MS. BYRNE: We do, Judge.

THE COURT: Okay. We will take a 20-minute break.

All rise, please, for the jury.

(Jury released)

THE COURT: You're welcome to walk around the courthouse if you wish.

(Recess taken)

(Jury enters the courtroom)

THE COURT: Thank you. Please have a seat.

Would you call your witness for the record?

MS. BYRNE: State calls Dr. Cara Doughty.

THE COURT: Thank you. If you would raise your right hand, I will give you the oath. Better if you look at the jury.

(Witness Duly Sworn)

THE COURT: Thank you, ma'am.

CARA DOUGHTY, M.D.,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

Q. (BY MS. BYRNE) Would you please introduce yourself to the jury?

A. My name is Cara Doughty, I'm a pediatric emergency room doctor at Texas Children's.

Q. How long have you been with Texas Children's?

A. Since 2000. So, 14 years.

Q. Are you a licensed doctor in the state of Texas?

A. Yes, ma'am.

Q. What sort of educational background do you have in order to practice medicine?

A. After college I attended medical school at Washington University in St. Louis. I then came back to Houston and did residency and fellowship training at Texas Children's, and I have worked there since then.

Q. And how many years did that take to complete?

A. Medical school is four years, residency and fellowship was a total of seven years.

Q. Okay. And what is your current -- do you have a title or position at Texas Children's?

A. Assistant professor of pediatrics. And I work in the emergency room. I also direct our pediatric emergency medicine fellowship program where we train other doctors in that field.

Q. Okay. Now, in addition to your work in the hospital and actual practice of medicine, have you done any publications or any sort of articles or things in the furtherance of medical research?

A. My interest is in medical education. And so, the work that I do is related to teaching everyone from residents, paramedics, other people, about pediatric illness and injury to children.

Q. And would you say that would be few or many publications you have done?

A. Relatively few, but --

Q. Okay. But they are pretty involved, I imagine?

A. Yeah.

Q. Okay. Now, in the emergency room, what would an average day be like in the emergency room? Like what are your typical duties?

A. We see a wide range of children. So, obviously, nothing is expected in the emergency room. You don't know what type of patient is going to come in on any given shift. We do have different areas; and so, different types of patients tend to be sent to one area versus the other. And so, you have a little bit of an idea what's coming in based on where you're working.

But most of the time, emergencies are emergencies. And so, what we see is unpredictable; and you don't know on any given day what kind of a day it's going to be.

Q. What is the average length of a shift when you're in the emergency room?

A. Anywhere from 8 to 12 hours.

Q. I want to draw your attention to February 8, 2013. Were you working that day?

A. Yes.

Q. And you were in the emergency room?

A. Yes.

Q. Did you come into contact with a 15-day-old infant identified as Josiah Fisher?

A. I did.

Q. Okay. And what was Josiah's condition -- or what were your observations at the time he was admitted into the hospital?

A. When Josiah arrived, he was brought by EMS and arrived in our ambulance bay. He was immediately recognized as critically ill and brought to our major resuscitations room or trauma room, and I called overhead for doctors and nurses and the resuscitations team to come to evaluate him.

Q. When you describe that you see a variety of

emergencies, I'm sure -- on varying scales, how would you describe the condition that Josiah was in?

A. Josiah was critically ill, in danger of dying.

Q. Now, what was your role right at that moment in treating Josiah?

A. Our immediate role is to stabilize the patient. So, to provide the life-saving care that they need. In his case, he wasn't breathing effectively. So we needed to put a breathing tube in to breathe for him. And then we need to assess the extent of his injuries and try to find anything that could be potentially life threatening immediately.

So, that includes things like bleeding in the brain or trauma to the head, trauma to the belly where you can also lose a large amount of blood. And in patients like that, where they are critically ill, some of the other tests or other injuries that we also look for in suspected abuse, we wait; and those happen later because they are not life-threatening injuries.

Q. Now, when you say other injuries that aren't necessarily life threatening, that doesn't mean they aren't necessarily serious?

