

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PEOPLE WITH DISABILITIES
AND SPECIAL NEEDS

Remote location using Microsoft® Teams
Monday, December 11, 2023
1:00 p.m.

PRESENT:

COUNCILWOMAN KENDRA BROOKS, CHAIR
COUNCILWOMAN SHARON VAUGHN, VICE-CHAIR
COUNCILWOMAN JAMIE GAUTHIER
COUNCILMAN JIM HARRITY

RESOLUTION: 230593

1 - - -

2 COUNCILWOMAN BROOKS: I

3 understand that the state law
4 currently requires that the following
5 announcement be made at the beginning
6 of every remote public hearing as
7 follows: Due to the current public
8 health emergency, City Council
9 Committees are currently meeting
10 remotely. We are using Microsoft
11 Teams to make these remote hearings
12 possible.

13 Instructions for how the
14 public may view and offer public
15 testimony at the public hearings of
16 Council Committees are included in
17 the public hearing notices that are
18 published in the Daily News, Inquirer
19 and Legal Intelligencer prior to the
20 hearings and can be found on
21 PHLCouncil.com. I now note that the
22 hour has come.

23 Mr. Underwood, will you please
24 call the roll to take attendance.
25 Members that are in attendance,

1 please indicate that you are present
2 when your name is called. Also,
3 please say a few brief words when
4 responding so that your image will
5 appear on the screen when you speak.

6 THE CLERK: Councilmember
7 Gauthier.

8 COUNCILWOMAN GAUTHIER: Good
9 afternoon, Madam Chair and
10 colleagues. Present.

11 THE CLERK: Councilmember
12 Bass.

13 (No response.)

14 THE CLERK: Councilmember
15 Harrity.

16 COUNCILMAN HARRITY: Good
17 afternoon. I am present.

18 Sharon, you look too happy, my
19 beautiful darling. I love the
20 goodbye (inaudible) behind you.

21 THE CLERK: Councilmember
22 Thomas.

23 (No response.)

24 THE CLERK: Councilmember
25 Gilmore Richardson.

1 (No response.)

2 THE CLERK: Vice-Chair Vaughn.

3 COUNCILWOMAN VAUGHN: Good

4 afternoon, everyone. And yes,

5 Councilmember Harrity, I am still

6 floating from Friday. You all made

7 me feel very, very happy.

8 Good afternoon, Chairperson

9 Kendra Brooks. Thank you for hosting

10 this hearing for me. I am super

11 ecstatic. And, Cody and family,

12 thanks for being on here as well.

13 COUNCILWOMAN BROOKS: Thank

14 you. A quorum of --

15 THE CLERK: And --

16 COUNCILWOMAN BROOKS: Someone

17 say something?

18 (No response.)

19 COUNCILWOMAN BROOKS: Thank

20 you. A quorum of the Committee is

21 present and this hearing is called to

22 order. This is the public hearing of

23 the Committee of People with

24 Disabilities and Special Needs

25 regarding Resolution No. 230593.

1 Mr. Underwood, would you
2 please read the title of this
3 legislation being considered today.

4 THE CLERK: Resolution No.
5 230593, authorizing the Committee on
6 People with Disabilities and Special
7 Needs to hold hearings regarding the
8 issues, challenges and misdiagnosis
9 for children and their families
10 dealing with Ehlers-Danlos syndrome.

11 COUNCILWOMAN BROOKS: Before
12 we begin to hear testimony from
13 witnesses we have for today, everyone
14 that has been invited to the meeting
15 to testify should be aware that this
16 public hearing is being recorded.
17 Before the hearing is public,
18 participants -- because the hearing
19 is public, participants and viewers
20 have no reasonable expectations of
21 privacy. By continuing to be in this
22 meeting, you are consenting to being
23 recorded.

24 Additionally, prior to
25 recognizing Members for questions or

1 comments they have for witnesses, I
2 will note for the record at this time
3 that we will use the chat feature
4 available in Microsoft Teams to allow
5 Members to signify that they wish to
6 be recognized. In order to comply
7 with the Sunshine Act, the chat
8 feature must only be used for this
9 purpose.

10 Are there any Councilmembers
11 that would like to speak before we
12 turn to witnesses?

13 COUNCILWOMAN VAUGHN: Madam
14 Chair, I would like to speak.

15 COUNCILWOMAN BROOKS: Thank
16 you, Councilmember Vaughn. Can you
17 please proceed.

18 COUNCILWOMAN VAUGHN: Yes.
19 Thank you, Madam Chair. Let me begin
20 by taking -- thanking you and the
21 Committee for People with
22 Disabilities and Special Needs for
23 hearing this resolution to help bring
24 awareness to the Ehlers-Danlos
25 syndrome, specifically regarding the

1 issue of frequent misdiagnosis of
2 this disorder.

3 I also want to make one thing
4 clear. This is not a call-out or
5 attack on anyone or any organization.
6 We are simply trying to enhance the
7 public's knowledge of such matters
8 that without proper perspective and
9 consideration have the potential to
10 negatively impact the quality of life
11 of some of our most valuable families
12 and populations.

13 We've all heard stories about
14 medical misdiagnoses from others we
15 know or even on the news and how
16 those misdiagnoses upended people's
17 lives. As I previously stated during
18 my introduction of this resolution, a
19 medical misdiagnosis of any kind can
20 have serious life-altering
21 implications such as receiving
22 appropriate treatment or delayed
23 care. But when it is something as
24 rare and as complex as EDS which can
25 yield symptoms, there would be

1 similarities to bruising and be
2 misinterpreted as physical abuse,
3 proper education, accuracy and
4 competency to make all the
5 difference.

6 I appreciate this Committee
7 for convening this hearing and I look
8 forward to seeing the results of
9 these important conversations. Thank
10 you, Madam Chair.

11 COUNCILWOMAN BROOKS: Thank
12 you so much, Councilmember.

13 Mr. Underwood, would you
14 please call the first panel we have
15 to testify this afternoon on
16 Resolution 230593.

17 THE CLERK: The first panel
18 includes Sara Enes, Chief of Staff of
19 the Philadelphia Department of Public
20 Health and Dr. Michael Holick,
21 Professor of Medicine at Boston
22 University School of Medicine. We
23 will start with Sara Enes.

24 MS. ENES: Good afternoon,
25 Chair --

1 COUNCILWOMAN BROOKS: Good --

2 MS. ENES: -- Brooks. Sorry.

3 Go ahead.

4 COUNCILWOMAN BROOKS: Good

5 afternoon. Are you connected and

6 ready to proceed?

