

1 both sides?

2 BY MR. SERMOS: Yes, Your Honor.

3 BY THE COURT: You'll be released under your
4 subpoena. You may go.

5 BY MR. HARPER: Yes, sir. We would excuse her
6 too, Your Honor.

7 (Witness steps down.)

8 BY THE COURT: Who does the State call as your
9 next witness?

10 BY MR. HARPER: We would call Ms. Angel Godbold,
11 Your Honor.

12 BY THE COURT: Angel Godbold.

13 BY MR. HARPER: May I proceed, Your Honor?

14 BY THE COURT: Yes, sir.

15 DIRECT EXAMINATION

16 BY MR. HARPER:

17 Q. Would you state your name, please, ma'am.

18 A. Angela Godbold.

19 Q. And, Ms. Godbold, where do you live?

20 A. I live in the Mark Apartments on Lower Woodville
21 Road.

22 Q. And what is your employment, Ms. Godbold?

23 A. I'm a registered nurse in the emergency
24 department at Natchez Community Hospital and at Natchez
25 Regional Medical Center.

26 Q. How long have you been working as an emergency
27 room nurse?

28 A. Since 1994.

29 Q. And how long have you been working at Community

1 Hospital as a emergency --

2 A. Since 1991.

3 Q. And so since '94 at Community you've been
4 working in the ER?

5 A. Well, actually, since 1991. I was an emergency
6 room technician while I was in nursing school, and when I
7 completed nursing school, I started nursing in the ER in
8 '94.

9 Q. Okay. I'd like to direct your attention to
10 February of this year, 2002, specifically the evening of
11 Thursday, February the 21st, and ask if you had occasion
12 to be working in the ER at Community on that particular
13 date?

14 A. I did.

15 Q. Okay. I'll ask if you had occasion to be
16 involved in the treatment of an infant child by the name
17 of Chloe Madison Britt?

18 A. Yes, sir. I did.

19 Q. Would you tell us how you came to be involved in
20 that, please, ma'am. In that treatment.

21 A. Well, actually, I was in the room with another
22 patient. We were very busy in the emergency room, and we
23 had just gotten an ambulance patient, and I was in the ER
24 room treatment one, and I heard someone yelling as they
25 were coming through the door. And as I came out the door,
26 I saw one of the lab technicians, Shelley Smith, carrying
27 a limp infant saying, "Call a code." About that time,
28 Patricia Murphy who is another RN that works with me
29 called a code, and they went on down to the trauma room

1 and --

2 Q. Would you tell us what calling a code means?

3 A. Calling a code is a cardiorespiratory arrest.

4 You have a code team which is a predesignated group of
5 people who respond, usually people who are certified in
6 advanced cardiac life support.

7 Q. And you said that Ms. Murphy made the -- called
8 the code?

9 A. Yes, sir.

10 Q. And how do you do that?

11 A. You access an intercom system that goes
12 throughout the hospital, and the designated people come to
13 scene.

14 Q. Respond?

15 A. Yes, sir.

16 Q. And are you, in fact, one of the people that
17 would be responding to a code?

18 A. Yes, sir. Actually I think that night, I was
19 the charge nurse in the ER.

20 Q. Okay. So what did you do after the code was
21 being called?

22 A. Well, I noticed it was an infant. So I secured
23 what we call a pediatric Broslow Hinkle resuscitation
24 system, which is a system we use specifically for
25 pediatric patients that helps the code process.

26 Q. Okay. And what did you do once you had
27 retrieved that?

28 A. I went down to the code room where they were
29 already coding the infant.

1 Q. Who, if anyone, if you can recall was there when
2 you got in there?

3 A. If I recall correctly, respiratory was already
4 there. Dr. Patterson was there.

5 Q. She's the ER doctor that was on call that
6 night?

7 A. Yes, sir. Patricia Murphy was there. She's
8 another RN. There was another RN that was down there by
9 the name of Jennifer Cupit Wise who has since moved to
10 Florida. She is no longer employed at the hospital. And
11 then myself and there were a few other people that I can't
12 really recall specifics at this time.

