

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

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TAPE #119

3/12/93

7:47 p.m. - 8:44 p.m.

(Tape 119)

JUDY: -- because I know there's many you could

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DR. HAIGMAN: Well, the problem with that is that it doesn't help, that's what I was trying to tell Scott, all it does is delay. Antibiotics only delay the infection because the, the problem with those wounds, with a bullet wound, is that the bullet crushes tissue. So that tissue then is dead and acts as food for the bacteria.

JUDY: Yeah.

DR. HAIGMAN: And that's what causes the infection. And as long as there's that dead tissue, that food for the bacteria --

JUDY: Yeah.

DR. HAIGMAN: -- then the infection will keep going --

JUDY: Oh, I can see that.

DR. HAIGMAN: -- and that, that's what's -- sounds like what, sort of what it looked like in the video.

1 JUDY: Yeah, cause even the cut on my hand has
2 some dead tissue in it, and it starts to heal and then
3 it doesn't heal, and --

4 DR. HAIGMAN: That's 'cause the bacteria are, are
5 digesting that.

6 JUDY: So you need something to get that out.

7 DR. HAIGMAN: Well yeah, you need to -- what,
8 what has to happen is -- I mean first of all -- the
9 other thing is I'm, I'm sure from the way your finger
is, is deformed, actually --

10 JUDY: Yes.

11 DR. HAIGMAN: -- is that you broke the, the bone
12 on the bottom of your finger.

13 JUDY: Yeah, cause see what happened at first the
14 finger fell right down, you know, I couldn't hold it
15 up and then after tape bandaging it, I can hold it up
16 now and move it, so people didn't think I broke it,
but I really think it was broke.

17 DR. HAIGMAN: And I'm, I'm pretty sure it's
18 broken 'cause --

19 JUDY: Yeah.

20 DR. HAIGMAN: -- if you look at your hand, I'm
21 saying what I saw on the video is that your index
22 finger is sort of over the top of your middle finger.

23 JUDY: Yeah, it is.

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1 DR. HAIGMAN: And that's not the way it normally
2 lays.

3 JUDY: Right.

4 DR. HAIGMAN: It's doing that 'cause the bone at
5 the base of your finger is broken.

6 JUDY: Right.

7 DR. HAIGMAN: That, plus the infection is a real
8 danger because if the infection gets into the bone,
9 then the bone dissolves -- 'cause the infection, you
10 know, just destroys the, the bone there, so that means
11 it doesn't even -- there's nothing, no bone left for
12 it to heal. The other thing I was worried about is
13 that from what I saw it looked like it was pretty
14 tender.

15 JUDY: Yeah.

16 DR. HAIGMAN: You know you had your --

17 JUDY: It's more tender now.

18 DR. HAIGMAN: Yeah, oh even more now.

19 JUDY: Yeah.

20 DR. HAIGMAN: Well you had, I see you had your
21 daughter Mayanah on your, on your lap there --

22 JUDY: Yeah.

23 DR. HAIGMAN: -- and when she, when you, you
24 know, touched her and she tried to -- was moving
25 around, it looked like it was pretty tender.

1 JUDY: Right.

2 DR. HAIGMAN: And if that tenderness, again, is a
3 sign of the infection. That was, that -- same concern
4 I had with the other bullet wounds. Again, what, you
5 say you've got a broken bone there. What needs to
6 happen is -- the break itself needs to be x-rayed to
7 see where it's broken and how it needs to be fixed and
8 then the dead tissue needs to be removed, you know,
9 cut away -- the finger or the hand gets put to sleep
10 and then they cut away the tissue so there's nothing
left for the bacteria to eat.

11 JUDY: Um-hum.

12 DR. HAIGMAN: And that's what gets rid of the
infection.

13 JUDY: Um-hum.

14 DR. HAIGMAN: It's been a long time -- it's been
15 almost two weeks so the infection is well-established
16 and going on now. So the real concern is if we don't
17 do that is a, is particularly with infection setting
18 in, the infection gets in the bone, you, first of all
19 you'd end up never being able to use that, that
20 finger, and ultimately that hand. If the infection
21 gets into the bone and gets, keeps going, we end up
just having to cut away more and more dead tissue.

22 JUDY: Um-hum.

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1 DR. HAIGMAN: The a -- but most, I mean, there
2 were two weeks, we're pretty much at the end of the,
3 of the ability of our time to take care of it, but at
4 this point two weeks is the time where if you still,
5 fairly, I mean very quickly, if you got that debris --
6 got the dead tissue out of there, there'd still be a
7 good chance of giving you a function in that hand.
8 That was your now -- looked like your right hand?

9 JUDY: Yeah.

10 DR. HAIGMAN: Are you right-handed?

11 JUDY: Um-hum.

12 DR. HAIGMAN: Oh, well that's --

13 JUDY: I'm getting to be left-handed now.

14 DR. HAIGMAN: Well, if you don't get that taken
15 care of, unfortunately you may have to be left-handed.

16 JUDY: Um-hum. There is some kind of -- I don't
17 know what you call it, chemical or drug that dries up
18 that dead tissue though, where you don't have to cut
19 it out.

20 DR. HAIGMAN: Well see, only if it's on the
21 surface. The stuff -- remember the bullet went
22 through your finger.

23 JUDY: No, it didn't. It didn't go through it.

24 DR. HAIGMAN: Well, there's a -- on the film
25 there was an entrance wound, there were two little

1 breaks in the skin and then an exit wound up beyond
2 the knuckle. That's what it looks like on the, on the
3 video.

4 JUDY: You think it went through like that?

5 DR. HAIGMAN: Well, you know --

6 JUDY: Naa.

7 DR. HAIGMAN: -- below the skin surface --

8 JUDY: Really?

9 DR. HAIGMAN: -- and it broke the skin surface in
10 a couple places.

11 JUDY: Geez. You might be right.

12 DR. HAIGMAN: And all that, all that, you know,
13 the bullet crushed all that tissue as it went through
14 there --

15 JUDY: Yeah.

16 DR. HAIGMAN: -- in fact it crushed it and
17 smashed it so much, that's why it burst the skin.
18 Those open wounds you have on the side of your finger
19 are not from where the bullet went in, but, opened,
20 opened the wound.

21 JUDY: Huh?

22 DR. HAIGMAN: It opened it, it burst open the
23 tissue and that's the dead tissue that --

24 JUDY: Oh.

25 DR. HAIGMAN: -- that's got to be taken out.

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JUDY: Wow.

DR. HAIGMAN: That's the, the real concern there.

JUDY: Wow.

DR. HAIGMAN: Now also I understand that you had -- you said on the video that you got a shoulder wound also?

JUDY: Yeah.

DR. HAIGMAN: Where is that?

JUDY: It's in my right shoulder.

DR. HAIGMAN: In your right shoulder, now, is it in the bone or is it up higher?

JUDY: No, it just came through the muscle, that's really not bothering me at all.

DR. HAIGMAN: It doesn't hurt you?

JUDY: Uh-uh.

DR. HAIGMAN: Good, okay. Is it -- are the wounds clean?

JUDY: Those wounds? Yeah, fairly clean.

DR. HAIGMAN: So they're a lot different from the ones on your hand.

JUDY: Yeah, I'm not worried about them too much.

DR. HAIGMAN: Okay. So then they're, you've got -- those aren't getting infected.

JUDY: Um-um.

DR. HAIGMAN: Okay. So it's the hand I need to

1 worry about.

