYING ON A CASE, GOD AWFUL CASE LIKE THIS.

KNODELL: OH, I'M SORRY, DO YOU THINK THAT IS HAPPENING IN THIS CASE?

OPHOVEN: YEAH, I DO. BUT THAT A BUNCH OF STUFF HAS COME IN THAT IS JUST ABSOLUTELY BOGUS.

KNODELL: OKAY AND UH...

OPHOVEN: SO FROM MY STAND POINT. YOU KNOW IT'S ALL THERE, WE, STEVE HEARD ME, IT'S ALL, IT'S ALL, IT'S JUST THAT IT'S COME IN AND BEEN INTERPRETED, AS A CLASSIC FRESH KILL. AND IT'S NOT. THIS IS NOT A CLASSIC FRESH KILL.

KNODELL: OKAY....

OPHOVEN: I'VE SEEN THEM. AND THEY ARE EASY TO LOOK AT AND THEY ARE EASY TO SEE. AND YOU KNOW, MAN I'D A TOLD MR. MOSER A LONG TIME AGO THAT THERE'S NOTHING I CAN DO TO HELP HIM. BUT THIS IS NOT A CLASSIC FRESH KILL.

KNODELL: AND DOES THAT...

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OPHOVEN: THERE ARE SOME REAL SERIOUS PROBLEMS WITH, WITH THE, THE ACCUSATION THAT THIS HAD TO HAVE HAPPENED THE MINUTE HE WENT DOWN. THE MINUTE 9-1-1 WAS CALLED. THERE IS JUST NO EVIDENCE TO SUPPORT THAT. AND THERE'S A LOT OF EVIDENCE TO SUGGEST THAT ISN'T THE CASE. FROM WHAT I'VE SEEN ON PAPER.....AND THAT DOESN'T MEAN THAT BAD THINGS DIDN'T HAPPEN TO THIS LITTLE BOY.....IT'S JUST...IT'S KIND OF LIKE IT'S COMING IN LIKE SOMEBODY STABBED HIM AND IT ACTUALLY HE GOT SHOT IN THE HEAD. IN FORENSIC MEDICINE THAT'S REALLY ANNOYING.

KNODELL: M, HUH.

OPHOVEN: SORRY.

KNODELL: SO, I'M JUST, I MEAN, DO YOU FEEL THAT, I MEAN WE ARE RELYING ON WHAT DR. FELDMAN AND WHAT DR. FELDMAN...

OPHOVEN: I KNOW BUT DR. FELDMAN ISN'T A PATHOLOGIST.

KNODELL: M, HUH.

OPHOVEN: AND, DR. FELDMAN IS BLOWING OFF THE FACTS OF THE CASE.

KNODELL: M, HUH.

OPHOVEN: AND DR. FELDMAN APPARENTLY IS MISLEADING YOU ABOUT THE IMPORTANCE OF THESE FINDINGS. AND HAS MADE YOU COMFORTABLE THAT THIS IS A FRESH KILL AND IT ISN'T.

KNODELL: OKAY, AND I'M SORRY, EXCUSE ME FOR BEING OBTUSE, BUT WHEN YOU SAY...

OPHOVEN: YOU'RE NOT OBTUSE.

KNODELL: BUT WELL, WHEN YOU SAY...

OPHOVEN: YOU GUYS ARE DONG YOUR JOB AND YOU'RE DOING A GOOD JOB, IT'S JUST, IT'S JUST SO, YOU KNOW AND YOU'VE OBVIOUSLY PUSHED THE SOFT SPOT OR A, A BUTTON FOR ME, IS THAT WE HAVE

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SO MANY OF THESE CASES COMING IN FOR TRIAL WHEN THE D.A.'S BEEN MISLED ABOUT THE FINDINGS. AND THEN I END UP IN THIS BIG FLOP ABOUT THE FINDINGS WHEN IN FACT, IF YOU'D HAVE GOTTEN GOOD INFORMATION IN THE FIRST PLACE, YOU'D BE ON THE RIGHT TRACK.

KNODELL: WELL...

OPHOVEN: AND THEN THAT PROVIDES AS A FRONT WHICH IS JUST ALSO ANNOYING.

KNODELL: OKAY. OKAY. WELL, DID, DID YOU THINK THAT UM, IS THERE ANYTHING BEYOND WHAT YOU'VE ALREADY TOLD US THAT, THAT YOU FEEL THERE ARE AREAS THAT WE'VE BEEN MISLED OR THAT, THAT...

OPHOVEN: AND I DON'T MEAN, YOU KNOW I DON'T MEAN TO CHARACTERIZE THAT BECAUSE I DON'T WHAT, YOU, WHAT YOU'VE BEEN TOLD AND I DON'T KNOW THE BASIS OF THIS. AND OBVIOUSLY I'VE FLEW OFF THE HANDLE AND GOD I WISH YOU WEREN'T TAPING THIS BUT, UM, UM, THE BOTTOM LINE OF THIS IS THAT, THAT THERE ARE SOME FACTS IN THIS CASE THAT ARE VERY, VERY DISTINCT.

KNODELL: RIGHT.

OPHOVEN: THERE, THEY, THEY, THE, THE CHILD FINDINGS DESERVE TO BE TAKEN IN PROPER CONTEXT AND INTERPRETED APPROPRIATELY.

KNODELL: M, HUH.

OPHOVEN: AND WE OWE THAT TO THE KID. IT'S REALLY NOT HARD TO PUT A CASE TOGETHER TO SEND SOMEONE TO JAIL WHEN YOU GOT A CHILD IN THE CONTEXT OF CHILD ABUSE. I MEAN THAT'S YOU KNOW,IT, THE ISSUE HERE IS WHAT ARE THE REAL FACTS WHEN AND WHAT HAPPENED TO RAFFY? AND IF SOMEBODY SAID RAFFY WAS HURT JUST A COUPLE SECONDS BEFORE HE WENT DOWN, I'M GONNA NEED TO VERIFY THAT BECAUSE IT IS, IT IS RIDING AGAINST EVERYTHING I KNOW. AND THAT DOESN'T MEAN HE DIDN'T DIE BECAUSE OF THE, THE ACTIONS OF OTHERS.

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SCOTT: CAN WE TAKE A QUICK BREAK HERE DOCTOR?

KNODELL: I JUST NEED TO FIND SOMETHING HERE BECAUSE WE'RE...

OPHOVEN: NOW, YOU'RE TURNING THE TAPE OVER?

SCOTT: NO.....

OPHOVEN: COME ON....

SCOTT: THOSE ARE IDENTICAL JOHN, JUST DIFFERENT FORMS.

KNODELL: WHAT'S THE DATE TODAY? THE 12TH OKAY. OH, TODAY'S THE 12TH.

SCOTT: WHICHEVER, THOSE ARE IDENTICAL AND THAT'S IN WHATEVER FORM YOU LIKE BEST.

KNODELL: OH, I NEED TO RESPOND TO THIS. OH, I DON'T CARE. SORRY, I'M SORRY, WE GOT A, HEARING I'M DECIDING A MEMO THAT WE'RE, UM.....WELL IT, AGAIN, I'M NOT AN EXPERT BUT IT'S SOUNDING LIKE TO ME THE MAIN, THE MAIN COURSE, THE MAIN POINTS OF DIFFERENCE ALL HAVE TO DO WITH THE, WHAT, WHAT WE'RE CALLING EVENT B. OR EPISODE B?

OPHOVEN: YEAH.

KNODELL: AND ONCE THAT OCCURRED AND HOW IT OCCURRED?

OPHOVEN: AND, OF COURSE, EPISODE B IS, IS, IS, THE TRIAL.

KNODELL: RIGHT.

OPHOVEN: SO WHAT HAPPENED AT B I THINK SHOULD BE SCIENCE. I THINK IT SHOULD BE SCIENTIFIC.

KNODELL: RIGHT.

OPHOVEN: AND IF WE DON'T KNOW, THEN WE SHOULD SAY THERE ARE PARTS OF THIS WE DON'T KNOW, BUT IN THE CONTEXT OF THE WHOLE...

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KNODELL: RIGHT.

OPHOVEN: THIS ISN'T DIFFICULT. BUT TO SUGGEST THAT WE DO KNOW, OR THAT WE KNOW SOMETHING THAT ISN'T SO.....IS....UM.....YOU KNOW, I THINK, I THINK WHAT I DO FOR A LIVING IS REALLY IMPORTANT.

KNODELL: I AGREE. I AGREE.

OPHOVEN: AND TO HAVE PEOPLE COME IN AND BLOW IT OFF LIKE, YOU KNOW I CAN TELL YOU WHAT HAPPENED WITH MY CRYSTAL BALL HERE. AND I CAN IGNORE SCIENCE. IT'S JUST I'M TIRED OF THAT.

KNODELL: OKAY. UM, LET ME ASK YOU A COUPLE QUESTIONS ABOUT THE AUTOPSY. WHEN DR. ROSS DID THE AUTOPSY HE DISCUSSED, FOR EXAMPLE, THE UH, UH...THE INJURIES TO THE SHOULDER. UH, HE SAYS, PERISTYLE AND EPIPHYSEAL, AND METAPHYSICAL INJURIES ACUTE AND CHRONIC OF ...

OPHOVEN: YEAH, HE HAS A, HE HAS SOME BLEEDING IN THAT AREA. UM, AND AGAIN THE QUESTION IS THERE IS NO FRACTURE TO THE BONE. THERE'S NO INJURY TO THE BONE ITSELF SO HE'S GOT SOME HEMORRHAGE IN THE AREA. THE QUESTION HERE IS, IS THAT HEMORRHAGE DUE TO FRESH TRAUMA OR IS THE HEMORRHAGE DUE TO UM,.....UH.....THE D.I.C. AND THE PROCESS OF, OF....RESCUE.

KNODELL: I'M SORRY AND D.I.C WOULD BE WHAT AGAIN?

OPHOVEN: THAT'S THE, THIS CHILD WAS BLEEDING TO DEATH WHEN HE ARRIVED AT THE HOSPITAL.

KNODELL: M, HUH.

OPHOVEN: THAT'S THE D.I.C., REMEMBER I TOLD YOU THERE'S A BUNCH OF LITTLE

KNODELL: RIGHT.

OPHOVEN: ...KEY ISSUES HERE. PAPLEDEMA, ARDS, UM, THE D.I.C AND THE

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MINUSCULE SUBDURAL.

KNODELL: RIGHT.

OPHOVEN: SO THOSE FOUR VARIABLES IN THIS CASE, THAT CALL INTO QUESTION THE.....ACUTE ASSAULT DIED INSTANTLY THEORY.

KNODELL: RIGHT.

OPHOVEN: D.I.C. BASICALLY MEANS THAT YOU CAN NOT CLOT AND OUT OF EVERY POSSIBLE PLACE YOU CAN BLEED YOU'LL BLEED. SO IF YOU HAVE A LITTLE BOO BOO, IT'LL TURN INTO A BIG BOO, BOO.

KNODELL: SO DO YOU AGREE, EXCUSE ME, BUT YOU DISAGREE WITH DR. ROSS' CONCLUSION THAT, THAT THERE WERE ACUTE INJURIES TO THE SHOULDERS?

OPHOVEN: THERE'S ACUTE BLEEDING IN THE SHOULDERS. I DON'T KNOW WHETHER THERE WAS ACUTE TRAUMATIC INJURY TO THE SHOULDER.

KNODELL: OKAY. UH, SO THAT'S, I MEAN THAT'S AN OPEN QUESTION. WE JUST DON'T KNOW...

OPHOVEN: IT'S AN OPEN QUESTION RIGHT NOW. I WANT TO LOOK AT THE SLIDES.

KNODELL: OKAY, UM, HE ALSO SAID THERE WERE ACUTE SUBDURAL AND SUBARACNOID HEMORRHAGES?

