

AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME the undersigned authority personally appeared MYRA S.

STINSON, M.A., CCC-SLP who being first duly sworn, deposes and says:

1. My name is Myra S. Stinson. I am over the age of eighteen and make this statement of my own personal knowledge.

2. I am a licensed speech-language pathologist in the State of Florida, having been licensed continuously from 1990 to the present. Before that I was licensed in the state of Texas as a speech-language pathologist from 1981, and in the state of Georgia from 1975. I was educated at East Texas State University, where I earned my bachelor's degree in radio/television and Spanish and my masters degree in speech communication. I earned a second masters degree from Texas Christian University in speech-language pathology. I am engaged in private practice, specializing in speech-language pathology and dysphagia. Dysphagia is a disorder of the swallowing function which reduces a patient's ability to intake adequate nutrition orally and/or places the patient at risk for aspiration of food or liquids into the lungs. I teach rehabilitation of patients with dysphasia in-service, that is, to active health-care providers at a variety of local health

care facilities, including Sun Coast Hospital, Coquina Key Health and Rehabilitation, and Cross Terrace Nursing and Rehabilitation Center, among others.

3. I have reviewed the videos of Terri Schiavo from the trial held in October of 2002. I have also reviewed the audio recording of Terri Schiavo interacting with her father, which was recorded on November 29, 2002.
4. It is my opinion, as a professional speech-language pathologist, that Terri Schiavo is attempting to communicate with her father, enunciating words in English as best as she can, given her years of disuse of her spoken language abilities and the lack of speech-language therapy for over a decade.
5. At the beginning of the recording, Terri offers a single-syllable response to her father's greeting and question "How are you, sweetie-pie?", which roughly corresponds to the word "Good."
6. Terri is specifically attempting to say the word "yeah", meaning yes, in response to several of her father's questions, starting with "Are you going to smile for Daddy?" When her father asks if she is ok, she again responds with a mono-syllable. Next, apparently in response to his question "Are you going to say something for me?," she responds "Yeah". She later responds with "Yeah" twice in response to his question "Can you say Hi to me?" It is not surprising that, having learned the single word "Yeah", she is using it

globally.

7. Much of Terri's vocalization is a method of communication in which she uses her ventricular vocal folds rather than her true vocal folds, to vary the pitch and inflection of her voice in order to differentiate sounds to achieve communication. This is Terri's baseline behavior, that is, generally constant over time, and represents her initial attempts to communicate without the benefit of any therapeutic intervention having been provided. The addition of her approximation of the word "Yeah", based on her family's encouragement demonstrates that Terri is able to learn, and has sufficient cognitive and motor ability to respond in a rudimentary fashion to her family's attempts to communicate. It also demonstrates that she can improve her speech communication with oral motor exercises to strengthen her range of motion of the speech articulators.
8. The fact that Terri uses her ventricular vocal folds rather than her true vocal folds to try to vary her speech is common among brain damaged disabled adults. Such patients strain to vocalize, but, having forgotten which muscles should be used, tend to use the ventricular folds, producing a less natural sound, which characterizes Terri's speech. Speech-language therapy retrains such patients to use the correct muscles, giving them much greater control over their voice, and produces more natural speaking

sounds.

9. It is clear that Terri has not been able to fine-tune her speaking instrument because of the deprivation of stimulation by professionals with knowledge of the oral motor structure, and has, indeed been deprived of stimulation generally.
10. Based on the statements of her family that they had not heard Terri say “yeah” between her original injury and October, 2002, and the attempts of the family to encourage Terri in speaking, it is true, within a reasonable clinical certainty, that Terri has learned to enunciate the word “yeah” as a result of the lay efforts of her family to give her speech training, along with some spontaneous recovery. This ability to learn clearly demonstrates cognition.
11. The November 29, 2002 recording is typical of the quality of attempted speech of many of the brain damaged speech-language therapy patients with which I work prior to the start of their therapy. Terri is a typical speech-language therapy patient in that regard.
12. There is an intimate relationship between the motor skills employed in speech and those employed in swallowing. It is clear that Terri is able to handle the swallowing of her saliva, which is a good indicator of her prognosis for being able to swallow foods. Speech-language therapy

exercises the same muscles used in swallowing, and any improvement in Terri's ability to speak will also be reflected in her ability to swallow, and vice-versa.

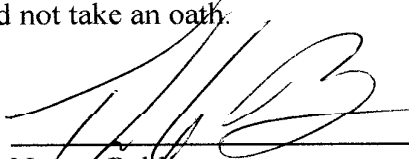
13. The American Speech-language Hearing Association has a special interest division in dysphasia, of which I have been a member since its inception. As a specialist in dysphasia, I regularly assist patients on feeding tubes learn to take nutrition orally. In the course of the past month, I have helped four such patients become non-feeding tube dependant. One such patient had been on a feeding tube for seven years.
14. Although the time required to help feeding-tube dependant patients become able to take nutrition orally varies, it typically takes no more than a few weeks. The patient referenced above (who had been on a feeding tube for seven years) took two weeks to wean to oral nutrition. Other times it takes as long as several months.
15. It is my professional opinion, within a reasonable degree of clinical certainty, that Terri Schiavo has a good or excellent prognosis for being able to be taken off of her feeding tube. This is based on her relative youth, the fact that she currently has use of her vocal folds (which protect the airway), the amount of spontaneous recovery which she has shown, her family's support, and her apparent motivation.

16. It is my opinion that Terri Schiavo should have a modified barium swallow study performed to determine her ability to swallow thin and thick liquids and pureed consistencies, in order to determine what consistencies she can tolerate. This should be undertaken only after a sufficient period of convalescence after her recent health crisis, given the fact that her overall physical strength would have been lessened by her pneumonia.

FURTHER AFFIANT SAYETH NAUGHT.

Myra S. Stinson M.A. CCC-SLP
MYRA S. STINSON, M.A., CCC-SLP

The foregoing instrument was acknowledged before me this 7th day of September, 2003, by MYRA S. STINSON, M.A., CCC-SLP, who produced her Florida driver's license as identification, and who did / did not take an oath.



Notary Public

My commission expires:



Thomas A. Brodersen
MY COMMISSION # DD189485 EXPIRES
March 4, 2007
BONDED THRU TROY FAIN INSURANCE, INC.