13 Q. A lot of running in and out and that type of
14 thing?

15 A. Yes, sir.

16 Q. Tell us what happened once you got down there.
17 What did you do at that point?

18 A. Well, actually, you open up this resuscitation
19 system which is colored coded, and what it is, is it's a
20 tape and you measure the infant from head to toe, and
21 wherever the foot falls is what color pack that you will
22 use on this infant. Everything is premeasured.
23 Everything is done up -- a pediatric code is very
24 stressful, more so than an adult code, and so it just kind
25 of helps things go smoothly.

26 Q. Does the size of the child warrant how much
27 medication you would give them?

28 A. Absolutely. And to what size endotracheal
29 tubes to use which is the tube that we put down their

1 throat into their lungs to help them breath.

2 Q. And that's the reason it's color coded so you
3 won't have to try to figure out which ones --

4 A. Absolutely.

5 Q. -- you can just grab the ones that go with the
6 size of the child.

7 A. Absolutely. Used to, they have to measure the
8 pinky finger, and it was some multiplication. It was kind
9 of complicated, and if you didn't do it regularly, you
10 could forget.

11 Q. Y'all, in fact, did that with Maddie Britt that
12 night or Chloe Madison Britt?

13 A. Yes, sir.

14 Q. Did you know this child prior to that?

15 A. No, sir.

16 Q. Did you know her mother?

17 A. Just briefly. Her grandmother -- her mother
18 worked in -- the grandmother worked in ICU.

19 Q. The baby's grandmother?

20 A. Yes, sir.

21 Q. Which would have been Rebecca Britt's mother?

22 A. Yes, sir. Lillian Watson.

23 Q. So you knew the grandmother.

24 A. Right.

25 Q. And so y'all determined which kit to use. Tell
26 us what happened after you do that or what you did in this
27 particular case.

28 A. Well, while they were trying to resuscitate
29 the child -- there are several -- on a code team, people

1 have several different jobs. I was trying to get IV
2 access on this child which the child was cyanotic when she
3 came in which is blue. She had a blue color. She didn't
4 have a pulse. There were no spontaneous respirations. So
5 while the physician is trying to ascertain an airway and
6 secure it, I needed to get an IV on this child so we can
7 get some medicines in this child. So that's what I was
8 doing, and because she appeared to have been pulseless for
9 an amount of time because she was blue, I figured it was
10 it's going to be difficult. And so with some luck, we got
11 an IV on her and started giving her fluids and
12 medications.

13 Q. Did she make any kind of recovery at all, or
14 were y'all able to get any kind of --

15 A. Not initially. She was in what we call
16 asystole. She had no pulse and no respirations. She was
17 being bagged at the time which is with the amboo bag, the
18 mask that's over the -- fits over the face and squeeze
19 with the hand, and it blows the oxygen to the lungs
20 because the ER doctor was having trouble intubating her
21 which is when they put the tube down into the lungs.

22 Q. Do you have any idea why that was being -- why
23 that was difficult?

24 A. No, sir. Not at the time.

25 Q. Would you just go ahead and describe your
26 treatment of her, what was going on in there, and what you
27 did and what you observed.

28 A. Well, we were securing the IV access, pushing
29 the medicines which is giving the drugs through the IV

1 according to the protocol, and there's different drugs
2 that you give. They were continually bagging and
3 attempting to intubate the child. They called the child's
4 physician whom at the beginning they thought was Dr.
5 Cadle, and I think later on they had made a mistake and it
6 was Dr. Dar. But Dr. Cadle had arrived in the emergency
7 room, and Dr. Cadle intubated the child and soon after
8 that --

9 Q. Were you present when she did that?

10 A. Yes, sir.

11 Q. Was Dr. Patterson present when she did to your
12 recollection?

13 A. Yes, sir. I think so.

14 Q. Now, Dr. Cadle, is she currently residing here
15 in Natchez, still practicing in Natchez?

16 A. No, sir. I think she's moved to Arkansas.

17 Q. All right. But you were there and you observed
18 her. You said she was able to intubate her?

19 A. Yes, sir. And I think soon after she intubated
20 her, Dr. Dar came, and I think she -- they had realized
21 that they had called the wrong physician. There was some
22 confusion there which, I guess, is understandable with
23 everything that is going on, and so Dr. Cadle turned the
24 care of the patient over to Dr. Dar.