2 JUDY: Yeah.

3 DR. HAIGMAN: All right. Well see, what needs to
4 get done is it needs to get x-rayed.

5 JUDY: Well I know, but can you come in here
6 cause I can't go out there. I don't want to go out
7 there.

8 DR. HAIGMAN: Well, it wouldn't help,
9 unfortunately, even if I could, see the stuff that I
10 need to do, x-ray, and then do some minor surgery to
11 remove the dead tissue, I can't do that in there since
12 I don't have the tools and the equipment. We need, at
13 the minimum, we need an emergency department. It'd
14 be, it's unlikely you'd have to be in the hospital for
15 very long, just to get that taken care of.

16 JUDY: Yeah, but I want to stay here with
17 everybody else.

18 DR. HAIGMAN: Well, I mean, you got to make a
19 choice. You're going to -- you're going to have some
20 loss of function and some damage to your hand if this
21 goes on any longer.

22 JUDY: I don't really care about that.

23 DR. HAIGMAN: Well, it's your right hand.

24 JUDY: What, what can I do to keep the poison
25 from going everywhere else?

1 DR. HAIGMAN: Without -- I mean that's -- if you
2 remember, you know, that they -- the old westerns in
3 the old days, that's what people died of.

4 JUDY: Oh.

5 DR. HAIGMAN: You know, they talk about blood
6 poisoning and --

7 JUDY: Yeah.

8 DR. HAIGMAN: -- that's, that's what -- it can
9 happen. Now, nowadays that doesn't happen because
10 we, you know, we can prevent that.

11 JUDY: Right. Well, what about some antibiotics?

12 DR. HAIGMAN: Again, see, just like I was telling
13 Scott, I don't know if you were there to hear that but
14 --

15 JUDY: No.

16 DR. HAIGMAN: -- all the antibiotics do is they
17 delay that a little bit and they select out a more
18 vicious, a more difficult-to-treat bacteria. Because
19 the -- as long as the dead tissue is there, bacteria
20 that are resistant to the antibiotic will, will --

21 JUDY: (Indiscernible)

22 DR. HAIGMAN: -- will, right, will select out.
23 So no matter what antibiotic you take now, you're just
24 finding a bacteria that's resistant to that --

25 JUDY: Right.

1 DR. HAIGMAN: -- and then ultimately you have a
2 harder to treat infection. You got to get rid of the
3 dead tissue that's, that's the food for the bacteria.

4 And I understand --

5 JUDY: Okay, okay so let's -- I'm staying here,
6 okay? That's case closed.

7 DR. HAIGMAN: Okay.

8 JUDY: Unless you can come in, unless you can
9 give me some kind of stuff to dissolve that dead
10 tissue, well I don't know, I guess I'll just die here.

11 DR. HAIGMAN: Well, all right, it's your
12 decision. You have to make that decision. I just
13 want to be available to offer you any advice that I
14 can, you know, as a doctor, as a professional.

15 JUDY: All right, so can you give me something
16 like that?

17 DR. HAIGMAN: No, there isn't anything that works
18 that way, see, cause it's deep inside. You're -- the
19 soak's that you're doing are, are a good idea, but
20 they obviously haven't worked. You have infection in
21 there.

22 JUDY: Right.

23 DR. HAIGMAN: So, if there was --

24 JUDY: So if I just put the soaks in the --

25 DR. HAIGMAN: I don't think the soaks are

1 helping, in fact they may be hurting at this point
2 because when you soak it for a while, you know, the
3 surface of the wound gets all wet and gooey. And that

4 --

5 JUDY: Right.

6 DR. HAIGMAN: -- may actually create more food
7 for the bacteria.

8 JUDY: Right.

9 DR. HAIGMAN: So, I probably wouldn't, wouldn't
10 do much more of that and just change the dressings
11 often.

12 JUDY: And put what on it?

13 DR. HAIGMAN: Nothing. Just put a little moist,
14 the -- something that's a little moist right against
15 the wound, or even better, just put it dry against the
16 wound, when you take it off it will peel away some of
17 that mold, some of the infection that's growing on it.

18 But this is -- that's just a temporary thing and it's
19 your decision, but I just, I don't you to make that
20 decision without knowing the full story.

21 JUDY: Yeah.

22 DR. HAIGMAN: And I'll be glad -- I'm always
23 standing by, and actually, myself and there are a
24 couple of other doctors and medical people who are
25 always standing by, if, you know, if you have a

1 question or a problem that we can help you with we'll,
2 you know, we're always there. And ultimately, you
3 know, if you want to we can take you and get that
4 taken care of at the emergency department here.

5 JUDY: But there's no way they're going to make
6 arrangements to come in here and do anything, huh?

7 DR. HAIGMAN: It just wouldn't be possible. See
8 even, see even if they'd, they'd let us -- and I doubt
9 that they'd let us do that, there's no way to bring
10 the equipment in, say, you know, the size of an x-ray
11 machine by itself. Much less you need a, you know,
12 sort of like a mini-operating room, and that's not
13 something we can carry in. Even if, say even if
14 they'd let that.

15 JUDY: Well, what would you do if it was you and
16 you didn't want to go out?

17 DR. HAIGMAN: Oh boy. I don't know. I mean,
18 that's what used to happen in the old days. Not, not
19 a good picture. Not a good set of choices.

20 JUDY: Well, you know there must be something, I
21 mean, they, somewhere along the line there was a
22 Thomas Edison type that figured out what to do.

23 DR. HAIGMAN: Right. And that's why, that's why
24 people don't die of that or lose their hands like that
25 anymore. See we've, we've figured that out and we

1 know how to treat it. It's just -- but you need the
2 equipment and the, you know, the technology that, that
3 it takes to do that.

4 JUDY: Yeah. See once I come out they wouldn't
5 let me back in, would they?

6 DR. HAIGMAN: No I don't think they would.

7 JUDY: Why not?

8 DR. HAIGMAN: Well, they, basically they don't
9 want anybody to be hurt.

10 JUDY: Yeah we don't either, we don't want to be
11 here -- hurt either. Man!

12 DR. HAIGMAN: Well it's, you know, it's your
13 decision, it's your hand. You asked me what I would
14 do if it were mine, now, you know, I'd, I'd get it
15 taken care of. I'd get -- want to get it -- it's my
16 right hand, it's the hand that I use all the time, I
17 wouldn't want to even lose part function of it much
18 less lose the whole hand, and you know, if, if it
19 keeps going, lose even more.

20 JUDY: Yeah.

21 DR. HAIGMAN: But, it, it's something that you've
22 got to weigh the, the choices.

23 JUDY: All right. Okay, thank you.

24 DR. HAIGMAN: All right, well if you, say if you
25 want to -- if you have more questions or if things are

1 changing, I'd be glad to, to tell you more or --

2 STEVE: Hello?

3 DR. HAIGMAN: -- talk to you. Okay.

4 STEVE: Is this Doctor Haigman?

5 DR. HAIGMAN: Yeah, hi, John Haigman.

6 STEVE: Hi. Right.

7 DR HAIGMAN: Who's this?

8 STEVE: This is Steve.

9 DR HAIGMAN: Okay, Steve.

10 STEVE: Right. So, was any, any -- get to work
anything out with her, or --

11 DR HAIGMAN: Well, she and Scott seemed to be
12 approaching the same problem. Scott's just a little
13 bit further behind Judy, but they both have in their
14 hands, they have a situation that's going to develop
15 into an infection, and in Judy's case already is a
fairly serious infection.

