

Department of Pediatrics  
Division of Pediatric Infectious Diseases

Jeffrey S. Kahn, M.D., Ph.D.  
Division Director

July 22, 2016

Cecelia Trenticosta Kappel  
Staff Attorney  
The Capital Appeals Project  
The Promise of Justice Initiative  
636 Baronne St.  
New Orleans, LA 70113

RE: State of Louisiana v. Rodricus Crawford

Dear Ms. Kappel,

I am providing this expert report for the above referenced case. These opinions are based on my review of the records and my training, education, experience and background. The opinions that I express below are to a reasonable degree of medical certainty.

**Records and Documents Received and Reviewed**

I have received the following documents:

- The Caddo Parish Coroner's Office Autopsy Report (Todd G. Thoma, M.D., FACEP, Coroner) of Roderius Lott (date of birth February 7, 2011) and Death Certificate
- Transcript of testimony of Dr. James Traylor at the preliminary hearing
- Transcript of testimony of Dr. James Traylor at trial
- Transcript of testimony of Dr. Daniel J. Spitz at trial
- Report of Dr. Daniel J. Spitz
- Report of Dr. Jan Ophoven
- Report of Dr. Margarita Sillio
- Report of Dr. Robert Bux
- Audio of 911 calls
- Photos of brain slides
- Crime scene photos
- Photos taken at the autopsy
- Photos of lung tissue slides
- Transcripts and audio of police interviews
- Police scene video
- Police vehicle video
- State's trial exhibits
- Defense trial exhibits
- Report of CPI investigation

- LSU Health Sciences Center medical records for Roderius Lott
- LSU Health Sciences Center medical records for Lakendra Lott
- Willis-Knighton medical records for Roderius Lott
- Willis-Knighton medical records for Lakendra Lott
- Photos of bathroom taken by defense
- Photos of bathroom taken by police
- Photos of bed in which child slept
- Shreveport Fire Department incident report
- Diagrams of the house at 6809 Broadway St.

### **Qualifications**

I am a physician with board certification in both Pediatrics and Pediatric Infectious Diseases. I have practiced continuously since completing my pediatric infectious diseases training in 1998 in 2 large tertiary care children's hospitals: Yale-New Haven Children's Hospital in New Haven, Connecticut (1998-2009) and the Children's Medical Center in Dallas, Texas (2009-present). From 1998- May 2009, I was a faculty member in the Department of Pediatrics in the Yale University School of Medicine. During my time there, I was involved in teaching pediatrics and pediatric infectious diseases to medical students, nurses and physicians in all disciplines of pediatrics, including general pediatrics. This teaching included topics that are relevant to this case such as serious bacterial infections including streptococcal infections, invasive *Streptococcus pneumoniae* infections, and bacterial sepsis. I also practiced pediatrics and pediatric infectious disease at Yale-New Haven Children's Hospital during which time I cared for or consulted on many children, including infants, with bacterial infections including blood infections due to *Streptococcus pneumoniae*. Since May 2009, I have been on the faculty of the University of Texas Southwestern Medical Center as a Professor of Pediatrics and Microbiology and the Director of the Division of Infectious Diseases in the Department of Pediatrics. I am also the Director of Infectious Diseases and recently (May 2012) I was appointed the Medical Director of Research at the Children's Medical Center. Children's Medical Center is among the largest children's hospitals in the United States of America. I continue to have many academic and educational responsibilities. These include teaching and training of medical students, interns and residents in the topics noted above among others. I am also the Director of the University of Texas Southwestern Medical Center Pediatric Infectious Diseases training program which is designed to train pediatricians in the field of infectious diseases, a requirement for board certification in this field. I continue to practice both pediatrics and pediatric infectious disease at Children's Medical Center and often care for or consult on children with *Streptococcus pneumoniae* infections. During my career, I have also lectured at national and international meetings including the Pediatric Infectious Diseases Board Review Course. Based on my education, training, background and experience, I am familiar with the standard of care in the evaluation, diagnosis and treatment of children with *Streptococcus pneumoniae* infections and therefore, I am qualified to render an opinion in this case.