25 Q. Okay. I believe Dr. Dar is a pediatrician; is
26 that right?

27 A. She is. Yes, sir.

28 Q. And I assume Dr. Cadle too?

29 A. Yes, sir.

1 Q. Okay. Now, if you would, tell us what happened
2 after she was intubated, if anything.

3 A. After she was intubated and we were giving her
4 more drugs, and she was getting positive pressure
5 ventilation, we were able to eventually get a pulse back
6 on her, and so she began to pink up and as she began to
7 pink up, we noticed some bruising.

8 Q. Where did you see bruising? Did you actually
9 see it yourself?

10 A. Yes, sir.

11 Q. Where did you see bruising?

12 A. I saw bruising on the inner thighs, right and
13 left and --

14 BY MR. HARPER: If the Court will indulge me
15 just one moment. May I approach the witness?

16 BY THE COURT: Yes, sir.

17 BY MR. HARPER:

18 Q. Ms. Godbold, I'll show you what's been marked as
19 State's Exhibit 4 and tell me whether or not you can
20 recognize what's in that photograph?

21 A. Yes, sir. It's a bruise here and then seems
22 like there's a bruise there and there also.

23 Q. Does this fairly and accurately represent the
24 condition of the bruises you saw on the child on that
25 particular night, February 21st of 2002?

26 A. Yes, sir.

27 BY MR. HARPER: Your Honor, may I publish that to
28 the jury?

29 BY THE COURT: You'll be allowed to publish

1 Exhibit 4 to the jury.

2 (Mr. Harper passes Exhibit 4 to the jury.)

3 BY MR. HARPER:

4 Q. I am sorry. I didn't mean to interrupt you, Ms.
5 Godbold. You say you observed these bruises as she pinked
6 up. Did you observe anything else at that time?

7 A. She also had some bruising on her head, the
8 frontal part here.

9 Q. Okay.

10 BY MR. HARPER: May I approach, Your Honor?

11 BY THE COURT: Yes, sir.

12 BY MR. HARPER:

13 Q. Ms. Godbold, I am going to hand you what's been
14 marked as State's Exhibit 6 which purports to be another
15 photograph of this child shortly after her death and ask
16 if you can identify what's in that picture.

17 A. Yes, sir. There's some bruising here, like
18 three little things right there.

19 Q. I'll ask does that fairly and accurately
20 represent the bruises that you observed on her on that
21 night of February 21st of 2002?

22 A. Yes, sir.

23 BY MR. HARPER: May I publish it, Your Honor?

24 BY THE COURT: You'll be allowed to publish
25 Exhibit 6 to the jury.

26 (Mr. Harper passes Exhibit 6 to the jury.)

27 BY MR. HARPER:

28 Q. All right. What, if anything, else did you
29 observe, Ms. Godbold, at that time?

1 A. Well, after she was intubated and she had an IV,
2 the main stays of emergency room treatment are what we
3 call the ABC's. Airway, breathing, and circulation. I
4 mean, you have got to establish these three in order to
5 sustain. Usually when a pediatric patient comes in,
6 pediatric patients don't have heart attacks more than
7 likely. If they have heart problems, they're usually
8 congenital or they're born with them. Patients this age
9 are usually going to aspirate or choke, which is that, or
10 from trauma. So, anyway, we started looking over this
11 child because, okay, we've got to figure out what caused
12 this child to arrest.

13 Q. What, if anything, do you recall what, if
14 anything, she was wearing when she came into the emergency
15 room?

16 A. Initially when they took her down to the
17 emergency room, I was not there. I was busy securing the
18 kit, but from what I understand, she had a T-shirt on and
19 a diaper because I recall the other nurse saying that she
20 had to cut the T-shirt off to put the electrodes on her
21 chest.

22 Q. When you got there, what was she wearing?

23 A. Just a diaper.

24 Q. I'm sorry. I didn't mean to interrupt. You
25 can go ahead and tell us --

26 A. That's fine. As we obtain circulation on this
27 child and began to have a heart rate and we got a blood
28 pressure, we're like, okay. Let's get some more vital
29 signs on this baby. So we needed to do a rectal temp

1 which is routine in the emergency room. So we rolled the
2 baby over on its side, and I was just blown away by what I
3 saw.