7 MS. ENES: Yes, I am.

8 COUNCILWOMAN BROOKS: Please

9 state your name for the record and

10 proceed with your testimony.

11 MS. ENES: My name is --

12 (Background interruption.)

13 COUNCILWOMAN BROOKS:

14 Councilmember Harrity, can you put

15 your phone or computer on mute?

16 COUNCILMAN HARRITY: Sorry.

17 COUNCILWOMAN BROOKS: Thank

18 you. Sorry. You can please proceed.

19 MS. ENES: My name is Sarah

20 Enes.

21 COUNCILWOMAN BROOKS: Can you

22 please proceed with your testimony?

23 MS. ENES: Sure. Good

24 afternoon, Chair Brooks, Vice-Chair

25 Vaughn and members of the Committee

1 on People with Disabilities and
2 Special Needs. As I stated, my name
3 is Sara Enes. I'm the Chief of Staff
4 for the Philadelphia Department of
5 Public Health. I'm here testifying
6 on behalf of Dr. Cheryl Bettigole,
7 Health Commissioner who is currently
8 out of town, and we thank you for the
9 opportunity to testify on Resolution
10 230593.

11 In recent years there have
12 been some well-publicized concerns
13 about children with underlying
14 medical disease being mistakenly
15 reported to authorities as child
16 abuse. Reports of child abuse have
17 been disproportionately filed against
18 parents of color, particularly Black
19 parents, resulting in high rates of
20 family separation that are
21 devastating for parents and children.

22 Concertedly, death and near
23 fatalities among children due to
24 abuse or neglect has risen
25 substantially in recent years in

1 Philadelphia. So we need to focus on
2 an accurate diagnosis to avoid both
3 overreporting and underreporting of
4 child abuse and neglect, while also
5 addressing the systemic bias used
6 that has historically impacted people
7 of color seeking medical care.

8 Philadelphia is lucky to have
9 some of the top pediatric specialists
10 in the country, including some of the
11 leading child abuse specialists.
12 Specialists such as those at
13 Children's Hospital of Philadelphia
14 and St. Christopher's Hospital for
15 Children could help to educate
16 physicians and other healthcare
17 professionals in Philadelphia to
18 ensure that they have the most up-to-
19 date information on how to best
20 detect cases of child abuse without
21 overreporting or misdiagnosing. And
22 all of us need to continue to educate
23 ourselves on these issues, which are
24 critical for the health of our
25 children and the well-being of their

1 families. Thank you again for this
2 opportunity to provide testimony on
3 this important issue.

4 COUNCILWOMAN BROOKS: (Muted).

5 THE CLERK: Councilmember,
6 you're muted.

7 COUNCILWOMAN BROOKS: Thank
8 you so much, Ms. Enes.

9 THE CLERK: Great. Next is
10 Dr. Michael Holick.

11 DR. HOLICK: (Muted).

12 COUNCILWOMAN BROOKS: You're
13 muted, Mr. Holick. Good afternoon.
14 Are you connected?

15 DR. HOLICK: Good afternoon.
16 My apologies.

17 COUNCILWOMAN BROOKS: Can you
18 please state your name for the record
19 and proceed with your testimony.

20 DR. HOLICK: Sure. It's
21 Dr. Michael F., as in Francis,
22 Holick, H-o-l-i-c-k. I'm a Professor
23 of Medicine, Pharmacology, Physiology
24 and Biophysics and Molecular Medicine
25 at Boston University School of

1 Medicine. I thought I would give you
2 a very kind of overview about what
3 EDS is, my experience with EDS and
4 then the misdiagnosis and my opinion
5 related to EDS and issues of child
6 abuse.

7 And to begin, I'm very
8 concerned about child abuse. I am
9 considered to be a reporter for child
10 abuse and I would never permit a
11 family of being evaluated by me if I
12 knew that they were committing child
13 abuse. So EDS is a genetic disorder.
14 It's autosomal dominant, which means
15 that 50 percent of offspring will
16 acquire this genetic disorder.

17 This genetic disorder affects
18 your collagen elastin matrix, which
19 is basically the scaffolding of your
20 entire body, and this can explain why
21 blood vessels are more prone to
22 bruising and there's marked increase
23 of fracture because the bone contains
24 a major -- the major component is
25 collagen elastin along with your

1 mineral content.

2 I've been seeing children and
3 adults with EDS since 1978 when I
4 became Assistant Professor at Harvard
5 Medical School and I've been writing
6 about EDS for that period of time.

7 So here are now some of the
8 consequences and why it's so
9 critically important to make this
10 diagnosis as soon as possible. It's
11 stated in the 2017 Consensus
12 Conference, meaning that I guess the
13 recommendation suggests that it's
14 (inaudible), they say you can't make
15 a diagnosis in a child until they're
16 5 years of age because EDS is
17 associated with increased joint
18 hypermobility. But of course, this
19 defies logic because it's an
20 autosomal dominant genetic disorder.
21 And so, the infant acquires it from
22 mom or dad in utero.

23 And so, here are some of the
24 consequences: For example, if an
25 infant is bruising easily, that's

1 because they have what's called
2 capillary fragility. And it's
3 important to make this diagnosis
4 because I warn parents that if for
5 some reason if they're handling their
6 infant and bumps head on, say, the
7 crib, they should be taken to the
8 hospital because they're more likely
9 to have capillary fragility and have
10 a brain bleed and cause subdural
11 hematoma that can have serious
12 consequences, including paraplegia
13 and even can cause death.

14 It also causes gastroparesis.
15 Often infants with this genetic
16 disorder are constantly spitting up
17 and they're misdiagnosed as having
18 gastrointestinal reflux. When, in
19 fact, what's happening is that their
20 stomach -- because they're more
21 elastic, blows up like a balloon and
22 then collapses and as a result, they
23 spit up. And the simple fix, believe
24 it or not, is simply giving smaller
25 feedings multiple times of the day in

1 order for them to get the amount of
2 nutrition that's required.

3 They also have bone fragility.
4 It's well-documented in the
5 literature that animals are at 10
6 times higher risk of fracture for the
7 same amount of trauma that would not
8 cause a fracture in an adult
9 (inaudible). We published two
10 papers. The first paper, 72 cases of
11 infants that were thought to have
12 been abused, they had presented with
13 multiple fractures. 93 percent of
14 them I saw at least one of the
15 parents, and 64 percent I had the
16 opportunity to see the infant and
17 made the diagnosis of Ehlers-Danlos
18 syndrome, hypermobility type.

