



1 in Natchez; is that correct?

2 A. That's correct.

3 Q. Has that been since '96?

4 A. That's been since 2000.

5 Q. Okay.

6 A. Two and a half years.

7 Q. And in your practice here, did you have occasion

8 to be the -- serve as the pediatrician for a young child

9 by the name of Chloe Madison Britt?

10 A. Yes.

11 Q. Do you recall when you first started treating

12 her?

13 A. Yes. When she was firstborn.

14 Q. Okay. You were her doctor since her birth?

15 A. Right.

16 Q. And, of course, she passed away somewhere around

17 the time she was six months old; is that correct?

18 A. Right.

19 Q. And I'll ask you did you have occasion to be

20 present at the Natchez Community Hospital at the time of

21 her death?

22 A. Right. Yes.

23 Q. Would you tell us how you came to be there that

24 night. Were you working that night?

25 A. I do call for own patients and that night close

26 to 10:00 that night, they called me for a baby who was

27 brought to the emergency room not breathing. They use the

28 word "panic." Baby is not breathing. I asked them who

29 that was, and they gave me a name, and I said I will be

1 there. And I left and I live like two minutes from the  
2 hospital. So I was there.

3 Q. When you got to the hospital, where was the  
4 baby?

5 A. Baby was in the examining room in the back at  
6 Natchez Community.

7 Q. Do you recall who, if anyone, was in room with  
8 her when you got there?

9 A. Dr. Patterson was there and a few nurses. I  
10 might not be able to remember all of them.

11 Q. Okay.

12 A. And the baby was being intubated at that time by  
13 Dr. Cadle.

14 Q. Dr. Cadle was there also?

15 A. She was there. She got there a few minutes  
16 before I did.

17 Q. Now, Dr. Cadle, do you know what kind of doctor  
18 she --

19 A. Pediatrician.

20 Q. And she practiced here in Natchez for --

21 A. Right.

22 Q. -- for some time.

23 A. Right. And she moved in June to Arkansas.

24 Q. So she practices in Arkansas now?

25 A. Now. Yes.

26 Q. Do you know why she was there that night?

27 A. She was called by mistake. The way the call  
28 schedule has been designed, she was on call that night,  
29 but I get call for my own patients. So it took them a few

1 minutes to realize whose patient this is, and they called  
2 me right after that. So it was like a few minutes between  
3 her and me.

4 Q. And when you got there, you said they were all  
5 in the room with her. What were they doing when you got  
6 there if you can recall.

7 A. Baby was on the examining table. They were  
8 doing CPR, and Dr. Cadle was intubating the baby.

9 Q. When you say intubating, that's putting the tube  
10 in?

11 A. Putting the tube in, airway was being secured,  
12 and they were getting an IV in her.

13 Q. Okay.

14 A. I put my gloves on and I looked at the baby. So  
15 right now, baby was being treated. So I had a few minutes  
16 to look at the baby, and that's when I realized what had  
17 happened.

18 Q. Why don't you tell us what you observed about  
19 the baby.

20 A. Baby was being intubated. Was blue around the  
21 mouth. Pupils were fixed. So I walk onto her head side  
22 first, and so I had this luxury of being able to look in  
23 her eyes because the rest was being done, and I said --  
24 pupils were fixed which means -- which is a sign of brain  
25 dead. Pupils were fixed and dilated. So I look through  
26 her pupils, and I see hemorrhages in her retina which  
27 means -- which is so very specific of this kind of injury.

28 Q. What kind of injury is that?

29 A. Being a shaken baby. Retinal hemorrhages.

1 Nothing else causes that, and I said, oh, my God. And  
2 next baby's diaper had been taken off and they were trying  
3 to do a rectal temperature on the baby.

4 Q. You were there when they first did that?

5 A. Yes. Yes.

6 Q. Okay.

7 A. And I said, "Did anybody see this." And they  
8 all are just trying to intubate, and I said who brought  
9 the baby in. And that's when I said nobody --

10 Q. Let me stop you just a second. You said who  
11 all -- did anybody see this. What were you talking about?

12 A. The rectal tear.

13 Q. Would you tell us what you observed about the  
14 rectal area.

15 A. Right. Baby was -- baby was bleeding from her  
16 rectum and her opening was dilated, and I could see a tear  
17 around about twelve o'clock position if I remember right.

18 BY MR. HARPER: May I approach the witness, Your  
19 Honor?

20 BY THE COURT: Yes, sir.

21 BY MR. HARPER:

22 Q. Dr. Dar, I am going to hand you -- Dar. Excuse  
23 me. Dr. Dar, I'm going to hand you what's been marked as  
24 State's Exhibit 5 which purports to be a photograph of the  
25 baby's rectal area shortly after her death.

26 A. Right.

27 Q. Would you tell us, does that appear to be an  
28 injury that you observed that night?

29 A. Right. This is the back. This is the spinal

1 area. So you're looking at twelve o'clock **tear** right  
2 here.