A. Correct.

Q. It's just that in that very moment, you wouldn't expect them to cause death?

A. Correct.

Q. Okay. So, you mentioned breathing. What exactly did you have to do to help Josiah breathe?

A. Josiah was making some effort to breathe on his own, but it was not adequate. He was not breathing normally. His mental status was such that he was really not able to breathe normally. And so, we gave him sedative medicines and put a breathing tube in to breath for him.

Q. When you say his mental status was such, what do you mean by that?

A. So, in a baby, normally, you would expect them to be able to, you know, cry, calm, be consoled, you know, look, fix their eyes on you, things like that. And he wasn't able to do any of those things. His mental status was significantly lower than what we would expect, and that was --

Q. What -- and what, if anything, did that indicate to you about potential injuries or trauma?

A. That in combination with some sort of unexplained change in mental status in a baby, in combination with bruising, the very pale state that he was in and then the findings that we found on CT,

the CT scan really, for us all together, gives us a constellation of symptoms that is most consistent with trauma or abuse.

Q. Okay. Well, let's start with the outside of Josiah's body. Were there noticeable injuries or things that caused concern for a medical professional on Josiah's body?

A. Yes. And sort of immediately noticeable was that he was extremely pale and had multiple bruises on his face and his shoulders and upper arms.

Q. Now, in the emergency room, if a child comes in with injuries that are visible like that, is that something that would be photographed by the hospital?

A. That's part of our routine, to document injuries, yes.

Q. Okay.

MS. BYRNE: May I approach the witness?

THE COURT: Granted.

Q. ***(BY MS. BYRNE)*** I'm showing you what's been marked as State's Exhibits No. 22 through 56.

A. Yes.

Q. Have you had an opportunity to review these exhibits prior to taking the stand?

A. Yes.

Q. Okay. And do State's Exhibits No. 22 through 56 fairly and accurately depict Josiah as he was upon admittance to the hospital on February 8, 2013?

A. Yes.

MS. BYRNE: At this time I would tender State's 22 through 56 into evidence -- offer them into the evidence and tender to Defense for inspection.

MS. WILLIAMS: Thank you. No objection, Your Honor.

THE COURT: They are admitted.

Q. ***(BY MS. BYRNE)*** I'd like to take a look at some of these exhibits. If you can tell us what we're looking at in State's Exhibit No. 23?

A. I believe that's Josiah's neck with bruising.

Q. And what I'm pointing to on the exhibit, would that be the bruising that you noticed on his neck?

A. Yes.

Q. Okay. State's Exhibit No. 24, what are we looking at here?

A. Thank you.

Q. Sorry.

A. That's his shoulder and arm. So, it's a bruise right above his -- where his -- his armpit.

Q. Okay. And then is there some redness and bruising kind of over --

A. Yes.

Q. -- on his shoulder area?

A. On the shoulder, as well.

Q. Okay. What are we looking at in State's Exhibit No. 25? If you can tell, would that be the backside of his arm?

A. Yeah. It is turned sideways? I believe that's his arm. Yeah, there you go.

Q. Okay. This is redness?

A. On his upper arm.

Q. Bruising -- okay. What are we are looking at in State's 26?

A. That's again his shoulder, upper arm.

Q. Okay. And the bruising that you indicated you observed?

A. Yes.

Q. Okay. Now, what is it that you are trying to document on State's Exhibit 28?

A. So, this is his upper chest where there was bruising, as well. I don't think it comes across --

Q. Okay.

A. -- very well.

Q. In these pictures are you trying to document redness and bruising that are observed on the chest?

A. Correct.

Q. Okay. What's noticeable in State's Exhibit No. 30?

A. I'm having trouble seeing this one. It's also his chest.

Q. Okay. Do you see any bruising over here in the armpit area --

A. Yes.

Q. -- and shoulder area?

State's Exhibit No. 33, is this just another picture showing the bruising, doesn't show it very well.

A. To his arm, yeah.

Q. Bruising on his arm.

And do these pictures look better if you have the opportunity to actually see some of them and hold them --

A. Yes.

Q. -- versus the system?

A. Yes.

Q. And then here, the opposite arm in State's Exhibit No. 24?

A. Again, that is the arm where -- right at the shoulder with bruising all along there.

Q. Okay. So, on both his left and right arm and left and right armpits -- were there bruising above the armpits into the shoulders?

