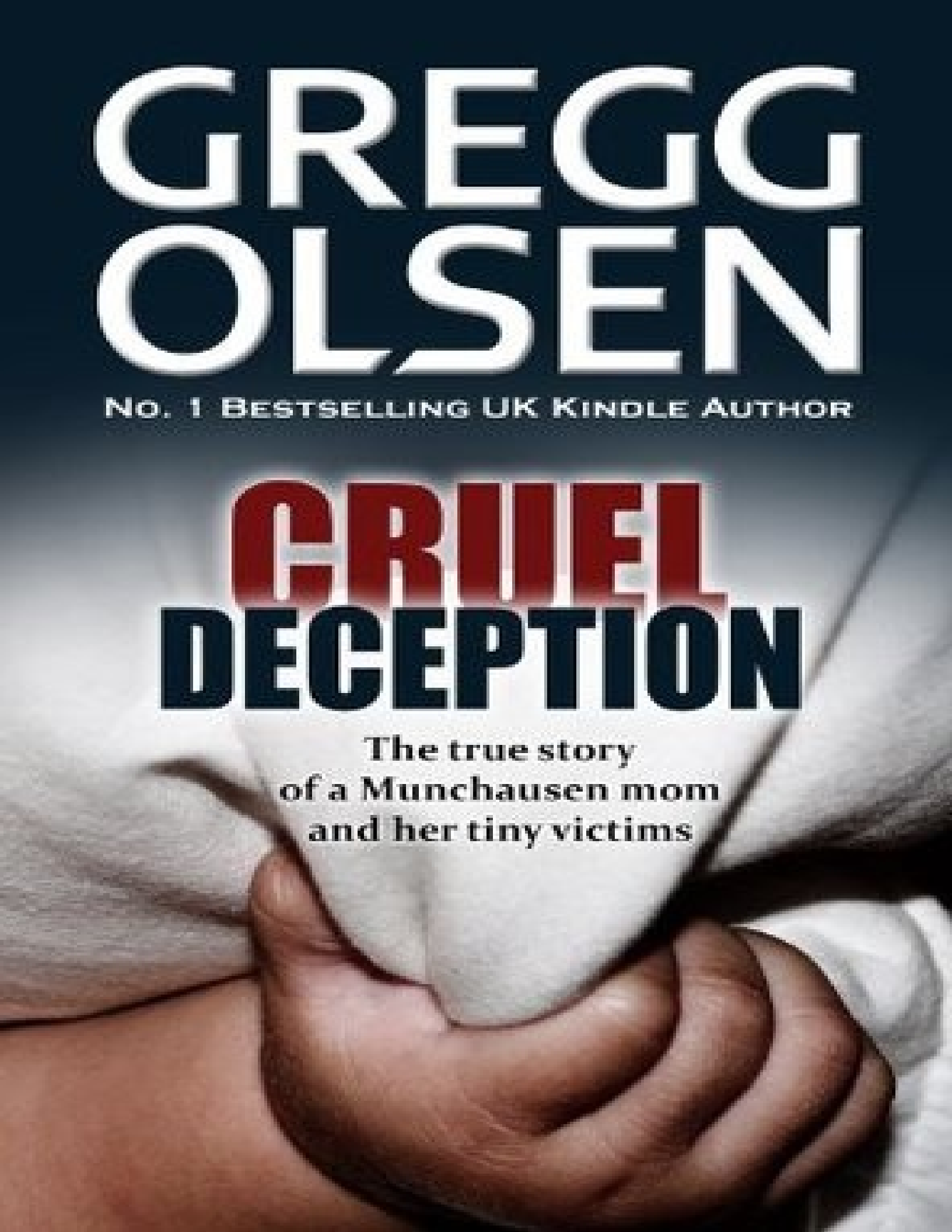


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CRUEL **DECEPTION**

The true story
of a Munchausen mom
and her tiny victims



The Mockingbird [067-011-4.9]

By: Gregg Olsen

Synopsis:

Describes the story of nurse Tanya Reid, whose diagnosis with Munchausen Syndrome by Proxy revealed that her first child, who supposedly died from SIDS, had been murdered by her mother, and that her second child was also being targeted.

Olsen delivers the chilling tale of a mother so desperate for attention that she murdered one of her children and repeatedly attempted to suffocate the other. This is the first book to focus on Munchausen Syndrome by Proxy, a disorder in which parents create fake illnesses in their children to receive attention from their families and medical practitioners.

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PROLOGUE.

IT PIERCES THE air like a penny nail through a pop can. The noise refuses to be ignored. From across the still, winter grass field comes the music of a songbird. Is she a nightingale? A dove? Her song skirts over a windbreak of silver-green, berryladen junipers surrounding the cemetery. It cuts through the moist cattle smells.

Her lonely aria even quells the rumbling noise of passing semis on the highway. The song is sweet, convincing. But it is not a red-winged blackbird, or even a meadowlark. It is the Texas state bird, the mockingbird, perched on a barbed-wire fence post, mimicking others in a manner so splendidly, so faithfully.

She is a great pretender.

The mostly-rural Texas Panhandle is flat and unremarkable in the way natives usually boast. No great restaurants, no spectacular natural wonders to excite visitors come to mind. For those who ascribe to it a kind of character, “morose” and “melancholy” are the words that fall from chapped lips and seep from careworn grins. In wintertime it is a landscape of browns and grays. The sky is a grungy tarp. Trees are skeletons running in the wind for parts unknown. Only the steel slashes of the Atcheson, Topeka and Santa Fe rails and the black blotches from brush fires abate the monochromatic color scheme.

When the wind kicks up, folks grimace and squint, and pull their bodies

tightly in to recoil from the outside, from the elements. Sometimes even from other people. It is an area rich in isolation.

One woman lamented that though she has lived in the Panhandle town of Hereford for ten years, she had never been invited into another person's home.

"I'm still an outsider," she said, absentmindedly thumping her pen on her desk. "In fact, if you aren't born here to parents who were born here you'll always be a newcomer."

Another woman, a hundred miles north in Dumas, offered a similar sentiment.

"People here are friendly to a point ... to the point where you'd really like to get to know them. Then they shut it off."

The isolation, the desolation, beget a loneliness peculiar to the Panhandle.

Feedlot towers overlap the dark Texas sky in Dumas, the Moore County seat of nearly thirteen thousand hardworking folks, and, as the sign on the outskirts of town says, "one old sorehead." Dumas had been Tanya Thaxton Reid's residence up until her beef-salesman husband Jim took to climbing the corporate ladder. And though they had lived elsewhere, Dumas was, and always would be, home for Tanya.

The town best known for the song "I'm a Ding Dong Daddy from Dumas" had once flourished as a hub for the minerals and petroleum that brought industry and people to the area. It also grew as a meatpacking center.

Seas of black and white and brown cattle fill pens north of town along Highway 287. Only a few, those atop a pile of dirt or manure, are distinguishable from the undulating mass. They are kings of the hill, though not for long. Tomorrow, they will take their final walk to the splattered environs of the Kill Floor.

Both Dumas, to the north, and Hereford, to the south, are about fifty miles from the region's largest city, Amarillo.

Morgan Renee Reid was six weeks old when Tanya and Jim Reid brought her from their Illinois home to Dumas to show her off. It was a Thaxton family tradition—the new baby, the admiring gestures, and smiling faces as they convene to trace the family resemblance on the features of the newest. With four grown daughters, John and Wanda Thaxton had presided over many such gatherings at their modest home at 210 Cedar. Each had been a time of great joy and promise. Before Morgan, they had celebrated Tanya and Jim's firstborn, two-and-a-half-year-old Carolyn.

Since it was early summer and pleasantly warm, the family barbecued on the back patio that evening. While the men huddled together around the grill, the women caught up with their concerns inside. Of the Thaxton sisters, the oldest was Beverly Kay, followed by Rodena, Leslie, and Tanya. Beverly Kay took her spot in a chair and rocked colicky and somewhat fussy Morgan after her nap. With the baby resting against her shoulder, Beverly Kay pressed her cheek against Morgan's head. She found herself pulling back to take a look at the infant's head. There wasn't any bony structure, only soft tissue. She didn't say anything, though her discovery scared her.

Later, Wanda and her oldest were on the patio alone when Beverly Kay broached the subject of a possible birth defect. Wanda said she had pondered the same thing.

"But don't say anything," she warned. "The doctors know all about it. Just don't say anything to Tanya."

When Tanya called months later, on August 10, 1983, it was with devastating news. Morgan had suffered an episode of apnea, the medical term for cessation of breathing. And though Tanya had revived her with mouth-to-mouth resuscitation, there was still great danger. Despite hospital lab testing, no one knew what caused her to stop breathing.

Tanya told her mother that doctors in Illinois said the terrifying turn of events could be considered a near-miss case of Sudden Infant Death Syndrome (SIDS).

There would be other episodes, other phone calls. Most would be wrought with tears.

Then, finally, good news.

Wanda and John Thaxton were elated. Tanya called to say that after more than two and a half years in suburban Chicago, they would be returning to the Panhandle. Jim was being transferred to a job at the Swift plant in Hereford, Deaf Smith County.

They'd be in Dumas between Thanksgiving and Christmas.

Tanya and the kids stayed at 210 Cedar while Jim started the new job as assistant general manager in Hereford. Some family members wondered among themselves if it had been such a good career move. Rumors in the meatpacking industry had it that the Hereford plant was going to be closed down and its employees left jobless. The Thaxtons set the talk aside and said nothing, pointing out any negatives about Jim's job would only serve to stifle the joy of a homecoming.

Tanya and Jim needed support and hope, not naysaying and doubt.

Baby Morgan had been outfitted with an apnea monitor by then, as a precaution. Belted and strapped snugly to the baby's chest, the monitor was set so that in the event she stopped breathing for a number of seconds, it would trigger an alarm. Amplified by a Fisher Price baby intercom in the back bedroom, the alarm sounded many times, but Tanya told her family that doctors had instructed her to wait a few seconds before going in to check on her daughter. Usually, Morgan would start breathing on her own.

"This is something we just have to live with," Tanya said matter-of-factly. Her calmness was at once comforting and disarming.

It was as if her cross to bear was no greater than that of a mother who couldn't tame a daughter's persistent cowlick. She said doctors still didn't know what was causing the apnea, but in time, Morgan might grow out of it. Until then, there likely would be more such episodes.

And there were. A few weeks later, on January 10, 1984, Wanda called her daughters with news that little Morgan had suffered a seizure and stopped breathing once again. Thankfully, Tanya was able to get medical help in time. An ambulance took Morgan to Dumas Memorial.

Something was horribly wrong with that baby, Beverly Kay thought at the time. But what was it? She was relieved when she learned her little niece would undergo medical tests in Houston. She also felt sorry for her sister. Not only did she have to contend with Morgan's health problems, but Tanya and Jim were in the midst of moving to Hereford to be close to Jim's new job. When the time came, Beverly Kay told Tanya, she could count on her big sister to help out.

The next time she talked with Tanya, Beverly Kay shared her anxiety.

Beverly Kay's oldest girl, Joanna, had health problems doctors had been unable to fully diagnose. Beverly Kay, an emergency medical technician, or E.M.T, felt her daughter's problem was the result of an allergy to milk formula, but a doctor insisted she was wrong.

"It's extremely frustrating when you have a doctor who tells you one thing and your maternal instinct tells you that's not right. The doctor told me there's no such thing as allergies in babies this age, but I knew there were," she recalled later.

When she switched to a soy-based formula, Joanna was fine.

Sometimes mothers know best, she thought.

There was no doubt it was a lovely neighborhood—purguably, the best one

in Hereford. The mostly brick homes were newer, with landscaping young and skimpy enough to prove it. Jim and Tanya Reid settled on a three-bedroom ranch house at 140 Pecan Street. As soon as she could, Beverly Kay made the drive from her farm home in Follett, a speck on the northeast corner of the Panhandle, to help with the moving. Tanya had her hands full with Carolyn and Morgan. Tanya and the baby had just returned from medical tests at Texas Children's Hospital in Houston with the same news as always, No one seemed able to help Morgan.

Beverly Kay later said it was she, instead of their mother, who came to Hereford, because as an E.M.T, she knew CPR. Wanda did not. Wanda was apprehensive about being left alone with Morgan in the event of another spell or seizure. Beverly Kay took such responsibility in stride.

For two nights, the family shared a room at Hereford's Red Carpet Inn while they waited for furniture to arrive from storage. Tanya was in good spirits, despite her ordeal with her baby, and Jim seemed glad Beverly Kay was there to help outp he had to focus on problems at Swift.

When the movers finally arrived, everyone laughed that the garbage can from their old housep trash and allp had been boxed up and trucked to their new address.

The first order of business had Jim quickly assembling the swing set for Carolyn. Though it was February, the weather was mildp in the low sixties. Tanya insisted Carolyn button up before going outside.

Beverly Kay stayed a week. The sisters straightened up the house and found time to get acquainted with the town. The oldest Thaxton girl took up whatever slack she could. Beverly Kay got up early, allowing Tanya to sleep in while she fed the baby a bottle filled with formula and medicine. That week, Morgan had no apnea incidents, though on Friday night, February 4, she was fussy and woke up four or five times.

Both Tanya and her sister got up and covered the baby, patted her bottom, and watched her fall asleep.

Before leaving Saturday morning, Beverly Kay dressed the baby in a brown striped T-shirt and coordinating orange pants. The shirt, like all of Morgan's, was a couple of sizes too big. The baby's head was larger than most babies' her age, so an extra-wide neck opening was needed to accommodate it. Many of her shirts also had snap collars.

Beverly Kay snuggled and kissed the baby. Morgan, who was lying on the floor, giggled.

The laughing baby would be the image Tanya's big sister ,would try to hold in her memory.

"They were pretty well settled in," she said later, tears welling in her bluegreen eyes. "We thought things were gonna be fine."

Tanya Thaxton Reid's voice was shaky when she called Beverly Kay. It was about Morgan. The aunt, who had dressed her baby niece only days before, felt tears coming when Tanya spoke from a room in Northwest Texas Hospital in Amarillo. It was late the afternoon of February 7,

1984.

“We’re waiting on Mother and Daddy.... Morgan’s gone.”

Beverly Kay could barely breathe. “What do you mean?”

“She had another seizure this afternoon,” Tanya answered, her voice somber and tearful. “The doctor says she’s braindead. She’s gone.”

This was not the mile-a-minute chatter that the family was used to from Tanya. “There was something about it that was different ... some kind of a look, and I knew that she was not going to come out of this. I couldn’t get air into her as before.”

As before.

Beverly Kay started to cry. She knew what her sister was talking about.

Morgan had been in and out of hospitals since she was a few months old.

She had agonized along with Tanya, wondering why this baby had to suffer, why the doctors couldn’t help the little one. When she hung up the receiver, she made plans to drive to her parents’ home in Dumas.

In short order, all had been notified of the family tragedy. John and Wanda Thaxton got the news while on a business trip down in Lubbock and pushed the pedal back north to Amarillo. Sisters Rodena and Leslie were summoned from their homes in Artesia, New Mexico, and Dallas. All of the Thaxtons would be there for Tanya, Jim, and Morgan’s big sister, Carolyn.

“My gut instinct was to run off to be with them, but a practical side took over ... We just prepared ourselves for the inevitable,” Beverly Kay recalled later.

Yet the inevitable stalled. When the doctors removed lifesupport, Morgan Reid struggled to breathe. It was a noise far worse than the ghostly heaving of the respirator that had been turned away from her hospital crib. She clung to life through the night and into the next morning. Tanya’s parents, sisters, and others came to say good-bye.

Carolyn’s farewell to her little sister brought the most tears.

Down in Hereford, an unexpected snow fell Tuesday morning, blanketing the Reids’ front lawn as Morgan Renee Reid died in her mother’s arms in Amarillo. The half-dollar-sized flakes dusted grain elevators, crowded feedlots, and sugar beet fields with a fleeting, calming beauty. By noon, the wind came up and the snow was gone.

The Hereford Brand carried a small obituary for “Infant Reid” on Thursday, February 10, the day of the funeral. The house on Pecan Street was dark and empty. Since the Reids had lived there only a week, few neighbors knew them, much less of their tragedy.

Morgan Renee Reid wore a yellow pinafore and white tights in the tiny casket that cradled her body in the softly lit viewing room at Morrison’s Funeral Chapel in Dumas. Family members and old friends silently filed by. To some, she looked like a “beautiful waxen doll.”

To others, she was the image of tragedy and life lost. She was likely a victim of SIDS, a hospital autopsy determined. It was the kind of empty ruling that answered no questions, satisfied no one.

Though the baby wore a white bonnet to conceal the pathologist’s incisions, the covering was unsuccessful camouflage, Fluid seeping from her brain had stained the pillow. The discoloration was a gruesome reminder of the baby’s ordeal.

After tears and good-byes, the funeral procession made its way to the Northlawn Memorial Gardens, four miles north of town. Though it was the dead of winter and the grass was as brown as a shelled walnut, the cemetery was a field of color with the plastic flowers that decorated every grave. The feedlots of the Dumas Cattle Feeders were visible from the burial site. The smell of manure hung in the air. Junipers blocked the wind.

The Thaxtons formed a circle of outstretched arms around the grieving mother. It had been the hardest day of their lives. Tanya leaned against her mother, her father, her sisters, and her husband.

Puffy-eyed from tears and shaking with grief, the young woman could barely stand.

In time, Morgan Reid’s tombstone would be affixed with a has-relief teddy bear and a plate bearing her birth date of May 17, 1983, and the date of her death, February 8, 1984. Artificial flowers would be arranged on top of the gravestone and tears would be shed. And though she had barely lived nine months, Morgan would not be forgotten.

Book One.

Iowa TANYAREID WAS like a lot of women. She was not unattractive, though neither was she gorgeous. She was a woman with the kind of looks that either went unnoticed or sparked a person’s memory of someone else.

Tanya’s tiny nose at times seemed too small to hold the bridge of her oval-shaped eyeglass frames, her brown hair was of a sensible cut, the kind

that takes only a minute to shampoo and just a few more to brush out. It was the look of a woman with plenty to do.

Of course, Tanya could dress up. And when she was in one of her skinnier cycles, she looked pretty good.

But mostly, with her well-trod sneakers and car crammed with kid stuff, Tanya looked exactly like what she was, a busy wife, a caring mother.

When she flew from Amarillo to Des Moines, Iowa, to join her husband Jim at a Holiday Inn, she had paid a little extra attention to her hair and makeup. She wanted to look nice for lien. Reunions were important to Tanya Reid.

In what had become a cruel merry-go-round in the era of corporate takeovers and mergers, the Reid family was moving again. In the three years since their baby's death, the Reids had lived in Hereford, Texas, returned to the Chicago area, and gone back to Texas this time, Amarillo. They knew the drill: Jim went ahead, while Tanya spiffed the house for real estate agents and packed the cartons for the movers.

It was the last week of May 1987.

Jim had been transferred again by Swift Independent, the meatpacking giant that had employed him since he was a teenager working himself through school. If Tanya wasn't happy about the move because she would rather have stayed closer to Dumas, her husband was decidedly and justifiably bitter. His pay had been cut in Texas and his responsibilities reduced. What could he expect in Iowa, where he was told he'd be working evenings? It had been years since he worked nights.

But what choice did he have? He needed the job to keep the health insurance for his children. The Reids had been boxed into a take-it-or-leave-it situation. He swore that once they were settled, he'd look for a new position in the industry.

Tanya had come to Iowa to find a suitable place to live for six-year-old Carolyn and two-year-old Brandon Michael, a good school, and a doctor who could keep watch over the boy. Michael had suffered from repeated apnea episodes during which his breathing abruptly stopped and some seizures of an undetermined cause. The health of the Reids' children was always on their minds.

On the morning of May 28, Tanya and Jim arrived for an appointment with pediatric neurologist Thomas Kelly. The doctor, a soft-spoken, gentle sort with a drawn face set off by the sparkle of eyeglasses, listened intently to

the sad story of the couple's beloved baby Morgan and how she had died of SIDS. Tanya said postmortem testing had determined that Morgan had Fragile X Syndrome, a genetic defect sometimes linked to retardation, though primarily in boys. Tanya explained how at one time she believed she was a carrier for Fragile X, but that followup testing had proved negative. And while the information was interesting to the neurologist, he knew of no studies suggesting a link between SIDS and Fragile X.

Both parents were concerned that Michael was suffering from problems similar to those of the sister who had died fifteen months before his birth.

Tanya did most of the talking. The twenty-nine-year-old mother rattled off the names and dates of medical procedures her son had endured. She provided the information in an extremely clear, ordered fashion. Her chronology left nothing out, so there was no need to backtrack on a point missed along the way. That she was able to do so could not have been a surprise. Not only was she the boy's mother, she also told Dr. Kelly she was a trained nurse.

Amid the medical diatribe was good news. Thankfully, Michael had not had any apnea episodes for a while. He was no longer on seizure medications—dosages of Tegretol, phenobarbital, Dilantin had all been discontinued by April. He had been off a home apnea monitor since December of 1986.

Dr. Kelly took a single page of notes and told the Reids he was looking forward to taking care of their son's neurological problems.

For regular pediatric care, the neurologist gave Tanya and Jim the name Dr. Leonard Gangeness, a pediatrician nearing retirement whom some young residents had fondly nicknamed "Old Bear."

During the mornings of that week in late May, Tanya scouted the area for a house while her husband was at work, getting up to speed on his new job. Since the Reids would be taking a financial hit with the sale of the house in Amarillo, they quickly decided houses in suburban Des Moines were too expensive, beyond a practical reach.

Jim and Tanya found an apartment in Urbandale, one of Des Moines's bedroom communities. The complex was located near the Sherwood Forest Shopping Center—none of those pseudo-Tudor developments more akin to a bargain-basement Disneyland than a replica of Merry Olde England. The massive maze of apartments and town houses called Nottingham Square was built on an incline overlooking the Kmart on Hickman Road. The units,

clustered in groups of six, were painted gray and beige and trimmed in dark timbers. Each apartment had two floors, cut-loop carpeting, a balcony, and a patio. Some had views of the back side of the Kmart.

And during springtime, and sometimes into summer, the cloying scent of blooming lilacs hung in the moist air like damp clothing on a line.

Tanya liked the fact that Nottingham Square was close to the grade school, and that it appeared many of the families who lived there had young children. She thought the apartment itself was adequate, though a lot smaller than the homes they had owned in Texas and Illinois.

When one became available, they planned to move into one of the roomier town houses.

It didn't matter much, though, neither husband nor wife planned on staying in Des Moines very long.

This was not going to be home.

Back in Texas, good-byes and unfinished business were in order.

On June 27, before leaving for Iowa, Tanya Reid carried her son into a pediatric clinic in Amarillo. Not only did he have a sore throat, but the second toe on Michael's right foot was infected. Tanya told the doctor her little boy had "stubbed his toe." The two-year-old's toenail was removed and antibiotics were prescribed for the infection.

Tanya Thaxton Reid had always been close to her parents and three sisters. She was tearful when it came time to say good-bye. Her mother, Wanda, wasn't entirely pleased with her daughter's move either.

Tanya was her baby girl, and she liked having her close to home.

Since John Thaxton's business was now headquartered in Amarillo, sometimes before work John and Wanda would stop by the Reids' house for coffee. That could be no more. Everyone understood Jim had no choice but to accept the position. But no one had to be happy about it.

Iowa seemed like a million miles away from the Panhandle.

"I really was not averse to going to Des Moines," Tanya insisted years later. "It was a big enough town, I could continue my nursing degree.

Yes, I would miss my folks, but they could come up and visit and I could go down to see them, too."

Jim flew back to Texas to escort his wife and children as they drove north. Carolyn and Michael took turns riding with their mother or father. Tanya drove her car, an 85 blue Cutlass Ciera, and Jim's Ford pickup pulled a boat. Michael was quiet but Carolyn jabbered all the way to Iowa.

The Reids moved into apartment #122 at 7400 Canterbury Road on July

1.

Two days later, Tanya carried Michael into the emergency room at Iowa Methodist Medical Center. It was late afternoon, around four-thirty.

The little boy had had a fever since eight-thirty that morning. The mother told the E.R staff about her son's history of seizures and her concern that something could be happening to Michael. He wasn't eating, and had, in fact, vomited. His temperature was 103 upon admission by Dr. Leonard Gangeness. A young intern named Robert Colman also examined the boy. A blood workup was ordered, chest X rays were taken, urine was analyzed, and the boy underwent a thorough physical examination. He was healthy except for the toe and the fever.

He slept well through the night.

The Fourth of July holiday for Tanya and her son was spent at the hospital. Since Michael wasn't eating, IVs were continued. He vomited again, late in the afternoon, but slept well that night.

The next day was a repeat of the previous one, though Tanya was able to get her son to eat some solid food.

By the third day in the hospital, the boy's temperature was normal and his elevated white blood cell count had dropped. Michael was released.

Tanya carried her son, along with a little pink bottle of the antibiotic amoxicillin and a slip of paper with Dr. Gangeness's phone number to confirm a followup visit in a couple of days.

Never one to make friends easily, Tanya spent much of her days isolated in her apartment. Sure, she had the kids, and granted, her husband did come home after work, but for someone who loved to talk as much as she, having no adult ears around during the day was unbearable.

She and her sisters and mother kept in constant contact by telephone, but that could only ease the boredom to a point. Tanya needed some new friends. She could do it, all right. She had done it before.

According to her oldest sister, Beverly Kay, Tanya had to "teach herself to be outgoing."

One way to meet friends was to hang around the pool at Nottingham Square and engage other stay-at-home moms in conversation. But Tanya's initial poolside efforts proved futile. She tried to befriend women who had

their own lives, own friends. None had time for the talkative gal from the Panhandle.

TANYA REID HAD been the new mom in town several times before. She knew the isolation and loneliness that came from settling into a neighborhood where yours is the last For Sale sign to be plucked from its patch of grass by the sidewalk.

Neighbors were polite, to be sure, but not overly eager to invite new folks into their lives. Everyone was too busy to take in someone new.

For Tanya, it was a world where brief chats by the mailbox or unseen waves as automatic door openers raised and lowered the double panels of a garage were sometimes the highlights of the day.

Paperback books and afternoon TV talk shows were no substitute for the conversation of an adult.

Tanya did not want to settle into that kind of existence could not have it. She had been there. And waiting for Jim to come home with stories to tell of his day at Swift was akin to the excitement of watching ice cubes freeze. It was true she loved her husband, or told people she did.

But Jim was quiet and Tanya was a talker.

She was on the hunt for a new friend. And in Des Moines more than anyplace she had lived, Tanya was at ground zero. She didn't know anyone. None of the Swift people that had been the Reids' friends had made the move to Iowa.

"I didn't have nobody," Tanya said years later. "No friends no nothing."

Like so many of the women Tanya gravitated to, Staci Sue Mullins was a lady in white—a nurse, specifically an LPN.

The divorced Iowa mother of three sons and a daughter had decided she no longer wanted the responsibility of a house and the backbreaking chores of a yard. She purchased a town house at Nottingham Square to start her life over.

Staci met Tanya as most moms meet each other—through their children.

Since Carolyn Reid and Staci's daughter were the same age, they would be in the same grade that fall at Clive Elementary. Tanya bubbled with enthusiasm about the possibility of the girls being in the same classroom. That, along with the half-block proximity of their apartment and the Mullins town house, assured a friendship for the girls.

Staci gave Tanya a thumbnail sketch of her own life and nursing career.

She also shared her greatest tragedy—her son Steven had died in a plane

crash. Staci didn't say much more about it, and Tanya seemed to be more concerned about appearing interested and understanding than actually listening to what Staci had been saying.

Tanya, it appeared, wanted to make a good impression.

Then Tanya prattled on about her life, her son's health, her husband's job, being new in town. She was a little too open, a little too forthcoming for Staci's tastes. She tried to force a kind of familiarity that can only develop over months, sometimes even years.

"I'll take care of your daughter anytime if you want to go out and do something. Just leave her with me. I'm home all the time. If you need anything, give me a call or just come on over!"

The offer took Staci back a bit. She had only just met this lady. She certainly wouldn't leave her own daughter with a complete stranger.

She felt Tanya Reid's gesture was sincere enough, but she would find no need to take her up on it.

Within days, however, Tanya Reid had no problem asking Staci to watch Carolyn and Michael. It irked Staci.

"It was her that was always needing me to watch her children, that's why I started feeling kind of dumped on. I did feel like I was being taken advantage of," she recalled years later.

Tanya's husband, Jim Reid, was a short and trim man with plastic-framed glasses, cowboy boots, and a somewhat reserved demeanor for a man who made his living on the sales side of the beef industry, made little, if any, impression. Staci Mullins met Tanya's husband only once that summer at the pool, while he watched over his son and daughter. He seemed concerned about his kids, though Tanya had complained that he rarely spent any time with them.

Later, Staci struggled to come up with a clear recollection of the man.

"He was quiet, real quiet," she said as she fumbled for a description.

Tanya was gleeful and a bit nervous at the same time when she learned the Des Moines Golf and Country Club would be hosting a luncheon and fashion show for members and their guests, a group primarily of newcomers to the area and she was going. Jim's boss's wife had invited Tanya, Tanya, in turn, invited Staci Mullins to accompany her.

Staci barely knew Tanya, but since her new friend was so insistent, she went along. Still a tad overweight, Tanya Reid dabbed on a little Jontue and put on a flattering dress and heels for the big social to-do. Staci figured they

would have a good time, meet some people, have lunch, and that would be the end of it. Yet at the country club, Tanya became irritated and angry when she tried to find a place to sit down. The boss's wife had her own group of friends and had made no arrangements for Tanya. In fact, all of the women had paired off with longtime friends, circles that excluded the newcomer from Texas. It was awkward.

Tanya knew no one, and Staci had expected she'd be introduced to some of the women there. That never happened. They ate lunch, watched the fashion show, and went home. Tanya drove.

Just as they returned to Nottingham Square, their conversation moved from the luncheon to a more personal subject. Staci told Tanya the details of her son's death. Steven Mullins had been among the 248 soldiers who died in the big army plane crash at Gander, Newfoundland.

He was only twenty-one, about to get out of the service, go to college, and get married.

"I thought that if anything had ever happened to one of my kids, I'd die ... but I didn't die," Staci said, tears falling.

Tanya started to cry too. She reached for the billfold in her purse and pulled out a baby picture. It was of Morgan.

"My baby girl Morgan died of SIDS, just before her ninemonth birthday."

Tanya told the sad story of an infant with dire and unknown medical problems who could not be saved, whose life was even shorter than Staci's son's. Staci set her own tears aside and tried to comfort Tanya with words of understanding.

"I know how you feel . . ."

"But she was just a baby . . ."

Later, Staci pondered why Tanya chose that time to tell her about Morgan. When they had met poolside that summer, Staci had revealed she lost her son in the plane crash, but Tanya had said nothing of Morgan's death. Maybe she was more comfortable to mention the baby's death now that they had spent some time together. Still, it puzzled Staci. The woman she had come to know seemed to have little problem in talking about anything. Talking was her favorite activity.

Staci wondered if it had been empathy that brought the disclosure or some kind of bizarre competition.

Had Tanya wanted to top her tragedy?

In August, Tanya made the short trip to Clive Elementary School to talk

with the principal about getting in-home special education for Michael.

He was developmentally delayed. At two and a half, he barely said a word beyond “Mama” and “Dada.” The boy had received special help in Amarillo, and Tanya wanted to continue with such a program in Iowa.

The principal referred her request to Heartland, a state agency providing in-home education to qualifying children up to three years in age. It seemed to be the answer. The assignment fell to special-education teacher Martha Raney, who telephoned the Reids to arrange an appointment to see mother and son the month after school started.

Wanda Ruth Thaxton was too smart to get too involved with her daughters and their husbands’ little quandaries. Wanda had always managed her own travails, and so would her daughters. But, of course, she was their mother, and for Wanda, diplomatic as she could be, there would be no mistaking whose side she’d be yanking on if there was any kind of tug-of-war.

The Thaxton girls had a powerful backer in their mother and they knew it.

Wanda had no doubts her baby girl would have been more content to stay in the Panhandle. If there had never been a move from Dumas, Tanya would have been satisfied with her lot in life. But son-in-law Jim Reid was a ladder climber and her daughter accepted that wherever he went, she would follow. She would take the backseat.

In Iowa, Tanya was tiring of that role. She told her mother that she felt she didn’t have a life of her own. She was prisoner to a checklist of a hundred responsibilities, all having to do with her children and her husband.

Wanda urged her to find a babysitter or day care and take some time for herself. She encouraged Tanya to enroll in some nursing classes to pursue her dream of advancing her nursing credentials to registered nurse status. If the timing wasn’t right for that, maybe she could join some kind of group for an outside activity? Now was the time, Wanda insisted.

But when Tanya took her mother’s advice and enlisted Staci Mullins as a sitter, things seemed to worsen. More free time meant more time to take care of things for her husband, things Wanda felt Jim as the man should handle—changing the oil in the Cutlass, for instance.

“I couldn’t believe all these errands that he sends her on! Making copies of his resume, all that kind of stuff, with these little babies she had. But she always had to do that kind of stuff. Jim didn’t do anything like that. He controlled the purse strings, he controlled the house, he is a person who is in

control and she was his little gofer,” Wanda said later, while emphasizing that she liked Jim, just didn’t like what he did to her daughter.

Tanya was being run ragged, and as far as Wanda could tell, Jim was to blame.

“I don’t know if it was to please him or if she thought it was her duty,” she said.

When Tanya Reid showed up at the gym at Clive Elementary with Carolyn and Michael in tow for the first meeting of the school’s Brownie troop, she was a woman with a mission. She was going to be troop leader.

Staci had informed her that no mom had yet agreed to take on the responsibility for the troop. And though Tanya was only too glad to do the job, some mothers were put off by her gush of enthusiasm. Some plainly didn’t like the new gal. Yet, when Tanya spoke up, no one else volunteered.

Tanya called all the mothers to invite them to a meeting at her apartment the following week. She wanted their help in making the troop run smoothly. Politely, all agreed to come.

This was going to be the best troop ever!

The afternoon of the meeting, the Reid phone started to ring. One by one, the mothers offered excuses why they wouldn’t be able to make the meeting. Only four actually came to the meeting.

Tanya felt something was amiss. She knew she was going to have a harder time breaking into the Urbandale clique.

Later, some moms groused about the new leader. They didn’t even want their kids to join. They barely knew Tanya Reid, and they didn’t like what they had seen.

Staci, for one, could see Tanya was giving the Brownie troop all that she had.

“Tanya wanted the best troop. She wanted to impress the parents. She would want you to think she had all the confidence in the world, and yet her actions were just a little bit different.

“She tried real hard to have friends, but she’d get her nose out of joint if people didn’t react to her in the way that she’d hoped. She was kind of pushy, did a lot of talking, nobody could get in anything edgewise,” Staci Mullins said later.

“She’d come up and everybody would be thinking, Oh God, here comes Tanya. ..”

And as hard as she tried, Tanya was still left on the outside looking in.

After dropping off their children for school, a group of mothers would routinely meet for coffee at an Urbandale donut shop. Tanya always lingered by the drop-off zone, apparently hoping to be included.

“I don’t mean to be snobbish, but we didn’t want her to be part of it.

She probably would have spent the whole morning talking about herself and we wouldn’t have had a chance to say anything,” one mother said.

Tanya was told the moms didn’t meet every day, and varied the location on the days that they did. Both were lies, however, the kind told to tagalong kids in junior high to get them out of the way.

The fact was, they went to the same place every day. Tanya was never invited. Instead, she stayed home alone with Michael.

In September, Tanya and Michael met with special-education teacher Martha Raney and a speech clinician working for Heartland. Martha videotaped the boy, as was her procedure for all first in-home visits.

That visit was followed by another a week later. And another, a week after that, on September 24.

The first of October, the Reids moved across the complex to a town house like Staci’s. It was so much nicer. Next door was another nurse, Debra Eskelson. Tanya felt so lucky.

Martha Raney met with Tanya at Clive Elementary on the afternoon of October 7. Heartland had found the boy to be functioning near his level, with the exception of language development. But since other areas—fine motor, gross motor and social skills—were age appropriate, there would be no more in-home supervision.

No more home visits.

Tanya wasn’t happy. She told her neighbors. She told her husband.

Wanda also got an earful. What was wrong with Heartland, she asked over and over, didn’t they see her son had problems? He needed the extra attention.

Years later, when things could get no worse, when her true friends could be counted on one hand, Tanya remembered the women of Urbandale, Iowa.

“They were busy. They were always busy,” she said. “It seemed that if you weren’t born in Iowa, you didn’t count for nothing.”

But still, at least with the Brownie troop, she kept trying.

“But when I called for help, the moms always made up some excuse. I couldn’t get any help, cooperation, or even any friendliness.”

Two DAYS AFTER the people at Heartland told Tanya no, the nightmare

that had seemed behind the family started again, Michael stopped breathing and turned blue. His mother called paramedics. First on the scene was a young volunteer paramedic who, as coincidence would have it, also rented an apartment in Nottingham Square.

The call for help came at 6,25 the evening of October 9, 1987.

” Ambulance ! ” The paramedic/neighbor yelled after knocking on the door and letting himself in. He found Tanya Reid in a heap on the floor giving her son mouth-to-mouth resuscitation. Michael’s lips were a pale violet. The paramedic felt for a pulse and took over the mouth-to-mouth.

Thirty seconds later, the little boy started gasping and began to breathe. Tanya told the paramedic her son had been watching television and she walked into the living room and discovered he was turning blue.

She also told him about her son’s history of seizures and apnea. There had been many in the past, but none for a long time.

“After the seizures sometimes he stops breathing,” she said. “He must have had a seizure.”

At 1200 Pleasant Street was the sprawl of brick and glass and cement that fused together the buildings that made up the 710-bed Iowa Methodist Medical Center. Sitting on a lovely site of forty-two immaculate acres above downtown Des Moines, among Iowa hospitals it had no peer. For those in need of emergency medical care, it was the place to be received for treatment. For the very young, it was by far the region’s best hope. In 1944, the James Blank Memorial Hospital for Children opened at the medical center, becoming the only freestanding children’s hospital in the state.

From a distance all is quiet, peaceful, as the corporate brochures would have it. But as the ambulance screams its way to the emergency room or when a Life Flight helicopter’s blades cut the air over the landing zone, the peace turns into a coordinated frenzy.

Bright lights pulsate and turn faces into flashes of expression.

Gurneys rattle like hardware store shopping carts as they are dragged from the ambulance to the gleam of the emergency room linoleum. Nurses in cranberry-colored uniforms rotate from desk to door. Mauve-colored cabinets bank walls covered with medical gadgets, wires, tubes, a clock.

In an instant, the emergency room can move from the quiet ennui of bandaging a kid’s broken finger to the stomachturning horror accompanying the bloody victims of an auto accident.

Michael Reid was admitted to Iowa Methodist Medical Center in Des

Moines about an hour after his arrival. Admitted as he always would be at that hospital under his given name of Brandon. It was suspected he had suffered a seizure.

Pediatric neurologist Tom Kelly saw the boy and his mother the following morning. Tanya told the doctor Michael had started crying after he was refused a cookie. Though Dr. Kelly didn't know it, it was a different story than what had been described to the paramedic.

The neurologist wrote in his report, "The mother then reports that the patient stopped crying, went stiff and in a supine position threw his hands up over his head, maintaining him in a rigid, stiff posture with fists clamped." Dr. Kelly suspected Michael's apnea had been caused by breath-holding spells. He suggested that if Tanya would only wait for a moment, her son would breathe on his own. Her rushing in to save him was only exacerbating the problem. In fact, her mouth-to-mouth resuscitative effort might even be depriving him of oxygen. People who did not need mouth to-mouth could actually be smothered by the good intentions of someone performing what they believe to be a lifesaving act.

Tanya was adamant. Michael would not breathe unless she or paramedics intervened. Dr. Kelly planned to confer with Dr. Gangeness, the child's pediatrician, about the use of atropine, a drug sometimes used during resuscitative measures that had also met with success in controlling breath-holding spells. Seizures couldn't be ruled out completely, but the neurologist felt such a diagnosis was unlikely as a litany of medical tests done at other hospitals had been negative for seizures. The doctor ordered an E.E.G, but it, too, came back with a normal reading. The boy seemed perfectly healthy.

But if the child seemed perfectly healthy, physically, hospital personnel noted that the relationship between mother and son was problematic.

"The patient seemed manipulative with his mother, who stayed with him during the hospitalization. Invariably he would cry when confronted or refused by the parent. His cry was distractingly or inappropriately loud."

On a dosage of atropine, Brandon Michael Reid was discharged on October 13. He had been treated in the hospital for four days. Tanya made an appointment for a followup visit the next month with Dr. Kelly. All the nurses at the hospital agreed, The little boy was lucky to have a mother so concerned, so personally involved with his care. She barely left his side. They had seen it before, cases where a sick child would manipulate his or her mother. And though Tanya Reid was a nurse, when it came to caring for her

own child, deep down, her emotions undoubtedly were frayed.

They felt sorry for her.

Staci Mullins watched Carolyn in the evenings while Tanya was at the hospital and Jim was at work. When Jim was home, he took his daughter to the hospital to see her brother, and, of course, her mother.

If it weren't for the Reids' two children and their need for attention and guidance, Staci would have been happy to turn her back on Tanya.

The woman was not someone she needed in her life. She had other friends and relatives nearby. Tanya, however, seemed desperate to win over Staci or anyone. It was clear she was terribly lonely.

In her quest for closeness. Tanya delved into areas Staci considered extremely personal. Too personal. She confided she and Jim were having problems in their marriage. While her words suggested she was greatly troubled by what she said was her husband's lack of interest in her, Tanya's demeanor seemed matter-of-fact.

There were no tears over her husband.

"He was never around her, they never did anything together," Staci recalled later.

And while her words were ones of concern, Staci couldn't help but notice how Tanya's bearing didn't quite match. Tanya said she was worried, but she seemed so casual about the whole thing.

Another time, Tanya confided she was considering divorcing Jim. She just hadn't made her mind up whether she could go through with it. It seemed she wanted Staci to step in and offer an opinion, but Staci wasn't the type for that. She had been through a divorce of her own, and subject was still too painful.

As Tanya rambled on about her love life. Staci sought the first opportunity to change the subject, or even better, to make a graceful exit. She was learning too much about things she felt she had no business knowing.

Years later, Jim Reid's ire would rise at the repeated suggestion that he was never around, that he was detached from his family. He was not avoiding his children or his wife. He simply had a job to do.

"I wasn't gone that much, but being gone was part of the price you paid for advancement. I was the primary breadwinner to a family. A lot of career wives understood their husbands worked 12 hours a day. If you want a 8-5 job, fine, but it wasn't what I wanted for my family."

Naturally, there was school bus service to Clive Elementary. Even so,

some mothers preferred to take their children in the mornings and pick them up in the afternoons. It wasn't because they doubted the safety records of the bus drivers. Like Tanya, some were fulltime moms who enjoyed the brief errand out of the house.

It broke up the tedium of the day. And for many, with few chances to meet others, it gave the semblance of a social encounter.

Something to look forward to.

Tanya dropped Carolyn off in the mornings and picked her up in the afternoons, and when she could, still tried to get a conversation going with other mothers. She usually brought Michael along for the ride to Clive, rather than leave him with a sitter.

She was a busy mother, just like the others. She was pleasant and well meaning. But for some reason, in Urbandale, more than any place Tanya Thaxton Reid had lived, she was alone. Try as she could to smile, to say the right thing, to offer to help out with afterschool activities, she couldn't move from outsider to one of the group.

Tanya Reid's face was pressed up against the glass. Hard.

CAROLYN REID POUNDED her fists on the door and pumped the doorbell at Staci Mullins's town house. Though she had celebrated her seventh birthday only five days before, there could be little doubt that the girl already bore the weight of the world. Tears puddled behind her glasses and her tiny frame convulsed and shook when Staci found her on the step. Even before the girl could utter a word, Staci pulled her close and held her tightly to stop the trembling. Staci suspected what was going on, and it frightened her.

Still, the words came.

"It's Michael! It's bad! You better go, you better go!" the girl pleaded.

"My mom needs you!"

"Wait a minute, Carolyn. It's going to be okay."

"We gotta go!"

The neighbor stalled for a moment as the sirens wailed over the rooftops of Nottingham Square.

"Don't you hear them? It's the ambulance, Carolyn! They will help.

You just calm yourself."

As a sixthgrader growing up in Fort Dodge, Iowa, Tony Collins was so hooked on the television show "Emergency!" that when it came time to choose a career it was a foregone conclusion to his family and friends that

saving lives would be his way of life. His eighth-grade yearbook even listed his ambition as “paramedic.”

At twenty-six, Tony Collins was a seasoned E.M.T paramedic working for the privately operated County Paramedic Assist. CPA, as it was called, provided emergency care to West Des Moines, including the towns of Urbandale and Clive. When a call came in that warranted paramedics, CPA was alerted. Tony Collins, with CPA’s medical equipment-laden Ford Bronco, was often the first one on the scene. Ambulances followed.

On October 20, 1987, Tony Collins was the first to arrive at 7411 Canterbury. Tanya Reid had made the rescue call at 5:51 P.M. and had reported that Michael had stopped breathing for the second time that month. Three minutes from the time of her call, Tony Collins was at Nottingham Square and inside the Reid town house.

Tanya was upstairs giving Michael mouth-to-mouth resuscitation on the edge of the bed, on the opposite side from the door. For all the commotion, the master bedroom was undisturbed. The four-poster queen-size bed was made, its spread, a field scene of orange and beige, was smooth. A nightstand with a romance novel indicated Tanya’s side of the bed. The surface of a double dresser showcased a few knickknacks and family photos.

Tanya looked up and acknowledged the paramedic with a quick nod.

Setting down his equipment, Tony moved in to take over care of the patient. Tanya kept on blowing into her son’s mouth.

“Come on, baby, breathe, come on, baby! Breathe!” she repeated between puffs.

The paramedic knelt down and tried to nudge the woman away from her child so he could do his job. Tanya seemed to ignore him.

“Excuse me, ma’am, but you’re in my way,” he said, physically forcing her away from her son.

When she moved aside so he could assess the boy, the paramedic found Michael was already breathing. It surprised him. The paramedic timed the child’s breathing, thirty-two times per minute. Shallow, but steady.

The boy’s eyes were glassy and his pupils were dilated and slow to react.

Tanya said she had found her lifeless son in the master bedroom.

Michael had been playing and laughing only moments before she turned around and found him limp on the bed. His hands were clenched. Her little boy had a history of seizures. In fact, he had been hospitalized about a week prior for a similar spell.

“This is what he looks like after a seizure,” she said, adding that she hadn’t witnessed the seizure itself, but had only “found him this way.”

Tony Collins gave the child oxygen, and in a couple of minutes, he seemed to improve. He carried Michael downstairs to the ambulance, the sirens of Urbandale Fire and Rescue still signaling to the world that help was there. An “airway” – a disposable plastic device used to keep the tongue from sliding back and cutting off the air passage – was put into the toddler’s mouth, and a monitor was hooked up to measure breathing.

Michael didn’t care for any of that. The two-and-a-half-year-old thrashed and cried.

The crying was a good sign, the paramedic told the mother.

“It means he’s moving air.”

Tony warned Tanya to take it easy on her drive to Methodist Hospital.

“Take your time in getting there. Don’t tailgate the ambulance, don’t blow any red lights, because you’ll get a ticket just like anybody else!”

Staci and Carolyn arrived at the Reids’ just as the ambulance started to pull away.

Tanya was talking in her usual flash flood of words that, thankfully by then, Staci had finally learned to decipher.

“I’m on my way to the hospital. Michael stopped breathing!

Oh, I’ve got to call Jim,” she said. “You take Carolyn ... I don’t want to go in the ambulance because I want my car. I think I’ll drive my car!”

“Don’t take your car. How can you drive? Let me take you over.”

“No, I’ll be okay, I’ll drive over.”

Staci shook her head as she took Carolyn home. She wondered how Tanya could cope with all this going on around her. Drive to the hospital?

Staci figured she’d be a wreck.

For the second time in October, Brandon Michael Reid, IVs in place, was admitted to Blank Children’s Hospital. This time he took a bed in the Pediatric Intensive Care Unit (PICU). The admitting doctors were Tom Kelly and Bob Colman. The diagnosis remained breath-holding spells/apnea.

Another E.E.G was ordered for the next day. A twenty-four hour Holter monitor, used to detect irregularities in the heart’s rhythm, would also be employed, as would X rays and more blood workups. It was, of course, the taking of blood that angered the child the most. Like a toothpick into the center of a cake, at one time or another needles had pricked his feet, his fingers, and the flesh inside his elbows. With each needle stab came a scream

and a struggle to escape.

Tubes filled with dark blood were labeled for the lab as Brandon Michael Reid screamed and his mother looked on.

A cardiologist reviewed Michael's case and told Dr. Kelly that he doubted a cardiac problem. The boy's heart was fine.

No one knew what was causing the problem, though some were beginning to wonder.

Pediatric resident Colman met with Tanya early the afternoon of Michael's second day in the unit. The young doctor was curious about the apnea episodes and the seizures. He wanted to get a better handle on what was going on with the little boy.

He asked the mother if anyone, besides herself, had witnessed one of the episodes.

Tanya said both Jim and her mother had seen one. There was also a doctor in Naperville, Illinois, where they had lived who had witnessed one.

"I'll bring you Dr. Kudchadker's telephone number tomorrow," she promised.

On October 23 unhappiness fell on Tanya's face like a pulled shade.

She got word Michael would be transferred from the PICU to the third floor children's ward, known among the hospital staff as Blank 3. Tanya cornered a nurse and said she wished her son could be discharged. She didn't see why he should be moved to Blank 3. She wanted to take him home immediately.

And though she kept insisting that through the combination of her nursing know-how and mother's love she could take better care of him at home, hospital staff continued to log misgivings about the relationship between mother and son. Something was off kilter.

One RN wrote in a report, "Mom and child interaction somewhat inappropriate, *i.e.* seem antagonistic toward each other . . ."

After the transfer from intensive care, another nurse wrote, "Mother somewhat anxious, and generally tolerates patient's hyperactive behavior, but at times becomes a little irritated with child."

When staff referred the troubled mother to a hospital counselor, Tanya Reid seemed agitated when discussing her son and his health concerns.

What mother wouldn't be upset?

When focused on herself, however, Tanya brightened and relaxed. Though sometimes she omitted the fact that her nursing degree was only that

of a licensed vocational nurse (LVN), rather than the far more prestigious registered nurse (RN) status, this time she told the truth. In fact, she had just started taking classes toward her RN three days a week at a college north of Des Moines.

When the counselor suggested the entire family could benefit from therapy, Tanya agreed it might be a good idea.

The young mother also talked about Morgan's death, prompting the counselor to write in her report, "I believe this issue (SIDS death) is unresolved for her." It was true many things were unresolved when it came to Morgan Reid.

It broke Tanya Reid's heart that there had been no provision for her to be laid to rest next to her daughter at Northlawn Cemetery in Dumas.

She and her husband and her daddy had gone together to pick out a plot after Morgan died. Jim and Tanya had moved so many times and there was no telling how many more transfers would follow, so when three side-by-side plots were found on the cemetery map, John Thaxton purchased one each for himself, Wanda, and their granddaughter.

"She won't be by herself this way," John Thaxton told his weeping daughter.

Tanya relented. She felt she had no other choice. But years later, she still agonized over the decision made that awful day in the Panhandle.

"At the time, I thought Jim and I would grow old, die, and be buried together. I just didn't know where. Now I think about Morgan and her little grave back in Dumas and wish that I could be next to her . .

.

but there is no room for me."

It was 5,30 P.M October 23. Tanya shifted restlessly in the doorway of Room 309 while her little boy finished the last colored cubes off his hospital dinner tray. By then, Wanda Thaxton had flown up from Dumas to help take care of her grandchildren, and Tanya wanted to take her son and go home.

Michael's mother made a face.

"Is there anything I can get you?" a nurse asked.

Tanya shook her head impatiently and sighed. "I'm just The nurse said she understood that long hours in the hospital can be wearing. Three days of hospitalization could seem an eternity.

Tanya's next comment was off-putting and peculiar enough that it would be recalled years later.

"I think Dr. Kelly kept me here because he's mad at me."

The nurse didn't know how to respond. What could she say? Mrs. Reid's son was in the hospital because he was gravely ill, not because a doctor carried a vendetta against her. It was not a contest.

While he couldn't rule out breath-holding completely, by the time of discharge later that day, Dr. Kelly considered the possibility that the cause of the boy's trouble could be vasovagal syncope—a fainting-like spell akin to a sudden quick loss of consciousness. The neurologist did not think it was a convulsion, and certainly the mother's latest account of what had happened didn't mesh with a breath-holding spell, the previous diagnosis.

None of that washed with Tanya Reid. She remained unswayable and vocal that something was terribly wrong with her son, something genetic. It was the same thing that killed Morgan, she said. The apnea was not the result of a bratty child holding his breath to get his way.

Tanya called Dumas and got her mother on the phone to vent her disagreement with Dr. Kelly and his diagnosis of breath-holding.

"He said after a while Michael would resume breathing on his own. How long? One minute? Two? Three? Who can sit there and watch their baby turn blue and not do anything? I told him that! I didn't want to risk brain damage. Michael was having a seizure. He was not holding his breath!"

She told her mother what happened just before dinner on October 20 and why she had no choice but to step in and do mouth-to-mouth. The story differed from the account given to the paramedics, who understood the episode had taken place in the master bedroom upstairs. Tanya said her son was looking at toys in a Sears catalog when she went upstairs to retrieve the laundry.

"By the time I came back downstairs, I found Michael lying in the hall.

By the time I picked him up and carried him over to the carpeting to turn him over to check the airway, check his eyes and breathing, he was not breathing. I went over to the phone, called the paramedics—they took them several rings to answer the phone. By the time I started mouth-to-mouth it was approximately four minutes. After four minutes brain damage starts occurring in children, and how much longer am I supposed to wait?

He may die."

Wanda Thaxton agreed her daughter had done the right thing—the only

thing. Tanya had saved her son's life. Wanda and her three other daughters knew they would have done the same thing.

Dr. Kelly was wrong. The Reids decided Steven under, a Dallas neurologist who had seen their son several times in the past, had a better handle on the seizures.

Unsettled feelings. Staci Mullins had wrestled with them from nearly the first moment she met the new folks from the Panhandle. Something wasn't quite right. Staci's concern went beyond her own annoyance at Tanya for her pesky attempts at drafting her as a new best friend. Her uneasiness went deeper than speculating about Tanya's apparent loneliness.

Something else was going on, she thought, with Tanya and Jim's little boy.

It troubled Staci that Brandon Michael Reid didn't talk much for a child of his age. To Staci's way of thinking, the problem appeared to stem from Michael's relationship with his mother. The little boy often seemed angry around her.

At times, when Tanya told him to do something, Michael flatly refused.

If the boy would dart in the opposite direction when she called out his name, her anger would intensify.

Yet away from his mother, Staci found the boy to be a sweet and obedient child. She never had any problems in handling him.

"He'd scream and cry in a loud, shrill scream practically the whole time he was around her. Here, he'd play, he would be kind of easygoing, have fun and follow the girls around. He'd laugh and giggle."

When Tanya returned to pick up her son, the tears and screams started again.

"It was an emotional problem with him not talking," Staci Mullins insisted to friends. "She tried to blame it on his hearing, but audiologists got involvedpHeartland got involvedpthey had him tested and his hearing was okay."

When the sirens sounded again, around a quarter after five the afternoon of November 13, 1987, it surprised few at Nottingham Square that the rescue squad would stop in front of 7411 Canterbury Road.

It was a Friday, and the little blondhaired boy had stopped breathing yet another time. Onlookers gathered as they always did, the lights of the ambulance drawing them like a swarm of moths to the parking lot lights lining the blacktop at the Kmart just down the hill.

“Poor little thing, turned as blue as the sky . . .”

“I guess his mother saved him in the nick of time. I understand she’s a nurse.”

Staci Mullins was first on the scene, arriving even before the paramedics unloaded their medical equipment. Tanya cradled Michael on the living room floor. Though Michael’s face looked ashen, he seemed to be all right. Tanya was tired, but considering everything, seemed to be holding up well.

It was Staci who cried when Michael was carried to the ambulance.

“You take Carolyn,” Tanya instructed. “I’m going in the ambulance.”

While gawkers huddled in the street, Tanya Reid told paramedics that Michael had been fussing in his high chair. After walking down the hall, she returned and found him turning blue. Again, she breathed life back into him.

And away, lights flashing, she went. Apartment dwellers went back inside. The show was over.

That night, Tanya’s neighbor stayed near her telephone, wondering when Tanya was going to call with news of her son or concern for the daughter she had left behind. But she never did. She never phoned to ask if it was all right for Carolyn to spend the night. Staci figured Tanya knew Carolyn was in safe hands she had stayed there before but still it bothered her. Why didn’t she call to see if she needed something? Lunch money, or clothes for the next day?

“Even if I left my child with my sister,” Staci later said, “I’d ask would you mind taking her? Could you loan her money for lunch?” I just wouldn’t expect someone to do it. It was like Carolyn was mine.”

Michael Reid had been dispatched to Trauma 3, an acute resuscitation room at Blank Children’s Hospital, where his perfectly healthy appearance after such a life-threatening ordeal continued to confound doctors.

“In most cases when you have a child coming in having been resuscitated, they are very sick. They are not coming in playing and happy,” Dr. Tom McAuliff, a pediatrician working the shift, said later.

But this little boy had been at death’s door only moments before. He had stopped breathing. His mother did CPR and saved his life.

Nothing fit.

The mother’s casual demeanor also threw Dr. McAuliff. She had just done CPR on her son yet seemed nonchalant, almost unconcerned about it.

It seemed saving her boy’s life was merely something she was good at like baking a cake or gardening. It was so casual.

What was going on here?

One of the pitfalls of working the emergency room was the absence of medical records to review for patient history. Tanya Reid had provided an extensive oral history, but hospital charts were sought for backup.

By the time such records are requested and delivered, patients invariably have gone home or died.

Dr. McAuliff didn't have old records, but he did have resident Bob Colman.

The twenty-nine-year-old pediatric resident had been among the first to consider Munchausen Syndrome by Proxy a rare form of child abuse. Dr. Colman had seen such a case firsthand and was familiar with Michael Reid. He had encountered the Reid boy several times since his first admission for a fever in early July, just days after the family moved up from Amarillo.

The two doctors conferred with others during morning rounds, Could it be Munchausen Syndrome by Proxy?

Munchausen Syndrome by Proxy was so rare that most doctors had never diagnosed it. Some knew little more than a skeletal framework of the syndrome. Children were victims of MSBP when their caregiver, usually their mother, fabricated symptoms for an illness so the child required medical treatment. The attention the perpetrator often perceived as the perfect, devoted mother preceives drives her to enact the fraud over and over.

Several staff physicians thought the diagnosis was a possibility and suggested the case be watched more closely. Given the shadowy circumstances of such a case, it was all they could do.

During the days and weeks that followed, there would be more visits to the hospital and doctors argued over what was causing the boy's spells.

Was it the mother? Was it some undiagnosed seizure disorder?

At the beginning of the following month, the Reids returned to Dallas to meet with neurologist Steven under.

Whenever Staci Mullins heard a siren, she knew the ambulance would stop at the Reids' place. What was happening to Michael? He had so many episodes, yet doctors couldn't come up with anything to help him. She wondered what, if any, role Tanya had played concerning the spells.

One time when Carolyn was at the Mullinses playing with Staci's daughter, she gingerly broached the subject.

"Where were you? Did you see Michael stop breathing?"

"No. Mommy and Michael were in Mommy's room, on the bed. Michael

was screaming and crying. Mommy yelled at me, Call 911 and go get Staci!”
” The little girl was always downstairs, or outside. Tanya was in the house.
Jim was at work.

What in the world is she doing to that boy?

The alarm sounded again almost a month later. This time the 911 call came in at 5,35 on December 15. Michael had been drowsy when paramedics retrieved him from Nottingham Square, but the little boy screamed his way to Blank Children’s Hospital.

Tanya told emergency room personnel her son had been playing in a box in his upstairs bedroom when she had found him not breathing. She did mouth-to-mouth, and three minutes later he was breathing on his own.

She again recited the boy’s medical history, including the fact that he had been seizure-free from July 1986 to October 1987.

She said she had seen Dr. under in Dallas two weeks prior and he suspected a possible reflux vagal effect could be halting the boy’s breathing.

Early that evening, the attending E.R physician spoke with Dr. Kelly on the phone. The mother was told to make an appointment for her son with the Des Moines neurologist in a week or two, sooner if need be.

Michael was discharged at six-thirty and sent home.

Three days after Michael’s December 15 episode, an inhome family counselor was referred to the Reids for respite care through Polk County’s Department of Human Services. Tanya’s pleas for extra help had finally brought results.

The Reids told the counselor of their stress over their son’s medical condition, and the fact they had lost a baby daughter. Jim also said he was unhappy with his job and his pay cut. Their marriage was strong, but both conceded they could benefit from counseling.

The counselor wrote, “It is very obvious that James and Tanya love each other and their children. They are both very intelligent. It is a family that has many strengths to draw upon.

“I would want the focus to start on Michael’s condition, the future, and how Michael s condition relates to Morgan s. ” Later, Tanya phoned her mother with the news that they had been approved for respite care for Michael. She was elated. Finally, she was getting some help.