4 Q. Describe it for us, please, ma'am.

5 A. I saw a rectum that was about the size of a
6 quarter.

7 Q. Is that unusual in an infant?

8 A. Yes, sir. It's very unusual.

9 Q. What would a normal infant's rectum appear --
10 how would it appear to you?

11 A. The rectum -- you really can't see it. When you
12 look for it, you look for a bunch of striated tissue that
13 comes together in a tight pucker. It's not hardly even
14 open. Adults are basically the same way. It's not
15 anything that's just open and there. It's really tight
16 and closed. And it's -- you don't see that in an infant,
17 especially something that large.

18 Q. Okay. Was there anything significant about
19 the -- I mean, you said it was large. Was there anything
20 discharging or anything like that that you were able to
21 observe?

22 A. Stool would ooze from it because there was no
23 tone.

24 Q. Muscle tone?

25 A. No tone. And there were little lacerations
26 above the rectum that stool would ooze out of that also.

27 Q. When you say lacerations, you're talking about
28 tears.

29 A. Yes, sir.

1 BY MR. HARPER: May I approach the witness,
2 Your Honor?

3 BY THE COURT: Yes, sir.

4 BY MR. HARPER:

5 Q. I am going to show you a photograph that's
6 marked as State's Exhibit 5 which purports to be a
7 photograph of the anal area of this Chloe Madison Britt
8 shortly after her death and ask if you'll look at that and
9 tell if that looks familiar to you?

10 A. It does, but honestly, that doesn't do it
11 justice.

12 Q. When you mean -- explain that to me what you
13 mean by that.

14 A. It was much larger. What I saw was --

15 Q. If you would on this photograph --

16 BY MR. CLARK: Your Honor, we're --

17 BY THE COURT: Yes, sir.

18 BY MR. CLARK: If that picture doesn't
19 accurately depict the picture at the time, then it
20 should be inadmissible then.

21 BY THE COURT: I'll overrule that objection. I
22 understand what her testimony to be. She is
23 describing some differences, but I will overrule that
24 objection.

25 BY MR. HARPER:

26 Q. You said it doesn't do it justice. Does it
27 appear to be similar to what you saw? Does it appear to
28 be --

29 A. It does, but there's like -- you see the tears

1 here and here, and stool was just leaking from it. It was

2 -- (pause)

3 Q. How long have you worked in ER?

4 A. Gosh. Since '91.

5 Q. Seen a lot of stuff in there?

6 A. Yes, sir.

7 BY MR. SERMOS: Objection, Your Honor. Leading
8 question.

9 BY THE COURT: I sustain as to leading.

10 BY MR. HARPER:

11 Q. How, if anyway, did this affect you when you saw
12 that, Ms. Godbold, as compared to other cases that you've
13 worked over the years you've worked in the ER?

14 A. I went and saw a counselor.

15 BY MR. HARPER: May I publish this to the jury,
16 Your Honor.

17 BY THE COURT: Yes. You'll be allowed to
18 publish Exhibit 5 to the jury.

19 BY MR. HARPER:

20 Q. You say you went and saw a counselor.

21 A. I did.

22 Q. For what purpose?

23 BY MR. SERMOS: Objection, Your Honor. This is
24 not relevant to the proceedings here. Whatever she
25 did, she's testifying here as to what she perceives
26 as to the infant.

27 BY THE COURT: I'm going to sustain the
28 objection to any further questions along that line.

29 BY MR. HARPER: .

1 Q. So after you observed this in the rectal area,
2 what, in anything, else did you see as far as the child
3 was concerned, Ms. Godbold?

4 A. Well, immediately, we notified the physician
5 that was there, and she looked. And then they started
6 looking -- you know -- at other areas, really looking over
7 the child in a different way.

