U.S. DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO & FIREARMS

TAPE # 111

3/11/93
11:41 A.M. - 4:17 P.M.
(Tape 111)

MR. SCHNEIDER: I'm telling you, it's not easy.

JOHN: Yeah, I know exactly what you're saying.

MR. SCHNEIDER: Yeah.

JOHN: Excuse me.

MR. SCHNEIDER: 'Cause, you know, like Dave -- They never came here because they met me or knew me, they came because of Dave. They, they met like David over in Australia. See, I never -- I wasn't with him when he went over there and met them, apparently, as a family and all that. And --

JOHN: Right. Well, if, if you can kind of find out what they -- what Oliver or the other men may have as objections, you know, maybe I can dig out --

MR. SCHNEIDER: Okay.

JOHN: -- the information on this end that will help them.

MR. SCHNEIDER: All right.

JOHN: How is David as far as physical condition?

MR. SCHNEIDER: You know, that's -- You, you can imagine I'm quite anxious, you know, today to talk to him, and he's still totally out. The nurses even
came to me and they says well, when are we going to go
check him out, and I says well, I don't know, if you
want you can go knock on his door. And, apparently, I
think one of them did tap on the door and he
wouldn't -- I guess she might have looked at him, but
he kind of shook his head. Apparently, he wanted to
still sleep.

JOHN: Mmmm.

MR. SCHNEIDER: So, I know he's in there on
his own. You know, it's quiet, there's no lights,
it's dark in there, and, and I don't think he wants to
be bothered right now. So I've just kind of left him
be myself, but, you know, I'm definitely anxious.
There are so many things I want to talk to him about.

JOHN: Yeah.

MR. SCHNEIDER: What you and I discussed,
what John Cox and I discussed.

JOHN: There are so many things pending, you
know.

MR. SCHNEIDER: Yeah, exactly.

JOHN: And I can appreciate the fact that
you want to get in, but I also appreciate the fact
that you don't want to disturb him. But, at the same
time, we, we should try to get something going.

MR. SCHNEIDER: Well, you know, that's why I
have made an attempt. But, see, the whole thing is if I push it, then he'll say Steve, you know --

    JOHN: I know. It's like, like what we talked about. We don't want to push the --

    MR. SCHNEIDER: Yeah.

    JOHN: You know, we don't want to do that.

    MR. SCHNEIDER: I don't want to -- I mean, there's no way I'd be able to force the guy, in the first place.

    JOHN: No, no, no, no. Absolutely not. But let me ask you something else.

    MR. SCHNEIDER: Okay.

    JOHN: As far as physical conditions go --

    MR. SCHNEIDER: Okay.

    JOHN: -- have you noticed or anybody noticed him having sweats?

    MR. SCHNEIDER: You mean like sweating?

    JOHN: Yeah.

    MR. SCHNEIDER: No, I haven't noticed that. I think he did in the beginning, if I remember right. I think like maybe in the first few days, but not since.

    JOHN: Not since. Okay.

    MR. SCHNEIDER: Is that a good sign that he's not then or --
JOHN: Well, I don't know, but let me tell you what the doctors tell us.

MR. SCHNEIDER: All right.

JOHN: You know, they're, they're basing their opinions on the videos.

MR. SCHNEIDER: Right.

JOHN: So we're not saying they're 100 percent right, either, you know, and --

MR. SCHNEIDER: Right. Okay.

JOHN: Obviously, looking at the, at the fingers and stuff, it's difficult to tell. Here's what the doctors are thinking, and you can run it, run it by the nurses and see what they think. Okay?

MR. SCHNEIDER: Okay. All right.

JOHN: It's called septicemia.

MR. SCHNEIDER: Okay, let me -- I'm going to --

JOHN: Yeah, why don't you take a note on it? And I'll give you the best phonetic spelling I've got.

MR. SCHNEIDER: Okay, let me grab a piece of paper here.

JOHN: Yeah.

MR. SCHNEIDER: Okay, let's see here. It's called septicemia?
JOHN: Yeah, S-E-P-T --

MR. SCHNEIDER: Okay.

JOHN: -- I-C-E-M-I-A.

MR. SCHNEIDER: Okay.

JOHN: And what according to the doctors tell us, that this is a disease called by -- caused by septic infection of the system.

MR. SCHNEIDER: Okay.

JOHN: Okay? And, essentially, it's a blood poisoning. Okay. And it can -- If, if it is developed, it can kill in 24 hours.

MR. SCHNEIDER: Mmmm.

JOHN: So, you know, run it by the nurses, run it by Julie and, and so on. And that's -- They're looking at that and saying this is a possibility that we have to look at.

MR. SCHNEIDER: Sure. Did they ever hear the comments and see in that video on the wound?

JOHN: Yeah. They're also interested in the BP's or blood pressures, because they are not so sure that they were accurate considering the amount of trauma. So you might --

MR. SCHNEIDER: Okay.

JOHN: You might want to get them to take another blood pressure and --
MR. SCHNEIDER: Okay.

JOHN: And, apparently, there's a -- All the vital signs, pulse and, and blood pressure and the whole thing.

MR. SCHNEIDER: Okay.

JOHN: And temperature. You know, the whole thing.

MR. SCHNEIDER: Right. Right.

JOHN: So that might be something you want to, you want to get into. And, supposedly, we sent in a machine that's supposed to be brand-new and accurate and all that stuff.

MR. SCHNEIDER: Okay.

JOHN: So you might want to use that.

MR. SCHNEIDER: Right.

JOHN: So that could be an indication of where he's at physically, so -- And maybe we can provide you with some information to help along those lines.

MR. SCHNEIDER: Have the doctors had any comments about Judy's finger?

JOHN: Yeah. I was just coming to that.

MR. SCHNEIDER: All right.

JOHN: As a matter of fact, they feel that there's some bone damage, clearly, by the presence of
it. The fact that the, that the swelling did go down was a good sign.

MR. SCHNEIDER: Oh, so --

JOHN: That's a good sign. But it does not necessarily mean that you can't stop testing for infection.

MR. SCHNEIDER: Right. Right.

JOHN: And the indicators for infection are, you know, when you close the palm that there is pain, and also that there's what they call like a tracking where it's either physically noticeably red spots going up from the hand, up the arm --

MR. SCHNEIDER: Okay.

JOHN: -- or pain emanating up the arm from the wound.

MR. SCHNEIDER: Okay.

JOHN: So, in other words, you have two symptoms.

MR. SCHNEIDER: Right.

JOHN: One, either the actual pain or, two, actual red spots. You know, not like nickels or dimes or anything, but, but redness moving up or radiating up from the position of the wound.

MR. SCHNEIDER: Um-hum.

JOHN: Okay? So how's she doing? How's she
feeling?

MR. SCHNEIDER: She seems to be -- I haven't -- I was going to go just talk to her and see how, you know, what her response is, too, about the finger. And then I got caught up talking to, of course, Oliver, so I never did get to really ask her. I just asked her to wait a minute, and so, of course, I'm talking to you now, so --

JOHN: Sure. And, Steve, if there's anything that I can do, running it by our physicians here, to help out --

MR. SCHNEIDER: Okay.

