

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
_____ DIVISION

**MARIE FERDINAND-HARRIS and
CEDRICK HARRIS, Sr., as Personal Representatives
of the Estate of CEDRICK HARRIS, Jr.,
DECEASED**

PLAINTIFFS

v.

CASE NO. _____

**ARKANSAS CHILDREN'S HOSPITAL;
CONTINENTAL CASUALTY COMPANY;
TOMOKO TANAKA, M.D.; ELYEM OCAL,
M.D.; BENJAMIN ELBERSON, M.D.; and
JOHN AND/OR JANE DOES 1-10**

DEFENDANTS

COMPLAINT

Plaintiffs, MARIE FERDINAND-HARRIS and CEDRICK HARRIS, Sr., as Special Administrators and Personal Representatives of the Estate of CEDRICK HARRIS, Jr., a deceased minor, by and through the undersigned counsel, hereby sue Defendants, ARKANSAS CHILDREN'S HOSPITAL; CONTINENTAL CASUALTY COMPANY; TOMOKO TANAKA, M.D.; EYLEM OCAL, M.D.; and JOHN and/or JANE DOES, and state as follows:

NATURE OF THE CASE

1. This is a wrongful death lawsuit stemming from the medical negligence and/or ordinary negligence of the named Defendants that resulted in the death of CEDRICK HARRIS, Jr., a deceased minor.

PARTIES, JURISDICTION AND VENUE

2. Plaintiff, MARIE FERDINAND-HARRIS ("Marie"), is a citizen and domiciliary of the state of Arkansas. She is a resident of Ashdown, Little River County, Arkansas. Marie is the natural mother of CEDRICK HARRIS, Jr.

3. Plaintiff, CEDRICK HARRIS, Sr. (“Cedrick Sr.”), is a citizen and domiciliary of the state of Arkansas. He is a resident of Ashdown, Little River County, Arkansas. Cedrick Sr. is the natural father of CEDRICK HARRIS, Jr.

4. CEDRICK HARRIS, Jr. (“C.J.” or the “Decedent”) was the beloved son of Marie and Cedrick, Sr. (collectively referred to as “Plaintiffs” or “parents”). C.J. was fourteen at the time of his tragic death. C.J. left behind two siblings, Ace, age 7, and Elijah, age 15. C.J. was an honor student, four-sport athlete, All-American, and member of the prestigious USA Baseball Organization. As an eighth-grader, C.J. already had scholarship offers to play baseball and football for Louisiana State University.

5. Plaintiffs are the duly appointed Personal Representatives of C.J.’s Estate having been so appointed by the Little River County Circuit Court, Probate Division on July 15, 2021.

6. Defendant, ARKANSAS CHILDREN’S HOSPITAL (“ACH”), is an Arkansas nonprofit corporation that holds itself out as a private health care provider in Little Rock, Arkansas. ACH’s goal, however, is to make a private gain, profit or advantage and, upon information and belief, ACH generally earns a profit. Moreover, upon information and belief, ACH depends on profits and not donations and/or contributions for its existence and ACH provides its officers and directors considerable compensation for their services. Thus, ACH is a “de-facto” or actual, commercial for-profit enterprise and outside the scope of the charitable immunity doctrine.

7. ACH’s registered agent for service of process is Brent Thompson located at 1 Children’s Way, Little Rock, AR 72202.

8. Based on information and belief, ACH carries liability insurance provided by Defendant, CONTINENTAL CASUALTY COMPANY (“CONTINENTAL”) that is applicable

to the claims asserted in this lawsuit. Therefore, pursuant to Ark. Code Ann. § 23-79-210, Plaintiff has a direct cause of action against CONTINENTAL to recover money damages for claims asserted by Plaintiff herein. According to online records of the Arkansas Insurance Commission, the Registered Agent for service of process upon Continental Casualty Company is: CT Corporation System, 124 West Capitol Avenue, Suite 1900, Little Rock, AR 72201.

9. At all relevant times, Defendant, TOMOKO TANAKA, M.D. (“Dr. Tanaka”), was/is employed by ACH as a neurosurgeon who provided negligent medical care to the Decedent. Defendant, Dr. Tanaka was, at all times relevant to the issues in this case, an agent, servant and/or employee of ACH and was acting within the scope of her agency and employment relationship with ACH when she treated the Decedent. Tanaka is employed by UAMS.

10. Pursuant to Ark Code Ann. § 19-10-305(a), Dr. Tanaka is not immune from suit because he carries liability insurance that is applicable to the claims asserted in this lawsuit.