OPHOVEN: RIGHT AND THE SUBDURAL, IF YOU GO TO LOOK AT WHERE HE DID IT?

KNODELL: YEAH.

OPHOVEN: IT'S 5 CC.

KNODELL: OKAY, SO YOU'RE SAYING THE SIZE OF THAT INDICATES THAT WHATEVER TRAUMA CAUSED THAT SUBDURAL BLEED WAS NOT THE FATAL INJURY?

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OPHOVEN: WELL, I'M SAYING THAT THIS, THAT, THAT HE COULD'VE HAD THAT AMOUNT OF BLOOD IN HIS HEAD, FROM JUST THE INCREASE IN CRANIAL PRESSURE OF THE RESCUE, THE D.I.C. THAT IT ISN'T IN MY OPINION, UM, EVIDENCE THAT THE CHILD SUFFERED FRESH BRAIN INJURY.

KNODELL: OKAY, WHAT ABOUT THE SUBARACHNOID HEMORRHAGING, IS THAT?

OPHOVEN: THAT'S, YOU GET THAT WHEN YOU'RE BRAIN DEAD. YOU GET TO HAVE THAT.

KNODELL:ALL RIGHT, LET'S SEE AND THERE WAS AN ORGANIZING EPIDERMAL HEMORRHAGING?

OPHOVEN: YEAH, THAT GOES WITH HIS OLD HEAD, OLD HEAD INJURY. EPIDERMAL, AND EPIDERMAL IS A REALLY UNUSUAL FINDING IN KIDS.

KNODELL: M, HUH.

OPHOVEN: REALLY UNUSUAL.

KNODELL: SO....

OPHOVEN: AND IT MEANS THERE IS BLEEDING ON THE INSIDE SURFACE OF THE SKULL BUT ABOVE THE DURA.

KNODELL: RIGHT. SO THE, THE, THE ACUTE BLEEDING THAT YOU SAW IN THE BRAIN WOULD BE, WOULD THAT BE SORT OF LIKE YOUR ANALYSIS OF THE ACUTE BLEEDING IN THE SHOULDER, WHICH IS, IT COULD'VE BEEN CAUSE JUST BY THE FACT THAT THIS KID, BECAUSE HE WAS IN DISTRESS...

OPHOVEN: THIS KID IS JUST BASICALLY, HE, RAFFY CAME TO THE HOSPITAL DEAD.

KNODELL: RIGHT.

OPHOVEN: AND THEN WHEN YOU KEEP A PERSON ON A RESPIRATOR, AND DO

STUFF TO THEM, AND MANIPULATE THEM AND, LET THEM CONTINUE TO BLEED INTO THEIR TISSUES BECAUSE THEY CAN'T CLOT, THERE'S A LOT OF THINGS THAT YOU HAVE TO BE REALLY CAREFUL ABOUT INTERPRETING AT THE AUTOPSY. LIKE THE SIZE OF THE BRUISE ON HIS BACK. THE SIZE OF THE BLEEDING IN THE BACK OF HIS HEAD. UM, AND SO ON. THE ISSUE HERE IS, IS THERE EVIDENCE OF A FRESH, FATAL ASSAULT, ON HIS HEAD.....OR DID RAFFY GO DOWN AND DIE FROM SOMETHING ELSE THAT PROGRESSED OVER TIME SO HE FINALLY COULDN'T OXYGENATE HIS BLOOD AND HE HAD A CARDIAC ARREST. NOW THAT DOESN'T MAKE RESPONSIBILITY ANY LESS AND IT DOESN'T MEAN, BUT THERE ARE SOME, THERE ARE ALWAYS SOME ELEMENTS IN A, OR THERE CAN BE SOME ELEMENTS....IN...THE.....THE.....WITNESSES STATEMENTS. IN THIS CASE, SHE TALKS ABOUT OATMEAL VOMITING, CHOKING. WE ALSO, ACCORDING TO HER, HAVE A HISTORY OF SOME KIND OF MATERNAL, IF HE DOESN'T HAVE BEHAVIORAL PROBLEMS, THEN HER PERCEPTION THAT THERE IS SOME KIND OF FEEDING CHALLENGE BETWEEN HER AND RAFFY. AND THE POSSIBILITY OF HIM HAVING CHOKED OR SUFFOCATED OR ASPIRATING OATMEAL AND, DYING AS A CONSEQUENCE OF THAT, IN MY OPINION AND THEN GIVING, IS A, IS A FACT, IS A SERIES OF FACTS. THAT IS NOT TO MY OPINION, SATISFACTORILY BEEN RULED OUT. I KNOW HE DIDN'T GO DOWN THAT DAY, SO, WHAT DID MAKE HIM GO DOWN. HOW LONG HAS HE BEEN DOWN AND WHY DID WE WAIT UNTIL....WHEN WE DID TO CALL 9-1-1.

KNODELL: M, HUH.

OPHOVEN: THAT'S THE QUESTION I WOULD BE TALKING TO THE COPS ABOUT.

KNODELL: BUT AGAIN, I'M GONNA SORT OF PLAY THE DEVIL'S ADVOCATE HERE. THERE'S NOTHING REALLY, THERE'S, THERE'S NO EVIDENCE THAT, THERE'S NO EVIDENCE THAT THAT OCCURRED. I MEAN THERE IS NO...

OPHOVEN: YEAH, THERE IS. ACTUALLY, WHEN HE GOT TO THE HOSPITAL, THEY COULDN'T VENTILATE FOR HIM. HIS LUNGS WERE COMPLETELY WHITED OUT.

KNODELL: RIGHT.

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OPHOVEN: HIS LUNGS WERE COMPLETELY FULL, WHICH NEVER HAPPENS ON A FIRST X-RAY ON A KID WITH A FRESH HEAD TRAUMA. I MEAN THERE'S A LOT OF EVIDENCE TO SUGGEST THAT THAT REALLY DID HAPPEN.

KNODELL: BUT IF THAT, BUT IF THAT DID HAPPEN?

OPHOVEN: WELL, YEAH...

KNODELL: I'M SORRY, NOT IF, YOU CONCLUDE THAT HAPPENED.

OPHOVEN: NO, I HAVEN'T...

KNODELL: SORRY...

OPHOVEN: REMEMBER WE'RE HAVING THIS CONVERSATION WITH ALL THESE NOT BEING FINAL OPINIONS.

KNODELL: I'M SORRY, BUT THAT'S RIGHT. WHEN I PHRASED THAT I DIDN'T MEAN TO, I DIDN'T MEAN TO BE...

OPHOVEN: NO, I DON'T THINK YOU'RE TRYING TO PIN ME DOWN, YOU KNOW, WHEN WE LISTEN TO THE TAPE, YOU HAVE TO REMEMBER THAT I DON'T HAVE ALL THE MATERIALS YET. I DON'T HAVE DR. FELDMAN'S TESTIMONY. I DON'T HAVE UM, I DON'T HAVE ALL THE MEDICAL RECORDS AND I DO NOT HAVE THE HISTORIOLOGIC SLIDES.

SCOTT: UH.....

OPHOVEN: SO I HAVE, WE'LL GET TO DO THIS AGAIN MAYBE.

KNODELL: BUT IF THAT DID HAPPEN....

OPHOVEN: YEAH.

KNODELL: RAFFY WOULD HAVE BEEN IN DISTRESS FOR A COUPLE OF DAYS BEFORE HE WAS BROUGHT TO, BROUGHT TO THE HOSPITAL WOULDN'T HE?

OPHOVEN: YEAH, AND THAT'S WHY I WOULD REALLY LOVE IT IF THE DR. IF

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THERE HAD BEEN A WITNESS TO RAFFY'S BEHAVIOR.

KNODELL: RIGHT.

OPHOVEN: IN THE LAST COUPLE OF DAYS.

KNODELL: AND IT WOULD ALSO MEAN THAT IF, IF, IF MARIBEL GOMEZ SAID I'M NOT (INAUDIBLE) IF SHE SAID HE WAS FINE AND HE WAS IN GOOD HEALTH UP TO THE TIME WHEN HE SWALLOWED ...

OPHOVEN: THEN IT'S NOT TRUE.

KNODELL: SHE'S LYING TO US?

OPHOVEN: YEAH, BUT THEN, THE QUESTION HERE IS, IS SHE LYING ABOUT HIM NOW OR IS SHE LYING TO YOU ABOUT THE OATMEAL. OR IS SHE LYING TO YOU ABOUT THE TIP OVER. OR IS SHE SAYING THIS ALL HAPPENED TWO DAYS AGO?

KNODELL: WELL....

OPHOVEN: THE ALTERCATION ABOUT THE OATMEAL AND THERE WAS STUFF HAPPENING AND THE FALLING DOWN AND THE WHATEVER, ONLY CHOKED ON THE OATMEAL AND THEN THERE'S A COUPLE OF DAYS THAT LAPSE AND THEN WE HAVE THE 9-1-1.

KNODELL: OKAY.

OPHOVEN: DO YOU UNDERSTAND WHAT I'M SAYING?

KNODELL: YEAH. YEAH. UH,.....

OPHOVEN: THE ISSUE HERE IS WHEN DID B HAPPEN AND WHAT OF EVIDENCE AT AUTOPSY HELPS US LOOK AT MARIBEL'S STORY AND IDENTIFY WHICH OF THE ELEMENTS OF IT MAY OR MAY NOT GIVE US SOME IDEA OF WHAT HAPPENED IN THAT FATAL, IN THE FATAL EVENT.

KNODELL: OKAY, UM, BUT IF, IF THAT'S WHAT HAPPENED, IF HE STARTED, IF HE STARTED ASPIRATING ON THE OATMEAL, WOULD THAT HAVE BEEN RELATED IN SOME WAY TO THE EARLIER UH, UH.....BLUNT

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TRAUMA TO THE HEAD?

OPHOVEN: I THINK IF THERE WAS, IF, HE, HE'S BUMPED HIS HEAD. SHE SAYS HE BUMPED HIS HEAD?

KNODELL: RIGHT.

OPHOVEN: UM, THERE'S A BRUISE ON HIS BACK. UM, SHE SAID HE FELL OVER. UM.....THE ASPIRATING ON THE OATMEAL COULD HAVE HAPPENED A LOT OF WAYS. IT COULD'VE BEEN AN ACCIDENTAL ASPIRATION, LIKE, A TOTALLY HEALTHY OTHERWISE NORMAL KID, CHOKING ON HIS OATMEAL. OR, SOMEBODY FIGHTING WITH YOU OR PUTTING THEIR HAND OVER YOUR MOUTH. OR SOMEONE STARTING TO VOMIT AND YOU PUT YOUR HAND OVER THEIR MOUTH AND THEN THE VOMIT GOES DOWN THE LUNGS AND NOT INTO THE STOMACH. THERE'S A LOT, LOT OF DIFFERENT THINGS THAT CAN HAPPEN. MY PROBLEM IS THAT IS THAT WE GOT ONE STORY. WE DECIDED IT WASN'T ACCURATE, THEN WE MADE UP A WHOLE NEW ONE. I WOULD PREFER TO GO BACK AND SAY, OKAY, WE HAVE THIS STORY, IT'S NOT ACCURATE, BUT LET'S FIGURE WHICH OF THE ELEMENTS OF THIS MIGHT ACTUALLY HELP US WHAT HAPPENED TO RAFFY.

KNODELL: OH, OKAY.

OPHOVEN: BECAUSE I DON'T HAVE EVIDENCE OF A FRESH KILL FROM BLUNT TRAUMA TO THE HEAD.

KNODELL: ALL RIGHT, BUT, BUT, BUT YOU DID, I THINK TELL US WHEN WE TALKED ABOUT, ABOUT EPISODE A, I THINK WE REFERRED TO THE, OR MAYBE WE DID NOT. WAS, WAS THE EPISODE A, COULD THAT BE CONSIDERED A FATAL TRAUMA HERE?