She’d have a little time for herself, some breathing room. The past few months had been a nightmare.

On January 4, 1988, Dr. Gangeness referred the Reids to the renowned

Mayo Clinic, based on Dr. Gangness's recommendation. The Reids left Carolyn with the Nottingham Square apartment manager not Staci Mullins, who counted herself lucky that she had successfully distanced herself from Tanya's troubles and drove four hours to Rochester, Minnesota.

When they arrived, however, they were met with disappointment and yet another dead end. Dr. Gangness had only been able to arrange an appointment with an oncologist, a cancer specialist. To neither Jim nor Tanya's surprise, they were told their son didn't have cancer.

Ten days later, Tanya and Michael returned to the Mayo. Jim stayed in Des Moines. This time a neurologist reviewed Michael's case but was unable to find anything wrong either. Tanya was frustrated. It had been a long drive for nothing. She insisted her son was gravely ill.

She commiserated with her oldest sister by telephone after returning to Urbandale.

"I hear the frustration, and I understand it," Beverly Kay said.

"You'll get through this, Tanya. You will."

Beverly Kay knew how Tanya felt. Beverly Kay had been there herself when her oldest daughter suffered from undiagnosed food allergies.

She, too, had experienced the gnawing tension brought by repeated hope and disappointment.

Prayers for relief for her sister and baby seemed to go unanswered.

A few days after the second visit to the Mayo, another rescue unit was summoned to the Reid home. It was January 19, 1988. At 8:35 P.M.

Tanya revived her son and paramedics took him to Blank Children's Hospital, where he would remain for three days.

The episode was doubly sad in that it occurred on Jim Reid's thirty-seventh birthday. And despite the late hour of the call for emergency help, Jim was not at Nottingham Square. Jim Reid was still at the office.

BRANDON MICHAEL REID was a beautiful little boy with blondish hair that just brushed over the tops of his ears. His eyes were bright and blue, the color of his father's. He was the calendar boy for the American Heartland. Under ordinary circumstances he would be the apple of anyone's eyes. But at 12:14 P.M. on February 7, 1988, he was not a little kid playing in a grassy field, or rolling on the floor with a puppy. He was sweaty and terrified. His hair was matted in whorls onto his forehead. Despite the fact that it was lunchtime, he hadn't even been dressed for the day.

Instead, he had been fighting for his life. Fighting for air.

This one would be recalled as the episode that was very different in its beginning and its outcome. Jim Reid was not at the office, he was at home enjoying the lull of a Sunday afternoon. He was not in the yard.

Not at the neighbors. Not in the garage. Jim Reid was in the house.

His son and wife were upstairs in the master bedroom playing. He could hear Tanya and Michael laughing and giggling. It was a good sound.

The sound of a happy family. After all they had been through, good times were cherished, savored.

Then the noise stopped. It was quiet upstairs, as though the volume control of a TV had been turned off. It was an abrupt, slamming silence.

A moment later, Jim lurched in the direction of Tanya's screams.

"Jim, come quick! It's Michael! He had another spell!"

Jim climbed the stairs and rushed into the bedroom. Michael, sweaty and limp, was on the bed. Tanya hovered over their son doing mouth-to-mouth.

"Have you called paramedics?"

Between breaths, Tanya said she had.

Jim checked his son's heart rate and studied the boy's blue, still face for any sign that he'd be all right. In a minute, even before the paramedics came, Michael was breathing on his own. And by all accounts, the little boy was angry.

Michael wore a two-piece pajama set as he was carted kicking and wailing across the glint of linoleum of the emergency room at Blank Children's Hospital that Sunday afternoon. The child was not a stranger to the staff working that shift. Dr. Robert Colman and Dr. Anne Zoucha had seen the little boy before. They also knew his mother.

They knew the routine.

But this time it would be different.

E.R nurse Callie Sandquist watched as they put the Reid boy into Trauma 1, one of a pocket of five examination rooms directly across from the nurses' station. The little boy was screaming. Not crying, but absolutely howling. He was not saying any words, just making noise.

Callie would later try to describe the boy's state.

'4He was inconsolable.... You can't make him stop, it doesn't matter what you do. It's almost like being hysterical.'

The nurse scrutinized his mother.

Tanya Reid was a short, pleasant woman with neatly done dark hair and dressed in a simple pullover top and jeans. She was very calm as she stood

talking to Drs. Colman and Zoucha and described what had happened at home.

The scene seemed odd to Callie, who had worked at the hospital for seventeen years and thought she had seen it all.

Something was wrong with the picture.

“If it was my kid doing that I wouldn’t be able to stand that for very long. But she was over in the corner talking to the doctor, and she just kept going on and on with this long detailed history using all the appropriate phrases, technical terms, long medical names—I mean, I wouldn’t have been able to have remembered them,” she would later say.

Tanya seemed oblivious to Michael’s caterwauling. Never once did she step over to soothe her son.

“It didn’t seem to bother her. She was just over there chatting with the doctors.”

Later, none of the nurses could recall any details about the little boy’s father. Jim Reid was there, nurses said, but he stayed out of the fray and let his wife handle everything.

The atmosphere in the E.R took a decided turn when Dr. Zoucha, the pediatrician running the show that night, barreled out of Trauma 1 and slammed the little patient’s charts against a countertop. An attractive woman and usually a calming influence, Dr. Zoucha was not given to such outbursts of emotion. She was a healer, not an antagonist. But she was furious. Her words shocked.

“She’s smothering that kid!”

Pediatric resident Colman, also taken back by his colleague’s anger, nodded in agreement.

“Yes,” he said, recalling his earlier suspicions, “this has been going on way too long.”

A call was made to the Iowa Department of Human Services for a child protective investigator. The little boy screaming in the E.R was a victim of a rare form of child abuse. The alleged abuser was his mother. Both Dr. Colman and Dr. Zoucha believed Michael suffered from Munchausen Syndrome by Proxy. They suspected his mother was smothering him because of her own need for attention, specifically from medical staff.

Nurse Sandquist was horrified and intrigued. She had never seen an MSBP case before. The veteran nurse drew closer to the patient and his mother as she searched for clues that could reveal what had happened that

afternoon. Reporting an allegation of child abuse was serious.

Details were a necessity. Written backup would be critical.

In addition to his incessant screams, something else about the supposed seizure patient appeared noteworthy. Brandon Michael Reid had four scratches on his cheeks parallel abrasions that looked as if they could have been made by fingernails. Two were deep enough to bead minute rows of blood. Since the scratches were small, it suggested to Callie they had been made by the child. His lower left eyelid was also flushed with the subtle purple of a fresh bruise.

Tanya Reid, seemingly oblivious to the turmoil brewing around her, accosted the nurse and held out her right index finger. It, too, was scratched. At the nail bed it bled slightly.

“I hurt my finger,” she said. “Can I get a bandage?”

The little boy had been admitted to the hospital by the time a child protective investigator arrived, about two-thirty that afternoon.

Investigator Mark Gillespie had been notified by pager and made the trip to the hospital as soon as he could. Gillespie first met with Dr. Zoucha, who filled him in on some of the boy’s medical history. She told him Michael had been admitted to Blank several times, most recently about three weeks prior.

r. Zoucha pointed out the scratches on the boy and his mother. She told the investigator the scratches might be a result of Michael’s attempt to stop his mother from suffocating him. While they were admitting the child for observation of any seizures, it was primarily a means of protecting the boy.

Foster care, she said, was the long-term answer.

“I have no doubt,” she said, “that the mother is trying to suffocate the child and the child is in danger.”

Dr. Robert Colman, the pediatrics resident who was among the first to suggest Michael Reid was the victim of Munchausen Syndrome by Proxy, was every mother’s dream of a pediatrician. Sympathetic blue eyes, ready smile, and gentle manner conveyed a genuine love for children.

Investigator Gillespie met with the young doctor for a briefing before interviewing Jim and Tanya Reid, who still had no idea about the allegations.

Dr. Colman advised the investigator of some of the background of the Reids, including how they had moved a number of times and Michael had been to numerous hospitals for testing, most recently the Mayo Clinic.

“Mayo reportedly declined to do any testing,” he said, “indicating there was nothing wrong with the child.”

Mark Gillespie sat down to take it all in, filling his notebook with information on a condition about which he had known little. Then it was time to see the Reids.

It was 4,00 P.M. and Michael had calmed down in his room on the third floor. He was outfitted in flimsy hospital pajamas colored with some obscure cartoon character, and blue fleecy slippers were by his feet.

Soon he would sleep.

Jim Reid stood alone, stunned and mute when the abuse investigator identified himself and stated the purpose of his visit. Michael's father's face exhibited the affect that Mark Gillespie had seen all too often, a combination of shock and indignation.

There must be some mistake.

Jim immediately picked up the phone to call Tanya, who, he explained, had gone home with their daughter Carolyn to change clothes. His voice was hushed, his words sparse.

"Tanya, there's a man here to talk to us. They are accusing us of smothering Michael."

Tanya started to shake as she told her husband that she'd be right over. She couldn't believe what she was hearing.

"I went totally to pieces," she said later. "I was mad and scared."

Tanya left Carolyn at Staci's and made her way to Michael's hospital room to take a seat next to Jim as they faced the investigator.

She could explain everything.

The interview would last forty-five minutes.

"We didn't know what to think," Tanya said later of the allegations and the interview. "We didn't have anything to hide. We willingly talked to Mark. I told him I was mad, and he said he understood. This was an ordeal for us."

Tanya called her sister Rodena to talk about the allegations and about getting an attorney. Tanya was upset, but she was sure she'd be vindicated. This was all a mistake, after all. It would blow over.

In case it didn't, the Thaxton family called on Esther Hayward, a Dallas attorney and friend of Rodena and her husband's, to make inquiries about finding a good lawyer in Des Moines. Esther reported back that it was Bill Kutmus's name that came up most often.

Tanya also tried to seek help from a member of an association she had seen on the "700 Club" television program. The I group, Victims of Child

Abuse Laws (VOCAL), had formed to clear the sullied names of parents falsely accused of child abuse. Tanya related how she was uncomfortable with the Iowa doctors and was convinced they were on some kind of child abuse witch-hunt. But because of the early stage of the investigation, the VOCAL member was unable to help. The Reids were on their own.

Jim Reid stood firm with his wife in her denial that she could have done anything to hurt their son or daughter. He proclaimed great certainty that in the end Tanya would be vindicated. He held no doubts that she was an attentive mother.

He said later, “She’s always real careful about how the kids look and how they dress and how they act and tries to teach them right from wrong and takes time to participate in their activities.”

LIKE PEORIA, ILLINOIS, Des Moines, Iowa, is one of those cities that the marketing gurus who mine demographics consider America, USA. If a product, if an idea, even if a politician takes hold in Des Moines, chances are it will play just as well over the entire United States.

Des Moines is considered by many outsiders to be mired in its mediocrity.

Never has an assessment been so undeserving.

Des Moines is smarter, hipper, and even more beautiful than outsiders like to admit. The state’s capital city, with a metro area population of 400,000, edges former Polk County cornfields amid a topography that lulls its way akyng the confluence of the Des Moines and Raccoon Rivers.

Most of the time both waterways are languid Mississippi tributaries that swell to a lusty fullness only in the spring.

It is a city of old and new. Skyscrapers rise from the seeming flatness of the land like a row of tiered wedding cakes. In the Sherman Hill historic neighborhood, lovely old brick homes glazed with green ivy line tree-canopied streets. A web of sky bridges link thirty downtown blocks and shelter shoppers from snow in the winter and the humid heat of summer. Drake University is the deserved focus of much intellectual pride.

The workforce is better educated than those of most other Midwestern cities. Employers have long known that. Companies with major presences in Des Moines include John Deere, the publishers of Better Homes and Gardens, and the Wall Street Journal, as well as scads of insurance companies. In fact, Des Moines follows only London and Hartford, Connecticut, as a worldwide center for the insurance industry.

Outside the downtown core, and throughout Polk County's western suburbs of Urbandale, West Des Moines, and Clive, subdivisions and car lots have diluted some of the farm charm but the truth is that Des Moines is both city and country. And that's why so many who are born there stay put.

Polk County is progressive in dealing with child abusers. Where other jurisdictions have left abuse and neglect in the all-too-full hands of family court, Polk County has made criminal prosecution a priority.

A key to what would later focus national attention on wrongly maligned Des Moines, and set it apart from all others, was the pioneering Polk County Child Abuse Trauma Team.

Polk County Juvenile Court Intake Officer Jan Buck was a brilliant, imposing, middle-aged woman with a hearty laugh and an unflappable desire to make sure children in danger were given all the protection the state could provide. She had been a schoolteacher in Massachusetts when, in 1969, her husband stunned her with the news that the family would be moving to Des Moines. Jan Buck cried for three days. Still she made the move, and in time found that the place wasn't so bad.

When tragedy struck six years later her husband and one of her children died in an auto accident Jan found solace in a law school classroom.

By then, Des Moines had become home to her other children. Staying was easier than she imagined. After graduation, Jan worked for a private firm primarily in the defense of juveniles, and with her sharp mind and nononsense demeanor, she excelled. Two years later, she made what she felt was a natural switch and went to work for the juvenile court. She discovered along the way that her greatest interest was in the area of child abuse, not run-of-the-mill delinquency cases.

As an intake officer, her role was to ensure that abused and troubled children were brought safely into the protection of the juvenile court.

It was clear from the outset that Jan Buck had a soul mate in Polk County's chief criminal investigator, a red-haired, green-eyed ex-cop named Paul Houston. Like the intake officer, Paul was determined to do everything possible to improve the grim statistic of abuse. He, too, had found his passion in the defense of abused children. A Midwestern farm boy from a strong family home, Paul knew kids deserved a whole lot more than many got.

"I'd seen animals treated better than some of these kids," he said later.

Paul and Jan pioneered a concept that would put an end to that, at least as much as they could do to intervene and stop additional abuse.

The keys were quick response and thorough investigation. Police often let domestic crises slide while they pursued other crimes. In 1985, Paul and Jan formed a coalition of doctors, social workers, and court officers and called it the Severe Trauma Assessment Team (STAT). All reported child abuse cases were to be investigated on-site within thirty minutes of the emergency call. Day or night. Weekday or weekend. No exceptions. The quick response often brought a confession, and certainly made evidence gathering more successful.

The impetus was a little boy named Jonathan. On a Friday afternoon in 1985, the boy was badly burned and taken to an emergency room for treatment. Child protective investigators were dispatched, but the local police never investigated. Jan Buck was horrified when she was handed a file and the hospital photos of Jonathan's gruesome injuries.

She immediately called Paul Houston. The two learned that police had been reluctant to get involved, insisting it was a juvenile case.

Besides, they said, the boy wouldn't talk. By the time Paul and Jan were involved, leads were cold and they were unable to gather enough evidence for a criminal case. The boy was returned home only to be brutally abused again—nearly to the point of death. This time, however, the boy's mother and boyfriend would be sent to prison.

The decision was made, There would be no more Jonathans.

Over the next three years, with the combined force of the Trauma Team and a new state law reclassifying child abuse from a misdemeanor to a class C felony, the Polk County Attorney's Office prosecuted forty-seven abuse cases. None had been prosecuted prior to the formation of the Trauma Team.

Whether they were out interviewing family members, victims, or even the perpetrators themselves, Paul and Jan were an extremely effective pair.

Jan knew when to pour on the motherly advice, adding bits of information from her own experience with her children as she tried to ferret out what happened.

"Oh, my son was into everything, too.... I understand how hard it is to be a mother these days."

When need be, Paul could play bad cop to Jan's good cop routine.

Whatever worked, whatever helped to get at the truth. They developed the kind of intuitiveness that can only come from working closely together.

"We knew when to interrupt and knew when to keep quiet," Jan later said.

Over the years they would educate themselves about all areas of child

abuse as they worked their way through more than four hundred cases.

They were excellent students. In no time, both were able to read fractures on an X ray with the acumen of a radiologist.

When a juvenile case moved from the social worker's realm to that of the criminal arena, it was Melodee Hanes, an assistant Polk County prosecutor, who took it.

All three, a kind of triumvirate of advocates for endangered children, would become absorbed in the Reid case, a case like no other.

Certainly there were cases that on the surface were more horrifying.

Tortured sons. Sexually abused daughters. Mutilated babies. Those, thankfully, would never be considered run-of-the-mill, but they were common enough to be familiar. But there was nothing they'd seen quite like the case of the little boy from Urbandale.

Staci Mullins had to step back quickly to let Tanya Reid pass through the doorway of her Nottingham Square town house. Clearly, something was up. Information spewed out of her mouth at such a rapid pace that it seemed as though Tanya's words ran together like a Cyclone fence. She had not only come for Carolyn, Tanya had come to spread the news.

"The-hospital-is-saying-that-I-abused-Michael-can-you-believe-it?-I-abused-my-son?-They're-gonna-file-charges !-I-have-never-hurt-my-kids !

-They-are-accusing-me-of-attempted-murder!-You-will-be-a-character-with-ss-for-me ! " Tanya went on jabbering for a bit, before she allowed herself to be clued in that Staci would not be taking the witness stand in her defense. Years later, Staci could not recall exactly how she relayed that message that night, but Tanya understood.

"I let her know that I wouldn't be a character witness because I had my own personal thoughts about what was going on because of Michael not talking and problems with her husband.... I'm not saying I thought she was guilty, but I had my own questions about what was going on."

Tanya shut up, grabbed Carolyn by the hand, and let herself out, leaving Staci to wonder what really was going on. Something was peculiar about Tanya Reid's manner, She wasn't hysterical, she seemed excited.

Staci was confused by that more than the charges brought against her neighbor.

"It was almost as though she was just full of excitement about all of it. Chat, chat, chat ... telling me about everything. She wasn't crying or anything."

WHEN TANYA WOKE UP Monday morning, Urbandale was still as black as the circles underscoring her brown eyes. She sat straight up and tried to blink away the bad dream that had kept her awake and formed the tear crusts that matted her eyelashes. But it was useless. She was in the same place she had been when she went to bed. Her feet felt dead when she walked down the hall and looked into the bedroom.

The sheets and covers on her son's bed were crisp and taut. It waited, empty and cold.

She drew some deep breaths, one, two, three, as if oxygen would change what she hadn't seen in her son's stuffed animal and toy truck-filled bedroom, but it did not. Michael was still at the hospital.

Tanya returned to her husband and squeezed his hand. Jim Reid had not slept either. Neither could believe what was happening nor the ugliness of the accusations aimed at them.

"How many other parents have been blamed for their children's problems, just because the doctors can't find a way to make a baby get well?"

Tanya asked.

"Just how many?"

Some mothers might have phoned a friend in hysterics and begged for help with what needed to be done in the midst of such a nightmare.

Tanya did not fall apart. She couldn't. She had Carolyn to think about. She also had her Brownie troop to take care of the morning following the abuse allegations.

And, as always, there really wasn't anyone else to turn to.

While her son lay in a hospital crib and the gossip line smoldered with tales of an abuser, a nurse, no less, Tanya washed her face, dressed, and left for the hospital. Since it seemed she had no other choice but to cancel the troop meeting, she brought her notebook of Brownie telephone numbers to Michael's hospital bedside and started dialing.

Responsibilities could not go ignored. Every girl's mother was left with the message, no troop meeting after school that week.

"We've had a personal family emergency. I'm very sorry," she said.

Tanya also called Clive Elementary. She wanted the office to be clued in to the change in plans as well.

"I don't want some kid sitting there by the sidewalk waiting for someone to pick her up," she told the secretary.

The other mothers depended on her, and she didn't want word to get back

to them that she had not done her job.

Early on the morning of February 8, Child Protective Investigator Mark Gillespie informed Intake Officer Jan Buck of the most curious abuse case. The victim was an Urbandale toddler who had been hospitalized several times at Blank Children's for apnea. This was not a case of broken bones, bruised buttocks, or any of the other kinds of abuse that make up the vast majority of the sad stories seen by the county.

Doctors believed the mother was suffocating her son because she sought their support and attention. They were fairly certain it was a case of Munchausen Syndrome by Proxy.

The mother's name was Tanya Reid.

Jan Buck had learned about the syndrome at a number of child abuse conferences, but she had never investigated one of the bizarre cases firsthand. She didn't know anyone who had.

In his quiet voice, bearded social worker Mark Gillespie recounted for the intake officer the events surrounding the boy's hospitalization and the suspicions pointing to his mother as the perpetrator, the apnea, the ambulance calls, the medical staff's familiarity with the boy, and the doctors' emphatic diagnosis that the Reid case fit many of the earmarks of an MSBP diagnosis.

Mark Gillespie told Jan how he had taken a couple of photographs to record the scratches on Michael's face. And though the mother also had some scrapes on her index finger, unfortunately, he said, he did not take any pictures of those.

The picture-taking had been followed by a taped interview with the parents. First the husband, then husband and wife together. They were cooperative and insistent they had not harmed their son—he suffered from a seizure disorder. They detailed hospitals where the boy had been treated.

The Reids seemed so sincere, so willing to prove their innocence, even to the point of volunteering for polygraph examinations. Tanya Reid also offered to undergo psychological testing to prove herself a fit mother.

The Reids just wanted their son at home.

Before leaving the hospital, abuse investigator Gillespie called the offices of Michael's regular pediatrician, Dr. Gangeness, only to learn the doctor was on vacation. His partner, Dr. Kenneth Talcott, got on the line and indicated that his knowledge of Michael Reid was somewhat limited, but he did recall that neurologist Tom Kelly had once mentioned the possibility of Munchausen. But another explanation offered was that Tanya Reid was

feeling overly guilty about Morgan's SIDS death and was overreacting to bona fide breath-holding spells.

Whatever the case, the doctor did concede something was distressing the Reid family.

"There seems to be a real problem with the relationship with the mother and child," he said, citing "confusing medical and home issues."

Dr. Colman had the last word on the case. He again emphasized the parents had disregarded medical advice on numerous occasions and sought unnecessary medical treatment for their son and others were beginning to catch on.

"The Mayo Clinic didn't even want to draw blood, because there was nothing wrong with him," he said.

The young doctor was also concerned about the long-term effects all the hospitalizations might have had on the boy perhaps contributing to Michael's being developmentally delayed.

Jan Buck was more than intrigued by what she was hearing. She was horrified a mother might be so calculating that she would risk her son's life in a premeditated manner. She also knew such cases were difficult to prove. It would likely be a purely circumstantial case.

"You don't go out and measure a crib ... or photograph bruises ... or interview people and take their statements," she said, pondering the lack of physical evidence.

She went to see Paul Houston.

More than two hours to the east, in Iowa City, lived Randell Alexander, a doctor with more degrees than a thermometer, B.A. master's, M.D. Ph.D. Holding memberships in a half dozen professional associations, including the International Society for the Prevention of Child Abuse and Neglect, Dr. Alexander was considered one of Iowa's foremost experts in areas of child abuse. Munchausen Syndrome by Proxy had long been of particular interest to him.

When the Trauma Team phoned for help with the Reid case, his interest was piqued. From what he would learn about Tanya Reid it would seem she had the characteristics of a classic case. Everything from her background to her profession to her relationship with her husband would provide clues.

But none of the data gathering would be easy. A web of circumstances, medical records, and the mother's behavior would need to be unraveled.

Randy Alexander also had a word of caution. It was the same warning he

would give others undertaking the investigation of alleged MSBP cases, “This will consume you. You will dwell on this. It is like a black hole. It will suck up everything, you’ll come wrung out in the end.”

His words would prove prophetic.

TUESDAY MORNING, FEBRUARY 9, CPS Investigator Mark Gillespie contacted Tanya Reid in her son’s hospital room and asked if she and her husband would come for an interview at the Juvenile Court offices of Jan Buck and Paul Houston at one o’clock that afternoon. Tanya’s mood had lifted considerably since the first interview two days before. She didn’t seem to see any problem with the request. She nodded eagerly.

She wanted to clear up the misunderstanding, too. To that end, the Reids were in the process of retaining a lawyer.

“We’ll do whatever we can,” she said. “We just want our son to come home.”

Fifteen minutes past the appointed hour, the Reids, escorted by an Armani-clad attorney named Bill Kutmus, arrived in the waiting room.

Heads immediately turned. Retaining the likes of someone of attorney Kutmus’s fee schedule and reputation was unusual in such a case.

Though short in stature, the curly, dark-haired Bill Kutmus was a giant in Iowa legal circles. Many considered him the best criminal lawyer in the state. He was a persuasive man who pushed the envelope to its sticky edges in everything he did—canoeing down the Amazon, on safari in Africa, and winning cases in the courtroom.

And there he was in small-time juvenile court with a couple of transplants from the Texas Panhandle.

Bill Kutmus seemed aggravated and made no bones about the inconvenience he was enduring.

He told Jan Buck and Paul Houston that there would be no further interviews with his clients.

“The Reids have said all they are going to say when they talked to the child protective investigator. You have a tape of that conversation.

You’ll have to go with that.”

Without missing a beat, the attorney quickly advised Tanya and Jim to leave.

Instead, Tanya lurched forward and started blurting.

“He’s right. It’s all on the tape. I told the investigator about all those different episodes” The annoyed attorney cut her off, but Tanya Reid kept

chattering. She was just trying to be helpful. Jim Reid said nothing. He just sat there, quiet, in the background.

“In Illinois my son was seen . . .”

Bill Kutmus motioned the woman toward the door.

“... and in Texas . . .”

Finally, the three left, leaving Paul and Jan to shake their heads at what they had just witnessed.

“She would have talked her head off if Kutmus hadn’t been there,” Jan said. “We could have talked to her all day.”

They went upstairs to listen to the tape.

As the tape spun in the recorder atop Jan Buck’s jumbled desk top, both investigators leaned forward to listen to the voices of Jim and Tanya Reid. Both of the Reids spoke with a Texas accent, though Tanya’s seemed more pronounced. Every so often from the background came the screams and cries and mumbling of the little boy. While Investigator Gillespie told the Reids he preferred to speak to Mr. Reid first, Tanya frequently found it necessary to jump in with the answers that eluded her husband.

Jim Reid detailed the medical history of both his son Michael and daughter Morgan, who had died of SIDS. There had been many, many times when Michael suffered an apnea episode and required emergency resuscitation. The first was when he was a month old.

With coaching from Tanya, Jim covered the drugs the little boy had taken to stem the seizures, including phenobarbital, Tegretol, and Dilantin. In Iowa, he took atropine, when Dr. Tom Kelly diagnosed breath-holding spells as a possible explanation for the seizures.

Mark Gillespie asked if Jim Reid had witnessed a seizure from the onset. Jim said he had not.

Both Paul Houston and Jan Buck knew the value of that comment and made synchronized notes chronicling it.

Jim indicated, however, that Wanda Thaxton, Tanya’s mother, and a Dr. Kudchadker, a physician from Woodridge, Illinois, had both witnessed one.

He also recounted the incident that led to Michael’s hospitalization at Blank Children’s Hospital—the episode that started the whole abuse case mess.

“I came up and Michael had passed out on the bed. He was blue in the face ... he wasn’t breathing.”

Jim said he asked Tanya if she called paramedics and she had. At the

time, she was giving mouth-to-mouth to her son. A minute later, he was breathing on his own and the paramedics arrived.

“They have been in our home on several occasions because we had this problem before,” he said.

Then it was Tanya’s turn. She spoke so rapidly that a transcriber would later have difficulty in discerning some of her words, leaving unintelligible passages in the transcript.

Michael was upstairs rolling on his stomach and playing on his parents’ bed the morning the nightmare began.

“Then he started crying real hard and I turned around to see what was wrong with him and he was jerking, his arms and his legs outstretched.

So I grabbed his hands to keep them off his face or he was going to hurt himself and then he quit breathing and then he went limp.”

She called the paramedics, then called for her husband.

Next, Tanya went on to disclose what the seizures had been like over the course of the boy’s life. She said they usually occurred in the daytime or early evening, usually after a nap.

Tanya interjected that her daughter Carolyn had just gone down to get the mail when it all happened.

Paul Houston made a mental note, Getting the mail? This took place on a Sunday when there was no mail delivery. Had they forgotten Saturday’s mail or was it a lie?

Michael’s mother went on to explain that her son did not suffer any “significant seizures” from July 1986 through October 1987. Since October of 1987, there had been about half a dozen of them. They usually happened during the daytime.

“My husband used to work days. It was always in the afternoon. He’s had a few on weekends when my husband’s been around.”

By the end of the tape, Tanya sounded angry and agitated. She wanted to take her son home. Jim Reid seemed confused about the whole thing.

He wanted to know if they’d be able to take Michael home after a twenty-four hour period of observation.

“Why? I mean, are we under suspicion of child abuse or something?”

Mark Gillespie was caught off guard and stammered out a reply.

“Um, you know I don’t . . . I don’t know if there’s any grounds for the child or not, I wasn’t inquiring about that. I mean it’s medicallyp” Tanya piped up, and though she had calmed down somewhat, her words were jolting

in their audacity.

“Medically his past experience is no real reason to keep him because it will probably be another two to three weeks until he has another one.”

The boy wasn't in danger. He wasn't going to have any more seizures anytime soon.

She had even told Dr. Colman the same thing.

“I told him he wouldn't have another episode, and still they wanted him to stay.”

The Reids felt their boy should not be cared for by doctors who didn't think there was anything wrong with him.

The doctors, Tanya said, never even checked on her son.

“Why should I be here if I can do the same thing at home that they can do?”

With that, the tape was over.

It would not go unnoticed, though no one could say for certain what was meant by Michael's words. From the stainless steel bars of his hospital crib, Michael Reid repeated several times in the interview, “Mom, go!”

“Mom, go!”

Urbandale Police Detective Doug Hobart had never heard of Munchausen Syndrome by Proxy when Paul Houston alerted him about the Tanya Reid case, but he was only too glad to learn. The thirty-year-old native Iowan was the father of two small children. He had no tolerance for child abusers of any kind.

His first stop was to talk with the rescue personnel.

The County Paramedics logbook occupied a spot on the office desk twenty-four hours a day. Entries were often mundane notations of calls or supply requests for the Bronco. The book was a communication link between shifts and nothing more than a “B.S.” book, as one later considered it. Each call was recorded in an informal manner. All knew there was the potential that the book could be called into court and off-the-cuff comments made public. Some mornings they just didn't care what they wrote.

Tony Collins had never heard of Munchausen either, but he told Detective Hobart he had been bothered by the Reid calls just the same.

Because something seemed so odd about it, he could never forget the time he knelt in the perfectly neat master bedroom while Tanya Reid continued mouth-to-mouth despite the command to stop.

“I wondered why the room didn't look disturbed. She didn't say where

she found him ... it leads you to assume that it happened where she did mouth-to-mouth. I don't recall seeing pillows messed up. I wish I could."

Next, they flipped through the pages of the log.

The first notation pertaining to Michael Reid was inconsequential. It was made by a paramedic on October 9, 1987.

"... child not breathing ... put him in ambulance ... IV needle ..." On November 13, 1987, Tony recalled coming in and, as always, going over the entries from the night before. Another paramedic had made a notation about her run to 7411 Canterbury Road, "Follow up patient has some type of breath holding which vagals him into a resp. arrest" He showed Detective Hobart where he had scrawled a quick editorial comment, "Bullshit!"

"He's got a history of seizures, it has nothing to do with vagaling him down into a respiratory arrest. By vagaling down, you might black out, but it doesn't affect the respiratory tract, it affects the heart. The kid didn't fit a vagal-type response."

On December 15, Tony Collins had written, "... Child not breathing.

I've had this kid twice before. Mom does mouth-to-mouth every time kid has seizures ..."

The mother's story had bothered someone once more.

"You don't quit breathing with a seizure," he told the detective.

"Most parents with kids with seizures are going to be educated by their pediatrician. If your child has asthma, you are going to learn how to cope. If he's diabetic, you give him a shot."

On the surface, at least, the fact Tanya Reid was a nurse seemed at odds with the events taking place upstairs in her town house. Surely she should have known how to handle a child who had such a lengthy and involved history of seizures.

"You need to protect him from hurting himself, because they thrash around. The seizure will go away. They don't quit breathing! She should know a routine ... this is what he's like after a seizure'

.

.. she said. He was taking Dilantin, then there's no reason for a seizure if he's having his regular dose."

A paramedic made the entry in the logbook on January 19, 1988.

"... 7411 Canterbury Road... Guesswho, Tony p Michael Reid. Glad I went through the peds kit well tonight" Concerning the February 7, 1988, call

to the Reids', another made the following note, "... Child not breathing ... same one we hauled several times before."

Tony shrugged his shoulders and reiterated his observation that the calls were Tuesdays and Fridays. He felt there had to be some answer, somewhere.

"I don't know what her husband's schedule was. Did he only work late on Tuesdays and Fridays?"

TRAUMA TEAM MEMBERS moved with great urgency. They had no choice.

Every member of the team had a story they didn't like to tell, or remember. It was always about a child who was sent back home, only to be beaten once more or even killed. All knew that speed saved lives.

By the time a pediatrics consultation committee would gather in a doctors' conference room at Blank Children's Hospital to review the Reid case, Jan Buck, Paul Houston, and Mark Gillespie had blistered their feet and callused their dialing fingers as they scrambled to gather evidence against a woman who insistently purported to be the perfect mother.

All knew appearances sometimes were deceptive, but could Tanya Reid really have done anything so horrific as to repeatedly smother her son.

Tanya Reid and her children seemed neat, clean, well fed. Tanya was sincere and sweet, and very concerned about her little boy. She and her husband had presented a united front to caseworkers. The allegations were false, they insisted.

Michael was loved. He was never abused by anyone.

If she didn't hurt her little boy, Tanya Reid was the victim of the very doctors she had sought to help her son. Only time, and much work, would tell.

Paul reinterviewed fire department and rescue personnel. Tony Collins, as Detective Hobart had reported, felt there was some kind of disturbing regularity to the calls to Nottingham Square. He also wondered why the father was never around. But mostly, Paul wanted to know about the upstairs master bedroom incident that had struck paramedic Collins as so peculiar, the boy was breathing so well, too well, when he took over.

"If you start mouth-to-mouth to start somebody breathing, you are not going to come back and start breathing 32 times a minute just like that on your first breath," he said, snapping his fingers to emphasize his point.

A volunteer paramedic who had tripped to the Reid town house on February 7 vividly recalled a remark Tanya Reid made after performing two

minutes of mouth-to-mouth to revive her son.

“On the way in to the hospital she did make the comment to me that, If they don’t find anything this time, I’m going to take him somewhere else to see if they can.” ” Paul Houston talked with other rescue personnel and made a note to secure a subpoena for rescue trip records.

Each person had a piece of the puzzle.

The same morning Investigator Houston was chasing leads, Mark Gillespie made a beeline to Clive Elementary to talk with seven-year-old Carolyn Reid. The little girl refused to talk to anyone about Brandon Michael, though she did tell the CPS worker that she had never seen her brother stop breathing from the beginning of one of his spells. She said she was downstairs not at the mailbox, as her mother had previously claimed.

Scratch the daughter as a witness.

Next on the list were phone calls to Tanya Reid’s mother and the Illinois doctor she said had witnessed episodes.

It was Dr. Shashikant Kudchadker, a pediatrician from Naperville, Illinois, whom Tanya had previously told Dr. Colman had witnessed the onset of an episode. It was the same name she had given during the taped interview. But in a brief conversation with Jan Buck, the doctor who treated both Morgan and Brandon Michael numerous times when they lived in the Chicago area denied seeing any episode from its onset.

Delete the pediatrician from the defense roster.

Jan made the call to the Texas Panhandle on February 10, 1988.

According to a statement made by Tanya Reid, her mother, Wanda Thaxton, had also been the witness to an episode from the onset. This was critical. A witness, even a dubious one like a close family member, could cause problems for the case juvenile or criminal.

Jan figured Mrs. Thaxton would hang up after being alerted by her daughter not to speak with anyone about anything.

But Wanda Thaxton stayed on the line and, not surprisingly, backed up her daughter. Though the woman from Dumas was indignant and didn’t volunteer much information, she was, however, adamant that she had been in the house when Michael and Morgan suffered their spells.

Wanda Thaxton recalled an incident in Chicago two years prior when her little grandson suffered a terrible seizure. When pressed for a description of what happened, Wanda changed the subject.

She couldn’t recall the details. It had been so long ago.

Finally, she told the intake officer Tanya was changing her baby's diaper and she herself had been "in and out" of the room. Tanya called her to come quick, and Wanda returned to find that Michael was limp, not breathing. She called for the ambulance.

Jan asked if Wanda had seen the beginning of that seizure.

"Well, no, I didn't."

They talked a bit more, and Jan ended the conversation by repeating the strategic question. And again, it brought the same answer.

"By that time," Jan Buck later said, "I had the feeling that she knew how important that answer was to me. She had committed herself and would not back down."

Cut Mrs. Thaxton from the list of witnesses who'd provide Tanya with the backup that she wasn't always alone when it happened.

The doctors staffing the pediatric consultation team were divided. The younger doctors, led by Colman and Zoucha, were resolute in their belief that the circumstances of the Reid boy's hospitalization strongly backed a Munchausen diagnosis. Some of the old guard felt that while MSBP appeared plausible, there simply wasn't enough evidence to completely rule out seizure disorder.

Dr. Colman told the consultation team how it was that he had a background in the most rare form of child abuse. Many of the more seasoned Iowa doctors had never seen a case or never diagnosed one.

He first came across the diagnosis during a morning report at the hospital where he did his junior clerkships in medicine. It was a case, he said, strikingly similar to what had likely been going on with Tanya Reid. A child had stopped breathing at home, turned blue, and was rushed by ambulance with his mother to the hospital. The doctors were unable to come up with a diagnosis and were suspicious.

"Nobody could understand why this child was not breathing and the mother had asked for numerous investigations. She wanted every subspecialist involved in the case and to have all sorts of procedures and testing done," Dr. Colman recalled.

And so the boy was seen by neurologists, cardiologists, had E.E.Gs, MRIs, X rays ... and nothing turned up.

"Everything was normal. But the mother did not want the child to go home, she wanted him to stay in the hospital."

Doctors grew wary of the mother and her motives and a trap was set. A

video camera was hidden in the boy's hospital room. Nurses were clued in to the plan with instructions to keep a close watch, but to give the mother some distance. The mother was told her son was going to be discharged the next morning.

"Everybody explained that Well, nothing's happened to the child while he's been in the hospital and there's nothing we can do." Mom was very frustrated with that and later that night the camera captured her putting a pillow over the child's face and holding the pillow down.

Fortunately, one of the nurses rushed in and caught her in the act. At that point, she basically confessed."

Other hospitals had allowed video surveillance. But Blank Children's and Iowa Methodist Medical Center's doctors and administrators refused to employ such a tactic. No one doubted it would be effective. But some felt its intrusive nature was not the kind of thing that belonged in a hospital setting.

And what if they were wrong? Tanya Reid could sue for invading her privacy. Headlines would result, and the image of the hospital as a place of healing would be tarnished.

The consultation team was at a stalemate. What could they do?

There wasn't enough evidence to remove the boy from the care of his parents. Further testing and observation perhaps at the University Hospitals in Iowa City was recommended. To be on the safe side, full skeletal X rays and an MRI were also ordered.

The next day, to no one's surprise, test results came back normal and Michael Reid was discharged from the hospital and returned home to his mother and father. The parents were bitter, though they said they would consider having the boy evaluated in Iowa City. They planned to continue working with Dr. Gangness.

Of course, the case, was far from closed. Paul Houston and Jan Buck were only beginning. The next step was to gather up all medical records pertaining to Morgan and Michael Reid. The doctors who were among the believers in the rare diagnosis urged them on.

Anne Zoucha was clearly one of the believers. Jan Buck received a letter from the doctor outlining her position that Michael Reid was a victim of MSBP. She dismissed the purported gastroesophageal reflux diagnosis made by Dallas neurologist Steven under as inconsistent with causing the spells that sent the boy to the emergency room so many times.

"The marks I observed on his face and on his mother's hand indicate to

me that there was some type of struggle between them prior to his arrival in the Emergency Room.” Further, she stated, the separation of the mother and son would be the only fail-safe way to establish the diagnosis of MSBP. If the spells stopped, then the diagnosis could be made.

* Paul Houston was an affable man and not known for his sarcasm.

Yet even he couldn’t disguise what he felt inside as he studied the information beginning to form piles in front of him.

“What kind of illness only strikes on those days, during those hours?”

With all the times and dates of the paramedics’ trip sheets displayed on a board in Jan Buck’s office, the pattern was glaring and unequivocal. Tanya Reid’s son suffered his spells almost exclusively on Fridays and Tuesdays. The one exception, his last admission, occurred on a Sunday.

FRIDAY, OCTOBER 9, 1987 AT 6,25 P.M.

TUESDAY, OCTOBER 20, 1987 AT 5,51 P.M.

FRIDAY, NOVEMBER 13, 1987 AT 5,18 P.M.

TUESDAY, DECEMBER 15, 1987 AT 5,00 P.M.

TUESDAY, JANUARY 19, 1988 AT 8,35 P.M.

SUNDAY, FEBRUARY 7, 1988 AT 12,14 P.M.

The times of day were also chilling and suspicious. Most episodes happened between 5,00 and 6,30 P.M. The exceptions were the last two, 8,35 P.M. and 12,14 P.M.

Both wondered if the Urbandale mother would strike again. In some ways it seemed unlikely. She had been accused of child abuse, and had insisted she was innocent. It didn’t make sense that a woman under suspicion would risk getting caught.

Something paramedic Tony Collins had said resounded in the back of investigator Houston’s mind.

“What time did her husband work? He was never there ... ” By then, he knew the answer and possibly the reason for the similarity in times, Jim Reid was a supervisor of a night shift.

THERE HAD BEEN a first time, of course. There always was.

It was so long ago, so far away from Iowa ... when her pants were bell-bottoms and her mood could be measured by the color of the oval stone on a ring finger ... when she was more slender, and the part of her hair was straight-edge precise.

Tanya Reid wasn’t stupid. She could see the parallels of what had once happened and the events that followed it years later. It was a coincidence, she

would insist, and nothing more. But it was the kind of coincidence that could be twisted into some kind of ugly scenario that would blacken her family's name and destroy her future.

Her husband, her sister, her parents, pulled the family circle as tight as they could. They were wagons around a campfire.

Tanya had done nothing wrong.

Police Detective Hobart had let it be known to Urbandale's patrol division that whenever a rescue unit was dispatched to the Reids' town house he was to be notified at once. Just after 5,00 P.M. on Tuesday, March 1, 1988, while shooting the breeze with a patrol officer parked in the driveway of the detective's home, the police radio crackled with a familiar address.

"Child not breathing ... 7411 Canterbury Road ... " That was all the detective needed to hear. Tanya Reid's address had been engraved on his brain. He arrived at Nottingham Square, less than ten blocks away, before the rescue squad. A pair of officers let him inside.

"Mother's upstairs!"

Tanya was sitting on the floor of the master bedroom and holding her son. Michael was whimpering and sweating so much that his hair was pasted to his scalp. Tanya looked up, somewhat confused. She had never met this particular man.

"I don't know you," she said.

Doug Hobart thought the words and manner of the woman's remark were strange, as though it were a friendly gettogether, not an emergency.

He identified himself as a police officer and bent down to check on Michael, who was breathing but seemed pale and weak. The boy was too tired even to raise his arms.

"I was just in the area and stopped by to help," the detective said.

"Oh, this happens all the time," Tanya said matter-offactly. "We're used to this. We'll go down to the hospital and get fixed up."

My God, if that was my kid, they'd meet me running down the street heading for the hospital.

Tanya said her son had been outside playing with some other kids. He fell down, got muddy, and started to cry. He needed a Band-Aid and his diaper needed changing. She took him upstairs and put him on the floor to clean him up.

Years later, Tanya recalled the scene.

"I laid him down on the floor taking off his pants, and he was fussing

because he didn't like to have his pants changed. He got where if I took his clothes off, he was going to bed, and he wasn't at all happy.

He was fighting, and all of a sudden he quit. I turned to get a diaper out of the diaper bag. I wasn't looking at him."

The detective noticed that the boy did in fact have a scrape on his knee. Maybe her story was true?

Tanya said she did mouth-to-mouth for three minutes and brought him back.

Tony Collins once again was the paramedic responding to the call. God, how he hated the calls to Nottingham Square. He found Tanya and the detective upstairs in a bedroom. Tanya was rocking her son in her arms and telling her story.

She told the paramedic Michael was on Dilantin for his seizures. He had had his daily dose.

"Nothing is helping."

Tanya carried her crying son, wrapped in a sheet, outside toward the flashing lights of the ambulance, where a crowd of onlookers had gathered. An oxygen mask was held over Michael's face.

"Want to go to Methodist again, Tanya?"

Tanya snapped a quick response.

"No, Mercy!"

Tony Collins picked up on Tanya's sharp-voiced instructions, as did Detective Hobart. Both men felt Michael's mother was trying to avoid the doctors and nurses at Blank Children's. Why else circumvent the area's premier pediatric hospital?

An angry Detective Hobart called Paul Houston and told him about what had happened at the Reids'. Tanya and Michael were on their way to Mercy Hospital, not Iowa Methodist Medical Center and its first-rate children's hospital.

"It was like a social event to her," the detective recalled. "Michael had literally fought for his life. He was a prop."

Members of the Trauma Team all agreed, Time was running out.

"Our biggest concern was getting this child removed before she killed him, because that was going to happen," Detective Hobart said later.

"He was getting older, stronger, and he was going to fight her for his life."

By the end of the evening, all of the players had been notified. Dr.

Zoucha called the E.R doctor at Mercy, Allan Heberer. She told him what she strongly suspected had been going on with Tanya Reid and her boy.

Though another Mercy doctor had written admission orders, Dr. Heberer reported that after his shift, Dr. Gangeness discharged the boy by telephone.

Tanya Reid told a nurse that her son was fine and she wanted to take him home.

At first, the ladies at the Urbandale donut shop professed sorrow and concern for Tanya Reid. All tried to imagine the horror of being wrongly accused of abusing their children. None particularly cared for Tanya Reid, but still she was a mother, and she seemed harmless enough.

One morning after the rumors had circulated about Tanya and her son, Staci Mullins was pressed for her opinion.

“Well, what do you think?” a Brownie Troop mom prodded.

Staci proceeded to recount her concerns about Tanya’s little boy’s angry behavior and his delayed speech. She also raised the possibility of a strained relationship between Tanya and Jim. She griped how she had been a too-convenient sitter for Carolyn. And as she wound down, Tanya’s neighbor told the other moms that as far as she knew, Tanya was always alone when the episodes happened.

Melodee HANES FOUND her calling the day Paul Houston briefed her on the horrifying case of Hannah King, a fivemonth-old baby with broken bones and bite marks all over her body. The baby was the same age as Melodee’s daughter, Kate, born at the same hospital, the same month.

When the assistant Polk County attorney looked at the little battered body, her first impulse was to cradle Hannah in her arms and carry her home.

“That baby needs someone, and it might as well be me,” she said.

Instead of taking the baby home, she prosecuted the baby’s father, David King. And in a daring move, she tested a new Iowa law that made the mother’s knowledge of the abuse of equal culpability. Even though she never directly harmed her baby, Onalissa King was found culpable and sent to prison.

Melodee Hanes had sent a powerful message, bystanders beware.

Polk County would not tolerate abusers or those who looked the other way. At the center of the proclamation was a former ballerina, a brainy and beautiful woman who wore her beeper like a badge. Whenever the Trauma Team needed her, she would be there.

A friend and paralegal in the County Attorney’s Office later credited

Melodee's passion for child abuse cases to the fact that she was a mother herself. It was the kind of observation easily made, but rarely has such a remark been more on target.

"It created for her an extra energy, an extra caring. She kept relating it to her own baby. What if someone had done this to my child? Can you imagine a parent doing this to their child?"

"The offices of the Polk County Attorney are on the fourth floor of the courthouse, an imposing structure that rightfully takes its place as a focal point of downtown Des Moines. Finely detailed brass rams' heads decorate handrails, and olive and white marble slabs soar to the ceilings. Some columns are wrapped with a yellowed terra-cotta.

Paul Houston moved quickly up the notoriously slippery steps to search out Melodee Hanes.

"I think I've got something for you," he said. "Ever hear of Munchausen Syndrome by Proxy?"

Melodee's eyes were blank, she'd never heard of it.

"Munch-what? ... Sounds like a German dessert," she finally said, laughing.

Paul Houston shook his head. "Mel, it's a weird kind of child abuse, and we've got a case in Urbandale."

As Paul proceeded to sketch out the Reid story, all Melodee could do was to make sure her mouth wasn't agape as she hung on every word, every bizarre bit of information. The two of them had worked dozens of other cases, but none could or would compare to this one. She knew it immediately.

What she didn't know was that her life would be changed by the experience, altered because of a child she never knew, indeed would never see.

Subpoenas from hospitals in Illinois and Texas were executed and sent.

Polk County had no jurisdiction anywhere outside of Iowa, and Melodee felt there was a possibility the hospitals would refuse them, leaving only the more time-costly avenue of going through the county attorney offices in the jurisdictions in which the hospitals were located.

Over the following days and months, reams of medical records would pour into Polk County.

Melodee Hanes was by no means vain, but her appearance was very important to her. Thankfully, she had plenty to work with. At five-foot-two,

with green eyes so large they left little room for the other features on her pretty face, Melodee was the type of woman most assume cannot be bright, cannot be toughB “She’s so darn pretty, can’t be much upstairs.”

Underestimation when it concerned Melodee Hanes was usually fleeting.

She had no problems proving herself. The youngest daughter of lawyer Oliver Wendell Hanes and wife Maxine came from a background of hard work, love, and tragedy.

Dancing was discipline, a demanding drill that would later forge the basis of her professional tenacity. While it was true ballet was in her blood her two older sisters and her cousins all danced but it would not come without sacrifice. From the age of thirteen, she spent the summertime dancing instead of running around with the other girls. She wasn’t a cheerleader in high school, in fact, she didn’t participate in any extracurricular activities. She didn’t care about school at all and had the middling grades to prove it.

Instead, she danced until her feet bled. She danced to win, to get noticed.

“There were a hundred other girls who were prettier than you were, better than you were. It was cutthroat. You had to work very, very hard.

Otherwise, you were just another face. You had to make yourself so good you stood out,” she said later.

Melodee graduated high school early, in December of 1973, and packed up her belongings for dance teachers in Chicago. It was a big city, a major step toward everything she ever wanted. But the dream was short-lived.

By August of the following year, she was nursing a torn Achilles tendon back in Des Moines. She sat around the house, depressed, fat, feeling sorry for herself.

Her sister Wendy Lee asked her to drive back to the University of Utah, where Wendy Lee had earned a degree in ballet, and was headed back to study for a master’s. Melodee agreed. And why not? She had nothing else to do anyway.

But her father and her sister had an ulterior motive that went far beyond having Melodee help out with the driving. And their plan worked, Melodee begged her way into enrollment just three days before classes started. It was no easy feat she had lousy grades from high school and no SAT scores. She sailed through the first probationary quarter. She loved school. At first, Melodee planned on a ballet major.

Oh my God, not another ballet major, she could hear her attorney father saying back in Des Moines.

But the battle here had been won. Oliver Wendell Hanes saw a daughter grow increasingly interested in the world, in criminology, in the law.

They talked about victims and their rights. Oliver sent case citations through the mail, with pertinent passages marked for emphasis. She even went out to a prison to interview inmates for a paper she did on rape offenders. His youngest daughter continued to stun him with her grade reports from Utah. She graduated cum laude in women's studies.

Oh my God, not a women's studies degree.

Melodee took the next year off to plan weddings for a Utah ski resort and quickly decided to do what no one in her family could have predicted, she decided to become a lawyer.

Drake University had been her father's alma mater and, of course, a cornerstone of the Des Moines community. Melodee moved home, studied with her father, and felt secure in the place where she had grown up.

Again, her ballet training the endless drill from beginning to end was an asset at Drake. There was no sloughing off, no second chance.

"That's where I learned to go through a file from beginning to end.

You simply have to finish it and be the face that stands out in a crowd of a hundred."

It wasn't always as easy as it looked. Melodee Hanes had seen her share of tragedy. In 1980, while a freshman law student, she suffered her greatest personal tragedy. Her mother committed suicide with an overdose of sleeping pills.

Maxine Hanes was an extremely bright and capable woman. She had been secretary to the governor for a dozen years, before a change in administration shifted her to a job at the state senate. She was proud of her beautiful dancing daughters, always encouraging them to devote their talents to the performing arts. Maxine, herself, was a wonderful singer.

But she was also very troubled. Maxine suffered a nervous breakdown during menopause and started therapy with a psychiatrist who employed electroshock therapy. When Melodee was in sixth grade, her mother was diagnosed as manicdepressive and hospitalized. For eight weeks, Melodee did not see her mother, yet was left to imagine the ravages of shock therapy.

"She came back and didn't remember who I was. I lost her at that point.

She was never really the same. She was horribly medicated. She spent thirteen miserable years, never herself again," Melodee later recalled.

It all ended on February 24, 1980.

Melodee understood her mother's choice, and sometimes even half admired her for doing the "bravest thing she ever did." But it was her father, a referee for mental health hearings at the time, who earned her greatest and most lasting admiration.

"My dad had really stood by her. He knew how sick she was and he never thought about leaving."

The next year, tragedy followed her two more times in rapid, numbing succession. A man she was dating, a law student from Kansas City, died of pneumonia. Her moot court partner committed suicide.

Six months after the last of the three deaths, Joe Kirk walked into Melodee's life. Des Moines native Joe was a real estate agent, like his father and his father before him. He was smart, handsome, and funny—a caring fellow who at first was her best friend at a time when she needed one more than ever. It was after their first real date that Melodee knew that she was going to marry Joe Kirk. And so she did—nine months later.

And while her personal life was happy, Melodee found less fulfillment at the prestigious firm where she argued employment discrimination and criminal defense cases. It wasn't challenging and it certainly didn't effect the kind of change she had often told her father she felt had been the reason she studied law.

By 1986, she had joined the felony bureau of the Polk County Attorney's Office and was ferreting her way around the good old boys' network and honing her skills as an assistant prosecutor. The home front was even brighter. Thirty-year-old Melodee and husband Joe welcomed the birth of daughter Kate.

Nothing would influence her more than the birth of her daughter.

Nothing would change her more, sharpen her focus, impassion her more than the little baby she'd burp on her shoulder while outlining a closing argument.

By the following year, Melodee found herself at the core of the Trauma Team. When feathers were ruffled or territories encroached upon, it often fell to her to smooth things over. She didn't mind. It was a bit like being a mother.

autopsy report from Northwest Texas Hospital in Amarillo the morning of March 7, 1988, and wasted no time in ripping the envelope open. Within seconds outrage washed over his face. He had been working severe trauma cases long enough that one of the findings of pathologist Ian Birkett jumped off the page: acute subdural hematoma. It meant trauma.

Yet the last line on the page seemed so out of place, “No evidence of child abuse.”

Paul ran up the stairs to Jan Buck’s office, waving the papers.

“You’re not going to believe this, look at this!”

The intake officer scanned the papers and nodded. Without missing a beat, she picked up her phone and left several messages for the Iowa State Medical Examiner, Dr. Tom Bennett.

“Get in touch with us ASAP and come over and review this report!”

Paul called Melodee Hanes with the news. She agreed that the top priority was to remove Brandon Michael Reid from the Reid house before Tanya smothered him again. No one wanted to see Polk County chasing a murder case.

“Jan and I think she’ll do it again. We have to get that boy out of there,” Paul said.

The autopsy report was clearly at odds with the statement indicating no child abuse. Acute subdural hematomas in babies do not occur as natural events, nor was there any history of the accidental injury.

The Trauma Team members believed the case should be considered a homicide.

The next morning, Medical Examiner Bennett made it official. He found that the lack of bruises of the scalp or any skull injuries indicated Shaken or Slammed Baby Syndrome (SBS). In cases of SBS, a whiplashlike action upon the head and neck of the infant produces a tearing of small blood vessels going from the surface of the brain to the underlining of the skull, allowing bleeding to occur and blood to accumulate within the subdural space.

The Texas report indicated fifteen cc’s of clotted blood was loose in the subdural space over the posterior cerebral hemisphere.

“That’s a lot,” Dr. Bennett later said. “Obviously any amount is abnormal, but fifteen cc’s is a considerable amount of blood. That’s equal to, goodness, over about a tablespoon or more, which is again enough to easily put pressure on the brain, causing pressure to block the functions of those

vital centers of the brain which are responsible for the breathing ... where the baby would quit breathing and then would die.”

Murder, as the Trauma Team well knew, was something Texas authorities would have to play out in their own courts when and if officials down there saw fit to pursue the case.

* It took some doing, but Jan Buck finally located Ian Birkett, the pathologist who had handled Morgan’s autopsy. He had since left Texas and was practicing at Little Rock Hospital, in Arkansas. The doctor knew immediately the case in question.

Jan broached the subject of his report’s “no evidence of child abuse” reference. “Why did you specifically make that notation?”

“Because there were people asking questions.”

He stammered and delivered his words in a staccato fashion. He could not recall who had made the inquiries.

“You found a subdural hematoma. Now, why then did you put down no evidence of child abuse?”

“I meant that I found no evidence of bruises or fractures.”

There was a fine line between pressing a source for the truth without insulting him, and making him hostile.

“Doctor, have you ever heard of Shaken Baby Syndrome?”

His answer was quick, clipped.

“No.”

That was all Jan needed. She told the pathologist she would send along some literature on SBS and asked if she could call him after he had a chance to review it.

“I want to know if you think the information I’m sending is consistent with your autopsy report.”

Dr. Ian Birkett agreed to talk again.

few days later, a quiet Dr. Birkett answered the followup call.

“Yes,” he said, “it does appear to be consistent.”

Emotions are hard to pin down. They ricochet from anger to sadness to shock when the shroud is lifted on a death from long ago. A fluke had brought Morgan Reid’s death to the attention of investigators years later, hundreds of miles away. Melodee did not know it then, but the sadness she felt for that baby would spark the beginning of a powerful bond that would endure beyond the Iowa investigation.

* L..

At noon on March 16, the pediatric consultation team met for the second time at Blank Children's. Doctors and Trauma Team members discussed the pattern of episodes and Morgan Reid's subdural hematoma. This time, they agreed that Brandon Michael Reid was, in fact, in imminent danger. The evidence supported Munchausen Syndrome by Proxy. He should be removed from the Reid household.

"What about Carolyn Reid?" one of the doctors asked.

Another said not to worry.

"The girl is old enough to talk, so she's safe."

Paul Houston left behind a chart of the little boy's episodes. It was a copy of the board he and Jan Buck had worked up in her office. The pattern of the episodes haunted members of the Trauma Team.

A court removal order in hand, Jan and Paul and Juvenile Court Officer Rhonda Heyer drove out to Urbandale to the address of the day-care center for exceptional children. Brandon Michael Reid was about to be put in the custody of the Department of Human Services (DHS) and bound for foster care.

Jan Buck felt they were in the nick of time.

Paul and Jan had done plenty of removals. A little uncertainty creeps in before such trips. With good reason. They had been threatened, yelled at, and Paul once had even been pushed off a front porch. Yet, as they go, Michael Reid's removal went smoothly. The little boy was calm. When Paul called Jim Reid at Swift, the boy's father said little other than he'd be calling his attorney.

"Do you want to call your wife or do you want me to?"

"I will," he said before hanging up.

Before going to a Des Moines foster family, Dr. Kelly admitted Michael to the hospital overnight as a precaution. The little boy was fine.

There was no other way home.

Melodee Hanes had to drive past Nottingham Square to reach her Colby Woods neighborhood. It could not be avoided. The assistant county attorney would catch herself slowing to study the apartments and town houses as she pondered the criminal case that she planned to develop against Tanya Reid. It was her task to take the facts, make a case, and prove it before a jury. It wasn't her job to make sense of the alleged perpetrator. Still, she found herself thinking about Tanya.

What would set all this in motion? Had something happened to Tanya

that might have set these wheels turning years ago? What would make the Brownie leader, the nurse, the perfect mother do the unthinkable?

BOOK TWO.

eras “Ding Dong Daddy from Dumas You ought to see me do my stuff I’m a Ping Pong Papa from Pitchfork Prairie You ought to see me strut I’m a Ding Dong Daddy . . .”

To outsiders hell-bent on somewhere else, Texas Panhandle towns seem interchangeable roadside hubs of stinking cattle, dry oil wells, and busted Coca-Cola bottles. And while there is a dusty sameness to many of the little towns that light on the region like horseflies on a carcass, Dumas stood out if only for one reason.

Dumas, after all, had been immortalized in Phil Baxter’s classic country song. All locals knew the chorus, though most struggled with the tune. Still, it was their song.

The Moore County seat could have used a little paint, but for the most part it was a tidy place. Town pride kept it that way. The same pride also kept people from straying too far. Locals didn’t need to take the hour to drive to Amarillo. The chamber of commerce insisted with convincing sincerity that Dumas had everything right there at home.

The town’s focal point could be the Moore County Courthouse, or maybe the twin water towers that flank the main drag. It is hard for locals to say. Could be the mill next door to the high school, or even the high school itself. Salutes to the football team are hung proudly in the windows of the Rio Capri Motel or Wimpy’s Drive-In.

Go Demons!!!”

North of town, sidewalks and storefronts give way to weedy roadside paths and the enormous sheet metal buildings and Quonset huts that bleakly typify architecture along the highways of the windy, dusty Panhandle.