3 Q. Where is the **tear**?

4 A. Right this one.

5 Q. Okay.

6 A. This is actually an autopsy picture. So they  
7 have cleaned up the baby.

8 Q. It was messier than this?

9 A. Oh, yes.

10 Q. But that is fairly and accurately  
11 representative --

12 A. Fairly.

13 Q. -- of the **tear** that you saw?

14 A. Fairly. That's not normal.

15 Q. And I assume -- had the others already seen that  
16 prior to you seeing it?

17 A. **My guess is this all happened around about the**  
18 **same time. They were taking the diaper off.**

19 Q. So you were there when they actually took the  
20 diaper off?

21 A. Right. Right.

22 Q. So you saw when they did it?

23 A. Right. Right. And we noticed some bruises on  
24 her thighs, like, almost like long, linear bruises like --  
25 my guess would be somebody was holding her there. This is  
26 my guess. I don't know.

27 Q. These **tears** and this condition of this rectal  
28 area that you described, what's that indicative of, Dr.  
29 Dar?

1 A. Sexual abuse. Foreign object was inserted in  
2 her rectum forcibly and that can cause.

3 Q. Now, you mentioned some bruises on her legs?

4 A. On her thighs.

5 BY MR. HARPER: May I approach again, Your  
6 Honor?

7 BY THE COURT: Yes, sir.

8 BY MR. HARPER:

9 Q. Let me show you what's been marked as State's  
10 Exhibit 4 which again is a photograph. I believe an -- I  
11 believe this photograph was at the hospital.

12 A. This looks like the hospital.

13 Q. Is there anything in there that looks --

14 A. See, they're pointing at it right there.

15 Q. Yes, ma'am.

16 A. That looks like a linear bruise. If you kind of  
17 position the baby, somebody was forcibly holding her like  
18 that on her thighs.

19 Q. Yes, ma'am. Okay. If you would, Dr. Dar,  
20 continue to tell -- after you observed this, what, if  
21 anything, did you do and/or observe of the baby?

22 A. Right. By then, baby was already intubated, and  
23 I think two other doctors went behind me, if I am right,  
24 to look in her eyes, and both noticed the same thing and  
25 --

26 Q. When you say two other doctors, would that have  
27 been doctor --

28 A. Would be Dr. Patterson and Dr. Cadle, I think.  
29 If I am right.

1 Q. Okay.

2 A. And they both -- I said did you see these.  
3 They said yeah. We see the same thing you saw, retinal  
4 hemorrhages, and then next we talked about how bad the  
5 injury was on her genitalia, and at that time either I  
6 said that or I told Dr. Patterson, and we called the  
7 police and nobody could leave the emergency room. And  
8 then we went back to her resuscitating the baby. We got  
9 her stable. If you look at her EKG tracing, when she came  
10 in, it's flat, and we gave her epinephrine twice or three  
11 times through her tube and IV.

12 Q. That's pretty strong stuff, isn't it?

13 A. Pretty strong. And babies -- a baby that age,  
14 their organs are not like ours. They are new. Everything  
15 responds nicely to that medication. So we got a nice  
16 rhythm on her. At that point, I got on the phone and I  
17 was going to arrange for a helicopter to come get the  
18 baby.

19 Q. For what purpose, Dr. Dar?

20 A. Because we suspected head trauma and  
21 inter-cranial bleed, and this would be something that if  
22 the baby survives, would need maybe a neurosurgeon so --

23 Q. Going to airlift her somewhere?

24 A. Right. So I called Jackson and they were on  
25 diversion. They were full, and I called New Orleans on  
26 the phone, and they were going to send a helicopter. At  
27 this point, while I was making these phone calls, baby was  
28 stable. We got heartbeat. By stable, I mean we had a  
29 nice rhythm there. Nice bounding pulses. One of the



1 nurses, and I don't remember which one it was, came to me  
2 while I was on the phone. She has again gone back into  
3 the asystole --

4 Q. Flat line?

5 A. Flat line. Went back there and basically what  
6 had happened was the bleeding in her head -- she had bled  
7 so much that her brain had herniated. You have a small  
8 hole at the base of the skull, if you look at the skeleton  
9 part. Basically there's like a small hole at the base of  
10 the skull. It just kind of dropped down, and kind of she  
11 exploded. She had CSF, which is fluid around the brain  
12 leaking from her ears, from nostrils. At that point,  
13 there is no point in saving it. So within five minutes,  
14 we declared her.

15 Q. And I believe you were the one that actually  
16 made the decision?

17 A. I was the one and then Dr. Cadle and Patterson  
18 were in agreement. So that's what happened.

19 Q. Okay.

20 BY MR. HARPER: The Court will indulge me just  
21 one moment, Your Honor.

22 BY THE COURT: Yes, sir.

23 (Mr. Harper and Mr. Rosenblatt confer.)

24 BY MR. HARPER: We'll tender this witness at  
25 this time, Your Honor.

26 BY THE COURT: Cross-examination.

27 BY MR. CLARK: We don't have any questions of  
28 this witness, Your Honor.

29 BY THE COURT: You may step down.