OPHOVEN: NO, IT OBVIOUSLY WASN'T BECAUSE HE....HE WAS ALIVE AFTER MONTHS.....LATER.

KNODELL: OKAY, SO THAT, THE...

OPHOVEN: BUT I MEAN, YOU KNOW, IF SOMEBODY WANTS TO COME IN AND POSE THE QUESTION, YOU KNOW, COULD RAFFY HAVE HAD A

SEIZURE DISORDER THAT WE DIDN'T KNOW ABOUT? COULD RAFFY HAVE HAD A SEIZURE AND ASPIRATED HIS OATMEAL? I MEAN THERE'S ALL KINDS OF SCENARIOS THAT WE CAN POSE JUST LIKE WE CAN, YOU, WE CAN POSE A VARIETY OF SCENARIOS IN, INFLICTED.

KNODELL: M, HUH.

OPHOVEN: AND THEN WE JUST CAN SAY, OKAY, WHICH OF THESE, WHICH OF THESE IS THERE ANY EVIDENCE FOR?

KNODELL: OKAY.

OPHOVEN: COULD I MAKE UP A SCENARIO FOR THE ORIGINAL INJURY WAS THE ONE THAT KILLED HIM? UM.....I DON'T HAVE A LINK.

KNODELL: UM.....THE, DR. ROSS' AUTOPSY, UM, SEEMS TO SUGGEST THAT, THAT THE MANNER OF DEATH WAS THE BLUNT FOR INJURY TO THE HEAD?

OPHOVEN: YEP.

KNODELL: AND, WHAT I'M HEARING YOU SAY, IS THAT YOU DON'T AGREE WITH THAT?

OPHOVEN: WELL, WHAT I'M SAYING RIGHT NOW, IS I NEED TO LOOK AT THE LUNGS. I NEED TO UNDERSTAND A LITTLE BIT BETTER UM, I'VE BEEN IN DR. ROSS' SITUATION BEFORE. AND, WHEN THE KID COMES AND YOU GOT A HOMICIDE, YOU'VE GOT THE HOMICIDE DETECTIVES IN THE, IN THE ROOM AND YOU'RE LOOKING AND YOU SEE EVIDENCE OF CHILD ABUSE AND THERE'S HEMORRHAGE OF THE SOFT TISSUES OF THE SCALP. I WOULDN'T UM, I WOULDN'T HAVE QUESTIONED SOMEONE SAYING THAT THIS WAS A HOMICIDE. UM, AFTER THE, AFTER THE AUTOPSY WAS PERFORMED, GIVEN THE, THE SKULL FRACTURES OLD SKULL FRACTURES AND ALL THOSE THINGS. THE QUESTION HERE IS, UM, WHAT INFORMATION ARE WE USING TO DETERMINE THERE WAS A FRESH BLUNT FORCE INJURY VS. A LUNG PROBLEM THAT PRECIPITATED THE BRAIN PROBLEM, AND WE GET INTO THIS SAME PROBLEM WHEN WE'VE GOT KIDS WHO COME INTO THE HOSPITAL WHO ARE UNCONSCIOUS. WE HAVE

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A LITTLE SUBDURAL. WE HAVE A LITTLE BRUISE ON THE BACK OF THEIR HEAD AND THEN AT AUTOPSY WE FIND A SURPRISE UH, UH, LACERATED LIVER.

KNODELL: ALL RIGHT.

OPHOVEN: THE FINAL PATHWAY IN THIS CASE WAS A TOXIC INJURY TO THE BRAIN. THE QUESTION HERE WAS DID TRAUMA START IT OR DID APOXIA OCCUR FROM SOMETHING ELSE?

KNODELL: OKAY. UM.....NOW LET ME ASK YOU A QUESTION THAT, UM,.....THAT I MEAN, I WANT TO WARN YOU HERE, THIS IS A QUESTION THAT MIGHT, I MIGHT BRING UP TO YOU WHEN YOU TESTIFY.

OPHOVEN: OKAY.

KNODELL: NOW, ON THIS ONE, IN DR. ROSS, HE ACTUALLY EXAMINED THIS CHILD'S LUNGS. AND HE ACTUALLY EXAMINED THE BODY AS WELL. YOU DID NOT HAVE AN OPPORTUNITY TO DO THAT DID YOU?

OPHOVEN: NO, AND AS A MATTER OF FACT THAT'S PRETTY ROUTINE, UM, FORENSIC PATHOLOGIST ARE WELL AWARE THAT THEY HAVE TWO RESPONSIBILITIES. ONE IS THAT WE HAVE A RESPONSIBILITY TO DO THE EXAM, UM, DEVELOP THE EVIDENCE, UM, RENDER A DIFFERENTIAL DIAGNOSIS AND MAKE AN OPINION. AND UM, CERTIFY THE DEATH, CAUSE AND MANNER.

KNODELL: WELL...

OPHOVEN: SECOND JOB THE FORENSIC PATHOLOGIST HAS IS TO COLLECT THE EVIDENCE IN SUCH A WAY THAT A COMPLETELY INDEPENDENT ANALYSIS CAN BE MADE THAT'S THE EQUIVALENT OF BEING THERE.

KNODELL: WELL DO YOU FEEL THAT UH....DR. ROSS HAVING AN OPPORTUNITY TO ACTUALLY EXAMINE THE BODY HIMSELF, WOULD BE IN A BETTER POSITION TO MAKE A DIAGNOSIS ABOUT THE MECHANISM, ABOUT THE CAUSE AND THE MANNER OF, OF RAFFY'S DEATH THAN

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YOU ARE IN RIGHT NOW?

OPHOVEN: NO.

KNODELL: OKAY.

OPHOVEN: AND THE REASON FOR THAT IS, IS THAT, I'M GOING AGIN BACK TO MY ORIGINAL STATEMENT TO YOU ABOUT THE BASIS FOR OPINIONS.

KNODELL: M, HUH.

OPHOVEN: TRAINING, EXPERIENCE AND KNOWLEDGE OF THE MEDICAL LITERATURE, IS REALLY WHAT RESTS UNDERNEATH THE UM, THE OPINIONS. AND IN MANY CASES, DOCTORS RELY ON ELEMENTS OF EMANATION AND TESTING FOR FORMULATING THEIR OPINIONS WITHOUT ACTUALLY PERFORMING THOSE TESTS THEMSELVES. IN THIS CASE, I BELIEVE DR. ROSS DID A REALLY, REALLY, GOOD JOB. AND I THINK HE DID AN EXTENSIVE ANALYSIS OF THE FINDINGS AND I THINK HE LISTED THE FINDINGS, UM, IN A, A COGENT AND CLEAR WAY AND I AM NOT EXPECTING TO DISAGREE WITH HIS FINDINGS.

KNODELL: WELL BUT HE...

OPHOVEN: THE ISSUE HERE IS WHETHER OR NOT I AGREE WITH HIS OPINION.

KNODELL: WELL YOU THINK...

OPHOVEN: THAT HE DIED FROM AN ACUTE, FRESH INJURY TO THE HEAD.

KNODELL: OKAY.

OPHOVEN: I'M NOT EXPECTING TO DISAGREE WITH HIS FINDINGS. SO, SO IN THAT CASE, HIS FINDINGS ARE ENTIRELY SATISFACTORY TO ME, IN TERMS OF RENDERING MY OPINION. I'VE HAD THAT QUESTION ASKED A LOT SIR. YOU KNOW, ISN'T THE ORIGINAL FORENSIC PATHOLOGIST IN A BETTER POSITION TO RENDER AN OPINION?

KNODELL: RIGHT.

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OPHOVEN: AND THE ANSWER IS UM, NO, IF THAT INDIVIDUAL UM, HAS LESS EXPERIENCE. IF THAT INDIVIDUAL HAS UM, MISINTERPRETED OR BEEN MISLED ABOUT THE FINDINGS AND THE HISTORY AND SO ON. I HAVE NO QUESTION THAT DR. ROSS IS A REALLY, REALLY GOOD FORENSIC PATHOLOGIST. AND I THINK THE ISSUE HERE IS WHAT, WHAT HE WOULD SAY ABOUT THE VARIABLES THAT WE ARE TALKING ABOUT HERE.

KNODELL: OKAY, SO YOU BELIEVE THAT UH, HIS FINDINGS ARE THOROUGH, BUT HIS CONCLUSIONS ARE IN ERROR?

OPHOVEN: WELL, I'M NOT NECESSARILY SAYING HIS CONCLUSIONS ARE IN ERROR, I MEAN I'M READING HIS AUTOPSY AND HE SAYS THERE'S BLUNT FORCE INJURIES PRESENT. THE QUESTION HERE IS WHETHER OR NOT HE UM, WHETHER OR NOT HIS FINDINGS ARE DIAGNOSTIC OF NON-ACCIDENTAL TRAUMA, OR WHETHER OR NOT HIS FINDINGS ARE ALSO DIAGNOSTIC OF APOSTIC ENSEPHALOPTCPY DUE TO A CARDIAC ARREST FROM UM, FROM UM, ASPIRATION, CHRONIC ASPIRATION, PNEUMONIA OR WHATEVER. AND I DON'T KNOW WHETHER HE CONSIDERED THAT POSSIBILITY.

KNODELL: OKAY.

OPHOVEN: HE MAY OR MAY NOT HAVE HAD THE INFORMATION ABOUT THE PAPLEDEMA. HE MAY OR MAY NOT HAVE HAD THE INFORMATION ABOUT UM, THE WHITE OUT OF THE LUNGS WHEN THE KID GOT TO THE HOSPITAL.

KNODELL: BUT HE ACTUALLY LOOKED AT THE LUNGS. AND HE SAW THE LUNGS.

OPHOVEN: YEAH, AND HE ALSO TALKS ABOUT THE FACT THAT THEY'RE REALLY, REALLY ABNORMAL.

KNODELL: ALL RIGHT, SO EVENT B AS I UNDERSTAND IT, YOU BELIEVE THAT UNDER THE CURRENT STATE OF AFFAIRS, WE DON'T KNOW...

OPHOVEN: I DON'T HAVE ENOUGH INFORMATION RIGHT NOW TO CREATE A STORY.....UM, EVENT B THAT IS CONSISTENT WITH A FRESH ASSAULT SHORTLY BEFORE 9-1-1 WAS CALLED, THAT

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SATISFACTORILY ADDRESSES SOME OF THE OTHER MEDICAL FACTS
IN THE CASE.

KNODELL: OKAY CAN YOU RULE OUT THE POSSIBILITY THAT THE CHILD
SUFFERED BLUNT FORCE TRAUMA ON UH SEPTEMBER 9TH?

OPHOVEN: NOT AT THIS TIME BECAUSE MY OPINIONS ARE INCOMPLETE.

KNODELL: OKAY. UH, CAN YOU, AND AGAIN, I'M NOT, TRYING TO...

OPHOVEN: NOW WE'RE GETTING INTO THE KINDS OF STUFF THAT, THAT I
REALLY, REALLY AM GOING TO BEG YOU TO LET ME FINISH MY
REVIEW.

KNODELL: OKAY. OKAY.

OPHOVEN: IF YOU'RE GONNA ASK ME TO NOW, THE QUESTIONS THAT ARE
GONNA COME BACK DURING TRIAL.

KNODELL: UH, DO YOU HAVE ANY IDEA WHEN THAT PROCESS IS GONNA BE
COMPLETE DOCTOR?

OPHOVEN: WELL, I HAVEN'T GOT THE SLIDES YET. SO.....I'M OBVIOUSLY
UNDER THE GUN HERE GIVEN YOUR TRIAL SCHEDULE. NORMALLY,
UM, IF I HAVEN'T HAD THE SLIDES AND I HAVEN'T HAD A CHANCE
TO COMPLETE MY REVIEW AND WE'RE THIS CLOSE TO TRIAL, I
WOULD BE UM, I, I WOULD BE TALKING AND ENCOURAGING A
POSTPONEMENT.