In the 1950s Dumas was a boomtown. It became a magnet for the young bodies of hard workers. Work beget success. During its heyday, Moore County was frequently among the top five Texas counties in family income. Petroleum and cattle were the draw. Jobs sprang like leaks in a barrel used for target practice.

Wanda Thaxton’s sister lived in Dumas during the boom time and invited Wanda and John Thaxton and their two little girls to come and have a look around Moore County. The couple happily took the invitation, both were ready for a place to sink some roots. John Thaxton had been fed up with the

nomadic life of construction work since he had served in the army.

Homes on Cedar Street were neither fashionable nor large. In fact, many grew as the need arose. Often a new pregnancy was greeted with whoops of joy and the sight of flying sawdust and the sunset rhythm of hammers.

Dads like John Thaxton were only too glad to play Handy Andy and, thankfully, neighbors put up with the noise. Their turn would come.

The Thaxtons met when Johnny, as Wanda liked to call her man, was in the army. No one could deny he was smitten with the beautiful young woman with sumptuous, auburnhued hair and brown eyes so dark they sometimes appeared black. Both called the Panhandle home, a place like no other. Wanda Ruth had been raised with three sisters in a small town, Shamrock, ninety miles east of Amarillo. Oklahoman John Thaxton, was a stocky man with sandy hair and gray eyes. He was the kind of friendly guy people labeled Mr. Personality or The Man Who Never Met a Stranger.

Wanda could be outgoing, too, but she was also intensely private.

By the time they settled in Dumas in 1953 and bought a house on the GI bill at 218 Cedar, the Thaxtons had two daughters, Beverly Kay and Rodena. Johnny took a plant job at the Southwestern Public Service, the local electric company, and Wanda stayed home tending to her girls.

And though she seldom complained out loud, sometimes taking care of her daughters was a lonely job.

The loneliness grew more so when finances forced John Thaxton to take a second job for a local contractor. Later, there would be other part-time jobs, including a stint selling furniture or delivering the big steel tanks around town for the local Culligan water dealer.

As Wanda pointed out many years later, “A]1 these formals, doctor’s visits, and all you’ve got with little girls. Rollers, and crinolines and all that kind of stuff ... He worked two jobs so I could stay at home and care for the children.”

Born in 1949, Beverly Kay was the eldest, a bluegreen-eyed girl who would come to fancy herself a Renaissance woman. She was drawn to art, nursing, and writing. She would later say she patterned her personality after her father’s. Beverly Kay was the typical older sister, independent, take-charge, and fiercely protective of her younger sisters.

Rodena was the next girl, born two years after Beverly Kay. She would be the family’s only blue-eyed blonde. In high school, she would shine.

First for her smartspa listing in Who’s Who of American High School

Studentsband as a twirler with the band. Wanda considered her second daughter very emotional, at least more outwardly so, than the other girls. Rodena, like her sisters, was also very loyal to her family.

Leslie was born the next year, 1953. The beauty of the sisters, Leslie was the image of her mother, slender-framed, big eyes with lashes as long and dark as a blackbird's wings. At home, Leslie was a prankster who liked to play little tricks on the family. But as she grew older she presented a shy, quiet persona to outsiders. Her sisters considered Leslie to be the type of girl easily sucked in by those with troubles.

If anyone needed help, she was the first to offer whatever she could.

Her mother later put it succinctly, "She's easily used."

On October 19, 1957, four years after moving to Dumas, Tanya Leigh Thaxton was born at Dumas Memorial Hospital. The baby girl was so dark-eyed and dark-complected, she reminded a maternal uncle of Tonto, the Indian sidekick of .

,_ television's "Lone Ranger" show. At once, Tonto became a family nickname that would stay with her from infancy through adulthood.

Eight-year-old Beverly Kay immediately took to the final addition to the Thaxton household. She would never forget coming home from school on the Tuesday afternoon her parents brought Tanya home from the hospital.

They sat her in a kitchen chair and let her hold the baby.

"She was my live baby doll," Beverly Kay said of the moment she first put her arms around her sister. "She actually pooped and she actually wet. I didn't have to stick a plastic bottle in her mouth to get her to do it."

A couple of months after Tanya's birth, Wanda suffered appendicitis and was hospitalized, leaving her husband and oldest daughter to take care of the new baby. Since Wanda needed to convalesce and John worked a shift at the power company that kept him away from home until after midnight, it was Beverly Kay who handled the responsibilities associated with the care of her real live baby doll.

"On Saturdays, I can remember getting Tanya up and feeding her. I remember the first time I did that mother came flying out of the bedroom. She just knew something was going to happen to her baby. The bassinet was empty ... no baby. She came in. I was sitting Indian fashion, had on a nightgown that made a little cradle and Tanya was watching Captain Kangaroo' with the rest of us. Mother kind of settled down after that. She trusted me."

Wanda Thaxton suffered additional health problems over the years, including arthritis in her back, but most notably, a prolonged illness that somehow started with mononucleosis, turned to hepatitis and, eventually, spinal meningitis. She was bedridden for a year, again leaving her husband and sixthgrader Beverly Kay to pick up the slack.

And so they did. John Thaxton worked two jobs, took care of his wife and children.

“Johnny can iron a dress, but he never could get those ponytails right,” Wanda recalled later.

One of Tanya’s earliest childhood memories was a visit to see her mother, who was hospitalized at Dumas Memorial. Tanya would never forget being lifted up to the glass viewing window in her daddy’s strong arms. She didn’t comprehend that her mother was ill, only that her father took her to the hospital to see her.

Another recollection from a time when her mother was hospitalized would later seem both foreboding and bittersweet.

One time, a beloved aunt took preschooler Tanya to Dumas Memorial to have a small cyst removed from under her left arm. Though the claustrophobic terror of a rubber ether mask pressed against her face would never completely fade, a good memory was also borne of the experience.

“They put me in mother’s room,” Tanya remembered later, a warm smile coming to her face, “and mother picked me up and moved me in bed with her. She held me next to her for hours and hours.”

While the rest of the country seemed to be spinning faster as the sixties wore on, Dumas, Texas, decidedly lagged behind the times. And that was just fine for the folks who lived there. Theirs remained a world where children played cowboys and Indians, playing cards sputtered against bicycle spokes, a world where cotillion gowns and gloves still reigned supreme.

No woman burned her bra in Moore County.

Wanda Thaxton was not one of those mothers who fretted over having a flock of kids scuffing up the lawn in her yard. In fact, she insisted everyone play there. It was far better to have her girls and their friends where she could keep them under her watchful eye. John Thaxton felt the same. The Thaxtons’ house and yard was the neighborhood playground.

Daughter Leslie later said, “If I could go and do my childhood over or go back and repeat some of my school years, I would. I loved the family and the neighborhood.”

Dumas was the kind of town often characterized as one of those “where everybody knew everybody.” By the time Tanya entered North Ward Elementary, she was known as the last of the Thaxton girls. With that, of course, came expectations and comparisons. Yet extremely shy Tanya was neither as pretty and thin as Leslie, nor as smart as Rodena, nor a born leader like Beverly Kay.

Within the family, however, her birth order carried a substantial measure of clout.

“Being the baby, being the youngest of four, I pretty much got my way,” Tanya said, looking back from a place far from Dumas.

Tonto laughed along with her sisters and parents about the family joke that would take root when she was a girl and follow her to adulthood, She was just like Al Capp’s Li’l Abner character Joe Btfsplkϕthe world’s worst jinx. Both wandered through life with full, dark clouds hovering over their heads. Bad luck and freak accidents plagued Tanya.

One time she stubbed her toeϕshe said on a toothpick of all thingsϕand her foot became badly infected. While playing hide-and-seek one summer afternoon, Tanya crashed her left arm through a plate glass window. An artery was severed, and big sister Beverly Kay applied pressure while their mother sped to the emergency room at Dumas Memorial.

“The window frame was base’ and I missed base,” Tanya recalled.

Beverly Kay, for one, disagreed with her mother when Wanda tried to dismiss the idea that her youngest daughter was born unlucky.

“If something like that was going to happen, it is going to happen to Tanya. I feel sorry for the girl.”

It was good she had her sisters because as a little girl Tonto had few friends. Her parents told people it was because she was so shy, so reserved. If only she’d try harder.

“I never really had any close friends,” Tanya confided years later. “I had like one or two real friends. That was it. The first one in grade school was Robin Leathers. She came into our school in second grade and I was crying. Daddy took me to school my second-grade year for some reason. I don’t know why Mother didn’t, but Daddy did. And I started crying because I didn’t want him to leave. Mrs. Leathers, who knew me from Sunday School, brought Robin in, and made us sit together to become friends and we were friends foreverϕyou know, skipping around the school yard together holding hands, little kids. She was my best friend up until the sixth grade.”

The Thaxtons were a churchgoing family. The First Baptist Church of Dumas was only a few blocks away. For the girls, it became like a second home. All would eventually sing in the youth choir, all, their mother liked to say, were “good Christian girls.”

Tanya later bubbled with enthusiasm for the adventures she shared with the choir.

“Every year we went to different states. We went to Spokane one time, went up to Rochester. We would do a Bible study for a week and we also did a choir program up there and on the way back.”

Getting out of town was a necessity at times.

Even John Thaxton didn’t deny the isolation of the area he had always called home. Later, a couple of years before his body would be planted in the dry earth near Dumas, he understood that the Panhandle was a place like no other.

“Keep in mind, we live in a part of the world a lot of people refuse to even go to. You know, the panhandle of five states. Kind of a lost area out there,” he said.

Emotions always in check, perfectionist Wanda Ruth Thaxton could be as cool as she was pretty. Tears were not for public display. Happy faces and a neat bedroom went a long way in proclaiming all was well at

218

Cedar. Her daughters followed their mother’s example. John Thaxton did all he could to make their life fit Wanda’s ideals whatever they might be. Even the family Christmas tree had to be magazineflawless.

If God hadn’t done a good enough job in creating a tree with unerring symmetry, Wanda directed her husband to cut branches and rearrange them with drill bit and wood glue.

The Thaxton Christmas tree was always flocked white or silver, though one time, as a surprise, Johnny flocked the tree with a coppery color.

Wanda hated it. She thought it looked dead.

And every year the family posed for pictures in front of a flawless tree. Four sisters, a mother, and a father. All smiles. The Christmas tree stood like a giant, shiny traffic cone.

Everything was perfect.

A wonderful black-and-white eight-by-ten portrait of the Thaxton girls was displayed in an honored spot in the living room at 218 Cedar.

Wanda and John always considered the photograph a sweet remembrance of their four daughters and their childhood.

The four Thaxton daughters, all good, all obedient.

The three oldest are a shoulder-to-shoulder solid row of bright, white smiles and clear, beautiful skin. Rodena's lovely blond hair puffs like a golden marshmallow. Beverly Kay's wide-set eyes and flawless smile show why she had once been a top five contender for Miss Moore County.

The beauty of the family, Leslie, has shoulder-length hair tumbling over her collar. Her eyes sparkle, and, like her two older sisters, her teeth are white and straight as bathroom tiles.

Then there is Tonto, standing in a row all alone, behind her three big sisters. To be sure, she is a cute kid, oval-framed glasses and teeth that can't decide which way to stand. But she is not one of them, age and a run of bad luck will separate them always.

The photograph would hang in the living room for years inviting comparisons and reminding the little girl in the back row of her place in the family.

“No matter what you do. No matter where you go. You'll always be my baby.”

WHEN THE ANXIETY born of the Iowa abuse allegations came, so did the food. Sloppy helpings of tacos, chicken-fried steak, mashed potatoes, gravy, and biscuits marched to her, one by one. With Michael gone from their Urbandale town house, Tanya started eating more. She had battled weight all her life. Especially so after motherhood, when extra pounds were the visible consequence of stress. Of the Thaxtons, only her father struggled with a weight problem and only he knew what it was like to deal with one. Yet, of course, he was a man. In a family of slender, lovely girls, a gorgeous and charming mother, it had been Tanya's singular battleground. After Morgan died, Tanya ballooned.

Now, with the suspicion of child abuse hanging over her, she was eating again.

Skinless chicken breasts and lo-cal, lo-taste would never do. Tanya let her membership at a Des Moines weight loss center slide. Getting back to a single-digit dress size had lost its importance. Food would make her feel better.

And so would her mother.

Tanya might have been in tears when she made the phone call to Dumas,

but such emotion was not Wanda Thaxton's reaction to what she was hearing.

Michael taken from his mother and father? Allegations of child abuse?

Wanda blew a gasket. How could those people up in Iowa even suggest something as ludicrous as child abuse? She tried to listen to her incoherent baby daughter explain what was going on, but nothing made sense. Only one thing was certain. Tanya didn't have to ask her mother to come up to Des Moines this time. Wanda hung up the phone and booked a flight to Iowa the next day. She would go alone. John Thaxton had to work.

"I was just dumbfounded," she recalled many years later. "I couldn't believe it. This was something that does not happen. But it did."

Tanya would later say her own emotions ran far beyond the mere shock of the allegations.

"I was very mad, very angry. I was scared. I went through a range of emotions. I cried for thirty minutes after Jim called me and said they took Michael. I was afraid it was the beginning of the end and we wouldn't get him back."

Though pleased that the little boy was under the protection of the Polk County Juvenile Court system and the criminal investigation against Tanya Reid was about to go full force, Paul Houston did not end his efforts. The tenacious investigator went after Morgan Reid's medical records from Edward Hospital in Naperville, Illinois. The members of the Trauma Team knew the dead baby, like her brother, had been hospitalized there. They eagerly awaited the specifics.

The atmosphere back in the town house at Nottingham Square was decidedly different. There was no excitement, no rush to get new information. Only a family standing firm in a mother's innocence.

Jim was bitter, baffled, and set on ensuring that their defense lawyer would bail them out of the terrible misunderstanding that had taken their son away. Tanya was in pieces on the phone with her sisters as she went over the stunning details of the allegations behind little Michael's being taken from his family.

Suspected of child abuse, good Lord!

Naturally, Wanda lent her support, but she, too, grew angrier by the minute. She was outraged when Tanya told her Michael had screamed himself to sleep the first night he spent in foster care.

"Hell no! He wants his mother and his bed and he wants to go home! Throw him into a house with strangers!"

A day later, the Reids were allowed a brief visit with their son. A shaky Tanya returned to Nottingham Square beside herself over the condition in which they found Michael.

“Mother, he had on a pair of green, plaid raggedy pants and little old raggedy T-shirt! I don’t think he’s had a bath since he’s been gone.

His little hair is greasy. His little fingernails are dirty. You can tell how long the dirt’s been under there.”

Tonto had always kept her children so clean.

Tanya and her mother figured Michael cried all night because he didn’t have his night-light or the cloth diaper he always cuddled with, day or night.

“They must have just tossed him into a dark room. It was traumatic to him, the kind of atmosphere they put him in. That is child abuse, what they did to that kid,” Wanda recalled.

Tanya’s oldest sister, Beverly Kay, offered her support from Hereford, where she now lived. She, too, felt sick about the Iowa doctors and their nasty allegations. They were blaming her sister for problems that they couldn’t fix. This was the thanks Tanya got for trying to get her boy healthy?

In the days before the juvenile court removal hearing, letters flew from in-basket to in-basket among the members of Polk County’s Trauma Team. Child abuse expert Randy Alexander dispatched a missive to Jan Buck confirming MSBP as the diagnosis behind Michael Reid’s apnea. He had no doubts that the little boy’s life was in danger.

Iowa Medical Examiner Tom Bennett also put his suspicions in writing.

Morgan Reid’s death should be ruled a homicide.

March 23, 1988 was the day Tanya and Jim went before a juvenile court referee to do battle to get their son out of foster care and back home to his family. Mark Pennington, a handsome thirty-eight-year-old hotshot who had once worked for three and a half years trying criminal cases in the Polk County Attorney’s Office, now represented the Reids.

Like his law partner, Bill Kutmus, Mark Pennington was formidable in the courtroom. And while he was much like his flashy partner tripping to Europe to ski and tooling around Des Moines in a black Jaguar, Mark also shared a common bond with the Reid family.

His daughter had also been on an apnea monitor, though gratefully for a short time. A man well-known in Des Moines for his charm and sense of humor, Pennington would let his brashness slide when discussing his daughter. He knew firsthand the worry and fear that came with the monitor.

As far as Tanya Reid was concerned, his brilliant career aside, the apnea monitor connection instantly made Mark the perfect choice to handle her defense.

Wanda Thaxton sat and watched from a spectator's bench as her daughter's attorney held his own against Karla Fultz, who represented the child's interests, and Karen Romano for the state.

For the first time Tanya's mother heard the term Munchausen Syndrome by Proxy. It baffled her.

"They explained to me in court what Munchausen Syndrome is. It took a long time for it to get through my mind how to pronounce the word. I think nowadays they'd call them hypochondriacs," she said later, though incorrect in her understanding.

Certainly, none of what they said sounded like Tonto.

The testimony, the documents, the pleas for the court to understand that it had been a mistake and her son was not a victim of anything other than an undiagnosed genetic disorder, did not help the Reids prevail.

The best interest of the child meant that Brandon Michael Reid would stay in foster care until the matter was fully resolved by Juvenile Court in a custody hearing scheduled for June.

Tanya told her family she felt as if she had lost her second baby. And though her husband told her it would be temporary and Michael's custody would be reviewed again, Tanya did not know how obsessed another mother had become with the case swirling around her. She could only see her own problems, her own loss.

Tanya did not know that the other mother would do her best to see that Michael's mother never held him again.

Melodee Hanes loved springtime in Iowa. The land around Des Moines was a lush green eiderdown of new grass and unfolding leaves. She had missed it when she danced in Chicago and studied in Utah. But back then it was easy to rationalize some kind of trucelike acceptance. She was hundreds of miles away. This year a glorious Midwestern spring was outside her window and she had no time for it.

Melodee would not be getting up at 6,00 A.M tiptoeing past her sleeping husband to plant impatiens and petunias before church this particular year, as she had done in the past. How could she?

Her mind was elsewhere.

The prosecutor would find herself thinking about the Tanya Reid case at

the strangest times. Or maybe it was just that she thought of it at all times. At the grocery store. In the car on the way to the office.

And especially after tucking Kate into bed.

IT WAS EXTREMELY rare for an assistant Polk County attorney to work a case that thus far was only a juvenile court matter.

But the Tanya Reid case was like nothing anyone had ever heard of, and Melodee Hanes was an equally unusual prosecutor.

Paralegal Candis Juckette knew that firsthand.

Candis had assisted Melodee on other cases and understood full well this particular prosecutor's fervor for getting the job done. When it concerned going after child abusers, Melodee Hanes was without peer.

No matter the circumstances, when needed, she was there. She would drop a fork twirled with pasta at a dinner out with husband Joe to answer a page from the Trauma Team. Without question and never with the slightest hesitation, she'd be there.

Melodee was also unusual, not only in her devotion to the forty or so cases she continually juggled, but in her relationship with those around her. As she did with the Trauma Team, Melodee saw the importance of building a team in the office.

Other prosecutors didn't always feel that way. Candis had been there and knew that firsthand, too.

"We would work very hard, for months and months, days and nights, and when it came time for trial, they would tell me to sit in the back of the courtroom," the paralegal recalled later.

She was so used to the role that when it came time to try the first case Melodee and she had assembled, Candis assumed she would sit with the spectators.

"Of course not," Melodee insisted. "You'll sit right next to me."

Melodee Hanes was the only attorney who allowed Candis to share the prosecutor's table.

Undoubtedly there was a price for being perceived as a woman who had it all. Candis saw it.

"She's got a wonderful career, this great body, beauty, a house, children. I think for a lot of women she comes in contact with and that she works with it upsets them to see another person have all of that. I think they're real insecure about it and I think that they treat her badly because of it. It was working with all of those women—defense attorneys, staff people, other

prosecutors all saying, Well, do you really think she's that good? Do you really think she's that cute?"

"The men in the prosecutor's office were another issue.

Most of them were friendly; they had been comrades, all coming to the prosecutor's office around the same time; until Melodee's visibility began to eclipse theirs. When she started winning in the courtroom, casual lunch dates between associates waned. The rivalry surprised her.

The night before the start of a major trial, Melodee answered a call from a staff attorney. His words showed her the depth of the jealousy.

Even a show of support was backhanded.

"I just want you to know that I don't give a shit about anything (another attorney) said. I know you aren't doing this just for the publicity."

Melodee and Candis worked in two of six cubicles on the fourth floor in the county attorney's office. The space was neither spacious nor impressive. To leave the office, Candis had to pass by Melodee's cubicle. One spring day, the prosecutor stopped the paralegal as she walked by.

"Candis, I have a very interesting case I think you should look at.

Have you ever heard of Munchausen Syndrome?"

"What?"

Melodee gave a thumbnail sketch of the case and the syndrome as a form of child abuse.

Candis was mystified.

"I can't imagine anything like this," she said.

As Melodee got up to leave for court, she handed over the beginnings of the Reid file.

"Why don't you take this, and you read through it and tell me what you think?"

By the end of that day Candis Juckette had not only read the file, but had already made phone calls to the medical library. The information was intriguing, but only left her wanting to learn more about MSBP.

Like Melodee, she was hooked. The thought that a mother could do such horrible things to her babies seemed so ... foreign.

Over the following weeks and well into summer, whenever Paul Houston made his way to the assistant county attorney's cubicle, the paralegal joined the meeting. Each piece of information brought clarification and often more questions. Each article also brought her battle cry, "Make copies!"

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* Joe Kirk was used to seeing his wife “the child abuse queen” spend hours after tucking daughter Kate into bed with a sheaf of papers spread over the apple juice-sticky surfaces of the dining table.

Sometimes the papers lingered for a few days and did double duty as place mats. But not this time. Melodee found herself immersed in literature about Munchausen Syndrome by Proxy. Articles provided by Candis and Paul were devoured, word by word.

As she read, she’d call out to Joe.

“You aren’t going to believe this ... get this ... can you imagine?”

Even the background as outlined in notoriously dry medical journals was interesting.

Melodee learned that it was England’s Roy Meadow, of the Department of Pediatrics and Child Health, St. James University Hospital, Leeds, who first identified MSBP in 1977. The syndrome’s name had been derived from Munchausen Syndrome, which was named for Baron Von Munchhausen, an eighteenth century mercenary who made it his life’s work to spin outrageous tales of his adventures serving in the Russian army against the Turks. The stories were totally implausible, but listeners still gathered to drink in the baron’s fables as a tonic for tedium.

Munchausen Syndrome was first identified in 1951. This syndrome concerned adults who fabricated dramatic medical histories as well as the symptoms of acute illnesses. False symptoms and manufactured evidence caused them to seek and undergo unnecessary medical procedures.

Hypochondriacs, Melodee learned, were generally regarded as those who repeatedly insist they suffer from an illness for which there are no symptoms. They don’t go the extra, very often gruesome, mile to fabricate manifestations. They just say they have symptoms.

Dr. Meadow’s landmark 1977 article, “The Hinterland of Child Abuse,” identified MSBP children as those who stood in for the perpetrator and were subjected to needless medical investigations and treatments.

Melodee did her best to take it all in.

For some perpetrators MSBP was like a game or an addiction. To keep doctors from discovering the truth and putting an end to the charade, children were often switched from doctor to doctor. One child had been examined by nearly thirty consultants. Every conceivable test from bone to kidney

biopsies, performed. Drugs that could outfit a smalltown pharmacy were prescribed by doctors duped by the patient's seemingly concerned mother.

As Dr. Alexander had told the Trauma Team, some women contaminated urine or vomit samples with their own blood. Usually the mother stuck herself with a needle to drip blood into a specimen.

Some moms not so inclined to inflict pain, took an easier way out.

“God, Joe, one mother stirred a tampon into her child's urine specimen!”

Fevers were falsified in the manner nearly every school kid has imagined or tried in an effort to get out of going to class, thermometers were run under hot tap water, or swished like a swizzle stick in warm tea.

Others went a decidedly more dangerous route.

One mom repeatedly rubbed a noxious oven cleaner all over her child's back to produce a ghastly rash.

Did she call it medicine? Lotion? Did she promise, Mama s gonna make you feel better?

Another injected fecal material into her child's hospital IV line.

Dr. Alexander shared the example of an Iowa four-year-old with a medical history packed with an astounding eightythree hospitalizations.

Doctors thought she was suffering from an immune deficiency disorder.

Instead, they found mom had tampered with lab specimens and injected feces under her daughter's skin.

Another article that came across Melodee's desk and dining table was Dr. Donna A. Rosenberg's "Web of Deceit, A literature review of Munchausen Syndrome by Proxy." Dr. Rosenberg wrote of a mortality rate of nine percent for victims of MSBP.

A warning didn't necessarily save a life.

In twenty percent of death cases where the mother had been confronted, a child sent home had died. And in all cases where death resulted, it was believed that the mother was the killer.

As with Tanya Reid, more than a third were involved in the medical field, most often in nursing.

Melodee flipped through the last of the pages spread before her. Item after item appeared to mirror the Reid case. Fathers were often aloof, frequently traveling or working the dark hours of the night shift.

Many dads never even came to the hospital, or as in Jim Reid's case, seldom did so.

One in ten of these women suffered from Munchausen Syndrome

themselves.

Melodee scrawled a note for Paul Houston, What about medical records on Tanya?

Perpetrators were rarely caught, and even more rarely, ever confessed.

“Cunning” was the word used to describe the women who on the outside cultivated a maligned Mother-of-the-Year persona, yet subjected their children to painful and repeated medical testing.

Melodee underlined the word “cunning.”

In the Journal of Pediatrics, Dr. Carol Lynn Rosen of Baylor University wrote how apnea episodes requiring resuscitation sometimes occurred during hospitalization, but only when the infant and mother were behind curtains, closed doors, or briefly out of the intensive care unit.

Then the panic-stricken mother would run to doctors, to present a blue baby.

The calculating nature of everything these mothers did continued to gnaw at Melodee. It was as though Tanya and women like her set the stage and called in the audience. Week after week. Episode after episode. Was she playing a game with that last episode on March 1? Or did she think that by going to Mercy Hospital instead of Iowa Methodist and Blank Children’s she could start the show over in a new venue?

And while there were several detailed articles about MSBP in medical journals, from a legal standpoint it was clear that for the most part Iowa was breaking new ground.

There was little in the way of legal precedents for abuse cases of Munchausen. Melodee and her staff reviewed the two or three that they could dig up in the annals of the law .

library. The most notable was the 1981 murder case *The People of California v. Priscilla E. Phillips* in which the adoptive mother of two Korean girls poisoned her daughters with a sodium compound in their baby bottles.

A few other cases suggested MSBP, but were not prosecuted as such. New Yorker Marybeth Tinning, who might have murdered as many as nine children, was a prime example. It seemed like a Munchausen case, but prosecutors took a different tack to convict the mother addicted to funerals. A book about the Tinning case made the rounds of the Polk County Attorney’s Office. In the end, the book was more shocking than edifying.

When it came right down to it, Melodee Hanes and the Trauma Team were on their own.

MOONLIGHTING HAD GOTTEN old. As the sixties gave way to the seventies John Thaxton finally gave notice at Southwestern, the Dumas power company that had cut his paycheck for better than eighteen years. He had tired of working two or three extra Jobs and yearned to do something on his own. And why not? He was tenacious and personable, the kind of man, folks used to marvel, could sell snow to an Eskimo!

First, he tried selling life insurance fulltime, but success at that endeavor only roused his drive for the pursuit of an even bigger dream.

John Thaxton decided to go for broke and Wanda Ruth, though anxious and concerned about money agreed.

John and the owner of the pharmacy across the street from Dumas Memorial Hospital joined forces and opened the doors to Mid-states Medical and Surgical Supply. The partner kept the books and stayed in town to run his pharmacy. John took to the road calling on customers that included nursing homes doctor's offices, and hospitals over a territory that, in addition to the Texas Panhandle, took in parts of New Mexico, Oklahoma, Kansas, and Colorado. John was good and the business grew.

Eventually, when her youngest was in high school, even stay-at-home Wanda Ruth came on board to handle the company's home health care division.

Medicine was a family business.

Marriage and the eight years between Beverly Kay and baby sister Tonto didn't keep the two from maintaining a closeness often difficult for siblings so many years apart. Whenever it could be worked out, Tonto would stay with her sister and husband, Arlen Redelsperger, on their farm in Follett, northeast of Dumas. Free time was spent hiking or riding horses on the property the two Thaxton girls and a dog. For the most part, these were happy times.

But one time on a hike, the dog spooked a covey of quail from a hiding place under a tangle of brush. As the birds tried to escape, the dog lunged at them and mauled some of the babies. Screaming hysterically, Tanya frantically threw herself to the ground to scoop up the bloody puffs of downy feathers.

Beverly Kay would never forget her sister's desire to mother them.

"She just wanted to take those baby birds to the house, where they could be safe and nothing could get to them. It was hard for her to understand that those little birds weren't going to survive that way.

You had to just leave them alone.”

“You have to leave them alone, Tonto. There’s nothing we can do.”

Tanya buried her face in her hands and sat and cried.

“But this is a baby bird! A baby bird!”

Beverly Kay became emotional, too. Her sister’s sentiment was heart-wrenching, but so very futile. She had seen it before in Tanya.

One time before marrying Arlen, Beverly Kay came home for the weekend to find Tanya trying to care for a sickly baby bird she said she had found in the yard. She was frustrated that she couldn’t do anything and, later, was heartbroken when the creature died. It reminded Beverly Kay of the time when she herself had played nurse as she struggled to save a nest of abandoned baby barn mice. It had hurt her deeply when she woke one morning to find a box full of stiff, cold babies.

“Our whole family is very sensitive especially toward little people and babies. We’re always saving animals—little dogs, birds. We always wanted the miracle of saving a life,” she said later.

If Tanya Thaxton had a little black cloud over her head, it thundered disturbingly during her freshman year at Dumas High. It happened just before the evening meal.

While Wanda lined up plates and flatware to serve supper, Tanya stood quietly in front of the television, the light from the picture tube lighting her face as she silently studied the picture. Without warning there was a loud, crashing noise. Wanda hurried from the kitchen and discovered her daughter. Suddenly and inexplicably, Tanya had slumped into an unconscious heap on the floor. Wanda ran first to her daughter, then for the phone and called for an ambulance.

The following morning Tanya opened her eyes and smiled faintly from a hospital bed at High Plains Baptist Hospital in Amarillo, having been transferred from Dumas Memorial to the better facility. She was fine, what was the fuss? Later, she would insist she possessed no memories of the episode prior to her hospitalization.

“I guess I passed out. I don’t remember this at all.... They said I was coherent enough to talk. To me it was like this dream, bits and pieces,” she recalled many years after the incident.

Wanda phoned Beverly Kay, then living and freelance writing in Amarillo, and told her of Tanya’s latest trauma. Though she adored her youngest and was concerned about what might be causing her to pass out,

Wanda kept her composure. She simply wanted her baby well. She told Beverly Kay tests were being run, and, God willing, they'd have an answer soon. Everything would be fine.

But a week or so later, it happened again. This time, however, Tanya was not hospitalized. Instead, she recalled later, extensive testing—blood tests, X rays and the like—were scheduled by family doctor Byron White at High Plains.

Wanda told her daughters that the tests yielded the vague diagnosis of a “chemical imbalance” in Tanya’s brain. Its onset was somehow related to puberty.

After the two episodes faded, Tanya was her old self again.

Nobody considered what had happened as particularly serious. Tanya, herself, never gave it a second thought.

Years later, when all of her baby sister’s troubles would envelop the Thaxtons, it would be Beverly Kay who would ponder the possibility of an undiagnosed genetic disorder as the cause of Tanya’s spells. Could the incidents that sent her baby sister to High Plains Baptist as a teenager have been a harbinger of what was to follow?

Tanya would later burble to friends that her growing-up years in Dumas were akin to the image of a Norman Rockwell painting, cheeseburgers at the local drive-in, summer afternoons floating on Lake Meredith in her daddy’s boat, Friday night card games at home—or if it was football season, donning a freshly pressed band uniform and following the Demons as they racked up win after win.

If other girls were allowed a little more freedom than the Thaxton girls, then it was just too bad for them. Pity the parents who didn’t control their renegade children. John Thaxton was the kind of father who equated love with obedience. He had no tolerance for behavior that didn’t meet his standards. Tough luck for the other gals who ran with boys, they’d pay for that later in life. It wasn’t going to happen to his daughters.

By all accounts, 218 Cedar was a restrictive, home.

Starting with Beverly Kay and running down the line to Tanya, all the Thaxton girls worked their way around Daddy’s Rules. Since going steady was out of the question—John Thaxton didn’t allow his daughters to date the same boy twice in a row—the girls perfected a successful ruse by having another boy act as a shill, before dating their real boyfriend the next weekend.

Wanda knew about the harmless shenanigans and looked the other way.

“I didn’t agree with John. But that was their daddy’s rule, that’s the way it was gonna be,” she said later.

Beverly Kay recalled how the girls went to their mother when their father seemed inflexible.

“He was strict and sometimes kind of not fair. He was also impetuous sometimes maybe quick to say something or growl at you before he really understood what the circumstances were. In cases like that we could go to Mother and she’d be our intervener. She was our mediator. If she felt like he was being a little bit too hard, she’d talk it over with him.”

He had directives and consequences. If the lawn wasn’t mowed or the dishes weren’t done, the girls paid for it. One minute past curfew meant being grounded for one day. Other punishments included the elimination of telephone or television privileges. And, of course, when they were younger spankings. For the most part, the girls knew that if their mother got out the belt, she meant business and seldom had to do little more than lay the leather strap over the chair.

“If it is child abuse to paddle your kid on their sitting down place with your hand, then my kids were abused,” Wanda later said.

Maybe because John Thaxton had been through three other daughters and had been broken in, Tanya could bend the rules a bit more than her older sisters. She learned that her father’s stance could be softened when her mother was not around Tanya felt it was almost as if he held his ground as a show of strength for his wife.

“He was a very dominant figure. He was a stern dad. But he was a pussycat underneath. There were times when Mother was gone and we could turn him around our finger,” she recalled.

Yet there was always the fear of being cut off. That as much as any implied threat kept the girls in line.

“Until you betray my trust,” John Thaxton would apprise his daughters, “I’ll work with you and I’ll take care of you. Once you betray my trust, you’re going to have a hard time getting it back.”

To those who didn’t know her, Wanda Thaxton was an airpumped hairdo with an attitude. She was slender, beautiful and friendly to those she presumed to be on her side. What Wanda Thaxton really was, however, was a determined woman who wanted only the best for her daughters. If that meant a little sacrifice on her part, and on the part of her marriage, it was going to be that way. Johnny had worked extra jobs so his girls could have what they

needed. There was no other alternative, Beverly Kay, Rodena, Leslie, and Tanya were going to be good girls.

To be sure, none gave their parents much heartache. All were good students, played in the school band, and worked part-time jobs during high school. Other than the one time when Tanya was eighteen and drank a bottle of Annie Greensprings wine with friends at the drive-in theater, there was no problem with drinking among the girls.

Johnny dealt with alcohol straight-on. Years later, he recalled his technique.

“I keep it at the house, always did, and I told my girls back when they wanted to try all this stuff back in those days, If you want to drink you come tell me, I’ll fix you anything in this world that you want and you’re going to drink it right here, but if I ever hear of you out drinking somewhere else, why, you know, you’ll answer to me,” but we never had a problem.”

The way around Daddy’s Rules was easy enough with a good friend like Tern Spencer. A pretty, sandy blonde with a tad of a wild streak, Tern became Tanya’s best friend after Tern’s family moved to Dumas from another Panhandle town, Borger. The fact that the two girls formed such a fast friendship said something about both of them. Tanya had lived in Dumas all her life, but because of her shy nature was still on the outside looking in. Tern was the new girl, and as was the rule in small towns, had a tough time infiltrating the cliques that had formed rock-solid back in grade school.

And, really, as far as her wild streak, Tern’s was faint. It was true, she was a few months older and had a car before just about anyone else in the Class of 76. But it wasn’t a hot-rod, it was a Maverick she named Sally. When the Maverick pulled up to the Thaxton curb, Tanya would rush out and away they’d go, draggin’ Main, stopping for Cokes at the Depot on S. Dumas Ave, or over to the Spencers’ to listen to 8-tracks of the Eagles or the Carpenters.

Though Tern was thinner and prettier and blond, Tanya did her best to keep up with her and the other girls at Dumas High. She wore bell-bottomed blue jeans and wire-frame glasses, an improvement over the old-fashioned heavy oval frames of childhood. Her brown hair was long and parted in the center. She looked like every other girl, which, of course, was exactly what she wanted. Tanya curled her hair in the mornings before school for a time, but band practice was first period and the elements killed her curls, so she left it straight.

When she broke up with a casual boyfriend who once proclaimed a great love for her long hair, Tanya cut it into a short pixie. Immediately, she knew it was a mistake.

The ex-boyfriend hadn't really cared at all.

John and Wanda frequently told Tanya they thought the Spencer girl was a bad influence. Tern got the idea through Tanya that it wasn't so much her behavior, but the fact that her father worked in a grocery store and her mother pasted up ads for the Moore County News Press.

It was an issue of status and it offended her.

"We weren't rich, but we weren't dirt poor. Wanda always wanted to be more uppity than she was," Tern said years later.

Tanya later tried to put her own spin on it.

"She wasn't from the wrong side of the tracks, but my mother and daddy didn't really ... she was not faster ... I guess she was ... but she was a friend."

If Tern was faster, Wanda thought it was so because the Spencer girl had a steady boyfriend.

Wanda didn't think Tanya had any real interest in dating and didn't want to promote it.

"She was definitely a Mama's baby. She'd break a date to go somewhere with her Daddy and me. If she found out we were going to dinner and to a movie, she'd break a date to go with us."

Years later, Tern Spencer would disagree.

"I don't ever remember her breaking any dates. She wanted to go out, but didn't want her parents to know. I felt she was a completely different person when she got away from her folks. She wasn't shy then."

Tern saw a different Tanya when they were out of earshot of Cedar Street. The Tanya she knew, more than anything, wanted to have a little fun. Tanya was only able to do so when she spent the night at the Spencer home on Cherry Street. Tern's curfew was 11,00 P.M. "Even for the littlest thing maybe being five minutes late or going to get a Coke when she wasn't supposed to they grounded her for the next six weeks," Tern recalled later.

Tanya herself pointed out another reason she tried to stay out of mischief.

"It was a small town, everybody knew everybody else. I couldn't get into any trouble because the chief of police was a good friend of my parents. I couldn't even think about it."

Yet the Thaxtons took no chances. Few other parents went to the

extremes that they did. Some would wonder why it was that John and Wanda didn't trust their girls. Every now and then, John and Wanda would show up at a dance or a movie just to make sure their daughters were where they said they'd be.

"It wasn't every time," Tanya later explained. "They could go six months without doing it. But they would come to where we said we'd be and let us see them and then they'd leave. We never knew just when or where. It was their way of letting us know we'd better be there."

Sheltered by massive shade trees as old as most of its equipment, Dumas Memorial Hospital was the kind of smalltown hospital where patients already knew all the nurses even before admission.

Tanya's foray into the world of nursing was working alongside pal Tern as a candy striper passing out mail and supper trays at Dumas Memorial.

It was not her father's ownership of the medical supply business that brought her to the field that would dominate her life.

"Daddy had nothing to do with me going into nursing," she said.

At the time Tern didn't see Tanya as a nurse. The teenager she knew seemed to have the one main focus. Tanya talked about her dreams all the time.

"Her goal was to get married and have children. She loved her little nieces and nephews. She loved them to death."

HER UNWANTED FRIENDSHIP with Tanya Reid had vaporized and Staci Mullins couldn't have felt happier or more relieved. By the time Investigator Paul Houston and Detective Doug Hobart knocked on her door at Nottingham Square for an interview on April 19, 1988, the slim, pleasant woman in the unblemished nurse's whites had not seen Tanya in several weeks. Even so, Michael and Carolyn's mother was not far from Staci's thoughts. She knew the law would come calling sooner or later, Tanya confided she had been accused of attempted murder.

Huddled around her spotless kitchen table, the investigators let Staci tell what she knew at her own pace. Once she got going, both men could see the neighbor lady had plenty to say. Staci told the story of Tanya Reid, a newcomer to Des Moines who seemed so desperate to make friends that she pushed people away. She was a mother determined to be the world's foremost Brownie leader.

According to Staci, Tanya was also a wife who said her husband didn't love her.

The dynamic between Tanya and Jim was of more than passing interest to the Polk County Trauma Team. It was apparent in some of the literature that in some Munchausen cases the relationship between the perpetrator and her spouse had some bearing on the frequency and the timing of the episodes. And while it was true the Reids had marital problems, to what extent seemed unclear, even to Staci. Though Staci recalled that on one occasion Tanya confided she had considered divorce as a way out of her unhappiness .

Back at 7411 Canterbury there were more tears and more eating. Tanya was in a defiant tizzy when she told her family what the Iowa abuse witch hunters were up to now. Family members had been telephoned and as the circle widened, those who barely knew Tanya and Jim were being contacted for information on child abuse allegations. Questioning the neighbors! Going to the school! There seemed no end to the vendetta.

“This whole thing is unbelievable!” Tanya ranted.

Her family agreed and prayed for the nonsense to stop.

And though she could have easily done so, Tanya never laid the blame on her husband. Jim never hurt her or the kids. She wouldn't put up with it. She didn't have to. The Reid home was not an abusive one.

“Nobody's ever gonna hurt my kids or me either.”

Tanya later recalled the only time her husband even came close to smacking her had occurred when they were young marrieds in Dumas. The couple had been painting the living room when Tanya left for a half nursing shift at Dumas Memorial. On her way home, she stopped at the Sonic Drive-In for a hamburger. It was about two in the afternoon.

“I assumed that Jim at home had already eaten. I got home and he was mad because I got me a hamburger and I didn't get him one. I didn't realize he hadn't eaten. We got into an argument and he handed me a broom ... he hadn't eaten, he'd been here workin' and paintin' and I hadn't been home. I threw the broom down and it hit his newly painted wall and nicked it. He grabbed my arm, threw me on the couch, doubled up his fist and hit the couch beside me. He wanted to, but he never, ever hit me.”

The incident was seared into her memory.

“It scared the life out of me.”

If Tanya Reid finally had a clue how far-reaching the child abuse investigation concerning Michael had grown, it came one morning when she answered a telephone call from the .

local Girl Scout/Brownie headquarters. A liaison officer had questions

about the allegations concerning Brandon Michael.

“Several parents have called,” the woman said coolly. “They have been contacted by local authorities and are extremely concerned. They’ve been asked if they had seen any signs of abuse of your children.”

Tanya was livid. She denied the charges and hung up the phone. She spun around to Jim to fill in the gaps he didn’t hear from the other end of the line.

“They got all my troop members’ names and called everyone of them!

They’re all talking about this and it isn’t even true ! ” “This has got to be a violation of our civil rights! We’ve done nothing wrong and haven’t been charged with anything,” Jim shot back.

Tanya furiously dialed the number for the American Civil Liberties Union. What Iowa was doing was a violation of her civil rights!

“The lady thought I had a case,” she said later. “It was a violation of my right to privacy. I was going to pursue it, but like a lot of things in my life, I never finished it.”

The literature profiling the childhoods of Munchausen perpetrators was dismally scant. Certainly there was no excuse for the behavior, and the Polk County criminal case would have nothing to do with Tanya Reid’s growing-up years, but Melodee Hanes, the mother, became mired in questions about the past. What could lead a mother to do this? What events took place years ago and set the stage for this bizarre repeated abuse?

Within the drift of MSBP articles on her desk were no answers.

Melodee pulled the earring off her telephone ear, searched her Rolodex, and called Randy Alexander in Iowa City.

The child abuse authority from the University of Iowa confirmed that not much was known about the families because of the strong tendency for denial. Some perpetrators had been abused as girls, but no greater a number than the population as a whole.

l If it wasn’t an abusive background, then what could make these women do this to their own children?

Dr. Alexander suggested that possibly at one time these mothers were just lucky enough to find themselves in a situation where medicine and hospitalization had been necessary. The attention it brought made them feel good, cared for, loved. Once they acquired a taste for it, they looked for ways to repeat it.

They see their solution in making their children sick.

“These people find the opportunity to use medicine exploitation to meet

their needs. Eventually you get to people who are going to do something to children. They are fascinated by medicine and they have the opportunity to do it.”

It was also true, the doctor said, that their children might have actually had something wrong with them at one point, but then the mother fabricates the illness over again and again.

Sadly, the doctors become unwitting accomplices as they sometimes give away “trade secrets.”

” My kid was shaking and everything else, could that be a seizure?”

Then the doctor goes on to explain all of the signs and symptoms and the perpetrator moves on to another doctor, making it possible to fool him.”

Melodee hung up the phone, wondering when Tanya Reid first encountered an opportunity to catch the glow of an E.R lamp. And where was it?

She made a note for Paul to see what he could turn up on Tanya’s family history. The request, however, would later prove futile. Paul had already made inquiries to investigators in Texas, but no one knew anything about Tanya Thaxton Reid.

“Never even heard of the lady.”

While there were most certainly family secrets, none of the Thaxtons were going to talk. Then ... or ever. Melodee, most likely, would never know anything about Tanya’s childhood ... and the biggest secret of all might never be discovered.

IT HAD BEEN that way for a long time. Too long a time. Within the offices of the Polk County Attorney there had always been a distinction between “real” crime and “girl” cases. Real crime was front page fodder usually homicides. “Girl” cases were sexual assaults, child abuse, and assorted misdemeanors offenses that were seldom, if ever, covered within the front section of the Des Moines Register.

All of the assistant county attorneys would kill for a murder case for the status that comes with successfully prosecuting one. As one assistant later put it, “in the book of the boys, homicide was the top rung.”

Melodee Hanes was like all of the men and women who started around that time. She also wanted to work her way up to the top cases. But she also had great interest in one segment of “girl” cases. She took a child abuse case and won. Before long, investigator Paul Houston brought cases directly to her.

One of those set a legal precedent.

Melodee would never forget the little boy who had been handcuffed to a bed in a dank basement every day after school. Tracey Simmons was only seven years old and he had lived a nightmarish lifetime of abuse.

While his mother looked the other way, her boyfriend, Larry Seimer, beat her son, stretched his thin, reedlike arms from ceiling pipes to the floor, and fed him cat food.

The Trauma Team intervened when Tracey showed up in an E.R with badly burned genitals. Larry Seimer had poured scalding water on his handcuffed victim.

On the surface, it was a “girl case.” It was clear that Larry Seimer was going to be punished for what he did to the child. Yet it was the mother’s role in what happened to her son that Melodee found equally appalling. Donna Simmons hadn’t protected her son. In fact, when abuse workers first got wind of abuse allegations, she flat out lied to them.

The mother safeguarded the abuser.

In another of the cases that raised brows among the corps of lawyers at the County Attorney’s Office, Melodee argued that Tracey Simmons’s confinement and repeated torture met the legal definition of kidnapping.

And she proved it in court, in a precedent-setting case that showed the rest of the country that in Iowa a mother can’t look the other way.

For the first time in U.S. legal history, a mother was convicted of kidnapping her own child. Donna Simmons and Larry Seimer were sent packing for state prisons to serve out life sentences. There would be no parole.

Some of her colleagues back in the offices of the county attorney did some hand-wringing and whining over the attention Melodee was getting for her work.

“How come she gets all of these cases?”

Of course they missed the point, it was Melodee Hanes who made her cases the cases didn’t make her.

Melodee trusted Tom McAuliff. So much so, that in time, she would choose him as daughter Kate’s pediatrician. That fact alone would put them in occasional contact. But when the Reid case found its way from workload to obsession, the two increased their communication. There was no question the pediatrician, who came to Iowa by way of Oklahoma, would be important to the case for one reason. Dr. McAuliff was the first to actually write in a

hospital record the words Munchausen Syndrome by Proxy in connection with Brandon Michael Reid.

Some doctors quietly carried a certain amount of guilt though often unfounded in cases as difficult to diagnose as MSBP. Tom McAuliff felt the creeping pangs when Melodee told him of Morgan Reid's similar pattern of repeated apnea and, finally, death. He felt he should have been a stronger advocate for Michael that Friday the thirteenth back in November 1987, when he suspected Tanya Reid might be abusing her son.

"I should have put him in the hospital that day," he said.

Melodee understood his feelings, though she felt the doctor shouldn't berate himself over what he hadn't done. She reminded him that there hadn't been enough evidence to indict the mother. At the time, there wasn't even enough evidence to remove the little boy from his home.

The scratches, she pointed out, came later.

Still, Dr. McAuliff remained burdened about being sucked into the mother's charade. If he had seen the child more regularly, he might have caught on sooner and Michael would have been spared from so many of the needle pokes and X rays that were unnecessary because he was well to begin with.

"I wish I had been his pediatrician."

Melodee wished the same thing.

During one of their discussions on the subject of the Reid case, Tom McAuliff helped the prosecutor put Brandon Michael's mother's demeanor into better perspective. When a mother is frightened, doctors sharpen their focus and pay closer attention. In a busy E.R inflections of distress and emotion turn up the volume.

"As she's talking," he said, "you don't pick up a cue because there's no inflection.... Oh my God! She did CPR!"

He told Melodee to put herself in Tanya's shoes.

"If my child requires CPR, I'm gonna be right on their heels screaming like a raving lunatic, Where's my child? What's going on? You're not getting us out of here unless we do a bunch of tests to find out why!" "It didn't happen with Tanya Reid.

He also pointed out that for the most part the episodes were suspect for the way they played out at home.

"You're in a household with your husband, another child, and this child. The child has a catastrophic event, requiring you to do CPR upstairs, and you

never make a peep? If you are doing CPR on one of your children, do you think your husband and everybody in the house is going to know about it? There's going to be absolute consternation.

The whole place is going to blow apart. Neighbors are going to know about it. The next town's going to know about it. None of this ever happens."

For Melodee Hanes, the prosecutor, things were beginning to take shape.

Still she needed more, far more than a beating or scalding case. She wondered if there ever would be enough to put together all the circumstantial information in a manner that would bring an indictment for child abuse.

Detective Doug Hobart made a second trip to knock on doors at Nottingham Square. His first stop was at the home of Jim and Tanya Reid's next-door neighbor, Debra Eskelson. Disappointed when he found no one was home, he went to interview the woman at work. It all seemed so fitting. Debra was a labor/delivery nurse at Iowa Methodist. They met the afternoon of April 14, 1988.

The forty-year-old mother of two girls was hesitant to talk. She didn't want to believe that anything of the sort had happened next door. It was too close.

"What if you're wrong?" she asked. "What if?"

"We're making sure we're not."

For the most part, the nurse painted a picture of the Reids as a normal family, though she knew Michael suffered from seizures and from time to time stopped breathing "Tanya told me that he would become real quiet and go off by himself, like an old cat going off to die, before having a seizure."

A few nights after Michael was removed from his parents' care, Tanya made her way to Debra's town house and told her of the accusations.

Debra told Detective Hobart that just two days before, on April 12, she had talked with Tanya. Among the things Tanya talked about, one comment was particularly striking.

"You should prepare your girls," Tanya had said. "They should not be surprised to find Carolyn gone all of a sudden one day."

Debra asked what she meant by the remark.

"If they try to take Carolyn away from me, I'm going to send her to Texas to live with my sister."

The detective raised his prematurely graying brows. He asked Debra Eskelson if she'd keep an eye on Carolyn and to let him know if the Reids showed any signs of moving from their town house.

She promised she would.

The happy family had been scuttled the day Brandon Michael Reid was taken from the day-care center in Urbandale. For the first few weeks, the facade stood intact, but in time chips began to fall. By late spring the family had scattered.

Only Tanya remained in Iowa.

Carolyn had moved in with her Aunt Rodena in Garland, Texas. Tanya had told her sister that pressure from schoolmates at Clive Elementary had been devastating. Rodena gladly took Carolyn in.

Thirty-seven-year-old Jim Reid insisted he had to get out of Iowa. And so he did. By mid-May he had secured a position as Vice President of Marketing and Transportation for tiny Pioneer Beef in Grenada, Mississippi. The title was lofty, but the pay was only \$560 net a week.

For a man who made more than \$60,000 a year and who by his wife's account craved the status money can buy, it was a jolting comeuppance.

Seventeen years at Swift and reduced pay!

When Polk County Juvenile Court Officer Rhonda Heyer talked with Jim after the juvenile court hearing, it seemed the man's feelings were conflicted.

"It's still hard for me to believe this happened," he said.

"I am not convinced in my own mind that she did it."

Still, he went on to say that counseling for his wife was "a must." He and Tanya had also discussed hypnosis as a way to get at the truth.

Jim's plans to put his family back together included having Michael live in foster care with Beverly Kay and Arlen Redelsperger in Hereford, while Tanya and Carolyn stayed with the Thaxtons in Dumas.

Jim said he'd continue to stay in Grenada, and make twice monthly visits to see his son.

Moving Michael to foster care in Grenada was not an option Jim Reid considered viable. It was too small a town.

IN THE MID-SEVENTIES many of Dumas's weeping willow trees began to wither and die. A crop duster had accidentally dropped a load of chemicals across town, weakening and killing the shade trees that had stood tall, green, and mounded like great heaps of new-cut hay. It was a special loss for the Thaxtons since the willow that shehered their front lawn held so many memories. Tanya and her sisters had spent countless summer nights swinging from its limbs, playing hide-and-seek behind its trunk, or whispering scenarios for Truth or Dare.

John Thaxton made up his mind one day that it was time to saw down their huge, dying old tree. Since Wanda had gone to Dallas to help new mother Rodena and her baby, Tonto and her father were left behind to do the chore. When John discovered he was out of gas, he helped himself to the supply kept by the friendly young man next door. He planned to pay him back later.

But James Reid was home that day and went outside to see what a somewhat sheepish John Thaxton and his high school daughter were doing.

Catching them, he laughed it off and even offered to help with the chore.

Tanya's initial impression of the man she would marry was hardly favorable.

"I really didn't like him at first. I thought he was kind of cold and I didn't smoke and he did. Yuck!"

The fact was, Jim Reid was Wanda and John Thaxton's friend before Tanya ever considered dating him.

Wanda felt sorry for the newcomer to Dumas and invited him to Thanksgiving dinner at their home. That was followed by invitations for dinners at Christmas and New Year's.

Years later, Tanya recalled her husband's version of his first encounter with her mother.

"One time mother went over there in the afternoon and he was out working on his boat. She came over to invite him for coffee and to introduce herself. My husband's not home, my daughter's at school .

.
.

she was trying to let him know he wouldn't have to meet all these people. But he took it as a come-on. Of course it wasn't, she was my mother, not Mrs. Robinson."

He was older, more mature, she thought, when Tanya finally gave in to Jim's persistence for a date. Besides, there wasn't much left to choose from in Dumas. All the decent guys Tanya knew had gone off to college.

Most wouldn't return.

Before long, Tanya was steadily dating the man next door.

If anything, Jim Reid was driven. Small-framed, and barely five-foot-seven, he certainly was not a man to stand out in a crowd.

Neither was he particularly expressive. The gleam of his glasses veiled his blue eyes. His thin lips had a starchy straightness that was often mistaken for a scowl.

Yet Jim had come from nowhere and worked his way into management at Swift. He was raised in Clovis, New Mexico, where he went to work for the meatpacker in 1971 while still in school. Eventually, through nothing but hard work, Jim earned a degree in business from a small state university. Swift transferred him to the Cactus, Texas, plant just north of Dumas and he bought the house next door to the Thaxtons.

He scarcely talked about his own family back in New Mexico.

“I think it was because he grew up poor,” Tanya would say years later.

“He said his dad was handicapped and he died before we even met, so I don’t know. His mother was a waitress there and she ended up getting some skills, I don’t know. I’ve seen their house and they were very, very poor. He didn’t want to be that way.”

* Fingers had always been crossed with each new boyfriend in hopes that he’d be The One. Once Tanya started seeing Jim, her friendship with Tern Spencer took a decisive backseat. There was no double-dating. Jim was older, had a good job, and clearly was not going to hang around the Sonic or the Depot to drink cherry vanilla Dr. Peppers with seniors from Dumas High.

When Tanya started talking about marrying Jim, it didn’t surprise Tern.

Nearly every guy either one of the girls had a crush on was seen as a potential husband. But something bothered her about Tanya’s new beau.

It didn’t seem like Jim really cared about Tanya that much.

Whenever she was around him, he seemed indifferent toward Tanya. It concerned Tern.

“Tanya, are you sure? There’s a bit of age difference, you know. Just be sure before you do it.”

Tanya swore up one side and down the other that Jim was the love of her life.

Tern remained unconvinced. She figured Tanya would back out of the wedding. Still, for the sake of their friendship, she tried to accept it.

“Okay, he’s kind of a fatherly figure,” she said later. “He was something to hold on to. To get away. I guess he’s the only boy that she ever dated that her parents approved of.”

By the spring of 1976 big things were moving quickly for Tanya. She prepared to graduate from Dumas High, and finalized arrangements to begin

the Licensed Vocational Nursing (LVN) program at the nursing school at Dumas Memorial. Tanya also announced her engagement. She and Jim had dated for six months, and planned on marrying in November.

John and Wanda Thaxton were elated. Jim was everything they wanted for their daughter.

The month before her wedding, Tanya was hired as an LVN at her hometown hospital. She planned to take credits toward her RN degree at Northwest Texas University in Canyon, just south of Amarillo.

Tern Spencer wasn't the only one voicing doubts about the marriage between Jim and Tanya. Tanya shared insecurities of her own with her mother. Wanda knew about her daughter's cold feet, but assured her it was only "new bride jitters" and it would pass.

Tanya, however, wasn't so quick to buy her mother's advice. One time she told her mother flat out she could not go through with it.

"Give it time, it'll be okay," Wanda urged.

Tanya refused to listen to her mother. She made up her mind to let Jim know she didn't want to marry him.

Just before she planned on breaking the engagement, Tanya and Wanda made the drive to Amarillo to look at furniture. Tanya halfheartedly picked out an Early American-style dining room set with a matching hutch. She never thought she'd have it, because she never planned on marrying Jim.

But later, back in Dumas, Tanya got off work from the hospital and went over to Jim's for supper. The day had finally arrived and she planned to tell him it was over. She was going to let him down easy. It didn't happen.

Jim had a big surprise waiting for her, he had bought the dining set and had it delivered.

Tanya didn't know whether to be happy or sad. She knew immediately why he had gone to the trouble of buying it and setting it up as a surprise.

"It was to cement our marriage, so I couldn't back out of it," she deduced many years later. "If it hadn't been for that, I wouldn't have married him and he knew it."

Tanya Leigh Thaxton and James Lee Reid married before a gathering of friends and family at the First Baptist Church of Dumas on November 25, 1977. The virgin bride wore a lovely, white gown with a chapel train ordered from an Amarillo bridal shop and the groom wore a white tuxedo with a red rose boutonniere.

Everyone agreed, as they always do, that Tanya and Jim were the perfect

couple.

The honeymoon destination was a condo on Padre Island off the Texas Gulf Coast. After some days in the sun, it would be back to work, back to planning a future that would include children.

Tanya had put her second thoughts behind her and seemed very happy.

Tern Spencer had not been asked to stand up for her best friend. She knew Tanya had three sisters, but still, they were best friends and Tanya had, in fact, been Tern's maid of honor in June. Tern blamed Tanya's mother. She just wasn't good enough for the baby of the Thaxton family.

It hurt her.

"I wasn't even asked to serve cake," she said later.

John Thaxton was glad his daughter had gone through with the wedding.

There would be no more need to pop in at the Sonic to make sure Tanya was a good girl. No more worrying that she'd get into trouble.

"I and the wife celebrated the day when Tanya got married," he would say years later. "We celebrated because it was a relief for us, because I worried about my girls. All boys were enemies. They definitely were a direct threat to what I wanted for my girls, so when they got married it was nice. It was peaceful."

By all rights, it should have been a son-in-law's worst nightmare. Jim Reid's mother-in-law lived next door. The Thaxtons were aware of that, and did their best to keep their distance once Tonto moved her clothes from their house to Jim's. The last Thaxton girl out of the nest, albeit not too far out, meant John and Wanda could enjoy the next phase of their lives. Maybe even travel a bit, see more of the country, and, of course, visit the grandkids.

Wanda later insisted hovering over Tanya and Jim wasn't on their agenda.

"I stayed at home. I didn't go over next door. I didn't pop in at Jim's house before they got married, what would make me do it after?"

Now, don't misunderstand me. We didn't avoid them."

Though they frequently saw Tanya and Jim that first year of marriage because of proximity, it became apparent to John Thaxton that he and his newest particular son-in-law wouldn't be as close as the others.

Jim was wrapped up in his work. And while Beverly Kay's husband, Arlen, for example, farmed and had his pick of days off and could ride with John Thaxton on Mid-states Medical sales calls, Jim pressed on at the Swift plant in Cactus.

s F Tanya and her mother confined most of their visiting to the daytime hours after housework and errands. As a rule, Wanda would make herself scarce before Jim returned from work. She told friends that she wasn't avoiding Jim, she just felt that he had married her daughter, not her daughter's parents. On the weekends, the two couples shared an occasional breakfast or dinner at the Thaxton home.

"Yes," Wanda Thaxton said later, when asked about Jim and Tanya, "we are a close family, but that doesn't mean I have to live in their pocket."

Daughter Beverly Kay later backed up her parents' philosophy when it came to snipping the apron strings.