19 The other 7 percent by the way
20 which is much more common, especially
21 of people of color, is vitamin D
22 deficiency rickets. Also, they have
23 joint hypermobility. The joints can
24 be popping in and out. And often I
25 will ask the parents, especially the

1 mom who's feeding the infant, does
2 your infant love to kind of stretch
3 his back almost like into a C-like
4 position and they often say yes. And
5 the reason is because they have such
6 flexibility of their ligaments,
7 including their spine.

8 Often when they're picked up,
9 their joints click. Now, normally a
10 pediatrician not having any
11 experience in this area will just
12 say, well, that's just normal. It's
13 not normal. This is caused by the
14 laxity of the ligaments of the
15 joints. And so, parents will tell me
16 that they're picking up their infant,
17 that they can feel the ribs click,
18 they can feel the shoulders click,
19 and all of this is related to this
20 genetic disorder.

21 There's a recent publication
22 that's confirmed my observation out
23 of Holland where a family had been
24 accused of child abuse of their very
25 young infant, they had a 2-year-old

1 at home. And even though it was an
2 expertise hospital in child abuse,
3 they equivocally concluded it was due
4 to child abuse, and the infant and
5 other child were taken away from the
6 family for a year. They finally
7 found a pediatric endocrinologist
8 with a specialty to appreciate
9 Ehlers-Danlos syndrome in infants and
10 he informed the court of this
11 information and as a result, the
12 children were returned to the
13 parents.

14 So this is a critically
15 important issue for parents because
16 these infants have extremely fragile
17 skeleton. And I reported some
18 infants having up to 32 fractures at
19 the age of 4 to 6 weeks, right,
20 without a bruise on the body, and yet
21 it's immediately concluded that if
22 you have a genetic test for brittle
23 bone disease, osteogenesis
24 imperfecta, if it's positive, then
25 you have the explanation, they send

1 the infant with the parents home.

2 But if it's negative, then
3 they're automatically accused of
4 child abuse and as a result, their
5 children are taken away from them and
6 they go through an enormous amount of
7 horrific grief by not being able
8 to -- a young woman breastfeeding her
9 infant, for example. So from my
10 perspective, incredibly important
11 that this diagnosis be recognized
12 legislatively, and that should be
13 considered in the differential
14 diagnosis of infant fractures or
15 infant bruisability, including brain
16 bleeding like a brain subdural
17 hematoma.

18 COUNCILWOMAN BROOKS: Thank
19 you so much, Dr. Holick.

20 Are there any questions or
21 comments from members of the
22 Committee for this panel?

23 (No response.)

24 COUNCILWOMAN BROOKS: There
25 being none, Mr. Underwood, will you

1 please call the next panel to testify
2 for the resolution.

3 THE CLERK: The second panel
4 includes Cody Carter, Sr.; Erica
5 Palmer; Donna Palmer; and Andre
6 Dover. We will begin with Cody
7 Carter, Sr.

8 COUNCILWOMAN BROOKS: Good
9 afternoon. Are you connected and
10 ready to proceed?

11 MR. CARTER: Yes, yes. Can
12 you hear me?

13 COUNCILWOMAN BROOKS: Yes.
14 Can you please state your name for
15 the record and proceed with your
16 testimony.

17 MR. CARTER: Hi. I'm Cody
18 Carter, Sr. And just to paraphrase
19 because we went through so much that
20 it will take longer for this here for
21 us to really tackle everybody, so
22 I'll summarize. I am a parent who
23 went through this with our son Cody
24 Carter, Jr. Back in 2020, we had a
25 3-month-old that was projectile

1 vomiting and we were just concerned
2 parents taking our son to the
3 emergency room, and we had no idea
4 what was going on.

5 Get to the emergency room and
6 without finding out any medical
7 history between me and his mother,
8 asking any further questions or even
9 running any tests, they assumed child
10 abuse from the very beginning. From
11 that moment on, we had no voice in
12 the situation. It went from that to
13 detectives coming to the hospital, to
14 phones being taken, to me and Erica
15 being put in DHS going through
16 supervision, DHS supervision,
17 splitting up our home, taking our son
18 for a year all from a hospital visit.

19 And we remain -- we were
20 stating like we just wanted to know
21 answers, we just wanted to know
22 answers. And nobody could give us
23 any answers because everybody had all
24 the conclusions. And this is -- it's
25 hard to relive this.

1 MS. PALMER: Very painful.

2 MR. CARTER: Like I said, just
3 showing up in the hospital. Could
4 you imagine just showing up to a
5 hospital? The next thing, you know,
6 you're in the hospital for 48 hours,
7 your son is sick and you got
8 detectives coming to you, talking to
9 you like you're just a hardened
10 criminal. Telling your lady, yo,
11 just testify that he -- just say that
12 he assaulted your son, just trying to
13 coerce her to go against me divided
14 our family.

15 I had to move. I had to do
16 all of this stuff. Mind you, we
17 still have an infant. She's still
18 recovering from having a baby and all
19 of this happened and our son was
20 taken for a whole year. We end up in
21 DHS. And the DHS system is a whole
22 'nother horrific but we won't get
23 into that.

24 But we had went through so
25 much trauma, only to get our son back

1 and find out that he was born with a
2 condition called EDS that I have, I
3 suffer from EDS. His mother has EDS.
4 We were just always wanting more
5 answers and we always knew it was
6 never no abuse. We remained
7 steadfast on that, that we never
8 abused our son. He never had a
9 bruise. He didn't show no signs of
10 distress. Nothing showed abuse. All
11 we asked for was just another expert
12 opinion, and everybody just knew the
13 answers, the detectives, the DHS
14 worker. Even the people at the
15 hospital didn't know my last name,
16 but they knew I hurt my son.

17 And it's like, this is the
18 reality of what's going on, on a
19 daily basis in Philadelphia. And I
20 can't speak on other cities, but
21 imagine what families are going
22 through when they just are trying to
23 figure out what's going on with their
24 child and they are entering into this
25 horror. And this is not nothing to

1 play with.

2 These are accusations that
3 should not be drawn upon assumptions.
4 We should be out here getting tests
5 done. Make sure you rule out
6 everything before you just jump to
7 conclusions. I think that with these
8 type of accusations it's that serious
9 because we know that there's people
10 in jail for child abuse. There's
11 people that's in jail for child
12 abuse.

13 So if you say that somebody is
14 abusing a child and in our situation,
15 they said our child was a near
16 fatality. So you're telling me my
17 son was attempted murdered, you're
18 saying my son was almost killed but
19 you didn't even lock me up. When
20 they sent all this stuff to the DA,
21 the DA sent it back and said it's
22 nothing here. So it's like -- I'm
23 like, yo, I'm sitting here telling
24 y'all, yo, it's nothing here.