A. Correct.

Q. Okay. All of this bruising that was seen on the armpit and the shoulder area, could that be consistent with a hand grabbing the child and applying pressure?

A. It certainly could be.

Q. And State's Exhibit No. 38, what are we looking at?

A. This is Josiah's face. There is tape on it where we secured the breathing tube in his mouth, but what you see is bruising right in front of his ear as well as a linear bruise that's right along his neck right below the tape there.

Q. So, it was actually bruising along the baby's neck.

And then I guess State's Exhibit 41 -- in several of these pictures, do you use a measuring tool to try and determine how large the bruise is?

A. We do just for documentation sake.

Q. And this particular bruise, was it at least over a centimeter wide?

A. Yes.

Q. What are we looking at in State's Exhibit 45?

A. So, this is Josiah's face. He had bruising over his eyelids, and his eyelids were both very swollen.

Q. State's Exhibit No. 46, is this a close-up of one of his eyes?

A. Yes.

Q. Okay. And can you note the redness?

A. You can appreciate the redness and the swelling.

Q. Now, a lot of these pictures -- would that be duplicate -- I guess some of them you zoom in and try and measure?

A. Yes. We zoom in. We try to measure. We also recognize that it is kind of hard to take good pictures and really get good pictures of bruising; and so, we try to take a lot of pictures.

Q. This would be his opposite eye. What do you observe on his opposite eye?

A. Again, the redness, the bruising, almost an

abrasion or scrape on the bottom eyelid.

Q. Do his eyes appear to be swollen?

A. Yes.

Q. What, if anything, could that be indicative of?

A. Again, just blunt trauma.

Q. Okay.

A. Force.

Q. Now, externally you observed bruising and things like that. Based on your training and experience, what could be the cause of bruising in an infant like that?

A. Infants don't -- at this age don't crawl, don't walk, don't cause themselves trauma. So, in terms of trauma, trauma is caused to them. Someone else has to do this to them. We do think about bruising, making sure that there is not a problem with bleeding or something like that that child was born with. But we check those labs, and those are normal.

Q. Okay. So, certainly doctors would look for other causes that might explain bruising before just deciding that it's trauma?

A. And, again, bruising alone would be one thing; but bruising along with the other findings

that we had with Josiah, it wouldn't make any sense with any of the other things.

Q. Well, let's talk about those other findings. What was noted as far as right there in the emergency room that was in need of immediate treatment?

A. So, after taking care of his breathing with the breathing tube, the biggest concern was his head. His soft spot in his head was swollen, indicating that there was likely increased pressure inside his brain. So, once we had stabilized him enough that we felt comfortable to take him to our CT scanner, we took him to the CT scanner to evaluate his head as well as his belly.

Q. And what was observed when the CT scans were done on Josiah?

A. There are multiple findings on Josiah's head CT. He had a fracture of his skull on the left-hand side. Underlying that, he had some bleeding that was in a location we call subdural. But, basically, under the lining of the brain. He also had swelling of his entire brain, indicating again, sort of shaking and loss of oxygen.

Q. Were there any signs of seizure or that this baby had had any seizures?

A. Yes. So, before we decided to put the breathing tube in, Josiah was intermittently having periods where he would -- his eyes would deviate off to the side, and he appeared to be having a seizure. So, we did treat him with seizure medicines while he was in the emergency room, as well.

Q. Now, everything that you have mentioned the brain swelling, the brain bleeding, the seizures, would the seizures be caused from the brain injuries that you observed?

A. Yes.

Q. Okay. I guess the lack of oxygen, would you consider these to be very grave conditions?

A. These are very grave conditions.

Q. All right. At the time when you're trying to save this baby's life, what was the prognosis at that time? What did you think the likelihood was?

A. I thought it was likely that he would pass away.

Q. Okay. Now, how could Josiah -- I mean, in order to sustain these injuries on his head, what would have had to have occurred? I mean --

A. These are injuries that didn't occur from everyday handling. These are injuries that didn't occur even from an accidental single fall. The head

injuries that he has are multiple, indicate shaking and impact over time. So, it's something that required multiple events.