"I think we're close without being smothering. Some families it's you spend every holiday with me or else' and we're not that way. We love each other, but we respect each other. We all know we all have lives, but we're still intertwined because we are sisters."

During afternoon chats, Tanya confided what her mother already knew, Jim held the purse strings with a vise grip. One time Tanya wanted to buy a \$30 blouse at a Dumas boutique and Jim told her to forget it, then turned around and spent \$400 on two men's suits. Wanda saw through Tanya's excuse that "Jim needed the suits for work."

The Thaxton women also discussed how Jim put Tanya on a \$5 a week allowance, keeping \$10 for himself, because he said he needed his Marlboros and she didn't smoke. If she wanted more money, she had to work. Tanya would always deny the existence of an allowance, but the blouse story was true and it still bothered her.

"I felt I deserved a blouse as much as he deserved a suit. He told me we didn't have the money, but we probably did."

Years later Jim Reid couldn't recall the blouse incident, but he did reject his wife's insistence that he was a selfish, money-grubber.

Success, he knew, was the result of ambition and hard work. For a kid growing up dirt poor in eastern New Mexico, success meant cash.

"Yes, money was important to me. I grew up in a family where I got two new pairs of pants a year to wear all year. All we had was each other and our love.

"Was I tight with money? No. I liked to spend it. But not always on me. If I was doing it for me, I would have bought a new car. I drove the beat-up pickup truck, Tanya drove the new car."

No matter what her husband would say, no matter what her family told

her, sometimes Tanya would just have to give her head a shake. Why in the world were things working out this way?

“Daddy was domineering. Then I went into a domineering marriage. I thought I was getting married, I thought I was gonna be free. We had problems with that at first. He’d say I couldn’t do something. I’d say, Now, wait a minute, I’m a grown woman, I’m gonna do what I want.” ” Soon after their marriage, Jim and Tanya fell into a routine when it came to handling any conflicts. Jim simply retreated from problems, withdrawing in an irritating silence that only provoked Tanya more.

Tanya wanted to resolve issues. Now.

“We’d have a fight and I blow up quick and get it out of my system screaming and yelling and then I’m fine. Jim clams up, waits until he’s through being mad, then he talks. It makes me madder.”

Tanya Reid was considered by most at Dumas Memorial Hospital a capable nurse with the potential to go beyond the LVN status that some educationally snooty hospital workers insist is merely a glorified candy striper. Tanya was bright, eager to learn more, and did everything she was asked to do. One time, when offered the opportunity to take some extra E.M.T training to help the short-staffed hospital, Tanya quickly volunteered.

One night, elderly Buck Milligan, a dearly loved neighbor from across the street from the Thaxtons’, was rushed to the hospital in bad shape.

It was newly trained Tanya who assisted the paramedics on the difficult trip. Buck was no stranger, he had known her since birth.

Later, Tanya came to her parents’ house in tears.

“Mother, he kept saying Tonto, we’re not gonna make it.” I told him, Yes, Buck, we are! We’re gonna make it!” ” Though she had not said so during the ride to Amarillo, she knew the old man was not going to survive. In fact, he died shortly after admission.

Wanda later remembered holding her heartbroken youngest daughter as she convulsed in sobs that terrible night.

“This man she had known and loved all these years and she was the one to have to take him to his death and she knew it.”

IF THERE WAS going to be any hitch with the hoped-for criminal case, Melodee figured it would likely be the result of testimony given by Steven under, the neurologist who had treated the Reid boy for seizures during two key periods, before the Reids moved to Iowa and afterward, when Tanya couldn’t get any satisfaction from Dr. Kelly at Blank Children’s. And despite

all the evidence suggesting something contrary, the Texas doctor held fast to his diagnosis.

Tanya Reid couldn't have been a Münchausen perpetrator if her son had a seizure disorder.

On a sunny and warm day in late May, Melodee and others from Iowa flew to Dallas to depose the neurologist on videotape.

The Iowa contingency included Ray Blase, the head of the Polk County Juvenile Court Division, and Karla Fultz, guardian ad litem for the little boy, and, naturally, Mark Pennington, Tanya Reid's attorney.

All were friendly acquaintances. Karla had been a prosecutor in the Polk County Attorney's Office, as had Mark, and Melodee and Jim had studied law at Drake together.

From the start, it was evident Dr. Under was an unqualified success.

His surroundings and demeanor proclaimed his prosperity and confidence.

The neurologist's elegant office furnishings were fashioned in gleaming brass and swathed in a green hue richer and darker than the color of money. When the Reid

slightly puffy man with the doughy middle swept into the conference room, it was in a grand, but all business, manner. Steven Under was a very busy man.

And he backed Tanya Reid.

The camera was turned on.

Defense lawyer Pennington's direct examination led things off, as the doctor presented his position supporting the possibility of a rare seizure disorder afflicting Brandon Michael Sleep studies that showed the boy's abnormal brain wave activity potentially indicating a seizure disorder were reviewed.

Dr. Under pointed to the supposed success of seizure medications that had been used—Dilantin, phenobarbital, and Tegretol.

There were plenty of scenarios beyond a mother with a pillow over her child's face. Dr. Under went over each one.

Tests showed the boy had a reflux problem.

Tests showed the ventricles in his brain were enlarged.

The kid had problems, the doctor insisted, and his mother could not have caused all of them.

Melodee Hanes's disarming smile faded as she got down to business and

led off her cross-examination. There was no easing into testimony as he had with the defense counselor.

“Doctor, the fact is Munchausen Syndrome by Proxy is as well a very rare disorder, isn’t it?”

“That is correct.”

“It’s not your opinion, is it, that you’re excluding that as the possible problem that?” “No.”

“Brandon Reid is suffering from?”

“No.”

The fact that Steven under conceded MSBP was a possibility was all that mattered. Melodee would have a score of doctors adamant that MSBP was the cause of the boy’s apnea, and the defense would have one doctor who would say that he didn’t believe it was the case, but he couldn’t rule it out.

“No, you cannot exclude it.”

As the hours edged closer to the end of the afternoon, Dr. under was allowed his own suggestion for a course of action.

He told the attorneys that if he was the parent, he’d take the family out of the town house at Nottingham Square. It could be an unknown environmental allergy was the culprit.

“I would move into an apartment or something like that just to take care of the outside chance there is something in there causing it. I’m not trying to be an exorcist or something like this, but the whole thing is there are so many things we don’t understand.

“The biggest thing is why did this kid go sixteen months with nothing at all? That doesn’t make sense if it’s Munchausen Syndrome. The other thing, why is there an older sister who didn’t get Munchausen Syndrome or whatever the terminology is? Why is it just these two?”

At 3,40 P.M. the camera was turned off, hands were shaken, and good-byes said. The next time they would meet would be in court.

If and only if Tanya Reid were indicted.

Back in Des Moines, Melodee called child abuse expert Randy Alexander concerning a point Dr. under had made about the only incontrovertible proof of an MSBP case was to record the mother’s actions with a hidden camera. She had read articles that bolstered that contention, or at least suggested it was the only method to prove absolute certainty in cases rife with denial.

The doctor from Iowa City scoffed at the approach.

“Nobody catches people robbing banks or killing people on videotape!

There are a lot of things we don't catch on videotape. To say that's a standard is just absolutely ridiculous. A lot of criminal cases don't have anything to do with something you can catch on video."

With Dr. under still fresh in her mind, Melodee continued to wonder how Tanya could keep everything in perfect order when telling one of her stories. Now she knew that had not always been the case.

During their first meeting in May 19, 1987, Tanya told Dr. Kelly her son had been spell-free for a year and a half. And during the Dallas deposition, Dr. under had insisted the same thing.

Melodee found that medical records from Northwest Texas Hospital in Amarillo suggested something otherwise. While he hadn't suffered apnea, the little boy did require hospitalization. On the evening of November 26, 1986, he was admitted to Northwest Texas Hospital because he had vomited five times between 9,00 P.M. and 2,00

A.M. The diagnosis was drug intoxication caused by an overdose of Tegretol. Brandon Michael Reid was discharged three days later.

The doctor wrote, "... plan to leave him oftmedication since this is the second occasion that he has had therapeutic misadventure . . ."

But that wasn't the end of it. There was a second hospitalization.

This one was on April 14, 1987, when again vomiting and dehydration brought Tanya's son to a hospital bed. The toddler was twenty-three months old at the time.

Hospital notes painted the picture, "This is a well developed, very drugged white male who appears in great distress but is very lethargic and somewhat unresponsive." A phone call from the offices of the Polk County prosecutor to Dr. William McCue in Amarillo added more disturbing information. In fact, Dr. McCue had indeed been concerned. Very concerned. He even discussed the Reid boy's case with Dr. under in Dallas. The medicines and the episodes, he said, did not add up. The two doctors disagreed.

Dr. McCue told Dr. under that Tegretol was not being properly used.

Melodee rocked back on her chair and searched the blank white space of ceiling above her cubicle. There'd be no lunch that day. She was sick to her stomach over what she learned. Tanya Reid's little boy had endured so much, so many drugs, for so long.

It was never that she didn't trust Paul Houston or Doug Hobart's investigative acumen. Not even close. But, as she put together the case she

had hoped more than any would bring a criminal indictment again, Melodee Hanes backtracked over their interview reports. One woman she wanted to meet was Cindy Erquhart, a nurse at Blank Children's who had seen Tanya Reid on at least five occasions.

Nurse Erquhart had been at the medical center since her graduation from nursing school in 1980. A gentle soul with a full, rolling laugh, she was the mother of a little girl, a few years older than Melodee's daughter. She felt at ease with the attorney, she had seen her on the local television news after a hard-fought child abuse case was won.

Cindy knew Melodee cared as much about children as she did.

Her story would be yet another one of the pieces of the puzzle.

It had been one of those nightmarish evenings in the emergency room at Blank. A mother had died in a car accident, her two children were fighting for their lives. Another child was brought in with a seizure.

And yet another, Michael Reid, came by ambulance after suffering an apnea episode. In the controlled chaos of the E.R, Cindy Erquhart, a charge nurse from the third floor, was paged to assist.

She helped with the other child, a fifteen-month-old girl, with the seizure, preparing her for admission to the floor. On her way upstairs, she passed Tanya and Michael Reid in the hallway. Tanya was sitting Indian-style on the gurney with her son on a cardiac monitor, sitting on her lap. She immediately recognized Tanya's son had been admitted so many times.

Tanya smiled a big, happy grin and said hello.

Why are you happy to be going upstairs? Cindy thought.

The mother's bearing was jarring. There was no reason for her to sit there with her son ... it seemed like a kind of show atmosphere.

"It was such a contrast to go into the other family that I had to deal with. They were obviously upset with having a seizure happen. It was certainly a hot-and-cold, black-and white, difference," she said.

Melodee probed for more details. From discussions with Dr. Alexander and from the reading she had done, it was clear perpetrators were extremely comfortable in a hospital setting. Cindy Erquhart had information that suggested that was the case with Tanya Reid.

Though patients come and go and memories fade, some are "chronic repeaters" like Michael Reid. They are never forgotten. Cindy Erquhart told the prosecutor of a particular memory she held. The child and his mother made a lasting impression.

One time Tanya Reid left her son to get supper, leaving Michael in a high chair at the nurses' station, where the staff could keep an eye on him.

"And as soon as she came back he arched his back and tried to flip himself out of the chair. He threw sort of a wild tantrum, and she took him back to the room with her."

It happened the instant he saw his mother.

Staci Mullins had said something similar to Trauma Team investigators Houston and Hobart. When the boy saw his mother, he'd run in the other direction.

Nurse Erquhart also recalled a comment she had heard Tanya Reid make. It struck her as odd, even at the time.

"I overheard her say she'd much rather go to the intensive care unit than to our floor."

Melodee looked puzzled. She wondered what mother in her right mind would wish her child was in intensive care?

"I guess she thought she'd get more attention, more respect there," the nurse offered.

By the time word got out that Tanya Reid's court-approved clinical psychologist Todd Hines had pronounced her completely normal, Melodee Hanes could have predicted such an outcome from conversations with Randy Alexander. He told her Munchausen perpetrators were not insane.

"It is a deviant behavior, like being a burglar or something," the doctor said. "It is not a mental health problem as far as we know."

The concept was an area that brought concern. Most people rushed to judgment when they heard the particulars of an MSBP case.

"The lady is sick! What a sicko!"

But Tanya wasn't mentally ill. She didn't suffer from Munchausen Syndrome by Proxy. She committed it.

"That would be like saying someone suffers from thievery," the doctor explained.

And neither did Brandon Michael suffer from MSBP; he was a victim of it.

A ROVING BAND of Tupperware revelers made their way to newlywed Tanya Reid's door. In Dumas, young wives made their own fun. The small group of high school girlfriends had stopped over with order forms and samples of the plasticware. It was Tanya who had asked them to come by the house. She liked Tupperware, and she liked having company. Tern Spencer

Frausto was among the group.

Tanya, clearly delighted, found some things she wanted to buy for her nieces and nephews.

“The kids will love this!” she said, as the women snapped lids and organized samples.

As Tanya produced a pen to write an order, a stern Jim Reid squelched her joy.

What surprised Tern more than anything was that Jim did so without saying a single word.

“All he did was give her this look,” she said later. It was an odd look, a look that indicated she’d do well to put her pen down.

“I guess I better not,” Tanya said, her smile drawn from her face like a pulled curtain.

Soon after the awkward moment the women packed up and left.

“It wasn’t expensive,” Tern said later in defense of her best friend.

“It was just a few toys for the kids. That’s all. I never liked the way he (Jim) treated her . . . not caring for her that much at all.”

* 11 Yet Jim did care about his wife. He married her, after all. He simply was frustrated by a situation that was destined to worsen.

It was Jim who later conceded there had been problems in the marriage.

He had tried to be a good husband, lover, provider. When it came to his wife, though, it seemed a losing proposition.

“I don’t think any person in this world could satisfy her in any of her needs, physical, emotional or whatever.”

Tanya continued working at the hospital, taking RN classes, and, to no one’s surprise, disclosing that she and her husband would be starting a family soon. The house next door to the Thaxtons’ on Cedar Street, however, was a problem. The small floor furnace didn’t kick out enough heat to keep a baby warm. Tanya and Jim discussed renovating the place so that it would be adequate.

“We didn’t want our baby in the cold wind,” Tanya said later.

They also considered buying a new house.

What happened in January of 1979, however, was a surprise. Tanya abruptly quit her nursing job and took a meat-processing position as a “Trim” at the Swift plant where Jim was a supervisor. She rode with her husband in the mornings, leaving for a shift that began at 6,00

A.M. and ended at 2,30 P.M. Jim came home later in the day.

The money was good—about \$7 an hour—nearly triple what she earned at Dumas Memorial. Those close to her were still perplexed. They knew Tanya loved her nursing job and was looking forward to becoming an RN more than anything.

For Christmas 1979, Tanya and Jim gave each other a present—no more birth control. It was time to start the family. When Tanya found herself pregnant the following month, neither she nor Jim could have professed greater happiness. Tanya wanted nothing more than a baby of her own.

There were other changes during Tanya's first pregnancy. The Reids moved from the old house on Cedar Street to a new one at 1309 Mills.

It was a neighborhood of young families with good jobs and big plans for the future. Each of the ranch homes that made up the street was faced with brick.

Lawns were wide and weed-free, backyards fully fenced. The house, like the others that would follow, was a stepping-stone, another rung up the ladder. Tanya felt the location was still close enough to her parents—about a mile away—that she could see them whenever she wanted, but far enough away to afford her some semblance of autonomy.

Wanda had mixed feelings about her daughter's cross-town move.

"It was very sad, and a relief. After four girls and everything, back to Square One again. I'll be able to enjoy being with my husband again without all these people popping in that has to do with having four kiddos in the house."

In August 1980, Tanya, pregnant as can be, caught her heel and slipped down five condensation-dampened metal steps connecting the work floor to the area where she measured the fat content on ground beef. Though she seemed okay, her supervisor was horrified and told Jim about the incident.

"Something could happen to the baby!"

Immediately thereafter, Tanya quit her job and waited for the baby.

And she waited and waited.

Two weeks after the due date, labor was induced and Tanya gave birth to Carolyn Leigh at Dumas Memorial on October 15, 1980. As can only be the case in small-town America, the same doctor, Dr. Byron Wright, who had delivered the mother twenty-two years before, delivered her firstborn—a brown-eyed little girl whom everyone said reminded them of baby Tonto.

There would be other children. This was only a beginning. Tanya was in a new house, had a new baby, her parents were down the road if she needed

anything. Life in Dumas would be as wonderful for Carolyn as it had been for her mother. Tanya continued her studies toward her nursing degree, and Jim, then twenty-nine, showed all signs that he'd be a wonderful, caring father. Nothing was more important than his baby girl.

"Jim got up and walked the floors with me with Carolyn," Tanya said years later. "Not many men will watch a newborn while their wife is taking nursing training toward her RN degree. Things were good in Dumas."

Things were good in Dumas. That was the fantasy. That I I was the story. In reality, from Cedar Street to Mills Street and certainly beyond, the Thaxton marriage was a grab-bag of good and bad times. The good times, naturally, would be chatted about on the phone and chronicled in family photo albums. But the bad, and just how bad, was a secret held even from Wanda and Johnny Thaxton. Tanya, according to Jim, was the type of person who "appeared happy, but inwardly she was not."

It had probably always been that way.

Much of Tanya's unhappiness seemed to be the result of overwhelming feelings of jealousy. Tanya felt bad because she was not her father's favorite daughter; Leslie was. Tanya was upset because Jim was close with his sister. Tanya didn't like to share Jim with friends from the plant.

Tanya wanted it all. When she didn't get her way, she told Jim she wanted a divorce.

"Yes, she threatened to leave me when Carolyn was a baby ... She said I was intolerable. You know, if Carolyn wasn't in the picture, none of this other stuff would have happened, because I would have left Tanya myself. But I loved Carolyn so much I couldn't stand the idea of being without her. If I was smart, looking back, I'd have let Tanya go."

Instead, Jim tried to stick it out. He returned from the plant one evening with the announcement that he'd been transferred to the meatpacker's Chicago operation. The couple agreed that the move would be good for Jim's career, their marriage, and even Tanya's nursing ambitions. But it was a shock to the Thaxtons, and there was little time to get used to it. Jim flew east almost right away and Tanya stayed behind a few months to sell the house and organize the movers.

Wanda and Johnny were hit hard by their daughter's uprooting from the town where she was born and raised. Reluctantly, they put on a brave face.

"She would have loved to stay in Dumas," Wanda Thaxton said later.

"But it was also a smalltown girl moving to the city kind of excitement.

Then again she didn't want to be very far from Mama and Daddy."

IT WAS WELL understood that there would be no criminal case if Brandon Michael Reid suffered any apnea while in foster care when his mother was miles away. Melodee Hanes kept in close contact with juvenile court officers supervising the child's foster care. If he had a medical emergency, she would be among the first to know. But there were none.

Tanya's son suffered a few bad dreams, though they had faded as he adapted to his foster home. He was playing happily and eating better.

He was even learning to use a toilet.

The foster mother also reported Brandon Michael Reid didn't like to have his face touched.

That particular information haunted Melodee. She thought of the scratches on his face parallel scratches nurses believed had been inflicted by the boy himself. He was fighting someone. Was he struggling with a hand over his face? A pillow from his parents' bed?

Melodee had seen a videotape of a mother who kept a neatly folded piece of Saran wrap in her purse to slide over her child's nose and mouth whenever she wanted to induce an episode.

Melodee wondered, what had Tanya done?

By late June 1988, after hours of testimony by doctors and Tanya and Jim Reid, the juvenile court referee had made the very tough decision.

Brandon Michael Reid's safety could only be assured if he stayed away from his mother. The boy would continue to remain in foster care until permanent placement could be determined at a later date.

Tanya told a friend she had not expected the devastating outcome.

"I kept thinking after what happened at the hospital on February 7, that it would all blow over. It would all go away. But it didn't.

Before the hearing in June, I was losing hope, but I still thought Michael would come home."

Now the only homes her son would know would be the homes of strangers.

On July 1, the little boy was shuffled again. His foster mother was ill and could no longer care for him, he had to move in with another family.

For the Thaxtons, it was the continuation of a nightmare.

Tanya had told her mother and sister that as wretched as the foster care had been, she and Jim could be billed thousands of dollars for it.

"The state of Iowa will make us pay for what they're doing to us!"

Even more upsetting was the news that if someone from the family didn't take Michael in six months' time, an Iowa foster parent could legally adopt the boy.

"We'll lose him forever! And we didn't do anything wrong!"

No one wanted that, but it was only Beverly Kay and Arlen Redelsperger who volunteered to have the boy live in Texas with them until the mess was sorted out and he could return to his mother. The other sisters, Rodena and Leslie, had family concerns of their own, and Wanda and John Thaxton felt the boy's health problems, which they believed to be genuine, were too great for them to handle.

Immediately after Tanya's oldest sister and husband stepped forward and let the Iowa courts know they wanted Brandon Michael, Beverly Kay felt that Polk County authorities did everything conceivable to try to convince her Tonto was a Munchausen perpetrator. Court officers and social workers sent reams of medical journal articles to the Redelspergers' trailer home in Hereford.

But to the members of Tanya's family the articles were confounding. No one believed one word of them.

"All those cases are written by folks in England," Beverly Kay told her mother during one of their regular chats over the phone. "They aren't even Americans."

Still, in order to get what she wanted, Beverly Kay had to force a smile on her face. She had to show the authorities that would evaluate her home for its suitability as a foster home for her nephew that her concern was the best interests of the child—not his mother. As an E.M.T and a domestic violence counselor, she felt she could clearly prove her nephew would be in a home in which not only would he be loved, but where he'd be safe.

"I am not going to lose my flesh and blood," she vowed.

|| Another witness, another doctor.

Investigators Houston and Hobart, and prosecutor Hanes continued to assemble the pieces of the medical mystery. As they did, they had run across so many who had wondered if something was wrong with Tanya Reid, but felt unable to do anything. A few others had chosen to look away, banishing the thought that a mother could do something so evil as smother her son.

When the Reid case investigators sifted through all the Iowa doctors who had had contact with the Reids, they struck pay dirt with a doctor named Richard Perez. He was not one of the group of medical staff who had pushed

for the recognition of their roles in the case, but in his own quiet way he had actually done something far greater. He had tried to stop Tanya Reid weeks before the Sunday afternoon Anne Zoucha slammed Michael's hospital records against the counter and declared war on his mother.

Richard Perez was another among the residents making pediatric rounds at Blank Children's Hospital who half suspected something ugly was behind the Reid child's problems Dr. Perez had seen Michael during both of the boy's October admissions and held some doubt that the breath-holding diagnosis was correct.

He wondered if Munchausen Syndrome by Proxy could be what was causing the little boy to stop breathing with such alarming regularity. The fact that it was only Tanya Reid who had been present when the apnea spells hit her son was very telling.

"The father told us he'd never witnessed it," Dr. Perez said later.

The resident saw the child again during the January 19, 1988, admission. This time he talked with Dr. Kelly about the Munchausen possibility. Nothing came of the conversation because there was no proof. He also consulted with the boy's regular pediatrician. Again, nothing.

Finally, Dr. Perez called the Urbandale Police to see if they could compile a report detailing the rescue calls to the Reid town house.

The police officer promised to get back to him with the information.

He never did.

Jim Reid fit the literature profile of the spouse of a Munchausen perpetrator. He was a quiet, unobtrusive presence. He was rarely mentioned by the nurses or doctors as a participant in his children's care. From what the prosecution could patch together, Jim appeared almost withdrawn. Yet he had chosen a mate who was clearly the opposite.

Everyone from the admissions desk to the nurses on the floor knew Tanya or had chatted with her. No one knew Jim. Tanya and Jim Reid seemed incontrovertible proof opposites attract.

Melodee often puzzled over the Reids' relationship and whether that particular dynamic contributed to Tanya's devious medical charade.

It seemed clear that Michael's mother had been a lonely, needy woman.

Most of the people who talked to investigators felt Tanya Reid was the type of woman who wouldn't let go at the first sign that she had an ear to talk into. She seemed desperate for companionship.

It seemed to Melodee some of Tanya's needs had been met through

numerous encounters with scores of doctors and specialists that saw her children.

It was also true that, with the exception of one, possibly two times, Jim Reid had been away from home when Tanya notified him that Morgan and Michael had stopped breathing.

Randy Alexander filled Melodee in on the disturbing story of an Iowa mother who had brought her child to an emergency room on eleven occasions. Sometimes the diaper was bloody, other times it was a case of apnea near-miss SIDS.

Near-miss SIDS. It was a phrase that triggered a recollection.

Melodee remembered how Tanya had claimed the same thing in several of her hospital bedside dissertations when she told doctors medical histories of her children.

Dr. Alexander recounted how doctors plotted dates on a time line that showed whenever the husband went out of town, the baby was rushed to the hospital. And almost as soon as she got there, the woman wanted to call her man and have him get back home, where she could join him. She did not seek to have her child admitted.

Hurting her baby was almost certainly the means the mother employed to get some attention from her husband. But, of course, there was no guarantee. The reason could have been deeper.

The members of the Trauma Team knew Jim Reid worked nights, which made the times of the rescue calls critically suspect. With the exception of the call made on a Sunday, Jim was at work. Yet while Tanya called her husband just before leaving in the ambulance or from the E.R, no one could say she waited for him to show up so she could return to Nottingham Square. Tanya wanted to stay right where she was.

Book Three.

ONCEA POLK County Juvenile Court deemed Brandon Michael Reid as a child at risk in the home of his mother, and who therefore could not return to live with her, in essence, some members of the Trauma Team had completed their duties. Prosecutor Melodee Hanes and paralegal Candis Juckette needed to continue where the others had left off. Paul Houston remained a common link, and Juvenile Court Intake Officer Jan Buck certainly maintained interest in the potential criminal case. How could she not?

What transpired between Tanya and her children had been a great

mystery, the kind not given up easily by those who worked such a case not then, not years later.

Candis took the task of reducing key doctor and hospital notes into a time line that underscored the complicated medical histories of both children in a comprehensive, yet easy to understand, manner. Melodee knew that if they were confused, so would the jury be. She suggested a graphic treatment and Candis put together flowcharts depicting medical events from Iowa, Texas, and Illinois. While there were many, many tests and procedures, the greatest emphasis was placed on the apneic events themselves.

The total was appalling, Eighteen documented episodes for Brandon Michael, and at least twenty for Morgan Renee. All thirty-eight episodes demonstrated a need for resuscitation or, at the least, a claim mouth-to-mouth had been performed, paramedics or hospital staff called, and, most critically from their point of view as prosecutors, it had to show that only Tanya could have been the perpetrator. Charts for both children lined the prosecutor's and the paralegal's cubicles like wallpaper.

Morgan Renee Reid Born May 17, 1983

␣APNEA EPISODES␣ 1. Illinois, August 8, 1983

Monday, 2, 15 p.m. Admitted to Edward Hospital, for four days.

2. Illinois, August 20, 1983

Saturday, 12,23 p.m. Transferred from Edward to Children's Memorial Hospital, discharged five days later.

3. Illinois, September 8, 1983 Thursday, 4:05 p.m. Taken to E.R at Edward, released that afternoon.

4. Illinois, September 17, 1983 Saturday, 4:37 p.m. Taken to E.R at Edward, released that afternoon.

5. Illinois, September 20, 1983 Tuesday, 4,35 p.m. Transferred from Edward to Children's Memorial, discharged six days later 6. Illinois, September 30, 1983 Friday, 1:56 p.m. Taken to E.R at Edward, released that afternoon.

7. Illinois, October 26, 1983 Wednesday, 2,55 p.m. Taken to E.R at Edward, released that afternoon.

8. Illinois, November9, 1983

Wednesday, 10,50 a.m. Taken to E.R at Edward, released that morning.

9. Illinois, November9, 1983 Wednesday, 2:22 p.m. Transferred from Edward, to Children's Memorial, episode in hospital, discharged six days later.

10. Illinois, December 4, 1983 Sunday, 2,15 p.m. Taken to E.R at Edward, released that afternoon.

11. Texas, January 10, 1984 Tuesday, 2:00 p.m. Taken to Memorial Hospital in Dumas. 12. Texas, January 11, 1984 Wednesday, 3,30 a.m. Mother holding baby in Memorial Hospital.

13. Texas, January 11, 1984 Wednesday, 2:45 p.m. Mother holding baby in Memorial Hospital.

14. Texas, January 12, 1984 Thursday, 7,05 a.m. Mother holding baby in Memorial Hospital.

15. Texas, January 12, 1984 Thursday, 8,25 p.m. I !
Mother sponging baby in Memorial Hospital.

16. Texas, January 13, 1984

Friday, 2,05 a.m. at Memorial Hospital.

17. Texas, January 14, 1984

Saturday, 11:06 a.m. at Memorial Hospital.

18. Texas, January 15, 1984

Sunday, 7,15 p.m. at Memorial Hospital, transferred to Texas Children's Hospital in Houston the next day.

19. Texas, January 22, 1984

Sunday, 3,15 p.m. Mother alone with baby in the playroom, Texas Children's Hospital. Released four days later.

20. Texas, February 7, 1984

Tuesday, 1:05 p.m. Transferred from Deaf Smith Hospital, Hereford, to Northwest Texas Hospital in Amarillo. Pronounced dead the next day.

Brandon Michael Reid Born May 2, 1985

␣APNEA EPISODES␣ 1. Illinois, May 28, 1985

Tuesday, 4:31 p.m. Hospitalized at Edward Hospital for five days.

2. Illinois, June 17,1985

Monday, 3,20 p.m. Hospitalized at Edward Hospital for two days.

3. Illinois, July 10,1985

Wednesday Three episodes noted by Dr. Carl Hunt. Admitted first to Edward, then transferred to Children's Memorial Hospital.

4. Illinois, August 16, 1985

Friday Outpatient at Children's Memorial Hospital.

5. Illinois, August 20, 1985

Tuesday Outpatient at Children's Memorial Hospital.

6. Illinois, August 31, 1985

Saturday, 7:10 p.m. Taken to Edward Hospital's E.R.

7. Illinois, December 2, 1985 Monday Mother reports four episodes in last four days. Hospitalized for five days.

8. Illinois, Same date Mother reports two episodes after leaving Dr. Kudchadker's office.

9. Illinois, January 20, 1986 Monday, 9,43 p.m. Hospitalized at Edward for four days.

10. Illinois, February 4, 1986

Tuesday, 5,12 p.m. Admitted to Edward for one day.

11. Illinois, April 17, 1986

Thursday, 11:45 p.m. Admitted to Edward for six days.

12. Iowa, October 9, 1987

Friday, 6,50 p.m. Admitted to Blank Children's for four days.

13. iowa, October 20, 1987

Tuesday, 5:51 p.m. Admitted to Blank Children's for three days.

14. iowa, November 13, 1987 Friday, 5:26 p.m. Taken to E.R at Iowa Methodist Medical Center, released that evening.

15. Iowa, December 15, 1987 Tuesday, 5:00 p.m. Taken to E.R at Iowa Methodist Medical Center, released that evening.

16. Iowa, January 19, 1988

Tuesday, 8,35 p.m. Admitted to Blank Children's for three days.

17. iowa, February 7, 1988

Sunday, 12,14 p.m. Admitted to Blank Children's, released four days later.

18. Iowa, March 1, 1988

Tuesday, 5,15 p.m. Taken to E.R at Mercy Hospital, released that evening.

The file of records from Edward Hospital in Naperville, Illinois, had become dog-eared by the time Melodee scrutinized its pages for herself.

Jan Buck and Paul Houston had pored over them, as had Candis when she put her time line of episodes in flowchart form.

The prosecutor brought coffee to her desk and sat down with the records, and, as she had done before, she began to see more—maybe more than anyone in the case.

The entry made on June 17, 1985, when Brandon Michael Reid was just six weeks old and hospitalized for episode number two, caught the prosecutor's eye. Tanya, as always, provided the information.

"... patient woke up, moved to different location—started to change clothes—went limp and cyanotic—hook him— to no effect—asked grandmother to call paramedics—gave mouth-to-mouth until they arrived

...

approximately three minutes until breathing ... Dr. Kudchadker visited, spent long time with mother. .."

Melodee underscored a few key points. Tanya had shaken her son, but it didn't work. It didn't snap him out of his apneic spell.

The note about Dr. Kudchadker spending time with Tanya also played into the MSBP diagnosis. She was getting extra attention, attention Melodee felt Tanya had wanted so badly she would risk anything.

A note from December 2, 1985—hospitalization for episode numbers seven and eight—was also riveting. A social worker wrote that a nurse had referred Tanya Reid for some much-needed support.

"Mother related that there are a lot of environmental pressures—new move from Texas, lack of friends for support, extended family living in Texas, part-time employment which is inflexible, and a live-year-old child at home who is feeling the normal holiday stresses, plus the absence of mother at home. Gave referral to parent and Childbirth Educational Society for parenting groups and to Mother's Day Out for child care relief."

Again, Melodee noted, Tanya was lonely. Just as the prosecutor contended had been the case with the Reids' move to Iowa, Tanya had smothered her son to get recognition, attention. It was so clear.

Tanya missed her family. She hadn't wanted to move back to Chicago.

After Morgan's death she was working in Hereford and reportedly doing well just as she had been when Carolyn was a baby.

When Tanya was happy, there were no trips to the hospital.

A nurse's note made on December 4, 1985, during the same hospitalization, showed Tanya as a devoted mother. The time of day was 1,20 A M "Mother tired, and recovering from illness. Encouraged to go home and sleep, reassurance given."

It was Tanya as mother martyr, Melodee thought. She probably loved being told to go home. It showed the nurses that she loved her little boy. It showed sacrifice.

Two days later, during the same hospitalization, the nurse noted mother again at bedside at four-fifteen in the afternoon.

"Mother states Michael is breathing funny today fast and then slow." " It was Tanya, the nurse.

The note was followed by another, exactly a half hour later.

"Called to room by mother. Baby pale, dusky. Lips dark blue no respirations. Mouth-to-mouth initiated and E.R physician called STAT.

After couple breaths, baby opened eyes and resumed breathing, coughing, crying. Color remains pale but is slowly improving."

During her son's hospitalization for his ninth apnea episode, Tanya Reid was again the subject of a social service progress note. It was written on January 21, 1986.

"Referral to patient to provide support patient's mother said that after previous admission, patient had had few episodes of apnea until recently. Patient's mother keeps monitor close to her bed, and except for an RN who comes once a month to babysit, mother leaves baby only to go shopping. She stated she felt great responsibility. I will not let him die!" and anger at God for taking her other child. Suggested counseling for support, other than her SIDS support group. Mother denied need at present, but will call if need later."

SIDS support group? It was the first Melodee Hanes had any inkling Tanya Reid had been a member of such an organization. While most would likely tell heartbreaking stories of peering over crib rails to find a still,

seemingly lifeless baby, Melodee wondered if Tanya's story would be one of failed heroics.

Melodee continued to scan the file. Each episode was there. The medications, the blood workups, the genetic testing that showed there had been no Fragile X diagnosis for Tanya Reid's son.

The record detailing the little boy's eleventh apnea episode was somewhat different—it was one of the few that mentioned Tanya's husband, Jim. There was a short apnea spell on that date, but no resuscitation was required. It looked to be a case of drug intoxication. The note had been written on April 17, 1986.

"11 mos. old. who is being admitted with poss. seizure where he became rigid and was unresponsive at home. There was some question of lack of balance over the last two days or so. He is being tapered off of Phenobarbital. He is on Dilantin and Tegretol ...

"... According to the father he saw the infant lose consciousness and become rigid and unresponsive. The paramedics were called and they noticed that the infant was acting as if he was in a post ictal period with some residual rigidity." Melodee could read no more. Every time the records noted an IV, another invasive procedure, a medication administered, the prosecutor saw it as child abuse. What made it so ugly, so despicable, was that the very doctors and nurses that tried so desperately to help the boy were actually the unwitting agents of the abuse.

Behind all of it was the sweet-voiced mama from Texas, an earnest nurse, dutiful wife.

"My God, what was she thinking?" Melodee asked herself as she put away the stack.

The question of the weeks of the summer was not whether Tanya Reid would be charged with felony child abuse, but what would be the strategy of her defense.

Melodee worried that the Urbandale mother would plead insanity, seek treatment, and go home to her children. In the Iowa prosecutor's mind, such a scenario not only made sense of something as nonsensical as a mother suffocating a kid for attention, but it was also a plausible way out.

Yet she knew Mark Pennington, Tanya's attorney, would be in a tough spot. His client's psychological testing had turned up nothing abnormal.

There was nothing wrong with her.

It took conversations with both Drs. Tom Kelly and Randy Alexander to

ease the prosecutor's concerns.

She relayed the information to husband Joe as she put away her case material in favor of ballet shoes one evening before dance class. In between mother, wife, and prosecutor was always the dancer.

"The way they are describing it and how it would be classified was as a psychological phenomenon, not a disease, not a disorder. Randy described it as a cousin to sociopathic personality, just because you're a sociopath, doesn't mean you're nuts ... you are a brute, you have no conscience, you're insensitive. It doesn't mean you're nuts."

There was another aspect to the Munchausen diagnosis that helped Melodee grow in her confidence Tanya Reid wouldn't hide behind an insanity defense.

"A woman in denial is not going to allow her attorney to present an insanity defense."

THE VILLAGE OF Woodridge, Illinois, was so named because of its gorgeous hardwood forest setting above the languid East Branch of the Dupage River. Suburban Chicago sprawl had abrogated much of the natural splendor of the town of twenty thousand by the time Jim and Tanya Reid moved there. The surrounding area reminded the smalltown Texas girl of the suburbs encircling Dallas and Fort Worth, an anonymousfeeling world where each quasi borough blended into the next one. Yet, Tanya found Woodridge to her liking. It was smaller, homier. The location was also ideal for Jim. His commute to his new assignment at Swift was only twenty-five miles by train.

It was the spring of 1981, six years before the Iowa nightmare began.

The wife of one of the meatpacker's managers was the real estate agent who showed the house the newcomers finally settled on at 2333

Crabtree.

Painted white and trimmed with black shutters, the three-bedroom split-level was a step up in size and amenities from their house on Mills Street.

"The downstairs was totally furnished with a wet bar and everything," Tanya would later say. "It wasn't the best house we'd ever live in, but it was real nice."

Four months after settling in, Tanya took a part-time nursing job at Edward Hospital, four miles west of Woodridge in Naperville. It wasn't exactly what she wanted, not nearly as challenging as she felt she could handle. But it was the best she could do as an LVN in a metro area the size of Chicago. Merely a floor nurse, Tanya was assigned the mundane basics of

bedside care giving bed baths, taking temperatures, and treating minor sores. It was better than sitting home all day.

I .

* Lynn and Wally Jachimek and their son and daughter lived on Crabtree Court, a cul-de-sac adjacent to the Reids' new home. The residents met in the backyards. Wally was a vice president at a medical and physician's supply company, Lynn was a medical lab technician. When Tanya went looking for a babysitter for Carolyn, she called on Susan Jachimek, then thirteen. In no time, the Jachimeks and the Reids became fast friends. The couples had enough in common to forge the kind of quick friendship that often comes with a cul-de-sac.

They shared snowblowers in the winter, lawn mowers in the summer, and card games.

And though they might have been ten years younger, the Reids certainly weren't any hipper. On weekends, Jim Reid still wore cowboy boots, probably as much out of habit as for the extra height it gave him. His glasses were out-of-date and his brown hair was neatly combed over to one side. During the week, he wore conservative suits and dress shoes.

Tanya was a few pounds heavier than Lynn figured she probably wanted to be. Her clothing, while neat and clean, was more J.C. Penney than Marshall Field. Tanya kept herself up, never went out of the house without makeup and a splash of Jontue, but she didn't seem to worry about being the best dressed lady on the block.

Tanya was very outgoing, and Lynn immediately liked her.

Lynn, for one, knew what it was like to start over in a new town.

Though they were Chicago natives, they had lived in Davenport, Iowa, for three years. Tanya missed Texas and Lynn took it upon herself to be a friend to the younger woman.

Another couple who was part of the group was Tom and Dianne Carik. Tom worked for Merrill Lynch and Dianne for a liquor store not far from the neighborhood.

The three couples played cards nearly every Friday night. They usually played blackjack or In Between for a pot. It was all in fun pizza, beer, and two decks of cards.

Those close to Tanya Thaxton Reid had heard the wails of discomfort many times before. Every now and then when the strain got too great, Tanya would complain of severe stomach pains. She freely confided she had

suffered stomach problems since she was a teenager in Dumas. Dr. Wright told her she had ulcers and put her on medications and a diet of simple, bland foods. Usually that was all it took. For a while, the pain would go away and Tanya would announce that she finally felt better.

The pains hit hard again in Woodridge, Illinois. So much so that Tanya was hospitalized for a series of tests.

“They never could find anything,” she said later.

Though she later conceded that the pain was somehow linked to emotional stress, Tanya could never put together a picture of what was going on in her life when she would double over in agony.

It wasn't a home pregnancy test kit party at the Jachimeks', it only seemed that way. Lynn's sister and Tanya had both suspected they were pregnant at the same time. The Creature from the Black Lagoon was airing on television in 3-D and the Jachimeks, the Reids, and Lynn's sister and her husband had decided it would be great fun to watch the show.

Everyone wore those silly little glasses.

It was the summer of 1982.

Lynn gave the women the same pregnancy tests used at the clinic where she worked. The answers were immediate, the kits showed both were pregnant. Lynn's sister and her husband were elated with the news.

Tanya beamed.

It was Jim Reid's reaction that seemed off kilter. After everyone left, Wally and Lynn discussed how it had seemed Jim had not welcomed the news of a pregnancy.

“Did you see the look on his face?”

The Reids later denied Jim had not wanted the baby.

“We were trying to get pregnant,” she said. “It was Jim's idea to go off the pill. Jim does not show his emotions especially with a crowd of people around. Yes, he was very happy.”

A couple of weeks later, however, Tanya suffered some cramping and spotting. She called her doctor and told him that she feared she was losing the baby. He told her to wait it out. And so she sat at home while the blood came. Jim was wrapped up in his job, and was of little comfort. Tanya later chalked it up to his being a man.

“Men don't feel the same way about a miscarriage as a woman,” she said.

If Jim had been of little support when Tanya lost the baby it was simply because he was never really certain his wife was truly pregnant that time. The

positive results from Lynn's test, he vaguely remembered, were in error. In time, the incident was of such little consequence, that many years later the perplexed man had to stop and rummage through his memory to recall the incident.

"There wasn't an actual miscarriage that I remember. I don't think she was actually ever really pregnant. You know, it was one week her period is late and the next week it starts ... is that a miscarriage?"

She didn't go to the hospital or anything. If it was a miscarriage it was not like any I have heard about."

When Tanya told Lynn the news of the miscarriage, she seemed somewhat upbeat.

"It was clean, though," Tanya explained. "The doctor says I won't need a D and C."

Soon after, Tanya ran over with exciting news. She was pregnant again!
MOTHER! MOTHER! I need you!

On May 17, 1983, the morning tranquility at 2333 Crabtree was shattered when an out-of-breath Tanya Reid pushed her pregnant torso through the front door and anxiously called for her mother. Wanda Thaxton had made the trip from Dumas to watch over Carolyn and help out with the new baby, whose birth was now overdue.

"Mother! The doctor cannot find a heartbeat! The baby's heartbeat!
I've got to go to the hospital immediately! We have to induce!"

Tanya had been gone for what her mother would later term "not a very long time." The idea that instead of summoning an ambulance, a doctor would allow a pregnant woman to drive home after being unable to detect an infant's heartbeat did not strike Wanda as odd. Not then. Not ever.

Wanda Ruth Thaxton was terrified inside. But as she always had, Wanda kept her cool. Telephone calls were made to Jim's office in Chicago, and to a babysitter to watch Carolyn.

"Hon, do you want me to drive?"

"No, Mother," Tanya said, her words insistent and emphatic. "I know the way better. I can do it!"

Off they went, first dropping off the little girl, then on to Edward Hospital.

"He couldn't detect a heartbeat!"

Wanda watched the swirl of nurses and doctors envelop her supine daughter as they prepared Tanya for the delivery room. Despite the chaos of

the moment, Tanya seemed to be holding her own. She knew everybody.

It was, after all, the hospital where she worked as a nurse.

Later, when she would be fighting for her daughter's troubled life, Wanda would recall a nurse coming into the room and telling her daughter not to be concerned—words that always cause more fear than they assuage—but plans were being made for a possible emergency C-section.

Nurses turned off the sound and moved a fetal monitor out of view.

"I knew good and well what was going on," Tanya told her mother after the ordeal.

Tanya and Wanda both stood by the story, though medical records indicated that while some oxygen was administered, no Caesarean section was considered. Further, no nurse could be found to back up the claim, though many knew Tanya, having worked with her until a couple of weeks before Tanya's second baby was born.

Apgar scores—a rating of a baby's health and appearance at birth—for Morgan Renee Reid were good. The new mother also seemed fine once the turmoil subsided.

!

Tanya named her daughter Morgan, in part because television actress Morgan Fairchild had been a personal favorite, and she always loved the strength of the name. She didn't like "cutesy" names.

"There's nothing wrong with them," she said later when she compared her daughter's name to some of the names selected by the other Thaxton sisters for their daughters.

"I just wanted better names than they chose."

The weeks and months immediately following Morgan's birth were uneventful until the time the baby started "screaming" at three o'clock the morning of June 10, 1983. A raised rash, later described by Tanya as "a gross case of baby acne," also appeared on her face, prompting the concerned mother to take her to pediatrician Shashikant Kudchadker's office that morning.

Besides the skin problem, she was also concerned about colic.

"Carolyn was a colicky baby," she told the Naperville pediatrician. "I hope this one's not, too."

In an accent that carried the indistinguishable singsong nuances of his

Indian homeland, the empathetic doctor pronounced Morgan “perfectly healthy” after a thorough exam. The rash was nothing to be concerned about. Many babies have temporary skin trouble, he told the mother.

It would go away soon. With a pat on her shoulder, he sent Tanya Reid home.

Tanya was not happy about his diagnosis. She thought something serious was going on with the new baby.

It was a warm Sunday evening when Lynn Jachimek answered her kitchen telephone. It was Tanya Reid talking in her usual breakneck spiel.

She had been feeding Morgan and noticed that the rash that had so concerned her had seemed to worsen considerably.

“Lynn, something is wrong with this baby!”

She was certain Dr. Kudchadker had missed something. He had not taken Morgan’s problem seriously.

“I don’t agree with him at all,” she said. “I was wondering if you could give me the name of one of the pediatricians from your clinic?”

Without hesitation, Lynn recommended Dr. Jerry Skurka.

Not only did she see the conscientious doctor every day at the clinic, but he had been her son and daughter’s pediatrician. Lynn also provided his office number, telling Tanya she was in luckpit was Dr. Skurka’s night on call.

Shortly after hanging up the phone, Lynn noticed Tanya’s car pulling away. She hoped everything was all right.

At work the next day, she learned Dr. Skurka had met her neighbor at the hospital to take a look at Morgan.

The rash was not serious, but the doctor had a new patient. To combat what he sensed was an allergic reaction to the infant formula Tanya was using to wean the baby from her breast milk, he put the baby on a soy-based product. The rash vanished.

Chicago summers are notoriously hot and muggy. Tanya knew Jim wanted his supper the minute he got home, but she couldn’t bear to cook at that hour with the heat wafting through the house and wet babies hanging on her.

In the mornings while it was still cool, she boiled potatoes or macaroni for a salad she’d mix up and chill in the icebox. Hot dogs and hamburgers would be cooked on the patio grill.

And as the afternoon would wear on, mother and children spread out a

blanket on the grass of the front yard and watched the driveway for Jim's car.

Passersby would smile and wave at the woman in the shade, her daughter Carolyn, and the new baby she so carefully shielded from the sun. No one would doubt it seemed the perfect summertime scene.

And Tanya would wait anxiously, drinking a Coke and rocking Morgan, wishing her husband would hurry home.

They all left early, just after 5,30 A.M for a day of boating on Fox Lake, one of the Chain of Lakes not far from Woodridge. Jim and Tanya Reid drove their pickup and pulled the boat, the Jachimeks and Cariks followed in a car.

It was Saturday, August 6, 1983.

It was Tanya's first day away from Morgan since the baby was born.

Lynn Jachimek was concerned for a couple of reasons, emotional and physical.

She wondered how the new mother would feel away from her baby, and the fact Tanya was back nursing was also a concern. Morgan and Carolyn were left with the Jachimeks' and Cariks' older children.

It was a wonderful day to relax in the sun, drink a cold beer.

Though all of the men water-skied, among the women only Tanya gave it a try. She told everyone she had practically grown up being pulled behind her father's ski boat on Lake Meredith back in Dumas.

If there was one conflict brewing, it was between Tanya and Jim.

Jim was scheduled to go away for an extended business trip. Lynn got the impression that he'd be gone longer than a week or two.

"I want to go," Tanya told him, almost teasingly, at first. "Jim, I really want to go, too."

"There's no way you can go with me with Morgan just a newborn.

And there's Carolyn, too."

"But, Jim, I'll be bored. And you know you promised me a vacation."

Jim's look froze his wife out of the conversation. There was no more to be said.

"You can't go!"

A look of disappointment and hurt on her face was Tanya's only response. No more whining in front of her friends about how lonely she'd feel all by herself or how bored she'd be left alone with Carolyn and Morgan. Jim wasn't going to budge and Tanya knew it.

As the sun began to dip its edge into the still waters of the lake, Tanya

complained of not feeling well and said it was time to go.

On the way back to Woodridge, Jim pulled over and Tanya vomited on the roadside. Her breasts had become engorged with milk and she used a breast pump to relieve the pressure.

The Jachimeks and Cariks waited out Tanya's ordeal. They felt sorry for her. Tanya complained that the truck had jostled her a bit too much and only added to her discomfort.

"Poor girl, must have had too much sun, too." Years later, Lynn could still see Tanya's face as her husband made it clear she'd be staying home.

"She wished she could go with him. She said so over and over.

She was very upset she couldn't go."

The next afternoon following the boating trip, Susan Jachimek phoned her mother at the clinic. Something terrible had happened at the Reids. The teenager was hysterical, her incomprehensible sentences were a mess of hyphens and exclamation points. Lynn told her daughter to slow it down.

"Take it easy, honey. What's going on?"

"Tanya brought Carolyn over here. Morgan stopped breathing! The ambulance came and took her to the hospital!"

Morgan Reid had stopped breathing for the first time on August 8, 1983, a beautiful summer afternoon when she was only two months old. After having fed and burped her baby and leaving for a moment to get the mail, Tanya said she found Morgan motionless and turning a pale blue.

She slapped Morgan's face in a desperate, almost reflexive reaction, to elicit a response. But there was none. She proceeded to do mouth-to-mouth resuscitation. When Morgan showed signs of improving, she called the paramedics.

By the time the sirens could be heard in front of the house Morgan was crying. Tanya had saved her baby's life.

Upon arrival, E.R doctors at Edward Hospital were mystified. Morgan seemed completely healthy. Evaluations were ordered and over the next several days Morgan tested normal on everything from a CAT scan to an E.E.G to full lab workups on her blood. A chest X ray, however, did reveal a little shadow on a lung, indicating slight pneumonia.

Tanya requested her daughter be transferred to Children's Memorial in Chicago, where further testing would keep her in one of the steel-gated cribs for an additional four days.

"We want answers," Tanya told them.

Neither she nor Jim got any. “Near-miss Sudden Infant Death Syndrome” would be the best any doctor could offer as a diagnosis. SIDS only meant doctors didn’t have any answers.

Later, the night after it all happened, Tanya returned to pick up her daughter from the Jachimeks’. There was no hiding she was upset about what had happened to Morgan, though she did her best to keep most of her emotions in check.

Her baby would be all right. The hospital would run tests.

In all of the scare, all of the commotion, there was good news, too.

Tanya said she’d been able to reach Jim on his way to his training program. He couldn’t come home that night, but he’d be back in Woodridge the following day.

“I really need him here,” she said.

Over the course of the next few weeks and months there would be other episodes. Many others. Another in August, four in September, one in October

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Each time Tanya would be there to save her baby and call her husband.

Each time, she would be praised for the good job she had done.

To all who saw her, Tanya was the perfect mother.

God truly must choose each baby’s parents. A mother who is a nurse for a child who stops breathing ... it surely is the perfect fit.

Other moms all said so.

Tanya was the focus of most of the attention when wives of some of the meatpacking company managers gathered for a retirement bash. Tanya had Morgan, outfitted in an apnea monitor, with her. Just as war veterans compare battle scars, mothers revel in tales of their baby’s birth or illnesses.

None could compete with Tanya Reid.

“I can’t leave her alone for a second,” she told the group.

“You mean, you have to take her to the bathroom with you?” one overwhelmed mother asked.

“Sure do.”

Tanya’s matter-of-fact tone didn’t seem to court pity, but, of course, she got it. All of the ladies felt sorry for the woman and her tremendous cross to bear. None could imagine the horror of having a child with such serious problems, problems no doctor could fix.

“How do you handle it, dear? It must be so hard.”

“You endure,” she said, sweetly nuzzling baby Morgan, and coolly

launching into another one of her medical horror stories.

Other moms only listened. What could they say? Their own tales of chicken pox and ear infections paled by comparison.

LYNN JACHIMEK WAS up to her neck in tubes, vials, and paperwork when Jerry Skurka wandered into the Dreyer Clinic lab to discuss Tanya and Morgan Reid. Whatever he had on his mind seemed to be very troubling.

Dr. Skurka wouldn't take a seat. Instead, he nervously shuffled his feet and paced.

"Lynn, a lot of tests have been run on Morgan. As you know, we've done some. Children's has done some. They all come back normal."

The comment came off oddly. The doctor's grim manner didn't fit the good news he was dispensing.

"Do you happen to know when Morgan has these episodes if there has been anyone other than Tanya who has witnessed them?"

Lynn didn't grasp what the doctor was driving at.

"To my knowledge there hasn't been anyone in the house except Carolyn. Oh, and a couple of times Jim was at our house."

Lynn Jachimek had known Dr. Skurka for years. She knew that he was bothered by his own questions.

"Why are you asking?"

"Well, there have been some cases where they've put cameras in rooms and caught some mothers doing this sort of thing."

Lynn was stunned. She shook her head.

"That couldn't possibly be the case with Tanya. I know her. She's my neighbor. There's no way she could do something like that."

The doctor understood how Lynn felt. He offered a suggestion, just to be on the safe side.

"Why don't you keep an eye on her and let me know if anything comes up?"

Between tears, she nodded.

When she got home and told her husband, Lynn again burst into tears.

That same night, the Jachimeks and the Cariks got together to compare notes. It seemed that at least one thing stood as a common denominator among all the episodes. As far as they could recall, Tanya had been the only one with her infant daughter when Morgan turned blue.

From the moment Dr. Skurka broached the subject, everything that happened at 2333 Crabtree was seen in a different light.

Yet Lynn Jachimek had no choice but to put a smile on her face and continue a friendship with her neighbor as though nothing had happened.

Avoiding Tanya might lessen the impending strain, but staying away from Tanya meant losing contact with Carolyn and Morgan.

Dianne Carik also shared Lynn's deep concerns. So, instead of avoiding Tanya, the two women made a pact to spend as much time with her as their schedules allowed. Neither thought of it as spying. They simply wanted to keep an eye on Morgan.

Their apprehension grew whenever Jim was out of town.

"That's when Morgan stops breathing ... when he's gone," Lynn reminded Dianne.

After Dianne revealed her concerns about Morgan to a police officer friend, every once in a while she'd get a report back detailing the official version of what went on after the sirens pulled away from the Reids' home.

"Let's put it this way," the officer told her. "Mrs. Reid and her baby are very familiar to the paramedics and hospital staffs around here."

From the time Dr. Skurka dropped the bomb in the lab, there would never be a time when the Jachimeks and Cariks gathered that they did not bring up the subject of Morgan Reid's lifethreatening episodes.

More than anyone of the group, it was Lynn who argued that Tanya wasn't responsible for what was happening. How could she be? The very idea of it was unbelievable.

Before work the morning of November 9, 1983, Dianne Carik stopped over at the Reids' for coffee. Tanya was lonely and had called to ask her to come by. At the Reid house, everything seemed fine. The kitchen was clean and ordered. The children were fine. Morgan laughed and cooed while Dianne played with her.

Dianne felt good. Maybe everything would be all right. It seemed so normal.

"Do you really have to go?" Tanya asked as Dianne got up to leave.

"Well, I've got to work."

The liquor store where she worked was on James Avenue, only a five-minute walk from Tanya's house. Later that day, she heard the sirens.

"I knew where they were going," Dianne said years later.

That day was significant for another reason. After the first episode sent Morgan to the E.R. at Edward that morning. Returning her home before lunchtime. There was another siren at 2:22 P.M. In addition to giving mouth-

to-mouth, Tanya told paramedics she had to shake her baby to get her going.

Morgan was taken to Edward first, then to Children's Memorial, where she would stay for six days of tests.

Back in the neighborhood emotions ran high. Lynn and Dianne were sick about what was happening to the baby.

And the police officer friend had chilling information after the day of two episodes.

"You know, they had a hard time bringing the baby back ... each time it seems to take longer and longer."

All would wonder, would there be a time when Morgan couldn't be revived?

Naturally, Tanya didn't know why Lynn and Dianne had been such regular visitors during the weeknights, though later she conceded she had thought something was up. She noticed that they came over exclusively when Jim was out of town or at a class.

"I just thought they knew I was lonely cause Jim was gone. Later Jim and I talked about how it was so odd."

* There would be no disputing that Jim Reid was a strict disciplinarian, just as Tanya's father had been with her and her sisters.

Years later, Tanya would try to sum up her feelings concerning her husband's role as a parent.

"He was a lousy dad, but he was a good father."

Jim was close to Carolyn. She was, after all, his firstborn. When Tanya worked every other weekend at Edward Hospital before Morgan was born, Jim and Carolyn spent those days together.

"He had no problems about hugging Carolyn or kissing her when she was little."

Tanya later wondered if Jim had not really bonded with Morgan as he had obviously done with Carolyn. They hadn't had much time.

"With Morgan he was close," she remembered, "but then she got so sick when she was three or four months old and he was taking classes that summer. I think he was gone four or five different times a week."

Melodee HANES KNEW she'd have to dig deep. Deeper than she ever had in any case she had ever litigated. And though Polk County's charges would be filed solely for the abuse of Brandon Michael, information stockpiled with respect to baby Morgan was essential to prove a pattern, or signature, of the crime. Yet Morgan, of course, was not only dead, she had

never set foot in Polk County. It was the kind of stretch typical of Melodee Hanes. The prosecutor needed the court to rule in favor of hearing testimony detailing Morgan's episodes.

Without Morgan's medical history as a part of her case in chief, she doubted she could win.

Foundation for her case would require testimony from doctors in Chicago—one who treated both children, the other only the little baby girl. Shashikant Kudchadker and Jerry Skurka had been contacted by the Polk County District Attorney's Office and both said they'd cooperate fully with the investigation. Other doctors whose names came up on hospital reports pleaded ignorance. They didn't remember anything about Tanya Reid or her children.

"Don't recall the patient ... never saw the mother ..." Melodee put such reluctance off to either embarrassment or fear that they should have known better.

And while the two key suburban Chicago doctors were agreeable, there was also the matter of how they would come across to a jury.

Melodee also faced a more damaging concern.

Tanya had first told Dr. Bob Colman, then Mark Gillespie, the child protective services investigator, that Dr. Kudchadker had witnessed an episode in his office—and that statement was on audiotape. Though Jan Buck's phone call to the doctor had turned up information to the contrary, Melodee realized the importance of a face-to-face interview.

There could be no doubts. A single episode witnessed by anyone outside Tanya's family could kill the case.

The prosecutor was also somewhat concerned about the possibility of Wanda Thaxton, Tanya's sisters, or Jim Reid coming to the accused's defense. In case any did, she was ready to defuse such testimony by uttering a single line.

"You love Tanya ... of course, you do."

Melodee loved to sing along with the car radio. She cranked Bruce Springsteen up as loud as she could and tried to match the volume decibel for decibel. And though the sight of the beautiful woman with chiseled dimples and impossibly green eyes driving the buttermint yellow Wagoneer must have turned some heads as she sang her way down the interstate east to Chicago, she didn't pay any attention. She had a million things on her mind. All dealt with Tanya Thaxton Reid.

Melodee checked into a room at the Colony Motel in Brookfield. After she completed her interviews, she'd get together for Chinese take-out with her older sister, Lesley, who lived nearby. But first things first.

Call home, sleep, coffee, and the interviews the next morning.

Melodee studied her notes in the waiting room of Dr. Kudchadker's Naperville, Illinois, office. She knew his story, she had memorized the file, and reviewed his statements with Jan Buck. The doctor could not have known it, but he was absolutely critical to the Iowa case. By getting him on board, Melodee could get around calling all the emergency room doctors whose medical records reflected everything the scores of doctors, nurses and specialists had seen. With the doctor's cooperation, Melodee would avoid hearsay objections from the defense.

The doctor who had cared for Morgan, Michael, and Carolyn was a small man with a shiny balding pate and oversize eyeglasses. He had come from India with a medical degree in the early sixties to practice in the U.S. "We didn't know what was wrong with the children. We were catching at straws."

Shashikant Kudchadker was like so many pediatricians. He wanted everyone to be happy. All of the parents, all of their children. He had the mild-mannered nature of so many who doctor children. He would always give a parent the benefit of the doubt.