25 MS. PALMER: Medically there's

1 something wrong.

2 MR. CARTER: So I'm just like,
3 yo, if all these signs are showing
4 you that it's nothing here, just
5 please run the tests before you jump
6 to conclusions. Because you know
7 like I know, you can't do nothing
8 with child abuse on your record. You
9 can't work at McDonald's with child
10 abuse on your record because you
11 can't be around children, correct.
12 So why are we jumping to these types
13 of conclusions, putting people's
14 lives at danger, breaking people's
15 homes up, telling significant others,
16 yo, just lie.

17 Detectives were telling her to
18 just lie, just come up with a false
19 statement so we can end this case.
20 So this is what's going on, on a
21 daily basis, and this is not right.
22 And I refuse. I said I am not laying
23 down. I'm going to fight. Y'all
24 gave me my son back, but this is not
25 the end of this because it's more to

1 this, and it's like so many families
2 that's affected by this on a daily
3 basis.

4 I thank God for people like
5 Ms. Sharon who's my mentor. I thank
6 God for Derek Green. These people
7 have gotten behind me. Dr. Holick,
8 thank God for him. We flew to Boston
9 to get his expertise and he ran all
10 the tests. I just thank God for
11 people because it's so many families
12 that's silent that have no voice out
13 here that's going through this as we
14 speak, daily basis. And it's like we
15 can't do this because these are
16 accusations that are destroying
17 families.

18 And imagine if we didn't have
19 the strength to get back together.
20 There's people that's making them
21 hate each other. They made me and
22 her hate each other. They made our
23 families hate each other because the
24 DHS worker was putting one thing in
25 her ear and putting one thing in my

1 ear. This is what the DHS system is
2 about. This is what the child
3 welfare system is about. Their whole
4 model is we're here to rebuild
5 families. We're here to restore
6 families. They're doing the exact
7 opposite, the exact opposite.

8 And when I reached out and I
9 spoke on all of this, I even reached
10 out to Ms. Kimberly Ali. I wrote
11 letters to everybody to inform them
12 what's going on in these facilities.
13 And guess what, all my frustrations
14 and all my concerns fell on deaf
15 ears. But thank God for people like
16 Ms. Sharon who got behind me. Thank
17 God for people that heard me.
18 Because think about the families
19 that's out here getting affected by
20 this. They just get their kids back
21 and move on with their lives.

22 Child abuse is not something
23 you can just put on people. All I
24 want is for us to change the system.
25 Just run tests, just actually find

1 out the history on people. Actually
2 when they're in the emergency room,
3 rule out everything before you jump
4 to these conclusions because child
5 abuse is the equivalent of rape and
6 all this other stuff. It's the worst
7 thing to have on your record and it's
8 destroying people. Thank God I'm
9 strong and I'm able to move forward
10 with my life and still stand tall,
11 but it's so many families that don't
12 have that fight.

13 I read numerous stories of
14 people who committed suicide behind
15 this type of stuff because of these
16 type of things, families broken up
17 and guys locked up. I didn't get to
18 that extent, but it's like come on.
19 And that shows you -- that was the
20 answers right there. If you have all
21 the answers and say, yo, somebody
22 almost killed their child, while
23 wasn't I even locked up.

24 I'm telling these workers I
25 didn't hurt my son. They took my

1 phone. They were only supposed to
2 have my phone for 48 hours. I'm
3 sitting in the hospital just a
4 concerned parent. The detective took
5 my phone and kept my phone for a
6 month. The detective told me, I know
7 you hurt your son. How do you know
8 this? You don't even know me. And
9 you're telling me you know that I
10 hurt my child. And this is what
11 families are going through. It's
12 trauma. It's trauma. Just talking
13 about this right now is bringing back
14 so many skeletons because this is
15 hard.

16 When you just want to be a
17 loving, concerned parent and we're
18 just taking our child to an emergency
19 room and we end up going through all
20 of this for what. So I'm just here
21 and I'm going to keep fighting. And
22 obviously, I got this -- I just want
23 tests run. Just rule out everything
24 before you jump to conclusions
25 because at the end of the day, it's

1 families' lives being affected on a
2 daily basis. And it's a lot of
3 families out here that's affected by
4 this.

5 And me doing my research on
6 EDS, 1 in 4 families is dealing with
7 EDS as we speak. So many families
8 are going through this and I done
9 read so many stories, met so many
10 different people that just don't know
11 what to do. Nobody has this
12 platform. Nobody knows how to reach
13 out to people of your caliber. So
14 think about how many people that's
15 really going through it out here.

16 So I just want us to change
17 the system in Philadelphia. Just run
18 more tests. You know, educate these
19 doctors so they know what's going on.
20 And just rule out everything before
21 you jump to conclusions. That's all.
22 Thank you.

23 COUNCILWOMAN BROOKS: Thank
24 you so much, Mr. Carter. I hear you,
25 I hear you.

1 Mr. Underwood, who --

2 THE CLERK: Next is Erica

3 Palmer.

4 COUNCILWOMAN BROOKS: Erica,
5 can you state your name for the
6 record and then proceed with your
7 testimony please.

8 MS. PALMER: Sure. I'm Erica
9 Palmer. Cody Carter, Sr. just spoke
10 a little bit on what we went through.
11 I'm going to add a little extra and
12 I'm praying for the best of this
13 Committee. Honestly it's going to be
14 very hard for me. It is very
15 traumatic. And every time it brings
16 back tears because we're reliving it
17 by trying to fight for others so it
18 doesn't happen to them.

19 When our son was 3 months old,
20 we had to take him to a pediatric
21 wellness visit. Everything was fine.
22 We addressed all the concerns that we
23 had, which honestly was everything
24 Dr. Holick just brought up. Our son
25 was projectile vomiting. Projectile

1 vomited there at the appointment. We
2 were told a GI bug was going around.

3 He had a C-spine curvature
4 every time we sat him down on the
5 couch, and we were told that was
6 related to GERD as with infants. I'm
7 a registered nurse here in
8 Philadelphia and I did let her know,
9 the pediatrician, that it is not when
10 he eats. It's not consistent with
11 feedings for him and it's just random
12 when he would projectile vomit. And
13 she just said to keep an eye on it.
14 If need be, that it would fall on the
15 lines of GERD for infants.

16 He had an enlarged head
17 circumference when we went there, was
18 the only abnormality for her so she
19 scheduled an ultrasound. I then put
20 that ultrasound in following up with
21 them that coming week because I did
22 have work and I did want to be
23 present for that. I'm a weekend
24 nurse. I only work Saturday, Sunday.
25 I'm home with the kids during the

1 week.