KNODELL: OKAY.

OPHOVEN: BECAUSE I DON'T KNOW WHETHER I CAN GET IT ALL DONE IN TIME
FOR YOU TO HAVE ANOTHER SHOT.....UM, AT MY FINAL OPINIONS
AND FOR ME TO CONSCIENTIOUSLY GO THROUGH ALL THE
MATERIAL.

KNODELL: AND YEAH, I'M SORRY, WE, WE....I DON'T BE ADVERSARIAL WITH
YOU DOCTOR.

OPHOVEN: I, I DON'T HEAR THAT YOUR ADVERSARIAL.

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KNODELL: GOOD.

OPHOVEN: I HEAR YOU DOING YOUR JOB.

KNODELL: ALL RIGHT THANK YOU.

OPHOVEN: BUT I, BUT I YOU KNOW WHEN WE GET CLOSE TO THE THINGS THAT SAY WELL, I'M GONNA ASK YOU THIS AND YOU KNOW THIS WILL COME BACK...IT'S LIKE I DO NEED TO BE VERY UM, I, I NEED TO BE CIRCUMSCRIPT, RESPECT ABOUT THE FACT THAT DR, RIGHT NOW, DR. ROSS IS IN A MUCH BETTER POSITION TO ANSWER ALL THE QUESTIONS.

KNODELL: OKAY, WELL THAT'S, WHAT...I, I...

OPHOVEN: I DON'T HAVE THE INFORMATION.

KNODELL: RIGHT, RIGHT.

OPHOVEN: BUT IF I HAD ALL THE INFORMATION, THEN I MAY OR MAY NOT BE IN AS GOOD A POSITION TO ANSWER THE QUESTIONS...

KNODELL: RIGHT.

OPHOVEN: ...BASED ON MY EXPERIENCE.

KNODELL; RIGHT.

OPHOVEN: I MEAN I'VE BEEN DOING NOTHING BUT INJURED KIDS FOR 30 YEARS.

SCOTT: CLARIFY IF SHE MEANS...

OPHOVEN: AND I DO IT CONSCIENTIOUSLY. SO.....YOU KNOW THAT DOES GIVE ME SOME EXPERIENCE TO CONSIDER THAT THE WHITE OUT LUNGS AND THE PROLONGED CPR AND THE....UM....PAPLEDEMA DOES WEIGH DIFFERENTLY ON THIS CASE THEN IN A TYPICAL FRESH BRAIN INJURED CHILD.

KNODELL: RIGHT, RIGHT. UM, I'M SORRY, NOW LET ME, JUST LET ME, WE'RE

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GONNA GET YOU THE SLIDES. IS THERE ANYTHING ELSE THE WE
NEED TO...DID I ASK YOU THAT QUESTION ALREADY?

OPHOVEN: I NEED BOTH THE SLIDES FROM, FROM SACRAMENTO, WITH THE
SPECIAL STAINS THEY DID.

KNODELL: RIGHT.

OPHOVEN: SEE THIS IS ALWAYS WHAT HAPPENS AND USUALLY IT TAKES
MONTHS AND MONTHS TO YOU KNOW, FIRST OF ALL YOU HAVE THE
SLIDES AND THEN THE MEDICAL EXAMINERS OFFICE DOES THE
SLIDES, BUT THE BRAIN ISN'T IN THERE BECAUSE IT'S IN A
DIFFERENT PLACE. OS THEN WE HAVE TO CALL AND WE HAVE TO
GET THE BRAIN SLIDES AND THEN WE HAVE TO CALL BACK AND
SAY YOU SENT THE BRAIN SLIDES BUT YOU DIDN'T SEND ME THE
SPECIAL THINGS THAT YOU DID.

KNODELL: RIGHT.

OPHOVEN: THAT YOU DID ON THE BRAIN AND I NEED ALL THOSE THINGS.

KNODELL: OKAY, SO SLIDES FROM SACRAMENTO AND FROM...

OPHOVEN: WELL SEE, I DON'T KNOW IF I HAVE A COMPLETE CASE FILE YET.
WHAT I ALWAYS ASK FOR IS EVERYTHING.

KNODELL: OKAY.

OPHOVEN: SO EVERY WITNESS STATEMENT, EVERY BIT OF DISCOVERY, EVERY
DOCTOR VISIT. THE BIRTH RECORDS. UM, EVERY INTERVIEW,
EVERY SWORN TESTIMONY BY DOCTORS UM, IN PREVIOUS UM, IN
PREVIOUS PROCEEDINGS. SO I GET A GOOD SENSE OF THE
FOUNDATION OF THEIR OPINIONS. SOMETIMES THEY HAVE
ADDITIONAL INFORMATION THEY HAVE TO, I, I JUST WASN'T
AWARE THAT I DIDN'T HAVE. UM, I USUALLY HAVE TWO BANKERS
BOXES FULL OF MATERIALS IN A HOMICIDE.

KNODELL: RIGHT.

OPHOVEN: AND IN THIS ONE, I HAVE A CASE FILE.

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FAIR: NOW MR. MOSER GOT.....

OPHOVEN: WHICH MEANS I DON'T HAVE THE WHOLE PILE, I THINK THAT MAY HAVE JUST BEEN UM, YOU KNOW A COURTESY THINKING I DIDN'T WANT ANYTHING BUT THE AUTOPSY, BUT.....I'M STILL WORKING ON GETTING A WHOLE CASE FILE.

KNODELL: OKAY. UH, WELL WE'RE GONNA SEE WHAT WE CAN DO TO HELP ALONG WITH THAT PROCESS.

OPHOVEN: WELL THAT WOULD BE FINE BUT UM, IT'S GONNA BE A HELL OF SCRAMBLE.

KNODELL: YEAH.

OPHOVEN: CONSIDERING WE'RE TALKING ABOUT A TRIAL IN WHAT, TWO WEEKS?

KNODELL: NO, THE TRIAL BEGINS UH, WEDNESDAY.

FAIR: WEDNESDAY.

OPHOVEN: JESUS, MARY AND JOSEPH. WELL YOU DON'T HAVE MY OPINION SO THERE YOU ARE.

KNODELL: OKAY. OKAY. DR. LET ME ASK YOU THIS AND MAYBE THIS IS AN UNFAIR QUESTION BUT I'M JUST KIND OF...

OPHOVEN: YOU CAN ASK ANYTHING YOU WANT.

KNODELL: OKAY, UM, YOU KNOW I HAVEN'T REALLY HAD A LOT OF EXPERIENCE WITH THIS KIND OF CASE. I'VE TRIED CASES INVOLVING HOMICIDES WITH CHILDREN AND...

OPHOVEN: YEAH.

KNODELL: IN FACT, I'VE GOT ANOTHER ONE COMING UP THAT THE CHILD DIDN'T DIE.

OPHOVEN: YEAH.

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KNODELL: BUT WHEN I LOOK AT THESE CASES, ESSENTIALLY, GENERALLY WHAT HAPPENS IS THAT UM, YOU'VE GOT, YOU DON'T HAVE AN EYEWITNESS WHO SAYS, YEAH, BABYSITTER CLUBBED THE KID OVER THE HEAD WITH A TABLE LEG...

OPHOVEN: YEAH.

KNODELL: ...OR WHATEVER. YOU'VE GOT A HIGH CIRCUMSTANTIAL CASE.

OPHOVEN: BUT...

KNODELL: ..THAT NEEDS TO BE INTERPRETED BY DOCTORS, RIGHT?

OPHOVEN: YEAH, THE PROBLEM OF COURSE, IS THAT THERE ARE, ARE UM, IN THE LAST 15 TO 20 YEARS A (INAUDIBLE) OF CONSCIENTIOUS AND WELL INTENDED PEDIATRICIANS WHO USED TO BE THE ONLY PEOPLE THAT LAW ENFORCEMENT COULD RELY ON TO HELP THEM UNDERSTAND CHILD ABUSE. HAVE DEVELOPED UM, UH.....UH, SOME LINES OF THINKING THAT I WOULD TELL YOU THE HONEST TRUTH, 15 TO 20 YEARS AGO, I AGREED WITH.

KNODELL: YEAH.

OPHOVEN: UM, SINCE UH, IT, AND, AND, AND BACK IN THE OLD DAYS THERE WERE ONLY A FEW PEOPLE WHO MADE THEMSELVES AVAILABLE TO DO THIS KIND OF WORK. CAUSE IT'S, IT'S GHASTLY.

KNODELL: RIGHT.

OPHOVEN: UM, SINCE THE, THE CONCERNS ABOUT CHILD ABUSE HAVE BUILT AND GROWN, THE, THE KNOWLEDGE BASE HAS BUILT AND GROWN AND THERE ARE, THERE IS ACTIVE UM, INCREDIBLY GOOD RESEARCH GOING ON. AND THE FORENSIC WORLD, UM, SPECIFIC THE FORENSIC PATHOLOGY WORLD HAS WORKED REALLY HARD TO BRING SCIENTIFIC EVIDENCE INTO THE OPINIONS. SO THAT WHEN YOU ASK ME A QUESTION, ABOUT, WHETHER, WHAT I THINK. UH, AS A FORENSIC PATHOLOGIST, I AM RENDERING MY OPINION AS IF I WAS GETTING READY TO TELL YOU WHETHER OR NOT YOUR CHILD HAS CANCER.

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KNODELL: RIGHT.

OPHOVEN: OKAY? AND IF I SAY YOUR CHILD HAS CANCER, THEN YOU ASSUME THAT I HAVE EXHAUSTED THE NECESSARY AND RATIONAL ALTERNATIVES USING SCIENCE, EXPERIENCE AND EDUCATION. AND THAT IF I DIDN'T HAVE ENOUGH SCIENCE, EDUCATION AND EXPERIENCE, THAT I WOULD SHOW IT TO SOMEONE ELSE WHO DOES.

KNODELL: RIGHT.

OPHOVEN: BECAUSE THE CONSEQUENCES OF WHAT I HAVE TO SAY TO YOU IF YOUR CHILD HAS CANCER, ARE IRREVERSIBLE AND DEVASTATING.

KNODELL: RIGHT.

OPHOVEN: I BELIEVE THE DIAGNOSIS OF HOMICIDE AND CHILD ABUSE CARRIES THE SAME RESPONSIBILITY. I HAVE TO HAVE SCIENTIFIC EVIDENCE TO ASSIST THE TRIERS OF FACT IN UNDERSTANDING WHAT IS KNOWN AND MORE IMPORTANTLY WHAT IS NOT KNOWN. WHAT I CAN TELL YOU, IS PEOPLE WHO TESTIFIED THAT THERE WOULDN'T HAVE BEEN A LUCID INTERVAL, THAT'S THE KEY TEST QUESTION FOR ME.

KNODELL: M, HUH.

OPHOVEN: THAT PERSON IS EITHER COMPLETELY OUT OF DATE OR, THEY BELIEVE THEIR JOB IS TO HELP YOU GET A CONVICTION.

KNODELL:OKAY.

OPHOVEN: BECAUSE THAT'S NOT TRUE.

KNODELL: BUT WHAT STRIKES ME ABOUT THIS CASE THOUGH IS THAT APPARENTLY WE'RE ALL, ALL, ALL AGREED THAT THE CHILD WAS ABUSED AND...

OPHOVEN: YEAH.

KNODELL: ...AND DIED AS A RESULT OF SOME SORT OF INFLICTED INJURY?

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OPHOVEN: THE, THE, THE DEATH IS INCREDIBLY SUSPICIOUS. THE PROBLEM HERE IS THAT WE DON'T KNOW WHAT HAPPENED AND TO COME IN AND SAY THAT HE WAS KILLED WITH A PIPE IN THE KITCHEN, AT 9:00.

KNODELL: RIGHT.

OPHOVEN: WHEN IN FACT HE DIED IN THE BEDROOM WITH A ROPE, TWO DAYS BEFORE.