Of all the doctors she had talked with concerning the Reid children, Melodee found this man the most incredulous. MSBP had never dawned on him.

"Doctor, Mrs. Reid fooled many, many people," Melodee said, as she tried to reassure him.

The doctor blinked hard and paused.

"I just have a hard time believing she would do this to her children," he repeated. "I thought she was an attentive mother ... she was a nurse."

Dr. Kudchadker liked Tanya Reid. He trusted her, believed her.

The overlap of the two Illinois doctors who cared for Morgan afforded Melodee the opportunity to pick and choose foundation witnesses for each episode. While it was true that Tanya Reid had replaced Dr. Kudchadker with Dr. Skurka as Morgan's pediatrician before the baby's first apnea episode, Dr. Kudchadker still saw the tiny patient in the hospital more often than did Dr. Skurka.

One of the greatest concerns facing Melodee was the episode Tanya reported had taken place in Dr. Kudchadker's Naperville office. That alleged

incident alone warranted the trip from Iowa. What would the doctor's demeanor be like? Would a jury believe him?

Melodee decided to warm up to that key incident. By then, she knew he was not the kind of man to make the Lone Ranger opinion. He needed to know what others had said about Tanya Reid and the basis for the Iowa charges. She wanted him to know he was not going to be relied upon for a Munchausen diagnosis on the substance of the episodes.

As she eased into Morgan's episodes, both prosecutor and doctor traced the long line of entries on respective copies of medical records.

Dr. Kudchadker vividly recalled episode number one, occurring on August 8, 1983, and how he had not Dr. Skurka had been called from the E.R. at Edward Hospital with news Morgan had suffered an apneic spell.

Tanya Reid reported how she had performed mouth-to-mouth after slapping Morgan's face to stimulate her, but receiving no response.

Dr. Kudchadker saw the tiny patient at Edward, where Morgan was admitted for five days of tests, lab workups, CAT scan, chest X rays, E.E.G.

"All were normal," he said.

He had seen Morgan several times and continued to receive hospital reports even though Jerry Skurka was her official pediatrician. One time, by chance, he was in the hospital and saw the baby directly after paramedics arrived in the E.R.

The doctor focused his dark eyes on Melodee and shook his head.

"She looked normal."

By way of reports forwarded to his office, Dr. Kudchadker only learned of additional episodes on August 20, September 8, September 17, 20, 30, October 27, two on November 9. The next time he actually saw the baby as a bona fide personal patient was on December 1, 1983. The Reids were moving back to Texas and Tanya brought baby Morgan and Carolyn whom Dr. Kudchadker had continued to treat as a patient even after her mother had dismissed him as her sister's doctor. Both children had upper respiratory infections.

Three days later, Morgan suffered her tenth episode and Dr. Kudchadker was called from the Edward's E.R. Morgan had stopped breathing at 2,

15

P.M. while her mother was home alone with her.

Mouth-to-mouth was administered. Since hospital tests were normal, the

baby was discharged the same day.

Dr. Kudchadker didn't learn of Morgan's death until the Reids returned to Illinois and Tanya brought Carolyn back to his office for an appointment in January 1985. By then, Tanya was pregnant with Brandon Michael.

Melodee pulled a copy of Morgan's autopsy report from her briefcase and handed it to the pediatrician.

It only took him a moment to scan the file and arrive at the same conclusion. A bloody brain absolutely did not correspond with a SIDS diagnosis. Dr. Kudchadker knew from experience. He had seen many subdurals during several years on staff at Cook County Hospital.

Sadness flushed over the seriousness and concern on his face.

"I will do whatever I can to help," he said.

There was no time for reflection on Morgan's death. Melodee bundled the records, squared their edges by drumming them on her briefcase, and filed them neatly in a folder. With Morgan's medical history set aside, the Iowa prosecutor requested a line-by-line review of apnea episodes suffered by Brandon Michael Reid.

The first one was at 4:31 P.M. on May 28, 1985. Dr. Kudchadker recalled how the boy stopped breathing and was resuscitated by his mother.

Paramedics brought him to Edward Hospital. The roster of tests—from blood counts to an E.E.G to a chest X ray—showed he was normal.

Just like his sister Morgan.

The baby was put on the stimulant Theophyllin. Dr. Kudchadker explained that though the drug was usually used on preemies, there was nothing else that he could think of that would help the baby boy.

The second episode took place at 3:20 P.M. on June 17.

The boy was six weeks old at that time. The episode lasted three minutes. Tanya, again, did mouth-to-mouth.

The doctor read from the E.R notes from Edward, "Had a similar episode on 24th of May. Also another episode on the 13th of June which did not require mouth-to-mouth. Mother states woke up from nap ... stopped breathing for three to four minutes."

But again, the child seemed perfectly normal.

The Iowa prosecutor's episodes numbers three, four, and five all occurred on the same day—July 10, 1985.

It was the day that held Tanya's fate—at least as far as this witness was concerned. When asked if he recalled the episode in his office, the doctor

nodded his head vigorously. He remembered it well.

Tanya called earlier that morning. Two-month-old Michael was having spells again and she was dreadfully worried. There had been several that very morning. Several! None had required mouth-to-mouth resuscitation, but they had frightened her. The little boy was getting harder to arouse. The doctor relayed back for the mother to bring her son in right away.

Dr. Kudchadker advised his office staff to alert him immediately when Tanya arrived. Tanya and Michael were put in Room #6 and, a moment later, the doctor went inside.

Inside the little room an agitated Tanya Reid was bent over and performing mouth-to-mouth on her son, who was sprawled on the examination table. The boy's lips were dusky.

"Help me, Dr. Kudchadker!"

But when the doctor lunged closer to help, Michael stirred. He had been revived.

Mrs. Reid had saved her son's life again.

Melodee took notes as the doctor finished his story. What she needed now was the answer to the most critical of questions.

"Did you see the episode from its onset?"

"No. No. No. I wasn't in the room. The nurse came and got me and I went in. The child was dusky. She was doing mouth-to-mouth respiration. The child was resuscitated."

"So if Tanya Reid were to have told us that you witnessed that episode from the onset, that would be a lie, wouldn't it?"

There was no hesitation in his response. Dr. Kudchadker nodded quickly in unequivocal agreement.

"Yes, it would be a lie."

That same series of episodes brought Tanya's son his longest stay in the hospital, this time Children's Memorial in Chicago. He was observed, prodded, poked, and drugged for thirteen days. Theophyllin was stopped and the anticonvulsant phenobarbital was administered.

Dr. Kudchadker continued down the list.

Number 6 was an episode leading to hospitalization on August 31,

1985.

The doctor read from the chart, again, the history had been provided by Tanya Reid, "About ten days ago in the evening, about 6,30 when he was awake, following a nap he suddenly turned limp, dusky with some frothiness around the lips and whitishness to the forehead. Heart rate is not known. He did not have his monitor on. With the episode he had no sounds. And again, it lasted about 30 to 45 seconds. The mother gave him mouth-to-mouth resuscitation and after the episode he cried like a hurt or mad cry ... And she mentioned that he did a prolonged brain wave test tracing which was normal. She felt that the above episode certainly does suggest that this was a seizure."

By this time Dilantin had been added to the boy's drug regimen.

Episodes seven and eight, occurring on December 2, 1985, were interesting because they followed an office visit with the doctor in which Tanya Reid had told him that her son had suffered four episodes within the past four days. He also had a slight fever and upper respiratory infection.

Dr. Kudchadker said the boy was hospitalized for five days. Again, as had been the now-gruesome rule, a string of tests and drugs followed his admission.

The ninth episode happened on January 20, 1986. Dr. Kudchadker noted how Tanya had done mouth-to-mouth and saved her son. He was admitted to the intensive care unit, then to the general ward, where he stayed until January 24.

Episode number ten was on February 4, 1986, at 5,12 P.M. Dr. Kudchadker pointed out that the mother had reported four spells that day, though only one needed mouth-to-mouth. He was released the next day.

"Why such a short stay?" Melodee asked.

"He was normal. What could we do?"

The last apnea episode, the prosecutor's number eleven, took place on April 17, 1986. This one was different. The history, Dr. Kudchadker told Melodee, suggested a seizure. He was unresponsive and needed resuscitation, but he had been rigid and stiff. His mother told the paramedics that his balance had been off for a couple of days.

His medications were adjusted once more. Phenobarbital was tapered off a bit, but Dilantin was ongoing and Tegretol was added.

Dr. Kudchadker explained it was his belief that the “seizure” was the result of a withdrawal of the phenobarbital.

There was another hospitalization Melodee wanted cleared up. It, like a couple in Amarillo that had already been reviewed, appeared to be a drug intoxication-induced seizure.

It happened on May 18, 1986. The boy had a fever coupled with poor balance and coordination. Tanya also noted some twitching and stiffening of his limbs when she called paramedics. Tanya said she gave her son his Tegretol, Dilantin, and phenobarbital one hour before she summoned help.

Brandon Michael was hospitalized for two days at Edward.

Since there had been no apnea the doctor considered it the result of a problem with medications.

The final time Dr. Kudchadker saw Brandon Michael was on June 3, for a fever, stuffy nose, and ear infection. Tanya Reid reported they were moving to Amarillo and the doctor wished them well. He felt close to the Reids in the way that pediatricians often are in cases involving chronically ill children and devastated parents. There had been so many office visits, numerous phone calls, endless cups of coffee in the hospital cafeteria.

Melodee shook Shashikant Kudchadker’s hand, and as she departed his office she held no doubts that he would cooperate fully with the prosecution of the woman he once thought was a victim of cruel circumstance. He would do it for the boy who could not speak for himself.

The Wagoneer pulled into the drive-thru window of a nearby McDonald’s.

It was lunchtime and the driver was hungry and burdened by a muddle of emotions. In a moment, she would press on. But even ex-ballet-dancers-turned-prosecutors have their vices. Melodee Hanes wanted french fries.

THE PROSECUTOR PULLED UP to a spot in the front parking lot at the Dreyer Clinic in Aurora, only a short drive from Naperville and Dr. Kudchadker. The clinic, a small cluster of offices housed in a one-story brown brick building, had been easy to find. It was just past the Fox Valley Mall a fitting landmark for an incorrigible shopper like Melodee Hanes. But there would be no shopping that day.

By the time Melodee announced her arrival at the receptionist’s desk she had sorted out the seesawing relationship of Tanya Reid and the two suburban Chicago pediatricians who had cared for her children. Tanya flip-flopped between the two doctors. It seemed to Melodee by reviewing the

record that when the diagnosis wasn't severe enough, when the concern wasn't pronounced, she moved on.

Unlike Dr. Kudchadker, Dr. Skurka had never seen Brandon Michael, only Morgan.

Jerry Skurka reminded Melodee of pediatrician Tom MacAuliff, not in his looks, but in his disposition. She immediately liked him. From his first remarks it was clear that the Northwestern University Medical School-trained physician with the Midwestern accent and receding hairline was a straight shooter. There would be no B.S. And though he had been practicing medicine for nearly eight years, it was clear he was still a man who cared more about his patients than his Mercedes if indeed he even drove one.

Dr. Skurka dropped everything when the prosecutor who had driven from Iowa arrived and ushered her into a back office area. He introduced clinic office manager Lynn Jachimek as the Reid family's neighbor he had referred to on the telephone.

"I've always worried something was going on," he said as the three sat down to review office records.

Morgan's first entry was for an office visit on August 16, 1983 just eight days after her first apnea episode.

"The exam was unremarkable," the doctor said. "There was a question of a five-second stoppage of breathing the day prior to that, but by definition that was not really an apnea spell."

Nevertheless, a pneumogram was administered at Children's Memorial the next day. The results were normal.

On the afternoon of August 20, when Morgan quit breathing for the second time and was rushed to Children's Memorial for five days of testing, Dr. Skurka's involvement was limited and his notes reflected that. Though he had done his pediatric residency at Children's and had staff privileges there, it was more than an hour away. With his patient load, it was nearly impossible to get there and back. He consulted by phone.

In a halting voice, he read from his reports, "The child was lying on her back on the floor and then was found to be not breathing and dusky and unresponsive, apparently was given mouth-to-mouth resuscitation at home and taken to the Emergency Room."

September had been another nightmare for Tanya Reid and her baby. More than a half dozen medical crises and office visits peppered the pages of the calendar that month alone.

On September 1, 1983, Tanya brought Morgan to the clinic for a slight cold. The doctor thought the baby was fine.

Exactly a week later, at 4:05 P.M. on September 8, 1983, Morgan turned blue and was rushed to Edward Hospital. Tanya told paramedics her baby woke up from a nap and stopped breathing after she had left the room.

She revived her with CPR. It was the baby girl's third episode. Dr. Skurka consulted with a doctor, who told him he thought the baby seemed alert, and therefore released her on a monitor. Tanya insisted she could handle Morgan just fine at home. The next day, she returned to the clinic for a followup.

Dr. Skurka saw the baby the day after her third bewildering apnea episode. Tanya Reid provided the harrowing details of what had happened.

"When Mom saw me the next day what she told me was that she had left her for a minute or two after she'd gotten up from her nap, so apparently she was awake. Then she returned to Morgan and found her.

She was blue and dusky and not breathing. Mom again gave mouth-to-mouth resuscitation, the paramedics were called, and the child was taken to the hospital."

Eight days later, Morgan suffered another episode, dubbed episode four by the Iowa prosecutor. This time it was a Saturday at 4:37 P.M. Dr. Skurka had not provided medical care on this one, but a phone call from the emergency room had alerted him about the turn of events. Again, the baby was released to her mother and sent back home.

On Tuesday, September 20, at 4:35 P.M. Morgan suffered another episode, number five. Hospital notes indicated that Tanya Reid had told paramedics that her daughter stopped breathing and went limp in her arms. Morgan was transferred from Edward and, for the second time, admitted to Children's Memorial. She was discharged six days later.

When Tanya brought her baby to see Dr. Skurka at the clinic on September 29, it was the beginning of a turning point for both the doctor and the patient's mother. Jerry Skurka was having doubts about what was going on with Morgan Reid.

He told Melodee that during that meeting he and Tanya Reid reviewed what had transpired during her baby's last hospitalization: blood chemistry, cardiology evaluation, neurology consult, EEG.

He told Tanya he was concerned some family issues might somehow be at the root of the problem.

“Such as?” the prosecutor asked.

“Well, I just couldn’t quite explain these these spells and still could not find anything on her exam. The baby looked normal.”

He knew from Lynn Jachimek that there had been stress in the family, the husband was away frequently, and the spells were getting worse.

The next day, September 30, Dr. Skurka received another telephone call around 2:00 P.M. from Edward Hospital’s E.R. It was Tanya Reid. Morgan had another spell identified on the Iowa prosecutor’s chart as number six.

The baby was fine, though her mother reported Morgan had a slightly stuffy nose and some crusting blood possibly the result of the resuscitation effort. And while phenobarbital would be employed to rule out a possible seizure disorder, Dr. Skurka wasn’t sufficiently convinced of its need. Doubt continued working into his mind and his paperwork.

He wrote of the onset of the apnea spells, “No one else has visualized this.”

“I was concerned that these episodes always were only with the mother home alone and no one else had ever visualized one of these episodes,” he told Melodee, as he found the place where he had written the concerns into his records.

October seemed a repeat of September. An office visit on October 6 showed the baby to be in good health. The doctor passed a tube through Morgan’s nostrils to make sure her airway was unobstructed. Everything seemed okay.

Another office visit two weeks later also indicated Morgan was doing fine.

And then, on October 26, 1983, Morgan stopped breathing and was taken to Edward Hospital at 2:55 P.M. An E.R. doctor telephoned Dr. Skurka and after the two conferred, the baby was released. The next day, Morgan appeared healthy and normal at Dreyer Clinic.

Melodee asked what history had Tanya Reid provided about Morgan’s seventh apneic episode.

“She was playing on the floor and totally stopped breathing.”

Melodee had heard that so many times before that she could have saved herself some pencil lead and ordered a rubber stamp inscribed with the words.

“Did Mom do CPR?”

Dr. Skurka nodded. “By the time she arrived at the E.R Morgan was

looking normal again.”

It was the month of November that concerned Melodee the most. The incidents on November 9 were of great interest.

There had been two episodes requiring medical attention on that Wednesday—episodes numbers eight and nine.

Tanya reported the first at 10:50 A.M. Her baby had seemed fine that morning. She was fed, took her phenobarbital, and fell asleep. The apnea monitor sounded the alarm.

Dr. Skurka read from his notes, again information provided by Tanya Reid.

‘ She was found apneic, pale, lips were purple. Mom shook the infant, called the paramedics and mom again administered mouth-to-mouth resuscitation and went to Edward Hospital for evaluation.’

Tanya and the baby were sent home. There was nothing more doctors at Edward could do. It had all been done, or so it seemed.

Again Tanya called the paramedics. This time it was at 2:22 P.M. She reported that Morgan had slept until about two, woke up, they played together, but soon after, Morgan had trouble breathing.

“Had some quivering movement, mother called the paramedics, performed mouth-to-mouth and child had to be bagged, transferred from Edward to Children’s Memorial.” Then there was the critical episode, the one Melodee Hanes felt was the last one Tanya Reid could hang her hopes on to prove that she had not always been alone when her children suffered their episodes.

This episode was different. It had appeared in several hospital reports, as well as Dr. Skurka’s office notes.

Did the doctor know anything about the episode that occurred at Children’s Memorial during that November hospitalization?

He most certainly did.

Tanya Thaxton Reid had kept a bedside vigil, rarely leaving baby Morgan except to sleep and eat. She had been to Children’s Memorial before and knew her way around. She was just another long-suffering mother with a child in trouble. Morgan had endured test after painful test with no diagnosis, save for the unlikely possibility she suffered from some rare seizure disorder.

No doctor will deny it. All love the challenge of the unknown. All love the idea of discovering some kind of unheard-of malady. And though the testing didn’t turn up anything, there was the secret hope that if Morgan Reid

had an episode at the hospital, doctors could get a better fix on her actual symptoms. Nothing had computed. There was no relationship to her feedings. The child only stopped breathing when she was awake. And usually on the weekdays in the afternoons. What was it?

No one faulted the mother's description of what happened. After all, she was a nurse.

Finally, after days and days of hospitalization, Morgan Reid stopped breathing and turned blue in her hospital crib.

Dr. Skurka told Melodee how he phoned a resident familiar with the case to see what, if anything, he knew.

"Just prior to this incident the curtains were open and the child was in bed, and then just shortly afterward the curtains were closed and the child was found in this condition."

The only witness was Tanya Reid. She was inside the curtains. She provided the CPR that got her baby going again.

Again, Dr. Skurka showed Melodee his office notes.

"I would feel much more comfortable if this child had had a spell that occurred while the mother was not here but so far this has not happened ..."

Tanya Reid brought her baby to Dr. Skurka's office for what was ostensibly a routine six-month checkup on November 17, 1983. It was not, however, a mundane followup on a baby's progress. Morgan Reid had been discharged from Children's Memorial two days before.

Jerry Skurka was greatly troubled about the baby.

He had agonized over the best way to discuss his concerns with the mother. The pattern of the spells, the baby's relative good health, and the unwitnessed episode behind the curtains at Children's.

Morgan had spent nearly a month of her short life in a hospital and the only episode she had was behind the privacy drapery of her hospital bed ... after she had been seen through open drapes just moments before.

There had never been any spells at night, any spells where anyone else was around.

Just Mrs. Reid.

Tanya Reid's calmness also bothered him. It seemed that after the most frightening episode—a blue baby requiring mouth-to-mouth resuscitation—she'd just take her home. Jerry Skurka put himself in her shoes.

If it was his child, he'd insist the baby stay in the hospital until someone found out what was wrong.

But not Mrs. Reid.

Melodee Hanes could see the toll the doctor's torment over Morgan Reid had taken. He was not a confrontational man, the kind that would slam a fist on a table and shake an accusing finger. He had to be completely positive to reach that point. As a pediatrician, he had reported child abuse cases before. But those were clear-cut. Bruises, broken bones, burns ... all were telltale signs that home is not always the safest place for children.

This had been so different. There were no signs of abuse beyond the fact that the baby girl stopped breathing. Everything was circumstantial.

He wondered over and over. How to prove it? How to stop it?

Though his concerns and office notes reflected many of the key traits of Munchausen Syndrome by Proxy, Dr. Skurka was unaware of it. He knew little, if anything, about the syndrome.

Dr. Skurka took a seat across from Tanya on November 23, 1983. For weeks, he had dreaded the moment. The mother rocked her baby in her arms while the doctor struggled to find the right words.

"I think we have a problem here," he said, going over Morgan's voluminous medical file.

He couldn't come right out and say that he thought Tanya was smothering her baby. If he did, he felt he'd risk scaring her off.

Years later, he would tell Melodee what he could recall of that meeting.

"I expressed my concern and outlined the details of, you know, why we couldn't find anything medically wrong, why these spells had only occurred in the mother's presence, and couldn't come up with a good answer. And I suggested maybe she should get some kind of counseling."

When the doctor suggested Tanya talk with a psychiatrist from the clinic, he, of course, had an ulterior motive. By keeping her in the clinic, she would be close at hand. Eventually, she might divulge what was going on.

Maybe she wanted help?

Tanya Reid was taken aback, but promised she'd discuss the counseling with her husband and get back to the doctor.

Melodee wrote in her notes, Very defensive, very offended, taken back. Self-righteous indignation.

Dr. Skurka never saw Tanya or Morgan again.

FOURTY-THREE-YEAR-old Lynn Jachimek's blue eyes were rimmed

with red.

It was undeniable that the attractive, blondhaired, bespectacled woman's emotions had already seeped to the surface that morning.

Melodee Hanes could see that Lynn shared more than a property line and Friday night card games with Tanya and Jim Reid.

The interview with Dr. Skurka finished, Lynn tearfully recalled how she started to watch for the paramedics after hearing their sirens wail down Crabtree. In time, she also paid close attention to Jim Reid's whereabouts. And, as long as she lived, she'd never forget what had transpired the night of the Reids' wedding anniversary.

For their sixth anniversary on November 25, Jim and Tanya planned a special evening to celebrate with a dinner out at the Hamlet, a restaurant in nearby Wheaton. When Tanya called Lynn it was to ask for a favor. She needed a sitter for Morgan and Carolyn. Though she frequently employed one and insurance paid for it no nurses from the service had been available for that particular evening.

Of course, Carolyn was no problem she was a delightful little girl and she was perfectly healthy. But Lynn would only agree to take baby Morgan under certain conditions.

"I'll watch them," she said at the time, "if you give me all the emergency numbers, and bring everything over. I need you to show me how to take care of her in case something happens."

Lynn was not a pediatric nurse. She was a lab technician. She wanted to make sure in the event Morgan experienced an apnea episode she'd be able to keep the baby alive.

"That evening when they came they handed me the diaper bag and left. She did not show me anything. There were no emergency numbers. Nothing."

"What about the apnea monitor?" Melodee asked.

Lynn shook her head. "No. Nothing."

"I was afraid and I told her I didn't know what to do, but she didn't bring anything over. Just a diaper bag and bottle. How could she leave a child like that?" she asked.

Lynn recalled how she swaddled Morgan in her arms for four long hours while she waited for her parents to return from their anniversary dinner. The baby was so beautiful, so small. There was no medical emergency that night.

By then, uneasiness over the Reids and their baby had escalated, but the

Jachimeks nevertheless invited them for Thanksgiving dinner a couple of weeks later. It was to be one last gettogether before leaving Woodridge for the Panhandle the following month.

Sixteen-year-old Jeffery Jachimek had videotaped the gathering and Lynn promised to send a copy to the Polk County Attorney's Office. She had not viewed it since she learned of Morgan's death.

The prosecutor probed for any problems in the Reid marriage other than Tanya's apparent need to have Jim home.

Lynn couldn't recall anything significant.

Melodee left with the impression that, like a lot of the women who knew Tanya, Lynn Jachimek wasn't really a friend, but felt sorry for her.

And, like so many Staci Mullins, Deb Eskelson Lynn also worked in the medical field. It seemed that Tanya Reid latched on to women in medicine.

On her way home, Melodee could not help but be struck by the futile compassion of both Lynn Jachimek and Jerry Skurka. To unravel the mystery of Morgan's episodes, both had adopted a plan to keep Tanya Reid close at hand. That way, whatever happened, they'd be there to witness it. Lynn volunteered to babysit Morgan anytime Tanya needed someone.

She hoped her babysitting would relieve Tanya's stress. Dr. Skurka had felt that if he could get the new mother into counseling in Dreyer Clinic, he could keep an eye on her and buy time to figure out what was going on.

What the well-meaning Illinois pair didn't know, Melodee thought, was that thwarting a suspected Munchausen perpetrator with such tactics would never have worked. Conversations with Dr. Alexander had made a couple of things clear, Direct confrontation usually spurred the perpetrator to seek a new doctor and kind words of concern merely stoked her desire for attention.

The Springsteen tape languished in the player most of the way back to Iowa. After hearing about the ordeal both the children had endured in Illinois, only the sad song of a country crooner would do.

Melodee'S CUBICLE EDGED toward capacity. One more stack of records and the walls would topple and crush her. She had a feeling it would not be a pretty sight. Ink-smearred headlines raced through her mind.

DA FOUND BLUDGEONED BY CASE FILE Where was she going to put all this stuff? Everything seemed pertinent.

All contributed to the felony child abuse case against Tanya Reid.

And it kept coming paper after paper, like a recycling center gone haywire.

Family Hospital Center employee records arrived from Amarillo and painted a strange portrait of Tanya Reid. From March 16 to May 19, 1987 just before moving to Des Moines Tanya missed nine days of work.

Melodee made a note of each excuse, March 16, 1987 Tanya absent from work. Son has temp.

March 26, 1987 Tanya calls in sick. "Little girl is throwing up. If she gets better Tanya will be in."

April 12, 1987 Tanya misses work. Child has temp 104, unable to get down with sponge and Tylenol.

April 13, 1987 Son still running high temp, Tanya calls in to be absent.

April 14, 1987 Tanya misses work, due to son's illness.

May 6, 1987 Tanya sent home with Pink eye.

May 7, 1987 Tanya calls in sick, still has Pink eye.

May 16, 1987 Tanya misses work, little boy sick, throwing up.

May 19, 1987 Tanya misses work, daughter sick at school.

Melodee called paralegal Candis Juckette over to take a look at the latest.

"Look how she comments on any medical condition that her kids have."

Melodee allowed the possibility that employment records meant nothing more than what they stated. She knew that in a week and a half after the last notation Tanya and Jim were in Des Moines house hunting and doctor shopping. Maybe Tanya had tried all she could to dig her heels in and stay in Texas, where she was comfortable? Pink eye ...

throwing up .

.. temps ... who could say?

Melodee had also been there herself when her daughter was sick or when she needed to come in late for a well baby checkup.

Working mothers might provide a more elaborate explanation than merely saying the child was ill because they feel guilty for letting down others in the office.

Something on a job application dated January 30, 1987, also caught the prosecutor's eye. Tanya had written the reason she left her job at Edward Hospital was "birth of handicapped child."

Since when was Brandon Michael handicapped? Was the notation simply another attempt for sympathy and attention? As Melodee discovered time and time again, in an MSBP case, nothing was as it seemed. Everything was calculated.

Though it was clear the Reid children's episodes were related to Jim

Reid's work schedule, Melodee also saw a relationship between the episodes and Tanya's own work history.

There had been that year-and-a-half period just before they moved to Des Moines that Michael had not suffered any resuscitation-requiring apnea episodes. While it was true that Dr. under had taken an extremely aggressive drug therapy approach, other factors came to light suggesting that when Tanya was working, her kids were safe.

When Carolyn was born she worked and lived near her family.

No episodes.

When Morgan was born she was alone and unemployed in Illinois.

Episodes requiring resuscitation.

When Michael was born she was alone and not working in Illinois.

Episodes requiring resuscitation.

In Amarillo, Tanya was working, and again, was close to her family.

No episodes.

When the Reids moved to Des Moines, she was alone and unemployed.

Episodes once more.

While Melodee worked her way through the intricacies of her most challenging case, Polk County Investigator Paul Houston continued his lonely campaign with Texas authorities. At first, he merely sought help in the Reid investigation. That went smoothly enough for a while.

He learned that neither Tanya nor Jim had any trouble with the law.

State child abuse records were clean as well.

When Iowa Medical Examiner Bennett's report concluded that Morgan was a victim of a homicide, Paul dashed off a letter and a copy of the report to the prosecutor's office in Deaf Smith County.

But it brought no response.

He followed up with more phone calls, but an assistant DA seemed to suggest that a murder case against Tanya Reid wouldn't likely be filed not in their county, anyway.

"Who is to say with any certainty where the baby actually died or where the crime was committed? The child was alive when she left Deaf Smith County in that ambulance for Amarillo."

Paul and Melodee discussed the tough spot they were in. Neither was pleased.

"Could be smalltown politics at their worst," Melodee offered one afternoon when they went over the issue for the umpteenth time. "Who

knows how much influence the Thaxtons have in the community? The Thaxtons might know all the right people.”

In addition, they could see that the fact they were from up north in Iowa, pushing a case based on some kind of weirdo medical mumbo jumbo, might also have contributed to the resistance.

“Maybe they don’t like being told what to do.”

Finally, and frustratingly, the impasse reached the point where Deaf Smith County officials no longer returned Paul Houston’s calls. The persistent investigator, however, refused to give up. It was time for an end run. He sought help from the Texas State Attorney General’s Office.

He notified investigators in neighboring counties. He even wrote a letter to the Texas Rangers.

The Attorney General’s Office seemed interested, but an official there said it wasn’t the right time for them to undertake such an involved investigation. They were in the midst of a change in staff.

“Maybe after you convict her and she serves her time we’ll take another look at it.”

A Texas Ranger phoned the Iowan and pretty much blew him off.

“Case is too old,” the caller drawled.

It seemed no matter what Paul Houston did he couldn’t get Tanya Reid arrested in the Texas Panhandle.

Melodee and the Trauma Team wanted Texas to indict Tanya for Morgan’s murder. But no one was listening down there.

Plans swatted around for a Texas wake-up call sometimes bordered on the audacious.

“Maybe we should write 60 Minutes’?”

Though none believed Tonto had done anything wrong, the Thaxtons held a secret all knew would look bad in the eyes of the law. Wanda Thaxton even mailed a packet disclosing the information to defense attorney Mark Pennington. Mark assured Tanya and her family she had nothing to fear.

Events that took place in Dumas so long ago would never be discovered by Melodee Hanes.

Not in a million years.

did not want to leave the Panhandle when her husband was transferred back to Chicago the summer following Morgan's death. Jim Reid desperately wanted out of the town surrounded by stinky feedlots and grid-square sugar beet fields. He hated the situation his company had forced on him to manage the Hereford plant. He had been stuck and he wanted to get going again. He wanted to make the next rung. Lingering meant losing momentum.

Tanya, who had long wanted to get her career on track, was employed as a surgical nurse at Deaf Smith General Hospital. It was the ideal she'd long sought.

"I didn't have to work if I didn't want to," she said later. "We didn't need the money. We had enough money. We were happy. We didn't have any money problems."

When she was hired on, she told the interviewer that she wanted to work surgery because she had worked a year in the specialty up at Dumas Memorial and found she had a genuine knack for it. She was only looking for part-time, to sporadically fill in when need be. They offered her fulltime.

"I agreed with the stipulation that on the days that they weren't busy or didn't have any surgeries I could stay home. They said sure. I liked it. I usually went in every day, but I had the option."

Tanya felt she had it made. She trained on all three shifts. She knew everybody. It had been a long time since she had been so happy.

Barely a half a year in the house on Pecan Street and it was time to pack up again?

It just didn't seem fair.

By August of 1984, the Reids had returned to Woodridge. While it was true that they could have moved to any one of the myriad Chicago suburbs, they chose what they were familiar with—a place where they thought they had friends. This time their new house, an impressive, pale pink two-story, was located on the better side of town. The address was 6021 Sherman Drive.

The friendship between the Jachimeks and the Reids, of course, was not the same. Certainly there had been no falling out, no rift caused by harsh words. It had been unspoken. For the Jachimeks, the withering of their once-close relationship was the grim aftermath of Morgan's death and their concerns about the mystery surrounding the baby's episodes.

Lynn did her best to put up a friendly front, while still keeping her distance.

But Carolyn Reid continued to draw Lynn and husband Wally to the handsome new house on Sherman Drive.

Although Tanya said her daughter had suffered a series of heartbreaking nightmares about her baby sister's sudden death, Carolyn seemed to be adjusting to the tragic loss and the fact that she was again an only child.

"Morgan is in heaven now," Carolyn announced while Lynn and Wally were over visiting one day. "My sister's an angel."

During another visit with the Jachimeks, about a month after the Reids returned to Illinois, Tanya announced that she was pregnant again.

Lynn proclaimed great enthusiasm for the news, but inside her heart sank with worry. She wondered what the chances were that the new baby would have the same problems as Morgan. To ease her worry, she reminded herself that Carolyn, after all, had been healthy and happy.

So many records associated with the Reid case flooded the Polk County Attorney's Office that it would have been easy to overlook those that didn't directly pertain to Tanya Reid's children. But not these.

These were of extreme interest.

Tipped off during an interview Paul conducted with Rolf Habersang, a doctor who had been present when Morgan died, as well as at her autopsy, the Iowans learned of some fainting spells Tanya suffered during the first few months of her pregnancy with Brandon Michael.

Dr. Habersang had learned the information when Tanya and Jim returned to Texas before moving to Des Moines.

Police and rescue records came from Woodridge. This time it was not her children, but Tanya who had needed medical aid. Melodee delved through a stack of rescue calls. On four occasions in the first few months of pregnancy, Tanya was found unconscious. Four times.

October 15, 1984

Tanya Reid was examined by paramedics, refused any further treatment or transport, and remained in the house on Sherman Drive. Jim Reid reported the incident at 7:55 p.m. October 17, 1984

The reporting officer noted how he had been dispatched to check on well-being of victim and on arrival no one answered the door. He entered house, front door was closed, but unlocked. Victim was found unconscious on floor, but apparently breathing okay. The officer called paramedics, who took Tanya to Edward Hospital at 4:10 p.m. Again, it was Jim who reported the incident.

October 22, 1984

At 10:46 a.m. Tanya was examined and transported due to fainting spells. Jim made the call for help from his office.

November 22, 1984pThe reporting officer stood by as victim was examined and transported for passing out due to reasons unknown. No further action taken at this time. Time, 10,4cA.M. Jim reported he found Tanya passed out in the living room.

Another episode of fainting occurred, though much later in Tanya's pregnancy. Melodee Hanes would learn of it, but she would never know the circumstances that had led up to it.

A pregnant woman is found on the floor. Emergency aid is called. By the time the crews arrive, the woman is usually fine. What was going on in that lovely home on Sherman Drive. Had it been a setup?

Tanya would insist it was not. She had not been the one to call 911 as her detractors would later suggest.

"That was an out-and-out lie cause Jim was the one who found me and called the ambulance."

Besides, there was a bona fide medical reason for her spells. She told friends and family she was diagnosed with gestational diabetes and was placed on a six-meal-per-day regimen.

"I wasn't having morning sickness, I just wasn't hungry so I wouldn't eat. They said because of that, my blood sugar would drop. So I had to eat. As long as I started eating something all day long, I'd be fine."

Jim was there to hold her hand and see her through it.

"When I was sick he was the nicest person there was around. He was very loving when I was sick," she told a friend.

It was not a two-way street. When Jim complained of aches from the flu, Tanya told him to soak in a hot bath.

"Well, I don't want to," he whined to his wife.

"Heck! You asked me what to do and then you don't do it!"

Tanya would grow angry when he ignored her advice and still complained about an illness.

"He'd say I was cruel," she recalled later.

In Des Moines, Melodee Hanes continued to use her homegrown experts to put each Reid disclosure into some kind of perspective.

She and Randy Alexander discussed the significance of the series of fainting spells. Dr. Alexander had told Melodee that in many instances those mothers who fabricate symptoms on their children often had done so to themselves at one time or another. They suffered from Munchausen Syndrome. The series of 'fainting spells' seemed to suggest Tanya had

Munchausen, according to Dr. Alexander.

Melodee pointed out how Jim Reid had actually discovered his wife passed out, sprawled on the floor on at least one occasion. How was it that he was able to phone his wife, find no answer, leave work, take the train home, and arrive to find his wife still on the floor?

And when he finds her, she snaps out of it almost immediately on the arrival of the paramedics? The timing was suspicious in that Tanya would be “found” after a call had been made.

Dr. Alexander agreed.

There was something else about the dates that seemed interesting. One episode was on Carolyn’s fourth birthday, October 15. Did the spell’s timing have anything to do with that? One of Michael’s Iowa spells had occurred on Jim’s birthday. Did that mean anything? Or was it just cruel coincidence?

Finally, Tanya’s November incident took place on Thanksgiving Day. What, if anything, did it all mean?

Did Tanya need to focus the spotlight on herself on those days?

The prosecutor didn’t want to get sucked into making those kinds of judgments, those kinds of mistakes. She wanted to charge Tanya with felony child abuse. She couldn’t get caught up in trying to convict Tanya on the basis of her character.

She wanted evidence about the children, evidence that would tie the episodes of Michael to a conclusive diagnosis of MSBP.

Melodee Hanes was the first to concede she was somewhat compulsive when it came to having enough evidence. And while it was true that the Iowa doctors had gone on record with such a diagnosis for Brandon Michael, what about Morgan? The Illinois doctors saw where it made sense today, but what about when the baby was still alive?

Hindsight diagnoses gave the appearance of some kind of after-the-fact medical bandwagon. A jury might have a problem with that. Melodee needed someone to have documented some suspicions about Morgan.

TANYA THAXTON REID was a smalltown girl who never would have cared if she had lived her whole life and died on the remote, lonely Texas Panhandle. She always insisted it was her husband who felt the need to place his career above anything else.

If other Swift friends saw the Reids as braggarts constantly yammering about their successes and promotions, the cues came from the husband, not the wife.

Tanya was embarrassed when Jim monopolized gettogethers with monologues on his rise from working the kill floor at the Clovis plant to the lofty heights of management in the meatpacking industry.

Years later, when working in Grenada, Mississippi, and while the Iowa courts evaluated the prospect of placing Michael in foster care there so he could be near his dad and sister, Jim made it very clear to Tanya that he wanted no such thing.

“He didn’t want anyone to know he had a son in foster care.”

In fact, he did not want anyone to know he had problems of any kind. Allegations of child abuse against his wife were frankly, embarrassing. Wanda Thaxton also saw her “uptight” son-in-law for what he was.

“I’m fond of Jim, but being fond of someone does not make me unobjective.”

Tanya and Jim were not unlike most couples who suffer the tragedy of losing a baby. After Morgan died they stopped attending church, telling people that the pastor hadn’t been understanding enough of their grief.

Tanya wondered out loud why people couldn’t understand her anger at God.

“Why my baby? I want to know the answer!”

By then, however, Jim appeared to have worked through his grief better than his wife, who frequently broke down at the mention of the baby girl buried back in Dumas.

Tanya needed to talk things out. Everything and anything. Jim was the opposite.

“When Jim’s upset, he gets real moody, real quiet, won’t talk, withdraws more. He would sit there and I would talk. I wanted to get it out of my system, and he’d want to clam up,” she later said.

She needed more than he seemed capable of giving.

The Reid marriage had strained to the point of snapping when Tanya, pregnant with Michael, finally told Jim she had had enough. She was tired of their routine. He’d work to the threshold of exhaustion and when he got home, he just wanted to be left alone. Tanya, however, wanted to go out and have fun.

Later, she confided to a friend, “I really don’t know why I was so unhappy, but I was. I don’t know if it was a hormonal thing with the pregnancy or something else. I guess I was dissatisfied with our marriage. Why do any couples fight, anyway?”

This time she was going to leave him for good. The fact that the baby was due anytime did not matter.

Tanya wanted to get away.

She wanted to go home to Dumas.

When Jim told her no, she locked herself in the bedroom. She was not going to come out ever! She'd had enough!

"Jim was too mature, I was immature, and I guess we balanced," she observed later.

* Tanya and Carolyn spent most of the first week of April 1985 in Dumas, visiting with John and Wanda Thaxton. Sister Rodena and her husband made a trip up to see Tonto and her daughter. The Thaxtons told Tanya that if she wanted to leave Jim, they'd back her up.

"Daddy told me it was my decision. He and Mother said they'd do whatever they could to help me out, move back to Dumas, whatever. They wanted me to stay and work it out, but they were careful not trying to influence me."

Jim Reid called his wife every day, and as Tanya recalled years later, he might not have known how serious her threat had been. Though she had suggested splitting up before, she had never gone all the way to the Panhandle to prove her point.

Finally, on April 6, Tanya agreed to return to Woodridge. She had been gone almost a week.

The next day, the Woodridge Police answered an emergency call from 6021

Sherman Drive. Jim Reid let the officer in at 11:15 A.M. His unconscious wife was sprawled on the floor, breathing, but unresponsive.

When paramedics knelt beside her, Tanya, almost nine months pregnant, stirred and finally spoke.

She said she was heading for the stairs and suddenly felt weak and collapsed in the foyer. She couldn't recall anything after that.

Everything was blank until after their knock at the door.

Jim found her and dialed 911.

Tanya told the paramedics she didn't want to go to the hospital, but promised she'd call for help if she felt the need.

On the afternoon of May 2, 1985, Tanya Reid was admitted to Edward Hospital to deliver her third child. And though the baby's birth certificate

would read Brandon Michael Reid, he would be called Michael.

Big sister Carolyn had made that decision during her many chats with her brother through her mother's tummy. Months before, amniocentesis had ruled out Fragile X and revealed that Tanya would have a boy.

Tanya had her tubes tied the morning after her son was born. Jim didn't want a large family and Tanya told people having more kids was too risky.

"There's a problem with our genes," she said.

As a precaution Michael was sent home on an apnea monitor and a pneumogram was scheduled for ten days later. Doctors could see how Tanya and Jim worried that their new baby could have problems similar to his dead sister's. The doctor insisted the likelihood was remote.

In fact, the test done at Children's in Chicago backed up their proclamation, The child was normal.

When it happened it must have been a nightmare. For Jim. For Wanda.

For Dr. Kudchadker. Maybe even for Tanya. The baby boy's umbilical cord had not yet healed ... the lifeline between mother and son was still raw, a reminder of the connection between the two.

And again, she had to breathe life into him.

On May 28, 1985, rescue personnel responded to Sherman Drive at 4,31 P.M. to find that Tanya Thaxton Reid had just finished resuscitating her one-month-old son.

She told the paramedics that she had been changing Michael's diaper when she noticed he had stopped breathing and turned dusky. She began mouth-to-mouth resuscitation. Michael, she said, had only been without air for a minute or two.

The ambulance took both mother and son to the emergency room at Edward Hospital. En route, Michael seemed alternately irritable and lethargic.

Tanya, however, seemed to maintain her composure as she repeatedly detailed her long-standing concern that the episode was genetically related to what had happened to Morgan.

A litany of tests over the next five days revealed nothing that could have caused the apnea. Michael was put on Theophyllin and an apnea monitor.

Dr. Kudchadker's diagnosis, Near-miss Sudden Infant Death Syndrome.

Tanya always talked faster than a roadrunner on a griddlehot Texas blacktop.

When she told others about the first episode that befell her son, she would

do so with the kind of rapid-fire delivery that causes a frothing of spittle on the corners of a mouth. She always saved her own breathing for the conclusion of a paragraph, not the end of a sentence.

“He woke up from his nap and I had him lying on the couch and I went in the kitchen. The kitchen was right around the corner. I frequently used the microwave to heat up the bottle. He was crying. It was not a hard cry. It was a waking baby cry, and I walked back around the corner and noticed him. He was lying flat and his mouth was blue. He was totally unresponsive. I walked over and I checked him like always, and felt for a pulse, felt for breathing in and because there were a few times I could not resuscitate Morgan I called the paramedics, started mouth-to-mouth on Michael, and within a few minutes they got there.

About the same time I finally started to get a response.”

At this telling, there was no mention of a diaper that needed changing, as had been her story to the paramedics, only the allusion to readying a bottle in the kitchen microwave.

Jim Reid’s thin, anguished voice was on the line to Dumas. The reason behind the call couldn’t be good. He never called his in-laws just to chitchat. His tone was serious. Michael had another spell and was in the hospital.

“Wanda, I really hope that you can come up here this time, Tanya really needs you.”

Another word needn’t have been uttered. Though they occurred frequently, none of Tanya’s pleas for help were routine. Whenever called upon, Wanda Thaxton headed for the Amarillo airport. This one was a little different. Throughout all the episodes, Tanya had made all the calls for help. Jim only made the one.

When Wanda arrived at O’Hare, Tanya was there to meet her. When Wanda’s eyes met her daughter’s she saw a “cool, collected” Tanya standing back against a post in the terminal.

In the midst of a stream of passengers and surrounded by those who had come to greet arriving friends and family members, Tanya started to shake and collapse.

Mother’s here, I’ll be okay, Wanda interpreted the scene.

Tanya started to cry out loud.

Wanda reached out to hug her slumping daughter. “Honey, he’s gonna be fine, he’s gonna be fine . . .”

She held Tanya and patted her like a baby while softly murmuring in a

sweet voice full of concern and assurance, “He’s gonna be fine . .

.”

“I had a terrible time getting her composed enough to drive back to the hospital where the baby was,” she remembered some years later. “All you can do is put your arms around her and comfort her when these things happen.”

As her mother and her sisters saw it, Tanya was as good and as loving a mother as they were. Her children were always clean, their rooms were tidy, and there was always a nice dinner ready for Jim when he got home.

Despite all the stress of raising children with such dire physical problems as Morgan and Michael suffered, Tanya still found it within her to take the time to care for her little ones in the manner of any doting mother.

Wanda Ruth, who arrived as soon as she could whenever Tanya needed her, saw the gentle way her daughter bathed her children every night, and sweetly rocked them in her arms while they drifted off to sleep. Tanya never put down a baby—be it Carolyn, Morgan, or Michael—when the child wasn’t blissfully drowsy.

Wanda later recalled a memory she felt typified Tanya and baby Michael during the trying times in Illinois. Tanya had been rocking her son to sleep when Wanda approached.

“Honey, he’s through with his bottle and he’s fine,” she said, “why don’t you put him to bed?”

Tanya looked up at her mother and shook her head.

“Mother, this is what I like. I want to be like this . . . this little hour is just for me to hold him.”

Of all hospitals in which Tanya would spend time either as a patient or as the mother of one, it would be Edward Hospital in Naperville that she would count as her favorite.

“I knew the nurses there. They were always stopping by.”

She felt at home there.

It must have felt the same way to the baby, if indeed babies are aware of such things. Over the course of the summer after Michael’s birth, Tanya would see her son in the hospital a half dozen times—for a total of twenty days.

It was the baby boy’s home away from home.

A SUMMER THUNDERSTORM BLACKENED the sky and shellacked the streets of Des Moines the Monday afternoon Melodee Hanes, Paul Houston, Jan Buck, and Candis Juckette assembled in a Polk County Juvenile Court conference room. They had gathered to complete a page-by-page review of stacks of medical records all marked with the name of a dead baby.

If she had lived, she would have been a kindergartner that fall. Her name was Morgan Renee Reid. The task was a daunting, tedious, rolled-up-shirtsleeves kind of proposition. Yet all knew, the mind-numbing digging was necessary. No one doubted the need to know everything they could in hopes they'd have enough to see an indictment handed down against Tanya Thaxton Reid.

Melodee scrutinized a sheaf of records from Dumas Memorial Hospital.

The scenarios played out on the smudgy photocopies from the Texas Panhandle were dishearteningly familiar. And though the case she hoped to prosecute concerned the abuse of Brandon Michael, the pattern emerging from his dead sister's records had become increasingly critical.

The episode that brought Morgan to the emergency room in Dumas on January 10, 1984, occurred at 2,20 in the afternoon. It wasn't exactly the same time of day as Iowa's late afternoon episodes but it was close.

Where was Jim Reid?

A review of the family chronology Jan and Paul had pieced together placed the Reids in Texas, the result of the job transfer from Illinois to Hereford, Deaf Smith County. Tanya and the girls evidently stayed in Dumas with John and Wanda Thaxton. Jim was down in Hereford at the Swift plant.

Notes indicated the baby girl's apnea had persisted after the ambulance crew had taken her from the Thaxton's home on Cedar Street. Finally, after agonizing seconds, a listless and cyanotic Morgan was intubated.

An Ambu bag and cardiac massage brought her back. It took just four minutes from the time the ambulance was dispatched to its return to the E.R.

Melodee highlighted an entry on the emergency room record, Bloody frothy mucus present when baby was tubed.

She made a note to call Dr. Alexander. What could this blood mean?

Nurse's notes revealed Tanya Reid was ever-present in room 130, feeding her baby, bathing her, once even asking the RN on duty to take her daughter's vitals. The baby was treated with phenobarbital IV for seizures.

At 3,30 A.M, the note was made, "Apnea monitor alarm sounded. Patient limp, no resp ... mask on two minutes, patient crying lustily. Mother holding

child.”

On January 11, at 2,45 P.M, “Baby had been playing and up and about with mother. Mother noticed a little change in baby resp. apnea and no heartbeat CPR and Mask with oxygen. Dr. Wright notified at onset and was here at once. Episode lasted about 1% minutes.”

On January 12, 1984, at 8,25, “Mother sponging baby had ate 2 oz carrots, formula. Mother noticed head went limp. No resp. Resp assisted with Ambu. Baby taking occasional resp. Patient had total body tremor head jerking, back arched.” The apnea alarm sounded over and over on the morning of January 14.

Another episode, lasting fifteen seconds, was recorded the following day.

The last Dumas entry was made on the morning of the sixteenth. Doped up on phenobarbital, apnea monitor in place, the baby along with her mother and father was airlifted in a four-seat twin-engine ambulance plane to Texas Children’s Hospital in Houston.

Graphs and charts filled a considerable section of the papers from Texas Children’s Hospital. So many little squiggles were woven up and down, the pages were reminiscent of a grandmother’s crochet zigzag afghan. Paul Houston hunched over the pages showing how Morgan had been airlifted to Houston on a referral for evaluation of a lifethreatening apnea and seizures that threatened her life over and over.

The baby was admitted to Texas Children’s in her mother’s arms at 7,00

P.M, January 16, 1984.

Paul had never seen a photograph of Morgan Reid, but he still held an image of a baby girl in a hospital crib, side rails up like a steel fence, Velcro chest straps holding the metal and plastic of both an apnea and a heart monitor against her weakly heaving chest. She could not talk. She could only lie still while her mother outlined her sad medical history.

And then more needle pokes, more blood drawn, IVs inserted into tiny, collapsed veins, and more medical tests. Investigator Houston noted that by the end of the morning after admission, Morgan not only had chest X rays, but E.E.G and EKG were completed. Further, radiology studies noted enlarged ventricles some fluid-filled spaces in the brain. The increase in size was frequently associated with anoxic injury, the lack of oxygen.

A twelve-hour study in the sleep lab was performed with essentially

normal findings. One scan showed no evidence of arrhythmias, another test, a pH probe, was normal. A barium swallow, however, revealed a moderate degree of reflux to the esophagus.

None of it seemed serious. None could cause the apneic spells.

As if it had been emblazoned with a rubber stamp carried in her purse, Tanya Reid's presence was always noted, Mother at bedside.

Other entries caught the investigator's eye, and while they didn't say anything about Munchausen, they were of interest because they were disturbing clues about Tanya Reid's coping skills.

At 10,30 A.M on January 18, 1984, a nurse wrote, "Mother holding patient at bedside, patient crying. Mother tried to give patient a bottle of water and pacifier, refused both. Mother got impatient, clenched fists and put arm with clenched fist on bed rail and let out a sigh and continued to rock baby and try to give pacifier. Patient went to sleep and mother put patient back in bed."

Five days later, this time in the evening, another incident was logged, "Morgan awake and alert, playing in crib, smiling and laughing ...

Mom back from dinner and fed Morgan and gave her a bath, Mom became very frustrated with Morgan during bath because she was crying and turning over on stomach, Mom yelled at her and that made her cry harder then Mom slapped her legs one time. When Mom saw me look at her, she stopped and finished bath ... stopped further hitting and yelling.

Morgan rested.

She then rocked her to sleep." Around five o'clock on that rainy afternoon in Des Moines, Paul Houston looked up with a disbelieving look on his face. Neatly spread out before him were the 107 pages making up Morgan's medical records from Texas Children's.

"Mel, I have to show you something. Look at this name."

Melodee looked at the page and immediately locked her eyes on a doctor's signature C. Rosen.

"You don't suppose?" she asked.

Paul Houston's brow narrowed like the stitching of the sweet spot on a baseball. "Too farfetched?"

They frantically fanned the papers and found the name again. This time it was typed and there was no mistaking that the doctor's name was Carol Rosen. Two of the Munchausen articles the Trauma Team had read were written by a doctor with the same name.

“Well, it’s spelled the same way,” Paul said, running his finger through line after line of the report. Candis and Jan stopped what they were doing and joined the circle.

“She’s a doctor and the person who signed this is a doctor.”

“There’s one way to find out,” Melodee said.

All retreated to Investigator Houston’s office. Flipping through the medical library articles, they discovered that Dr. Carol Rosen was most recently at Columbia University. A phone call was made only to learn Dr. Rosen was on leave from the institution.

Melodee asked for the doctor’s home number, and to her utter surprise the university operator obliged. Moments later, the phone rang in a house on Wisteria Place in Syosset, New York.

When Dr. Rosen got on the telephone, Melodee identified herself as a prosecutor from Polk County, Iowa.

“Not Idaho,” she joked. “We grow corn, not potatoes.”

“Doctor, we’ve got a very unusual case we’re working on here. We have a progress note that might be in your name. We were wondering if you remember having a patient named Morgan Reid?”

The voice on the end of the speaker phone grew hushed. Then there was a soft sigh.

“I’ll never forget her,” the woman said, her voice full of anguish for the case of a baby girl she could never leave behind. “I wrote about her in my article. Morgan was one of the children who died.”

LISTENERS WHO PAY attention can distinguish the mimicry of the mockingbird as she sings across a field of Texas bluebonnets and neck-high sunflowers. The songs swindled from others ring false as they rise over the rolling landscape in sweet repetition. She can only sing what she has heard before.

Her lullaby is not from the heart.

It was a mother-to-be who first used the words Munchausen Syndrome by Proxy in connection with what was happening with Tanya Reid and her beautiful baby daughter. It was she who first saw Tanya as a pretender.

Carol Lynn Rosen was a compact woman with a purposeful walk, an insightful academician and gifted doctor. Midwestern born, raised, and educated, Dr. Rosen was quietly making a name for herself at Baylor University as a pediatric pulmonary fellow when she first became interested in infant apnea and MSBP. At the time, she was engrossed in the perplexing

case of two Houston children suffering unexplained, lifethreatening episodes of apnea. The episodes were so frequent that hardly a day passed that they didn't stop breathing often more than once. Dr. Rosen discussed the case with the mother, a very loving and warm woman, and arranged for extensive testing.

After six hours of monitoring, with no episodes of respiratory arrest, the mother carried the child out of the room and around the corner out of view. Five minutes later, the child stopped breathing.

For Dr. Rosen the diagnosis that the mother the wife of a minister was the perpetrator was the shock of her life.

The case so disturbed and interested her, Carol Rosen read all the literature she could find on the rare form of child abuse. Later she even wrote a paper about the case.

But certainly while her dedication to her career was exemplary, other things were on her mind when the woman from the Texas Panhandle came to Houston with her baby. Motherhood loomed for Carol Rosen.

The thirty-four-year-old assistant professor of pediatrics at Baylor was into her second trimester with her first child when she sat down to interview Tanya Reid about Morgan's medical history. The information was baffling. Something was terribly wrong, but the cause of Morgan's apnea had eluded doctors in two states.

When Dr. Rosen examined the infant, she found Morgan happy, but developmentally delayed. Almost nine months old Morgan could not yet sit up without support.

After the exam, Dr. Rosen consulted with the admitting physician, a neurologist. Dr. Rosen suggested a polygraphic sleep study, a kind of catchall used to broadly monitor a child, until specific problems are pinpointed. Brain waves and oxygen in the child's system are monitored while a video camera keeps a visual record for later correlation in the event of a significant apnea episode.

It was speculated Morgan could be suffering a respiratory problem in the area of her brain controlling breathing. It was a possible explanation, though certainly troubling. It was extremely unusual that the episodes only occurred when the baby was awake.

.= But once again, Morgan tested normal during marathon evaluations in the sleep lab.

Morgan Reid's crib was in what hospital staff called an intermediate care

room a kind of step down in terms of seriousness from the I.C.U.

Rather than being private, it was an open room housing several children.

It could be noisy and uncomfortable. Morgan had been there one day short of a week. As one nurse would later admit, all were “going stir crazy” from the waiting for something definitive to be documented.

Baby Reid had not suffered a single episode. Each day was settling into a predictable routine. First thing each morning, Tanya would arrive from the Ronald McDonald House where she was staying.

Throughout the day she'd be sitting with her daughter, holding her, feeding her, bathing her until it was late evening and time to go home.

It was just after two o'clock in the afternoon of January 22, 1984, when Tanya said she'd like to take Morgan to the playroom on the north side of the building. The charge nurse agreed. A change of pace certainly couldn't hurt.

At 3:12 P.M Tanya came running down the hall back to the unit. In her arms was a very white, blue-lipped, baby.

“Morgan stopped breathing! She's not breathing!”

The nursing staff moved quickly. Though the baby wasn't taking in air, she did have a steady heartbeat. There were no jerky movements, the baby was limp. It had not been a seizure. Within seconds, nurses had “bagged” the baby with one hundred percent oxygen and almost immediately Morgan began to cry. Her color returned within ten minutes. Then, sweaty and exhausted, Morgan fell asleep.

Later, when Dr. Rosen investigated the incident, a nurse described the mother as “concerned, but matter-of-fact.”

By then, Tanya had made it known that she had personal matters to attend to back in the Panhandle and she needed to get home.

For Dr. Rosen there seemed to be only one explanation for what was happening to Tanya's baby after the incident in the playroom was reported to her. Munchausen Syndrome by Proxy was Morgan Reid's problem not some bizarre apneic and seizure disorder.

“And given my original experience with our original case report, you know there was sort of an uncomfortable feeling a sense of *deja vu*,” she told Melodee Hanes and the others gathered to listen.

Despite days and days of hospital observation, Morgan's only spells had taken place when she was alone with her mother. All tests had been within the range of normal. The baby's symptoms were bizarre of the kind that make doctors remark that they've “never seen a case quite like this.” Morgan

didn't respond to conventional therapy.

Dr. Rosen went to the admitting physician with her suspicions.

"I told him I was concerned that the mother was the perpetrator of the episodes. The case seemed to have many of the characteristics as in the family that we had discussed before," she recalled so many years later.

The neurologist was familiar with the previous case, and told Dr. Rosen that while her diagnosis could be correct, there was not enough proof not enough to report child abuse to the authorities, and not enough to confront Tanya Reid. Only in cases where mothers were caught red-handed had they admitted the fabrication of their children's illness. Without proof, Munchausen mothers were the queens of denial.

The doctor suggested a secret video camera surveillance in the sleep lab in a manner that would suggest to the mother that the video equipment was not working. Perhaps Tanya Reid could be caught in the act of smothering her baby to create the apneic spells.

Poring through Texas Children's records, no one on the Trauma Team had turned up a mention of a possible Munchausen diagnosis. Melodee asked the doctor if she had felt that was an appropriate diagnosis, why omit it?

Dr. Rosen's voice became quiet. She said she didn't have the proof she needed, which was the reason she had wanted mother and daughter to stay a bit longer. She also wanted to make sure Tanya Reid hadn't suspected anything was up.

"I didn't want it to be common hallway hospital gossip because I felt if the mother got wind that I suspected she may have been the perpetrator, I would never get her back and never have a chance to make a diagnosis.

It was an awkward, but gentle confrontation. Given the circumstances, there seemed to be no other way.

Dr. Rosen sat Tanya down and told her that she was very worried about her baby, and certainly, there was no subterfuge on that regard.

Inside, however, her fears ran far deeper. She felt if she wasn't able to confirm an MSBP diagnosis and remove the child from her mother's care, Morgan Reid would be in serious danger.

She urged Tanya to stay for more testing.

"I think that we can get to the bottom of all this. I want to do some additional prolonged recordings."

Tanya balked. She absolutely would not hear of it.

"I really need to get back home," she insisted. "I can't stay another day."

“This is a very serious problem. Your baby might die.”

The young mother stood firm. She offered excuses, the upcoming move to Hereford, her husband’s new job, even insurance concerns.

“I can’t stay. There are too many things going on at home.”

It was not so much a secret, but something she wanted to disregard. To block out. To make disappear. When she returned to the Panhandle, no one in Tanya’s family knew of the questions posed by the nurses and Dr. Rosen at the hospital in Houston. Tanya didn’t tell anyone what their words had implied.

But not talking about the fallout from the playroom episode didn’t mean Tanya had forgotten what had happened in Houston or that it had taken place the day after Jim returned to Hereford.

Tanya’s version, however, differed from Dr. Rosen’s.

“She waited until she had a chance to get the baby in the room down the hall out of view . . .”