16 STEVE: It appears to be because it's more than
17 double the size of a normal finger.

18 DR HAIGMAN: Yeah, that's -- she's, she's
19 definitely got, she's got that white growth on the
20 outside of it, that's the bacteria, the infection's
growing in it.

21 STEVE: Could these nurses take some kind of a
22 sharp knife and, and open it up? Would they have

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1 enough knowledge to search -- oh, the bone is broke?

2 DR HAIGMAN: Well, that wou -- no, no, none at
3 all, that would be horrible, that would be barbaric.
4 I mean, that'd be Civil War type stuff.

5 STEVE: Right, it would be.

6 DR HAIGMAN: There's, there's -- that's not a
7 good choice, cause then again all they do is create
8 more dead tissue, more things for the bacteria to grow
9 on and dramatically increase the likelihood of the
bacteria getting into the bloodstream.

10 STEVE: What normally would you be doing? I
11 mean, do you first give antibiotics or --

12 DR HAIGMAN: Well, no, what we mainly do first is
13 we x-ray so that we know where the bone pieces are and
14 then we do a mi -- a surgical procedure to actually
15 take out all of the dead tissue which you only do if
16 you can deaden it up and make it, say basically
anesthesia --

17 STEVE: Right, right.

18 DR HAIGMAN: -- and you then remove -- you wire
19 the bone together and remove all the dead, dead
tissue.

20 STEVE: Right.

21 DR HAIGMAN: And that, you know, usually if you
22 do that promptly, antibiotics aren't even necess --

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1 see, antibiotics aren't the answer. They're, they're
2 only to treat the bacteria that are left over. It's
3 the dead tissue that's the problem.

4 STEVE: I see.

5 DR HAIGMAN: And that -- I know Judy was pretty
6 adamant that she, she doesn't want to come out and get
7 that done which is -- really worries me 'cause, you
8 know, that's a bad infection in her hand.

9 STEVE: She's, she's -- I'll tell you, she's so
10 adamant, she's just asking me now, what about cutting
11 off the finger.

12 DR HAIGMAN: Well, that's, that's just barbaric,
13 I mean --

14 STEVE: I know it is, and she agrees with you.

15 DR HAIGMAN: I don't have any experience in doing
16 something like that.

17 STEVE: She's aware, she's aware she said that
18 there was a man by the name of Ron Engleman (phonetic)
19 and others that had suggested bringing surgeons here
20 and of course the FBI apparently does not want that so
21 she said at this time she has not made up her mind or
22 made a decision to leave here.

23 DR HAIGMAN: Yeah, I've never heard of that, and
24 see I've been, you know, the medical guy, actually my
25 team have been here pretty much the whole time and --

1 STEVE: No, it is the truth, we have requested
2 from time to time that someone come here -- see, we
3 have never, the people here are not people that attack
4 people, that want to see someone harmed -- the day
5 that that happened, and of course, you know, I'm not
6 going to get into all what took place, but people were
7 shot and killed and wounded with inside, not even
8 knowing what was going on on the outside --

8 DR HAIGMAN: Um-hum.

9 STEVE: -- and, a lot of, a lot of innocent
10 bystanders and people that didn't even know what was
11 going on, and right from the beginning, we were hoping
12 -- I mean, these people were -- after that happened
13 they were afraid. I'm telling you, that's why a lot
14 of them have not moved out yet.

14 DR HAIGMAN: Well, that's, that's --

15 STEVE: And they're waiting to see, you know, the
16 process, we're trying to leave a few out here and
17 there and there's some that are choosing to, I'm
18 trying to encourage them.

18 DR HAIGMAN: Well, Steve --

19 STEVE: Yeah.

20 DR HAIGMAN: -- those are -- I mean -- you're
21 talking to the wrong person.

22 STEVE: I know, I know I am, but I mean though,

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1 the request has been for medical help. There really
2 has been. And she apparently has made up her mind at
3 this time she doesn't, she doesn't choose to come out
4 until she sees more, but as time goes on, of course,
5 it's worse, it's worse for her.

6 DR HAIGMAN: If we could help, you know, if I
7 could, or if my team here could help you in there we
8 would. But there's just, I mean, the equipment and
9 the things we need to do are not things that you could
10 do in somebody's house, which is --

11 STEVE: Well, even if you could do, even the
12 least amount that you could do would be better than
13 nothing.

14 DR HAIGMAN: I'll, I'll talk to my team here --

15 STEVE: I would --

16 DR HAIGMAN: -- and see if anybody has any ideas.

17 STEVE: I would appreciate that because we're
18 going to keep on working like I have been with people
19 like John Cox and many others and, and people are
20 deciding to come, but, you know, the majority are
21 still -- it's going to take a little time yet.

22 DR HAIGMAN: Well, if the guys who are at risk
23 for infection -- the risk of, you know, it's -- the
24 clock is ticking for them and that's what --

25 STEVE: I, I believe --

1 DR HAIGMAN: -- worries me.

2 STEVE: -- I believe that. That's why I'm hoping
3 that -- and until then maybe you or someone like your
4 team could come and -- I guarantee if anything -- I
5 mean, I would go out with you, I mean, whatever, but I
6 guarantee you there'd never be anything that ever
7 happened to any --

8 DR HAIGMAN: We'd just have to figure out -- I
9 can't think of anything that could possibly be done in
10 that environment. That's just a problem. It's not a
11 question of, of, choosing not to do something, it's
12 just --

13 STEVE: Right.

14 DR HAIGMAN: -- there's nothing you can do in
15 that in there.

16 STEVE: Even if you went by -- without taking an
17 x-ray, if you went by sight or by opening it up and
18 trying to do whatever needed to be done with the bones
19 by sight or by however you would clean it up would be
20 better than the way it is now, of course.

21 DR HAIGMAN: I don't know about that, I say, it's
22 pretty barbaric to talk about doing that. But it's --

23 STEVE: But you'd be able to at least, use local
24 anesthetic or whatever else you do and --

25 DR HAIGMAN: But you see we don't have an x-ray

1 and we won't know where -- what we're doing.

2 STEVE: Probably with the years you have, though,
3 in experience -- the whole thing is, you know, like
4 you said, it's, it's going to get bad, it's going to
5 get worse, and it's -- right now she's not willing to,
6 you know, leave, until she sees a lot more as to
7 what's going on and the procedures, so.

8 DR HAIGMAN: Well, Steve, the problem -- I mean,
9 you're asking me to do bad medicine. And you know,
10 that, that's not -- I mean, it's a bad choice between
11 no medicine and bad medicine --

12 STEVE: Well then --

13 DR HAIGMAN: I don't want to be the part -- the
14 one who goes in and, and does --

15 STEVE: Okay, but ultimately, it would -- didn't
16 you imply, or didn't I understand that it could be
17 fatal even if it continues like it is?

18 DR HAIGMAN: If that infection gets into the
19 blood stream, absolutely.

20 STEVE: Exactly. And if you saw the fingers, the
21 size of it already, I mean, it's bad. There is no
22 question, it's bad.

23 DR HAIGMAN: But what I -- I mean, I think I'd
24 be, I'd be contributing to making that happen. That
25 if I give bad medicine, bad treatment in there and

1 then she stays in there because of that and then gets
2 more infected and dies, that's my fault.