KNODELL: RIGHT.

OPHOVEN: IS NOT OKAY.

KNODELL: RIGHT, AND I AGREE WITH YOU DOCTOR, BUT WHAT I'M SAYING IS IN THIS CASE THOUGH, WHAT, WHAT I'M SEEING THESE CASES BOILING DOWN TO IS A SITUATION WHERE YOU KNOW, THE CHILD DIED FROM SOME SORT OF INFLECTED INJURY AND WE HAVE THE, THE PRIMARY CARETAKER WHOEVER WAS PRESENT LYING ABOUT HOW IT HAPPENED. AND WE CONFER, AND WE BASICALLY WE DEDUCE THEY'RE....

OPHOVEN: SOMETIMES YOU KNOW THEY'RE LYING AND SOMETIMES YOU DON'T.

KNODELL: RIGHT.

OPHOVEN: AND WHAT I CAN TELL YOU IS THAT AS SOON AS A KID HITS THE EMERGENCY ROOM OF A HOSPITAL...

KNODELL: YEAH.

OPHOVEN: ...AND THE PARENT TRIES TO TELL THE, THE DOCTORS THERE THAT THERE WAS A FALL OR HE CHOKED OR ANYTHING BUT CHILD ABUSE, THEY BLOW IT OFF. THE INFORMATION GOES FROM POSSIBLE CHILD ABUSE TO CONFIRMED CHILD ABUSE, SOMEWHERE DURING THE, THE HOSPITAL COURSE AND IT'S A FOREGONE CONCLUSION BY THE TIME THE BODY GETS TO THE MORGUE.

KNODELL: RIGHT.

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OPHOVEN: THE PATHOLOGIST EITHER DOES OR DOES NOT HAVE ENOUGH TIME TO DO WORK THAT ISN'T REALLY HIS JOB. AND LAW ENFORCEMENT HAS ALREADY BEEN SENT OUT TO CINCH UP THE STORY BY THE PEDIATRICIANS. A LOT OF TIMES THE STORY THAT GETS CINCHED UP IS INCONSISTENT WITH THE MEDICAL FACTS. WHICH IS WHAT HAPPENED HERE. SO, NOW, WE'RE MONTHS TO YEARS LATER GETTING READY TO GO TO TRIAL AND EVERYONE THINKS THAT THE DEFENSE IS COMING IN WITH SOME ALTERNATIVE SCREWBALL THEORY FROM SATURN WHEN IN FACT IT'S ACTUALLY THE ONLY WELL, RESEARCHED AND INVESTIGATED EVIDENCE IN THE CASE. BECAUSE EVERYONE ELSE'S SAYS, IT'S OBVIOUS IT'S CHILD ABUSE SO WHO CARES?

KNODELL: WELL, BUT I GUESS WHAT I'M SAYING THOSE IS THAT, DID, WE MAY DISAGREE, AND WE MAY HAVE SOME QUESTION ABOUT HOW DEFINITIVE WE CAN BE ABOUT THE MANNER OF DEATH, BUT ISN'T, ISN'T IT CLEAR THAT THAT IT WAS SOME FORM OF ABUSIVE TRAUMA THAT CAUSED THE CHILD'S DEATH?

OPHOVEN: NOT YET.

KNODELL: OKAY. ALL RIGHT.

OPHOVEN: WELL IT DEPENDS ON WHAT YOU MEAN BY ABUSIVE TRAUMA. SEE THAT'S THE, THAT BECOMES A FORENSIC, YOU KNOW THAT BECOMES A LEGAL COURT THING. YOU'VE CHARGED HER WITH A BUNCH OF DIFFERENT THINGS.

KNODELL: M, HUH.

OPHOVEN: AND I'M SURE IN THERE, SHE'S GUILTY OF ONE OR MORE OF THE THINGS YOU'VE CHARGED HER WITH.....THE QUESTION HERE IS...WHICH OF THOSE THINGS IS IT? DID SHE BEAT THE KID UP? DID SHE CAUSE THE DEATH? COULD SHE HAVE PREVENTED IT?

KNODELL: YEAH, YEAH.

OPHOVEN: WHAT ELEMENTS OF HER STORY ARE TRUE BUT SHE MIGHT'VE GIVEN YOU THE WRONG TIME? WAS IT NEGLIGENCE? WAS IT A, AN ACT OF POWER AND FORCE ON THE CHILD'S BODY? I MEAN THESE

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ARE THE QUESTIONS I DON'T HAVE ANSWERS TO RIGHT NOW.

KNODELL: IT IS CLEAR ONE THING THAT SHE LIED ABOUT HOW IT HAPPENED, ISN'T IT? I MEAN ISN'T THAT PRETTY CLEAR, I MEAN..

OPHOVEN: SHE LIED, I, THE ONLY THING I COULD TELL YOU RIGHT NOW AGAIN OTHER THAN TELLING YOU I DON'T HAVE ALL THE EVIDENCE IS THAT SHE MAY HAVE BEEN TELLING YOU EXACTLY HOW IT HAPPENED...

KNODELL: YEAH.

OPHOVEN: ONLY IT HAPPENED TWO DAYS AGO AND HE'S BEEN LYING AROUND DYING SINCE THEN.

KNODELL: ALL RIGHT.

OPHOVEN: IF THEY HAD AN ALTERCATION OVER THE FRIGGIN OATMEAL.

KNODELL: OKAY.

OPHOVEN: THEN THERE WAS, THERE WAS TIPPING OVER AND WAILING AND FALLING DOWN OR BEING PUSHED DOWN OR WHATEVER.....

KNODELL: OKAY.

OPHOVEN: ..AND THEN, HE WENT ON TO DEVELOP IRREVERSIBLE COMPLICATIONS OF THAT ALTERCATION.

KNODELL: OKAY. OKAY.

OPHOVEN: AND SINCE HE'S TWO AND SHE'S NOT, THAT MAKES HER RESPONSIBLE.

KNODELL: OKAY.

OPHOVEN: BUT IT ISN'T SHE JUST CLUBBED HIM TO DEATH WHICH IS THE SAME AS SHOOTING A 7/11 CLERK.

KNODELL: RIGHT.

CERTIFICATE OF TRANSCRIPTION

I, Roberta J. Chlarson, a secretary for the Grant County Prosecutor's Office, in and for the County of Grant in the State of Washington, do hereby certify that on the date and at the place herein before set forth; the foregoing statement of DR. OPHOVEN, taken on February 12, 2007, were duly transcribed by me, and I certify that this is a true and correct transcript of the compact disc recording. I further certify that I am not of relation to either party nor interested in the event of this cause.



Roberta J. Chlarson
Grant County Prosecutor's Office
P.O. Box 37
Ephrata, WA 98823

2/12/07

Dated

Appendix 55

Card from Ms. Gomez's Children

2/17/10
2114 Maya Jeny

Por medio de esta Tarjeta,
Quiero agradecer a todas las
Personas que estan ayudando
a mi hermana, Maribel Gómez
Esta Tarjeta es muy poco
para todo lo que ustedes
estan haciendo por ella
Yo se que el unico que se las
baila a Dios, y el las
Pasa en su Camino, por que ella
es inocente, y el quiere hacer
Justicia, con ella, y el no
quiere que sus hijos esten
separados de ella, Muchas Gracias
y que Dios los bendiga.

My name is Julianna daughter of
Maribel Gomez thank you for helping
my mom I have faith in you 3
My mom is innocent and she
did not kill Raffy she is a very
good mother please try your
best to free her because me and
my brothers really need her
Many thanks to you Love
Julianna
Gomez

Thank you for your kindness.
My Name is Julia Gascó
and I'm the ~~some~~ daughter of Maribel
Gomez. Thank you for your
help to try to get my mom
because she is a kind and generous
person. Also I would like to tell
you that she is innocent and that
she loved Raffy with all of
her heart and just like she
loves all of us too. Also I would
like to say that she is very
loving, caring and she would
never do anything to harm any
of us.
Thank you for everything

Appendix 56

Declaration of Father Jesús Ramirez

1 4. The Catholic Bishop of Washington assigned me to live and preach at the church in
2 Royal City in June 2000.

3 5. I was the first Mexican priest in the Yakima Diocese, which includes Royal City. That
4 was challenging at first, but I have developed strong relationships here. On Sundays,
5 there is a Spanish service and an English service. While the capacity of the church is
6 about 250, the Spanish service generally hosts about 350 people. The English service is
7 smaller but is growing as bi-lingual residents attend. There are about 40 attendees who
8 only participate in the English mass.

9 RELATIONSHIP TO RAFAEL GOMEZ

10 6. Rafael Gomez, attended my church for much of his short life. When he was being
11 cared for by Denise and Bruce Griffith, his foster family, they would bring him to the
12 English mass at my church on Sundays. He would attend regularly when he was a baby
13 and when he was a toddler.

14 7. He was well known and loved in the English speaking community. In the English mass
15 there are not many children, most people are elderly, so everyone noticed him.

16 8. Rafael was a happy baby. He would walk all around the church and everyone knew
17 him. He would sit back and stare. I think he would observe everyone. I knew that he
18 had some problems, like that his bones were not strong and sometimes he would have
19 some bruising on his arms when he was in foster care.

20 9. The Griffiths cared very much for him and I believe they wanted to keep him. The
21 Griffiths no longer attend mass at Saint Michaels. They had already stopped attending
22 before Maribel's trial.

23 10. On occasion I hold Spanish mass at other churches in the area. Until 2007, I would
24 occasionally hold Spanish mass at St. Rose of Lima, a Catholic Church in Ephrata.
25

1 While in Ephrata, I had the opportunity to meet with Maribel Gomez, Raphael's
2 mother.

3 RELATIONSHIP TO MARIBEL GOMEZ

4 11. When I held mass in Ephrata, I had the opportunity to meet and speak with Maribel
5 Gomez twice. Once was at her house, and once at church.

6 12. When I saw Mariel at her home around March, 2003, Rafael was living with the foster
7 parents, the Griffiths. He was a toddler at that time.

8 13. When I saw Rafael at church, I was concerned about the way he looked. I wanted to
9 speak to the mother to see what kind of problems there were at home. Denise Griffith
10 told me that Maribel was his mother. I got the impression that Denise wanted to adopt
11 the baby and didn't think the baby should be returned to Maribel.

12 14. When I was visiting another Spanish speaking family in Ephrata, they told me that
13 Maribel lived across the street. I asked that family about Maribel and they said that,
14 while they had heard rumors about her, they never had any problems with her. They
15 trusted her enough to be alone with their kids when their kids went to her house to play
16 with her kids.

17 15. I wanted to go visit her, on my own accord, without her knowing I was coming. I went
18 because I wanted to understand what kind of family Rafael had and what family
19 problems there might be. In that way, I thought I could help the family better so that
20 Rafael would be alright. I had heard that Maribel had had problems with drugs and that
21 is why Rafael was taken from her.

22 16. When I went to her house, she invited me in. I visited the whole house. Her husband,
23 Jose was there. She and Jose were happy to see me and happy that I was visiting.

24 17. I was impressed by how hard she was trying to change her life and stay sober. She was
25 very committed to getting Rafael back. She accepted her mistakes and was changing

1 her life. She started to go to church, to go to confession. She was seeking help and
2 counseling. She was so willing to change. She was very focused on bringing her baby
3 back. She really wanted to have her family back together. Maribel actively accepted
4 responsibility for her mistakes and was trying to right them. She wanted to stay with
5 her kids and wanted to change her life and accepted any help they offered so that she
6 could get her kids back. It was clear to me that her family was very important to her.

7 18. She asked me to bless the house. Her house was very simple but it was very clean and
8 everything was in order. She was very open and genuine. She told me that some of the
9 government officials would come without telling her, unannounced. She had been
10 clean of drugs, and told me that she would let anyone into her house to look for drugs
11 because they would not find any. She seemed as if she had nothing to hide. It struck
12 me that she was very open, not trying to hide anything.