Q. Would it be fair to say that there had to be some sort of significant direct force to his head in order to have caused these injuries?

A. Yes.

Q. Okay. And, in addition, you have also mentioned shaking. Sometimes it can be that they go hand in hand, as well?

A. Yes. So, we talk about shaking impact. The idea that there could be kind of a combination of a shaking force as well as an impact where the head is hitting something, hitting a surface.

Q. Okay. Now, the injuries that you observed on this baby, would that be consistent with being dropped one time to the floor?

A. No.

Q. Okay. Would that -- hypothetically, let's say that a 15-day-old could roll and would roll off a bed. Would these injuries be consistent with rolling off a bed?

A. A 15-day-old can't roll off the bed. And even when we see older babies who have rolled off a bed and fallen and hit their heads, they have perhaps

a single skull fracture. They do not have all of these other findings that we saw with Josiah.

Q. What if Josiah was being bathed in a sink and maybe his head hit the side of the sink one time, would that be consistent with these injuries?

A. No.

Q. Okay. And I don't want you to -- would it be fair to say that the force that would have caused these injuries would be greater than necessary to handle this child in day-to-day activities?

A. Absolutely.

Q. So, change his diaper, you wouldn't have to apply this force?

A. No.

Q. Feeding the baby, would it require this force?

A. No.

Q. Burping the baby or rocking the baby, would it require this much force?

A. No. It would require substantially more force.

Q. In your opinion, were any of these caused by accidental mishandling of this child?

A. No.

Q. Now, as -- okay.

MS. BYRNE: Permission to approach?

THE COURT: Granted.

Q. ***(BY MS. BYRNE)*** I'd like to show you what's been marked as State's Exhibit No. 21. Do you recognize this type of report?

A. Yes. This is a physician's statement regarding injury to a child. It's a standard document that we at the hospital fill out when we're concerned that there may have been child abuse or trauma to a child.

Q. And as a doctor, who from time to time fills out reports like this? Are you considered a custodian of those records?

A. Yes.

Q. And all the entries that are made inside State's Exhibit No. 21, are they made at or near the time of the event or the treatment of the child?

A. Correct. They are typically made either in the emergency room or immediately after admission to the hospital.

Q. And they are made by somebody that has personal knowledge of what they're putting in the report?

A. Yes.

Q. Okay. And are these kept in the day-to-day

regular course of business of Texas Children's Hospital?

A. They are kept in the medical records.

Q. Okay. So, it's a routine record to have in your hospital?

A. Correct.

Q. Okay. And an exact copy of the original that would be maintained at the hospital?

A. Correct.

Q. Okay.

MS. BYRNE: At this time I would offer State's Exhibit No. 21 into evidence and tender to the Defense for inspection.

MS. WILLIAMS: No objection.

THE COURT: Admitted.

Q. ***(BY MS. BYRNE)*** Now, why are these reports filled out at the hospital?

A. They are documentation of the injuries that we see, the concerns that we have for child abuse.

Q. Okay.

A. Standardized as part of the medical records.

Q. Okay. So, what was treated for the most immediate of injuries in the emergency room, is that what would be listed here under "medical condition"?

A. Correct.

Q. Okay. So, we have got brain swelling and bleeding, fracture, and seizures?

A. Correct.

Q. Okay. Now, you also note physician's impressions relating to the condition of the child. Is that just -- what does that mean?

A. Physician's impressions relating to the condition of the child is our interpretation of those injuries and what we think the potential causes are. In some cases when we fill out this form, we don't know whether there was abuse or not; and we're asking for further investigation. In some cases we're pretty convinced, as in this case, with all of these findings.

Q. So, is it fair to say that some cases it would be more obvious than other cases that abuse may or may not be occurring?

A. Correct.

Q. Okay. And the injuries that you saw on Josiah that you were treating, would it have been likely for them to result in death or permanent injury?

MS. WILLIAMS: Objection. She should be asked her opinion.

MS. BYRNE: I can rephrase.

THE COURT: Overruled. Okay.

Q. (BY MS. BYRNE) In your treatment of Josiah and your medical training, is it your opinion that the injuries that you are treating him for could have resulted in death or permanent brain injury?