3 STEVE: Not at all because --

4 DR HAIGMAN: Because if she --

5 STEVE: -- she made the choice not to leave where
6 you kept on, even with witnesses and, and --

7 DR HAIGMAN: But then I'm helping her, I'm
8 helping her have the peace of mind to go ahead and do
9 something that may ultimately --

10 STEVE: But you already made it clear --

11 DR HAIGMAN: -- even kill her.

12 STEVE: -- to her, see, that's the whole point.
13 And she made the choice even with all the advice and
14 the risk involved and she would even sign something
15 relieving any kind of liability.

16 DR HAIGMAN: I just, I, I don't think that
17 that's, I mean, I think we're making it worse.

18 STEVE: Dr. Haigman, is there any way that you
19 said you -- could you talk to your team -- and is
20 there --

21 DR HAIGMAN: Of course, I'll be talking to them
22 and if we come up with any ideas --

23 STEVE: Okay, if there's any way -- feel free to
24 call here or if you'd like me to call you back at a
25 given time --

1 DR HAIGMAN: Well they'll, say, if, if we have
2 any ideas we'll let -- when you talk to the folks here
3 --

4 STEVE: Okay.

5 DR HAIGMAN: -- you know, and when you talk to
6 John here, we will --

7 STEVE: All right.

8 DR HAIGMAN: -- he'll, he always has contact with
9 us. If you want to talk to talk to us again or if
10 somebody else there is also either hurt or sick or
11 just has questions, John can always get us. You know,
12 any time of the day, we're, we're standing by.

13 STEVE: Is there anything she can do right now?
14 There's a nurse right here -- would it help talking to
15 her or anything she could do to alleviate the pain or
16 at least bring down the swell -- anything at all?

17 DR HAIGMAN: Well, I mean, the thing that you
18 could do right now to really help her would be to come
19 out and get it taken care of. Short of that, there's
20 not a whole lot to do more than sit and wait and
21 unfortunately see what happens.

22 STEVE: Okay.

23 DR HAIGMAN: And it sounds like even the soaking
24 has actually hurt.

25 STEVE: Hmm.

1 DR HAIGMAN: So --

2 STEVE: Wow.

3 DR HAIGMAN: I know, it's ultimately,
4 unfortunately their decision, I just want them to know
5 what they're buying into and --

6 STEVE: Right.

7 DR HAIGMAN: -- and I just cannot think of
8 anything that --

9 STEVE: I mean the awesome part of it, I mean I
10 -- this is not your aspect or part of this program I
11 know, but the awesome part is here she was, minding
12 her own business, innocent, not part of anything,
13 going to go to a Bible study --

14 DR HAIGMAN: That's not something -- see I, I --

15 STEVE: You know what I'm saying?

16 DR HAIGMAN: -- I just want to --

17 STEVE: Now here the person has to come out and
18 go through who knows what, not being promised to come
19 back to her home -- hasn't done, I mean --

20 DR HAIGMAN: Yeah, I'm not the --

21 STEVE: -- you understand what I'm saying?

22 DR HAIGMAN: I -- but I'm not the one --

23 STEVE: Here's a, here's a human being in
24 humanity pleading for help to, you know, surgeons and
25 doctors who give oaths to help and so forth -- well,

1 you know?

2 DR HAIGMAN: I'd be glad to help you but I can't

3 help you with --

4 STEVE: Okay.

5 DR HAIGMAN: -- that part of it. See that's --

6 STEVE: Thanks, John, anyways --

7 DR HAIGMAN: Okay.

8 STEVE: -- so if you want to put on John Cox,

9 fine.

10 DR HAIGMAN: Okay.

11 STEVE: Okay.

12 DR HAIGMAN: Bye.

13 JOHN COX: Hey.

14 STEVE: Hey.

15 JOHN COX: He a -- let me pass a couple of --

16 STEVE: Well, I guess --

17 JOHN COX: -- things by you.

18 STEVE: Sure.

19 JOHN COX: Max talked with Oliver.

20 STEVE: Okay.

21 JOHN COX: After he came out and he said to tell

22 you and David and Ayesha that he was okay. He's

23 being, he's being interviewed by several people and

24 he's into the judicial process like Judy and we're

25 going to call his father and let him know about --

1 STEVE: Okay, he, he --

2 JOHN COX: -- his condition.

3 STEVE: -- when he went out he gave the desire to
4 be able to call through here himself -- what happened?

5 JOHN COX: That hasn't been --

6 STEVE: Is he going to be able to call me and at
7 least say a word and then I'll just -- or to his
8 sister, that'd be, you know --

8 JOHN COX: Nobody said anything like that to me.

9 STEVE: Is that right?

10 JOHN COX: No.

11 STEVE: But I was talking with John originally,
12 he said that that would be part of it -- that as soon
13 as he came out that he'd be able to call back and say
14 hello to me or to her and then that -- that's how it
15 -- he had -- I mean, of course, you know, the process
16 that John and I were working out through the day I was
17 tell -- it helps a lot because these people are seeing
18 the treatment, they --

18 JOHN COX: Yeah.

19 STEVE: -- it's, it's going great.

20 JOHN COX: Okay, let me --

21 STEVE: And that's helped, that's helping me on
22 my part, of course.

23 JOHN COX: Sure. Hey, and we just had a problem
24
25

1 earlier in the day --

2 STEVE: Yeah.

3 JOHN COX: -- that nobody was aware of. Let me

4 -- STEVE: By the way --

5 JOHN COX: Let me you a couple of --

6 JOHN COX: -- David is, he's, he's still -- I
7 peeked around the corner -- he's now, he's falling
8 asleep again but he said -- were you able to take care
9 of that with John about the chickens? He says I want
10 them covered, I don't want them to die and -- and I
11 said I'll mention it to him again -- I says I already
12 did and I think he was working on that, so. Did you
13 find out? Or --

14 JOHN COX: Let me, let me mention two things to
15 you.

16 STEVE: All right.

17 JOHN COX: The decision on the chickens is going
18 to be yours, if you understand what I'm saying to you.

19 STEVE: Okay.

20 JOHN COX: Do you?

21 STEVE: I gotcha.

22 JOHN COX: I mean, that's as clearly as I can say
23 that now, okay?

24 STEVE: Okay, I gotcha. Sounds good.

25 JOHN COX: Okay.

1 STEVE: Okay what, now what did you --

2 JOHN COX: And, and that's about the only way I
3 can put that one out okay?

4 STEVE: Okay, I gotcha.

5 JOHN COX: And, what we want to do --

6 STEVE: Okay.

7 JOHN COX: -- is get the videos in to you --

8 STEVE: Right.

9 JOHN COX: -- our command people are really
10 getting, getting upset. They had the impression four
11 people or more were coming out today --

12 STEVE: Oh John, don't, don't tell me now -- look
13 it -- if you want --

14 JOHN COX: -- and they -- let me, let me tell you
15 what --

16 STEVE: -- no, no John, you, no, no, no --

17 JOHN COX: -- they're saying.

18 STEVE: -- I don't really give it -- now look it,
19 I'm getting a little mad. I'm ser -- I really am.

20 JOHN COX: Yeah.

21 STEVE: It's been a long day, if you knew on my
22 side what I'm going through, the trying to talk, and
23 all day long, it, it wears on the mind and wears on
24 the person, it really does. The position I'm in with
25 all these people trying to work it out, getting them

1 out. They should be happy that -- when I said what I
2 said, these people are -- if they got a problem, you
3 tell them I'll put the phone right down now, we can
4 leave more time go by until -- tell them to relax,
5 David said three days ago, give these people time and
6 he's right. It, it'll work out, and I'm working with
7 them. Tell them to relax. John, through the day --

8 JOHN COX: Hey --

9 STEVE: -- we were doing damn well.

10 JOHN COX: I know, I know what you're doing.

11 STEVE: And there's been no prob -- I don't know
12 what is, I don't know what is, now what is all this --
13 how come that every time we start getting somewhere
14 and I, I made no promises or commitment to time, John
15 understood that. And it's been working out --

16 JOHN COX: Well, you didn't even let me explain
17 --

18 STEVE: Wait, wait --

19 JOHN COX: -- what I was going to say to you.

20 STEVE: -- well you know, I get kind of tired
21 about hearing about these damn commanders or what,
22 tell them to be human and to relax because it's
23 working, just tell them to relax.