JOHN: -- I'm definitely going to do that for her. You know that.

MR. SCHNEIDER: Yeah. I appreciate that.

JOHN: So there's no question about that.

MR. SCHNEIDER: Okay.

JOHN: And we're also concerned about David, too, you know.

MR. SCHNEIDER: Right.

JOHN: So that's one of the reasons we want to get some vital signs.

MR. SCHNEIDER: Yeah, I'm -- I keep on running back over here every now and then to check, to see if, you know, I can't be talking to him. I did
for the first time get to talk to him a little bit
last night when I was talking to John Cox. It kind of
surprised me, too, when he had mentioned about the
two, because I didn't know that even.

JOHN: The two men?

MR. SCHNEIDER: Yeah.

JOHN: Yeah.

MR. SCHNEIDER: I mean, you know, besides
Oliver.

JOHN: Um-hum.

MR. SCHNEIDER: So -- But I'm still not sure
who they are, and I wanted -- I was curious even then,
and he says well, talk to me in the morning. Well, of
course, here it's late in the morning already.

JOHN: Late, late, very late, yeah.

MR. SCHNEIDER: Yeah. And so I'm anxious to
get in there and see what we can get going here.

JOHN: Did, did David mention some others
besides those?

MR. SCHNEIDER: That, that was all he
mentioned.

JOHN: Okay.

MR. SCHNEIDER: But in passing, it seemed
like there could be more, and he didn't say men or
women or what. But it's just the way he phrased or
said a few things that — And I wanted to talk to him about that.

JOHN: Okay.

MR. SCHNEIDER: I've talked to some people around here and you don't always know because, you know, they're -- I don't know, how would you -- What would the word be? They're not saying much, but, you know, it's the look in the face and, and once in a while that's why I'll go around and ask people, well, you know, are you tired of it? Would you like to leave? It's not a problem with anybody here, don't, don't feel that you're -- don't stay because, you know, you see a group of people staying here.

And, you know, you try to give them every kind of a way to look at it and think about it so they can truly follow what they --

JOHN: Well, that's, that's great. That's really great, you know. And that's going to keep up the great, the great momentum that's really started between us, you know.

MR. SCHNEIDER: Yeah.

JOHN: Yesterday, the day before, whenever it was. And just -- Is there any chance that you can take a look at him, maybe without disturbing him? Is that possible or --
MR. SCHNEIDER: Boy --

JOHN: Okay.

MR. SCHNEIDER: Yeah, I mean, put yourself in my place. I mean, I'd like to. Normally, what I do is I just tap at the door there and I'll try to look in. I mean, he -- a lot of times he might say who is it or what or something.

JOHN: Yeah.

MR. SCHNEIDER: And a couple of them just knocked at the door, like those nurses did, just minutes ago and there was no response. So they just walked away.

JOHN: Let me give you some information --

MR. SCHNEIDER: Okay.

JOHN: -- on septicemia that might help out your end.

MR. SCHNEIDER: All right.

JOHN: Okay, basically, what they say is that the treatment for that, they take a blood culture.

MR. SCHNEIDER: Okay.

JOHN: And when they take a blood culture, then they go to see what type of IV antibiotic is needed. So that's basically the treatment of how they treat septicemia.
MR. SCHNEIDER: Okay.

JOHN: And, as we said, it's an infection of the blood, okay? And it may be -- It's not separate -- is separate from and may occur simultaneously with gangrene.

MR. SCHNEIDER: Mmmmm.

JOHN: So that's something we want to keep in mind with Judy, too. We want to keep a real close, close eye on that finger.

MR. SCHNEIDER: Right.

JOHN: Septicemia, gangrene, neither gets better by itself. Okay?

MR. SCHNEIDER: Okay.

JOHN: This doesn't cure itself.

MR. SCHNEIDER: Right.

JOHN: Okay? And if it is in the arm or the leg, the answer is that that appendage has to be removed if that is developed. Okay? So --

MR. SCHNEIDER: So there's nothing to do at that --

JOHN: Well, we want to prevent if from, from reaching that point.

MR. SCHNEIDER: Right.

JOHN: So the treatment. Okay? And, in the final analysis, as we both know, if left totally
untreated then -- if left untreated, not totally but just simply left untreated, then the results are fatal.

MR. SCHNEIDER: Right.

JOHN: So that's the, that's the story on that.

MR. SCHNEIDER: Okay.

JOHN: We want to keep an eye on both these people. We don't want that to happen. We want to do everything we can to --

MR. SCHNEIDER: All right.

JOHN: -- insure that, that we catch this before it gets there.

MR. SCHNEIDER: Well, I'm amazed even at this Scott who took a hit to his thigh or at the top portion of his leg, and the bullet is still in there. I'm amazed he doesn't have any kind of problems at this time.

JOHN: How does the wound look? How does Scott's wound look?

MR. SCHNEIDER: I haven't really seen it. I mean, it, it's way up towards his groin area, so I, I've seen him. You know, he's been limping around. He's walking, which he hadn't done for days.

JOHN: That's amazing.
MR. SCHNEIDER: Yeah, it is, and he seems to be doing okay. But the bullet in one side and, and lodged toward the other end of the, the thigh, apparently. But I have not taken a good look at that.

JOHN: You know, we ought to try, if we could, to get him medical treatment because, you know, he may be getting the infection, you know, and not know it. And he's young and strong, you know, so -- And then, like I said before, you know, older guys, they go down the hill slowly and younger guys feel great, look great, and then it's kind of rapid with, with a younger person.

MR. SCHNEIDER: Um-hum.

JOHN: But we want to also keep an eye on Judy's finger. How's it look? How's Judy looking today as far as her finger goes?

MR. SCHNEIDER: She hasn't pulled the, the bandage off yet. And I was -- I just -- In fact, as soon as I'm off, I'm going to go check and see how the finger looks and where the swelling is, what the infection looks like.

JOHN: Yeah, why don't you do that? And anything that I can do to, you know, to get information in --

MR. SCHNEIDER: Okay.
JOHN: -- or anything we can do to get that maybe looked at or whatever --

MR. SCHNEIDER: Right.

JOHN: -- as far as maybe she wants to come out and say hey, look, you know --

MR. SCHNEIDER: And what I'm also going to be doing right now is I'm going to start trying to get as many people together as possible for filming. It was so strange -- I had a real bad day yesterday around here because the night before that there was a lot of people that said, when I ended that 60-minute tape, they wanted to get on it. They had all this enthusiasm and, and yesterday, when it came right down to it, they -- a lot of them started saying to me well, where's the tape going? Who's going to see it? And how will it be used?

And I says well, so far, you know, of course I'm sending it on to some of the guys I've been negotiating with, and they says well, is it, is it going to be seen by our parents or relatives or who or, or is any information in it going to be given to the press? If it's just going to them and it's going nowhere, what's the sense? You know, that's what about, oh, six, seven of them were telling me, that
actually had the night before wanted to do it.

JOHN: Um-hum.