### **Factual Case Summary**

On February 16, 2011, Roderius Lott, who was nearly a year old at the time, was found by his father, Rodricus Crawford to be unresponsive. Subsequently, a call was made to 911 and Roderius was transported to the hospital and declared dead despite resuscitative efforts.

According to the hospital and autopsy reports, there were many lesions noted on the skin including the following:

- buttocks with subcutaneous hemorrhages (left > right)
- visible contusions to forehead and both sides of face
- subcutaneous scalp contusions over back, front and behind right ear
- fine linear abrasions over upper right back and lateral wall of left abdomen

Also noted on the autopsy were the following:

- bilateral early bronchopneumonia
- petechiae involving subpleural surfaces of each lung

A blood culture obtained post-mortem was positive for growth of the following:

- Streptococci, alpha hemolytic (identification unsuccessful); time to positivity 15 hours, 42 minutes

The cause of death noted on the State of Louisiana Certificate of Death was as follows:

- Asphyxia
- Suffocation

### Case Summary

Roderius Lott presented with a history, examination findings and laboratory data consistent with bacterial pneumonia, and septic shock. Infections with streptococcus, in particular *Streptococcus pneumoniae*, in young children can develop rapidly (over the course of a few hours) and can result in serious disease including death. During the initial stages of the disease, the symptoms can be non-specific and the seriousness of the infection may not necessarily be apparent to the child's caretaker. Invasive streptococcal disease is often preceded by a viral respiratory tract infection and according to the testimony and factual data in the case, Roderius had symptoms consistent with a viral respiratory tract infection in the days prior to his death.

The physical findings noted on autopsy, specifically the hemorrhages, are typically features of sepsis secondary to *Streptococcus pneumoniae*. These skin lesions may be mistakenly identified as bruises, particularly by individuals who do not have experience with streptococcal infections. This child had evidence of lung infection, specifically bronchopneumonia and petechiae involving the subpleural surfaces and pulmonary abscess, which is the most common presentation of serious infection caused by *Streptococcus pneumoniae*.

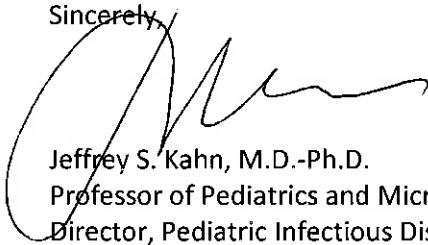
Furthermore, the child had microbiological evidence of streptococcal infection in the blood, which again is consistent with an overwhelming infection with *Streptococcus pneumoniae*. For some reason, the identification (i.e. speciation) of the streptococcal organism was not done. The identification of *Streptococcus pneumoniae* can be accomplished with fairly routine biochemical testing that is available in most clinical microbiology laboratories.

*Streptococcus pneumoniae* is the most common cause of serious bacterial infection in infants and young children. It is important to note that although this child had previously received a single dose of pneumococcal vaccine, a single vaccination is not 100% effective (indeed, 3 doses are recommended) and induces immunity against only a small fraction of the >90 *Streptococcus pneumoniae* serotypes. Therefore, it would not be surprising that a vaccinated child would develop pneumococcal disease.

In conclusion, the facts presented in this case are entirely consistent with an overwhelming *Streptococcus pneumoniae* infection which, tragically, resulted in the death of this child.

The opinions described above are based on the information that I have received and reviewed to date.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey S. Kahn', written over the word 'Sincerely,'.

Jeffrey S. Kahn, M.D.-Ph.D.

Professor of Pediatrics and Microbiology

Director, Pediatric Infectious Diseases and the Pediatric Infectious Diseases Fellowship Training Program

Medical Director of Research, Children's Medical Center-Dallas

The Sarah M. and Charles E. Seay Chair in Pediatric Infectious Diseases

DRAFT