24 JOHN COX: Well, one of the reasons was, you
25 know, we went through five days or more and --

1 STEVE: Well, it --

2 JOHN COX: -- although we had a dialogue going --

3 STEVE: (Indiscernible) you know what I mean?

4 JOHN COX: -- we had a dialogue going right? We
5 had conversations but nothing was happening.

6 STEVE: Yeah, days went by but David also had
7 said the last time he was on the phone with yourself,
8 Max, John, one of you --

9 JOHN COX: Uh-huh.

10 STEVE: -- he had said give these people some
11 days beca -- he knows these people, give them some
12 time. You know, they're thinking this whole thing
13 through, they're -- it, it was quite a traumatic
14 experience.

15 JOHN COX: Well, we been through fourteen days.

16 STEVE: Yeah but you're on the outside in your
17 warm place and you, you're going on with your life --

18 JOHN COX: Hey, I am --

19 STEVE: -- remember that John.

20 JOHN COX: -- I am. But, you know --

21 STEVE: And tell them to remember that.

22 JOHN COX: -- we, we --

23 STEVE: -- they're going to be sitting on their
24 butts from now on, eating their steak and watching tv,
25 living their life.

1 JOHN COX: All of our people that are out there
2 aren't in their warm places --

3 STEVE: Yeah but, but at the same time -- it's
4 going to be different for these inside here.

5 JOHN COX: And, and basically, you know, as
6 you've told me and not, not you as much as David has
7 told me and the others that it's their decision to
8 make, right?

9 STEVE: And it is. That's why he was annoyed at
10 that press conference --

11 JOHN COX: It, it's your decision to make it's
12 David's decision to make, it's not our decision --

13 STEVE: John, John --

14 JOHN COX: -- we're standing out here with open
15 arms.

16 STEVE: John, that's why this morning when that
17 press conference was given --

18 JOHN COX: Uh-huh.

19 STEVE: -- and your -- and what's his name, Dick,
20 made some -- he, he was talking about how David was
21 releasing people -- it had nothing to do with David.
22 I had talked with these people for the last two days,
23 they showed that they wanted to go, the only thing
24 they want to do is talk to him and see if he had any
25 Bible scriptures for them, that was the only --

1 JOHN COX: Well you know, maybe it was a matter
2 of semantics that he said --

3 STEVE: Well, yes, but still but, he --

4 JOHN COX: -- he meant David had no objections to
5 their leaving.

6 STEVE: Yeah, but it bothers me and bothers him
7 because they all have free will, they will do what
8 they want and we will back that freedom of choice.

9 JOHN COX: Hey, that's fine, that's fine.

10 STEVE: But I mean, you know, it's the way all
11 this comes across --

12 JOHN COX: What I, what I -- rather than getting
13 all upset about this --

14 STEVE: -- and what else --

15 JOHN COX: All I'm trying to tell you is --

16 STEVE: You're not making me get upset.

17 JOHN COX: -- you know, you're answering to
18 somebody, I'm answering to somebody.

19 STEVE: Well, that's I'm saying, and what you
20 started to tell me after all the work and the last
21 especially two, three days, it's almost disgusting to
22 hear. I feel like just going to bed and waking up in
23 the morning and starting over. It's --

24 JOHN COX: What, hey, let me --

25 STEVE: -- these guys (indiscernible).

1 JOHN COX: -- let me explain something real
2 simple. If you want to see the tapes and you want to
3 see the notes from the kids that are out there, we're
4 going to work getting those out there.

5 STEVE: Well, it's not -- okay.

6 JOHN COX: If, if, if --

7 STEVE: It's not that big of a deal even if I, I
8 -- you know what? I, my, personally could care less
9 if I ever saw any of it, in honesty. I really --

10 JOHN COX: Well, you don't to tell those, you
11 don't want to tell those mothers and, and --

12 STEVE: Boy, it's not that --

13 JOHN COX: -- that they don't want to hear from
14 their kids, huh?

15 STEVE: (Indiscernible) it wouldn't matter to me.
16 David is the one that --

17 JOHN COX: Is that, is this the same guy I been
18 talking to for the last several days?

19 STEVE: You got it, you got it. These mothers
20 are okay. You know, they, they sent their children
21 out there --

22 JOHN COX: Well, well let me explain --

23 STEVE: (Indiscernible)

24 JOHN COX: You don't let me, you don't let me
25 finish what I want to say to you.

1 STEVE: Go ahead. I'm tired. You know you guys

2 --

3 JOHN COX: You're getting all pumped up here.

4 STEVE: You guys do shifts. I don't. I don't.

5 JOHN COX: Hey. Listen, the last couple of
6 nights you had the opportunity to get plenty of sleep
7 though, huh?

8 STEVE: No, I didn't because like last night I
9 fell asleep for a few minutes and right away I was up
10 again until -- right, like twenty minutes later 'til
11 like three in the morning.

12 JOHN COX: How come?

13 STEVE: Well people come and start bothering you
14 -- somebody needs this or that, or there's a problem
15 here or whatever.

16 JOHN COX: Well, well why don't you do the same
17 thing David does? Say don't bother me until -- you
18 know?

19 STEVE: Cause, because maybe a --

20 JOHN COX: Huh?

21 STEVE: -- well see, he's hurting. I don't have
22 any excuses.

23 JOHN COX: Well tell him you're having migraines.

24 STEVE: (Indiscernible) Pardon?

25 JOHN COX: Tell him you're having migraines.

1 STEVE: Okay now what, what's -- where we at?

2 JOHN COX: You, you need --

3 STEVE: Now what's the --

4 JOHN COX: -- you need to relax. Okay?

5 Basically this is where we are. The people I answer
6 to are looking for -- I just had somebody -- that --
7 we want to deliver this stuff inside and they
8 basically said if you want to see the tapes, if you
9 want to do some of these things, if you want to have
10 somebody come out, it's got to be done by ten o'clock
11 this evening.

12 STEVE: There's no problem with that. In fact,
13 if you wanted to do it now, I mean, that -- there's
14 nev -- I don't understand why there's even a -- a
15 time limit put on because we were more than willing to
16 do --

17 JOHN COX: I don't understand --

18 STEVE: -- wait -- four or five hours ago, by
19 saying that, they're not good nego -- I mean that was
20 already a given with John earlier. So I mean that's
21 --

22 JOHN COX: Okay, are, are -- do you have Greg or
23 somebody --

24 STEVE: Yeah. Oh that's --

25 JOHN COX: -- that can come out and get the

1 tapes.