MR. SCHNEIDER: So then, all of a sudden, I couldn't get anybody to sit down and film or talk with.

JOHN: Because they didn't feel it was going out or something?

MR. SCHNEIDER: Yeah, yeah. They, they just said well, what is it, a dead-end thing? And I said well, not, not totally, it doesn't seem.

JOHN: Um-hum.

MR. SCHNEIDER: So but I -- Really, the truth is, you know, I didn't have really any information as to what's happening with all that material or what, you know, what -- how it's going to be used.

JOHN: Okay. You know, another way -- This is just a thought. We can, we can kick this around a little bit --

MR. SCHNEIDER: All right.

JOHN: -- between us, but just a thought. Maybe the people that are there could give like an address or, more specifically, a phone number and the name of a person that they want contacted -- Excuse me --
MR. SCHNEIDER: Okay.

JOHN: -- and the message that they want delivered. Then right here, I'll have my own unit right here, have the people that you and I deal with everyday right sitting next to me actually make those calls so that we can get a report back --

MR. SCHNEIDER: Okay.

JOHN: -- directly, what -- so we won't lose anything in the translation.

MR. SCHNEIDER: Okay. I'll tell them then to be a little more specific as to where or what they want done with the information.

JOHN: Yeah. And, and they, they -- We will call them from here immediately. We'll give those people the messages directly.

MR. SCHNEIDER: Okay.

JOHN: And, and not only that --

MR. SCHNEIDER: That'll help, that'll help.

JOHN: Sure. And not only that, Steve --

MR. SCHNEIDER: Okay.

JOHN: -- but we will, we will give you back the messages that those people give us.

MR. SCHNEIDER: Okay.

JOHN: And we will give it, you know, exactly verbatim.
MR. SCHNEIDER: As soon as I slow down, you know, I'm going to be pretty busy here, but as soon as I slow down a little bit, I'm going to try to -- before the day's over, I'll have a number of people on the phone that you haven't talked to yet.

JOHN: Fine.

MR. SCHNEIDER: For you or John, one of you.

JOHN: Sure.

MR. SCHNEIDER: And they'll come to the phone. There's a few of them I've already talked to while I was walking around here that want to get on the phone and speak with you.

JOHN: Sure.

MR. SCHNEIDER: So that, that'll be happening, also.

JOHN: Yeah. Well, I'll tell you, I really feel good about where you and I are. I think there's really growing optimism, spreading rapidly.

MR. SCHNEIDER: Yeah.

JOHN: And I hope it's the same way on your end.

MR. SCHNEIDER: Well, it seems like it. You know, there's still the apprehension, of course.

JOHN: Of course.

MR. SCHNEIDER: You know, as time has gone
on, it's, it's definitely helped in the last few days. It definitely has, you know. They, they can tell how I'm talking to you on the phone and all that, and it seems like they're -- a lot of them are calming down a lot more.

JOHN: Yeah. Well, I think we have -- we really have a good relationship.

MR. SCHNEIDER: Well, I do, too.

JOHN: And it's going to continue.

MR. SCHNEIDER: I just wish that, you know, that one, that one phase or aspect, whether it would still take place because they're still letting me know about, you know, this waiting business. And if it wasn't for that, there would not be any problems whatsoever.

JOHN: Right. I know that and --

MR. SCHNEIDER: You know, that, that's, that's the one thing that's kind of keeping me back from really getting a lot more done even.

JOHN: Yeah. Because you mean David's, David's been told to wait, is what you mean?

MR. SCHNEIDER: Yeah, exactly. So -- And every now and then they'll bring that up to me when, you know, I'm talking to them about a lot of different issues, so --
JOHN: Well, you know, I think, I think what we have going here is an awful lot of trust between us, and that's, that's the basic ingredient to getting one of these things resolved, and I think we're there already as far as that goes.

MR. SCHNEIDER: When I, when I get back on the phone with you then, I'll, I'll report to you. Hopefully, I'll have -- by then, I've talked to him and I'll definitely tell you about Judy's finger. I'll be --

JOHN: Yes.

MR. SCHNEIDER: -- working on this video.

JOHN: Well, don't worry so much about the video, but if we can -- if those three men still want to come out, let's do that.

MR. SCHNEIDER: Oh, yeah. I'm waiting to find out for sure, you know that. I mean --

JOHN: Sure.

MR. SCHNEIDER: In fact --

JOHN: That'd be number one priority.

MR. SCHNEIDER: Yeah. I'm waiting to talk to them myself, so, yeah, I'm -- that's why I'm hoping he's going to wake up here pretty quick so --

JOHN: And you can get to him.
MR. SCHNEIDER: Yeah, exactly.

JOHN: Okay, great. Let's leave it like that. Then you'll get back to me as soon as possible.

MR. SCHNEIDER: Exactly.

JOHN: Great. Thanks a million.

MR. SCHNEIDER: Sure. Talk to you a little later.

JOHN: Bye-bye.

MR. SCHNEIDER: Bye.

* * * * *

SHERRI: Hello?

JOHN: Hi. This is John. Who's this?

SHERRI: This is Sherri.

JOHN: Hi, Sherri. How are you today?

SHERRI: Fine.

JOHN: A little bit older, huh? By one day.

SHERRI: It seems like every time I get on the phone it's the same, you know, oh, happy birthday. I think every one of you know, huh?

JOHN: Well, you know.

SHERRI: Yeah, I know.

JOHN: Spread good cheer, right?

SHERRI: Huh?

JOHN: Spread good cheer.

SHERRI: I guess so.
JOHN: Have you talked to David today at all?

SHERRI: No, I sure haven't

JOHN: Is he still kind of zonked out?

SHERRI: Well, I think he's, I think he's getting awake, but I don't know exactly. I haven't seen him.

JOHN: Um-hum. Have any of the nurses been able to check on him?

SHERRI: Yesterday they did.

JOHN: Uh-huh.

SHERRI: They haven't been in today.

JOHN: Nothing today, huh?

SHERRI: Uh-uh.

JOHN: Okay. Is, is Steve around?

SHERRI: Yeah. I was just looking for him.

JOHN: Okay.

SHERRI: Just a moment.

JOHN: Thanks.

SHERRI: This is the first, first John or the second John?

JOHN: John II, the second John.

SHERRI: John Cox?

JOHN: No, no, John Cox is on the night shift.
SHERRI: Oh. Okay. All right.

JOHN: Take care.

SHERRI: Steve, John's --

[gap]

SHERRI: Hey, John, I think he's in the bathroom. I can't find him. Can he call you back in about five so you won't have to hold on?

JOHN: Oh, sure. That'd be fine, Sherri.

SHERRI: All right, thanks.

JOHN: Thank you very much.

SHERRI: Bye.

JOHN: Bye-bye.

* * * * *

(Telephone rings one time.)

UNIDENTIFIED FEMALE SPEAKER: Hello?

JOHN: Hi, this is John again.

UNIDENTIFIED FEMALE SPEAKER: Yeah, you want to speak to Steve?

JOHN: Yes, please.

UNIDENTIFIED FEMALE SPEAKER: Okay.