“It wasn’t like it was the only time I went there . . . Jim and I had been there many times with Morgan. I remember how Morgan and her daddy played with a pen he had in his pocket . . . you know, clicking the top and pulling it out.”

No one ever saw what happened or again it was only the mother . . .

“The nurse asked me if there was a witness . . . I knew right then she suspected I had done it. So I told her, there were two kids in there with me. I described them in detail. One was a little black boy playing in a playhouse or she was talking to us when it happened. And there was a little girl with pig tails in a wheelchair. They saw it!

No one bothered to go in there to talk to those kids!”

Tanya later said she was “madder than hops” at Dr. Rosen and the nurses. Instead of supporting her, they were blaming her.

“I had a witness and they didn’t do anything about it,” she said.

“They didn’t believe me and I knew it.”

Despite her anger, Tanya never told anyone back home how she had been insulted and accused.

With the baby gone, Carol Rosen could not shake her suspicions. And though it was standard procedure to follow up on Morgan because she was on a monitor, the doctor’s interest was far deeper. Dr. Rosen’s nurse tried reaching the Reids on January 30 and January 31 with no success.

On February 2, the nurse finally talked with Tanya. Morgan was fine.

She was still on phenobarbital and there had been no alarms.

A week later, the nurse tried again for an update. There was no answer on February 9 or 10.

On February 11, Tanya answered the phone and told the nurse Morgan had suffered a terrible spell and died three days before at Northwest Texas Hospital in Amarillo.

Carol Rosen was devastated. She had felt Morgan's life was in danger, and her plan of getting the baby and mother back to Houston had been futile. Even years later, with the Iowa Trauma Team on a speaker phone half a country away, the remorse for Morgan Reid's death was unmistakable.

Dr. Rosen said she immediately called the pathology department at Northwest Texas Children's Hospital. She wanted to talk with the pathologist who had done the postmortem exam on Morgan Reid.

It was Dr. Ian Birkett who answered her call.

She told Dr. Birkett it was her position Tanya Reid had caused her daughter's apnea. There was no medical reason for the episodes.

Morgan, she said, was a victim of Munchausen Syndrome by Proxy.

"Knowing that information does that make you think differently about your findings at postmortem? Is there any evidence that this could have been caused by this?"

Dr. Birkett was noncommittal. He said he couldn't be sure, though it was his belief that the subdural could have happened at the time of a very forceful resuscitation.

"Well I can be sure," she told him. "She didn't get this subdural during any vigorous resuscitation or by the E.M.T help! It was child abuse."

Carol Rosen pushed forward, also making a phone call to Dr. Rolf Habersang, the pediatrician who admitted Morgan to Northwest Texas Hospital. The Swiss-trained doctor understood Shaken Baby Syndrome and the ramifications of a Munchausen diagnosis.

In turn, Dr. Habersang asked Dr. Birkett to take a closer look hence the notation, "No evidence of child abuse."

Dr. Habersang had done all he could to pursue the concerns of the Houston doctor. But he was not a pathologist. Dr. Birkett was and it was his job to make the final ruling.

There was nothing more for Dr. Habersang to do.

For some, though not for Carol Rosen, it seemed easier to let it go.

It could have been that the memory of the baby after the incident in the

playroom haunted her for the phone call days later that told her Morgan had died. It might have been deeper. By then, Carol Rosen was a mother.

She wrote for Morgan's records from the archives at Children's Memorial Hospital in Chicago and sought birth records from Edward Hospital in Naperville.

The members of the Trauma Team were stunned. They hung on every word.

As Dr. Rosen continued her story, all chimed in with bits and pieces gleaned in the investigation thus far.

The reason "No evidence of child abuse" was written on the report was because of Dr. Rosen's suspicions.

The evidence was coming together in ways no one could have imagined.

THE MEMBERS OF the Trauma Team had not heard it all. The coincidences kept coming, as though pulled from a hat like a noose-knotted chain of silk scarves. The softhearted woman with the unassuming manner halfway across the country had plenty more to tell. Some of what she had to say would stir anger and outrage.

In January 1986, Carol Rosen was invited to present her article about MSBP at the second national gathering of infant apnea physicians and researchers at the Annenberg Theater in Palm Springs, California. For Dr. Rosen, it was an opportunity to alert others about the disturbing reality that some babies suffering apnea only in the presence of their mothers might be victims of Munchausen. She had seen six such patients, of those, three had died.

One of the three was Morgan Reid.

She wrote, "... apneic episodes requiring resuscitation occurred during the hospitalization but only when the infant and mother were behind curtains, closed doors, or briefly out of the intensive care unit."

During the conference she felt her mission getting the word out to those who could help had been partially accomplished. Several doctors approached her to say they had similar cases, or believed they were experiencing such a case in their practices at that time.

One of the doctors she ran into she had known for years, having trained with him. This, however, was more than a meeting of former colleagues.

This doctor had written the discharge summary on one of Morgan Reid's hospitalizations. Dr. Rosen had come across his name when researching Morgan's medical history.

“You know, I’m presenting this paper, and I’m talking about one of your patients.”

The former colleague knew the Reids. In fact, he said the Reids had returned to the Chicago area, and their son was having similar spells.

The revelation did not sit well with Carol Rosen.

“Oh, I felt the mother was the perpetrator when they were in Texas, and now there’s a sibling having the same problem? I feel even more strongly.”

Melodee and the others were overwhelmed at the story coming from the speaker phone.

How could it be? How come it had to continue?

Dr. Rosen went on.

“And he said, You know, at our hospital the house staff had read your article—this article—and they were worried about the mother being the perpetrator. I didn’t at the time have enough proof. I’m not now taking care of the sibling.”

” Dr. Rosen didn’t leave it there. She couldn’t. She called an infant apnea nurse at Children’s Memorial and reiterated her concern for Brandon Michael Reid’s safety.

Now, we have two children ...

“I reminded them that the spells originally occurred when the mother wasn’t observed and when the mother was alone with the child, and I was very worried about this new child.”

She asked the nurse to have the boy’s treating physician call her back, but the doctor never did.

When it came time to end the conversation there was no doubt Carol Rosen would testify against Tanya Reid.

The rain finally stopped. Back in her home in the Colby Woods neighborhood, Melodee cuddled with daughter Kate on the Amoxicillin-stained white couch that had seemed like such a good idea, B.C. Before Children. What had just taken place in the conference room was still sinking in as she related the bizarre turn of events to her husband.

A name remembered from an article read weeks before had matched the name on one of Morgan Reid’s hospital records.

Forest” though there weren’t many trees. A lone blue spruce occupied the garden bed formed by the arc of the circular driveway.

The new home was furnished in an earth-toned color scheme often termed “homey” or “comfortable.” The matching living room couch and love seat

were a brown plaid. The coffee table, purchased in town, was topped with smoked glass. A recliner-rocker occupied a corner. The lamps were of the latest style illuminating with a mere touch of the base.

The television was the focal point of the living room.

A wide pathway was left between furnishings. Baby Morgan now had a walker, even though she could barely hold her fuzzy blond head upright.

Tanya thought the exercise would do her good.

Though the room was normal as could be, it, of course, would be the site of something so tragic, so terrible.

The Thaxtons and Dr. Byron Wright had known each other since Wanda's first office visit with the Dumas physician in 1953. Over the years, he not only delivered her daughters Leslie and Tanya, but some of her grandchildren, too. Because they had shared so many years together, the Thaxtons considered Dr. Wright a good and trusted friend, more than just the family doctor.

Years later Wanda and her daughters would insist the family doctor could have bailed Tonto out of the vindictive mix-up in Iowa. From the very start, they said, the Dumas doctor knew something was wrong with baby Morgan. Around the time Morgan had been airlifted with her parents for testing in Houston, Wanda Thaxton vividly recalled talking to Dr. Wright about the baby's chances.

It was a conversation, she said, she would never forget.

"Now Wanda," he reportedly said, "I don't want you to mention it to Tanya and Jim, but this baby is not going to make it."

"Why do you say that?"

"I want you to look at the baby's head and see how it is shaped. I've seen a number of babies like that and not a one of them has made it yet."

Wanda wasn't shocked. She didn't cry. She knew what the doctor was talking about she had discussed it with Beverly Kay on the back patio that summer when Tanya first brought the infant to Dumas. Wanda promised not to breathe a word of his comments to her daughter and son-in-law.

Dr. Wright promised he'd tell them when the time was right.

But he never did. And by the time his recollections were needed in court, it was too late. Dr. Wright had died.

The memories of the baby who stopped breathing would never fade.

Wanda Ruth's sad green eyes welled up with tears just enough to catch the light. The emotion edged to the surface as she recounted her memories of

her grandbaby and the day the little one succumbed in her daughter's arms in an Amarillo hospital.

She and her husband were on a medical supply sales run near Lubbock.

They stopped at Health Center, a nursing home, where double-duty was needed. John was there to pitch products and Wanda visited with her ailing mother, who was a resident there. A message from Mid-states Medical's Dumas office brought serious news, Morgan had suffered another serious apnea spell. The call deeply concerned the Thaxtons.

But they had been through so many such spells with their youngest grandchild they figured it would be safe to continue on to their satellite office in Lubbock before driving to the hospital in Amarillo.

The office was less than an hour away.

But when they arrived in Lubbock, there was another message from Tanya.

She was frantic because she still hadn't been able to talk with her folks. John and Wanda hurriedly took care of business and, as they made their way to the parking lot, they were stopped by an employee, Tanya was on the phone again.

Wanda Thaxton braced herself when she heard the news. This was no ordinary spell, Morgan was on lifesupport with a flat E.E.G. Tanya told her parents Dr. Habersang had recommended removing the baby's lifesupport. She wouldn't authorize it until her mother and daddy got there.

John punched the pedal all the way up I-27. He drove so fast Wanda refused to check the speedometer.

"I didn't want to know how fast we were going. I just wanted to get there in one piece."

Tanya and Jim Reid listened solemnly when Rolf Habersang reaffirmed that Morgan would never recover. Her brain waves were flat, save for some movement due to involuntary reflexes. Morgan would likely stop breathing shortly after the lifesupport removal.

The decision was made and it was done.

Each took a turn to say good byepmother, father, sister, grandparents.

The wrenching noise of the baby's beating heart was silenced when Wanda asked a nurse to turn down the volume on the heart monitor. But what were supposed to have been the last minutes of life, turned into hours.

Morgan, wearing only a diaper, clung to life on through the night and into the next morning. Family members went in and out of her room, each time

expecting it would be the last. But the torture of good-byes went on.

Wanda would never forget the last moment she shared with her granddaughter.

“I reached over and touched her thigh and it was icy cold. It was so cold. I reached up to get the receiving blanket which hung over the foot of the bed and I covered her. I knew she couldn’t feel it. But I felt better, because she was feeling so cold.”

Finally, after an endless night, it was over. At 11:22, the morning after the ordeal began with the emergency call for help in Hereford, Tanya held her baby for the last time. Mucus dribbled from Morgan’s mouth and she gasped her last feeble breath. In tears, Tanya handed her baby to John Thaxton.

“Johnny went absolutely all to pieces and I like never got him to lay the baby back down,” Wanda recalled later. “Then we left the room and that was it. It was over.”

It was February 8, 1984.

Funeral arrangements were made through Morrison Funeral Home in Dumas.

The grandparents purchased three plots at the new cemetery north of town, One for Morgan and a pair for themselves.

John Thaxton told his wife, that way, they’d all be together someday.

“Morgan won’t have to be by herself.”

Funeral, burial, autopsy ... there were no answers, no comfort. A Sudden Infant Death Syndrome diagnosis answered no questions for anyone.

Life went on. Tanya went to work a few weeks after her baby died. She did so for Carolyn’s sake.

“I had a child to think about ... and I needed to try to get Morgan’s death off my mind. I couldn’t do that, but I had to try.”

The Reids stopped attending church services.

Tanya, who had sung in the Baptist choir, and gone to church nearly every Sunday of her life, told the Thaxtons she would have no more of it. She was mad at God.

“There’s all these people who commit crimes rapists, murderers or even those dying of cancer. Why did God have to take an innocent child and not one of them? Why did he have to do that?”

Years later, when the tears finally stopped and when she needed someone to know Melodee Hanes was flat out wrong, Tanya looked back at her daughter’s terminal episode.

It was a mother's remembrance of her baby's tragic last moments.

"She woke up that morning and was not eating, and she wasn't too bad.

She hadn't eaten that morning and was a little irritable. I'd taken Carolyn to day care. I guess it was around noon and Morgan was starting to get a little upset. I thought I'd feed Morgan and put her down for a nap and try and get her to rest, and I had her sitting in her walkerpa little walker we had around.

"And I went up to get the bottle and she was jabbering, and she got real quiet, and she was slumped over the edge of the walker. I picked her up. I checked to see if she was breathing, if there was anything she could choke on, and I turned and called the paramedics and started mouth-to-mouth. I couldn't get her revived this time either. By the time the ambulance camepit was from the hospitalpit took them five to ten minutes to get there. The entire time I was doing mouth-to-mouth and chest compressions. I could not find a heartbeat anywhere."

IT WAS THE height of summer and, finally, with the discovery of Carol Rosen, there was enough. And a good thing. Melodee felt County Attorney Jim Smith had it in his mind that she was spending far too much time on the Reid case without filing any criminal charges. Either she could make a case or she couldn't. And though her boss was conservative and extremely thoughtful when it came to indictments, he finally agreed on felony child abuse charges against Tanya Reid.

It would never have surprised Jim Smith that among the attorneys in his office it was Melodee who packaged the bizarre case of a mother smothering her son for attention. It was Melodee, he knew, that had been the one to file first degree kidnapping charges against a natural mother. It was Melodee who had been the one who pushed the law to the limit when it came to abusers.

What choice did he have?

Still no one in the Polk County Attorney's Office could put odds on winning the Reid case. It simply had never been done.

With arrest warrant in hand on the afternoon of August 10, 1988, Detective Doug Hobart and Investigator Paul Houston wasted no time in returning to Nottingham Square. Neither wanted Tanya to self-surrender through her attorney. They wanted her to be cuffed and fingerprinted.

They wanted Michael and Morgan's mother to feel the sting of humiliation that comes with the flash of the camera when a mug shot is made.

With the exception of Brandon Michael, as chance would have it, the entire Reid family was home. Jim was up from Mississippi and Carolyn was

in town from Tanya's sister Rodena's place near Dallas.

Even without hearing the words, Tanya Thaxton Reid knew the two men had come for her.

"Tanya, you are going to have to come down to the station. We have a warrant for your arrest."

She started to cry. Carolyn joined with the tears and ran to her mother.

"Could I change my clothes and call my lawyer?" she asked.

The men agreed.

When she came back downstairs, Tanya Reid was a basket case.

"Oh, Carolyn, they've taken Michael away from us, now they're taking me away!"

Detective Hobart tried to soothe the girl with some words of reassurance, though he felt with what Tanya was doing to rile up the girl, it was a losing proposition.

"Your mom will be home before your favorite TV show starts tonight."

Once Tanya arrived at the Urbandale station, she was calm and polite.

It was not supposed to be this way. Tanya was furious and mad. Her attorney had told her she would not have to spend the night on a bunk in the Polk County Jail, pending her \$ 11,500 bond review and arraignment.

But when she refused to sign documents that would keep her from having any further contact—either by phone, letter, or telephone—with her son and daughter, she sealed her fate.

"But I have a court order! The judge said I can see Michael ! Carolyn doesn't even live in Iowa!"

"If you don't sign it, you're not getting out tonight," the court officer told her.

After some tearful begging to the sergeant, she was allowed a second phone call. Mark Pennington advised her to go ahead and sign the document, and he promised it would be cleared up the next day.

But the man with the papers never came back.

It was after midnight when Tanya was led to a sweltering cell on the second floor. She cried the whole way, certain that some tough chicks, some criminals, would be there to beat her up or worse.

"You'll be alone, calm down," a matron told her.

Bolted shut, she was alone. All she wanted was her husband, son, and daughter. All she could do was watch the guards and cry.

The next day, the Des Moines Register's lead story was accompanied by

a picture of Tanya Reid.

MOM ALLEGEDLY CUT OFF SON'S AIR, REVIVED HIM The next day, it was followed by another, **BIZARRE ABUSE CASE LEADS TO TEXAS PROBE IN DEATH OF BABY GIRL** The day Melodee celebrated her thirty-second birthday, Tanya appeared in court, waived her right to a speedy trial, and was allowed to return to Dumas to live with her parents pending the trial.

What was certainly a gift for one mother made for a lousy present for the one with the candles on her cake. Melodee had fought the defense to keep the woman in Iowa to mitigate any flight risk, but the judge permitted Tanya to go home.

And so she went back to the Panhandle. Back to her old bedroom, her mother and father, her old friends. She was back on Cedar Street.

At first, high school pal Tern Spencer didn't think Tanya had changed one iota when they ran across each other in October 1988. Tern and her father, Bobby Spencer, were drinking coffee at the Thriftway when in popped mile-a-minute Tanya. Tanya was back in town, and, as always, had a million things to do. She was organizing a birthday party for Carolyn, who had just moved into the Thaxtons' to be near her mother and grandparents, and she was about to apply for a hospital job.

The two women took off, Tern volunteering to drive her old pal around town to drop off party invitations. While Tanya chattered away, her husband's name was never mentioned.

Tern figured Tanya had left him.

"If you are going to move in with your parents, and enroll your kid in school, you are probably getting divorced. If she wants to talk about it, she will."

Tanya volunteered that Michael was living in Hereford with her sister.

"The reason I'm here is so I'll be closer to him than in Iowa. I can see him anytime I want."

"She never said why, and I didn't press it," Tern said later.

Tern had heard catty remarks and nasty, smalltown innuendo about Tanya, but she dismissed all of it.

"Obviously, she wasn't in jail for anything."

As she had when she drove her old Maverick in high school, Tern dropped Tanya off at the Thaxton's and watched her run inside. Yet this time something nagged at her. She drove back home feeling as though her friend

didn't talk to her with the same degree of confidence as they had shared years before.

"In high school she would have told me everything," she said later.

Where would Tanya have been without her mother? Wanda, who had yo-yoed from the Panhandle to Illinois to Texas to Iowa and back again, had been her daughter's steel gauge strong lifeline from the first time Morgan stopped breathing. If Tanya had this syndrome that led mothers to harm their babies to be in the spotlight, just whose attention was Tanya craving? Doctors she barely knew?

Outside of Jim Reid, Wanda was nearly always the first to be notified when a child turned blue. By Tanya's admission, Wanda Ruth Thaxton lived through much of her daughter's turmoil and because of that, never once doubted her.

"She was there," Tanya said later. "She went through the alarms. She was there during the one apnea attack. She was there. She saw it all.

Cause a lot of times when Michael and Morgan would be real bad, I'd call her to come up. Because you wanted your mama there. You resort to a little kid. She always came. I never had to doubt that she would not be there. She was on the next plane."

* Tanya made it a point to visit Northlawn Memorial Gardens a couple of times a month to talk with Morgan at her grave. Depending on the weather, she either stood or knelt on the lawn. She never brought flowers. The one time she put a bunch of plastic flowers in a little vase planted in the earth, it was gone the next time she came. Someone had stolen her baby's flowers.

Tanya went to Morgan because she needed a place where she could talk.

Wanda had plenty on her mind, and could dominate any conversation.

Tanya wanted to talk. She didn't want anyone's opinion. She needed a release.

The dead baby's mother would ramble about the brother and sister that formed the family. How they were doing. Where they were living. How the family missed her.

She never talked about the trial she was facing in Iowa.

"Lord, no! Why would I tell her about that?" she later asked when posed the question.

And so while the wind blew over the tops of the junipers, across the cemetery, mother and daughter would spend time together.

Anyone who saw it could see the tragedy of the scene.

FINALLY FOR HER believers, there was hope. The day a Polk County Juvenile Court judge awarded Arlen and Beverly Kay Redelsperger custody of their nephew, was a joyous one for the Thaxton clan. It was momentum in the right direction. Beverly Kay held firm to the belief the judge did not accept the ugly allegations against her sister. And why would he? The whole concept of Tonto the nursepa woman who had dedicated her life to her children and to caring for the sickp doing something like the doctors in Iowa had charged, was not only ludicrous, it was insulting.

The Thaxtons felt it had all been a setup.

“Those doctors think they are God. When they can’t diag nose a problem, they blame the mother,” Wanda said. “Those doctors can take your life away from you.”

The belief that since the judge saw one of their own fit as foster parents provided the family with further hope that, in the end, they would triumph and the boy and his mother would be reunited. This time for good. If there was any justice, overzealous child abuse crusader Melodee Hanes would also be put in her place once and for all.

“She just wants to get her name in the paper at my expense,” Tanya frequently complained.

It was tar-dark when the Thaxton caravan bolted Iowa for the Texas Panhandle. Even though criminal charges loomed and Tanya would have to come back, it was a relief to put some distance between her and her accusers. Tanya and her father rode in her Cutlass, Wanda, Beverly Kay, and Michael took the van. A few times they stopped to allow Tanya a moment or two with Michael.

It had been such an ordeal for both mother and son. God knows how Tanya gets through the day!

Wanda and John remained unwavering, not only in their support of their daughter’s innocence, but that the basis of the criminal case was some trumped-up psychobabble that made no sense to anyone.

“If I ever thoughtp even in the back of my mindp or had a suspicion that Tanya was doing this, I would have sued for custody of my grandkids so fast your head would swim. Even a suspicion ... but who ever heard of Munchausen Syndrome by Proxy?” Wanda would ask later.

Back in Texas it would not be family business as usual. The Iowa judge’s orders had not come without serious restrictions. Tanya could not be left alone with Michael. Not even for a single second. Whoever supervised visits

between mother and son could not leave the room even to use the bathroom. There were no exceptions.

The admonitions burned Tanya and her family; the Iowans were treating the misunderstood Texas mother like a criminal.

All they could do was what they had to. So they waited for trial, for vindication, for reunion.

Tanya continued working at the small Family Medical Center Hospital in Amarillo, living with her folks in Dumas, and driving down to Hereford for weekend visits with her little boy. Jim made the trip every few weeks from the job he detested in Mississippi.

Occasionally Beverly Kay brought Michael up to Dumas to stay in the house at Cedar Street. On those visits, the boy slept in the room with his aunt Kay Kay and uncle Arlen.

Always the Thaxton girl given most easily to tears, Beverly Kay usually sobbed after the all-too-short reunions. She couldn't bear to see Tonto and her son live this way. Michael would reach and pat his mother's face and kiss her cheek. Tanya would cuddle the boy and read to him, sing to him, and dress him.

But never alone.

One day Tanya pleaded with her big sister to allow her to give Michael a bath. Beverly Kay agreed and took a seat in the bathroom to fulfill her obligation to the court; though deep down she felt silly about it.

Tonto would never hurt the boy.

The sight of Tanya and Michael touched her deeply.

"She was a mother to him again."

An outraged Jan Buck telephoned Paul Houston with a little tidbit she had picked up through the juvenile court grapevine. Tanya Reid was not only working at a hospital in Amarillo; she was working in the nursery.

"Think of the babies, Paul! What are they thinking down there?"

Paul called the hospital to speak with a supervisor.

"Do you understand the pending case here in Iowa and the seriousness of the allegations?"

"You people are way off base," she shot back in a tone the investigator would later term "snotty."

"There is some strong evidence, ma'am."

"I thought 'America you were innocent until proven guilty!' " The comment ended the conversation.

Paul Houston should have seen it coming. He had talked to others, from friends of the Reids to the staff of the prosecutor in Deaf Smith County. The reaction was frequently the same.

Why didn't Iowa tend to their own problems and keep out of the Panhandle?

Despite the investigator's phone calls, Tanya continued with her postpartum duties in Amarillo.

Things finally moved along in Polk County. The Tanya Reid case had been set for trial February 27, 1989—more than a year since doctors at Blank Children's Hospital saw the scratches and reported child abuse.

Tanya spent the weeks before trial insisting she would be found not guilty, get her son back, her husband back, and get on with her life.

Outwardly her mood was relentlessly upbeat. Inside, there was turmoil.

She had continued to combat her nervousness with food. She weighed nearly 190 pounds—a good thirty more than she had when all the troubles had started.

Things were different, however, with her husband. Jim came from Mississippi to the Panhandle minus a few pounds and the gold wedding band they had found a decade before in a display case of a jewelry store in Clovis, New Mexico.

Tanya noticed the ring's absence right away and it hurt her. The wedding band with the three darkened hashmarks and three tiny diamonds matched her band and her engagement rings. The matching ring her husband wore had always been important to Tanya. It told the world that they were a couple, they supported each other.

"It said he was mine," she later said. "He belonged to me."

In a story Jim would later dismiss, Tanya said she finally summoned the courage to ask about it and Jim tried to explain it all away. He had lost some weight and the ring had become too loose on his finger.

"It kept falling off and I didn't want to lose it."

There was another reason, too.

"You know, with AIDS out there, women see a guy with a wedding ring and they immediately hit on him because they think he's safer. With it off, they'll think I'm single and leave me alone."

"Oh," was all she could think to say. "Will you wear it for the trial?"

"Sure will."

"I was gullible enough to want to believe him," she said, years later.

“And he was skinny, that much was true. I could see that it would be a little loose on him.”

The AIDS story later made Jim laugh.

“Who was thinking about AIDS in the mid-80s? Why would I say that?

AIDS was not a very big deal back then. I’m not saying I didn’t take my wedding ring off, though. I would take it off for work sometimes.

But I can honestly say that I was completely monogamous with Tanya throughout our marriage.”

To celebrate their eleventh wedding anniversary, Tanya and Jim went out for a late-night dinner and dancing in Amarillo. They made love that night. Tanya felt that with Jim back in her arms, holding her, stopping the tears, everything would be all right. She wanted to believe that it would get better.

The week of his parents’ anniversary, Michael started a speech therapy program in Hereford. No one could deny that he was doing so much better.

Beverly Kay chalked it up to his living with his real family and not some foster folks who didn’t know him. And as the weeks passed, the oldest Thaxton sister never once considered the little boy’s improvement had anything to do with his being away from his mother.

Michael loved his mother and that was that.

It was not an excuse to go Christmas shopping in New York, though Melodee Hanes would later concede such an excursion was certainly a wonderful side benefit. Melodee and Candis left Des Moines on December 22 for New York to depose Dr. Rosen at her home in Syosset on Long Island. Defense counselor Mark Pennington was also there, as was a court reporter.

The Iowa prosecutor had expected Carol Rosen’s home to be fabulous and her husband were both doctors, after all. Instead, Melodee found a comfortable, modest home. It fit the personality of the woman she had talked to on the telephone. Now on staff at Columbia University Hospital, Dr. Rosen was a sincere, introspective woman. She wore a blue jean skirt, a sweater, and a pair of clogs. She wore no makeup.

Her deposition was wrought with emotion hidden just below the surface.

It was all about Morgan Renee Reid. In the kitchen, where Carol Rosen prepared tea and served bran muffins, the tone in her voice seemed nearly apologetic.

“But I tried. I called her, I called Mrs. Reid . . .”

As the trial date approached, the defendant was dealt a devastating blow. A Polk County District Court judge ruled the information concerning the

hospitalization and death of Morgan Reid as provided by Dr. Rosen and Medical Examiner Bennett were, in fact, admissible as foundational facts to support the charges that the defendant had smothered her son.

Mark Pennington urged his client to take a plea of willful neglect of a minor which had been offered by the prosecutor. There was a chance for probation.

He told a reporter, "It doesn't mean we will get it, but there is a chance."

Back on Cedar Street, Tanya told her mother and father of the offer to plead to the lesser offense.

"I don't want to do it. I didn't do anything wrong."

Melodee was half-relieved when word was relayed back that the defense rejected the plea.

It was a case she had to try.

When Tanya told her parents what Mark Pennington had suggested next, it surprised them. He wanted a trial before a judge instead of a jury.

Wanda Thaxton thought the strategy was a little strange. She knew that with a jury there would be twelve people and only one had to believe her daughter was not some child-smothering mother and she would be free. It seemed like safer odds.

Tanya explained that Mark thought the child abuse charges would make a jury turn against her before even listening to the evidence.

"Plus the judge we're hoping to get seems to think there is too much hullabaloo on child abuse," she said.

Since no one in the family had ever had any need for a criminal lawyer and they figured the Iowa attorney knew what he was doing, they went along with it.

Melodee Hanes wasn't entirely thrilled with the defense motion for a bench trial either. She lost more trials before a judge than those before a jury. Most prosecutors did. And Melodee, more than anyone, hated to lose.

Michael Reid had no idea what his mother was about to face in Iowa.

The Redelspergers had done all they could to spare the little boy knowledge of the reason his mother was only an occasional visitor to their home in Hereford.

Even with all their careful efforts, they could not protect their nephew from all the fallout from his ordeal.

One Saturday close to the start of her sister's trial, Beverly Kay sat down at her kitchen dinette bar while a repairman worked on the washing machine.

Clothes were piled high and the family was running out of socks and underwear.

Michael came skipping around the corner, a toy truck in his hand. He saw the repairman and abruptly stopped. The happy look peeled off his face.

“Kay Kay, who’s that?”

“That’s Curtis,” she answered.

“He’s not here to take me away! I don’t wanna go!”

Beverly Kay almost lost it. “No, he’s here to fix the washer. No one’s going to take you away!”

THE FOLKS ON the fourth floor of the Polk County Courthouse would not let anything slide on the case that, as they had been forewarned, had long since moved from routine to once-in-a-lifetime obsession. Melodee usually wasn’t the type to bark out orders for more information—she simply let it be known that she wanted everything she could get. The fact that the trial would commence in less than a week only accelerated the pace Melodee, Candis, and Paul had set for their agendas. There was always one more thing to do.

Sometimes the work completed just before opening arguments can make the difference between a conviction and an acquittal. Melodee had been there enough times to know that better than anyone.

Candis and Paul had worked the pushbuttons of their phones until their fingertips ached. Any name associated with the defendant and her family was fair game. Most calls were dead ends, though sometimes they brought new leads.

Rarely did they stun as in the call from Potter County, Texas.

The battle lines—ditch-wide and stretching from the cornfields of Iowa to the oil fields of the Texas Panhandle—had long since been carved.

Melodee Hanes, a young mother crowded the edge on one side ... Tanya Reid, a young mother, stood her ground on the other. Only precious hours before the two would confront one another in court, one would learn a secret the other had prayed would elude her.

A world away from Iowa, a DA from a Panhandle prosecutor’s office named Mike Meredith wrestled his beefy frame into a chair to enjoy a pleasant supper with his folks at their home in Amarillo. Since Dr. Duane Meredith’s retirement two years before, he and his wife Janie enjoyed frequent dinners with their son and his wife.

That afternoon, Mike had been approached by a Potter County Special Crimes investigator asking if he knew anything about Tanya Thaxton Reid.

Law enforcement in Iowa had built a child abuse case against the former Dumas resident and the investigator knew Mike's father had practiced medicine up in Dumas. Mike shook his head though the Thaxton name seemed vaguely familiar. After all, Mike had been raised in Dumas and had even served as Moore County Attorney for eight and a half years prior to taking a job at the Potter County DA's office.

Over a home-cooked meal, he told his parents about the Munchausen Syndrome by Proxy abuse trial set to begin in Des Moines. How it had been alleged that the woman's nurse not only had smothered her child close to eighteen times. She did so for the attention it brought her.

And as weird as the case was, he said, the lady had ties to their hometown.

"Her name was Thaxton back when she lived up in Dumas. Tanya Thaxton."

"Oh my God!" Janie Meredith said, her recognition so swift and startling that forks dropped onto plates. In an instant, the others also remembered.

The next morning Mike Meredith made a phone call to a buddy, an investigator with the Moore County Attorney's Office. He filled him in on the Iowa case and asked if he also remembered the story of Tanya Thaxton.

"Sure do," the man replied. "Seems to me the newspaper did an article on it back then."

The comment jogged DA Meredith's memory further. He, too, recalled a fuss over Tanya Thaxton when she was a student at Dumas Senior High.

The investigator said he'd get over to the Moore County News Press offices and see what he could dig up.

The next day, an envelope was addressed to the offices of the Polk County Attorney, Des Moines, Iowa.

BOOK FOUR.

Mother v.

Mother WITH ANY NEW information would come a dilemma. Iowa criminal law required a ten-day notice in advance of trial to introduce evidence in a prosecutor's case in chief. One big problem, There weren't ten days.

Scratch that.

Since there wasn't enough time, the defense would likely be allowed a continuance to review any new evidence, and develop a plan to minimize any damage it might cause Tanya Reid.

Melodee Hanes was faced with only one real option, but she knew it was a gamble. If, and only if, Tanya Reid took the stand in her own defense would the door be opened to her past.

Melodee knew Mark Pennington could just as well tell the court there had not been enough evidence in the prosecution's case, seek a directed verdict, and keep his client out of the witness box.

With no time to mull it over, Melodee put her hopes in what Randy Alexander had assured her earlier in the investigation. The Munchausen expert was certain Tanya Thaxton Reid would testify. Nothing could stop her.

"These women are in such denial they would stand up in front of Congress and deny they had done anything. They love the attention and testifying would feed into that. Melodee, she'd like the publicity."

"God, I hope you're right," she told him. Melodee spent the weekend before trial running the scenario again and again.

Joe prodded his wife for her decision.

"What are you going to do, Mel?"

She still didn't know.

"What if she doesn't take the stand? I'll be screwed."

The pressure was on and it showed in everything Melodee did, and in her disposition. She became impatient and shorttempered. Joe had been through it enough times before to know to get out of the way and let his wife do what she needed to do. That meant it was left to him to pick up the slack on the household chores. And like John Thaxton, Melodee's husband could do all right on everything but his little girl's hair.

Ponytails were too hard.

Sunday evening, February 26, the prosecutor sat at her kitchen table and tried to come up for air. The back patio light reflected the harsh, white glare of fallen snow on the slope above the banks of Colby Creek.

Spread out in front of her were yellow tablets with most sheets rolled under. Evidence the cramp in her fingers had come from the laborious task of writing questions in longhand. Mixed among the papers was the envelope mailed by Mike Meredith in Potter County, Texas. Flowcharts and witness depositions also layered all horizontal surfaces. It was the kind of organized disarray about which the prosecutor always referred to when she told visitors her house looked like a "crime scene."

That night, Melodee set out her black sweater dress. Though she felt it was kind of glitzy, it had taken an honored spot in her wardrobe as her best

bet for opening statements. The superstitious prosecutor considered it a “good luck” outfit. She wanted all the luck she could muster.

She also wanted sleep.

But true to form, Melodee barely slept the night before the trial. In the morning, she’d face her other first day ritual. She’d spend extra time in front of the mirror to conceal a lack of rest with makeup.

Melodee Hanes would always dismiss first day jitters she had taught herself to do so. It wasn’t that she could set them aside and not experience the stomachturning, knot-twisting anxiety that comes with the opening of !

a case. She simply had learned to deal with the stress and accept it as a part of being a competent, concerned, and determined-to-win attorney.

As he had been since the day she told him she wanted to go to Drake and become a lawyer, Oliver Wendell Hanes was his daughter’s biggest fan.

Melodee understood that and appreciated it. One way of coping with opening day jitters, however, was an agreement with her father that he’d miss that first day in court. He would take a spectator’s seat after she got the ball rolling.

“Do you know you just sighed for the fifteenth time this morning?” Joe asked as Melodee headed for the door.

The prosecutor wore a bemused look.

“No. Thanks.”

And off she went.

Melodee Hanes was like few others. She triumphed in an arena where men, not women, were supposed to excel. The names of the “really good lawyers” bandied about in Des Moines always belonged to men.

The former ballerina with the dancer’s square feet and the razor-sharp mind was doing her best to change all of that rock the boat a little.

The case against Tanya Reid would likely announce to Des Moines whether she was a fluke or not. Grandstander or impassioned advocate for children?

The verdict would provide the answer.

Across town, Tanya and Jim Reid spent Sunday night holed up in a Des Moines motel. They talked about getting out to see Rain Man at a nearby movie theater, but neither felt in the mood for something so serious, something so depressing. They had enough to worry about.

Tanya dabbed at tears. She told her husband that she was innocent and she knew she’d be able to prove it.

“I’m going to win.”

Jim crushed out a cigarette and held his wife in his arms. He told her he knew she was going to win, too.

And he was wearing his ring.

THE PROSECUTOR WITH the perfect everything was on edge “Her true colors,” detractors, most of whom were half the lawyer she was, whispered with a glee born of both admiration and envy.

Melodee thumped her fist on her desk.

“Where are they? Where?”

The stress of keeping the secret of the last-minute discovery and the fear that Tanya Reid might not take the witness stand eroded Melodee’s usually upbeat and warm demeanor. Everyone around her could see it.

Melodee was not pleased. The snowy morning of February 27, 1989, was the first day of the State of Iowa v. Tanya Thaxton Reid, and a court associate had failed to retrieve the Illinois witnesses from the Des Moines airport.

For the first time since she started the case against the Urbandale mother, she let loose her “mother voice” the hard-edged yell that only comes with motherhood and the need to cut through a clamorous playground with the announcement it’s time to go.

“Oh, I guess I forgot.”

“GET THEM!!!”

Melodee could have killed him. Whoever heard of starting a case without any witnesses?

Superior Court Judge Harry Perkins commanded his Polk County courtroom with the kind of deserved respect for fairness that transcended backbiting charges that he was pro prosecution or a lay-down for the defense. The balding man who never raised his voice, yet could unleash the type of to-the-point admonishment that sent high-price defense lawyers or cocky prosecutors scurrying in their Gucci shoes. Anyone who had been in his courtroom knew the warning signal, the judge’s face would turn beet red as his ire swelled and then ... look out! It didn’t happen often.

One who had been in his courtroom many times summed up the feelings most held for Judge Perkins, “He was almost paternal. You would never want to show up unprepared ... you never wanted to disappoint him.”

For Harry Perkins, whose illustrious legal career included holding the office of Polk County Attorney, the Reid case was special. Plans were being made for his retirement party. This would be his last trial.

It started as most did. The defense moved one last time to exclude damaging evidence.

With Tanya by his side, Mark Pennington made his last stand. He asked Judge Perkins to reconsider a previous ruling allowing the state to introduce testimony relating to Morgan Reid. He reminded the court that this trial concerned alleged abuse against Brandon Michael Reid.

Specifically, he did not think Shaken Baby Syndrome testimony from the medical examiner was a relevant indicator of a signature crime.

Judge Perkins quickly disagreed. The testimony would be heard.

As she would throughout all the days of her child abuse trial, Tanya sat next to her attorney popping Tic Tacs pulled from a purse crammed with the tiny breath mints and wads of tissues. She wore clothes borrowed from her sister. She was quick to point out that she had few dress clothes of her own.

Around the house, she wore a sweat suit and sneakers.

Opening statements were swift. The prosecution would show a pattern proving the defendant had abused her son by “tricking” the doctors and nurses who had tried to save him. The defense argued that there was a medical, a genetic, reason for the Reid boy’s problems.

Tanya was stoic and devoid of expression while Melodee spoke, she nodded approvingly when Mark Pennington said his piece. Her hands remained demurely clasped on the tabletop. She seemed to be biding her time, waiting for her turn to tell Melodee Hanes and the world what had really happened.

Dr. Shashikant Kudchadker, a small and impeccably neat man with the kind of perfect posture that gave him a little more height, was Melodee’s first witness. With each statement, the doctor leaned forward and spoke into the microphone. His tone was earnest and polite.

He testified about Morgan’s first apnea episode, on August 8, 1983, and how it followed a disagreement over treating a rash some weeks before.

Though pediatrician Jerry Skurka was the baby’s doctor at that point, Dr. Kudchadker still received all hospital reportspreports of numerous tests from blood workups to E.E.Gs to a barium swallow that always indicated a normal, healthy child. The dire symptoms were out of synch with the baby’s presentation and apparent good health.

The aftermath of the episode on August 20 was a perfect example.

“When I came in the emergency room and examined the child the infant was completely normal, responded normally, even smiled at me.”

Dr. Kudchadker went through his records pages that had been duplicated and amassed into big black volumes that had become the prosecution's chief exhibits to tell the court about the dizzying array of apneic events occurring in September and October 1983.

Spectators sitting behind the family shifted uncomfortably in their seats. Some searched Tanya Reid's face when she turned to acknowledge her supporters. What was she thinking?

The witness testified how three days after seeing Morgan as a patient again, this time for a cold, the E.R notified him about another confounding apnea episode on December 4. For some reason, the defendant didn't call Dr. Skurka anymore.

"Doctor, you were actively involved in two hospitalizations for presentations of Morgan Reid for apnea episodes and then were given paperwork on the additional hospitalizations. Did you formulate any medical opinion about what was wrong with Morgan at all?"

Before the words came, the doctor shook his head.

"No. I was we were totally perplexed, and it was really heartbreaking to see her go through these episodes. She was just a beautiful, normal child and I don't know how many times I called Children's Memorial Hospital because we're all trying to figure out the cause, or even without knowing the cause where we could do anything to prevent these episodes."

Now it was time for Brandon Michael Reid's bulging volume. As with his dead sister, he had repeatedly stopped breathing.

May 28, 1985 ...

"... physical examination was unremarkable ..."

June 17, 1985 ...

"She had changed the baby's clothes ... when she suddenly noticed that he had stopped breathing ..."

The witness read notes concerning the episodes on May 24 and June 13 purported episodes for which Tanya Reid had not sought hospitalization.

Shashikant Kudchadker said the next time he saw the boy was July 10, during an appointment following a call for an emergency office visit.

Brandon Michael had stopped breathing at home several times.

Melodee probed for a recollection of the incident during which the doctor found the defendant performing mouth-to-mouth on her son in his examination room.

"Doctor, did you see any episode from its beginning, its onset?"

“No, I did not see any episode.”

The following month, more drugs were prescribed, sleep studies completed ... another E.E.G. A chromosome analysis at Children’s Memorial showed no abnormalities, no Fragile X.

Dr. Kudchadker read from an admission report from episode number six, on August 31.

“... mother gave him mouth-to-mouth resuscitation ... he cried like a hurt or mad cry ...”

Yet, as the witness went on, it had become apparent the drug regimen that now included Dilantin wasn’t working because Brandon Michael Reid was admitted to the I.C.U for apnea again on December 2. The admission followed an office visit during which Tanya Reid said her son had four apnea episodes in four days.

“And after he went home from the office according to the mother he had two more ... he was brought to the emergency room and admitted because of those.”

The doctor also testified about the uneasy feelings of medical staff following the boy’s ninth and tenth episodes in January and February

1986.

“The E.R docs and nurses were all nervous, skinish because they were afraid the same thing was going to happen to Brandon as did Morgan.

Doctors were afraid to send him home.”

Melodee tied up the loose ends of the hospitalizationsp April 17 and May 18, 1986.

First, Dr. Kudchadker reviewed the April event.

“This time the history was that he might have had a possible seizure where he became rigid and became unresponsive at home. There was some question where the parents noticed that he might have been losing his balance a little bit, for a day or two before this episode . . .”

The witness further reported that “the father saw him lose consciousness.”

No apnea, however, had been reported. The witness believed the episode was a reaction to Dilantin and the withdrawal of phenobarbital.

The May episode was also odd, also likely related to drugs. There had been no resuscitation by the defendant.

The prosecutor allowed the sole doctor who had treated both Morgan and Brandon Michael to sum up his anxiety over the health crises that plagued brother and sister.

“He was a normal child is what Brandon was. In fact, thepthing that bothered me the most in taking care of Morgan and Brandon was they were beautiful children and wepI felt perplexed that we could not find the cause of what is happening.”

“Were you frustrated by that?”

“Totally frustrated.”

Melodee had her witness close with an account of his relationship with the Reids.

“We would sit in the cafeteria many times and I would ask the parents how they were handling this tough situation. And we had many, many talks. It was even harder with Brandon because of what had happened with Morgan.”

Mark Pennington spent the first few moments of his cross examination establishing that there certainly was no test to determine if a child will die of SIDS and, in fact, medical science still didn't understand why seemingly

healthy children die.

The defense lawyer grew hot and was admonished by Judge Perkins to relax as he and Dr. Kudchadker went round and round on the idea that apnea could cause SIDS.

Apnea was merely a symptom, the pediatrician insisted. It was not a diagnosis of what caused SIDS.

Under further cross, the doctor conceded he had never diagnosed the Reid children as victims of MSBP.

Finally, Dr. Kudchadker also emphatically denied he was in the room when the baby suffered a seizure. He never saw Carolyn there, either.

All he saw was a mother performing mouth-to-mouth.

“Certainly, in the judgment of some it could be said that you were present while the seizure was taking place, could it not?”

The doctor pulled closer to the silver neck of the microphone.

“No, sir.”

SHE WAS EVERY bit the image of the nice lady next door, the kind who would cheerfully volunteer to pick up a vacationing neighbor’s mail, or bake ten dozen cookies for a church fund raiser. No one, not even the prosecutor, could assert the woman on trial fit the image of someone who would smother her baby. She was Tanya the nurse, Tanya the Brownie leader. She’d never hurt a fly. She was a healer. She looked like someone’s mom. And, certainly, that was the reason she was sitting at the defendant’s table all ruffles and sweetness.

She was a mom.

Even when Jerry Skurka softly identified the defendant as he took his place as the state’s second witness, he did so in courtly terms.

“The lady at the end of the table,” he said.

The lady.

Tanya barely gave Dr. Skurka a glance as Melodee laid out the foundation of her case and led the doctor through a numbing discourse on Morgan’s episodes and followup visits at Dreyer Clinic. Dates and information on tests added little to what Dr. Kudchadker had testified to earlier.

Since she knew it would be addressed by defense, Melodee asked the doctor to read from a hospital summary itemizing three tests for gastroesophageal reflux following the hospitalization after the August 20, 1983, episode.

“One was suggestive of some problem, but the other two were normal, so on sending her home they really had no specific diagnosis at that time.”

No specific diagnosis.

Tanya shook her head slightly, as she would throughout testimony that diverged from her theory of unknown genetic causes for her babies’ problems.

From the witness stand, a sincere and still-frustrated Dr. Skurka told the court that episode after perplexing episode had greatly troubled him.

Melodee pressed further. “What were your concerns?”

“Well, I just couldn’t quite explain these episodes and still I could not find anything on her exam. She, you know, always looked perfectly normal. I was concerned. The original referral I’d gotten from Mrs. Jachimek, who happened to be a next door neighbor and was a close friend, and I knew that there was concern in the family. Dad was away from home a lot and I just was concerned also about the stress of these kinds of spells on the family.”

Then, on the next day, September 30, a call came from the emergency room, Morgan had stopped breathing for the sixth time.

“And can you tell me what your notes indicate that you did at that time?”

“I reiterated what had happened the day before and I was concerned that these episodes always were only with the mother home alone and no one else had ever visualized one of these episodes.”

Again, referring to notes made by others because he had not seen the patient in the hospital the doctor testified about the episode on October 26, and the two on November 9. He also told the court about conferring with pediatric residents about the episode suffered while behind drawn curtains at Children’s.

The witness saw the defendant at the clinic on November 23.

“And did you indicate anything about what concerned you about the apnea spells?”

“Well, I was concerned about this unusual spell unwitnessed in the hospital that like I said, the child had previously been in the room with the drapes open then found with the drapes closed shortly thereafter with the spell. Knowing the previous hospitalizations, and I think if you add up the days it amounts to almost a month in the hospital, the child never had one spell while in the hospital.”

“Doctor, did you indicate also a concern that there had been no original witnessing of the spells except by the mother?”

“Right. Apparently during this whole time there had never been any spells at night, any spells where anyone was around, or any other caretaker ... The other thing that concerned me also was the calmness with which mom took these spells. She would just take the child home after one of these spells from the emergency room. That was hard to understand.”

He said he had tried to talk with Tanya about it, tried to suggest counseling.

“Doctor, what were you suspecting?”

“Well, I was concerned that the mother was causing this problem with the baby.”

“Is there a medically recognized term or diagnosis that recognizes that sort of behavior?”

“Well, at the time I wasn’t aware of it, but I think there’s a term recognized now called Munchausen Syndrome by Proxy.”

Dr. Skurka said he didn’t report it because he didn’t have enough evidence.

Melodee asked if the witness was contacted to consult on the episode which occurred on December 4, 1983 two weeks after he spoke about counseling with Tanya Reid.

“No, I wasn’t.”

In fact, he never saw Morgan Reid again.

The best-dressed man in Polk County stood to cross the doctor. Mark Pennington wanted to know where in the doctors’ notes was it written he referred Tanya Reid to counseling?

Dr. Skurka searched for the answer, but drew a blank.

“It does not seem to be in my notes.”

“In fact, there is no reference in any of your medical notes, is there, Doctor Skurka, to any psychological or psychiatric referral for Tanya Reid, is there?”

Yet, as the doctor pointed out, the discharge summary from the September 20 hospitalization contained the phrase “counseling was suggested.”

He said he did not write that he thought she was harming her child, and there was good reason for it. He would have lost her as a patient if she thought he was so suspicious.

“I was hoping if this was some problem of hers in a psychiatric way, that we would be able to maybe get her to open up, maybe get her to admit it,

maybe get her to stop.”

The doctor agreed he had a legal and ethical obligation to report child abuse.

“I was very suspicious, and I went as far as I thought I could.”

“Well, Dr. Skurka, you certainly weren’t convinced of it enough to contact any authority? This is a fact, isn’t it?”

“Well, you need evidence, and what I was doing, I spoke to the people at Children’s and expressed my concern with them and they were looking out for it.”

There was no question the woman facing the TV screen in conference room 408 was tormented and filled with a bitter !

heartache for the little one that died. When Lynn Jachimek gave Melodee the videotape during the morning recess, it was obvious the plastic black rectangle meant a great deal to her.

It was all she had left of Morgan.

Melodee had tears in her eyes as did Candis Juckette and Lynn when they gathered in the conference room of the Polk County Attorney to watch the unmistakably amateur video made by Lynn’s sixteen-year-old son. It was made the Thanksgiving before Morgan died.

Morgan, without question, was a beautiful baby. She wore a yellow one-piece sleeper. She laughed and smiled. She looked so healthy.

No one said much as the tape played, the banalities of a holiday gettogether among relatives and friends drifted from the TV. No one listened to the words, only the images of the baby.

It would be the only time they would see Morgan as she was.

AFTER A HURRIED lunch at the Spaghetti Works on Des Moines’s Court Avenue, Tanya and Jim were on their way to her lawyer’s office when they came face-to-face with the trio from Illinois. No one uttered a word.

Drs. Kudchadker and Skurka moved on, Lynn Jachimek stepped off the sidewalk and into the street to let her old neighbors pass by. Tanya tried to look Lynn in the eyes, but Lynn refused such a personal connection. She never looked directly at Tanya. The uninterrupted stare was saved for the courtroom, where she was the first witness of the afternoon.

Lynn gripped a tissue in her hand when she testified about the day spent boating with the Reids and Tanya’s anger that her husband was going to leave her behind. The next day Morgan had the first of many episodes.

“Did you become concerned at all after several times of this occurring?”

“No, not at first. I mean, I was concerned because the baby was having these episodes, definitely, but I didn’t think anything of it.”

“Did you ever suggest to Dr. Skurka at anytime?” “No.”

“That Tanya Reid was doing this?”

“Never.”

Lynn testified about babysitting Morgan and how she had agreed on the condition that Tanya bring the baby’s monitor and pertinent phone numbers.

“And that evening when they came they handed me the diaper bag and left. She did not show me anything.”

When asked about a feud the defense had once alluded to the witness drew a blank.

The feud was exactly what Mark Pennington had intended to cross-examine her about. Lynn knew nothing of a snub at a party.

“And you cut off social contact with Jim and Tanya Reid?”

“I don’t know what party you’re talking about.”

The defense lawyer went on, trying to defuse her testimony.

“It’s certainly not unusual for a wife to be upset that her husband is out of town a lot, is it, Mrs. Jachimek?”

“I suppose not.”

Neither was it unusual, she agreed, for a colicky baby to cause a mother stress.

“Are you aware that you are the only witness in this state’s investigation that has made any inference that Tanya has or had an inclination to harm Carolyn?”

Lynn looked flustered. “I never said that, did I?”

“Well, you certainly implied that, didn’t you, Mrs. Jachimek?”

“And you flew all the way here from Chicago without a subpoena to tell the court about your good friend Tanya Reid and how she may have threatened Carolyn with bodily harm, haven’t you?”

“If you want to put it that way.” “You could have said no any time but you decided to come, didn’t you?”

“I felt that I owed it to Morgan.”

The videotape was received into evidence, solely as a representation of what Morgan looked like.

Martha Raney, special education teacher for Heartland, the state agency providing in-home care to children with developmental delay, followed Lynn Jachimek. She first met Tanya Reid in September 1987, when the Urbandale

newcomer sought help for her son, Brandon Michael. The special education teacher, however, determined that while the boy's language was delayed, he was not eligible for home supervision.

Tanya Reid, she said, had been told the final news on October 7.

The paramedics, fire department employees, and police who had responded to rescue calls at Nottingham Square followed in quick succession as Melodee laid out the dates and times of the seven Iowa episodes—the first taking place two days after Heartland passed on taking Brandon Michael Reid into the program.

Paramedic Tony Collins recalled how during the October 20, 1987, episode he had to nudge Tanya Reid away as she stubbornly and needlessly continued mouth-to-mouth resuscitation on her son.

“When she moved to the side, I was there, I mean, a split second, immediately, and he was breathing at that instant.”

“So was there any need for continued mouth-to-mouth?”

“No, at that point, no.”

The prosecutor inquired about Tanya Reid's behavior.

“Well, she was real calm, able to answer the questions of the rescue people and myself, and the police that were there. She was real calm, that I recall.”

Mark Pennington crossed on Tanya's purported demeanor during the call in which she seemed reluctant to move out of the way.

“I take it that she was somewhat upset at the time she was administering this mouth-to-mouth resuscitation?”

“Didn't seem upset, no.”

“Well, she had some emotion, didn't she, when she's saying it?”

“Correct.”

What the others had to say was merely a matter of their interpretation of what happened at Nottingham Square. For the most part there was little beyond a framework of episode times and dates and Tanya felt little need to dispute their testimony. It was the woman who was her friend and neighbor in Illinois that caused a slow burn.

“That Lynn is lying through her teeth,” Tanya later told the faithful who supported her to the end. She couldn't make any sense of her—Lynn's—story. There had been no boating outing with the Jachimeks the day before Jim was scheduled to take a trip out of town.

“I wouldn't spend the day with them,” she said if there had been such a

trip. "I'd be spending the day getting packed, getting his clothes washed and ironed and packed!"

Either Lynn was lying or she was mixed up. At times Tanya Reid would leave the door open for either explanation.

"We did go to the lake, but I remember it was before she had her episode because her daughter and another couple's two girls watched her, but that was never brought up."

Tanya also denied the story of dropping off Morgan at the Jachimeks' without phone numbers or monitor. While she couldn't recall the incident, she insisted the story was flawed anyway.

Later, her words continued to spill like a corn popper on high heat.

"I always used Quality Nursing Care. It was a nursing service. But she said I couldn't get a nurse that night. If you use a nursing service you are always going to get a nurse! I do not remember leaving Morgan with her, but why would I not leave the stuff the monitor?"

The Reids even considered the plausibility of a sinister payoff for Lynn's testimony.

"She was a lab tech when I was there, but after all this happens she makes office manager. She got a promotion out of it!"

"How does she go from lab tech to office manager?" Tanya asked Jim, as they went over the motives of those aligned with the prosecutor.

"Just how?"

Throughout the evening, Tanya continued to do a fume over Lynn Jachimek's story.

There was an explanation, she insisted before the trial, for the backbiting from an ex-friend. It revolved around a gettogether she and Jim were planning to host at their new home on Sherman Drive. Lynn and Wally Jachimek and Diane and Tom Carik were over visiting when Tanya announced her intentions.

"We had them over playing cards and I mentioned that in a couple of weeks we were going to have a party. I want you all to come' and they said OK." Well, we drank a lot at these parties, I have to admit, we were all kind of looped I wasn't because I was pregnant but everybody else was."

Later, when Tanya ran into Diane Carik, she told her to pass along a reminder to the Jachemiks.

"I never called Wally and Lynn because the invitation was already issued! I saw them on the day of the party and they weren't coming, they said they

didn't know anything about it. I don't know if that was it or not, but we never saw them again after that."

THE DEFENDANT'S HEELS clacked like machine gun fire against the smooth surface of the courthouse floor while she paced near the double doors.

Jim stood by Tanya's side and pulled the last smidgen of smoke from the butt of a cigarette. It was the morning of the second day of the trial that surely would exonerate her. She felt better, even slept some the night before. But if she had hoped that the roller coaster was slowing down, she was wrong.

An unfamiliar man dressed in a dark gray pin-striped suit approached and smiled.

"Is this where the Tanya Reid trial is being conducted?"

It was child abuse expert Randy Alexander.

"Yes, it is," she said warmly, motioning him inside.

Later, when she found out who the man was, Tanya blew up. He shouldn't be allowed to testify. It was a travesty. To Tanya Reid, it was just another example of Melodee Hanes and her media-mongering cronies bending the system to fit their child abuse crusade.

She told her family it was a sham.

"How can this Dr. Alexander make an opinion about me if he never even talked to me! How can he say anything about me?"

That morning court began with Judge Perkins's receipt of the testimony of a witness who was one of Melodee's most vital, though she would never set foot in the courtroom. Dr. Carol Rosen's thirty-six-page deposition was admitted, as were Morgan's medical records from Texas Children's Hospital in Houston. The judge would read it when he considered the case.

Tanya turned and put her hand out for her husband's. Though she was heavier than she had ever been, she was not unattractive. Her eyes were dark and expressive, her smile, sweet. She wanted the judge to know Jim Reid stood by her.

A crisp hankie poked from her breast pocket. It was a lovely touch.

Randy Alexander was not a reluctant witness, experts seldom are. He walked briskly to take the stand to face the woman he had inadvertently met only moments before. The assistant professor of pediatrics at the University of Iowa had deep-set eyes, a scalpel-sharp nose, and a graying mustache that fringed the edges of his upper lip.

Under Melodee's direct examination, he highlighted an impressive career,

including involvement with fifteen cases of MSBP. It was a diagnosis that, while rare, was well recognized by the medical community.

The next exchange between prosecutor and witness was crucial.

“Doctor, this diagnosis that you testified to, Munchausen Syndrome by Proxy, is it a diagnosis of the child or the mother?”

“It’s a diagnosis of the child. It certainly incorporates the mother, but it’s the child’s diagnosis.”

Again, clarity was in order. While it was true that mostly mothers were perpetrators, Melodee wanted to make sure it was understood that character issues concerning Tanya Reid were going to be skirted.

“So is it a psychological diagnosis or is it a pediatric diagnosis?”

“Well, it is a pediatric diagnosis.”

Melodee approached the witness as they reviewed the exhibit noting characteristics of MSBP.

ILLNESSES WHICH ARE UNEXPLAINED, PROLONGED, AND SO EXTRAORDINARY THAT THEY PROMPT EXPERIENCED PHYSICIANS TO REMARK THEY’VE NEVER SEEN ANYTHING LIKE THIS BEFORE SYMPTOMS AND SIGNS THAT ARE INAPPROPRIATE OR INCONGRUOUS, OR ARE PRESENT ONLY WHEN THE PERPETRATOR IS PRESENT TREATMENTS WHICH ARE INEFFECTIVE OR POORLY TOLERATED CHILDREN WHO ARE ALLEGED TO BE ALLERGIC OR INTOLERANT TO VARIOUS FOODS OR DRUGS MOTHERS WHO ARE VERY CALM IN EMERGENCY SITUATIONS, AND ARE VERY HAPPY AND AT EASE IN THE CHILDREN S WARDS, FORMING CLOSE BONDS OR RELATIONSHIPS WITH THE STAFF FAMILIES IN WHICH SUDDEN UNEXPLAINED INFANT DEATHS HAVE OCCURRED PSYCHOLOGICAL TESTING OF THE PERPETRATORS WHICH IS NORMAL PHYSICIANS TREATING THE CHILD ARE FREQUENTLY CONFUSED OR MISLED BY THE FAMILY’S APPEARANCE OF SINCERITY MEDICAL BACKGROUND OR TRAINING OF THE PERPETRATOR Dr. Alexander provided more detail on how a perpetrator might use her medical knowledge in her ruse.

“They’re very intense, in general, as far as talking about specific numbers and jargon, seem extraordinarily educated as far as this particular aspect is concerned, which initially seems like something that would be helpful. Here you have someone who uses ‘contusion’ instead of ‘bruise’ or would use other

sorts of things and really could say things in a way that makes your writing up your notes or something much faster.”

The prosecutor asked if some mothers suffered from Munchausen themselves?

The doctor nodded. In fact, some evidence suggested the syndrome might even be generational. He cited cases where perpetrators had suffered from unexplained seizures or unexplained abdominal problems of their own. One went to a deadly extreme to fabricate a medical problem.

“Someone had to go and take cuticle scissors out of her bladder that she stuck up there.”

Melodee Hanes stepped away from the chart and turned the court’s attention to infant apnea and its relationship to MSBP. The witness said SIDS cases were suspect when there have been multiple resuscitations by a mother who, fortuitously, is there to revive her child.

Apnea in hospitals also concerned him.

“There’s even some suggestion that there’s an extra-intensive effort once they’re in the hospital to try to produce the symptoms to make it more convincing to the physicians that this is really going on.”