13 19. I was surprised by how Maribel was being portrayed in the newspapers as a mean
14 person and an abusive mother. In my experience talking with her, by her openness, and
15 by the way she treated me, the way she spoke of her family and the way she was seen
16 by the Spanish speaking Catholic community in Ephrata, my impression of her was
17 very different.

18 20. In my interactions with her, Maribel was a very kind and caring person. She was a
19 good mother to her children and a good member of the community. Although her child
20 was taken from her, she was never angry at the government or the foster parents. She
21 never criticized them. Rather, she took full responsibility for her mistakes and actively
22 changed her life for the better. She was very committed to bringing Rafael back to her
23 home and made every effort to make that happen.

24
25

1 CONCLUSION

2 21. I knew Maribel to be a very caring and forthright person. I was shocked at her
3 portrayal and her very lengthy sentence. Through my experience of working with
4 thousands of people through church and with people who suffer from drug abuse, she
5 did not deserve the punishment that she received. I have seen other members of the
6 community struggle with drugs and violence throughout their lives and they are not
7 punished so severely. She was trying so hard to get Rafael back and to live a good
8 Christian life. She loved Rafael. Maribel was willing and able to change her life before
9 Rafael passed away. She was open and kind and honest with her mistakes.

10 22. Maribel was very lucky to get over her addiction. I am grateful for the people who
11 helped her get over her drug habits. I think we need more support groups working with
12 families dealing with these issues. In order to prevent families like Maribel's from
13 getting into this situation and spend many years in jail, we need more affordable or
14 free, Spanish-speaking counselors.

15 23. I would have testified to the above at Maribel's trial, but her lawyer never called me.
16

17 I DECLARE under the penalty of perjury of the laws of the State of Washington that the
18 foregoing is true and correct.

19
20 DATED this 7 day of May, 2010, at Royal City, Washington.
21

22
23 *FR. Jesús Ramirez C.*
24 Father Jesús Ramirez
25

Appendix 57

Declaration of Alicia Garces

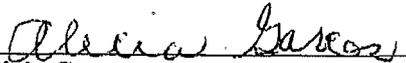
- 1 7. I remember one time he was bothering her while she was mopping the kitchen. She did
2 not yell at him, she sat him down on the couch to get him out of the way. That was her
3 way of disciplining. During all of the time I visited with her I never once saw her
4 spank or slap Rafael –or any of her kids. She was always very loving and tender with
5 him.
- 6 8. Rafael was a good kid. But he was different. I do not remember what words he knew,
7 but I remember thinking that he was not like a normal two year old, he seemed slow.
8 Even though he was two she would feed him, he would not eat if Maribel did not feed
9 him. She would feed him but then he would eat too much. He ate well. She always had
10 food ready for her kids.
- 11 9. Rafael would often be on his own, away from the other kids. He was very clumsy, he
12 would fall a lot. Whenever he would play with the other kids he would trip over
13 himself and hurt himself. The other kids were patient and careful with him, but he
14 would still fall and get hurt. Sometimes he would even get bruises on his legs from
15 falling. I think this is why he would be on his own more, so he would not get hurt. I
16 told Maribel to get him a playpen to keep him safe so that he would not hurt himself
17 while playing. She finally got one for him, but Rafael would climb out of it and fall.
- 18 10. Rafael would also hurt himself. I saw him bite himself and pinch himself. He mostly
19 bit himself on his hands. Many times I saw him throw himself backwards. Whether he
20 was sitting on the couch or on the floor he would just throw himself back. He would
21 not cry when he hit his head back or when he would pinch himself, but he seemed
22 anxious. When he pinched or bit himself, it would leave marks or bruises. I saw him
23 doing it, and I saw the marks it would leave.
- 24 11. I was not there when Rafael died, so I cannot say what happened that day. But
25 knowing Maribel and seeing the way she was with her kids, and especially Rafael, I

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never thought that she would hurt him. She was always patient and loving with Rafael,
and she was always with her kids. She really loved Rafael. She was a good mother.

I DECLARE under the penalty of perjury of the laws of the State of Washington that the
foregoing is true and correct.

DATED this 9 day of May, 2010, at Quincy, Washington.


Alicia Garces

INTERPRETER'S DECLARATION

I am a certified interpreter or have been found otherwise qualified by the court to interpret in the Spanish language, which the respondent understands, and I have translated the declaration of Alicia Garces (identify document being translated) for the respondent from English into that language.

The respondent has acknowledged his or her understanding of both the translation and the subject matter of this document. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED: 5-09-2010

Saul C. Castillo
Interpreter

LOCATION: Quincy Washington

Saul Castillo
Signature

Appendix 58

Declaration of Dr. Janice Ophoven

- 1 4. I do not believe that I heard from Mr. Moser again until January 2006, when he
2 provided some medical records but did not provide the autopsy slides or radiology
3 images. At that time, it was my understanding that there was a confirmed history of
4 physical abuse. My role was not to address these issues but rather to address the
5 immediate cause of death, which Mr. Moser felt was due to a short fall of some type,
6 most likely some days before death.
- 7 5. After receiving the files, I again told Mr. Moser that I could not provide an opinion on
8 the cause of death without obtaining the slides and radiology images. Instead of
9 providing this information, Mr. Moser had me talk to the prosecutor several times in
10 recorded telephone interviews. I do not recall addressing the issues with Mr. Moser
11 before or after these conversations, which occurred on April 26, 2006 and February 12,
12 2007. At that time, I still did not have the autopsy slides and other information needed
13 to address the cause and manner of death. This is *not* a standard practice. I think Mr.
14 Moser was present at some of these discussions but not others. In those discussions, I
15 made clear that I did not have the information needed to form an opinion.
- 16 6. In the February 12 interview, I told the prosecutor that I was "talking off the top of my
17 head" since I didn't yet have the information needed to determine the cause or manner
18 of death. In that interview, the prosecutor told me that the trial was beginning in two
19 days (February 14). My response was to the effect of "Jesus, Mary and Joseph. Well
20 you don't have my opinion so there you are." At that time, I was not scheduled to
21 testify and had not yet received the autopsy slides, which are the key to determining
22 the cause of death. At that time, I still understood this to be a case of chronic physical
23 child abuse with long-term CPS involvement, and that the only issue for my
24 consideration was the immediate cause of death. This information would have come
25 from Mr. Moser, Ms. Gomez' defense attorney.

1 7. Based on the autopsy report, I told the prosecutor that the autopsy findings were not
2 consistent with fresh blunt force trauma to the head but instead suggested vomiting and
3 aspiration. This was indicated by the reports on the initial lung x-rays taken after
4 hospital admission, which showed a complete "whiteout," and it was consistent with
5 the mother's description of the child's collapse. This type of damage would not be
6 found in a healthy child who collapsed following head trauma. In view of this
7 evidence, I strongly encouraged a trial postponement so that the radiology and slides
8 could be reviewed and coordinated with the medical and evidentiary records. As I
9 stated repeatedly, this was a complex and challenging case that needed careful
10 consideration of each issue.

11 8. A postponement apparently was not possible, and the autopsy slides were sent to me
12 after the trial began. These slides definitively confirmed aspiration pneumonia, *i.e.*,
13 food that goes down "the wrong way" and enters into the lungs. Aspiration pneumonia
14 is a fast-moving process that deprives the body of oxygen and can quickly result in
15 collapse and brain death. The slides further confirmed that the skull fracture and
16 epidural hemorrhage attributed to the mother were very old (possibly months old), with
17 no signs of acute injury. Since the child was well after the skull fracture and epidural
18 hemorrhage, these findings were unrelated to the immediate cause of death. Despite
19 the history of abuse, this was a relatively straightforward asphyxiation case, consistent
20 with the mother's description of the events and the subsequent hospital and autopsy
21 findings.

22 9. Mr. Moser did not send me the Homicide by Abuse statute, and did not inform me of
23 the elements of the crime. I had originally been retained when the only charge was
24 manslaughter. My job was to determine the immediate cause and manner of death,
25 which was asphyxiation from aspiration, consistent with the hospital and autopsy

1 findings. Given what I understood to be confirmed prior physical abuse resulting in
2 longstanding CPS involvement, I gave the manner of death as "undetermined."

3 Without the prior abuse, I would have classified the manner of death as "natural."

4 10. In forming my opinion, I did not review the cause of the prior incidents of abuse since
5 they did not affect the cause or manner of death. Since I have now been told that the
6 prior incidents were part of the charges, these incidents should have been reviewed
7 with the same care as the cause and manner of death. This review would require an
8 independent review of the radiology images. To my knowledge, this review was never
9 undertaken. It certainly was not undertaken by me, nor would I have had time to
10 undertake this review between receiving the autopsy slides after the trial began and my
11 testimony on March 5. This review would have required an independent review of the
12 radiology images and possible consultations with bone and other experts.

13 11. There have been substantial developments in the field of pediatric head injury and
14 fractures (bone development) in the last decade. Since some of the conclusions of the
15 state's experts were based on theories that were no longer accepted by the time of trial,
16 I expected to be asked to testify on the issues that related directly to the cause of death,
17 and was surprised that I was not asked to do so. Based on my experience in other
18 cases, this would have given the Court a much better understanding of the issues and
19 would have directly refuted the testimony of some of the state experts, who were not
20 trained in these areas and who appeared to be unfamiliar with the current literature.

21 12. Since the misunderstandings of the medical issues resulted in what appears to be a
22 clear miscarriage of justice, I am willing to review the complete medical file and
23 provide a report on my findings on the earlier injuries, as well as the cause and manner
24 of death.

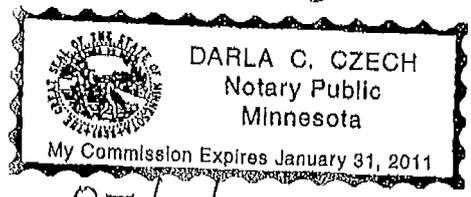
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I DECLARE under the penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.

DATED this 11th day of May, 2010, at, WOODBURY Minnesota.

Darla C Gzech

Janice Ophoven
Janice Ophoven



05/11/2010

Janice Jean Ophoven, M.D.
Curriculum Vitae

Date and Place of Birth: January 21, 1947, Minneapolis, MN

Education:

Undergraduate Education:

1960-1964 Alexander Ramsey High School, Roseville, MN
1964-1969 BS - University of Minnesota, Minneapolis, MN

Medical Education:

1967-1971 MD - University of Minnesota, Minneapolis, MN

Post Graduate Education:

6/71-6/72 Internship, Department of Pediatrics, University of Minnesota, Minneapolis, MN
7/75-6/76 Residency, Pediatrics, Department of Pediatrics, University of Minnesota, Minneapolis MN
7/75-12/79 Residency, Anatomic Pathology, Department of Laboratory Medicine and Pathology, Specialty Training – Pediatric Pathology, University of Minnesota, Minneapolis, MN
1978-1979 Fellowship in Pediatric Pathology, University of Minnesota, and Minneapolis Children's Medical Center, Minneapolis, MN
1/80-12/80 Fellowship in Forensic Pathology, Hennepin County Medical Examiner's Office, Minneapolis, MN

Medical School Honors:

1971 Upjohn Award - Student most likely to make an important contribution to medicine, awarded by faculty upon graduation.
1970-1971 Member of Disadvantaged Student Selection Committee.
1970-1971 Medical School Class Vice President.