JOHN: Thank you.

[gap]

MR. SCHNEIDER: Hello, John?

JOHN: Hi.

MR. SCHNEIDER: Okay, I've been quite busy
this morning, as --

JOHN: I know that.

MR. SCHNEIDER: I've got -- There's another woman that wants to come out and --

JOHN: Who's, who's that?

MR. SCHNEIDER: And her name is Kathy Schroeder.

JOHN: Oh, Kathy, yes.

MR. SCHNEIDER: Yeah. She wants to come out, so I'm working with her right now as to --

JOHN: Fine.

MR. SCHNEIDER: Telling about the procedure.

JOHN: Okay. Great. And if she wants to talk to me, you know, I'll be glad to talk to her.

MR. SCHNEIDER: Okay. Yeah. So I was -- And, in fact, just right -- a few minutes ago that's what I was doing, I was talking to her about it in detail, answer questions or if she'd like to talk to you directly and --

JOHN: Sure, that's fine. Did she -- Well, is she going to come out with the gentlemen or does she want to come out --

MR. SCHNEIDER: I think -- So far, I'm not too sure. That's what I, you know -- At first, she was kind of -- I was talking to her about herself and
so forth and, and I didn't want to bring that up until --

JOHN: Sure.

MR. SCHNEIDER: -- I'm for sure.

JOHN: No. Why don't we just --

MR. SCHNEIDER: Yeah.

JOHN: Why don't we just work on, on maybe having Kathy --

MR. SCHNEIDER: Okay.

JOHN: -- come out.

MR. SCHNEIDER: That's kind of what I thought I'd do, too.

JOHN: That's fine.

MR. SCHNEIDER: Because when she started showing, you know, like she was -- that's what she was thinking about --

JOHN: Sure.

MR. SCHNEIDER: -- that's when I thought I'd better just sit with her and talk and --

JOHN: Fine.

MR. SCHNEIDER: -- let her know what she could do.

JOHN: 'Cause I spoke to Kathy the other afternoon.

MR. SCHNEIDER: That's right.
JOHN: Right, right.

MR. SCHNEIDER: Yeah.

JOHN: Okay, excellent, excellent. What -- just, just, you know, for logistics, what -- You know, are you going to go back and talk to her again?

MR. SCHNEIDER: Yeah.

JOHN: Okay.

MR. SCHNEIDER: In fact, I'm going to start working on it for maybe where she can be leaving here in an hour or two, or less.

JOHN: That'd be great.

MR. SCHNEIDER: Yeah.

JOHN: Great, Steve.

MR. SCHNEIDER: And I was also trying to talk to David then about some of the others, and I, I'm going to keep on working on that. I think there's going to be a few more.

JOHN: Oh, okay.

MR. SCHNEIDER: Yeah. So I'll just keep on working with that. The one guy, like I was telling you, Oliver, I think he'll be coming, but he hasn't had the opportunity to talk to David. As soon as he talks with him, I'm sure he's, he's going out, too.

JOHN: Oh, excellent.

MR. SCHNEIDER: Yeah.
JOHN: Okay, that's great. I just had a message that you could pass on --

MR. SCHNEIDER: Okay.

JOHN: -- to David. I know he's not feeling well.

MR. SCHNEIDER: Oh, yeah. I just -- Yeah, he really -- I don't -- I told him -- In fact, I'm going to go back and tell him about what you and I were talking about, the septicemia. He was asking what I heard or whatever, and I says well, yeah, they're concerned because, you know, that is a possibility.

JOHN: Sure. Let me give you -- We just got a little bit more information on this give to us. Obviously, we're following up on it --

MR. SCHNEIDER: Okay.

JOHN: -- you know, to every possible thing. Okay, this doctor feels that, after viewing the videotape -- David's wounds, he advised that he has a deep-seated infection.

MR. SCHNEIDER: Okay.

JOHN: Okay? As indicated by the oozing called sero-sanguinous, S-A-N-G-U-I-N-O-U-S.

MR. SCHNEIDER: Real quick one more time?

JOHN: Yeah, I'm sorry.
MR. SCHNEIDER: Okay.

JOHN: Okay, it's -- he feels that he has a deep-seated infection, as indicated by the oozing. And then he -- I think it's just a synonym for oozing, and it's S-E-R-O-hyphen --

MR. SCHNEIDER: Okay.


MR. SCHNEIDER: Okay.

JOHN: Okay. Left untreated, this infection will continue to extend and develop into septicemia. That's what we were talking about before.

MR. SCHNEIDER: I see.

JOHN: Okay.

MR. SCHNEIDER: Okay.

JOHN: Once the infection gets into the bloodstream, it will go into every major vital organ, including the brain.

MR. SCHNEIDER: Okay.

JOHN: Okay? After it gets into his brain, then that's, that's the 24-hour period. Okay, some of the indicators that septicemia has developed is, one, difficulty in awakening; two, sweating. And that's what the other physician had also indicated, that sweating, and that's why I asked about the sweating.
MR. SCHNEIDER: Okay.

JOHN: Wooziness, hallucinations, dizziness, deviation from patterns of previous patterns of thinking, and change in vital signs. And they mentioned the three things here that I made a note of, would be temperature going up, pressure going down, and heart rate or pulse going up. And the reason for that would be that there's less blood, I guess, and the heart is working harder so that the heart rate or pulse would go up.

MR. SCHNEIDER: Okay.

JOHN: New tenderness, and the emphasis there is on the word "new." So --

MR. SCHNEIDER: Okay.

JOHN: -- obviously, where there's trauma or a wound, there's tenderness. But a new tenderness. And, of course, swelling.

MR. SCHNEIDER: All right.

JOHN: So those are some of the things -- Yeah, I've also got another thing to read to you, and this is once again for David, too. Mrs. Haldeman, which is David's mother, had gotten hold of an attorney by the name -- And I'll spell it to you 'cause I want to make sure I'm pronouncing it right -- Dick DeGuerin. That's D-E --
MR. SCHNEIDER: D-E?

JOHN: Yeah, D-E-G-U-E-R-I-N. Mr. DeGuerin.

And he has been hired or, in any case, contacted and has agreed to represent David in this situation. So once he gets out, I'll be more than please and happy to make arrangements --

MR. SCHNEIDER: Okay.

JOHN: -- to put them together.

MR. SCHNEIDER: John, I've got Kathy right here, right now.

JOHN: Sure. Excellent.

MR. SCHNEIDER: Okay, let me put her --

JOHN: Let me talk to Kathy.

MR. SCHNEIDER: Okay, here she is.

KATHY: Hi, John.

JOHN: Hi, Kathy. How are you?

KATHY: Okay.

JOHN: I spoke to you the other afternoon.

KATHY: Yes.

JOHN: Yeah. How you doing?

KATHY: Okay.

JOHN: Well, I was glad to hear that you're coming out.

KATHY: Yeah. It was a tough decision.

JOHN: It's a very tough decision, and I
think you've made the right decision. And we'll work it out. So what we were saying is that when you walk out, basically, what you see there is what's there now. And you very, very simply just walk down the driveway, that's all. And --

KATHY: Well, I want to tell you the main reason for this decision.