Suspicion also comes into play when apnea episodes stand alone in terms of dire symptoms and no cardiorespiratory abnormalities between episodes are uncovered.

“All children come in with a diagnosis. They look legitimate, as if they have a legitimate medical diagnosis, at least for a while. And if there’s been a production, where this has actually been induced and again that’s primarily by hand over mouth or pillow ... they’ll have laboratory studies that will correspond to them not doing well as far as breathing. Over time they may actually start to show changes in their brain.”

“How would you say it would affect the ventricles in the brain?”

“Enlarge the ventricles.”

The answer was important. The defense had suggested during juvenile court proceedings that the boy’s enlarged ventricles were a cause of his apnea. Dr. Alexander said they were a result of smothering.

Melodee asked for the psychological profile of a perpetrator.

“Is it some recognized personality disorder or akin to that?”

“Well, it’s not a personality disorder in the sense that we can’t test for it under our usual tests. That just doesn’t work. And again, it’s not so much something of an individual characteristic of the perpetrator such as its

characteristic, it's episodic, and it's an interactional disorder.

"I guess you would refer to it as sort of a cousin of a sociopathic personality. This is somebody who's willing to use their child and manipulate their child and take health risks or death risks with their child to achieve some sort of gain for themselves."

Under further direct, the Iowa doctor said when perpetrators are confronted, denial is nearly unyielding even with video evidence. As long as the denial persists, the child is at risk.

"But what of the child?"

"Basically one of the aftermaths of abuse of all types is that there's damage to self-esteem, that there's actual functional handicaps in the learning range, and emotional and psychological range."

Melodee stepped up to the podium. "Doctor, what is your opinion as to the diagnosis of Brandon Michael Reid?"

"That he was a victim of Munchausen by Proxy."

He did not need to see the patient in person to make the diagnosis. No physical examination could make the diagnosis, it was the sum of all the testing, the nature of the episodes, and the age of the child.

Ninety percent of infant apnea is over by the age of six months.

"And we're dealing here with a child that's almost three times older than that we're talking about some later episodes, and this just simply doesn't fit in review of the records."

All of the factors he had stated earlier matched the Reid case and formed the basis for the diagnosis.

Child continually resuscitated by his mother.

Mother's medical background.

Another child in the family with similar problems.

Mother's unexplained episodes during her pregnancy with her son.

Melodee asked the significance placed on the times and dates of Brandon Michael's episodes?

To the witness, they seemed to take place in "a very periodic, almost too-regular fashion." It was of concern that they never occurred at night during sleep, when most SIDS deaths occur.

His diagnosis for Morgan Renee Reid was the same.

"She was a victim of Munchausen by Proxy. And in addition, she suffered some actual direct trauma as a life-terminating event."

To bolster his contention that Morgan had died of Shaken Baby

Syndrome at the hands of her mother, the doctor read from the nurses' notes from Texas Children's Hospital. The passages indicated the defendant had a difficult time controlling anger and was frustrated with her daughter.

"Yelled ... Made fist ..."

Mark Pennington had so little to work with. All he could do was call into question the veracity of the judgments witnesses like Randy Alexander were placing on years-old documents. The Texas Children's report was a case in point.

"Wouldn't the nurse who was present and observed the child and observed Tanya Reid be in a better position to judge the appropriateness of her conduct than you?"

"I think that depends on who that nurse is."

Anyone who had seen Dr. Alexander testify in the dozens of child abuse cases of which he'd been a part would have smiled at the answer. Dr. Alexander gave up very little. And he did so in a respectful, polite, yet authoritative manner.

The defense lawyer asked if the nurses had reported concerns of abuse.

"Well, I don't know if they did or didn't. I don't see any notation in the nurses' notes."

And so they went. Back and forth over the notes and what they did and didn't mean. The doctor admitted he'd never talked to the nurses, but that wouldn't alter his diagnosis. The defense lawyer pressed the witness: why did he think he was in a better position to say Tanya Reid physically abused her child, when the nurses did not say so, did not report it to authorities?

"I don't believe I ever said that that constituted physical abuse. It was a physical treatment concern, and I had never meant to imply it was physical abuse."

"Doctor, in fact, are you aware that the physical abuse is inconsistent with the typical profile which you have demonstrated in Munchausen Syndrome by Proxy?"

"Well, the only difficulty with that is Munchausen by Proxy is physical abuse in all its instances."

"I'm talking about garden-variety child abuse, where you strike the child, that's not a characteristic of Munchausen Syndrome by Proxy, is it, Dr. Alexander?"

The witness agreed.

Next, the defense went over the bits of inconsistencies found in the

literature. One article did not include perpetrators testing normal psychologically, another did not suggest perpetrators suffer from similar episodes of their own.

“And, in fact, Tanya Reid does not have a history of having apnea seizures as a child, does she?”

“I really don’t know.”

Mark Pennington read from Donna Rosenberg’s article addressing the likelihood Munchausens grow up to perpetrate MSBP.

“Their behavior may have its origins in their own early developmental histories, characterized by lack of care or indifference to pain and suffering, or perhaps there was an element of early learning where one was only nurtured in the context of disease.”

Dr. Alexander could only agree with the defense lawyer’s reading.

Mark Pennington read from the report of Michael’s twenty-four-hour sleep study, ordered by Dr. under.

“However, during two to three occasions while awake he had a brief burst of anterior dominant generalized spike wave activity, usually of one to two seconds duration.

“Long-term closed circuit 7V E.E.G epilepsy monitoring study is abnormal ... brief bursts of anterior general spike wave activity both awake and asleep, with perhaps some increased incidence in the early stages of sleep.”

The defense lawyer asked if the neurophysiology lab in Dallas was incapable of rendering that particular interpretation.

Without hesitation, the witness leaned forward and answered. “I believe that it probably reports exactly what they saw.”

The lab’s findings didn’t change a thing. The fact was, Dr. Alexander said, those test results did not alter his diagnosis. Nothing did.

Tanya had been upset by the testimony offered by Lynn Jachimek and the Illinois doctors, but it was Dr. Alexander who concerned Mark Pennington. The expert on MSBP had laid out a scenario that certainly fit the defendant. During the break in the testimony, Mark Pennington told Tanya things looked bad for her. If she’d consent to it, he promised to talk with the prosecutor about a plea bargain.

There was good chance she’d be given probation.

There was also a good chance Melodee Hanes would refuse to extend the offer at that juncture.

Tanya wouldn't hear any of it.

"Why plead guilty to something I didn't do? Willful Child Neglect is a felony ... I might as well fight."

Jim Reid, as always, barely said a word.

"Whatever you decide, I'm with you."

Tanya had heard similar sentiments from everyone close to her.

"It was easy for them to say that. If I got convicted, they weren't going to do the time. I'd be in prison and it would be my problem," she said later.

46

A DOCTOR WHO had been practicing medicine before the defendant was born, was the state's eleventh witness. Now at Blank Children's, Tom Kelly had pursued a long and varied career as a neurologist since the mid-sixties.

He had seen as many as fifty patients diagnosed with infant apnea, and many, many others with seizures.

Melodee asked the doctor to review his contacts with the Reids. He testified he first saw the boy as an outpatient on July 27, 1987. A thorough neurological exam indicated he was perfectly normal. The single exception was language development.

"We talked to him. He seemed to understand some things, but he didn't say any real sentences or words when we were watching him."

The witness further testified as to the difference between the apnea spells and the tonic/clonic seizures reported by the mother.

Tonic/clonic involved shaking and stiffening of the arms and legs, a loss of consciousness. The apnea spells were a cessation of breathing.

"In your experience as a pediatric neurologist is there any relationship between apnea episodes and tonic/clonic seizures?"

"There can be a cessation of breathing in association with convulsions, but not universally. Most people who have convulsions will resume breathing spontaneously, even if they have a slight pause. Apnea can occur just for innumerable other reasons, and no association with convulsions."

Dr. Kelly told the court how, after the apnea episode on October 9, he felt the cookie tantrum and the boy's normal presentation at the hospital indicated possible breath-holding.

But Tanya Reid did not agree that if she waited, her son would breathe on

his own.

It was a different story when he saw the boy in a bed in the I.C.U on October 20.

“It was not a child who was in distress or crying and then holding his breath. It was a child who was pleasant, happy, playful, and then all of a sudden just without any heartbeat or without any kind of respiration.

Totally different story.”

He saw the defendant’s son again after the episode on November 13, and two weeks later at his office. After that, Tanya Reid never returned.

He told the court about a call he received from Dallas neurologist Steven under.

Dr. under told the witness a long-term video E.E.G and a pH probe indicated there was a great deal of stomach acidity refluxing back up in the esophagus. Dr. under was concerned “that there was some organic neurological disease going on with this child.”

Dr. Kelly examined the patient once more during a courtordered hospitalization associated with the foster care transfer on March 16,

1988.

Melodee asked if the doctor had changed his diagnosis.

“Yes. At this time we felt thatpdefinitely that Brandon was a victim of Munchausen Syndrome by Proxy.”

Dr. Kelly further testified he had seen the boy several times since foster care was initiated. He had not suffered any apnea or seizures.

Mark Pennington tried to build up his own star medical witness, Dr. under. His questioning of Dr. Kelly was an attempt to elicit the kind of answers that would bolster the defense’s claim that it was Steven under who was top dog in neurological circlespnot Tom Kelly or any of the Iowa contingent.

The sole twenty-four-hour study, the one ordered by Dr. under, was of critical importance.

The defense lawyer read from the defendant’s exhibit, “Long-term closed circuit TV E.E.G epilepsy monitoring study is abnormal, showing several brief bursts of anterior general spike wave activity .

..

“And certainly the results of these tests aren’t dependent upon any history provided by Tanya Reid, are they?”

“Certainly not.”

Next was the question of reflux. Mark Pennington produced another defense exhibitpthe report from a pediatric gastroenterologist, also ordered by Dr. under.

“And the report indicates that a normal score for an empty stomach would be zero to a hundred percent, and that Michael Reid had a score of 2,091.7 percent?”

Dr. Kelly agreed.

“And that is a grossly abnormal finding, isn’t it, Doctor?”

“Yes. On that test, yes.”

“And it is Doctor Strickland’s apparent diagnosis that there is a gastroesophageal reflux problem-in Brandon Michael Reid, isn’t that true?”

“Yes, that’s true.”

“And if Dr. Under has testified that a gastroesophageal reflux may interfere with or may be related to the cessation of breath, would you agree or disagree with that statement?”

“Possible.”

Melodee looked down at her notes. With the defense finished, it was time for a little damage control.

Under her redirect, Dr. Kelly explained since there were no seizures during the test, it had no real relevance to the apnea he had suffered.

“Doctor, would you please explain to the judge why these tests that have been presented to you have not affected your diagnosis of Munchausen Syndrome by Proxy?”

“I feel that these tests were done and show abnormalities in the laboratory sense, but they are definitely shown by observation to not have any relationship to the symptoms that this patient displayed.”

Mark Pennington did his best to regain what he had lost, but it was of little use. The impact of Dr. Kelly’s statement had been made. It didn’t matter what Dr. Under’s team purported. He was still convinced Tanya Reid intentionally suffocated her son.

Pediatrician Robert Colman, now a senior pediatric resident at Blank Children’s, followed Dr. Kelly to the witness box.

He told the Court how it concerned him when Tanya Reid provided so many involved details of her son’s prior medical history during admissions in July and October 1987.

The prosecutor asked if anything was remarkable about his conversations with the mother and subsequent consultations with other doctors at Blank Children’s.

Dr. Colman said there was.

“I was curious at this time and was interested in finding out if anybody else had witnessed the seizures or the stopping of breathing.”

It was possible, the witness said, another diagnosis could be made.

“I was concerned that this was a case similar to the case I had experienced in London of Munchausen by Proxy. I took measures to obtain some further history from some of the other physicians involved in the patient’s care, and obtained Dr. Kudchadker’s phone number in Illinois.”

He read from his records, “Mother had reported that Grandmother and Father had witnessed the apnea episodes ... Michael had an apnea episode witnessed by Dr. Kudchadker in Naperville Illinois. She is going to bring me

his phone number and will contact his office to obtain records . . .”

“Why did you ask it?”

“I was concerned that she was the only person who was reporting the apnea and seizures and wanted to try to substantiate these claims.”

The prosecutor moved on to the next episode.

Dr. Colman saw the little boy again on February 7, 1988, when he was brought by ambulance. He was crying and had several scratches on his face.

“Doctor, what, if anything, was remarkable to you about Mrs. Reid’s demeanor at the time that Brandon was presented in the emergency room?”

“Her affect seemed inappropriate.”

“How so?”

“She did not seem like a parent of a child who had just stopped breathing and required CPR and an ambulance to bring him to the hospital. She was very calm. Very collected.”

His diagnosis was MSBP, probable child abuse.

Melodee ended her direct by asking the doctor to describe Jim Reid’s involvement in his son’s admissions.

“The history and information primarily came from Mother. Father appeared withdrawn.”

It was clear the defense attorney did not like that last response.

“Doctor Colman,” he asked, infusing indignation into his words, “are you now stating that Jim Reid was even acting inappropriate for the situation?”

“No.”

“The fact that he appeared withdrawn, couldn’t that be attributable to many possible causes, including the fact that your child is at the hospital again?”

“That would be possible.”

Next, the defense focused on the others Tanya Reid had said witnessed episodes.

“Were you aware that Dr. Kudchadker came into the waiting room of his office in Naperville and found Tanya giving mouth-to-mouth resuscitation to a child? Are you aware of that?”

“I was made aware of that later.”

“She also gave you the name of Dr. Steven under in Dallas, Texas. Did you talk to Dr. under?”

He had not.

“After you were told by Tanya Reid that there were three individuals you

might want to contact, one of course, Dr. Kudchadker, who she indicated had witnessed a seizure, the child's father, the child's grandmother, did you talk to him? Did you specifically ask Jim Reid whether or not he had witnessed a seizure?"

Dr. Colman shook his head.

"I had requested to the other intern on the case that he contact those people. He made attempts to pin contacting them and did not contact them before the patient was discharged."

"So your diagnosis of Munchausen Syndrome was made without talking to the grandmother, and without specifically asking Jim Reid, whether or not they had witnessed seizures, is that correct?"

"That is correct."

CALL DOCTOR THOMAS McAuliff!

The doctor Melodee Hanes knew best took the stand and testified he had treated Brandon Michael Reid at Blank Children's on November 13.

"After evaluating the patient I was fortunate to have my resident there who had been familiar with the case, and we discussed the possibilities of seizure disorder. And at that time I made a presumptive diagnosis of a drop seizure."

Melodee wondered if the witness had noted anything else with regard to treatment or rule out other possibilities?

"I was concerned after after discussion of previous admissions and previous visits to the hospital since approximately July of 1987 with a diagnosis of Munchausen Syndrome by Proxy."

The prosecutor asked him to read from his notes.

"Have reviewed history with resident familiar with case. Strongly suspect Munchausen by Proxy." Nothing seemed physically wrong with the child, however, nothing suggested a stay in the hospital was warranted.

MSBP was discussed with Dr. Kelly, but the boy was sent home.

"And Doctor, why didn't you call CPI that night?"

The witness cited two reasons. The first was that the child did not appear to be in immediate danger. Secondly, the doctor felt he needed more information, particularly regarding hospitalizations before the Reids moved to Des Moines.

"I think if there had been more visits or further admissions or further information, I would have pushed more strongly for a child protective investigation."

Mark Pennington's cross was brief and pedestrian. The witness stepped down.

It seemed like a physician's conference of some sort in the courtroom, so many doctors were called to testify. Next up was Richard Perez, senior pediatrics resident at Blank Children's.

He saw Brandon Michael Reid on his first admission, on October 9, when he did a physical exam of the child and t7 elicited a history from his mother.

z . / "He has been worked up in other places, and I think he'd been on some other medications, but up to that time I think he'd been seizure-free as far as we were told."

Dr. Perez recalled seeing the boy once more, eleven days later.

"What was your diagnosis of the child upon his admission that time?"

"Well, his admitting diagnosis was a probable breath-holding spell, but that was what his discharge diagnosis was from his last time."

Melodee asked if anything about that admission caused concern.

"Well, again we got the history of his having an apneic episode at home and having to receive CPR, and again when we went through the history in more detail we did get the history that on most occasions that I can remember the mother always was the only person that witnessed these.

The father told us that he'd never witnessed it."

The Reid case was discussed during morning rounds.

"At this time during our morning talk one of the differential diagnoses that we talked about was Munchausen by Proxy."

"Doctor, when it's presented as a differential diagnosis does that mean that you immediately contact CPI authorities or make a referral?"

He shook his head. The course in such cases, he said, was to first rule out all organic problems. Since all tests appeared normal, the doctors felt the best course, the only course, was to carefully follow the boy's case.

Dr. Perez saw the defendant's son the day after his January 19, 1988, admission. At that time, he was the resident in charge of the Pediatric I.C.U.

"He was a little hard to examine at times because he didn't like the physicians coming around him all the time because apparently he'd been seeing a lot of us."

Dr. Perez also testified that he had shared some suspicions about MSBP with Dr. Kelly and Dr. Gangeness, the child's pediatrician, and even an Urbandale police officer.

"Did you ask him to do something?"

“Yes. I asked him to see if there was any way they could compile any kind of record as to the responses they’d had to the house, and what they saw when they got there, and Mom’s response to the way things were going and who else was there and witnessed what was going on.”

“Did he ever get back to you?” The prosecutor asked, all too aware of the answer.

“He never did. He never called back.”

Mark Pennington’s cross-examination hammered hardest at the statement the witness had made about Jim Reid saying he had never witnessed any episodes.

“Did you write that down anywhere, Doctor?”

“No, sir, I did not.”

Dr. Perez refused to give up any ground. Jim Reid had told him exactly what he testified to he had not witnessed any episodes.

“And this was how long ago?”

“Oh, about a year and a half ago now.”

“Well, I’m asking you, Doctor, since you’re under oath, and this is important, could it be that he was only making reference to these specific hospitalizations and not in the entire history of the life of the child, Doctor?”

“It could be, yes.”

Allan Heberer, the Mercy Hospital physician who was the last to see Tanya and her son in an E.R, was called to testify. He was a homegrown Iowan, reared and educated there. He had been with Mercy since 1981.

He saw the Reid boy around 6:00 P.M. on March 1, 1988, after a purported seizure and apnea episode. Exams were normal. Dr. Heberer said he called Dr. Gangeness.

“And so your recommendation to the private physician was what?”

“Admission to the hospital.”

“Was the child admitted?”

“As far as I knew he was, but in reviewing the record evidently he was not. By that I wrote admission orders only to find when I reviewed the chart that the patient must have never got to a room but was discharged via phone by the private physician after my shift ended.”

At the prosecutor’s request, Dr. Heberer reviewed the patient’s notes.

A nurse wrote that the mother felt her son was fine and wanted to take him home.

“Can you tell this court what your records indicate the name was that the

child was admitted under?”

“Michael Reid.”

“Were you told the child’s first name was Brandon?”

“No.”

“Doctor, did Mrs. Reid tell you that the child had been hospitalized six times in the prior four months at Blank Hospital for the same thing?”

“I don’t recall that. I did not chart it.”

“Doctor, did the mother tell you that the last time the child was presented at the hospital at Blank on February 7, 1988, a Child Protective investigation referral was made for suspected child abuse?”

“The best of my recollection, she did not.”

The defense had no questions and the witness stepped down.

The fact that Mark Pennington had no cross left Melodee without her witness ready. She went off to find Callie Jo Sandquist. A few minutes later the E.R nurse who documented Brandon Michael Reid’s scratches and the bruise on February 7, 1988, was sworn in.

Throughout direct, the nurse’s recollections went quickly.

“Did those scratches look like any other kind of scratches you have seen before?”

“They just looked like scratches. The mother told me that he got those scratches while he was having a seizure.”

The prosecutor asked for the specifics of the conversation.

“She had mentioned that he had the seizure and that’s how he scratched his face. And she had told me that she had another child that had died from the same kind of episode, or spells’ as she put it, and she also told me that she had a scratch on her finger.”

“Did she tell you how she got that scratch?”

“She got it while he was having the seizure she said.”

The nurse said she had seen several hundred children with seizures over the years.

“Would you tell the court how many people you have seen scratch their faces that you’ve observed having a seizure?”

“None.”

The witness said people having a seizure usually clench fists, stiffen out, and jerk. After a seizure, the patient is sleepy, often confused.

Tanya’s son was none of those.

“Well, he didn’t act like a child that had a seizure. In my perception, or in

the mothers I've seen that have tried to revive their child and stuff, she didn't act nervous, she didn't act upset, she wasn't crying.

You know, usually after the terrible incident is over, and the parents get there, they kind of break down. Oh God, he's safe. And she was just very matter-of-fact about this whole thing. And she comes over and tells me about this little scratch she got on her finger."

In many ways, the scratches were the most damaging of the evidence amassed by the prosecution. The inference was clear there had been a struggle between mother and son. Brandon Michael Reid had been fighting for his life. Or had he?

Mark Pennington stood to cross the nurse.

Was her testimony that it was medically impossible for facial scratches to occur during a seizure?

"No. I'm just saying that I had never seen it."

"Well, you haven't seen every seizure in the history of medicine, have you, ma'am?"

"No, no, no."

"And I take it the reason it was brought here to the attention of the court is you believe the mother did it."

"Yes, I believe the mother did it."

* The day was over and the testimony had been shattering. There could not have been enough tissues in Tanya's purse to dry all the tears she shed in her husband's arms.

"Jim, do you believe me?"

"I would be testifying for the prosecution if I didn't," he responded.

Tanya cried out some more, as she had when her babies stopped breathing and lay inside the steel cage of a hospital crib. The tears rolled off her cheeks and disappeared into the fabric of Jim's rigid shoulder.

The adversity felt like old times. Not in a happy way, but in a familiar one. Tanya knew she was loved.

"He was comforting," she later said of her husband. "He was always there. For me to relieve stress was to cry at night. Every time I had my crying jags, my husband held me and let me cry. There were times when all he could do was hold me."

A REVEALING PHOTOGRAPH of the Reids made the early editions of the Register on the third day of Tanya's child abuse trial. As the mother on trial oversees papers at the defendant's table, her husband sits behind her. His

face is weary and forlorn. Tanya's attention is focused like a laser.

The headline blared the family troubles for all to see, CHILD ABUSE TRIAL CONTINUES The caption noted how the defendant's husband was at her side. Tanya could only wonder if, like the wedding band he slipped back on his finger, it was only for appearances.

Nurse Cindy Urquhart wore her uniform when she sat before Judge Perkins in the morning of the first day of March. She had not worn the outfit for convenience, but because Melodee Hanes knew that a trial is part evidence, part theatrics. The uniform was an important part of the show.

As the charge nurse for Blank 3, she had seen the defendant and her son many times. She described Tanya as pleasant and attentive to her son's needs.

"On several occasions she would sit out at the nurses' station and talk with the nurses at that time about things in general. Shep Maybe just listening to other conversations that we would have."

The prosecutor asked how often had the defendant sat at the nurses' station?

"During my eight-hour shift it could have ranged anywhere from three to seven, eight times an evening."

While Tanya Reid was further described as a helpful mother, a couple of things struck the witness as odd. One time she overheard Tanya Reid express disdain over her son's admission to Blank 3 instead of the Pediatric Intensive Care Unit.

The other time was on her way to the E.R.

"In going down I passed Tanya Reid and Michael on a gurney cart. They were being taken to the intensive care unit. He had a monitor on that was beeping, and Mom was sitting there smiling when I walked by."

"What struck you as unusual about that?"

"If a child needs to go to the care unit, they're usually considered critical, and it's a stressful period of time, and I thought it abnormal that the mom would be smiling at this point."

Cross-examination by the defense was an attempt to suggest the nurse had colored everything in a sinister light. It was true, Mark Pennington said, that many mothers spend time in the ward and help with their children's care. Many are friendly to the staff.

The smile, however, was another issue.

"And you don't know what may have preceded your observation of that smile, do you, ma'am?"

Of course, the nurse didn't know.

"She might have been thinking about something that made her happy, isn't that possible?"

"It's possible." * Mark Gillespie lumbered up to the witness stand. He was a tall man, with long, wavy hair on a thinning crown, a beard, and an earring.

The child protective investigator for the Iowa Department of Human Services had been called to relay information about his interview with Jim and Tanya Reid on February 7, 1988.

Melodee asked the abuse investigator what was said about the scratches on Brandon Michael's face. The witness flipped through his report for the answer.

"Mrs. Reid turned to see Michael in an episode where he was clawing or scratching at his face. When she saw what was occurring, she restrained him from reportedly hurting himself any further . . ."

Melodee switched gears.

"Did she tell you whether or not anybody else had witnessed an episode?"

"She indicated that her mother and a doctor in Illinois had Dr. Kudchadker, or something like that, I believe had witnessed a seizure from the onset."

There were a few more questions, then it was Mark Pennington's turn.

The defense lawyer handed the witness a copy of the transcript of the Reid interview. Where in it did it indicate Tanya Reid had told him that Dr. Kudchadker had witnessed an episode from its onset?

"There's a difference between just witnessing a seizure and witnessing a seizure from the onset, isn't there?"

"Yeah, there would be a difference."

After additional scrutiny, Mark Gillespie could not come up with the passage in the transcript that backed up what he had just testified.

His red face showed through his beard.

"So it's not in there. Well then, I'm going to give you an opportunity.

Mr. Gillespie, would you like to retract your testimony that she told you that Dr. Kudchadker or her mother witnessed an episode from the onset?"

"I believe she said that to me at some point."

Melodee did what she could to bolster his testimony, even having the witness suggest a portion of the audiotape had been difficult for the transcriber to decipher.

Mark Pennington got the last word in recross.

“And there’s a difference,” he asked, “isn’t there, Mr. Gillespie, from seeing an episode and seeing one from the onset?”

“Correct.”

“And if you saw me giving mouth-to-mouth to Melodee Hanes here, wouldn’t you say she was having a seizure, you saw a seizure taking place?”

“I don’t know if it would be or not.”

The defense needed to reshuffle witnesses. Psychologist Todd Hines had a family emergency, making it necessary to change the order of defense witnesses. Tanya was told to have Carolyn in court that morning. She would take the stand that afternoon. Tanya complied by calling the hotel, but John and Wanda Thaxton had taken their granddaughter out to breakfast.

Tanya left a message with a front desk clerk, “Carolyn’s on the stand today! Be here before noon.”

Though glad her brave little girl would be testifying, Tanya could not deny later she was somewhat apprehensive.

“I was scared that she was going to get her facts confused ... I was real scared.”

While her husband smoked more cigarettes by the vending machines downstairs in the courthouse, Tanya fumed over some of the testimony.

Much of it, she felt, was a misunderstanding. Some of it was outright fabrication.

“A bunch of bull!” she exclaimed.

She was also confused and a bit angry at her lawyer. Tanya felt that Mark Pennington could have objected more to the testimony. Tanya scribbled notes at the defense table, but was cautioned that it wasn’t wise to nitpick. It would be a mistake to divert the judge’s attention to small “insignificant points” and away from key issues.

Nurse Urquhart’s testimony, Tanya raged, had been an utter crock.

“I was never there visiting the nurses,” she said. “I was there taking care of Michael” She reminded Jim of one of the times they had gone to see their son at Blank Children’s. The elevator doors popped open, and who was standing there, but Michael.

“He could have walked on the elevator and walked out of that hospital!

God knows where he could have gone or what might have happened to him?”

Tanya said she was there to take care of him because the nurses did not

have the time to do a proper job. Not the job a mother would do, anyway.

“I gave him a bath every night because they never did. I had to. Nobody else would.”

One time, Tanya admitted, she helped the nurses by putting on a gown and holding a child who had been badly burned. She sat by the door and rocked the little one, all the while keeping an eye on her own son.

“That was the only time,” she insisted.

Melodee HANES SAVED the best for last. Her final witness was Medical Examiner Tom Bennett. His manner, looks, and resume were equally impressive. He was the perfect prosecution witness. Melodee knew from other court trials that Dr. Bennett could turn little old ladies of a jury into mush with country-boy/city-smart charm.

That would be lost on Judge Perkins. All he wanted was the evidence.

Dr. Bennett had that, too. He was board-certified in anatomic, clinical, and forensic pathology—no small achievement.

After recounting the witness’s considerable expertise, Melodee Hanes asked for a description of Shaken Baby Syndrome.

“It consists of a basic constellation of findings as originally described in the literature, that constellation being subdural hematoma—that is, blood around the brain in that subdural space, retinal hemorrhages, and the absence of any other cause to explain that blood around the brain, such as direct head trauma.

“So what you have is a syndrome where a child is forcibly shaken, this shaking tears the tiny blood vessels which bridge from the top of the brain to the inner surface of the skull where the meninges attach, and then bleeding accumulates around the brain, puts pressure on the brain, and the baby will die or have long-term sequelae of brain injury because of that pressure around the brain.”

Dr. Bennett noted the syndrome had only recently been identified and named. Some pathologists now called it Shaken/ Slammed Baby Syndrome—as the force of slamming the child against something such as a bed or floor might account for some of the damage.

A board was set up for the ME to diagram the syndrome.

The witness sketched the brain and explained how it shifts in the skull when a child is shaken or slammed. The resulting subdural hematoma certainly pointed to child abuse.

“What happens is little tiny blood vessels bridging from the brain to these

meninges all along the top part of the brain here, when you get a forcible shaking, with the head first moving forward and then moving backwards, the brain because of its mass and its inertia, will shift back and forth. This shifting is compounded by the fact that the baby's brain is relatively smaller than the skull, so there's a lot more free space around the brain, which causes the tiny blood vessels up here along the top to tear."

Blood accumulating in the subdural space, he said, causes brain death.

Dr. Bennett likened the force necessary for a child to sustain such an "Jury to cracking a whip.

"It's like forcibly throwing their headpin effect this whiplash motion, throwing his head so that it either stops suddenly through the person's just braking effect or it stops because they impact something such as a hard surface, a table, a pillow whatever else, enough to stop that head.

"... And this is not just simply a bump or a fall or a jostling of any sort, this is a forcible, severe energy, shaking."

The prosecutor produced Morgan Reid's autopsy report.

Dr. Bennett read from it the hydrocephalus, or blood around the brain, the acute subdural hematoma, anoxic encephalopathy, or brain damage due to lack of oxygen, the inflammation of the lungs, finally the resuscitation attempts.

"Does this autopsy make any referral to whether or not there was a finding of child abuse?"

"The very last sentence on the first page has a statement that Dr. Birkett says, There was no evidence of child abuse."

"And doctor, do you have an opinion as to what the appropriate final diagnosis in the autopsy report based upon this information should be?"

"In my opinion Morgan Reid clearly did not die of natural causes. In my opinion Morgan's death is a result of what I call the Shaken Baby Syndrome."

Under further direct, the ME explained how he arrived at his opinion, The blood was fresh ... no evidence of trauma to the skull ...

the words came one after another.

Tanya dabbed at tears and ate another Tic Tac. Beverly Kay also cried.

She remembered the little baby with the bonnet covered head lying in state at the funeral home in Dumas.

The fact that retinal hemorrhages were not noted, the doctor said, merely meant no one had thought to look for them during the autopsy.

In all the hundreds of autopsies he had overseen, he had never seen a subdural hematoma caused by CPR attempts.

“You’d have to so violently shake this child, it’s beyond any CPR I’ve ever seen performed. Far beyond. Again, children are remarkably resilient. You don’t produce this through just routine CPR or even aggressive CPR.”

The defense tried to poke holes in the medical examiner’s testimony.

After all, the doctor was not present at the autopsy, did not speak with Dr. Birkett, and did not witness Morgan’s last hours.

The witness insisted the lapses would not alter his opinion.

Mark Pennington directed Dr. Bennett to the death certificate. It was true, he pointed out, that for “Immediate Cause” it had “Brain death due to, or as consequence of, Cardiorespiratory arrest, etiology undetermined.”

“So this death certificate indicates that the cause of death was not known, correct?”

“To this certifier, that’s correct.”

The defense attorney acknowledged the signature of the certifier. It was Dr. Rolf Habersang.

“And that is someone different than the person that conducted the autopsy, isn’t it?”

“Yes, sir.”

“And are you aware that from your review of the medical records that Dr. Habersang was present in the last stages of life of Morgan Reid?”

The witness was.

“Are you aware that he is considered to be an expert on the Shaken Baby Syndrome within the State of Texas?”

“I presume so in his position at Texas Tech. Yes, sir, I expect him to be.”

Mark Pennington moved on to Dr. Birkett’s notation of no evidence of child abuse. It was not an ambiguous statement. To prove his point, he brainstormed the possibilities a pathologist could have written on the report.

There is evidence of child abuse.

There is a possibility of child abuse.

There is a strong possibility of child abuse.

There is a probability that there is child abuse.

“Wouldn’t it be a fair statement that if all the alternatives, and I’m sure I did not exclude them all, that Dr. Birkett chose to include within his autopsy report the statement, There was no evidence of child abuse,” is that correct?”

“That’s correct.”

The defense had tried to open the door to the idea that two pathologists could have differing opinions on the same case. The one with the greatest credibility should be the one who conducted the autopsy—not the one who shuffled through a stack of papers more than half a decade later. But Dr. Bennett didn't buy it.

The defense moved on with questions leading to judgments made once again by Dr. Steven Under, the doctor who stood alone in his defense of Tanya Reid.

First was the percentage of cases seen without retinal hemorrhages.

The witness said only ten to twenty percent of shaken baby cases did not show that finding.

Next, was the subject of herniation-type syndrome, again not found in Birkett's report.

There are no grooves or evidence of herniation by external examination.

With his next few questions, Mark Pennington continued to invoke the name of his chief witness.

"If Dr. Under would state that if you have acute subdural hematoma you have somewhat of a herniation-type syndrome and that is not described in this pathology report, would you agree or disagree with that?"

"Yes, sir, he was. He was not describing the classic herniation-type syndrome here."

"And would you agree or disagree with Dr. Under when he states that when someone dies of acute subdural hematoma you would have to have a herniation-type syndrome?"

"You had a herniation-type syndrome in this case. The child was treated." The defense attorney cut the answer short. Disagree or agree?

The doctor wanted the benefit of an explanation—not a one-word answer—but Mark Pennington was not looking for that.

He repeated the question.

"I agree with that." | "Thank you. Do you agree with Dr. Under when he stated that this particular pathology report doesn't describe a herniation-type syndrome?"

"I disagree with that."

He referred the witness to the autopsy report.

"And they did not describe the brain as being swollen and pushed through the tentorial notch?"

There, in fact, was no mention of it.

“Would you agree or disagree with Dr. under’s statement that it would be necessary for the brain to be swollen and pushed through the tentorial notch in order to die from acute subdural hematoma?”

“To answer that, that is what happened in the case but it was not present at the autopsy because CPR” Again, the witness was cut short.

But this time he disagreed to a certain extent. He felt that, in fact, pressure in the area of the brain, and pressure in the area of the tentorial notch could cause the same results.

“I’m disagreeing on the basis of semantics more than anything, Mr. Pennington. It’s pit’spl I agree in principle with what Dr. under is saying in that statement, but I want to make sure I clarified many of his points.”

The prosecution’s redirect covered two key areas. First, Melodee gave Dr. Bennett the opportunity to explain what the defense lawyer had done a superb job of thwarting. Was there evidence a herniation-type syndrome was present in Morgan?

“There is evidence of swelling of the brain, and to have cells die of the brain here with the lack of blood flow there had to be a herniation-type syndrome. The child, however, was resuscitated for twenty hours between presentation and when death finally occurred.

Resuscitation includes many measures to cut down the swelling around the brain, giving a child artificial respirations will cause the brain to shrink down. That will decrease greatly the amount of grooving along that tentorial notch like Dr. under was referring to, or even tentorial prominence.”

And in a line of questioning that brought instant objections from the defense, Melodee wanted to know if Dr. Bennett had ever talked with Dr. Rolf Habersang concerning the case of Morgan Reid.

Judge Perkins, however, allowed the prosecutor to tread the shaky ground despite the fact the Amarillo doctor would not be available for cross-examination.

Dr. Bennett said he had, in fact, talked with Dr. Habersang.

“And did you determine that he would have a different opinion, without telling us just what that is?”

“Yes.”

With that, Melodee was finished. It was Tanya’s turn.

Nothing the medical examiner had said surprised the defendant. She expected it all and seemed to take his testimony in stride. Like the others, she said, he didn’t know what he was talking about.

“He didn’t look at any slides and didn’t look at anything of Morgan’s.

A lot of his autopsies are shaken baby ... almost every child Bennett does is shaken baby,” she told a friend later.

As Tanya felt had been the case with Melodee Hanes, Tom Bennett was a child abuse grandstander. He was part of the abuse witch-hunt.

THE FIRST DEFENSE witness seemed miserable. Jim Reid could do little to disguise it. His family had been torn apart, his personal life exposed.

Nothing was private. He wanted the ordeal over.

God, the news media was taking notes and photos!

There was also the issue of the money. The Thaxtons felt tightfisted Jim resented that the money from the sale of their last home had been spent on Tanya’s defense.

There was a faint smile for his wife when Jim took the stand the morning of March 1. He continued to wear his wedding ring for the same reason the nurse had dressed in her uniform.

It looked better that way.

In an accent somewhat lessened by years, proving he wasn’t a hick from the Panhandle, Jim quietly went over the basics of his life and career at Swift, his marriage to Tanya Thaxton, the birth of daughter Carolyn.

The baby’s colic, he said, was a strain. Tanya sometimes needed a little extra help.

“Oh there was a couple times when Carolyn was being real, you know, agitated and aggressive, or I don’t know exactly how to put it, that she called me a couple of times and I did go home from work early. Not like early in the morning and stuff, but she was going to school at night and she called me one occasion at four o’clock and asked me if I’d come home early because she wanted time to study for her test (and wanted me to) take care of the baby.” i Beyond the colic, Carolyn was normal. Tanya never sought any unusual medical treatment for her.

Mark Pennington asked for a description of what had been going on just before Morgan’s first episode on August 8, 1983.

At the time, Jim said, he was in the midst of a promotion at Swift and had the opportunity to return to Dumas for two weeks to cover for a vacationing plant manager.

“... And the vice president of our division sayspwell, he says That’s where your wife’s from and everything and why don’t you take your wife and family and everything?” ” When they got down there, he said, things were

fine. The Reids stayed with the Thaxtons. While there, he was summoned by the corporate office to attend a seminar in Washington, D.C Tanya stayed in Dumas.

“I flew to Washington, D.C on a Sunday and then the following Friday, when I was through with the school and everything, we met at O’Hare and all came home as a family.”

There had been no problems.

“Was she unhappy with the relationship with you?”

“Oh absolutely not. It was probably one of the happiest relationships we had. We were finally you know, we didn’t really have any financial problems anymore.”

The witness rejected Lynn Jachimek’s testimony that he was about to leave town before the first episode. He was in the corporate office attending to some personnel matters when he was notified Morgan stopped breathing.

The next question was so very important.

“In regards to Morgan, have you ever been present at the onset of any seizure or apnea episodes?”

“No, sir. Not at the onset.”

“And how quickly after the onset have you been present at these episodes?”

“From the time it takes to run from one room to the next, or from the garage into the living room.”

Jim described one time, “When she hollered at me, and I come running into the living room. Morgan was lying on the floor. She was completely blue. Her face was blue around her face and stuff, and the rest of her skin was clammy. She was kind of trembling a little bit and, you know, she wasn’t breathing to speak of.

“Tanya was doing mouth-to-mouth, and after just a couple of seconds of that that Morgan started to come back around and started gasping for breath, and eventually started crying.”

The witness spoke warmly of Dr. Kudchadker. He was more than a physician, he was a friend. After Morgan’s second episode, Jim and Tanya conferred with the doctor.

“We met him in the cafeteria, or a little room there and stuff, and Dr. Kudchadker told us, you know, that we were going to have to be committed to spending twenty-four hours a day with this child until you know, until such time as she grew out of it. He said we could not afford to leave her alone

or by herself or anything.”

Under further direct, Mark Pennington again aimed fire at Lynn’s testimony.

“I believe Lynn Jachimek testified that one time she babysat for Morgan, and I believe that the thrust of her testimony was that she was just hastily given a diaper bag with no instructions. Is that correct?”

Jim Reid shook his head. He couldn’t remember Lynn ever babysitting Morgan, period.

“Well, did you and Tanya have a falling-out with Lynn and Wally Jachimek?”

The witness nodded vigorously.

“They didn’t feel they were invited to our house for a special occasion or something like that. We tried several times after that to call them and stuff and they just wouldn’t return even if you got them on the telephone they were very, I guess you would say, antisocial.”

The defense attorney asked for a description of the defendant’s relationship with her kids.

“The most important people in her life has been her kids, and I never seen her hurt the kids, I never seen her be unruly with them or whatever. I mean, there’s been times she’s been irritated. I mean, there’s times I get irritated with them, too. The kids have never been excessively punished for anything. We tried, you know, to instill in them some proper mannerisms and how to act and stuff, and we been real careful with our kids. Both her and myself have been very protective of all of our children.”

Mark Pennington probed in the area of Tanya’s character under the duress of Morgan’s escalating medical problems.

“She doesn’t show emotion very well,” Jim told the court. “She has the tendency to hide it and go off by herself and cry if she wants to. But many times when Tanya and I were by ourselves, you know, I held her half the night crying because she didn’t know what we were going to do.”

In testimony that finally registered some emotion, Jim recalled the day of Morgan’s death. He had been called from the plant. He had seen his crying wife in the E.R.

A doctor told him, ” We don’t know if we’re going to be able to save her ... ” The words still hurt.

Morgan was taken by ambulance to Northwest Texas Hospital in Amarillo.

“... and Dr. Habersang met me and he said, You know, we ran an E.E.G on her and we have a completely flat brain wave and it appears that the stem to her brainp’ I mean he just indicated like it just didn’t exist anymore through thisp whatever happened to her.”

They waited for the Thaxtons, before turning off the ventilator.

“... And she didn’t die, and she just kept breathing. And that was probably, you know, five or six o’clock.... And Morgan, she didn’t die until about eleven o’clock the next day.”

No one, Jim Reid testified, ever suggested his daughter died as a result of child abuse. In fact, it was both he and Tanya who requested the autopsy.

After the noon recess, Mark Pennington addressed Brandon Michael Reid.

Jim said he and his wife were very concerned about both mother and child during her pregnancy with their son.

“Well, Tanya went through a small period of time where she had some real problems with her health where she would pass out, become unconscious, like severely, and two or three of these times they diagnosed her as havingpthey put her in the hospital and she had a low blood sugar and she subsequently did not have any more problems of that nature.”

The witness said the episodes were not mysterious or undiagnosed. It was low blood sugar and a regulated diet fixed the problem.

It was time for his son’s episodes.

The episode on April 17, 1986, was critical to the defense. It was the only one left that anyone other than Tanya could even remotely suggest they had seen. Jim recalled telling the paramedics he had seen his son become rigid and lose consciousness.

“We were in bed, and I heard Michaelpseemed like I heard himp he was moaning or making a little bit of sound or something and I went into his bedroom and found him in his crib and he waspyou know, he was stiff, his head was back, his arms were back, his legs were trembling.

He was having some difficulty breathing.”

“Where was Tanya?”

“She was in bed asleep.”

“And had she been in there with the child prior to this onset?”

“No, sir.”

He too, had given medical history on his son “fifteen or twenty” times.

He too, had only witnessed one episode from the onset.

“Mr. Reid, has any physician accused you of suffocating the child to bring about a seizure or apneic episode?”

“No, sir.”

“I guess, Mr. Reid, if you did bring it about, then you would make medical history as being the first man or father who has induced a seizure in his child. Is that your understanding from listening to the testimony in the courtroom this week?”

“That’s that’s my understanding, yes, sir.”

Jim stood up for his wife. Tanya loved her children. She would never hurt them. If he had thought so for even a moment, he would abandon her.

“According to the experts you were duped and your wife is suffocating these children behind your back, Mr. Reid. Do you feel that’s true?”

“Absolutely not. How could she dupe me for that long a period of time?

I mean for five years or four years, whatever, from the birth of our second daughter until just last year?”

Melodee Hanes was free to confront the defendant’s husband. It was a cross-examination she had wondered about for months. There was always the possibility that someone close to the defendant would change his or her story.

The prosecutor asked Jim Reid to review his juvenile court testimony.

“And now, Mr. Reid, the only seizure that you observed was when Michael was eleven months of age, is that correct?”

“That is correct.”

“And it’s true that you testified in juvenile court, that the only seizure you had seen was at four months of age, is that correct?”

“That is correct.”

“Do you have a recollection of also speaking to Mr. Mark Gillespie in the hospital on February 7, 1988?”

He did. Jim also remembered the investigator asking if he had witnessed a seizure from the onset.

“Do you remember saying to him, Not that I’m aware of. I’ve just caught him in bed, you know, the one time I told you about, and several other times when Tanya called, but from the onset, no.” Do you remember saying that?”

“No, I don’t. I don’t deny that I said it, but I was under somewhat duress at the time that he was questioning me.”

“So you could have said at that time that you’d never seen anything from

the onset, and your testimony here today is you've seen something from the onset but when you walked in he was already in the seizure state, is that your testimony?"

"I could have said anything in the world to Mark Gillespie that afternoon, that's true."

Melodee Hanes ran through some of the Reids' background before moving on to some specifics of the husband's testimony.

His work schedule in Des Moines was one in the afternoon to one o'clock in the morning.

He said Tanya's fainting spells occurred between the third and fourth months of her pregnancy with Michael. There had been three or four, though he was unsure of the exact number. It was true, that each time paramedics were called.

"Would it be possible that she had one on October 15, 1984, October 17, 1984, October 22, November 22?"

"Be close."

"She also had one, didn't she, her ninth month of pregnancy, after she had been seen for the prior fainting spell problem?"

"I don't remember that one."

Melodee was surprised by the answer.

"Did you contact the paramedics on April 7, 1985, at about 11,12 A.M where they found your wife lying on the floor unconscious?"

"If that report says I did, I probably did. If she was unconscious, she couldn't call herself."

Melodee finished with a point of clarification.

"It's true that you've never seen an episode of Brandon from the state of being normal to the state of his going into an episode, isn't that correct?"

"I've seen one that I described to you earlier."

The prosecutor repeated the question.

The witness reluctantly agreed.

"And it's true that every episode he's had your wife has been in proximity in the house, she's been there, isn't that true?"

Jim Reid, once again, could only agree.

The defendant's husband was not the type to budge. Jim Reid would never show a crack in the facade that calmly, and straightforwardly, told the world he stood by his wife. Tanya was not the monster Melodee Hanes faced off in court.

She was innocent.

“I’ll never believe she’s guilty,” he said later. “I’ve seen the love she had for her kids. It’s just incomprehensible that someone could be so loving and caring on one side and be so vicious. For a person to do what they say she’d done, that person would have to have some real mental problems.”

And to suggest Tanya’s Woodridge fainting spells were faked and somehow symptomatic of a Munchausen perpetrator was also ludicrous.

For Jim, the Thanksgiving Day 1984 incident would always stand out as a conclusive testament to the veracity of his wife’s own health problems.

He had not been duped by a wife desperate for attention. It was too real to be a charade.

“My sister was in town from New Mexico and we were preparing Thanksgiving dinner. Dinner was thirty minutes away, and Tanya went upstairs for a minute, came back down, and when she got to the bottom of the stairs she collapsed on the floor. I carried her in to the living room sofa. She was out cold. Out cold. There was no faking.

Her facial color was gone. We were gone for three or four hours at the hospital.

There’s no faking that. It was a sugar imbalance.”

Never did Jim Reid draw a connection to Tanya’s fainting spells early in their marriage.

“That only happened a couple of times. They weren’t quite as severe.

I think they were caused by a chemical imbalance and when they changed her birth control pills, she was fine.”

JUST AS SHE had when neighbor kids picked on the littlest Thaxton, she was there to protect her real live baby doll. Of Tanya’s sisters, only thirty-nine-year-old Beverly Kay Redelsperger would take her place on the witness stand to defend her. Rodena couldn’t take the time off, and Leslie’s youngest son had a bad case of chicken pox.

Beverly Kay dressed in what she liked to call her “attorney suit”pa black tulip skirt and jacket. And she came prepared. She met earlier with Mark Pennington in his office where she showed him a manila envelope filled with articles she had written on child abuse and her certificate of training as a rape crisis/domestic abuse counselor.

“I want the judge to know that I’m not just a sister. I have a little training behind me. It might bring some more credibility for what I have to say,” she said.

The attorney asked her to bring the material to court, and in the event it was appropriate, he might introduce it.

Like all Thaxton girls, Beverly Kay did what she was told.

In a milk gravy-thick accent, she told the court she and her sisters had grown up in a good home, without drugs or alcohol problems, or child abuse.

“Was there any type of unusual problems growing up either with you, your siblings, or Tanya specifically?”

“No, sir, there was not.”

When asked about Michael Reid, it was obvious she considered the boy her own.

“We make no special concessions as far as taking him places or for discipline or anything.”

“You don’t want to lose Michael, do you?”

“No, sir, I do not.”

She had never seen anything to indicate her nephew had been abused at all. She had not noticed any sensitivity to the mouth and nose to suggest he had been suffocated with a hand or pillow.

“Is there anything at all unusual that you notice about Michael?”

“Michael has interruptions of activity. He will sit and stare at anything. It doesn’t have to be an object. Hephie is there but he’s not there. There’s a lack of any recognition or anything in his eyes when you look at him.”

She said she had timed him at three minutes one time. Beverly Kay told the court she was not suggesting a breathing problem. The preschool teacher had noted the same thing, calling it a “weird look in his eyes.”

Melodee and Candis were stunned. This was something new and it was outrageous that this was the first anyone would hear of it.

The defense attorney’s followup questions had the witness agree that she could not seek medical treatment for Michael unless she had permission of juvenile court.

Tanya’s big sister admitted she had not sought such permission.

Mark Pennington asked her to retrieve a picture of baby Morgan from the billfold in her purse. It was the portrait of the baby dressed in a white-and-pink polka-dot romper. She was smiling under the folds of a blanket.

She held it for Judge Perkins.

“Was there a time when you noticed anything, just as a mother, anything unusual about Morgan when she was alive?”

Beverly Kay nodded. She recalled the time she held baby Morgan and felt

the softness of her head.

The witness made a point of turning to the court reporter and tracing the lines of her own head to illustrate what she meant.

“As a painter the way the shadows are on the forehead it’s showing the prominence of this frontal part of the skull, across this area and in through here. She doesn’t have hair there.”

The baby’s head was so unusually large, she said, a T-shirt could not fit over her head. Also her muscle tone was deficient.

“She held her head up but there was nothing really there to feel the muscle. It was like picking up a sack, but that was basically that feeling ... She never did sit up....”

Poor Beverly Kay. She had only wanted to help Tonto by telling the truth, but Melodee Hanes went on the attack. She had good reason to the defendant’s sister was now telling the court she had witnessed Michael in the throes of some never-before-mentioned staring spells.

“In fact, he hasn’t had one seizure or apnea episode since he’s been with you since October 88, is that right?”

“Except for the staring. And he has had no apnea episodes, no.”

“Are you calling that an apnea episode?”

“Well, I don’t know what to call it. It’s an interruption.”

“Well, if you considered it an episode you would report it to the juvenile court in Des Moines?”

“No, ma’am, I did not.”

“Did you feel it was significant enough to report it to them?”

Beverly Kay Redelsperger was caught and she knew it.

“I had not reported it to anyone, because I have been placed in a catch-22”- situation because if I reported it and seek medical help, then I would be charged with a crime and I would be charged with Munchausen” Melodee ripped the woman to shreds.

The witness was the court-appointed caretaker for the child and she was reluctant to protect him by reporting the spells to the Iowa authorities for fear of being accused of something. How could she be qualified to continue the care of the boy when she did not report the spells?

Even though she was concerned, even though she had talked with the juvenile court officer a week prior to the trial, she still had not reported it. The officer had not asked her specifically if Michael was having problems, only if he had been to the doctor. He had not.

Mark Pennington objected to the prosecution's next question, but Judge Perkins allowed it anyway.

"Do you think that Brandon Michael Reid has been abused?"

"I do not feel like that Brandon Michael Reid has been a victim of child abuse."

"Isn't that different than what you told the juvenile court referee when you were attempting to obtain custody of him in October 1988?"

"There have been a lot of things that have changed since that time, and I'm not sure that I remember what you're referring to."

"Didn't you tell the juvenile court referee that you did not have an opinion about that and that you could not say?" "Yes, ma'am."

"Excuse me, let me finish, that you could not say this had not occurred? Is that true?"

"That's what I said at the time."

"And now you're telling us something different?"

"Yes, I am, because until that time" Melodee cut her off. She had no further questions.

Little Carolyn Reid, just eight years old, took the stand to defend her mother. Her brown hair was down. Wanda Thaxton had planned on putting her granddaughter's hair up, but in the rush to get to the courthouse there had been no time. None of that mattered. Carolyn was a pretty little girl. She wore a dark blue, long-sleeved dress with white flowers around the hemline, white tights, and black patent leather shoes. The dress had been a birthday present, saved for an important occasion. None could be more important than what she had to do that day.

She told the court she knew the difference between the truth and a lie.

With each response, she would stretch her neck to reach the microphone.

"And what does your mother feel about Michael?" "She loves him dearly."

"How does she feel about you?"

"The same."

"How do you know that?"

"She says so."

"Have you ever seen your mother try to hurt Michael?"

"She ever try to hurt you?"

"No, sir."

It was time to cover the office visit episode at Dr. Kudchadker's clinic.

“One time I was in the same room,” she said, looking up at Judge Perkins, “and he kind of turned bluish around the lips and stuff.”

“And where was Mom before this happened?” “We were in Dr. Kudchadker’s office and Mom was just kind of doing this, like to his hair, just pulling his hair kind of,” she said, brushing back her own hair from the side of her head.

“Did she have her hand near his mouth or anything?”

“No, sir.”

“Did she then try to get him to breathe again?”

“When Dr. Kudchadker was there, where were you in the “In one of the chairs over in the corner.”

Carolyn ended her direct examination with a promise that she was telling the truth.

Nobody likes to cross-examine a second grader. Especially one fighting for her mother’s life. Melodee Hanes treated Carolyn Reid very gently.

She told the girl she wanted her help in understanding what had happened at Dr. Kudchadker’s office.

Carolyn said she was sitting in the corner and the doctor was at the end of the examining table. Her mother was playing with Michael’s hair when he turned blue.

“And Dr. Kudchadker was in there at the same time that you saw this, right?”

“Yes, ma’am.”

On redirect, the little girl stood firm in her story that Dr. Kudchadker had been there from the onset.

“Has your mother tried to get you to say that?”

“No, sir.”

“Did she tell you that Dr. Kudchadker was there?”

“No, sir.”

Melodee had nothing further. She thanked the little girl.

“Carolyn, you’ve done a very good job.”

The defendant’s father, John Thaxton, testified that his four daughters shared a trouble-free and happy childhood.

“Really there was never a problem in our family as far as our children were concerned. My wife and I, we were on the same wavelength. We set the rules and regulations that our children would be raised by, and my wife and I didn’t disagree on one of them. We might disagree on the way we

accomplished the end, but never on the rule.”

They were good girls, he said. And yes, he was a strict disciplinarian. He and Wanda demanded respect.

Mark Pennington wanted to clarify the testimony. Did strict mean the witness beat the girls?

“No, but today probably I’d be accused of this instead of her, because I do not go along with this other theory of the way you raise children.”

“In other words did you spank, beat?” “I spanked their butts when they needed it.”

All of his daughters were good mothers. All had been taught right.

The prosecutor had no questions for Tanya’s father.

John Thaxton continued an off-the-record chat with the judge concerning kids and punishment. It was a friendly discourse, not unlike the kind the defendant’s father engaged in when out on a sales call.

Daddy could talk to anyone, about anything.

Tanya was thrilled. She was also proud. She felt that if her daddy could converse with Judge Perkins so freely, maybe he’d see that she had come from a good family and couldn’t possibly have done any of the terrible things that Melodee Hanes had tried to prove.

If he’d listen to her father, then just maybe, he’d listen to her. The next day, she’d have her chance.

TRUTH. VINDICATION. Setting the record straight. The words had run through her mind as Tanya Reid prepared herself the morning of March

2.

She wriggled into panty hose, fluffed her hair, doused on Jontue.

Getting ready ...

None should have doubted this moment would come to pass. Nothing could have stopped Tanya from taking her place next to the judge and telling her story. She told her family if Melodee Hanes would only listen, they'd be able to clear up the terrible misunderstanding that had ripped her family apart. Both were mothers. Both loved kids. This could be worked out.

Gonna be heard!

The defendant cleared her throat and, out of concern for her breath, popped a Tic Tac.

Tanya had saved her sister's nicest outfit to wear on her day on the stand. It was a purple-and-gray plaid suit and indigo blouse. On her right ring finger she wore her "Mother's Day" ring. The band had a row of four sparkling gems, a tiny birthstone each for Tanya, Jim, Carolyn, and Michael.

There was no stone for the baby buried in Dumas.

At five after nine that morning Tanya began to tell her side.

Mark Pennington led her through her marriage to Jim and Carolyn's birth. And, as her husband had said, Carolyn was indeed colicky.

"For the first three months of life she screamed twenty-four hours a day with colic. I would walk with her. My husband did. There were times at two or three o'clock in the morning I called my mother to come over and help, because you could just walk so long. And I was also trying to get my RN at that time and it just she was terrible."

The defense moved on to Morgan Renee. The birth had a rough spot, the defendant said. The baby's heart rate dropped during labor. An internal monitor and some oxygen were employed and "... after five, ten minutes it straightened out."

Tanya denied the number of her husband's business trips were greater during Morgan's few months of life. In fact, she insisted, Jim was gone for the longest stretch when she and Carolyn were left in Dumas pending the first transfer to Chicago.

The defense lawyer asked about Morgan's first episode.

Again, Tanya told the story of the baby waking up, being fed, and how

she had gone out to get the mail. When she got back thirty seconds later the baby was blue. She checked the airway, called the paramedics, and started mouth-to-mouth.

Tanya's voice broke and tears filled her eyes.

"After a few breaths she started crying again. The paramedics were keeping me on the phone trying to talk to me and help me. This is as they were getting there. And as we were talking she quit breathing again, so I hung up the phone by the time the paramedics were there, and I had given a few more mouth-to-mouth and they walked in the door and took Morgan out in the ambulance and worked on her in there. And in a few minutes they came and told me she was fine and wanted to be asked me if I wanted to go out to the ambulance and see her."

The defense lawyer wanted to know what Tanya, the alleged perpetrator, gained from her daughter's lifethreatening episodes?

"Did it in any way make you the center of attention or the star of the show, something that you hadn't been before?"

The defendant was indignant. "Definitely not. Everything revolved around Morgan."

It was a strain, not a help, to her family. She and her husband probably argued more because of the strain. Her parents had to come all the way up from Texas to help. Her oldest daughter had nightmares.

"I cannot think of one thing positive that came out of it."

Then it was time for her to give her version of what had happened just before Morgan's death.

"... She woke up that morning and wasn't eating very good and just wasn't I couldn't get her to take a bottle but I you know, I sat her up in the walker and I had taken Carolyn to day care.

"And Morgan was getting fussy and sleepy. I had her sitting in the walker and I figured I would try to give her you know, get something else in her before I put her down for her nap. And I went into the kitchen. I heated the bottle in the microwave, and I went there to get it and she had quit making any noises at all.

"She was slumped over her walker. I laid her down on the floor and like normally, I checked her. She wasn't breathing so I went and called the hospital paramedic and then I started complete CPR. There was no heartbeat and no respirations."

It was worse than any previous episode and the defendant knew it.

“I don’t know what I can’t put my finger on what it was, but it just didn’t—it wasn’t like the other ones. Usually I could maybe get her to start gasping a little bit or get some response, a twitch or something, but this time there was nothing.”

And as her husband had testified earlier, the defendant told the story of her daughter’s ride to the hospital and how Dr. Habersang had advised them that there was no hope. Some fifteen hours later, Morgan died in her arms.

Defense lawyer Pennington asked if she loved her daughter.

“Definitely. She was my life for those eight months that she did live.

We had to be with her continually. I don’t see how you cannot love an innocent child.”

“Did you kill her?”

“No, sir. I definitely did not.” 1, \ “Did you shake her to death?”

“No, sir.”

“Did you bring about these seizures?”

“No, I did not.”

“There any reason why you would want to do that, Tanya?”

“Why? Why would I even want to? There was no purpose in it. There would be no reason to. It caused us nothing but pain and anguish. And I can’t understand what any reason there would be if I had wanted to.”

Tanya told the court that she and her husband ordered an autopsy and that the procedure would not have been performed if they had not done so. They had been told that Morgan died of SIDS, and that in some way Fragile X played a role.

She told the court how frightened she and Jim had been when they found out she was pregnant with Brandon Michael. They feared they would have another baby with health problems. Even though amniocentesis had turned up no problems, the fear continued. The little baby was brought home on a monitor—ordered by Dr. Kudchadker.

She described her son’s first episode.

“He woke up from his nap, and I had brought him downstairs where it was a little bit cooler and changed his diaper, and I went around the corner—I had him on a couch and went around the corner to heat his bottle up and he was suddenly very quiet. He was quite hungry. You know, babies cry when they’re hungry. I walked back around the corner to check him and he was limp, and around his mouth was blue. He was not breathing after I checked him.”