2 So I went to work, I came home
3 and I found out that he did vomit one
4 more time for Sr. while he was
5 watching him and then he projectile
6 vomited all over me. I did every
7 step possible to try to get my son
8 help and care. I called the on-call
9 nurse. I called -- they called the
10 on-call physician. It took at least
11 an hour-and-a-half or two to get back
12 to me.

13 We decided to speed up the
14 ultrasound. We took him down to
15 world-renowned CHOP. CHOP has their
16 own EDS division in there, which we
17 did not know of at the time. And
18 just like he said, our son was taken
19 down there and our world was thrown
20 for a loop. It was trauma from there
21 on out.

22 They did the ultrasound of his
23 head. They said they saw subdural
24 hemorrhages. So then they decided to
25 do full body scans where they found

1 fractures. They called them buckle
2 fractures of his tidbits. We had an
3 orthopedic physician come in and say,
4 he's going to need bilateral casts.
5 Then rescinded everything that he
6 just said and said, I'm sorry, that's
7 not true, he does not need casting.
8 He didn't even have a tidbit
9 fracture. It was just a buckle at
10 the end of the epiphyseal plate. So
11 that didn't happen.

12 He had to put a shunt in his
13 head to drain the subdural fluid.
14 They didn't know if it was blood.
15 They didn't know if it was cerebral.
16 They didn't know anything. They
17 didn't tell us specifically what was
18 going on and why he needed a subdural
19 shunt. However, because we were
20 thrown into this traumatic loop, we
21 had detectives coming. We had our
22 son who we believe is near fatality
23 that needs to have a shunt placed.

24 He had a shunt placed. It
25 literally was occluded within a week.

1 He did not need an internal shunt
2 placed. All he had to do was
3 external. There are steps that need
4 to be taken that need to be like an
5 algorithm inside a hospital that is
6 not just thrown to this child abuse,
7 because then the scan doctors came
8 instead of consulting the EDS group,
9 and everything could have been
10 handled right there with the EDS
11 group.

12 Instead we had to talk to
13 Scan. That's thrown to DHS. And
14 just like he said, DHS turned us
15 against each other. We were
16 separated for a whole year. Throw in
17 COVID with that, I'm wrapping up
18 bodies day-to-day because I'm a
19 registered nurse and I'm going
20 hospital-to-hospital to care for
21 others. I couldn't even know about
22 the care of my own son because DHS
23 would not let me reach out to kinship
24 who was caring for him, and I
25 couldn't reach out to him because

1 it's not an emergency and it's not my
2 scheduled days to talk to my son.

3 So we want answers. We want
4 change for everybody else so that
5 they do not have to go through what
6 we went through and everyone who's
7 going through it, we will continue to
8 fight and we're asking for everybody
9 on this board their help to change to
10 put things in place, so that when
11 kids and family members come into
12 these emergency rooms and don't have
13 answers, every possible medical
14 diagnosis is ruled out, every single
15 one. Not just it's brittle bone or
16 shaken baby, not just those two.
17 There are other things that can be
18 tested for. EDS needs to be a part
19 of that. And I'm just asking for
20 help and I'm asking for help please.

21 COUNCILWOMAN BROOKS: Thank
22 you so much, Ms. Palmer. Thank you
23 for sharing your testimony. I know
24 it's really hard for your family to
25 have to relive this experience all

1 over.

2 MS. PALMER: Thank you.

3 THE CLERK: Next is Donna
4 Palmer.

5 MS. PALMER: Hi, I'm Donna
6 Palmer.

7 COUNCILWOMAN BROOKS: Thank
8 you. Can --

9 MS. PALMER: I'm the
10 grandmother and the mother. It is
11 extremely difficult. I had to
12 witness the worst horror. I'm a
13 registered nurse of 46 years. I
14 raised this daughter. I know Cody
15 was an excellent father and I had to
16 witness the most traumatic and
17 horrible feeling. Not only at this
18 hospital that I feel betrayed me
19 because I worked 23 hospitals and I
20 always think they're going to do the
21 best for everyone.

22 Not only did this hospital
23 betray us by assuming, but then this
24 child protective services was a
25 debacle. It was the most horrendous

1 thing, the most unprofessional. It
2 was almost sinister. It was as if we
3 were in some freaking movie, some
4 horror film. It was the worst thing.
5 And of course, on top of it we had
6 COVID. We couldn't get a hold of
7 anyone.

8 I was concerned of the -- I
9 don't know if Dr. Holick understands
10 that or heard this, primal wounds.
11 If a child is not with their mother
12 in the beginning, it's all kinds of
13 psychological problems that happens
14 after that. I also know he did not
15 need a shunt. It could have been a
16 simple aspiration.

17 There were so many things. I
18 was holding the baby. He was
19 perfectly happy. They're telling me
20 he has broken bones. I'm a nurse. I
21 know when somebody's got a fracture.
22 You don't lay there and be happy and
23 laugh. There are so many things that
24 have to be stopped.

25 I also want this Committee to

1 know while it's in my brain right now
2 that Dr. Holick has enough samples,
3 all he needs is some money so we can
4 get that genetic test that can be
5 drawn in every ER for every kid
6 that's suspected of child abuse and
7 if it comes up with EDS, but he needs
8 the money to be able to get that
9 genetic test figured out or whatever
10 it is that has to be done. But
11 that's the stuff that has to get done
12 first.

13 Never once was it asked of my
14 daughter or CODY, does your wrist
15 bend back, is their sleeves too long,
16 specific things for EDS that
17 Dr. Holick sent out and we had a
18 sheet that we filled out. And I
19 remember saying to Erica, I've never
20 seen an assessment with questions
21 like this, what are these questions.
22 They had nothing to do with medical,
23 but it all had to do with what EDS
24 does with the individual,
25 palpitations, different things that

1 you would never think about because
2 you lived with it. You just grew up
3 with it and you don't know you have
4 it.

5 I have EDS. She has EDS.
6 Cody has EDS. So of course, both of
7 their children have EDS. So it's
8 just -- I am thankful that you're
9 listening. I do want you to know
10 that I don't want a single mother or
11 father to ever have to go through
12 this again. If there's anything we
13 can do to prevent it and stop it,
14 especially with the folks with a
15 little more melanin in their skin.
16 Vitamin D, she was low. CJ was low.
17 It's paramount with the bones that
18 Dr. Holick said. It's all -- it just
19 needs to be stopped and corrected and
20 put into place so that -- I also know
21 child abuse. I've seen it. It's
22 horrible.