2 STEVE: John, I'm, I was asking about --

3 JOHN COX: And you want, you want to --

4 STEVE: You know what? Personally I don't, I
5 don't even care about chickens and all that kind of
6 thing --

7 JOHN COX: I know, I know, I know.

8 STEVE: -- but when David told -- I mean you
9 know, it's the only thing he really said to me today,
10 he says mention to them I want to get those chickens
11 covered and let them have a little bit of feed.

12 JOHN COX: Well you --

13 STEVE: And for the first time --

14 JOHN COX: -- you heard what my response was on
15 that huh?

16 STEVE: -- and I -- yeah I got that. So but
17 that's where it all started. I don't know -- okay now
18 what time do you have there anyway, I don't even know
19 what time it is here.

20 JOHN COX: What's the matter -- I got 8:14.

21 STEVE: Okay, then --

22 JOHN COX: Well I got 8:14 on one clock and 8:17
23 on another, but whatever you want to do.

24 STEVE: Yeah, yeah, okay, but -- so do they have
25 it all together that the two magazines, the tapes, all

1 that?

2 JOHN COX: What we have together are the tapes
3 and the notes from the kids.

4 STEVE: Not the two magazines yet.

5 JOHN COX: Those aren't up, those aren't up
6 there, those are not up forward yet.

7 STEVE: Well that's -- I told you I would wait
8 until you have it all together to make it easier for
9 yourselves where I can -- so we can send someone out
10 just pick the whole thing up at one time.

11 JOHN COX: Well, we can -- you can -- have him
12 come out and pick those up and then we'll set the
13 other ones up there and you know, we can work it out.

14 STEVE: Well why -- I'll tell you what --

15 JOHN COX: And you can handle that other, you
16 know, what you got in mind.

17 STEVE: Right, right. A -- okay.

18 JOHN COX: And, and you can be showing that --

19 STEVE: I guess there's no problems then.

20 JOHN COX: -- you can let people see that, you
21 know, see the tapes.

22 STEVE: You know what? If, if those commanders
23 have problems when you and I are doing okay, don't,
24 don't even tell me about them. Because I -- I guess I
25 was self-deluded today and lately thinking we were

1 doing very well and because of talking to these people
2 and I know what they've got planned, I know they've
3 made a choice and they're going to do it, so don't
4 even tell me what these guys are so anxious that they
5 thought they would come out today or whatever --
6 they're coming, that's what I told John.

7 JOHN COX: Yeah.

8 STEVE: He had no problem with that. They've
9 made up their mind and so forth and then, then because
10 of this phone problem for the five hours, probably
11 another one would have been out. But they're -- they
12 want -- again, we're kind of anxious to see how Ollie
13 was --

14 JOHN COX: Okay.

15 STEVE: And, you know, his calling back and so
16 forth. You know, I mean, you can understand that.

17 JOHN COX: Okay. I understand that. And I'm not
18 trying to rock a boat, you know that, right?

19 STEVE: Oh, by the way, they, they're -- the FBI
20 are usually telling everybody I'm forty-eight, that's
21 five years before my time yet.

22 JOHN COX: Oh yeah?

23 STEVE: I mean, it doesn't really -- I'm humored
24 by all the things I hear and watch but I'm always
25 amazed at how, what little bit of facts that ever

1 really come across as, as the facts are, I mean,
2 that's such a minor thing, but --

3 JOHN COX: You mean you weren't born in 1944?

4 STEVE: No, '49, I'm actually --

5 JOHN COX: Oh, hey.

6 STEVE: -- forty-three years of age.

7 JOHN COX: Hey. (Laughs)

8 STEVE: I, I was waiting for them to say I was
9 about sixty-nine here next.

10 JOHN COX: Uh-oh, uh-oh.

11 STEVE: But I thought it could be quite
12 interesting.

13 JOHN COX: Yeah. Yeah.

14 STEVE: Why did the -- Scott here standing by me,
15 he's wondering if they contacted his dad yet.

16 JOHN COX: I don't know if they have yet.

17 STEVE TO SCOTT: He doesn't know, Scott.

18 JOHN COX: No, I don't. I've been asked to do
19 about a half a dozen different things here --

20 STEVE: Okay. Well, tell me then now --

21 JOHN COX: What we --

22 STEVE: -- how long will it take to get these
23 magazines and everything together and then dropped off
24 at one time?

25 JOHN COX: Okay. The tapes are there now, you

1 know, and it's --

2 STEVE: You want to call me back?

3 JOHN COX: -- going to take us another hour or so
4 to get the magazines and things up there.

5 STEVE: That kind of time? Even though they're
6 right here in Waco?

7 JOHN COX: (Laughs) Do, do -- we will deliver
8 them as soon as we can get them up there.

9 STEVE: Okay.

10 JOHN COX: You know, it's the system, right?

11 STEVE: Oh I know.

12 JOHN COX: (Clears throat) Excuse me. But --

13 STEVE: Is this --

14 JOHN COX: -- why, why don't you be ready to send
15 Greg out to get the tapes and stuff and we'll take
16 this one at a time, huh?

17 STEVE: Well, it doesn't --

18 JOHN COX: Then maybe you can handle something
19 else at the same --

20 STEVE: (Indiscernible) likes the exercise.

21 JOHN COX: Hey -- maybe you can handle something
22 else same time.

23 STEVE: Yeah.

24 JOHN COX: Okay?

25 STEVE: Okay, so we'll take care of that. You

1 want to call me back when the other's getting ready to
2 be done or --

3 JOHN COX: I do, but I don't know if I can ring
4 you back.

5 STEVE: Well, try me right now because I stuck
6 the other phone back on and I'm hoping --

7 JOHN COX: Okay. I'm going, I'm going to hang
8 up, I'm going to try and call you back --

9 STEVE: Right now.

10 JOHN COX: -- and if you don't hear from me --

11 STEVE: I'll call you --

12 JOHN COX: -- right away call me right back.

13 STEVE: I'm going to.

14 JOHN COX: Okay.

15 STEVE: Bye.

16 JOHN COX: Bye.

17 (Phone disconnects. Phone ringing. Background
18 voices "...blue and green? Phone ringing.)

19 JOHN COX TO UNIDENTIFIED PERSON: Hey, hey
20 (whistles) I know he is. He's off, he's open.

21 JOHN COX TO STEVE: Hey. You there?

22 STEVE: How's it doing? Hey.

23 JOHN COX: Mar -- The ringer's not working.

24 STEVE: Ah, you -- definitely -- he's working on
25 it right now, so -- are they -- how long will it be

1 before they're there dropping it off? I'll have Greg
2 go get it.

3 JOHN COX: Hold on. Let me find out.

4 STEVE: All right.

5 JOHN COX: I'm getting as frustrated as you are.

6 STEVE: No, I'm not -- I'm actually not
frustrated. It -- it's --

7 JOHN COX: Oh, yes you are --

8 STEVE: No, no -- that, that kind of thing's no
9 problem. The only thing I -- I'm trying to keep David
10 happy with these chickens cause if they die then he's
11 wondering what, what the big deal was --

12 JOHN COX: Hey -- nothing's happening, hold on
just a minute.

13 STEVE: I know, I know, I gotcha.

14 JOHN COX: Let me, let me just --

15 STEVE: All right.

16 JOHN COX: -- ask somebody a question.

17 (Gap)

18 STEVE TO UNIDENTIFIED PERSON: There's the thing
for the ringer right there. Huh?

19 UNIDENTIFIED PERSON: (Indiscernible) the radio
20 (indiscernible)

21 STEVE TO JUDY: Judy, are they going to do
22 anything for you at all?

23

24

25

1 JUDY: No. Not unless I come out there. I'm not
2 going out there, I told them (indiscernible).

3 STEVE TO JUDY: It's probably a, a chipped bone
4 or a broken bone and there's dead flesh in there which
5 is going to cause infection, it's going to continue
6 (indiscernible) -- do you know at all -- do you know
7 about all that sort of thing?