Additional Training:

General Pediatrics internship and residency training, University of Minnesota

Medical Licensure:

Minnesota - 1974 to Present
Missouri - 1973 - 1974

Board Certification:

Janice Ophoven, MD – Curriculum Vitae
5/13/2010

American Board of Pathology - 1981

American Board of Forensic Pathology - 1981

American Board of Quality Assurance and Utilization Review - 1988

Professional Experience:

- 1/81-present Independent Consultation in Pediatric Forensic Pathology
- 09/03-3/10 Forensic Pathologist, St. Louis County Medical Examiner's Office
Assistant Coroner / Medical Examiner
- 5/03-present Contract Forensic Pathologist, Minnesota Regional Coroner's Office
Assistant Coroner / Medical Examiner for the Counties of: Houston,
Carver, Chisago, Dakota, Fillmore, Goodhue, and Scott
- 6/91-2003 Principal consultant and owner, The Crackleberry Group (Healthcare
Consulting)
- 1/02-11/03 Forensic Pathologist, Midwest Forensic Pathology
Assistant Coroner for the Counties of: Anoka, Crow Wing, Meeker, Mille
Lacs and Wright
- 8/94-3/97 Vice President for Medical Policy, Allina Health Care
- 1/89-6/96 Medical Director of Quality Management, St. Paul Children's Hospital
- 5/89-1992 Deputy Medical Examiner, Hennepin County Medical Examiner's Office,
Minneapolis, MN
- 1/88-10/88 Director of Medical Review, Health Risk Management, Inc. (Managed
Health Care), Minneapolis, MN
- 4/85-6/88 Director, St. Paul Children's Hospital Laboratories, St. Paul, MN
- 1/81-3/85 Associate Director, St. Paul Children's Hospital Laboratories, St. Paul,
MN
- 1/80-12/80 Forensic Pathology Fellowship, Hennepin County Medical Examiner's
Office, Minneapolis, MN
- 7/75-12/79 Anatomic Pathology Residency, Department of Laboratory Medicine and
Pathology, Specialty Training - Pediatric Pathology, University of
Minnesota, Minneapolis, MN
- 7/75-6/76 Residency, Department of Pediatrics, University of Minnesota,
Minneapolis, MN
- 1/75-6/75 Private Practice, Group Health (Health Maintenance Organization)
Minneapolis/St. Paul, MN
- 1/73-9/74 Private Practice in Pediatrics, Sedalia, Missouri; also consultant for Rural
Health Care Delivery Program funded by American Academy of
Pediatrics

Memberships:

- Pediatric Pathology Society
- Ramsey County Medical Society
- Minnesota Medical Association
- American College of Physician Executives
- American Medical Association
- National Association of Medical Examiners
- American Academy of Forensic Sciences

Areas of Special Interest:

- Pediatric Forensic Pathology.
- Special areas of interest: MSBP, infanticide, infant apnea and suffocation, head injury / shaken infant.
- Changing Environment of Medical Care with Emphasis on Clinical Quality, Health Care Systems Analysis and Policy.
- Developmental and Gestational Pathology.
- Pediatric Laboratory Medicine.
- Pediatric Hematopathology.
- Pediatric Pulmonary Disease.

Appointments:

- Committee Member, MN Department of Health, Division of Family Health - *Infant Death Investigation Guidelines: To Investigate Sudden, Unexplained Deaths of Infants 0 – 24 months of Age. A Guide for Emergency Medical Services, Law Enforcement and Medical Examiners/Coroners.* Fall 2002
- Child Mortality Review Panel, Minnesota Department of Human Services. 1987 to 1999
- Co-chairman Guidelines Subcommittee Governor's Task on Violence. 1996
- Forensic Consultant to Midwest Resource Center for Child Abuse. 1987 to 1995
- Quality Assurance Director, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1995
- Peer Review and Quality of Care Standards & Guidelines, Senior Consultant, Medicolegal Management, Morrison, CO. 1989 to 1994
- Pediatric Forensic Consultant and Deputy, Hennepin County Medical Examiner's Office, Minneapolis, MN. 1986 to 1994
- Executive Committee, Medical Staff, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1994
- Invited member: Physician Advisor - PMDRG's National Association of Children's Hospitals and Related Institutions, Alexandria, Virginia. 1991 to 1992
- Ramsey County Medical Society Board of Trustees, Hospital Based Physician Representative. 1990 to 1992

- Physician Advisor Board and Physician Advisory Council on Quality. Health One (Hospital Management Corporation) Minneapolis, Minnesota. 1989 to 1991
- Invited member: Task Force on Quality Care and Invited member: Council on Research and Information, National Association of Children's Hospitals and Related Institutions, Alexandria, Virginia. 1989 to 1991
- Invited workshop participant: Special Issues of Child Abuse. Invited presentation: Identification of the Perpetrator in Child Abuse: The Medical Perspective. American Association of Forensic Scientists, National Meeting. Cincinnati, Ohio. February 1990
- Chair - Medical Services Committee, Ramsey County Medical Society. 1986 to 1988
- Board of Directors, Ramsey County Medical Society, St. Paul, MN. 1986 to 1988
- Practice Committee, Pediatric Pathology Society. 1986 to 1988
- Physician Coordinating Committee, Blue Cross and Blue Shield. 1986 to 1988
- Small Area Variations Advisory Committee, Blue Cross and Blue Shield. 1986 to 1988
- Medical Practices and Planning Committee, Minnesota Medical Association, 1984 to 1988
- Clinical Medical Director, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1988
- Consultant and speaker for KTCA (public television) educational production, Newton's Apple. 1982 to 1988
- Clinical Assistant Professor, University of Minnesota, Department of Laboratory Medicine and Pathology. 1986
- Secretary and Board of Trustees Member, Minnesota Medical Association. 1986
- SGCP Perinatal Protocol Contributor. 1985 to 1986
- Regional Forensic Pathologist Representative to National Center for Missing and Exploited Children. 1984 to 1986
- Minnesota Society of Clinical Pathologists - Professional Relations Committee. 1984 to 1986
- Chairman of Minnesota Medical Association Subcommittee on Organ Transplantation. 1984 to 1986
- Consultant with Dr. Jocelyn Hicks for District of Columbia Hospital Re: Laboratory consolidation project with St. Christopher's Hospital, Philadelphia, PA. Spring 1985
- Executive Committee Member, Study Group of Complications of Perinatal Care, Pittsburgh, PA. 1984 to 1985
- Visiting Faculty to Mayo Clinic, Lectureship on Issues in Pediatric Laboratory Medicine. September, 1984

Research:

- Investigation of childhood injury and child abuse
- Physician Engagement and Participation in Health Care Redesign/Medical Reengineering. 1987 to present
- Nutritional Assessment of the Neonate. 1984 to 1989
- Histopathologic alterations of tracheobronchial respiratory epithelium in high frequency jet ventilation. 1983 to 1989
- Burroughs-Wellcome Exosurf project group: Tracheobronchiopulmonary Morphometric Analysis - Study Pulmonary Pathologist for 10 institutional protocol. 1987 to 1988
- Multifactorial computer analysis of histopathologic classification of lung tumors. Veterans Administration Hospital, Minneapolis, MN. Abstract presented IAP meetings February 1980. 1978 to 1980.
- Bile Acid Research, Gastroenterology Laboratory, University of Minnesota, Minneapolis, MN. June – September 1967; June – September 1968

Past Responsibilities:

- Principal and Chief Medical Officer of the Crackleberry Group. Independent consultants in Health Care: Credentialing, External Peer Review Design, Clinical Guidelines Development, Medical Staff Transformation, Process Reengineering, Conflict Management
- Vice President for Medical Policy, Allina Health Care System. Includes system wide health care policy strategies, credentialing, outcomes, guidelines, clinical process improvement, and physician participation in quality initiatives.
- Medical Director of Quality Management Department. Includes the development, coordination and management of quality assessment, utilization review and risk management of the Medical Services at St. Paul Children's Hospital.
- Management of laboratory services, consultation in pediatric laboratory medicine and pathology in private practice at a teaching pediatric hospital.
- Multiple hospital and organized medicine committee responsibilities with special interest in quality assessment and improvement.
- 24-hour hospital and Midwest Resource Center responsibilities for coordinating laboratory evaluation and directing documentation of child abuse and neglect.
- Teaching responsibilities including Phase D students and pediatric residents - a formal extension of the Hennepin County Medical Center Pathology, Ramsey County Medical Center Pathology and University of Minnesota Laboratory Medicine and Pathology training programs.
- Director of Medical Review at Health Risk Management, a full service company specializing in managing health care costs. Duties included: Recruiting, managing and training medical staff; criteria development; case management program development; Quality Assurance Development and Implementation; medical information resource development and dissemination.

Current Responsibilities:

- Consultation service in Forensic Pathology with emphasis on child abuse and neglect.
- Research and education in child abuse and neglect. Audiences to include physicians, clinical staff, local law enforcement, medical and legal groups.

- Assistant Coroner / Medical Examiner at Minnesota Regional Coroner's Office

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6. Study Group for Complications of Perinatal Care (SGCPC): Perinatal Autopsy Protocol: A Model, Armed Forces Institute of Pathology, 1994.
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Abstracts & Presentation:

1. Sixth Annual Crown Defense Conference, "Child Abuse Investigations: A Pathologist's Approach" September 18, 2008
2. Alabama Criminal Defense Lawyer's Association, "Child Sex Abuse: Pediatric Forensics" June 21, 2008
3. California Public Defender's Association, "Medical Examinations/Medical Evidence in Sexual Assault" December 01, 2007
4. National Criminal Defense Lawyer's Association. "Issues in Child Sexual Misuse" August 03, 2007
5. Annual EBMS Meeting. "Forensic Pediatric Pathology – Case Review in Traumatic Brain Injury" May 11, 2007
6. Texas Criminal Defense Lawyer's Association. "Understanding the Scientific Evidence in Sexual Homicides" September 20, 2006
7. Public Defenders of Dakota County. "The Forensic Autopsy Report – A Navigator's Perspective." August 04, 2006

8. CACJ/CPDA Capital Case Defense Seminar. "Scientific Evidence in Sexual Homicides" February 19, 2006
9. University of San Diego School of Law. "Investigate your Case; CSI for Lawyers...Childhood Injuries" January 28, 2006
10. Iowa Public Defender Agency. "An Approach to Sexual Injury Physiology" June 22, 2005
11. Iowa Public Defender Agency. "Head Injuries in Childhood; An Evolving Challenge" June 22, 2005
12. North Memorial Hospital: Long Hot Summer Conference. "Unexpected Child and Infant Death: Is It Always Abuse?" March 5, 2005.
13. CACJ/CPDA Capital Case Defense Seminar. "Scientific Evidence in Sexual Crimes." February 20, 2005.
14. CACJ/CPDA Capital Case Defense Seminar. "Head Injuries in Childhood: An Involving Challenge." February 19, 2005.
15. Minnesota Bureau of Criminal Apprehension Training and Development – Death Scene Investigation. "Basics of Child Abuse and Infant Deaths." February 3, 2005.
16. California Public Defender Agency Sexual Crimes Seminar. "Understanding Child-Victim Physiology." October 23, 2004.
17. Minnesota Division International Association for Identification. "Childhood Death Investigation: Unexpected/Unexplained Childhood Deaths." September 16, 2004.
18. St. Louis County Medical Examiner's Office. "Childhood Death Investigation: Unexpected/Unexplained Childhood Deaths." March 8, 2004.
19. CACJ/CPDA Capital Case Defense Seminar. "Head Injuries in Childhood: An Evolving Challenge." February 14, 2004.
20. MN Women Physicians' Retreat. "The Child and Forensic Medicine: A reflection on children in crisis." Co-presented with Susan Roe, MD. October 4, 2003.
21. MN Bureau of Criminal Apprehension. Child Abuse Investigation. "Forensic Pathology of Child Abuse." April 16, 2003
22. 6th Annual LaCrosse Children Maltreatment Conference. "Trauma and the Abused Child" and "Munchausen Syndrome by Proxy." April 4, 2003.
23. Chippewa Valley Technical College Investigators' Annual In-service. "Child Abuse and Neglect" presented by Janice Ophoven, MD and Susan Roe, MD. December 12, 2002.
24. South Carolina State Child Fatality Advisory Committee. Child Fatality Conference - Investigating and Prosecuting Fatal Child Maltreatment. "Forensic Pediatric Autopsy." September 25, 2002
25. Midwest Forensic Pathology. Forensic Nursing III. "Overview of Child Abuse, Vulnerable Adult Abuse, and Domestic Violence." February 28, 2002; May 24, 2002
26. MN Bureau of Criminal Apprehension. Child Abuse Investigation. "Forensic Pathology of Child Abuse." April 17, 2002
27. MN Forensic Pathology, PA. 3rd Annual All Deputy Coroner Meeting. "Munchausen Syndrome by Proxy." April 6, 2002
28. MN Bureau of Criminal Apprehension. Death Scene Investigation Training and Development. "Identifying the Details: Shaken Baby Syndrome and Munchausen Syndrome by Proxy." February 5, 2002
29. Stearns Benton County Child Protection Agency. "Shaken Baby Syndrome - Challenges and Implications." April 27, 2001