A. Absolutely.

Q. Now, given all you know, you see children all the time -- and sometimes you said it's obvious, sometimes it's not -- was there an obvious conclusion based on your medical training and experience as to what would have -- whether this would have been accidental or abuse?

MS. WILLIAMS: Objection as to the use of the word "conclusion." Again, I would say that the proper way to ask that question is using the word "opinion."

THE COURT: Overruled. You may answer.

A. At the time of presentation in the emergency room, obviously, we're concerned most about the life-threatening injuries. We might -- number one concern in him, after treating him and stabilizing him, was that this was not an accidental trauma. With that said, we still do the other

evaluation to look for other causes.

Q. Okay. So, for example, retinal scans, x-raying, like things like that. There are certainly more follow-up treatment that needs to be done?

A. Exactly. So, at the time the emergency room, I did not have results from some of those tests that, again, are much more confirmatory of abuse, as well.

Q. But those are all things that would be done and would have been handled by other medical professionals?

A. Once he is hospitalized and stabilized.

Q. Okay.

MS. BYRNE: I pass the witness.

THE COURT: Thank you.

MS. WILLIAMS: Thank you.

CROSS-EXAMINATION

Q. ***(BY MS. WILLIAMS)*** Dr. Doughty, my name is Clyde Williams. Good afternoon --

A. Good afternoon.

Q. -- to you. I represent Mr. Fisher. And I think you had the opportunity to see Mr. Fisher at Josiah's bedside during the course of your good treatment of Josiah.

EMS, you were probably about one of

the first, if not the first, doctors to see Josiah Fisher. Would that be a correct statement?

A. I was certainly one of the first. Several of us probably arrived simultaneously in that room.

Q. All at one time because you had to work on him as a team?

A. Correct.

Q. And you had to do procedures immediately because he is breathing -- his breathing was labored, and he wasn't getting enough oxygen at the time to the brain.

A. Correct.

Q. Did you give him any blood transfusions?

A. Not in the emergency room.

Q. Did you give him any kind of fluids?

A. Not in the emergency room.

Q. Okay. Well, during any of your treatment?

A. I'm sorry?

Q. During any of the time that you were with him -- I think you were with him for about an hour and 20 minutes?

A. Yes.

Q. And was he given any fluids that you're aware of?

A. In general, we try to avoid giving fluids

in children with concern for brain injury. So, I don't believe that we gave any fluids --

Q. Okay.

A. -- during that time.

Q. And brain -- brain injury can be caused by a lot of things; isn't that true?

A. There are many things that can injure the brain. There are not many things that can accuse brain swelling, skull fracture, and bleeding in the brain.

Q. Well, in this instance, you didn't have the benefit of Josiah's birth records, maternal conditions before and during birth, the length of the labor, and what kind of delivery it was?

A. He is 2 weeks old when we are seeing him there in the emergency room. There is no way that he would have survived for two weeks with these injuries from birth.

Q. I'm not asking that. I'm just saying when you treated him, you did what you had to do; but you didn't have his birth records or any knowledge of what kind of birth he had?

A. That is correct. We were --

Q. Or what kind of maternal problems there were?

A. That's correct.

Q. There was no --

THE COURT: Excuse me. Excuse me. One at a time. Ms. Williams, let her finish the answer before you ask the next question.

And, of course, let the attorney finish the question all the way through before you answer, Doctor. Thank you.

MS. WILLIAMS: Thank you, Judge.

Q. ***(BY MS. WILLIAMS)*** There -- and the father really didn't know much about the medical history. So, he wasn't particularly helpful in that instance?

A. No. The father did not know much about the medical history.

Q. CPS brought -- I mean, EMS came in; and pretty soon thereafter, would it be true that a CPS worker came in?

A. I do not recall the exact time that the CPS worker came in.

Q. During the time that you worked on Josiah, did you have any contact or know that there was a CPS worker come in reference to Josiah?

A. Frankly, I was concerned with Josiah living to make it to the intensive care unit. It is our standard practice that our social workers will

contact the police and CPS as part of our evaluation.

MS. WILLIAMS: Objection, Your Honor. I would ask for a response to my question.