JOHN: Go ahead, please.

KATHY: My three-year-old son is now alone.

JOHN: I know.

KATHY: He's not even with his brothers and his sister.

JOHN: I know.

KATHY: Although I'd rather be here, although this is my place and my children's place, circumstances have made that difficult and beyond my control. So in order to be with Brian, and there's no one else with him, I guess I've got to come out to him.

JOHN: Kathy, I know how difficult --

KATHY: And you realize I don't want to do that.

JOHN: I know that very much. But it's the right thing and you've sensed and you've known all along how much he needs you.
KATHY: Oh, I know. I probably need him as much as he needs me, but --

JOHN: Of course. Of course.

[gap]

KATHY: I mean, I've, I've lost a lot, you know that.

JOHN: Of course, I know. Are there any concerns that you have as far as coming out or anything like that that I can answer?

KATHY: The logistics, I think you are best handling.

JOHN: Okay.

KATHY: And just tell me, you know, what I'm to do.

JOHN: Okay. Very, very simply just come to the front door, exit the front door, turn left in the driveway, walk down the driveway, and we will have somebody pick you up down there, pretty much like we did with the children. So it will be the same way with the children.

KATHY: In a, in a car?

JOHN: Yeah. I don't know what vehicle they used before. I think, I think that bumpy vehicle that the kids were talking about.

KATHY: I don't know. It's probably a van
or something.

JOHN: No, I think it, I think it's an armored van. So, but that doesn't matter. It's the same one we used for the children.

KATHY: Okay.

JOHN: That the kids were in. Okay. The sooner we'd like to get you out, the better.

KATHY: Okay, let me -- Don't, don't rush me.

JOHN: No, no. I didn't mean, I didn't mean to rush you.

KATHY: This is a really --

JOHN: Tough decision.

KATHY: -- tough thing for me to do.

JOHN: No, I don't mean to rush you. It's just I know you made the right decision.

KATHY: And let me just warn you, John, that if I decide to wait till tomorrow, that doesn't mean I've changed my mind. It just means I've got things to do to get ready. I don't know if I -- I don't even know what time it is now. I don't know -- Do you know what I'm saying?

JOHN: I understand what you're saying.

KATHY: And I don't want to just walk out in the two shoes that I have on.
JOHN: I understand.

KATHY: So if it's tomorrow, you know, don't, don't, don't think that I'm backing out.

JOHN: No, I'm not. I, I sense that in your voice and I know once you've made the decision where you are at, and, and, believe me, you know, everybody here -- You know, in my own heart and in the hearts of the people here, you could hear a pin drop. I mean, it's just -- It's, it's overwhelming, to be honest with you. We do want to get you, get you out and get you reunited and, and get that process going as soon as possible, too. And if there's any incidentals that you can't find or something, I'm sure that Steve'll help you get that stuff out.

KATHY: Okay. I do rely on Steve to --

JOHN: You can.

KATHY: -- help me, you know, set up the, you know, little things that I need to know. I do rely on his expertise a lot.

JOHN: Yes.

KATHY: He's very knowledgeable, and also Wayne will -- I'll probably ask him some questions, too, but --

JOHN: Absolutely. Please do so. And, and I know that, that Brian will want to hug his mom. You
know, that's for sure.

    KATHY: Yeah.
    JOHN: That's a big guarantee.
    KATHY: Okay. Steve has left the area.
    JOHN: Okay.
    KATHY: Did you still want to talk to him or --
    JOHN: Sure, but I just wanted to reassure you. The mechanics and logistics you can leave to me, and they'll be, they'll be very simple. It'll be just like picking up one of the children. Just, just walk, walk out of the front door, make a left, walk down the road, and they will send a vehicle in to pick you up, just like we did with the children. So it'll, it'll be the same process.
    KATHY: Yeah. Okay.
    JOHN: And, like I said about -- Somebody slipped me a note and said --
    KATHY: Oh, and you will let me -- When I get to wherever you're at, I will be able to call back here?
    JOHN: Oh, absolute, absolutely, absolutely, positively.
    KATHY: Just like the kids did?
    JOHN: Exactly.
KATHY: Okay.

JOHN: From the same phone that the kids used, in the same place the kids were.

KATHY: Okay.

JOHN: Absolutely, absolutely. And as far as, you know, if you want to send some, some notes back, fine. You know, something like that, too, so absolutely. But we will bring you directly to this very, very phone that the kids used and that I'm on right now.

KATHY: Okay.

JOHN: And that'll be your very first stop, if that's okay with you.

KATHY: That's fine.

JOHN: Okay. Let's hope we can do this today then, maybe. How's that sound to you?

KATHY: (No verbal response.)

JOHN: I know it's tough, but I think you're, you're really doing the right thing. I know you're doing the right thing.

KATHY: From your vantage point, I'm sure you believe that.

JOHN: That's for Brian -- It's -- For, for you it's a tough thing, but for Brian it's the right thing.
KATHY: Okay.

JOHN: I'll see you in a little bit.

KATHY: Thank you, John.

JOHN: Thank you very much.

KATHY: I'm going to let you go now.

JOHN: Okay. Is, is Steve there, Kathy?

KATHY: I'm, I'm not sure where he's at.

I'm going to have to find him.

JOHN: Okay, why don't you have him call me when you do find him?

KATHY: Okay, I will.

JOHN: I'll see you, I'll see you in a little bit.

KATHY: Okay, thank you.

JOHN: Thanks, Kathy.

KATHY: Bye-bye.

* * * * *

MR. SCHNEIDER: John?

JOHN: Hi, Steve. Let me transfer you.

MR. SCHNEIDER: Okay.

JOHN: Hello?

MR. SCHNEIDER: Yeah. Is -- John, is there a press conference right now or no?

JOHN: Hello? Hello?

MR. SCHNEIDER: Hello, John?
JOHN: Now I've got you. No, sir, there is no press conference that I'm aware of.

MR. SCHNEIDER: So there's not going to be one this afternoon then?

JOHN: No, sir.

MR. SCHNEIDER: Okay.

JOHN: No.

MR. SCHNEIDER: Okay. Yeah, I was just -- I noticed David, David seems to be awake, so I was just going to go in there and talk with him and see what else -- It sounds like he's talked to a few people just before I even got there, so there may be a few more then.

JOHN: Oh, great, great.

MR. SCHNEIDER: Yeah.

JOHN: Very good.

MR. SCHNEIDER: So he's -- He says well, look, you know, he says I'm waiting. He said I can do nothing else. He says I'm waiting, but he says you know, you people have waited now for -- I guess, as he says, it's been over a week, so he's been talking with them himself and I've been trying to do my best and --

JOHN: Oh, that's great. How, how does he feel right now?

MR. SCHNEIDER: I mentioned -- You know, he
doesn't -- Actually, he does not feel too well and that, that wound is draining a lot.

    JOHN: Well, that's what we talked about.