8 UNIDENTIFIED SPEAKER: (indiscernible)

9 STEVE: I was hoping maybe -- we should have had
10 -- stuck him on the phone with you maybe, huh?

11 UNIDENTIFIED SPEAKER: We should have
12 (indiscernible)

13 JOHN COX: Hey --

14 STEVE: Yeah.

15 JOHN COX: Steve. The, the tape is being driven
16 up there I guess in one of those Bradley vehicles and
17 it's got one of those, what do you call them? Little
18 Cal-Lum (Phonetic) Glo-Sticks attached to it --

19 STEVE: Oh, okay

20 JOHN COX: -- either a green or a blue.

21 STEVE: Okay.

22 JOHN COX: So it'll be sitting out there and
23 they'll see, it's like a little fluorescent light
24 stick.

25 STEVE: Okay.

1 JOHN COX: You know what I'm talking about?

2 STEVE: So -- they're doing -- they're driving in
3 that direction now?

4 JOHN COX: Yeah, so they ought to be able to see
5 the lights of the vehicle coming up.

6 STEVE: So he'll walk down with a flashlight
7 shining to the road again.

8 JOHN COX: Okay it's got a green, one of those
9 little green glowing sticks attached to it.

10 STEVE: And usually what the procedure's been --
11 they -- then they back off --

12 JOHN COX: Yep.

13 STEVE: -- to give them --

14 JOHN COX: Yep.

15 STEVE: Okay. Fine.

16 JOHN COX: Yep.

17 STEVE: Okay I, I'll be talking to you in a
18 little bit here.

19 JOHN COX: Tell him, tell him just take the
20 flashlight and go down there.

21 STEVE: He's working on the phone so I'm going to
22 call you --

23 JOHN COX: Yeah.

24 STEVE: -- in a little bit and then I'll have you
25 call me back again.

1 JOHN COX: Let me know when you get them, huh?

2 STEVE: Okay, will do.

3 JOHN COX: Okay? Thanks.

4 STEVE: Okay, bye.

5 JOHN COX: Bye.

6 (Disconnects) (Reconnects)

7 JOHN COX: Hello?

8 STEVE: Hello John?

9 JOHN COX: Hey, how are you?

10 STEVE: Did -- I don't think the Bradley's even
moved in this direction yet, has it?

11 JOHN COX: You're kidding.

12 STEVE: Unless it did, it --

13 JOHN COX: It was supposed to be moving that way
before we concluded our last conversation.

14 STEVE: Maybe they already dropped it off and
left already, is that possible?

15 JOHN COX: I got somebody making a phone call
right now.

16 STEVE: Okay.

17 JOHN COX: Okay?

18 STEVE: Okay.

19 JOHN COX: All right -- you're going to probably
20 kill two birds with one stone, per se?

21 STEVE: Yeah.

22

23

24

25

1 JOHN COX: Okay. That's about as clear as I can
2 make that.

3 STEVE: All right.

4 JOHN COX: Listen, don't -- just try -- we know
5 what you're going through, believe me, my friend.

6 STEVE: Okay.

7 JOHN COX: We understand it totally and we're,
8 we're not -- (pause) -- it's en route. It's en route.

9 STEVE: Okay. Okay.

10 JOHN COX: Okay. But a -- we appreciate what
11 you're doing, believe me.

12 STEVE: I'm just, you know --

13 JOHN COX: So -- and I know you gotta blow off
14 steam and --

15 STEVE: Well no, no, sometimes you're so tired,
16 you know --

17 JOHN COX: I know.

18 STEVE: -- you're struggling to just kind of --
19 I'm standing, it's --

20 JOHN COX: Hey, you've had a lot of things put on
21 your shoulders, haven't you?

22 STEVE: I'll say this, it, it's so cold here,
23 then with all these people and trying to get them
24 going and all the rest --

25 JOHN COX: Hey you've had a lot of pressure put

1 on you.

2 STEVE: Well I'm -- I've been trying to encourage
3 them and the rest and you know they start having
4 second thoughts, and --

5 JOHN COX: Well, you've done well. You've done
6 well. You know, as I told you the other night -- we
7 don't a, we don't have a problem with you.

8 STEVE: Okay.

9 JOHN COX: You're really -- you're trying hard
10 and we appreciate it, all of us do, but the system is
11 slow you're --

12 STEVE: Not at all, I, I, like I said, if I was
13 in their, in their shoes and on that side I'd be
14 anxious too, and I mean I am myself on this side, but
15 you know, it's hard here too because someone makes up
16 their mind they're going to and then there's something
17 happens or they become slow or they get apprehensive
18 and I've got to go back and start talking to them
19 again and --

20 JOHN COX: Do, do you see, do you personally see
21 the vehicle when it comes up or somebody just tells
22 you?

23 STEVE: No, because I'm back in a room where the
24 phone is --

25 JOHN COX: Okay.

1 STEVE: -- so they've always got to come and tell
2 me.

3 JOHN COX: So that, that's over by David
4 someplace and it's not near any --

5 STEVE: Well, it's not even near him. 'Cause
6 he's not too far from me -- it usu -- it's quite a
7 distance from me, actually -- probably, oh, man I
8 don't even know -- quite a ways.

9 JOHN COX: I thought you said like he was fifty
10 feet away or something like that.

11 STEVE: Well he's, from me, he would be about, oh
12 let's see, what is he about here, fifteen feet I
13 guess.

14 JOHN COX: Yeah, yeah.

15 STEVE: Yeah.

16 JOHN COX: He's okay tonight?

17 STEVE: Yeah, I don't -- well yeah, he was,
18 'cause I went in there but he got a little bit
19 annoyed. There was a few people that wanted to see
20 him and talk to him and apparently he's still, you
21 know, he's tired and trying to heal and -- so he was
22 -- he's still staying -- he's not gotten out of bed or
23 moved around where he did try to get up about three or
24 four days ago, sat up and tried to even stand but
25 apparently he starts bleeding when he does that so he

1 | decided not to do that. So --

2 | JOHN COX: Well, you think he probably got up too
3 | soon to begin with, huh?

4 | STEVE: I think so, I think that's what it is.

5 | JOHN COX: Yeah, yeah.

6 | STEVE: And because of that now he's just -- he's
7 | getting, you know, he's got, from being in bed on one
8 | side for so long he's actually taken his skin off his
9 | tailbone area even a little bit. I mean, don't say
10 | anything --

11 | JOHN COX: He probably ought to --

12 | STEVE: -- don't go having that on a press
13 | conference or something.

14 | JOHN COX: (Laughs)

15 | STEVE: (Laughs) You know what I mean?

16 | JOHN COX: Yeah.

17 | STEVE: Okay.

18 | JOHN COX: Well he probably should, you know,
19 | roll from cheek to cheek or whatever.

