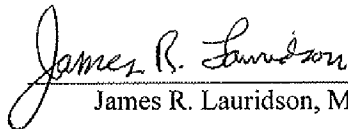


AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

STATE OF ALABAMA
COUNTY of MONTGOMERY

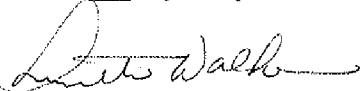
1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and after being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology).
3. I have been asked by attorneys for Jeffrey Keith Havard to test the evidence; slides of tissue samples taken from Chloe Madison Britt and other evidence utilized by Dr. Stephen Hayne and give an objective opinion based on solid medical evidence as to whether the autopsy shows evidence of sexual battery and to make an independent determination of the cause of death of Chloe Madison Britt.
4. The Mississippi Office of Capital Post-Conviction Counsel first contacted me and requested my assistance in the Havard case on or about the last week of December, 2006.
5. On or about January 23, 2007 I received CDs containing trial court records, autopsy photos and various reports, and I am currently waiting for tissue samples and x-rays of the victim.
6. On or about April 4, 2007, I was notified via email that the above mentioned material had been located and moved to Dr. Hayne's possession and would be transferred to my working address from the office of Dr. Hayne after he had finished inspecting the tissue samples.
7. I have not been contacted by anyone from the Attorney General's office or anyone from Dr. Hayne's office concerning the samples and as of today I have not received the samples.
8. I am also concerned about the time limitation. I cannot guarantee that the work that needs to be performed can be done within a week's time because I have not seen the samples yet to determine what type(s) of testing that needs to be conducted. It is my understanding that Post-Conviction Petition is due the on the 27th of April, 2007.

Further, affiant declares the above to be true and correct.


James R. Lauridson, M.D.

State of Alabama
Montgomery County

Subscribed to and sworn before me
on this 10 day of April 2007.



NOTARY PUBLIC
Annette Walker

my commission expires 2/28/2011

EXHIBIT
"B"

AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

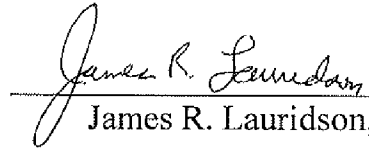
STATE OF ALABAMA
COUNTY OF MONTGOMERY

1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and after being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology). In that capacity, I have been hired to assist the Mississippi Office of Capital Post-Conviction Counsel in the post conviction proceedings of Jeffrey Keith Havard.
3. I received nine (9) slides of the tissue samples from Dr. Haynes Office on Wednesday April 11, 2007. Upon examining the slides, I found the majority to be technically inadequate. Specifically, the mounting media is insufficient causing the majority of the slides to be unreadable.
4. What I need to complete an accurate analysis of the tissue samples are re-cuts of samples cut in an identical manner as the originals slides, the original slides Dr. Hayne initially used and, if the situation calls for it, I may need to visit Dr. Haynes Lab to examine the origins of the tissue samples.
5. I am fully aware of the time restriction I have to complete this work I am unable to predict how long this/these process(es) will take. The amount of time needed depends heavily on the full cooperation of The State, Dr. Haynes and Dr. Hayne's staff. In my opinion I may need 20 days at the least to complete my work, if I need to utilize Dr. Hayne's facility, I may need 50 days.
6. I also performed work on Mr. Havard's direct appeal without benefit of any solid samples. This prevented me from giving an objective opinion based on solid medical evidence as to whether or not the autopsy showed evidence that Chloe Madison Britt was a victim of sexual battery or from being able to make an independent determination of the cause of her death.


7. It is my professional opinion that there is a possibility that Chloe Madison Britt may not have been sexually assaulted and I require the appropriate amount of time and materials to be able to give an accurate, objective, complete and professional opinion in this matter.

Further, affiant declares the above to be true and correct.

state of Alabama
Montgomery County


James R. Lauridson, M.D.

Subscribed to and sworn before me
on this 13 day of April 2007.



NOTARY PUBLIC

my commission expires 2/18/2011

STATE OF ALABAMA

COUNTY OF MONTGOMERY

AFFIDAVIT OF JAMES R. LAURIDSON, M.D.

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, James R. Lauridson, who being by me first duly sworn, states on oath as follows:

1.

My name is James R. Lauridson, and I am over the age of eighteen and the information set forth in this Affidavit is based on my personal knowledge and belief.

2.

I am a physician licensed by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology (anatomic pathology and forensic pathology).

3.

I have been hired by the Mississippi Office of Capital Post-Conviction Counsel to assist in the Jeffrey Keith Havard case.

4.

On Friday, June 8, 2007, I received from Tom Levidiotis of the Mississippi Office of Capital Post-Conviction Counsel, a faxed copy of an Order, Serial Number 140591, In The Supreme Court

of Mississippi, file dated June 7, 2007.

5.

Tom and I subsequently spoke about the Order's requirement that Dr. Hayne and I were to confer and agree on a mutually acceptable medical facility to obtain tissue blocks and that it be done within thirty days of the date of the Order.