23 I don't want perpetrators to
24 have their kids back, but I don't
25 want innocent parents being accused

1 of this and they -- somehow we have
2 to figure out how to figure out both.
3 So that's my testimony.

4 COUNCILWOMAN BROOKS: Thank
5 you so much, Ms. Palmer, for your
6 testimony. You --

7 COUNCILMAN HARRITY: I --

8 COUNCILWOMAN BROOKS: -- left
9 us some really good points for us to
10 follow up with, so thank you so much.

11 Councilmember Harrity, can you
12 hold on one second. We're going to
13 open it up for questions for the
14 Committee.

15 THE CLERK: The last witness
16 is Andre Dover. I'm not sure if
17 Andre's here.

18 COUNCILWOMAN BROOKS: Is
19 Mr. Dover available?

20 (No response.)

21 COUNCILWOMAN BROOKS: Do we
22 have a way to contact Mr. Dover,
23 Mr. Underwood?

24 THE CLERK: Dwayne, did you
25 have a way to contact Mr. Dover?

1 UNIDENTIFIED SPEAKER: I have
2 reached out to him and I have not
3 heard back. Did hear from him over
4 the weekend saying that he was
5 interested in testifying. He has all
6 the information to be in the meeting.

7 COUNCILWOMAN BROOKS: Okay.
8 Well, we'll move forward.

9 Are there any questions or
10 comments from members of the
11 Committee? I see Councilmember
12 Harrity has his hand raised.

13 COUNCILMAN HARRITY: Thank
14 you, Madam Chair.

15 COUNCILWOMAN BROOKS:
16 Councilmember Harrity, I see
17 Councilmember Vaughn put her hand up.
18 Since she's the bill sponsor, can she
19 start --

20 COUNCILMAN HARRITY:
21 Absolutely. Absolutely.

22 COUNCILWOMAN BROOKS: -- and
23 you follow right after her?

24 COUNCILMAN HARRITY:
25 Absolutely.

1 COUNCILWOMAN BROOKS: Thank
2 you.

3 COUNCILWOMAN VAUGHN: Thank
4 you, Madam Chair.

5 Cody and family, it's
6 traumatic to hear your testimony and
7 that's why I pursued this with such
8 diligence. I am happy that we are
9 able to put this information out here
10 to the world so that no other parent
11 has to go through what you went
12 through and/or still going through.
13 Because once we go through trauma, it
14 has a ripple effect, you know, and we
15 never know where the rings of the
16 cycle ends.

17 So thank you for bringing this
18 to our attention and we will
19 definitely continue to work on this
20 to make sure that no one has to
21 suffer the way that you have ever
22 again. I cannot imagine the
23 separation issues, Donna, of having a
24 new baby and not getting to spend
25 that quality time in the very

1 beginning with your newborn child.

2 And to say that this is

3 happening over and over again is

4 definitely something that we have to

5 put to the forefront of the medical

6 society as well as citizens of

7 Philadelphia. We need to make sure

8 that they understand that this does

9 exist if they're ever going through

10 this type of situation.

11 Thank you, Madam Chair.

12 COUNCILWOMAN BROOKS: Thank

13 you so much.

14 Councilmember Harrity.

15 COUNCILMAN HARRITY: Yes.

16 Thank you, Madam Chair. Thank you,

17 Co-Chair Sharon Vaughn, for putting

18 this in because this is the first

19 I've ever heard of this.

20 And you know, I understand

21 what you guys kind of are going

22 through. I lost my first child

23 because of a genetic defect that my

24 wife had that was not tested for.

25 And then my second son was born with

1 (inaudible) cardio -- was born with a
2 genetic disease where his immune
3 system would shut down, so I spent a
4 lot of time at Children's Hospital of
5 Philadelphia. Thank God the genetic
6 thing he had, you grow out of it by
7 the time you hit 8 if you catch it at
8 an infant. If you get it as an
9 adult, it never goes away.

10 But, you know, it's just the
11 fact that you brought your child to
12 the hospital trying to do the right
13 thing by him. And as a parent, I
14 know you were scared, you didn't know
15 what was going on, you just wanted
16 help and they turned around and made
17 you into something that -- I couldn't
18 even imagine somebody accusing me of
19 something like that. Like I said, I
20 had to take my son once a week,
21 sometimes twice a week to Children's
22 Hospital. I know the way I am if
23 they would have accused me of that I
24 probably wouldn't have handled it
25 like you did, Cody. You're a

1 gentleman.

2 But my question is for the
3 doctor. Doctor, what would it entail
4 to make this part of protocol at a
5 hospital to actually check? Before
6 we accuse somebody of child abuse, we
7 should be checking for every possible
8 thing. You know, infants can't tell
9 you what's wrong with them. So by
10 doing tests, is there a huge cost for
11 this? What are the main issues of
12 why they're not doing something like
13 this?

14 DR. HOLICK: Thank you for the
15 question. I have over now 400
16 families that have contacted me. I
17 have seen well over 100 families and
18 it's the same story. A young family
19 brings their infant in because of
20 coughing, takes an x-ray, finds
21 multiple fractures, negative test for
22 bone disease, they're a child abuser.
23 And just as you've heard from this
24 family, it's truly devastating.

25 I just testified for a family,

1 if you can believe it, in Wisconsin
2 where the father was charged with
3 murdering his infant son. They had
4 twins, a twin girl and infant son.
5 The infant son actually died of
6 pneumonia but because he had all
7 these fractures, they said obviously
8 they were beating both him and the
9 infant daughter. I testified and
10 others did as well, and all the
11 charges were dropped. I can tell you
12 horror stories.

13 Here is your problem, right:
14 I was a guest of honor because of my
15 expertise in vitamin D to CHOP. But
16 unfortunately now because of that
17 Consensus Conference of 2017 where
18 they say you can't make a diagnosis
19 in a child until they're 5 years of
20 age, right, it defies logic, right.
21 You already heard from the family
22 that the infant was spitting up a
23 lot, has fractures, bruising easily.
24 You need to know this diagnosis at
25 birth. And the best way to do this

1 is you need to educate actually
2 primary care docs, pediatricians,
3 obstetricians so that the mom, the
4 pregnant woman is known to have this
5 genetic disorder and, therefore, the
6 infant has a 50 percent chance of
7 having it.

8 By the way, EDS causes high
9 risk pregnancy that is often missed
10 by the obstetricians. And so, the
11 first thing we need is a teaching to
12 pediatricians because unfortunately
13 because I've been doing this and I've
14 challenged the child abuse community,
15 they actually rose up and started
16 sending emails to my hospital,
17 including Dr. Lori Frasier from
18 Hershey, and they ultimately
19 conspired and got me fired as a
20 physician at Boston Medical Center,
21 right.