    MR. SCHNEIDER: Yeah, exactly. So I mentioned to him, you know, I took -- jotted down the notes. I mentioned to him exactly what you did to me and, and then he kind of smiled and he says well, tell them to send in a doctor.

    JOHN: (Laughing.) He smiled when he said that, I know he smiled.

    MR. SCHNEIDER: Yeah, he smiled. He says, he says well, tell them to send in a doctor.

    JOHN: And I know he smiled.

    MR. SCHNEIDER: Yeah, he did.

    JOHN: Did you get a chance to mention that attorney thing to him?

    MR. SCHNEIDER: Yeah, I did, and he didn't really respond to it too much.

    JOHN: Okay. Well, as long as he knows, you know. I just wanted to make sure that we're transferring everything to him and --

    MR. SCHNEIDER: Right.

    JOHN: -- you know, through you, of course.

    MR. SCHNEIDER: I told him it was -- from what I understood, it was a very good attorney that
his mother had retained.

    JOHN: That's my understanding, is that he's excellent.

    MR. SCHNEIDER: Yeah, right.

    JOHN: That's, that's hearsay to me, but that's what --

    MR. SCHNEIDER: Right.

    JOHN: -- what everybody says, this guy is very good.

    MR. SCHNEIDER: But, you know, he -- I, I looked at his facial expressions. He hardly reacted to that, so I just kind of sat there a moment and --

    JOHN: Well, maybe it's not important to him at the time or something like that.

    MR. SCHNEIDER: Yeah. I told him, too, I'm in the process of trying to get -- I haven't even started the video business.

    JOHN: Don't worry about that now.

    MR. SCHNEIDER: Okay, okay.

    JOHN: We'll get to that later on.

    MR. SCHNEIDER: All right.

    JOHN: So does it look like Kathy wants to come out today or --

    MR. SCHNEIDER: That's -- In fact, she -- I've been in there talking to him and she was -- I
don't know if she was getting her things together or what she -- I don't know. She, she had a few words with him, but I, I wasn't there when she did, so -- And I haven't talked to her since you were on the phone with her.

JOHN: Right, right.

MR. SCHNEIDER: So I'm not too sure, but I know she's, she's definitely coming out, and that was the last thing she said to me. And I thought I heard her say something to you about -- maybe about tomorrow or something? Did she say that or --

JOHN: She said it might be, it might be tomorrow, she said, but I think her words were "but I'm definitely coming out."

MR. SCHNEIDER: Yeah, yeah, she is for sure. No question about that, 'cause she made that very plain to me, too. She did. And I don't know if it's because she's trying to gather things together or what she -- I'm not even certain, but I know she's not right here by me right now.

JOHN: Right.

MR. SCHNEIDER: So I didn't get to talk to her.

JOHN: Well, I've got something I think I'd like you to tell her. I, I want you to tell her, if
you would.

MR. SCHNEIDER: Okay.

JOHN: Are you ready for this?

MR. SCHNEIDER: Yeah.

JOHN: Okay. This hasn't been easy, but tell her that we're getting Brian to meet her when she gets here.

MR. SCHNEIDER: Oh, okay.

JOHN: And that's the reason --

MR. SCHNEIDER: Oh, that'll make her extremely happy.

JOHN: That's the reason we need to know when.

MR. SCHNEIDER: All right.

JOHN: Because it's -- We, we're trying to arrange with what do you call it? the Texas State Child Protective Service.

MR. SCHNEIDER: Right, right.

JOHN: So --

MR. SCHNEIDER: Oh, that's great.

JOHN: Yeah, the sooner she comes out, obviously, the sooner we can put it together with Brian.

MR. SCHNEIDER: Oh, okay.

JOHN: So that's -- You can understand
there's a little bit of logistics.

MR. SCHNEIDER: Oh, for sure. What I'll do then, I'll, I'll pass it on right away to her.

JOHN: Great.

MR. SCHNEIDER: And let her know that as soon as she knows for sure, get -- I'll tell her I'll either call you or she can call you. I've got the number right on the wall here, so --

JOHN: Great.

MR. SCHNEIDER: -- I'll tell her to call you --

JOHN: Now --

MR. SCHNEIDER: -- immediately, as soon as she knows when it's going to be, what time.

JOHN: Excellent. Now, we can't remove him beyond a certain time.

MR. SCHNEIDER: Okay.

JOHN: Obviously, they can't, you know, let the children out after --

MR. SCHNEIDER: Right.

JOHN: So we can't get him out at night, so --

MR. SCHNEIDER: I'll tell her.

JOHN: -- that's why it has to be, you know, we'd like -- obviously like it this afternoon.
MR. SCHNEIDER: All right.

JOHN: So I'm sure she would --

MR. SCHNEIDER: Okay. Okay, I'll tell her that and it'll be clear to her.

JOHN: Great. I thought she'd be pretty excited about it.

MR. SCHNEIDER: No question about it, no question.

JOHN: Okay. I feel pretty good about that myself.

MR. SCHNEIDER: Yeah. Well, that does sound good.

JOHN: Sounds great.

MR. SCHNEIDER: Okay, I'll get back to you. I'm going to, I'm going to see what I can -- what else I can learn and get going here with him. And as soon as I know something and -- There's been a couple people that have also asked me to tape them, so I'll try to at least do a little of that.

JOHN: Sure.

MR. SCHNEIDER: Along with talking with some of them.

JOHN: How are we standing with Oliver?

MR. SCHNEIDER: I haven't -- You know, since -- I haven't seen him since, and I haven't been
able to talk to him. I, I actually have been the one just lately talking to David 'cause, you know, as I told you, I've been anxious to talk with him.

JOHN: Sure.

MR. SCHNEIDER: So I don't know that Oliver has come around to talk with him yet.

JOHN: Well --

MR. SCHNEIDER: When I, when I go over to that end of the building, I'm going to go try to find him and say well, he's awake, so if you want to talk to him, you know, now is your opportunity.

JOHN: Sure. Let's -- If you can do that, that's great, but I would really like to see Kathy with Brian.

MR. SCHNEIDER: Right. Oh, yeah, that's, that's -- I'm, I'm sure of that. I'm positive about that.

JOHN: Great. Great.

MR. SCHNEIDER: You know, I mean, after talking to her myself before I called you and everything, and it was pretty clear to me and she, she kind of breathed a sigh of relief. And, and I says well, now, you know, you've made this decision, now, you know, follow right on through. And she says I am and so --
JOHN: Great, great.

MR. SCHNEIDER: Yeah.

JOHN: Good. Well, you want to get back to me then --

MR. SCHNEIDER: Yeah, I will, I will.

JOHN: -- when you talk to Kathy? And, and then soon as I get the word from you, I will have one of the fellows here call down to Protective Services --

MR. SCHNEIDER: Okay.

JOHN: -- right away.

MR. SCHNEIDER: I'm going to, I'm going to go talk to her, then I'm going to go talk back to David, and I'm going to try to get a message over to Oliver that he's awake and if he, if he wants he can probably -- now is the best time to do it.

JOHN: If he wants to go in there.

MR. SCHNEIDER: Yeah.