30. St. Cloud Hospital. Physicians' Forum. "Shaken Baby Syndrome." March 2, 2001
31. Partners Healthcare Consulting. "Moving into the Driver's Seat – Physician's Guide to Controlling their Future." Invited speaker: "Navigating the Road to Effective Care Management." October 5, 2000
32. MN Bureau of Criminal Apprehension and Ramsey County Medical Examiners' Office. Midwest Homicide Investigative Conference. "A Practical Approach to the Investigation of Child Abuse Homicide." September 7, 2000
33. Niagara County Child Fatality Team Training. Keynote Presentation. "The Investigation of Fatal Child Abuse from the Medical Perspective." June 20, 2000
34. The Alaska Academy of Trial Lawyers 4th Annual Litigators' Conference. "Science and the Law – Out of the 'Frye'ing Pan." April 2000
35. South Carolina Law Enforcement Division. "The Investigation of Fatal Child Abuse from the Medical Perspective." October 1999.
36. Minnesota Bureau of Criminal Apprehension, Child Abuse II Seminar, May 1999.
37. Invited Speaker *Health Care Forum, Managing Change* October 1997.
38. Invited Speaker *Masters 7 Conference for Advanced Death Investigation, Munchausen's Syndrome by Proxy*, St. Louis, MO. July 1997.
39. IHI Workshop with B. Bushick MD, Measurement and Integrated Health Care Systems, workshop presentation, December 1995.
40. The Investigation of Infant Deaths: An Interdisciplinary Symposium, "Coroners / Medical Examiners and Pathologists: Bridging the Roles", June, September 1994
41. Women in Medicine: Finding a Balance - invited keynote speaker and workshop presentations, Breckenridge Colorado, August 1994
42. BCA Law Enforcement Training Seminar, Forensic Issues in Child Abuse, Spring 1994, St. Cloud, MN
43. Development and presentation of three-day workshop with focus on responsibilities in data management and credentialing. Medical Staff Transformation, Middletown Regional Hospital, Middletown, Ohio, March 1994
44. Design and Focus External Peer Review with Medical-Legal Management Inc. 1985-to 1994
 Evansville, Indiana
 Jacksonville, Florida
 Boston, Mass.
 Amarillo, Austin, Fort Worth, Texas
 St. Jose, California
45. Invited Participant, Minnesota Bar Association Annual Trial Lawyer Course, Expert Witness. Bemidji, MN. 1986, 1987, 1988, 1992, 1993, 1994
46. ATLA National Conference - The Catastrophically Injured Infant, Nov 13-14, 1993, Reframing the Causation Issue into a Forensic Context, Atlanta, GA
47. California Ambulatory Surgery Association Research Group, Model for Clinical Guidelines - Best of Practice Model, Lake Tahoe, Fall 1993
48. Colorado Medical Society Woman's Section, The Role of Fear in Health Care Politics, Fall 1993, Snowmass, CO
49. Alaska Trial Lawyers Association, Annual Meeting, full day workshop on Medical Legal issues in Child Abuse, Fall 1993, Anchorage Alaska

50. APQC [American Productivity and Quality Center] "Achieving Results Through Benchmarking" - Benchmarking Week - May 19, 1993, Washington, DC. *Developing "State of the Art" Guidelines for Pediatric Care*
51. Sixth Annual John I. Coe Symposium, Placental and Perinatal Pathology, April 16, 1993, Forensic Issues in Perinatal Medicine Minneapolis, MN
52. Quality Challenge Award Recipients on behalf of the Children's Hospital of St. Paul, MedisGroups National Meeting, April 1993, Washington, DC
53. MediQual National Symposium "Insight", Spring 1993, Washington DC, 2 workshops *MedisGroups and Clinical Guidelines The National Pediatric Network*
54. Development and Implementation - 2 day Clinical Guidelines Exercise, Presbyterian St. Luke's Hospital, Denver Colorado, 1993
55. Multiple Medical Staff Seminars / Presentations on MedisGroups and Health Care Quality including Alliant Health Care Systems, Louisville, KY 1993
56. National Association of Medical Examiners Annual Conference, Milwaukee, WI, Forensic issues in Child Abuse, A Review, Fall 1992
57. Wisconsin Children's Hospital, Annual Retreat, Full day workshop on Medical Staff Transformation, Fall 1992
58. MediQual National Symposium, April 1992, Workshop, Recruiting Physician Participation in Data Management and Clinical Guidelines, Spring 1992, Saddlebrook, Florida
59. Quality Assurance in Anatomic Pathology, Lab Medicine and Pathology Grand Rounds, University of Minnesota, 1992
60. MediQual National Symposium, Spring 1991, Data and Peer Review, Hilton Head, SC
61. Invited Workshop Presentation: Pediatric Forensic Pathology: Wisconsin State Death Investigators Course. Sponsored by the Milwaukee County Medical Examiner, Milwaukee, Wisconsin. Fall 1990
62. Invited Workshop Presentation: Pediatric Forensic Pathology Issues. Sponsored by LCM Laboratories. Sioux Falls, SD. April 1990
63. Invited workshop participant: Special Issues of Child Abuse. Invited presentation: Identification of the Perpetrator in Child Abuse: The Medical Perspective. American Association of Forensic Scientists, National Meeting. Cincinnati, Ohio. February 13, 1990.
64. Invited Workshop Presentation. Pediatric Forensic Pathology at the American Academy of Pediatrics, Orlando, Florida, March 14, 1989.
65. Invited Workshop Presentation, Pediatric Forensic Pathology at the Society for Pediatric Pathology, San Francisco, California, March 5, 1989.
66. Invited Workshop Presentation, Pediatric Forensic Pathology at the Society for Pediatric Pathology, Washington, D.C., February 1988.
67. Georgieff M, Amarnath U, Landon M, Mills M, Ophoven J: Newborn Iron Status of Infants of Diabetic Mothers (IDMS). *Ped Res*. Submitted and Accepted, December 1987.
68. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Transferrin (TF) and Ferritin (FE) as Markers of Uteroplacental Insufficiency (UPI) in Newborn Infants. *Ped Res* Submitted Nov 1986. Published April 1987.
69. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Decreased Iron Status in Symptomatic Large-for-Gestational Age (LGA) Infants. *Ped Res* Submitted Nov 1986. Published April 1987.

70. Georgieff M, Chockalingam U, Murphy E, Ophoven J: Effects of Short and Long-term Prenatal Steroids on Nutritional Proteins in Premature Neonates. Accepted for presentation and published, April 1987.
71. Chockalingam U, Murphy E, Ophoven J, Georgieff M: The Influence of Perinatal Asphyxia on Rapid-turnover Proteins in Newborn Infants. Ped Res Submitted Nov 1986. Published April 1987.
72. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Effects of Short and Long-term Prenatal Steroids on Nutritional Proteins in Premature Neonates. AACC Submitted and Accepted, January, 1987.
73. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Cord Transferrin (TF) and Ferritin (FE) as Markers of Uteroplacental Insufficiency (UPI) in Newborn Infants. AACC Submitted and Accepted, January 1987.
74. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Rapid-Turnover Serum Proteins (RTP) to Evaluate Protein Status of Preterm Infants. AACC Submitted and Accepted, January, 1987.
75. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Association of Decreased Ferritin Levels to Hypoglycemia in Large-for-Gestational Age Infants. American College of Nutrition 28th Annual Meeting. Submitted to Blood, 1987.
76. Mammel M, Ophoven J, Gordon M, Taylor S, Boros S: Tracheal Injury Following High-frequency Oscillation in Laboratory Animals. Ped Res Submitted November 1986.
77. Chockalingam, Murphy, Ophoven, Georgieff: The Affect of Gestation Age Size for Dates and Prenatal Steroids on Cord Transferrin Levels in Preterm and Term Infants. Submitted to the 27th Annual American Nutritional College Meeting, September 1986. Accepted.
78. Chockalingam, Murphy, Ophoven, Georgieff: Influence of Preneonatal Steroids on Nutritional Markers in Premature Infants: Submitted to the 27th Annual American Nutritional College Meeting September 1986. Accepted.
79. Invited Course Participant. University of Indiana: Issues in Child Abuse and Neglect. Indianapolis, Indiana 1986.
80. Georgieff, Sasanow, Mammel, Ophoven, Periera: Prenatal Steroids and Lung Maturity and Size for Dates Affect Neonatal Prealbumin Levels. Ped Res 20; 4(1986) 138A.
81. Georgieff, Sasanow, Mammel, Ophoven, Periera: Prenatal Steroid Administration Enhances Liver Protein Synthesis in Preterm Neonates. Clin res 3; 1(1986) 138A.
82. Invited Speaker, American Academy of Forensic Sciences Workshop on Sexual Abuse in Children, 1986.
83. Mammel M, Ophoven J, Gordon M, Sutton M, Boros S: Proximal Tracheal Inflammation with Three Different High-frequency Ventilators. Clin Res 1985; 33:148A.
84. Lewallen P, Boros S, Mammel M, Coleman M, Ophoven J: Neonatal High-frequency Jet Ventilation: Benefits and Risks. Clin Res 1985; 33:148A.
85. Ophoven J, Tilelli J: Abstract: Hyponatremic Seizures as a Presenting Symptom of Child Abuse. Presented to Conference on Forensic Pediatric Pathology. June, 1985.
86. Ophoven J, Leverone J, Moen T: Abstract: Congenital Idiopathic Subglottic Stenosis Presenting as Sudden Infant Death Syndrome. Presented to Conference on Forensic Pediatric Pathology. June 1985.
87. Invited Workshop Participant. American Academy of Forensic Sciences; Child Sexual Abuse. New Orleans, 1985.

88. Ophoven J, Mammel M, Coleman M, Boros S: Necrotizing Tracheobronchitis; A New Complication of Neonatal Mechanical Ventilation. Laboratory Investigations vol. 52, 49A 1985. Presentation at IAP Meetings, 1985.
89. Lectureship on Issues in Pediatric Laboratory Medicine. Mayo Clinic September, 1984
90. Lewallen P, Boros S, Mammel M, Coleman M, Ophoven J: Neonatal High-frequency Jet Ventilation: Four Years Experience. Clin Res 1984; 32:814A.
91. Mammel M, Ophoven J, Gordon M, Sutton M, Boros S: High-frequency Ventilation Produces Inflammatory Injuries in the Proximal Trachea. Clin Res 1984; 32:815A.
92. Dehner, Ophoven, et. al.: Unusual Presentation of Childhood Rhabdomyosarcoma. Presented at Pediatric Pathology Meetings. February 1983.
93. Ophoven J, Mammel M, Gordon M, Boros S: High-frequency Jet Ventilation: Tracheobronchial Histopathology. Clin Res 1983; 31: 142A.
94. Ophoven J, Mammel M, Gordon M, Boros S: High-frequency Jet Ventilation: Tracheobronchial Histopathology. Pediatr Res 1983; 17: 386A.