22 And the reason is
23 pediatricians have never been taught
24 this. They've been taught you can't
25 make a diagnosis until they're 5

1 years old. So as a result, they
2 ignore this completely. They need to
3 know, make the diagnosis in the mom
4 and dad. Family history is
5 critically important at the time
6 they're in that emergency department
7 with a child that has easy
8 bruisability, a bleed in the head or
9 fractures, right. And then
10 following -- now, the question about
11 how do you make the diagnosis, right.
12 It's a medical diagnosis. There is
13 no genetic test.

14 And I have a genetic program
15 at Boston University School of
16 Medicine, so I remain Professor of
17 Medicine because my dean believes in
18 academic freedom. And as a result, I
19 have over 400 DNA samples ready to
20 go. We had a recent case where a mom
21 in utero, she had EDS. In utero her
22 son had fractured both arms, both
23 legs, most ribs. In utero her son
24 had 23 fractures. Can you imagine
25 what would happen after birth.

1 They showed that the child has
2 23 fractures and they did genetic
3 testing for brittle bone disease and
4 it came back negative. But guess
5 what, right? It's in utero so they
6 knew something was going on, so I did
7 whole genome sequencing on the entire
8 family. We published this and
9 identified a new gene responsible for
10 in utero fractures. So this in
11 itself should make pediatricians
12 alert that you cannot any longer say
13 an infant with multiple fractures or
14 bleeding could only be due to
15 osteogenesis imperfecta or child
16 abuse because I've already identified
17 a third cause, and that means there's
18 many more out there.

19 But if I could raise \$1
20 million, that's what we need, we
21 could actually do whole genome
22 sequencing on our 400 samples and I
23 think we would be in a very good
24 position to be able to develop a
25 genetic test.

1 COUNCILMAN HARRITY: Okay. So
2 right now there's no genetic test
3 that can be done?

4 DR. HOLICK: Correct.

5 COUNCILMAN HARRITY: Okay.
6 Got it.

7 DR. HOLICK: And that's the
8 problem, right. And so, you have to
9 make the diagnosis based on medical
10 history and family history, and
11 pediatricians don't do that.

12 COUNCILMAN HARRITY: In the
13 case of my wife it was something they
14 didn't test for unless you were
15 already high risk. But again, if
16 they would have tested for it in the
17 beginning, they would have figured
18 out that she had a cardiolyptic(ph)
19 and maybe things would have been
20 different.

21 So again, my heart goes out to
22 you guys. Again, Cody, I couldn't
23 even imagine. I would go bananas.
24 My colleagues know me. They probably
25 would have taken me out in handcuffs.

1 But thank God you had the calm and
2 coolness to keep your head and stay
3 in there because they would have
4 turned it into something else. So I
5 appreciate you testifying today. I
6 know this must be hard.

7 It had to be a strain on the
8 family, especially if they're pitting
9 both of you against each other. It's
10 not right, man. The whole idea is to
11 keep families together.

12 MS. PALMER: It divided our
13 families.

14 MR. CARTER: That's a whole
15 'nother issue. That's a whole
16 'nother issue. The DHS system is a
17 complete joke, so that's something we
18 all need to talk about on another
19 date because that system is terrible
20 and their workers are the worst.

21 MS. PALMER: And they're still
22 there. And they keep trying to bring
23 the ones back that were doing part --
24 and he wrote a letter to, I'm sorry,
25 Ms. Kimberly who did not respond --

1 MR. CARTER: Nobody responded.

2 MS. PALMER: -- to the
3 letter, and we've heard that this
4 person has been asking (inaudible) to
5 come back, although she was not
6 professional whatsoever and the one
7 she had in position was not
8 professional whatsoever.

9 MR. CARTER: So I think that's
10 something we all need to look at,
11 because with you guys being in --
12 with you guys being in the position
13 you guys are in, I'm sure a lot of
14 things -- a lot of resources are
15 going to these different programs,
16 but I think y'all need to look at the
17 programs and make sure that these
18 programs are effectively using the
19 funding that they are getting and
20 actually having workers to do their
21 job correctly because at the end of
22 the day, they're a part of the
23 problem.

24 It starts in the hospital, but
25 then it goes to the social workers

1 and it all creates one big wedge of
2 problems so --

3 MS. PALMER: Caseworkers.

4 MR. CARTER: Or caseworkers,
5 social workers, all of them are the
6 same. They're all a part of the
7 problem. And we ended up getting a
8 second opinion by going to St. Chris.
9 Now, here's another kicker that as my
10 lady told you that they put a shunt
11 in his head, right. So the same
12 doctor that put the shunt in his
13 head, we asked him, well, what
14 happens as he grows and stuff like
15 that. And the doctor says, oh,
16 nothing happens, he'll be fine.

17 Then we end up getting another
18 opinion later down the line and ended
19 up going to St. Chris, who actually
20 is a great hospital, complete
21 different experience from CHOP. And
22 a doctor there removed the shunt. My
23 son's 4 now. He's only getting
24 taller and getting bigger. So you
25 mean to tell me that that shunt was

1 just going to not grow and he wasn't
2 going to have a bunch of different
3 issues in his life. So think about
4 that. He could have ended up
5 handicapped by having a shunt that he
6 wasn't even supposed to have. So
7 these are all bigger issues.

8 And if we didn't fight and do
9 that, he would still be walking
10 around with a shunt at 4 years old
11 right now sticking out the side of
12 his head that he didn't even need.
13 But it was removed thank you to
14 St. Chris, so you got to think about
15 that as well. Think about the
16 families that's just being told, oh,
17 everything will be fine. No,
18 everything won't be fine because the
19 kid never needed surgery.

20 So you got my son under the
21 knife, got his head all messed up.
22 Thank God he fully recovered, he's
23 thriving. But come on. This can't
24 be the normal. It can't be.

25 COUNCILMAN HARRITY: Thank you

1 again, my man.

2 COUNCILWOMAN VAUGHN: I --

3 COUNCILMAN HARRITY:

4 Appreciate you, Cody.

5 COUNCILWOMAN BROOKS:

6 Councilmember Vaughn, you have
7 comments?

8 COUNCILWOMAN VAUGHN: I just
9 want to know, I see the Commissioner
10 is on the line with us. Is she able
11 to respond to any of this stuff or
12 give us some answers as to how this
13 happened and if procedures are put in
14 place for people to identify this
15 disease so that no one else that is
16 reported to DHS will have to go
17 through this again?