JOHN: And I'm sure she's going to be needing a little bit of support, too, from yourself.

MR. SCHNEIDER: Right.

JOHN: I'm sure of that.

MR. SCHNEIDER: Right.

JOHN: Great, great. Give me a buzz a little later.
MR. SCHNEIDER: Okay, I will.

JOHN: Thank you very --

MR. SCHNEIDER: Talk to you later, John.

JOHN: Thank you very much, Steve.

MR. SCHNEIDER: Bye.

JOHN: Bye.

* * * * *

(Telephone dialed and rings four times.)

UNIDENTIFIED FEMALE SPEAKER: Hello?

JOHN: Hi.

UNIDENTIFIED FEMALE SPEAKER: Hi.

JOHN: This is John. Is Steve around?

UNIDENTIFIED FEMALE SPEAKER: Yeah, he's busy talking to David right now.

JOHN: Okay. Okey doke. Is Kathy around?

UNIDENTIFIED FEMALE SPEAKER: Kathy?

JOHN: Yeah.

UNIDENTIFIED FEMALE SPEAKER: No, she's not, not around here. Maybe she's in her room or something.

JOHN: Okay. I was just curious -- We were just curious as to what the status of things were.

UNIDENTIFIED FEMALE SPEAKER: Basically, I think it's the same as when Steve talked to you a while ago.
JOHN: Okay. Great. Let's see, is -- how's David's health doing? That's one of the things we were concerned about, Steve and I were talking earlier.

UNIDENTIFIED FEMALE SPEAKER: I didn't ask him how he was doing.

JOHN: No, no.

UNIDENTIFIED FEMALE SPEAKER: I've seen him, but I didn't ask him, so I, I can't really answer that question.

JOHN: Okay. How, how did he look? How did it appear that he felt?

UNIDENTIFIED FEMALE SPEAKER: Well, that's hard to answer, too, because someone can look okay, but, you know, I don't know how he feels.

JOHN: I see.

UNIDENTIFIED FEMALE SPEAKER: I mean, he hides, he hides pain very well.

JOHN: Pretty well, huh?

UNIDENTIFIED FEMALE SPEAKER: Yeah.

JOHN: Did, did they take the vital signs today?

UNIDENTIFIED FEMALE SPEAKER: I wouldn't know.

JOHN: Wouldn't know?
UNIDENTIFIED FEMALE SPEAKER: No.

JOHN: Okay. Okey doke. Well, I, I guess I'll probably just wait for Steve to -- Is Julie around, by any chance?

UNIDENTIFIED FEMALE SPEAKER: No, she isn't.

JOHN: She isn't. Okay. I was trying to -- We were trying to, you know, hopefully, there were no bad symptoms. And we were trying to relay any symptoms and hopefully, you know, they wouldn't be present. But there were certain things to look for, and if, if they were there, that was not good. And if they weren't there, then it was a good sign that the symptoms were unpresent. So that's basically it.

UNIDENTIFIED FEMALE SPEAKER: Okay.

JOHN: Okay, could you ask Steve to give me a buzz when he gets out of talking with --

UNIDENTIFIED FEMALE SPEAKER: Okay, I will.

JOHN: Is -- I take it David is not ambulatory then? He's not getting around too much?

UNIDENTIFIED FEMALE SPEAKER: He's not what?

JOHN: He's not moving around too much, walking around?

UNIDENTIFIED FEMALE SPEAKER: I don't think so. I don't, I don't think so, you know.

JOHN: Okay.
UNIDENTIFIED FEMALE SPEAKER: I can't answer those definite questions.

JOHN: I know what you're saying. I --

UNIDENTIFIED FEMALE SPEAKER: He doesn't appear to be.

JOHN: Sure. How, how far --

UNIDENTIFIED FEMALE SPEAKER: You know, easy with the kids and whatever.

JOHN: Sure. How far away is Kathy, physically I mean? It's a long way away?

UNIDENTIFIED FEMALE SPEAKER: Yeah, it's a little bit away from the phone.

JOHN: Okay.

UNIDENTIFIED FEMALE SPEAKER: Not close by.

JOHN: She's not close by? Would it be possible, do you think, to ask -- to go down and ask her to come to the phone, give me a call back?

UNIDENTIFIED FEMALE SPEAKER: Okay.

JOHN: All right. I'd appreciate it a lot.

UNIDENTIFIED FEMALE SPEAKER: All right.

JOHN: Thank you very much.

UNIDENTIFIED FEMALE SPEAKER: All right.

JOHN: Bye-bye.

* * * * *

JOHN: Hello?
KATHY: John?

JOHN: Hi, this is John. Let me switch you over to the other phone. One second, please.

KATHY: Okay.

JOHN: Hi.

KATHY: Hi, this is Kathy.

JOHN: Hi, Kathy.

KATHY: Now you sound really weird.

JOHN: Do I really sound weird? I think I'm getting some feedback here in this thing. So how's that, better?

KATHY: That's better.

JOHN: Yeah. It sounded weird, sounded like I was in a tunnel.

KATHY: Yeah.

JOHN: Okay. Did, did Steve -- I'm sure he did -- pass you the good news?

KATHY: Which was?

JOHN: We were going to unite you with, with Brian?

KATHY: Brian, yes, he did.

JOHN: Right. How's that feel?

KATHY: That's good.

JOHN: Okay. Okay, good, good. I was pretty sure that he did. I'll tell you what we've
KATHY: Do you think there'd be a possibility of seeing the other children, you know, at all?

JOHN: Let me check on that, but I know for sure, sure we have Brian. Absolutely, positively.

KATHY: Okay.

JOHN: So we're going to --

KATHY: I just, you know, the mothers of those kids are going oh, Kathy, could you just check on my kids and tell them I love them? You know, little stuff like that.

JOHN: I'm sure exactly what they have in mind. One second, please. [gap] They just explained to me that nighttime is a problem with Child Protective Services with the children.

KATHY: Well, I, I hadn't -- I'm not ready myself anyway.

JOHN: No, that's okay. Fine.

KATHY: I want the night to get myself ready, get myself -- try to get myself a little sleep and get cleaned up and get my belongings together so that tomorrow in the morning I'll be fresh. You know, I don't want to -- I've got a headache right now, you know.
JOHN: I can imagine. I can imagine.

KATHY: I'd like to be able to, you know, have a few hours here, you know, to say goodbye to everybody and --

JOHN: Sure, sure. How about we schedule then -- This, this'll be fine. We can set it up with Child Protective Services, and why don't we start on this first thing in the morning?

KATHY: Yeah, give me --

JOHN: What's a good time for you?

KATHY: Well, we have the daily from 8 to 9, so after 9 let me try to get either myself or Steve to contact you and let you know if I'm ready or whatever, and --

JOHN: Sure.

KATHY: -- we can set something up from there.

JOHN: Okay, fine. That'd be great. And then we'll notify Child Protective Services.

KATHY: Okay.

JOHN: But I thought you'd be kind of happy about what we were able to set up.

KATHY: That's great.

JOHN: Yeah.