6.

On the same date, June 8, 2007, I called Dr. Hayne's office. I was advised that Christie Marble, his assistant would be out of the office until Monday, June 11, 2007.

7.

On Monday, June 11, 2007, I called Dr. Hayne's office and spoke with Ms. Marble. She returned my call that afternoon and stated that she had conferred with Dr. Hayne.

8.

The following process to obtain properly prepared tissue slides was agreed upon:

- a. The defective slides that I have in my possession are to be mailed/shipped to Dr. Hayne's contracted lab in Memphis, Tennessee, for correction, i.e., remounting.
- b. The lab will correct the defects by remounting and return the slides to my possession.

9.

I was also advised by Ms. Marble that Dr. Hayne had asked me not to proceed until he, Dr. Hayne, had received approval from Special Assistant Attorney Pat McNamara with the Mississippi Attorney General's Office.

10.

I am concerned that if approval has not been given at this point, we might not make the thirty day deadline given by the Mississippi Supreme Court because we are not aware of the scheduling

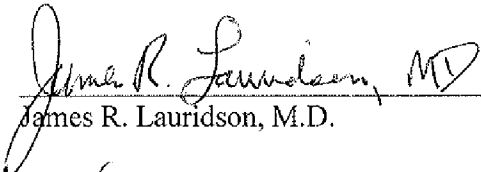
and prior commitments that the Memphis lab might have.

11.

I view the tissue blocks as being really critical to this case.

FURTHER AFFIANT SAYETH NAUGHT.

This the 14 day of June, 2007.


James R. Lauridson, M.D.

SWORN TO AND SUBSCRIBED before me this the 14 day of June, 2007.


NOTARY PUBLIC

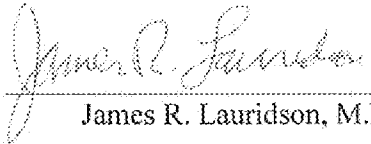
My Commission Expires: 1.16.2011

AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

STATE OF ALABAMA
County of Montgomery

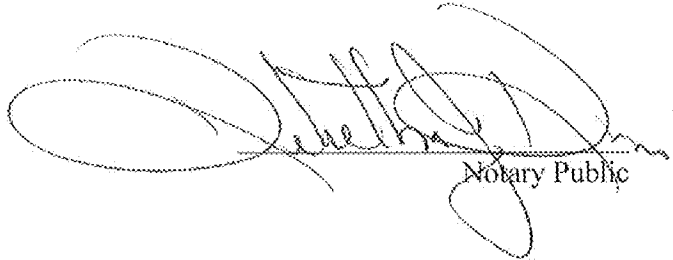
1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology). In that capacity, I have been hired to assist the Mississippi Office of Capital Post-Conviction Counsel in the post-conviction proceedings of Jeffrey Keith Havard.
3. I have written two reports for Mr. Havard's case, one on May 10th, 2007 (see exhibit A) and an addendum on July 19, 2007 (see exhibit B). Both of these reports are true and correct to the best of my professional knowledge, and training and to a medical certainty.

Further, affiant declares the above to be true and correct


James R. Lauridson, M.D.

Subscribed to and sworn before me
on this 23 day of July, 2007.

(SEAL)


Notary Public

**State v Havard
Report of James R. Lauridson, MD
Forensic Pathology**

Chloe Britt, a 25 week old, female infant was brought to the Naches Community Hospital emergency room on February 21, 2002 at approximately 10 p.m. in the evening. According to the mother, the infant had been staying with the mother's boyfriend when she was found to be not breathing and unresponsive.

Cardiopulmonary resuscitation was unsuccessful, and the child was declared dead. Clinical personnel noted bruising of the forehead, thighs and chest. Retinal hemorrhages were noted bilaterally. During the resuscitation, the initial incubation was felt to be improper, because breath sounds were transmitted to the abdomen and the abdomen became distended with air. An x-ray confirmed large amounts of gas in the stomach and entire small and large bowel. A second successful intubation was accomplished. The body temperature was taken rectally and found to be 93.7°F.

A physical examination commented on the fact that muscle tone was absent and the child was flaccid. During the resuscitation, the baby had a spontaneous bowel movement with continuous oozing of the liquid stools. The resuscitation was unsuccessful.

Several clinical observers commented upon the child's dilated anus and what was thought to be tearing of the perianal tissue as well as the anal sphincter muscle.

An autopsy was performed February 22, 2002 by Dr. Stephen Hayne. He found bleeding under the scalp, subdural hemorrhage, subarachnoid hemorrhage, retinal hemorrhage bilaterally, contusions of the forehead, contusions of the bridge of the nose, contusion of the upper lip, tear of the frenulum, contusion of the posterior aspect of the scalp, contusion of the anterior surface of the right side, and contusion of the anterior surface of the left thigh. He also noted a contusion of the anus, but did not note any other rectal or perianal injury. He specifically did not find any injury to the sphincter muscle.