The defendant called paramedics and did mouth-to-mouth. She was terrified that, like Morgan, Michael might die.

Under further direct, the defendant backed up Jim's claim that he had arrived in the baby's bedroom first on the night of April 17, 1987.

"My husband went in to check on Michael. I never went into the room until he hollered at me and told me to call the paramedics."

"But Tanya, if you weren't there, that was either a genuine seizure disorder that Brandon Michael was experiencing or your husband Jim induced the seizure, is that a fair statement?"

"It would be fair," she said, "but it's not true because my husband never has and did not."

Mark Pennington sought a description of the relationship between mother and son.

"Very loving. They always say little boys are closer to the mother and little girls are closer to the father, and it definitely was. We played together. He was a very easy, loving child to take care of.

There's just a bond there that's hard to put into words. Any parent can feel that bond. It's difficult to explain, but he was very happy.

Ip" "Did you ever attempt to suffocate Brandon Michael Reid until he would lose consciousness?"

"I did not."

The defense lawyer allowed her an explanation for all the testimony suggesting that she was calm and matter-of-fact when giving her son's medical history. She had to repeat it over and over again.

"Every time a doctor, a nurse, an intern, a specialist persone hospital stay we're likely to be asked, I'd say, five or six times. Every time someone walks in the room they want a history."

About her demeanor, so often described as inappropriately calm, she also had a quick rebuttal.

"If I panicked and I got as hysterical as I wanted to be, it would not have helped the kids. I had to be calm and in control to be able to help them. Afterwards is when I go to pieces."

Not in front of strangers, she said. She would show her emotion only to her husband, her immediate family.

She held firm that there had been no deception when she cited the names of witnesses to her children's episodes.

When asked about Dr. Kudchadker, Tanya said she did not know what he

saw or didn't see. She was busy doing CPR when he was in the room.

And she had given the Illinois doctor's phone number freely. In doing so, she expected Blank Children's staff to call him.

"I was trying to help," she said.

"Do you believe that your mother may have witnessed a seizure?"

"Yes, sir. She did."

"And can you tell us about it?"

"Michael had woke up and I was upstairs changing him, and he had quit breathing, and my mother was there and she called the paramedics while I was trying to get Michael breathing again."

"Did she see it from the very beginning?"

"From the very beginning, I'm not sure. I know she was there when he had a seizure."

Mark Pennington ended his direct with a line of questioning about the fainting spells during her pregnancy.

"And other than that have there been any unusual episodes of unconsciousness in your own medical background?"

"No, sir."

During the recess, Steven under greeted Melodee Hanes with a big smile and handshake, as though he was a longlost friend. The neurologist from Dallas made a point of telling the prosecutor that he wasn't charging the defense an expert witness fee for the trip to Des Moines.

The pronouncement was unusual.

Melodee told Candis about it.

"Evidently he still believes Tanya," Candis said.

Melodee was always pleasant to a defense witness until cross-examination. Then she had a job to do.

And no cross-examination had ever been more anticipated than the one she was about to endeavor. She wanted to look into Tanya Reid's dark brown eyes.

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THE PAST WAS moving forward. Catching up. Dumas and Des Moines could meet under the soaring ceilings of a Polk County courtroom. The secret of long ago might finally be told.

Or it might not.

Impeaching a witness is the brass ring for any attorney. For a prosecutor like Melodee Hanes, nailing the defendant during a circumstantial case often meant the difference between winning and losing.

Melodee tucked photocopies of the Moore County newspaper articles inside a yellow legal pad. No one could see them, yet for the prosecutor who was about to face the defendant, the pad seemed as conspicuous as if it had been outfitted in flashing lights and warning flares.

She was so aware of the articles, so hopeful that she'd be able to brandish them and stun Mrs. Reid.

Cross-examination began with a review of Beverly Kay's testimony about the staring spells.

"Of course she told you about those, is that correct?"

"Not. She has mentioned it, but not really in detail either. I don't talk to Beverly Kay that much."

"And, of course, you notified the juvenile court authorities, immediately?"

"No, because I do not have any control over Michael. I cannot. Melodee pressed the issue of the spells. How would the defendant have felt if there had been any kind of episode whatsoever while her son was in foster care and it had not been reported?"

Tanya said she would have been upset, but as long as it had not been life-threatening it would be all right.

When asked about disciplining her children, Tanya told the court she mostly used "Time-Out."

"Have you ever shaken Michael violently?"

"No, I have not."

"Have you ever done that outside Clive School?"

Tanya wore a befuddled look on her face.

"Shaken him? No."

Melodee moved through the testimony of the defense witnesses who had evoked the name of the defendant's niece, Rodena's daughter, Jamie.

The suggestion had been made that Morgan and Michael had also suffered from similar problems as their cousin. Jamie, however, had been diagnosed with epilepsy.

"Michael's problem is not epilepsy, is it?"

"I do not know that, no."

"Nobody has ever told you that he has epilepsy, have they?"

“Not straight-out epilepsy. Dr. under told me one time that all forms of seizures is a form of epilepsy, but they don’t like the term epilepsy anymore.”

Melodee pointed to the black volume of Michael’s medical records.

There had been no mention of the word epilepsy.

“And certainly after thirteen hospitalizations and eighteen emergency trips to the hospital, and numerous tests, if it was epilepsy, somebody should have known that?”

“I assume so, yes.”

The alibis to the onset of the episodes had all vanished. Melodee made sure that had not been lost on Judge Perkins. The defendant had told Dr. Colman that Dr. Kudchadker and her mother had witnessed an episode. She had said the same thing to abuse investigator Mark Gillespie.

Wanda Thaxton hadn’t taken the stand because her family felt it would be too much of a strain on her, but she had previously told Jan Buck she hadn’t seen one from the onset. The others did testify, however, and none backed up Tanya Reid.

The defendant grew testy.

“I never said from the onset. I said they witnessed one. I didn’t say from when.”

Next, the similarities of the children’s episodes. Wasn’t it very coincidental that their symptoms were the same? Morgan’s episodes mostly occurred after she woke from a nap. Half of Michael’s happened that way, the rest the defendant just encountered when she found him limp.

“What do you think is wrong with your children?”

“I do not know. That is why we took them to doctors, to try to find out. I assume it is some form of seizures we always were told some form of seizures.

We were told apnea is part of a seizure.”

“And it is your belief that it is a rare and as yet unidentified sort of seizure disorder?”

“It could be, yes.”

“And it is your belief that it’s probably some sort of genetic relationship?”

“Because of my niece, yes, I do.”

“Because certainly, Mrs. Reid, it’s awfully unusual for a person to have to resuscitate one child twenty times for these sorts of episodes, isn’t it?”

“If you say so, yes.”

“And, in fact, you had to perform resuscitation on Brandon approximately eighteen different times?”

“Because I was in the room, yes.”

The prosecutor picked up a copy of the autopsy exhibit and brought up the subdural hematoma.

“You heard Dr. Bennett testify that people just don’t have blood on their brain without trauma, isn’t that correct?”

“Yes, ma’am.”

“Well now, you’ve told us about this last episode with Morgan Reid and she simply slumped over in her walker. Mrs. Reid, how did she get that blood on her brain?”

“I do not know. I was told. If I can say, I was told by other sources possibly through resuscitation attempts.”

That answer didn’t wash. She reminded the defendant of the Iowa medical examiner’s testimony. How he had never seen any resuscitative efforts cause a subdural hematoma like the one found in Morgan’s brain.

“Is he just wrong about this?”

“I do not know. I don’t know Dr. Bennett’s background and what he says is possible.” “So he could be right, that Morgan was shaken to death?”

“No, he was not.”

Coincidental seemed to be Melodee’s word of the hour. Time and time again she covered the coincidences that had piled up against the defendant and brought her to her place in the witness box.

Awfully coincidental that you have two children that have this same problem, isn’t it?

And it is coincidental that Morgan’s problems primarily occurred in the afternoon when your husband was at work?

Just coincidence that none of these interrupted SIDS events occurred when your husband was with your child at night, or in the early morning hours?

Isn’t it a coincidence that with most of the events for Brandon Michael Reid the paramedics were called in the late afternoon when your husband was at work?

And it’s an awfully big coincidence that all of Michael’s episodes stopped when he was removed from your custody in March of 1988?

The defendant interjected answers between the firings of the prosecutor. She pointed out the few times when the pattern had been interrupted, but for

the most part she had little choice but to agree.

“Do you believe that this is a very rare disorder that your children have and it’s just something that’s not been seen enough before, that it’s really stumping the doctors as to being able to point their finger as to what causes it?”

“It could be, yes.”

“Well, don’t you think it would be an awfully big coincidence, too, to know another child unrelated to you in your care that had the same problem?”

“It would. I don’t know if it’s a coincidence or not.”

“Has that happened to you?”

“Not that I know of, no.”

“You’ve never been in charge of another child that has had a similar problem to what your children have had?”

“Not that I can remember right off, no, ma’am.”

The prosecutor unrolled the pages of her yellow pad, and sought permission to approach the defendant.

“Mrs. Reid, would you tell the court what you received a Good Neighbor Award for in 1974, and I’m handing you state’s exhibits fourteen and fifteen.”

Under his breath, Jim Reid could be heard muttering “Oh, shit!” He knew what Melodee Hanes had dug up. All of the Thaxtons knew.

Reporters’ notebooks flipped wildly, whispers wafted through the courtroom.

Even the court attendant was unable to suppress a gawk.

Tanya’s face froze as her eyes fell upon the clippings.

“That was years ago. I had forgotten about it.”

“Would you tell the court what you received that Good Neighbor award for?”

“For quick thinking in an emergency.”

“And what was that emergency?”

“I was babysitting Scott Simmons and the child quit breathing on me at the time.”

It was a night twenty years before ... Tanya had not forgotten. The parents of the infant boy could never forget. It was long ago, when all were younger, when all were full of hope.

Engineer Randy Simmons brought his schoolteacher wife Judy to Dumas in 1969 to take a job at Diamond Shamrock Corporation. They came not only

for the work, but, like a lot of folks, because Dumas was a good, safe town to raise kids. They had one problem, however. The Simmonses were childless after two miscarriages. But they were not without hope. And after prayer and visits to fertility clinics, they finally had a son.

Scott Simmons weighed seven pounds and ten ounces. He was perfect in every way.

It was a little after seven on the night of Tuesday, October 29, 1974, when just-seventeen-year-old Tanya Thaxton arrived at the Simmons home on Belmont Avenue with an armload of homework. Tanya was there to babysit fourmonth-old Scotty while Randy and Judy attended a pulpit meeting for their church. The Dumas High School student had been the baby boy's sitter a couple of times before. Like all the Thaxton girls, she came highly recommended.

Over on Cedar Street, Wanda Thaxton was soaking in the tub around 9,30

P.M. when daughter Leslie, who was visiting from Artesia, brought her the telephone. It was an extremely excited Tonto on the line. She said Scotty was having a hard time breathing—possibly due to congestion or a slight cold. Wanda suggested a quick call to Mrs. Simmons to see if the baby was on any medication. The advice seemed to calm her youngest daughter and Wanda continued with her bath.

She didn't know it, of course, but something dire was about to happen.

Within moments, Tanya would again take to the phone, this time calling the Dumas operator and seeking emergency aid.

Then the phone rang across the neighborhood.

“Judy, you have a call.”

Judy Simmons had left the telephone number with Tanya, so in the back of her mind she figured it must be the babysitter. She probably needed to know the whereabouts of something for Scotty. Judy, nor truly any mother, could have been prepared for what she would hear when she held the receiver to her ear.

“Mrs. Simmons!” Tanya's frantic voice came over the line. “It's Scotty! He quit breathing! The paramedics have been called . . .”

What else was said, if anything, would never be repeated. Judy Simmons had heard all she needed. She and her husband rushed the five blocks home.

Dumas Patrol Officer Norman Neece was nearly within earshot of

Belmont when he heard the call about Scotty. In seconds, he was there. Tanya let him in. The officer made his way to the couch, where the blue baby was lying, so quietly, so limply. As the Simmonses ran inside, the officer was in the midst of resuscitating their son while an ambulance turned the corner to pick up the baby for Dumas Memorial.

For Judy and Randy, it was a parent's worst nightmare.

Later that night, while her mother and sister huddled around her, Tanya calmed down from the ordeal at the Simmonses' place. A couple of women who had been at the pulpit committee meeting stopped by the Thaxtons' despite the late hour to let the high school girl know that word coming from the Amarillo hospital where Scotty had been transferred was the baby was going to make it.

Everyone had Tanya to thank for that.

A month later, Tanya received some surprising news. She was named the recipient of the the Ladies' Chamber of Commerce Good Neighbor Award.

A presentation was held the second week in December at the Kona Kai Restaurant.

Scotty Simmons wasn't so lucky. He was released from the hospital after two and a half weeks of treatment. He would never be the same.

He wouldn't walk until he was two and a half years old. Specialist after specialist was unable to help the boy, who suffered a pair of grand mal seizures when he was six years old. Thankfully for Randy and Judy Simmons, their son was a fighter. Despite his physical problems, Scott excelled in his studies. He graduated from high school with honors.

Melodee Hanes's heart pounded with a force so strong she felt her chest heave beneath her dress. She wondered if anyone else could see the rush of emotion that washed over her. The defendant turned white, then red.

Melodee stepped slightly closer and asked for the specifics as a flustered Tanya Reid scanned the newspaper articles.

There were two of them. The first had been cut from the front page of the edition dated October 31, 1974, POLICE OFFICER SAVES LIFE OF CITY INFANT 4 FIGURE IN SPLIT-SECOND EMERGENCY DRAMA The second article, published on December 15, 1974, focused solely on Tanya, QUICK REACTION TO EMERGENCY TANYA THAXTON, BABYSITTER, RECEIVES GOOD NEIGHBOR AWARD Tanya stammered and then read from the articles, as if she needed the words to recall what had happened.

“I honestly do not remember. IpI was recognized in October when her calm thinking and quick reaction to an emergency resulted in a Dumas police patrolman saving the life of fourmonth-old Scott Simmons with mouth-to-mouth resuscitation.”

” The prosecutor wanted more. And so the defendant read.

” The infant had awakened and Tanya was playing with him when she became aware that he was having difficulty breathing ... she called her mother . . . when I returned to the couch where I had left Scott I noticed he had stopped breathing ... ” Tanya looked up from the news clippings.

“Mrs. Reid, isn’t it an awfully big coincidence that little baby Simmons woke up from his nap, as Morgan did many times, and as Brandon did many times, and quit breathing?”

“I honestly don’t know. I would say, yes.”

“And isn’t it a big coincidence that you, in your lifetime, have now seen three children with such an unusual disorder?”

“Yes, but Scott was diagnosed at a later time.”

“Mrs. Reid, what do you think the probabilities are of a person seeing three people like this in their lifetime to perform resuscitation?”

“Probably low, but I did not resuscitate Scott Simmons.”

“In fact, it’s pretty impossible, isn’t it?”

“I do not know that.”

Melodee had nothing further.

The newspaper articles were admitted into evidence over strong objections from the devastated defense.

The courtroom was oddly still and quiet as Mark Pennington rose to minimize the damage wrought by Melodee Hanes and her surprise from Texas. Tanya stared blankly, searching for support. Reporters finished scribbling notes. No matter what Tanya Reid said on redirect, they had the lead for their stories.

Redirect was a series of questions to show some of the coincidences were just that coincidences. With a husband at the office twelve hours a day, who but a mother home all day would most likely witness an episode?

“Did you ever think of leaving the child with someone just so you could establish an alibi or help for a defense?”

“No. Not for alibi. We did have a nurse come by for a few times that Jim and I left, but never for any other reason, no.”

He asked about the award.

“Was that the biggest event that’s ever happened in your life?”

“Yes, sir. Well, as far as birth and marriage and things, yes.”

“Is it something that you wanted to repeat? Do you think you were going to get Good Neighbor awards if this happened to your children?”

“Definitely not,” Tanya answered, shaking her head with great conviction.

“Do you feel that if you induce seizures in your children that somehow you would relive the glory days of your babysitting experience?”

“It was not a glory day, so no, I did not. I was more terrified than I have been the other times.”

The babysitting testimony was the target of the prosecutor’s recross.

“Mrs. Reid, it was probably one of the biggest events in your life but you forgot to tell us about it, is that what you’re saying?”

“It’s not something that you remember that happened twenty years ago.”

“You did perform mouth-to-mouth on little Scotty Simmons, didn’t you?”

Tanya shook her head. She refused to give in. She was going to hold her own against the misguided child abuse crusader standing before her.

“Did you not state, I had seen pictures of mouth-to-mouth resuscitation but had never had any experience in giving it, particularly to a baby.”

When it makes reference to giving mouth-to-mouth, is that correct?”

“I don’t see where it says I gave it. That’s why I called, because I had never given it. I had seen pictures but I had never done it before to an infant is why I called for help. I probably would have anyway.”

There were no more questions. Tanya took a breath and stepped off the stand. For once, she was glad she didn’t have to talk anymore. She was grateful for morning recess. She told her mother and sister that Melodee Hanes was “real good.”

“She looks at you with her big friendly eyes, nods that she understands you ... you kind of believe that she does ... then wham! she comes in for the kill! She’d bite your head off if she could.”

Beverly Kay agreed.

Later she summed up the experience of being cross-examined by Melodee Hanes.

“She was fakey nice when I first got up there. Then it was intimidation like I’ve seen with some sorority sisters with their noses a little higher than yours. That Iowa prosecutor was condescending, like I didn’t amount to anything.”

* Paralegal Candis hugged Melodee after court cleared for recess. Both women were elated.

“Mel, it was a Perry Mason move. I swear to God,” she said, “it’s the only time I’ve ever seen it in all my years.”

After days of keeping a secret, Melodee allowed herself to feel a surge of relief. Her gamble had paid off. She left Candis and went upstairs to call her husband, practically screaming into the receiver what had happened in court.

“Joe, I was so flabbergasted that I asked her twice ... are you sure?” When she said no, I could have kissed her!”

Wanda Thaxton was cooling her heels in the hallway of the Polk County Courthouse and minding Carolyn when she learned the prosecutor had presented evidence of the incident involving Scotty Simmons. She was angry. The idea that Dumas’s Good Neighbor Award had some major relevance to the Iowa case was absurd.

“The award was never mentioned. In fact, she was very embarrassed and shy about it. Tanya was extremely, extremely shy. It was totally unexpected. We didn’t even know it existed,” Wanda said later.

Why would anyone think the award was such a big deal?

“That happened while she was still in high school and she babysat all these other babies in all these years. And this happened with Morgan in 84 and with Michael in 88. So, it’s been so many years ago, then why didn’t she do anything with any other children except that one?”

Later, when Melodee Hanes and the press could not get to her, Tanya puzzled over the award dredged up by the prosecutor.

“They said I did this because I wanted to get attention, then what caused me to do it in the first place? I didn’t know I was going to get the Good Neighbor Award. We only kept it for a month. They engrave your name in one of the little squares, you kept it a month, and you had to give it back. It’s not like I got a big trophy I keep in my house.”

Wanda Thaxton would forever defend her daughter against the absurdity that she did anything to harm the Simmons baby.

She said she and a doctor discussed the Baby Simmons matter shortly after it occurred.

“The baby had waked up that night and Tanya had given him a bottle of juice ... The doctor said, that after the juice she laid the baby on the couch and she was watching television, and she lays him by her.

Then this happens ... the baby choked, the first thing she called me,

panicky, Mother, what do I do?” The doctor said undoubtedly the baby spit up and strangled.”

And Tanya was adamant that Randy and Judy never blamed her for what happened to their baby boy.

“Why would they have sent me poinsettias for Christmas with a note, To my favorite babysitter, from Scotty? I’ve still got it.”

STEVEN LINDER’S NAME and reports had been mentioned so often any courtroom observer might have considered his testimony barely necessary.

He, of course, was critical to the defense. The pediatric neurologist who was Tanya Reid’s greatest hope maybe only hope for acquittal was sworn in after lunch on March 2, 1989. He wore a beautiful suit and tie that, like his plush office in Dallas, told the world he had made it.

Mark Pennington followed questions about the doctor’s impressive qualifications with queries about the facilities with which he was affiliated. In reply, Dr. under implied that hospitals in the Dallas-Fort Worth Metroplex were superior in equipment and staff to anything in Iowa.

Des Moines was second-string.

The intimation that others were wrong and only he was right would shade every word of his testimony. It was good for the defense that the witness was testifying before the bench not a jury.

He said he had seen fifty to sixty cases of Shaken Baby Syndrome and, without exception, on all he had seen retinal hemorrhages.

When Mark Pennington directed the witness to locate notations of retinal hemorrhages in Morgan’s autopsy report and records from Northwest Texas Hospital, he couldn’t find any. There were no remarks about Morgan’s eyes at all.

In addition, Dr. under did not think there was any proof that acute subdural hematoma or moderate hydrocephalus were conclusive indications of Shaken Baby Syndrome.

“And why, Doctor?”

“Well, there’s a lack of other things that are there. I mean, just because you have a subdural it doesn’t mean the subdural killed.

Again, if you have a subdural hematoma significant enough that the child should die from this, you should see other things wrong in the brain.”

He cited swelling of the brain and petechial hemorrhages little bruises on the surface of the brain.

None had been noted in the autopsy.

“If you have a swollen brain from acute injury, these systems shut down and the baby’s brain this is what kills the children from battered child syndrome, their brain swells up. Their brains are pushed through the base of the skull and they die. They’re put on ventilators. When you turn the machines off they die very quickly.”

It was extremely significant, he said, that Morgan did not die for half a day.

“It would suggest to me that the baby did not herniate, and with herniation is what I was talking about, where the baby’s brain is pushed through the skull. Again to reiterate, this is how babies die from battered child syndrome.”

The autopsy did not give any evidence of herniation.

“I do not believe she died from Shaken Baby Syndrome.”

Mark Pennington went a step farther.

“In fact, do you agree with the statement by the pathologist who actually performed the autopsy which is as follows, There is no evidence of child abuse’?”

“I am in agreement.”

The witness suggested some unknown, undiagnosed genetic seizure disorder plagued brother and sister. It was not a mere coincidence as suggested by the prosecutor. He had also seen cases “all the time” when the source of a neurological problem could not be pinned down.

The Reid children, he said, suffered from the same disorder.

“They both had the same problem, so they both had abnormal scans and they both had abnormal reflux, and they both had similar-type histories, but not exactly the same. Now it’s getting awful coincidental to have, you know, these all these objective-type abnormalities. A mother who is beating her child cannot make an abnormal CT scan. A mother who’s beating her child cannot cause gastroesophageal reflux. These are things that we are born with or put together with from the time we’re conceived.”

He also stated there was a connection between apnea and reflux.

“It’s not well written in the literature, but it’s documented in the literature and this is why when we have small children who present with problems like this we work up their reflux as well as their head and also their heart and their pulmonary system, because when they’re small they can look exactly the same, and what’s even more confusing is that we end up with a lot of

problems and then you're not sure if you're treating A, B, or both A and B, which makes it so difficult."

Next, he read from a medical journal article that fostered the idea that reflux and apnea go hand in hand. When reflux was treated, apnea went away.

The following defense exhibit was the report from the pediatric gastroenterologist who evaluated the defendant's son at Dr. under's referral.

"And what were his findings concerning Brandon?"

"The normal score for an empty stomach is zero to a hundred percent and he had a score of 2091.7 percent. This was the highest score that has ever been reported at our laboratory at the hospital."

The witness also read from the report of Brandon Michael's Mr I scan.

"Impression, There is mild to moderate asymmetric enlargement of the lateral ventricles. While this is nonspecific, this may reflect some degree of central cerebral atrophy which is more pronounced on the left.

This appearance is sometimes seen in patients who have experienced an anoxic episode at or before the time of birth. There is no evidence of obstructive hydrocephalus. The Mr I scan is otherwise normal."

So the baby's brain was not normal, he said. And there was no way Tanya Reid could have made her son's brain take that appearance not even by repeated suffocation.

"Why not?"

"Well, if you're going to suffocate a child and cause an anoxic-type brain damage, you're going to see problems of anoxia on the Mr I scan.

It's been well described what these changes are. What we're seeing here is congenital malformation of the brain . . ."

Both brother and sister had abnormal brains. Their problems were genetic, he said.

Next, the twenty-four-hour closed-circuit TV E.E.G ordered by the witness was discussed. While the baseline E.E.Gs were normal, some waveforms were abnormal he felt it was indicative of some seizure disorders.

"Dr. Kelly has testified that because there was no seizure at the time as these anterior dominant generalized spike wave activities occurred, that therefore they don't mean anything."

"Well, that's sp" "Would you agree with that?"

"That's ridiculous. I mean, you know, that's the example of this child. He went fourteen to sixteen months with no episodes at all."

The pneumogram from Children's Memorial in Chicago from July 17, 1985, was also proffered to the witness. That too, he said, suggested despite subsequent normal pneumograms, the boy had serious abnormalities. The staring spells noted by Beverly Kay might be a kind of absent seizure or a partial seizure.

Lastly, the defense queried the doctor on his treatment of Jamie Mote, Rodena's little girl. Dr. under had worked up a summary on the trip from Dallas to Des Moines.

Jamie was almost four when she was found unconscious and limp, eyes rolled back into her head. Her first E.E.G was borderline. Later, she had more episodes of disorientation and confusion and was started on phenobarbital, though it was discontinued because it stimulated hyperactivity. A month later, another episode of disorientation, slurred speech.

Tegretol was given, intoxication resulted, so Mysoline was added. Six months after the first incident, she suffered a kinetic seizure. The E.E.G was abnormal. More drug therapy followed and by April 1981 she seemed fine. An E.E.G was normal in December 1983.

Jamie had not seen Dr. under since 1984.

"What I'm trying to show you is that she went through a sequence of having normal E.E.Gs, normal workups, seizures that initially were different, changed, were difficult to control but they went away. And I got a normal kid now. But this is what upset me about reading some of the depositions, that this stuff has been blown out of proportion, that this stuff doesn't occur."

This was important, he said. Jamie Mote is a relative of Morgan and Michael.

Still, while he did not believe the defendant induced the seizures, he could not exclude a diagnosis of MSBP.

"It's impossible to exclude this by you know, this syndrome."

The prosecutor stepped up to cross-examine the man who had greeted her like a longlost friend. He drained the water from a Styrofoam cup.

Melodee did not have a smile on her face, but she did have a list of questions she wanted answered.

Throughout Melodee's cross, Dr. under's demeanor changed markedly.

Where he had been confident and assertive, looking directly to Judge Perkins with his testimony, he was clearly defensive and less certain.

"Doctor, let's talk briefly about the history of Brandon Michael Reid. Now, I believe that you stated he went how many months without an

episode?”

“Well, I believe it was fourteen. Somewhere between fourteen and sixteen months.”

“So, you’re thinking of July of 86 through October of 87?”

“Those dates do ring a bell, yes.”

Melodee reminded the doctor about the episode in Amarillo in January

1987.

“And so he wasn’t completely free of any problems in that sixteen months?”

“Well, he had the one episode, yes, ma’am.”

“Excuse me, Doctor. He had a couple of funny episodes after that, too?”

“Well, the one in January he had a definite seizure. It was just a relationship of what was going on at the present time, butp” “So really we had absolutely six months without anything, and then there was some funny stuff that happened?”

Flustered, the neurologist tried to put together the math. Yes, he said, six months on one side of the episode and eight or ten months on the other side. Give or take a month or so.

“Doctor, do you remember stating in a letter to Dr. William McCue, talking with the family and you became concerned because he continued to have intermittent problems with Tegretol and funny episodes which could not really be defined?”

Dr. under recalled the Tegretol issue, and indeed the boy was having problems with the medication.

“Do you recollect Dr. McCue saying to you that he felt Brandon had been so zonked by medication that he was not being allowed to develop, and in his opinion this was a form of child abuse?”

The defensive shield went up again.

“Well, I don’t remember that, but our kids (patients) have problems with medicines.”

Concerning the spiking found on the abnormal E.E.G, it was true, the witness agreed, that the spiking occurred in the early incidence of sleep.

“Did Tanya Reid ever report to you an episode that occurred during sleep?”

“No.”

Regarding the reflux issue, the prosecutor pointed out no literature links reflux and seizures, only reflux and apnea.

“Now you’re not saying to this court, are you, that Morgan Reid and Brandon Michael Reid did not suffer from Munchausen Syndrome by Proxy, are you?”

“No, I’m not.”

“In fact, it’s one of the things that you feel is important to rule out in this case?”

“Yes, anytime you have funny episodes it’s a far different diagnosis.”

“What we have, Doctor, is five physicians who believe or suspected that it is, in fact, Munchausen Syndrome by Proxy, and you who are saying I’m not willing to say it is, but I’m not willing to say it isn’t.” ” “Well, again you have to look at the physicians involved. That’s why I’m here today, okay, becausep” “Is that a fair statement?”

“Yes, it is.”

Melodee was on a roll. She broached the subject of the subdural hematoma on Morgan’s autopsy report. The witness agreed subdurals generally were consistent with Shaken Baby Syndrome.

“You stated previously, however, that this one was a little bitty subdural?”

“I didn’t say it was 15 cc’s noted by the pathologist.”

“Did you tell me before in your deposition this was a little subdural?”

The witness couldn’t remember.

Under more cross, the doctor said he believed Morgan’s subdural had been caused by resuscitation.

“Doctor, how many autopsies have you performed on Sudden Infant Death Syndrome children?”

“I’m not a pathologist.”

“Doctor, certainly we know that subdural hematomas are not consistent with SIDS?”

“That’s correct.”

When Melodee asked if it was possible Morgan’s brain swelling decreased because she had been on a respirator, the doctor flatly disagreed. He stood alone.

When it came to the retinal hemorrhages, again where the doctor had insisted that the defendant’s baby could not have had any because none were noted on any charts, Melodee left him with her best setup.

“There’s nothing on the chart that says that they didn’t look in the eyes, is there?”

“That’s correct.”

“And probably the best person to know that would be Dr. Habersang?”

“That is correct.”

AFrERAwEEKEND of agonizing over the Baby Simmons revelation, and what the judge would make of it, the trial was about to conclude. Tanya would be finished for a while. Then the Big Wait for the answer.

Todd Hines took the stand at 8,40 A.M. March 6, 1989. He was the last defense witness. The dark, curly-haired clinical psychologist, who had been practicing in Iowa since the early seventies, asserted his familiarity with Munchausen Syndrome by Proxy. It appeared, he said, under “factitious disorders” in the Diagnostic and Statistics Manual, the bible of behavioral scientists such as himself.

Mark Pennington wanted to know if MSBP was a psychological complication or a medical one.

The doctor insisted it was a psychological problem.

“The diagnostic manual to which we just referred says that the diagnosis of Munchausen Syndrome always that word is literally in that context, always implies severe psychopathology. Most usually severe personality disorder.”

A perpetrator would have a personality disorder or emotional disorder, some psychopathology.

He had examined the defendant four times in 1988 and performed a battery of psychological tests on her everything from Rorschach to the MMPI.

“The results of my evaluation of Tanya Reid are that based on the data I have there is no evidence of any psychopathology. There’s no evidence of psychosis, neurosis, affective, or emotional disorder. No evidence of personality disorder. All of the findings that I have in terms of psychological evaluation are within normal limits.”

The defense lawyer went on, soliciting responses that would change the characterization of the defendant from a flat, inappropriately acting woman to a caring mother.

“Is there any reason to believe that she does not have the normal emotional range that you would expect in a human being?”

“No. Quite the contrary. What I would endeavor to convey is that I did see on that testing a range of emotional responses.”

Melodee Hanes’s cross-examination was brief.

The witness could only agree that many perpetrators test normal and that the Reid case was the first Munchausen Syndrome by Proxy case he had encountered in his twenty-some years as a psychologist.

Still, Dr. Hines reiterated his position.

“What I’m saying is that based on the data available to me for my evaluation I would conclude that this woman has no evidence of psychopathology. I would not doubt those any emotional or mental disorder.”

“So you’re not saying that she does not possibly suffer from Munchausen Syndrome by Proxy, are you?”

“I’m saying if this is a psychological disorder, I have no evidence of it.”

As the defense rested, Melodee told the court that the Swissheducated, and Amarillo-based neurologist, Dr. Rolf Habersang, would be the state’s sole rebuttal witness. His testimony would be given via a speaker phone.

At ten-fifteen Rolf Habersang’s voice came from the Texas Panhandle to talk about Morgan Reid’s last moments.

He told the court how Morgan had been brought to Northwest Texas Hospital’s Pediatric Intensive Care Unit on February 7, 1984. The pupils of her eyes were pinpoints, compared to the wide and dilated eyes recorded at the hospital in Hereford. The pinpoints made it impossible to see into the fundus^h the eye background.

“Doctor, would this cause an obstruction in viewing any potential retinal hemorrhages?”

“Yes, ma’am.”

Under further direct, the witness stated that in his experience with Shaken Baby Syndrome, in approximately half of the cases hemorrhages in the eyes can be seen. With dilated eyes, the observation is made easily. With pinpoints, it is nearly impossible.

The prosecutor focused on Morgan’s autopsy.

Dr. Habersang was indeed present during the procedure. No one made an attempt to examine the baby’s eyes.

“Doctor, did you voice any opinion to Dr. Birkett at the autopsy as to the concerns you had of the etiology of Morgan Reid’s problem?”

“Since we had absolutely no idea of the cause of the recurrent respiratory arrest, I asked him to evaluate the brain specifically very carefully, and upon doing so he found two subdurals over the brain, the back of the brain on each side. And I asked him that bilateral subdural really is a sign of child abuse, Shaken Baby or whatever you want to call that, and he reviewed that again and looked at the skull and felt that under no circumstances was that the case and told me he did not feel that or anything else was evidence of child abuse.”

He did not report child abuse.

“The pathologist was so certain that that was not related, and we had only blood to get chromosomes which suggested that there was another problem which I felt was noted at this moment and I could not report it.”

Mark Pennington spoke into a speaker on the defense table.

It was true, he said, that Dr. Birkett did a careful examination of the baby’s brain and it was his opinion that there had been no child abuse.

It was also true that Dr. Habersang signed the death certificate and made no mention of Shaken Baby.

“And doctor, have you made any attempts to amend that certificate?”

“No, I have not.”

Melodee recrossed with a question that brought immediate objections from the defense table. She wanted to know if the case had been presented to him today, would he do something different? After some rephrasing, the witness said he would.

Much had been learned since 1984.

Melodee asked whether or not Morgan suffered from SIDS.

“No, I don’t think so.”

The trial was over.

Mark Pennington reiterated his objections concerning the admission of evidence of Shaken Baby Syndrome and the babysitting incident with Scotty Simmons. Neither were relevant. Neither fit the plan or pattern of Munchausen Syndrome by Proxy as outlined by the prosecution.

Melodee Hanes didn’t budge. Shaken Baby should be allowed for reasons cited earlier in pretrial. The babysitting testimony was relevant on two counts. It was nearly identical to the sequence of events that unfolded against Tanya Reid’s two children. It was relevant and probative for impeachment.

“The defendant denied initially on the stand having anybody else in her care suffering from a similar problem, and is clearly offered for that purpose, as well as for the prior bad acts under 404B of the Iowa Rules.”

Judge Perkins allowed both.

It was over. And Melodee Hanes stood ready to exit the courtroom. It had been an ordeal, a case like no other.

“Do I need to rest?” she asked, almost as an afterthought. “I think I do. The State rests.”

Final arguments wrapped everything up neater than a Christmas present. Each side asserted the evidence had proven something different. Charts

were wielded, big black books were cracked open. Tanya Reid sat quietly and attentively like a school kid, with hands folded on the table in front of her.

She was a good girl.

Polk County wasn't finished with Tanya. That afternoon a hastily convened hearing in juvenile court was held because of the stinging statements made by Tanya's sister. The state contended that Beverly Kay's failure to report the episodes and her stated belief that her nephew had never been abused put the boy at risk.

They wanted him back in Iowa's foster care system, where they could keep an eye on him.

The judge did not agree, and allowed the Redelspergers to continue their care of the boy they had insisted was as dear to them as one of their own.

The Thaxton clan chalked up another small victory.

Tanya and Jim were all smiles when they emerged from the courtroom and were met by television reporters. Finally, something went their way.

That night, Jim went to Mississippi and Tanya went home to the Panhandle to wait out the child abuse verdict.

Judge Harry Perkins would render his decision the afternoon of April 28, 1989.

TANYA REID AND her husband made love in their room at Des Moines's Traveler's Inn the warm April night before Judge Perkins would render his verdict. Would it be the last time she would feel him so close as she had those many nights when their son and daughter had stopped breathing?

There were sobs and a plea for faith.

"You believe me, Jim ... don't you? Why would I ever hurt our kids? Why would anyone?"

Jim gave the appearance of support, but said little. When Tanya said she felt as though she might go free, Jim just nodded.

"If the judge really listened to the testimony," she said, "it's going to be okay, I just know it."

Back in Dumas, little Carolyn Reid pulled up a kitchen barstool and waited by the telephone for a call from Iowa. Her feet did not reach the floor. She was told the judge would make his decision and, hopefully, her mother would be coming home. Wanda and John Thaxton and Tanya left Carolyn in the care of Jack and Margie Bagwell, longtime Dumas friends of the

Thaxtons, to show a sense of family support as Tonto faced the judge in Polk County Superior Court. Michael remained in Hereford with the Redelspergers.

“Carolyn, honey, what are you doing sitting up there like that?” Mrs. Bagwell asked.

“I’m waiting for Mama to call me.”

Carolyn called her grandmother Mama, her grandfather was Papa.

But Wanda didn’t call. If she had good news, she certainly would have phoned her granddaughter, but bad news of the nature to be faced by Tanya Reid was not the stuff of a phone call.

Tanya Reid’s past had finally caught up with her.

Judge Perkins found her guilty of felony child endangerment of Brandon Michael. Tanya let forth a torrent of tears. Mark Pennington urged her to remain composed.

“You’ve been real good this whole trial, now’s not the time to make a scene,” he prodded.

Tanya pulled it together. She had a little help, too. A Texas doctor had prescribed tranquilizers and she had already taken a dose.

While Melodee and Mark conferred with Judge Perkins in his chambers about the bond that could hold Tanya until sentencing some six weeks later, Michael’s mother rocked in her chair and watched the clock and fought to maintain her composure. A few minutes later, when the lawyers emerged, the hope for a few more weeks of freedom melted.

The state had insisted on \$10,000 cash. No chance for a bond. A bitter Jim Reid made it clear to his wife’s lawyer, He didn’t have the money and he couldn’t raise it.

Tanya was escorted across the street to the doors of the Polk County Jail. Melodee watched as she disappeared from view. Her blue-and-white-striped shirtdress, her matching blue belt, hose and heels ... the defendant now the convicted had been dressed for vindication that morning. She hadn’t expected to go to prison.

Tanya glanced over her shoulder. If any of this had been a contest, she knew who had been the winner.

Later she recalled her last glimpse of Melodee Hanes.

“She was grinning ear to ear like a Cheshire cat ... oh, she was happy.”

When the Thaxtons returned to the Panhandle, John drove the van over to the Bagwells to pick up his granddaughter and her bicycle.

“Did Mom come home with you?”

John Thaxton sadly shook his head.

Little more was said, or could be said. The Thaxtons had agreed that Wanda would break the news to their granddaughter.

Wanda Ruth was on the couch when the two came inside.

“Carolyn, I know Papa has told you that your mother is not coming home today.”

“Yes.”

“Honey, I don’t know when she will be home . . .”

The little girl, the image of her mother at that age, started to cry.

Wanda held Carolyn and, as always, did her best to keep her own emotions in check.

Tears fell into the night as grandmother tucked granddaughter into bed, as she had always done with her own children in that same bed, in that same house on Cedar Street. Morgan was dead, neither Carolyn nor Michael had their mother, and Wanda no longer had her own baby.

And why, she would ask herself. Why?

A heartsick Jim Reid was left to face an enduring agony, the aftermath of a devastated family. Resolution, he knew, would not come easily.

Tanya headed for prison, Jim returned to his son and daughter, to his job, to rebuild his life.

Even months and years later, something deep, something terrible, would never allow Jim to say outright Tanya was guilty of anything. Damn the psychologists! Damn the experts! The fact that he wasn’t around because he was working didn’t make him culpable for anything Tanya might have done. The blame that unfairly tainted the husband as an element in the psychological make-up of perpetrator’s scheme not actions of his own was especially difficult to deal with.

“If she did it, and she did it because of attention . . .” he said some time later. His voice tightened as he tried to pull words from his throat. “If that truly is the case, then she did it to an innocent kid for my attention.

“If the doctors thought she was doing this, why didn’t they stop her?”

They stood there and watched. They ought to be in the same jail cell.”

If Tanya really did smother Brandon Michael, then Jim Reid was left with the horrible realization that the key to what really happened before the paramedics were summoned might rest on the burdened shoulders of his little girl.

“Two people know what really, truly happened,” he said “Carolyn and Tanya.”

“I think Carolyn knows ... I think Carolyn knows more than she’s even admitted. She was at home with her mother a lot. I think its buried and she knows it subconsciously.”

Melodee Hanes had been drained by the Reid trial It had been like no other, and she doubted any case would ever match it no matter how long she held her ground on the front lines of child abuse.

Munchausen Syndrome by Proxy now sounded as commonplace as any of the other ways parents harm their children. No longer was it as hard to fathom as it had once been to pronounce.

Melodee sought a stiff penalty and at sentencing the judge agreed.

Tanya Thaxton Reid was sentenced to ten years at the women’s prison in Mitchellville, Iowa. She’d get out sooner if she only confessed and sought treatment, but no one felt that was a possibility.

The prosecutor would have liked to purge Tanya Reid from her memory forever, but she knew that was impossible There would always be the matter of Morgan Reid.

EPILOGUE THE YEARS AFTER the Iowa guilty verdict cheated both Tanya Reid and Melodee Hanes of any final resolution. What followed instead was an emotional see-saw of wins and losses in and out of the courtroom.

While Tanya served out her sentence at the prison in Mitchellville, she continued to wage a campaign against Melodee and the Iowa contingent who had sent her to be locked up in a place with criminals. Though she never appealed her child abuse conviction, Tanya steadfastly maintained her innocence. She was, she said, a victim of the system. The prosecutor, Tanya told others, was a woman who cared more for her name in the papers than for the truth.

By the time Tanya took to the airwaves to assert her innocence publicly, her family was in utter shambles. Jim stopped wearing his wedding ring for real and divorced Tanya not long after the trial. He finally got custody of his son and daughter, but both kids were in counseling, trying to come to grips with having a mother in prison.

And the reason why Melodee Hanes had put her there.

John Thaxton suffered a fatal heart attack, leaving Wanda to sell off their half of Mid-states Medical and Surgical Supply.

Tanya's best friend in high school, Tern Spencer Frausto, worried herself sick when Tanya didn't show up for her daddy's funeral in Dumas.

The Thaxtons had let it be known around town that the baby of the family was ill too ill to travel.

"Doctor's orders, I hear."

Tern felt something ominous about the proclamation.

"Her doctor won't let her come to her own father's funeral ... she must be real bad," Tern sadly told her father. "There's going to be another funeral."

Tern had heard rumors from folks up at the meatpacking plant Tanya was in trouble with the Iowa law, but she shrugged it off as the sort of vague gossip that passes from the kill floor to the fabrication unit.

Tern had heard it directly from Wanda, Tanya was gravely ill.

She sent flowers to 210 Cedar after the funeral. Later Tern received a card back from Leslie, thanking her.

"We know Tanya would really appreciate these."

John Thaxton was buried in the plot next to his granddaughter Morgan.

Throughout all of the heartache, Wanda Thaxton held her head high. It was not easy in a town as small as Dumas. For all the reasons it had been a great place to raise children friendly neighbors, strong sense of community there was the flip side. Gossip about her daughter's conviction on child abuse charges followed the proud woman from beauty parlor to grocery store.

"Let them talk. I know she didn't do any of these things," Wanda said later.

She stood by her daughter with all the moral and financial support she could muster. When Jim Reid remarried, Wanda told friends she was genuinely glad for her grandson and granddaughter. Jim's new wife was nice to the kids. Of course, when Tanya got out, she'd be a mother to Carolyn and Michael again. No one could take Tonto's place.

And throughout the trouble, there was one bit of good news. Brandon Michael Reid continued his long road to recovery. In time, by all accounts, he was a healthy and happy little boy. He had not suffered any apnea since the episode in Urbandale that led to his removal from the town house at Nottingham Square.

"He outgrew the spells," Tanya insisted.

Melodee Hanes and Paul Houston continued to make phone calls to officials in Deaf Smith County with the hope someone down there could be

prodded into doing something with the case. Nothing worked. No one seemed to listen. No one cared.

Tanya Reid was within a few months of her release from Iowa when they finally found a man to lead the charge in Texas. He was a former U.S. Marshal and investigator for several other Texas counties before coming to work as chief criminal investigator for Deaf Smith. His name was Gene Gerringer. His involvement came purely by chance.

In January 1993, investigator Gerringer was bored out of his skull in his office on the fourth floor of the Deaf Smith County Courthouse when he approached Criminal District Attorney Roland Saul one frozen afternoon. Gene Gerringer was the kind of man who couldn't sit still.

He was a digger.

"Isn't there anything lying around some place that needs something done to it?"

DA Saul motioned to a well-worn file box.

"We've got some old cases, why don't you take a look?"

Among the twenty-five cases was one that he couldn't put down. It was the case of Tanya Reid and the baby that had died in her arms. He read through it and made some notes. To Investigator Gerringer, Munchausen Syndrome by Proxy did not seem foreign.

It did not seem like a German dessert.

He had worked at least four MSBP prosecutions previously. Tanya Thaxton Reid's seemed to be the kind of case he worked best involved and dead-ended.

When he brought the Reid file to the DA's office a day later, Roland Saul told him to go ahead and see what he could do with it.

For better than two months, Investigator Gerringer burned the phone lines and the rubber on his tires as he crisscrossed the Panhandle to put together a case against Tanya. Melodee Hanes packed up her Iowa files and Federal Expressed them to Hereford. The truth was, she would have hand-carried the box-load to the people she had convinced to investigate the baby's death.

DA Saul saw that the case had potential, but he knew full well that as an "old" case it would be difficult to prove. Witness memory fades .

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. stories change. Between investigator Gerringer and Iowa folks who

wouldn't let go, he needn't have given it a second thought.

In March 1993, a Deaf Smith County grand jury indicted Tanya on one count of murder and one count of serious injury to a child. Gene Gerringer had been the prosecution's sole witness.

Fate would continue to twist and contort in the Reid case as it had from the beginning. One of the grand jurors lived in the Reid's old house at 140 Pecan. It was the house where Morgan suffered her final episode.

When discovered, the coincidence would provide more grist for the family mill that Tanya was just like the sad sack character in the comic strip, L'il Abner. The dark cloud clung to her like a hairnet.

The odor of money as the townfolk called it that acrid smell of cattle from the feedlots and burned sugar from the Holly Sugar plant hung in the winter sky just as it had nearly a decade before, when the ambulance picked up mother and daughter from the brick-faced home on Pecan.

Hereford had not changed.

In many ways the December 1993 Reid trial in Judge David Wesley Gulley's courtroom for the 222nd Judicial District for Deaf Smith and Oldham Counties was a rerun of the Iowa trial although this time the stakes were considerably higher.

Throughout the days of the jury trial, Tanya, 36, wore the same clothes she had donned in Iowa. They had been stored in a closet since the trial that sent her to Mitchellville. There was no call for a suit in prison.

No Jontue.

The defense team was new. A well-respected attorney from a good Panhandle family named Charles Rittenberry, led the defense. His co-counsel was Thaxton family friend, Dallas attorney Esther Eggelston Hayward. They were bright and well prepared to do battle against a prosecutor with a home courthouse advantage.

The witnesses were the same the Illinois doctors, Lynn Jachimek, the nurses ... the Iowa doctors, even Dr. Steven Under. Those whose names had been invoked during the Iowa trial but did not testify in person, but did so in Judge Gulley's courtroom included Judy Simmons, Wanda Thaxton, Dr. Carol Rosen and Tanya's sisters Leslie and Rodena.

There was no new evidence, an exhumation of Morgan's tiny body revealed nothing new about the cause of her death.

Tanya, as she had four years before, took the stand to defend herself.

Beverly Kay later commented on her sister's mostly calm composure as

she testified before Deaf Smith County jurors.

“It is a protective shield to the public, a protective mechanism. It’s just like the training she receivedp‘if you are going to go to hysterics, you’re not worth anything.”

The women who had battled it out in Des Moines met again in Hereford.

The defendant never turned to look when Melodee Hanes took a seat in the third row as the room filled for the reading of the verdict. Wanda Thaxton gently nudged Leslie and Rodena, and whispered in their ears.

Beverly Kay made a face. Like her mother, she had seen Melodee Hanes in courtp the day Tanya had been ripped from the family and sent to prison.

Beverly Kay knew why Melodee was there.

In the event of a guilty verdict, DA Saul wanted Melodee to take the stand to testify as the state’s sole witness during the penalty phase.

Though for reasons completely different than the defendant’s, Melodee also wore the same dress she had on when the two mothers faced-off in a Polk County courtroom. She wanted to remind Tanya where their paths had first crossed.

Wanda leaned across the half wall separating the players in the courtroom from the spectators and told defense attorney Esther Eggelston Hayward that the prosecutor from Polk County had taken a seat, certainly Tanya had heard the information, too. Melodee, who could see she was being pointed out, was glad. She wanted the defendant to know she was there.

Tanya’s mother was a wreck. Now living alone in Dumas, Wanda had been drained of all of her husband’s life insurance by legal bills. She told friends, she didn’t know how she’d get by, save for her trust that God will provide.

Rodena, Beverly Kay, and Leslie backed their baby sister all the way.

They had done so in Iowa while Tanya served her prison time, they had done so when Tanya was extradited to Deaf Smith County Jail. Through the glass, through the bars, she was Tonto. She was innocent.

Beverly Kay reminded a friend in the courtroom that the world would be a whole lot better place if people wouldn’t be so “hard-nosed and judgmental.”

“I still have that feeling that there is this person saying help me, help me,” but no one hears her. Listen, carefully. There is an explanation for everything that happened to Tanya. Everything in my family has an explanation. There is a victim here, and I’m not talking about Morgan. It is Tanya.”

Tears puddled in her eyes “I will go to my grave in my heart and say my sister is innocent. It’s awfully hard to see her every week and not be able to touch her ...

this is my sister ... a kid whose diapers I once changed.”

Tall, handsome Roland Saul had been DA for a decade and a half. The folks around Deaf Smith County knew him and trusted him. He was one of them. Tanya and her attorneys were the outsiders. He made an imposing figure when he stood before the seven women and five men—a schoolteacher, a bail bondsman, a rancher’s wife, a cowboy... people of the Panhandle—and asked for a guilty verdict.

Hours later as the courthouse clock spun into evening, word passed through the courtroom that the jury had reached a verdict.

As the jury filed in Tanya sniffled and wiped away tears with a wadded tissue. She shifted in her seat and watched juror’s faces for a clue.

Her hands clenched as she tried to stifle her nervousness. There were no peppermints on the table to pull from noisy cellophane wrappers. No notes to be made ... no nothing.

The only noise was the hum of the fluorescent lights that hung from the ceiling.

The verdict came in at 8,24 p.m. on December 13, 1993.

“Guilty of Murder!”

Tanya started to cry, stifling any noise with a hand over her mouth. A terrible pain washed over Wanda Thaxton’s pretty face, now haggard and worn from years of anguish over her youngest daughter’s legal ordeal.

Wanda clasped her hands tightly.

Three rows behind the Thaxtons, Melodee Hanes held her own hands tightly, feeling a surge of emotion. Tears in her eyes, Melodee left the courtroom to phone the news to Paul Houston and Jan Buck back in Des Moines. She thought it was finally over.

Late the following afternoon the jury sentenced Tanya to serve sixty-two years and pay a ten thousand dollar fine. And in what was an especially daunting blow to the Thaxtons, they found that Tanya’s hands were a deadly weapon. She would serve twenty years before appearing before a parole board.

Judge Gulley paper-clipped documents and handed them to his clerk.

Tanya, a moment later, talked of her appeal.

In February 1995, things finally went Tanya’s way. As Texas criminal

cases go, it was a stunner. An appellate court overturned her murder conviction. The court concluded that the prosecution had not met its burden of proof beyond a reasonable doubt that Tanya used her hands to kill her daughter; the deadly weapon finding had been in error. In addition, the court found that Judge Gulley had failed to act on a defense motion seeking a change of venue.

Tanya Thaxton Reid should go free. She had been convicted of nothing in Texas and her Iowa prison sentence had long since been completed.

Though the Thaxton family was overjoyed, their happiness was cruelly short-lived. Roland Saul pledged his commitment to re-try the case in the event Deaf Smith County's own appeal was rejected by a higher court.

"This," he said in his soft Texas twang, "is far from over." When word reached the county attorney's office in Des Moines something moved Melodee Hanes to glance at her desk calendar. Even before she was notified that the conviction had been thrown out, Morgan Reid had not been far from her mind.

The date was the eleventh anniversary of the baby's death.

And so it goes. The Panhandle changes, it remains the same.

In Dumas, old-time neighbors cling to the belief that theirs is a friendly town, a place moms and dads can raise their children right.

On Friday nights teens cruise around the Moore County Court House. The Dumas High Demons win their football games.

The house on Cedar is still the Thaxton home. Always will be.

Like weeds drinking at the edge of a culvert, a Walmart and a McDonalds have taken root in the dusty earth along the main drag. Fast food wrappers roll like tumbleweeds. Some consider it trash, others call it progress.

The air is still thick with the reek of the manure piled up to the fence line at the Dumas Cattle Feeders lot north of town. As always, the cemetery across the highway is a crazy quilt of plastic flowers of every color, every type.

The only clue something has changed is the rectangular slump of earth adjacent to Morgan Renee Reid's teddy bear grave marker. Though it has been years since the baby's body was futilely exhumed for the Deaf Smith murder trial, the grass refuses to take hold, spurning a caretaker's tempts to hide the cruel marks of a shovel.

The indentation that turned up nothing further is conspicuous in a way that brings uncomfortable comment.

“Look here! Someone dug up a grave! Wonder why?”

As the mockingbird sings over the junipers, a mother lays on a mattress in her Texas prison cell. She speculates on another chance to tell her story to a jury. Acquittal? Conviction? She worries about how her case has drained her mother, scared her children.

She thinks of the baby girl buried up in Dumas.

In Des Moines, another mother thinks of the baby, too. At the office, her desk is stacked with case files, each telling the story of a battered baby, a dead child. At home, daughter Kate has been joined by a brother, Joey, named for his father.

The Iowa mother wonders if the mother in Texas will ever admit, even to herself, what she has done to her son.

As the years pass, the line between the women will remain. It is steel.

ACKNOWLEDGMENTS & NOTES A NONFICTION BOOK is a collaborative effort.

Without the help of many, it would be impossible to tell a story responsibly. Many, many people have provided information and shared freely in the scores of interviews I conducted to research this book.

There are too many to name here, but they know how much I admire them for their support and forthrightness.

Some cannot go without a personal mention.

In Iowa, my greatest appreciation goes to Melodee Hanes and the other members of the Trauma Team—those dedicated men and women on the front lines of child abuse. Never has work been more important and more appreciated. Polk County, Iowa, has set the standard in battling abuse.

Other jurisdictions would do well to heed their example.

In Texas, I’d like to thank Roland Saul, Gene Gerringer, Donna Flenniken, and Georgia Tyler, for sharing so much while covering the trial.

To Tanya’s family, all of whom are good, honest people, I understand and I stand by your right to love your daughter and your sister. My heart goes out to you, you are victims, too.

And to Jim Reid, whose reserved personality has masked a decade of anguish, I deeply appreciate your candor and certainly want readers to know of your devotion for your children and your determination that you will see them through all of this. Jim, I am glad you are coming to grips with what happened, as you were never at fault. Not seeing the unbelievable is never a crime.

In many ways I am torn by Tanya Thaxton Reid, a woman who needs help, but cannot allow herself to seek it. As she sat shaking in the Deaf Smith County Jail after the murder verdict came in, I could see tears that were undeniably real. I told her I didn't think she meant to kill Morgan, no matter what actually transpired that frigid, snowy day in Hereford.

"Thank you, thank you ... I appreciate that," she answered, brightening a bit.

I felt such sorrow for her. I wanted to reach under the passthrough screen and pat her hand and tell her how sorry I was. So sorry for her family and children, especially her children.

Was this the role others had assumed? Is this what she wanted? I'll never know.

I am also greatly indebted to Mauro DiPreta, my insightful editor at Warner Books, Lev Fruchter of David Black Literary Agency, copyeditor Sara Schwager, and Paula Bates, Eve Burton, Steve Hosick, Tina Marie Schwichtenberg, June Lodjic, and as always, my ever patient wife Claudia, and daughters Morgan and Marta.

Finally, for purposes of privacy I have changed the names of Tanya's surviving children, as well as the first names of two others in this account. I have not altered any facts in the quest to conceal the identity of anyone.

þG.O.

January 1995

Olalla, Washington A F T E R W O R D MOST PARENTS LOVE their children, nurture them, and don't abuse them.

Some do not. Munchausen Syndrome by Proxy (MSBP) and Shaken Baby Syndrome (SBS), although rare have not stopped in Iowa or elsewhere.

Exact numbers are hard to obtain, but probably there is about one case of MSBP and three cases of SBS for every million in the population each year. This translates to about 250 MSBP and 750 SBS cases each year in the United States. Undoubtedly, there are some that we miss.

Juries can still find it hard to believe that child abuse happens or that "nice" parents would do such things. They sometimes have problems deciding who did it, although medical testimony is increasingly sophisticated in this regard. Children won't tell, infants can't tell, and dead victims reveal their secrets only to the physicians skilled and interested in the ways of child maltreatment.

MSBP remains one of the most troublesome and baffling forms of child

abuse. Most physicians see only one case, if ever, in their lifetime.

As physicians, we commonly encounter parents who exaggerate colds into perceived terminal illnesses. We know that parents have varying degrees of medical sophistication and some we have to calm down and gently explain what really is wrong with their child. We like children, and we like and trust their parents. We are sitting ducks for those who would play a potentially deadly game of deception. Every case of MSBP will have what sounds like a legitimate medical diagnosis.

It is only when a pattern develops whereby treatments fail that should work or the histories begin to diverge from actual disease processes, that we begin to suspect MSBP. It takes a major shift in one's mindset to suspect MSBP if you have been on the trail of some possibly obscure organic cause for the child's problems.

Understandably, not everyone will be convinced. Once the discovery of MSBP is made and the child's safety is assured, it is easy to be upset about being conned.

Within the last several years, fathers have been found who have committed MSBP. Nevertheless, mothers are the overwhelming perpetrators of this form of physical abuse (by proxy) and medical neglect. Doctors, lawyers, and the media can also be duped into believing the story, sometimes expending tremendous energy on their crusade to vindicate this "unjustly accused" or misunderstood woman.

The mothers continue to exhibit amazing denial, even when confronted by overwhelming evidence of their actions. We still do not understand the dynamics that lead to MSBP very well, even though we sometimes can establish a motive.

Frequently, courts ask what treatment will work to rehabilitate such abusers. No one knows. To date, there is no convincing published report of successful treatment, and national experts remain deeply pessimistic.

However, an analogy to other forms of child abuse suggests that if there were a treatment devised, it would contain the following elements, a genuine admission by the perpetrator that she had performed MSBP and a detailing of what she did, identification of the antecedent motives of her behaviors, remediation of the reasons for her behaviors, and the development of alternative coping/attention-getting strategies. Then the child would have to be re-exposed to the home, to see if anything bad (or fatal) occurs.

Understandably, many courts are reluctant to take this risk.

Since the Reid case came to the attention of the Des Moines physicians, there have been promising developments. There has been a large increase in the education and awareness about MSBP, SBS, and SIDS by treating professionals. Five or ten years ago many physicians had never heard of MSBP or SBS, today most have. Unless one is aware of the existence of MSBP, it will not be diagnosed. Many physicians have cases which, in retrospect, might have been MSBP but occurred before we were fully aware. Attorneys and judges have learned, and prosecutors increasingly are going to court with such cases and obtaining convictions.

In the future we may try novel approaches. Recently, I had several cases in which computerized medical insurance records tracked the doctor shopping and many drugstores used by the mothers. What if we had a computer program which would monitor any parent who used too many doctors, whose child had too many hospitalizations, or used too many different pharmacies?

We know little enough about how MSBP begins, that a prevention program can not now be crafted. Undoubtedly it is highly significant that perpetrators are nearly always females, but it seems highly unlikely that genetics is responsible. Why don't female physicians commit this?

Clearly there is some cultural dynamic at play. Until the many questions about MSBP can be solved, professionals will be fooled and some children will die.

þRandell C. Alexander, MD Ph.D. Associate Professor, Pediatrics
University of Iowa about THE AUTHOR.

IN ADDITION TO Mockingbird, Gregg Olsen is the author of Bitter Almonds, The True Story of Mothers, Daughters and the Seattle Cyanide Murders and Abandoned Prayers, The Shocking True Story of Murder, Obsession and Little Boy Blue. His nonfiction crime books have been lauded for their remarkable depth and the scope of reporting.

The award-winning journalist, his wife, and two daughters, live on Puget Sound in Washington State.

the end.