8 Q. Different perspective?

9 A. Yes, sir.

10 Q. And what, if anything, did you observe, if
11 anything, other than what you've already described to us
12 today.

13 A. Most of the other things, the physicians did. I
14 think they noted rectal hemorrhages which I didn't --

15 Q. You didn't see that?

16 A. No, sir.

17 Q. Well, you couldn't testify about what somebody
18 told you. Was there anything else that you personally saw
19 besides what you --

20 A. She had a torn frenulum.

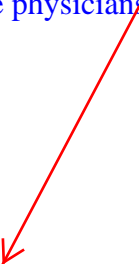
21 Q. All right. Would you describe that for us and
22 tell us what you're talking about.

23 A. It's the little piece of skin that attaches the
24 lip to the gum. If you raise your lip up, there's a
25 little line of skin there. That's your frenulum. You
26 also have one on the lower lip.

27 Q. Okay. What would that be indicative of, having
28 a torn frenulum like that?

29 A. Well --

Godbold did not see rectal hemorrhages. She testified that she thought the physicians had noted rectal hemorrhages



1 BY MR. CLARK: She's not -- I don't believe

2 she's been qualified to answer that question --

3 BY THE COURT: I will sustain.

4 BY MR. CLARK: -- Your Honor, we object.

5 BY THE COURT: I sustain.

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

7 BY THE COURT: Yes, sir.

8 BY MR. HARPER:

9 Q. I'm going to show you first what's been marked
10 as State's Exhibit 7 which purports to be a photograph of
11 Chloe Madison Britt shortly after her death, and ask if
12 you can identify that photograph?

13 A. Yes, sir.

14 Q. Is there anything significant on that
15 photograph?

16 A. Lots of facial swelling.

17 BY MR. HARPER: Your Honor, we'd ask that we be
18 able to publish this --

19 BY MR. HARPER:

20 Q. Does it fairly and accurately represent how she
21 looked with her mouth closed on that particular date?

22 A. To the best of my knowledge. Yes, sir.

23 BY MR. HARPER: I'd ask that we would be able
24 to publish this photograph.

25 BY THE COURT: You'll be allowed to publish
26 Exhibit 7 to the jury.

27 (Mr. Harper passes to the jury.)

28 BY MR. HARPER:

29 Q. I now hand you, Ms. Godbold, what's been marked

1 as State's Exhibit 8 which purports to be a photograph of
2 Chloe Madison Britt shortly after her death and ask if you
3 can identify what's in that photograph.

4 A. Yes, sir. It's showing the lacerated frenulum,
5 upper lip.

6 Q. Does that fairly and accurately reflect the
7 injury that you saw to her on that particular evening?

8 A. Yes, sir.

9 BY MR. HARPER: We ask that we be allowed to
10 publish that to the jury.

11 BY THE COURT: You will be allowed to publish
12 Exhibit 8 to the jury.

13 BY MR. HARPER:

14 Q. Okay. Ms. Godbold, again, anything else that
15 you observed besides what you have already described for
16 us on this particular child that night?

17 A. With regard to the code or --

18 Q. With regard to any injuries you observed or with
19 regard to anything else that occurred that night while you
20 were involved in the treatment of the child?

21 A. Just, of course, before she had -- we lost a
22 pulse on her again, she apparently herniated which the
23 brain was swelling and just -- her face just swoll due to
24 the brain herniation and then just a few --

25 Q. When you say brain herniation --

26 A. I'm sorry.

27 Q. -- in laymen's terms, what would you mean by
28 that?

29 A. Well, blood, when it comes in contact with brain

1 tissue or sometimes any other tissue, it's an irritant.
2 So it causes swelling and, you know, within the skull,
3 there is only just limited room to allow for swelling and
4 so whenever there's an increased pressure, an object wants
5 to go to an area where there is lesser pressure. So what
6 happens is it wants to go downward toward the spine so --

7 Q. So you observed swelling. Did you observe
8 anything else?

9 A. Yes, sir. She had what we call rhinorrhea,
10 which is leakage of clear cerebral spinal fluid out the
11 nares or the nose, and how this is justified is when that
12 happened and I noticed that that was coming from her nose,
13 I did a glucostick on it which is what diabetics use to
14 check their blood sugar. Cerebral spinal fluid has sugar
15 in it because the brain uses thirty percent of the total
16 body's glucose. So if it was just mucus, there would be
17 no sugar in it. So I checked it and it was like 424 --

18 BY MR. SERMOS: Objection, Your Honor. This has
19 gone on and she hasn't been tendered as an expert
20 witness, and we feel that her testimony is going
21 beyond her training or beyond the scope of her
22 testimony.