20 | STEVE: But you know, he's -- that's what he's
21 | been trying to do, but because of the wound he's got
22 | to be careful what side and how he moves, I guess and
23 | --

24 | JOHN COX: Yeah, it's the same thing as what,
25 | what bedsores or something like that?

1 STEVE: Exactly, exactly.

2 JOHN COX: As far as we -- you got somebody
3 looking for that thing?

4 STEVE: Yeah, Greg. I told him -- he's, he's at
5 the window and he's actually been looking out -- it's
6 dark out there, he sees nothing out there, no
7 movement. No lights from a vehicle unless they
8 already came and dropped it off. He doesn't know,
9 that's what he's wondering 'cause by the time I told
10 him and he went to the door he doesn't really see
11 anything he said.

12 JOHN COX: Yeah. Well as long as he knows just
13 leave the flashlight on when he walks out there and
14 leave it on when he walks back.

15 STEVE: Right, which he would do, yeah.

16 JOHN COX: It, it ought to be working all right.
17 And, and we're -- what we're going to try and do is,
18 you know, put another package together with, with the
19 Time magazine --

20 STEVE: Right, right.

21 JOHN COX: -- and, and the Newsweek, and --

22 STEVE: Okay.

23 JOHN COX: Do you think the ringer's working at
24 this end at all or not at all?

25 STEVE: I should actually have you call me back

1 one more time.

2 JOHN COX: You want me to give you a --

3 STEVE: Yeah, give me a call right back now --

4 JOHN COX: Let, let me check on the other thing
5 and give you a call right back.

6 STEVE: Okay, sounds good.

7 JOHN COX: Okay, thanks. Bye.

8 (Disconnects) (Reconnects)

9 JOHN COX: Hey.

10 STEVE: John, you tried to call then, huh?

11 JOHN COX: No, I didn't.

12 STEVE: Oh you didn't?

13 JOHN COX: No. I was going to call you right
14 back when I got an answer from the people --

15 STEVE: Oh, that's right, that's right. Okay.

16 JOHN COX: Let me try. Let me try right now.

17 STEVE: I'm real curious about this phone. Okay
18 thanks.

19 JOHN COX: Let me try.

20 (Disconnects) (Reconnects)

21 STEVE: Very good, it's working.

22 JOHN COX: Hey, it's working?

23 STEVE: Yeah, we got a cat here that just went
24 flying out of here it's works so well.

25 JOHN COX: (Laughs)

1 STEVE: (Laughs)

2 JOHN COX: Hope you don't have an electrocuted
3 cat.

4 STEVE: Yeah, well that cat heard that -- in fact
5 it was just a loud ring the cat jumped about a foot or
6 two here.

6 JOHN COX: Listen --

7 STEVE: Okay so you're working on the other thing
8 --

9 JOHN COX: They said that it would be there in
10 less than five minutes.

11 STEVE: Okay, so we just have to watch for --

12 JOHN COX: You know --

13 STEVE: -- at the door, maybe then.

14 JOHN COX: Yeah.

15 STEVE TO UNIDENTIFIED PERSON: Okay

16 (indiscernible)

17 JOHN COX: And, and let me, let me work on the
18 other thing for you too.

19 STEVE: Okay, sounds good.

20 JOHN COX: Listen.

21 STEVE: Yeah.

22 JOHN COX: Do you think there's any chance of
23 either Rita or Brad or Kevin coming out tonight or do
24 you think it's a positive thing -- more positive
25

1 they're coming out in the morning.

2 STEVE: Morning. Positively. 'Cause I, I went
3 and talked with them --

4 JOHN COX: Okay.

5 STEVE: -- even when John was on there and
6 already they were saying they want to come, they had
7 their clothes together, they washed their hair,
8 everything, you know what I mean? They're ready to
9 come and --

10 JOHN COX: But you don't think it's going to
11 happen tonight.

12 STEVE: No. I think because, you know, the kind
13 of a mess communication with the phone line --

14 JOHN COX: Uh-huh.

15 STEVE: -- like that five hour period, kind of --
16 he says well I want to go in the day -- they all said
17 they want to go out in the daylight.

18 JOHN COX: They're just -- they're reluctant to
19 come out at night?

20 STEVE: Pardon?

21 JOHN COX: They're reluctant to come out at
22 night?

23 STEVE: Yeah I think they, they just want to be
24 able to see what they're doing and I think they'd feel
25 easier about it in the daytime there --

1 JOHN COX: Okay.

2 STEVE: -- the whole process maybe -- I think
3 what the information you gave me and John about the
4 procedure and all the rest of the things would rather
5 be in the day I guess.

6 JOHN COX: Okay.

7 STEVE: And it's not a problem, either, because
8 --

9 JOHN COX: All right.

10 STEVE: -- I went and talked to them just, you
11 know, a few hours ago, and, and no one's changed their
12 mind or anything.

13 JOHN COX: Okay.

14 STEVE: Okay, just -- it's there now they tell
15 me.

16 JOHN COX: Okay. Let me, let me, let me ask you.
17 Are you going to have them call us at nine o'clock --
18 yeah, we were just told that it's there.

19 STEVE: Yeah, we will, we'll be calling.

20 JOHN COX: They will call us at nine o'clock?

21 STEVE: Right, or just a little bit after --

22 JOHN COX: All right.

23 STEVE: -- because that, that's usually our
24 worship hour and --

25 JOHN COX: All right.

1 STEVE: -- yeah.

2 JOHN COX: Okay.

3 STEVE: That's a real good time.

4 JOHN COX: Let me know --

5 STEVE: Okay.

6 JOHN COX: -- when you get it back inside, huh?

7 STEVE: All right I'll give you a call.

8 JOHN COX: Okay? 'Cause there are two videos
9 there.

10 STEVE: Okay, I'll give you an inventory of
11 what's there.

12 JOHN COX: Okay. Or if you want to just call me
13 back in half hour, whatever.

14 STEVE: Okay. Half hour it is.

15 JOHN COX: What time is it now? Call me back at
16 quarter past eight -- quarter past nine, how's that?

17 STEVE: Quarter after nine?

18 JOHN COX: Yeah.

19 STEVE: Sounds good. Ayesha just asked if her
20 brother called -- if her what or what's happening.

21 JOHN COX: No. As a matter of fact as far as I
22 know he's downtown. He's with probation office.

23 STEVE: Okay. Is there anyway that --

24 JOHN COX: That's the information I have.

25 STEVE: -- could he give her call or anything, or

1 --

2 JOHN COX: We're going to try and work something

3 --

4 STEVE: Okay. Even if it's to say hi, I'm fine,
5 that's all --

6 JOHN COX: I can't make you a promise. All I can
7 say is I can try.

8 STEVE: Okay, sounds good.

9 JOHN COX: And, and I'll talk to you at 9:15.

10 STEVE: If not maybe tomorrow, huh?

11 JOHN COX: Okay. And is your, is your guy on his
12 way?

13 STEVE: He's right here standing --

14 STEVE TO UNIDENTIFIED PERSON: Go ahead.

15 JOHN COX: Tell him to go with the flashlight.

16 STEVE TO UNIDENTIFIED PERSON: Go ahead with the
17 flashlight.

18 STEVE: Okay. Okay, John, I'll call you in a
19 half hour.

20 JOHN COX: Thank you.

21 STEVE: Okay, bye.

22 JOHN COX: Bye.

23 (Disconnects)

24 (End Tape 119)

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