A. I do not recall.

THE COURT: Thank you.

A. I do not recall whether the CPS workers were in the emergency room at the time we were treating him.

THE COURT: Excuse me just a moment. The rules require that you just answer the question asked.

THE WITNESS: Okay.

THE COURT: Thank you.

Q. ***(BY MS. WILLIAMS)*** There are other doctors at Texas Children's Hospital whose job it is to be a -- especially interested in suspected abuse of children; isn't that correct?

A. Yes, that's correct.

Q. And they work with law enforcement; is that correct?

A. Yes, that's correct.

Q. They work with CPS workers?

A. Yes. That's correct.

Q. And they work with Children's Assessment Center?

A. Yes. That's correct.

Q. And there is a special grant to Texas Children's Hospital for this purpose of these professionals all working in conjunction --

MS. BYRNE: Objection, relevance.

MS. WILLIAMS: Oh, I'm sorry.

MS. BYRNE: I thought she finished the question. I apologize.

THE COURT: Approach, please.

(At the Bench)

THE COURT: Do one of the doctors who works in conjunction with the Children's Assessment Center treat the baby?

MS. BYRNE: Yes, at a later time.

THE COURT: Okay.

MS. WILLIAMS: I didn't hear you.

THE COURT: Sorry. I can't hear you.

MS. WILLIAMS: I couldn't hear you.

THE COURT: I was just asking if a doctor -- if any of the doctors work with the Children's Assessment Center or law enforcement treated the baby, and the D.A. responded at a later time. And so --

MS. WILLIAMS: Okay. I can't hear you.

THE COURT: Okay. So, I don't know that this is getting us anywhere.

MS. WILLIAMS: Okay. Thank you.

(End of Bench Discussion)

Q. ***(BY MS. WILLIAMS)*** You're familiar with neonatal stroke?

A. Yes.

Q. And that generally occurs in the first 28 days of a child's birth?

A. That's correct.

Q. And it causes a lack of oxygen to the brain or an interruption in the blood vessels that causes oxygen not to be delivered to the brain as it should be?

A. That is true.

Q. And in the process of being born, particularly if it's a long labor, that -- when the baby goes through the birth canal, there are forces pressing on the baby's head; is that correct?

A. That is correct.

Q. And the -- if the baby is in that birth canal a long time, his or her ability to receive -- to get enough oxygen is compromised.

A. It is true that babies can lose oxygen during birth or during a difficult delivery.

Q. And depending on how much they lose, if it's just a little bit, it's probably not going to cause any problem?

A. That's --

Q. Would you agree with that statement?

A. The longer you are without oxygen, the more significant your problems will be.

Q. And the same thing with a baby. Once it's born, it has to -- it may have to be revived because it isn't breathing when it first comes into the world?

A. Yes.

Q. Because you're familiar with the Apgar system to evaluate --

A. Yes.

Q. -- neonatals; is that correct?

A. That's correct.

Q. So, a baby who is not making any respiratory effort at two -- at two minutes after birth and has to be resuscitated may not have had sufficient oxygen when it was born?

A. There are multiple reasons why a baby might not be breathing when they are born and need resuscitation.

Q. And that's just one of them?

A. Yes.

Q. Stroke -- and I'm not talking about the skull fracture, but just the stroke. That causes bleeding in the brain, doesn't it?

A. No. So, Josiah had evidence of --

Q. Will you answer my question?

A. Can you rephrase the question?

Q. Yes. I'm sorry. Stroke is bleeding in the brain or a lack of oxygen getting to the brain --

A. There are --

Q. -- because of the blood vessels being compromised or something interrupting the flow of oxygen?

A. There are two different types of strokes. There are strokes that are called hemorrhagic strokes where there is bleeding from the specific blood vessel in the brain, and there are other strokes that are -- where there is a blood clot forming and then lack of blood flow to the brain.

In both of those cases, you see bleeding or lack of blood flow in a very specific area where that one vessel is. That is not what we saw in this case.

Q. In this case, you -- well, let's -- it can take some time for the brain to swell in a situation

like this, where there is stroke involved?

