

BERRY Haverland

BERNIE H. Haverland, Jr.
Police Officer/Investigator
FBI - Dallas Office

Tuesday, July 26, 1994

Danny D. Burns
115 N. Henderson St.
Fort Worth, TX 76102

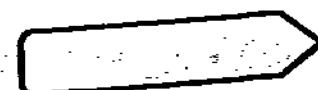
To: Desiree Shaw

Dear Mr. Burns,

Desiree is a dear friend of my wife and mine. She asked if I could help her find some information quickly to help you, if you will permit, get her back in the real world where she belongs. First off I have no doubt in my mind that Desiree is NOT guilty. A massive screw up occurred, starting with her call to 911. I have worked as a dispatcher with the Lufkin Fire Dept. ambulance service just prior to 911 implementation. I have taken many calls for help. I know I can recognize a Royce was not breathing. She attempted to clear his airway. She begged for an artificial airway. She, being a registered nurse, specifically requested that she get someone there who could establish an airway. A paramedic arriving on scene should have/would have attempted to insert an endotracheal airway. If this is not possible through the mouth, the nose is quickly the second choice. An oropharyngeal airway is inserted into the patient's mouth and the patient is ventilated until a patent airway is established. If that is not adequate or successful a cricothyrotomy is performed, opening the windpipe below the voice box. All paramedics and EMT's are trained in this procedure. Most first responders carry a special kit designed for this or IV catheters large enough to perform this life sustaining maneuver. I heard Desiree beg for airway help the whole time she assessed Royce's condition while on the phone to the 911 operator all the while initiating CPR.

From Basic Red Cross CPR training all the way up, CPR is ONLY stopped when the physician at the hospital calls the code or when the person performing CPR is isolated from help and can't longer physically perform CPR. There are NO OTHER indications listed.

It is my understanding from court testimony that police officers stopped Desiree from continuing CPR. Desiree was prevented from performing a known life saving procedure on her husband. No patrolman or EMT has the authority to stop someone from doing CPR. I know from personal experience that a



The function of EMT functioning as herself is trained can save many lives that are otherwise lost. I myself, sustained a potentially lethal injury in July of 1984 but competent EMS care saved my life. Yes, CPR is at times gross and hard work. I performed CPR on a man from the Diboll Golf Course all the way to the hospital in Lufkin. CPR had not been initiated prior to my arrival. That man recovered and played golf for several more years. He had been down over 10 minutes. I am sorry that I get so emotional about this, but I have been both the patient and provider. Now to the points Desiree had questions about.

1. Who can pronounce death? A doctor may pronounce death. Often in this area when someone dies from the result of an accident the doctor stops resuscitative efforts, basically pronouncing death, but calls the Justice of the Peace to record time of death and actually pronounce. I understand that most doctors will NOT pronounce death unless in a hospital setting. If CPR has not been started an ECA, EMT, EMTI, or paramedic may choose not to START CPR or resuscitative efforts IF there is an obviously fatal injury (i.e. decapitation, evisceration where cardiac arrest is obvious, coldness of the body, or substantial lividity and the down time is KNOWN to be greater than 10 minutes) The Justice of the Peace is called in these cases. You may check the D.O.T. Guidelines for EMS or Texas Dept. of Health Guidelines. Also check Lufkin Fire Dept. Trauma Incident protocol. Diboll First Responders operate under the same protocol. I will be happy to get you the run sheets from Diboll and Lufkin so that you may check times if you would like. Royce had NOT been down 10 minutes when EMT's arrived and Desiree, who was a Registered Nurse, was attempting CPR and other life saving procedures according to her training, an airway being priority when they arrived. The first person on the scene should have helped Desiree drag Royce to the floor where proper EMS care could have been given. The highest level EMS person on the scene is in charge of the scene. Care should be taken to preserve a "crime scene" if possible, but NOT before life saving measures are started to protect a heart beat felt just moments before.

2. Can a patrolman or EMT decide not to continue CPR? NO, the above references will clearly explain that.

3. Does EMS take orders from the Police or vice versa? In a life or death situation, EMS is in control.

I learned in Police Academy on 6/7/94 about "basic dead man investigation" at Angelina College. I learned a lot about gun shot wounds. I have responded to many gun shot scenes as a paramedic. All the testimony that I heard about "contact wounds" in Desiree's trial were in direct opposition to what

as being taught in the academy. What happened to muzzle stamp tattooing or stippling. Malcolm has my copy of that Angelina College handout. I would be happy to get you another one if you need it. I understand that the scene was secretly videoed and that there are inconsistencies with the times on photographs and the evidence tags. I also understand that the swabs to take samples for gun powder residue were used to swab the palms of the hands, the protected area. This is NOT how I was taught. If I may be of any assistance to you, whether gathering reports, information, running errands or whatever, feel free to call. I would be more than happy to help. My phone number is 409-897-3538 or beeper number 409-630-7567. Thank you so much for your efforts to free an innocent lady.

Sincerely,

Gerry Havenanc
P.O. Box 194
Huntington, TX 75946

cc: Debbie Shaw
Nelda Goodwin

Also: friends with Keith Bickley the Lufkin EMS dispatcher who answered my call 8/11/96 (never interviewed).

New address
PO Box 1303
Henderson, TX
75653

DS
I obtained the Tx Dept Health EMS guidelines - I sent them to mother