On microscopic examination of the tissues from the anus a submucosal hemorrhage of the anus was reported by Dr. Hayne to be present. A sexual assault examination on specimens taken from the mouth, vulva, vagina and rectum were negative for semen. Toxicology examination revealed the presence of lidocaine and trimethoprim. These are both therapeutic drugs. DNA testing from a sheet taken from the scene was a mixture of Jeffrey Havard's and Rebecca Britt's blood. The same testing from a top sheet was a mixture of blood from Jeffrey Havard as well as Chloe Britt.

Neither the autopsy examination or photographs confirm a tear of the anal sphincter. The autopsy report and Dr. Hayne's testimony state that the injury to the rectum was a contusion not a tear.

JR
7/23/07

In his testimony Dr. Hayne states that rigor mortis causes contracture of muscles after death. That statement is erroneous, and is contrary to the well-known effects of rigor mortis. Rigor mortis causes rigidity of muscles, but does not cause muscles to contract. Dr. Hayne says that he believes that the anal sphincter contracted after death hiding a tear of the anus. He gives this as a reason why he did not see a tear in the anus at autopsy. Furthermore, the absence of postmortem contraction of the anus is confirmed by examining the photographs of the anus taken in the emergency room and photographs of the anus taken during autopsy. Although measuring scales are not included in either of these photographs, it is apparent that the amount of anal relaxation in the emergency room and at the time of autopsy is approximately equal. Additionally, photographs of the anus taken in the emergency room show soft stool in the perianal region. There is no blood visible in the anus or the perianal region, and there is no blood in the surrounding stool. Likewise no free blood from the anus was described in the autopsy report or in Dr. Hayne's testimony at trial.

Thus there is no objective evidence for bleeding from the anus or tear of the anal tissues in the autopsy report or in any of the photographs taken of the anus.

Experienced medical examiners commonly encounter dilated anal sphincter's during postmortem examinations. Experience as well as the medical literature recognizes that this finding does not imply anal sexual abuse. Studies of this phenomenon, in fact have shown that children who have died of brain injuries have an increased likelihood of having a dilated anus. (reference 2).

In children, the inner mucosa (lining) of the rectum is sometimes visible after death and the pink or red color of the lining of the rectum may be mistaken for trauma. Although some of the medical doctors examining the child testified that there was blood coming from the rectum this was not confirmed either photographically or at the time of autopsy. It is suggested that these physicians mistook the lining of the rectum for trauma.

The initial (improper) resuscitation efforts resulted in a large amount of gas (air) accumulating in the stomach and the large and small bowel. This was shown on x-ray studies. The pressure of this gas in the bowel is the likely explanation for the passage of stool from the rectum during the resuscitation. The distention of the colon and rectum caused by this accumulation of gas would also have promoted the dilatation of the anus observed in the emergency room. Additionally emergency room records remark on the general flaccid condition of the muscles of the body during resuscitation. This flaccid condition of the muscles is a further contributing factor to anal dilatation.

Independent examination of the tissue slides from the perianal region has not been possible because of the inavailability of adequate tissue slides.

The lining of the anus and rectum is a delicate tissue and can easily be injured, producing a contusion if a foreign object is inserted. It should be noted that a foreign object was inserted during the resuscitation when the rectal temperature

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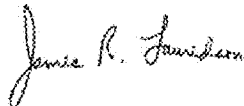
was measured in the emergency room.

Summary

The conclusions that Chloe Britt suffered sexual abuse are not supported by objective evidence and are wrong. Postmortem anal dilatation in infants is a commonly recognized artifact that does not signify sexual abuse. In this case other factors also contributed to the anal dilatation: 1).large amounts of gas introduced into the gastrointestinal tract during resuscitation; and 2). generalized muscle flaccidity. No hemorrhage from the anus was documented, and the autopsy failed to reveal tearing of the anal or rectal tissues. As of this date (May 10, 2007). Independent examination of the anal tissues has not been possible.

References

1. **Child Abuse Medical Diagnosis and Management**, Reece, R, editor, second edition, 2001, page 295, "Conditions Mistaken for Child Sexual Abuse."
2. McCann, J, et.al., "**Postmortem Peranal Findings in Children**," America Journal of Forensic Medicine and Pathology, 17:289, 1996



James R. Lauridson, MD
May 10, 2007

Handwritten initials and date:
7/23/07

State v Havard
Report of James R. Lauridson, M.D.
Addendum

On June 30, 2007 nine histology slides from the autopsy of Chloe Britt AME 2-M3-02, were examined. These were examined specifically to evaluate tissue from the anal, perianal and colonic regions for the presence of trauma, including contusion and a laceration of the epithelium and mucosa.

There is no histologic evidence for contusion, or laceration of the surfaces of the anal perianal and colonic tissues. Additionally there is no evidence of blood in the lumen of the anus or colon. No evidence of sperm is present.

These findings further strengthen the conclusions of my report, dated May 10, 2007.



James R. Lauridson, MD
July 19, 2007



JRL
7/23/07