KATHY: I know he wants his mommy. He's by
himself there.

    JOHN: Very, very, very much so. Very, very much so. So I'm really excited about seeing you guys together myself.

    KATHY: I bet you.

    JOHN: I'm serious.

    KATHY: I'm glad somebody cares.

    JOHN: We sure do, very, very much, and I think you know that.

    KATHY: I know you do.

    JOHN: Okay. Why don't we -- Like I said, you know, why don't you just take, take all the time in the world you need to get things together tonight, whatever, tomorrow morning. And, as you can understand, it's not a problem but, by the same token, they need to know what we're going to do.

    KATHY: Right.

    JOHN: So we have to advise them. It is a separate agency. It's the state, not a federal, all that good stuff. And they --

    KATHY: Well, I don't, I don't think they'll be in such a hurry that they're not going to have their time to be notified.

    JOHN: No, no, no. It's not a question of notification at all. It's no rush. It's just we
wanted to give them some tentative times.

KATHY:  Yeah.

JOHN:  So --

KATHY:  Well, like I said, you know, I'll try to either have myself or Steve contact you in the morning, after the daily.

JOHN:  That's be great.  That'd be great.

KATHY:  And then we can set up something from there.

JOHN:  We'll set up the schedule from there.

KATHY:  Yeah.

JOHN:  Good.  I'll look forward to that very much.

KATHY:  Okay.

JOHN:  And if you do see Steve around, if you could --

KATHY:  I think he's talking to David.  If I see him later --

JOHN:  Or if you could -- Well, yeah, maybe you could leave a message by the phone or something to call me when he finishes his contact with David.  I know they had some things to talk about.

KATHY:  Yeah, there are some pretty serious talks going on.

JOHN:  Oh, really?  How do you mean?
KATHY: Well, you, you wouldn't understand.
JOHN: Oh, okay. Well, give me a try.
KATHY: It's Bible stuff.
JOHN: Bible stuff, okay.
KATHY: You know, we have to --
JOHN: Right.
KATHY: We have to pray to God. We have to --
JOHN: Absolutely.
KATHY: -- put our hearts, put our hearts to wisdom. I mean, we've just really been trying to, you know, do what's right.
JOHN: That I know. That I know. There's no question of your sincerity.
KATHY: Everybody, everybody's really spending a lot of time right now on prayer and stuff.
JOHN: Well, that's good. I will look forward to talking with you tomorrow morning around 9 a.m. then.
KATHY: Okay.
JOHN: Great. Have a good night.
KATHY: Thank you, John.
JOHN: Bye-bye.
KATHY: Bye-bye.

* * * * *
JOHN: Hello? Hello? Hello?

UNIDENTIFIED MALE SPEAKER: Call him back?

JOHN: I'm calling back Steve. Yeah, Steve.

(Telephone is dialed and rings two times.)

MR. SCHNEIDER: Hello?

JOHN: Steve?

MR. SCHNEIDER: Yeah.


MR. SCHNEIDER: Okay, no problem. I, I --

Yeah, I was just in there talking with David for a while and we're trying to work out -- I've been talking to quite a few people and, and there's a few that want to talk to him. So it looks pretty sure now that Oliver's going to be coming out, also.

JOHN: Okay.

MR. SCHNEIDER: And I think there's going to be more. I mentioned Kevin. That looks pretty sure, also.

JOHN: Okay. What's Kevin's last name?

MR. SCHNEIDER: Let's see, Kevin, Kevin, Kevin Whitecliff, Whitecliff.

JOHN: Right.

MR. SCHNEIDER: And I believe there's going to be a Brad Branch, also.

JOHN: Brad Branch, okay.
MR. SCHNEIDER: Right. And from there, I don't know yet. I'm still talking to a few more.

JOHN: Oh, super.

MR. SCHNEIDER: Yeah.

JOHN: Super. That's wonderful.

MR. SCHNEIDER: Yeah. And they're, they're just now trying to all start working it out. Kathy, she's starting getting ready. She's pretty sure now she will be coming out. I think it'll be in the morning --

JOHN: Yes.

MR. SCHNEIDER: -- for sure now.

JOHN: I had spoke to her.

MR. SCHNEIDER: Oh, you did?

JOHN: Yeah. Here's --

MR. SCHNEIDER: Okay.

JOHN: We, we arranged with Child Protective Services to have Brian here. I thought she would be --And you transferred the message.

MR. SCHNEIDER: Right.

JOHN: And I thought she would be very excited about that, and, and she was. And I think she's really happy about that. In any case, the reason we needed a little bit of lead time, because of dealing with a state agency, obviously.
MR. SCHNEIDER: Yeah.

JOHN: And it's also -- And just physically picking up Brian and bringing Brian over.

MR. SCHNEIDER: Yeah.

JOHN: But the way we will work that, apparently, is that she would contact you, give me a call around 9 a.m.

MR. SCHNEIDER: Okay.

JOHN: And we'll hook up at 9 a.m. for, for Kathy.

MR. SCHNEIDER: All right.

JOHN: Now, Oliver, Kevin and Brad, were they going to come out this afternoon?

MR. SCHNEIDER: I don't know. That's what I'm still working on. I've got a feeling it's going to be in the morning, also.

JOHN: Okay.

MR. SCHNEIDER: Maybe about the time or just right after she does. Maybe they just want to see how the procedure goes. But, yeah, it's, it's almost positive, I think, in the morning.

JOHN: Fine.

MR. SCHNEIDER: Yeah.

JOHN: That's fine.

MR. SCHNEIDER: If they can, they might work
it out to go with her with you guys, or they might
just let her go and then turn around and allow someone
to come back and get them or something.

JOHN: That's fine. We'll work that out in
the morning.

MR. SCHNEIDER: Okay.

JOHN: And if they change their mind and it
becomes urgent this afternoon or something, we can do
that, too.

MR. SCHNEIDER: Right. Yeah, okay. I would
let you know right away --

JOHN: Sure.

MR. SCHNEIDER: -- if anyone wants to go
right at the moment or whatever then.

JOHN: Sure. That's fine. So we'll work
that out. Are they concerned about anything, you
think?

MR. SCHNEIDER: Well, you know, I've tried
to remember everything that you stated to me and tried
to, you know, share that with them. And probably
I'll, I'll try to get them even on the phone so if
there's any other questions they might be able to ask
you --

JOHN: Sure.

MR. SCHNEIDER: -- and share with them.
JOHN: I'll be happy, I'll be happy to answer anything at all.

MR. SCHNEIDER: Okay.

JOHN: You know, we can, we can assuage any fears they have.

MR. SCHNEIDER: There's a couple other -- There's -- Anybody that I've been able to find that even shows any kind of a, you know, like a question, I've been trying to encourage. So I think there's a couple others that I'm, I'm talking to, but I, I don't know yet.

JOHN: That's great.

MR. SCHNEIDER: But, you know, I'm going to keep on talking to them and like into the evening yet here, so --

JOHN: Wonderful, wonderful.

MR. SCHNEIDER: Yeah.

JOHN: How is David feeling?

(End of Tape #111.)