23 BY THE COURT: All right. I'll sustain as to
24 any further questions along this line.

25 BY MR. HARPER: Okay.

26 BY MR. HARPER:

27 Q. Did you observe anything else about the
28 child's -- any other injuries to her than those you have
29 already described?

1 A. No, sir.

2 Q. And you indicated that y'all began to lose the
3 pulse when this --

4 A. Yes, sir.

5 Q. -- swelling took place.

6 A. Yes, sir.

7 Q. And these other things. Did you observe
8 anything else besides the swelling?

9 A. No, sir.

10 Q. Okay. And were you able to bring the pulse back
11 or tell us what happened after that, if you would.

12 A. No, sir. After she apparently herniated from, I
13 would assume, head trauma, then we couldn't get much of
14 anything back on her. I think she stayed on the vent for
15 just a little bit longer, but I think soon after that, Dr.
16 Dar pronounced her.

17 Q. Dead.

18 A. Yes, sir.

19 Q. Okay. Did you have occasion -- Ms. Godbold, I
20 know you were involved in the treatment, but did you ever
21 have any occasion to talk with the mother of the child or
22 the defendant or anyone else that was there?

23 A. No, sir.

24 Q. You weren't involved in any of the conversations
25 with them?

26 A. No, sir. I never had any conversations with
27 them.

28 BY MR. HARPER: The Court will indulge me just a
29 moment, Your Honor.

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

2 BY MR. HARPER: Your Honor, we'd tender this
3 witness at this time.

4 BY THE COURT: Any cross-examination?

5 BY MR. SERMOS: We have no questions, Your
6 Honor.

7 BY THE COURT: All right. You may step down.
8 Would both sides release this witness from the
9 subpoena?

10 BY MR. SERMOS: Yes, Your Honor. We will.

11 BY MR. HARPER: Yes, Your Honor. We have no
12 objection to that.

13 BY THE COURT: You may step down, and you'll be
14 released from your subpoena.

15 (Witness steps down.)

16 BY THE WITNESS: Thank you.

17 BY THE COURT: You may go. Ladies and
18 gentlemen, it's going to be time to take our lunch or
19 noon recess. We're going to recess court until 1:30.
20 You be allowed to eat over at the Eola. So that
21 should give you plenty of time. If there's any
22 problem, Mrs. Angelethy, let me know. Again, keep in
23 mind, what I said about no contact with anybody
24 involved in this case. So let's let the jurors leave
25 before anyone else. Court will recess until 1:30.

26 (After a lunch recess from 12:30 until 1:30, the following
27 was made of record, to-wit:)

28 BY THE COURT: Who does the State call as your
29 next witness?

1 BY MR. ROSENBLATT: Your Honor, the State would
2 call Mrs. Patricia Murphy.

3 BY THE COURT: Patricia Murphy.

4 **PATRICIA MURPHY,**

5 having been duly and legally sworn, answered
6 questions on her oath as follows, to-wit:

7 BY THE COURT: Come have a seat, please.

8 BY MR. ROSENBLATT: May I proceed, Your Honor?

9 BY THE COURT: Yes, sir.

10 DIRECT EXAMINATION

11 BY MR. ROSENBLATT:

12 Q. Mrs. Murphy, you're a nurse here in Natchez?

13 A. Yes, I am.

14 Q. What kind of nurse are you? Do you have a
15 specialty?

16 A. I am an emergency room nurse. I have had the
17 better part of thirty years in nursing, and twenty years
18 of that have been in the emergency room.

19 Q. And where do you work, please, ma'am.

20 A. I have retired from Natchez Regional after
21 twenty-five years of service there, and I am now employed
22 with Natchez Community emergency room.

23 Q. How long have you been there?

24 A. Full time, a year.

25 Q. And you were working there on February the 21st
26 of this past year?

27 A. Correct.

28 Q. Do you remember that night, Mrs. Murphy?

29 A. Yes, I do.