A. This child didn't have a stroke.

Q. In your opinion?

A. Correct.

Q. But your opinion is without medical history and birth records; is that correct?

A. He -- the injuries he presented with on the day that I saw him were not consistent with a stroke. He had bleeding in his brain that was caused by trauma. And he had loss of oxygen to all of his brain that was probably caused by the fact that he was not breathing well because of the brain injuries.

Q. Is it your opinion that the skull fracture was the cause of Josiah's bleeding?

A. A brain bleeding -- he had bleeding in several parts of his brain; and so, the skull fracture was not likely the only cause of bleeding in his brain.

Q. In your opinion, would the skull fracture have been fatal to Josiah or cause serious bodily injury to Josiah?

A. A skull fracture alone in general is not fatal. It can be a significant injury. It can be life threatening; but in general, skull fractures alone are not fatal. It's what happens in the brain

under them that's the part that is more likely to be fatal.

Q. And are you familiar with the thickness of an infant's skull?

A. The infant's skull is quite thin. I don't know a measurement.

Q. Less than 5 milliliters?

A. Yes, ma'am.

Q. Something like this maybe (indicating)? Like this (indicating)?

A. I don't know an exact measurement.

Q. It's very fragile, isn't it?

A. Infant skulls are fragile.

Q. The bruising on the -- that you saw on Josiah's body did not cause any serious bodily injury; is that correct?

A. The bruising in and of itself healed without causing any significant injury.

Q. And any scratches on him didn't cause significant injury either?

A. That's correct.

Q. Okay. And did you -- did anyone treating him initially order any kind of metabolic testing on Josiah Fisher?

A. Explain to me what you mean by "metabolic

testing."

Q. How his body processes his nutrients.

A. We ordered in the emergency room initial studies that were mostly addressed to life-saving things, things like blood counts, initial chemistries, which is sort of metabolic, how your kidneys are functioning, and things like that.

Q. But specialized tests for metabolic weren't ordered because you were doing the emergency procedures that you have to do to save Josiah's life?

A. That's correct.

Q. Because that was your concern and your only concern?

A. Absolutely.

Q. Now, when you resuscitate a child, intubate a child, do they just lay still for you to -- for the tube to go down their throat?

A. That depends on their medical condition. In Josiah's case, he was still making some -- some movements; and so, we gave him medications so that he was sedated and wouldn't feel anything while we were putting the tube down.

Q. Did he -- he resist the intubation?

A. No, ma'am.

Q. Approximately how many people were working

on Josiah Fisher in that initial time frame?

A. In the range of 15.

Q. Fifteen different people?

A. Somewhere in there.

Q. And would it be correct that a lot of people were working on Josiah at the same time?

A. Correct.

Q. And his pulse was good, or was it, when he initially came in?

A. That's an excellent question. His pulse was initially good, but he had periods where his heart rate and pulse would drop.

Q. Drop.

A. And that is another concerning sign for us that there is swelling in your brain.

Q. And were -- was Josiah crying any of the time before he was intubated?

A. Yes and no. He was sort of irritable, inconsolable, making some crying type noises but not crying like a normal baby would be crying.

Q. Did the fact that CPS was there and EMS, the emergency medical service, did that influence you any in your decision as a -- of thinking that Josiah's injuries could be consistent with abuse?

A. No, ma'am. There is really nothing else

that could have caused this constellation of symptoms even though we were seeing them in the emergency.

Q. In your opinion?

A. In my opinion.

MS. WILLIAMS: Pass the witness.

THE COURT: Thank you.

Redirect?

MS. BYRNE: Nothing further.

THE COURT: Thank you. Is this witness released, or is she on call?

MS. BYRNE: Released.

MS. WILLIAMS: On call.

THE COURT: That means you're released for today but subject to recall.

THE WITNESS: Okay.

THE COURT: Thank you.

THE WITNESS: Thank you.

THE COURT: Thank you so much for coming down.

(Witness released)

MS. BYRNE: We will go ahead and recess at this time.

Members of the jury, it's important you remember all of the instructions I have given you before. Don't discuss the case with anyone or read

anything about the case or listen to anything about the case. And we will start again tomorrow at 10:00.

All rise, please for jury.

(Jury released)

(END OF TODAY'S PROCEEDINGS)