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FOUNDATION PEDIATRICS

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November 14, 2003

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 Dr. Richard Silverman
 Mr. David Johnson
 Carrie Lovering, D.C.Y.F.
 Kathleen Grondine, Supervisor, D.C.Y.F.

Dear Colleagues,

I write this letter today out of concern for the welfare of Marissa Johnson, DOB 03/05/98. I have been Marissa's Pediatric Primary Care Provider all her life. For the past seven years I have seen Marissa numerous times, spoken with her parents, counselor, Dad's lawyer, DCYF case workers, grandparents, nurses, and other medical providers as consultants.

I can no longer deny my long term concern and nagging suspicion that the care Marissa receives while in her mother's home is neglectful and harmful. I have exhausted every explanation and evaluation possible to uncover the source of Marissa's chronic vulvovaginitis, other health issues, and persistent request to live with her father, to no avail.

What I see here and have documented, is a consistent, persistent pattern of irritation on Marissa's genital skin, that is brought to my attention primarily by David Johnson after maternal visits. The skin clears in his care. Yesterday I saw Marissa for the same issue, and she now has her second urinary tract infection (UTI) in five months. While that may not be uncommon in little girls, repeat or chronic UTI's can have devastating consequences to the kidneys and, in the presence of chronic vulvovaginitis, raises suspicion. It is also important to note that, out of thousands of patients, I treat no others at Marissa's age with the issue of chronic vulvovaginitis. While it may occur, it is readily responsive to treatment.

What concerns me now is not the fact Marissa has a UTI, but the way she reacted to her illness. I saw her one day after she returned from a maternal visit, and her father had called first thing in the morning, seeking care. He reported Marissa had complained to him on 11/12/03, approx 6 PM, that her bottom was sore. He described Marissa as laying on her bed, wiggling around in discomfort, and requesting medicine for her underpants. Less than 24 hours later, she was here for an examination, with a significant area of redness, irritation, a new onset rectal tag, and a flaming urinary tract infection. Upon questioning Marissa (in confidence) as to the onset of her symptoms, discomfort, etc., she persistently denied illness before she got to her father's home. However, when I asked her if she tells Mommy when it hurts, or when she is sick, she stated, "No. Because I'm lonely in my bed." I asked, "Well, if you cry, does Mommy come and make you feel better?" She again stated, "No. I am by myself."

Although Marissa continues to deny physical or sexual abuse, and to tell me she loves her mother, I have grave concerns for her safety and welfare. It is not unusual for children to deny abusive situations, or to suppress memories of such. At the very least, she is certainly describing an emotional portrait of a child feeling who has learned not to trust and rely on her mother to take care of her needs. I believe her psychologist, Dr. Silverman, can elaborate on this issue, and defer

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to him. In addition, Marissa disclosed to me that she witnesses physical violence upon her mother by her boyfriend Johnny. "He's a mean man. He yells at me. He's never nice. He spans Mommy."

I cannot tell you I have documented evidence of abuse, or of disclosure. What I can tell you is that I see a little girl with a new disclosure of being a witness to violence; with chronic irritation and inflammation of her genital area, without plausible medical explanation; that she has a new finding of a rectal tag; that she now has her second UTI in five months; and that I have great difficulty believing the infection/irritation occurred less than 24 hours before I saw her (and was thus it was either unknown or uncared for by her mother, or not disclosed by the child to her mother). I also cannot tell you with absolute knowledge that one parent is "better than the other." To the contrary, I have been emphatic that Marissa needs both her parents in her life.

However, I now am confident that there is enough concern and evidence of harm that Marissa Johnson would be safest and best cared for emotionally, physically, and developmentally by living in the sole custody of her father, David Johnson. We need to listen to this child as she speaks from her heart, "I have a plan... I want to live at my Daddy's house and Mommy can baby-sit me." This is not the first time she has told me this, but I now believe her, and believe it is time to act to protect her and to put this child's needs ahead of the adults'.

Sincerely,

A handwritten signature in cursive script that reads "Judith A. Holt ARNP".

Judith A. Holt, M.S., ARNP., C.P.N.P.
Pediatric Nurse Practitioner