18 COMMISSIONER ALI: So good
19 afternoon.

20 COUNCILWOMAN BROOKS: Good
21 afternoon, Commissioner.

22 COMMISSIONER ALI: I'm
23 Kimberly Ali, Commissioner for the
24 Philadelphia Department of Human
25 Services. Thank you for inviting me

1 today. And first, let me just say to
2 the Carter and the Palmer family, I
3 certainly sympathize with the trauma
4 that your family suffered.

5 I will say this to you,
6 Councilmember Vaughn, in terms of the
7 systems that are in place, child
8 protective services workers or the
9 Department of Human Services workers
10 rely heavily on the medical
11 community, heavily on the medical
12 community. Our social workers are
13 not experts in terms of medical
14 diagnosis, medical treatment. We
15 follow what is written, what is
16 prescribed by medical physicians.
17 Therefore, treatment, diagnosis,
18 education, anything we can do in
19 terms of knowledge and understanding
20 rest with the medical community in
21 order so that reports can come to DHS
22 appropriately.

23 Given that apparently a report
24 came in reference to child abuse, any
25 time a report comes in reference to

1 child abuse, particularly physical
2 child abuse, DHS consults not only
3 with our nurses, we have 18 nurses
4 that are on staff with the Department
5 of Human Services because of the
6 complexity of medical diagnosis in
7 young people with special medical
8 conditions who work in concert with
9 our two major hospitals, which is
10 Children's Hospital of Philadelphia
11 as well as St. Christopher's Hospital
12 and the medical personnel in order to
13 determine the diagnosis as well as
14 the treatment for young people. And
15 so, getting the word out, educating
16 in reference to that is critical so
17 that our social workers too can be
18 informed.

19 COUNCILWOMAN VAUGHN: I thank
20 you, Commissioner. But based on this
21 case, has your team or your employees
22 been informed that this is a disease
23 that does exist? And I understand
24 that you rely heavily on the medical
25 field and their evaluation of the

1 patient, but now that we are somewhat
2 aware that this exist is there a way
3 that your team can say to the doctor
4 or the nurses can say, listen, let's
5 rule out EDS before we take the next
6 step?

7 COMMISSIONER ALI: I cannot
8 tell them before we take the next
9 step. However, we certainly could
10 have conversations, our nurses in
11 particular. Because what we find is
12 medical personnel respond well to
13 other medical personnel, can
14 certainly have a conversation about
15 whether or not there is some other
16 plausible reason as to whether or not
17 young people have fractures or
18 bruises. And so, yes, we can elevate
19 that discussion.

20 COUNCILWOMAN VAUGHN: Thank
21 you, Commissioner.

22 Thank you, Madam Chair.

23 COMMISSIONER ALI: Thank you.

24 COUNCILWOMAN BROOKS: Thank
25 you. Thank you, Madam Commissioner.

1 Thank you, everyone.

2 That concludes the panels for
3 this resolution. We will now begin
4 to hear from individuals who wish to
5 provide public comment and we ask
6 that you please keep your comments to
7 no longer than three minutes.

8 Mr. Underwood, would you
9 please read the name of the first
10 person registered for public comment.

11 THE CLERK: There is no one
12 registered for public comment.

13 COUNCILWOMAN BROOKS: Okay.
14 Are there any questions or comments
15 from any members of the Committee?

16 (No response.)

17 COUNCILWOMAN BROOKS: I just
18 want to give a few final words. I
19 said I wasn't going to speak on this,
20 but I worked 17 years with
21 Easterseals of Southeastern
22 Pennsylvania and that's when I first
23 became familiar with this diagnosis
24 and have worked with several families
25 with children that are trying to

1 include them in day care or
2 recreational programs, and we had a
3 type of notification on our records
4 and all the staff members had to be
5 aware because bruising is easy,
6 bleeding is easy and brittle bones is
7 easy.

8 I think the same notification
9 that we need to give for providers in
10 order for young people to live and
11 thrive as they get older is the same
12 consideration we need to take when
13 they're infants and we're trying to
14 navigate the system. So my heart
15 goes out to this family. I hope you
16 guys come and are able to find a
17 sound resolution to this so this does
18 not happen to anyone else. I guess
19 Councilmember Harrity and I will
20 still be around to help support this
21 after Councilmember Vaughn is in
22 retirement, so please stay in touch
23 with us.

24 Thank you so much, Dr. Holick,
25 for your work in bringing recognition

1 to this. Thank you, Commissioner
2 Ali, for coming on speaking on behalf
3 of DHS.

4 There being no further
5 questions from members of this
6 Committee and no other witnesses to
7 testify, I will ask if there is
8 anyone else that is present in this
9 hearing whose name has failed to be
10 called that wishes to offer testimony
11 on the resolution being considered
12 today?

13 (No response.)

14 COUNCILWOMAN BROOKS: Hearing
15 none, I want to thank all the panels
16 of witnesses for their participation.
17 We value your opinion. This
18 concludes the public hearing of the
19 Committee. We will now recess this
20 hearing until the call of the Chair.
21 Thank you all very much for your
22 attendance. Have a great day. Happy
23 holidays, everyone.

24 COUNCILWOMAN VAUGHN: Thanks,
25 everybody. Happy holiday.

1 COUNCILMAN HARRITY: Thank
2 you, everyone. See you, Chairwoman.

3 (Committee on People with
4 Disabilities and Special Needs
5 concluded at 2:00 p.m.)

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1 C E R T I F I C A T I O N

2 I, hereby certify that the proceedings
3 and evidence noted are contained fully and
4 accurately in the stenographic notes taken by
5 me in the foregoing matter, and that this is a
6 correct transcript of the same.
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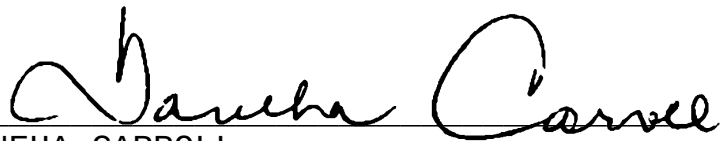
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A handwritten signature in black ink, reading "Taneha Carroll". The signature is fluid and cursive, with the first name "Taneha" and the last name "Carroll" clearly distinguishable.

TANEHA CARROLL
Court Reporter - Notary Public

	3-month-old		academic	30:1, 3
\$	20:25	8	49:18	affects
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50:19	18:18	45:7	8:3	afternoon
			accurate	4:4, 8
1	4	9	11:2	8:15, 24
1	4	93	accusations	9:5, 24
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