11. Upon information and belief, service may be had by serving Dr. Tanaka at her place of employment, ACH.

12. At all relevant times, Defendant, EYLEM OCAL, M.D. (“Dr. Ocal”), was/is employed by ACH as a neurosurgeon who provided negligent medical care to the Decedent. Defendant, Dr. Ocal was, at all times relevant to the issues in this case, an agent, servant and/or employee of ACH and was acting within the scope of her agency and employment relationship with ACH when she treated the Decedent. Ocal is employed by UAMS.

13. Pursuant to Ark Code Ann. § 19-10-305(a), Dr. Ocal is not immune from suit because she carries liability insurance that is applicable to the claims asserted in this lawsuit.

14. Upon information and belief, service may be had by serving Dr. Ocal at her place of employment, ACH.

15. At all times material, Defendant, BENJAMIN ELBERSON, M.D. (“Dr. Elbersen”), was/is employed by ACH as a neurosurgeon who provided negligent medical care to the Decedent. Defendant, Dr. Elbersen was, at all times relevant to the issues in this case, an agent, servant and/or employee of ACH and was acting within the scope of his agency and employment relationship with ACH when he treated C.J. Elbersen is employed by UAMS.

16. Pursuant to Ark Code Ann. § 19-10-305(a), Dr. Elbersen is not immune from suit because he carries liability insurance that is applicable to the claims asserted in this lawsuit.

17. Upon information and belief, service may be had by serving Dr. Elbersen at his place of employment, ACH.

18. Defendants, JOHN and/or JANE DOES 1 through 10, are the designations representing all other individuals or entities charged with the responsibility of providing medical treatment to C.J. who are otherwise liable to respond in damages. Plaintiff will amend her Complaint, if necessary, to name the proper individual Defendants as they are further identified. An Affidavit of Unknown Tortfeasors is attached hereto as Exhibit “A” in accordance with Ark. Code Ann. § 16-56-125.

19. This Court has jurisdiction over all the parties and causes of action asserted herein. Venue is proper in Pulaski County, Arkansas pursuant to Ark. Code Ann. § 16-55-213(e), as the county in which the medical malpractice occurred or, to the extent considered ordinary negligence under Ark. Code Ann. § 16-60-112, as the county in which the negligent acts or omissions that caused harm to C.J. occurred.

BACKGROUND

20. This lawsuit stems from a tragic sequence of events that began on Tuesday, March 23, 2021, when C.J., 14 years old, was the passenger in ATV that turned on its side pinning his head beneath it causing him to sustain a traumatic brain injury.

21. C.J. was transported to a local hospital where an emergency CT scan was performed that revealed a dangerous skull fracture and brain bleed, prompting an airlift to ACH for further evaluation and treatment.

22. ACH is known as one of the leading pediatric hospitals in the nation and CJ's parents and family were hopeful that he would be receiving the best care available after this tragic accident. Unfortunately, the care he received was substandard and utterly appalling.

23. Prior to C.J.'s arrival at ACH, his Glasgow Coma Scale score was a 9. Upon arrival, his Glasgow Coma Scale score was 13 and he was complaining of nausea and vomiting in the ACH emergency department.

24. ACH performed a repeat CT scan which revealed a severe fracture to the right parieto-temporal part of C.J.'s skull along with a hemorrhagic cerebellar contusion. It also revealed a congenital intraventricular cyst.

25. C.J. was admitted to the Pediatric Intensive Care Unit ("PICU") on the night of March 23rd. Pediatric physician, Dr. Dieu Doran indicated in the records that there was a concern for developing hydrocephalus – a buildup of cerebral fluid in the brain. C.J. had also sustained a pulmonary contusion and had elevated Troponin levels suggesting a cardiac injury.

26. On initial neurological examinations, C.J. was largely unresponsive and disoriented to time and place; he was unable to open his eyes and could not comprehend what was going on around him.

27. On the morning of Wednesday March 24th, doctors performed initial physical and occupational therapy evaluations on C.J., where they noted that they were unable to formally assess him due to his poor cognition.

28. Numerous notes contained within ACH's medical records were made to avoid sedating C.J. too much so that his neurological condition could be properly monitored. Yet, he was prescribed and given drugs with sedative effects including morphine, oxycodone, muscle relaxants, Keppra and other medications throughout his stay.

29. Notwithstanding the medications, C.J. continued to complain of excruciating breakthrough headaches that were persistent throughout his stay at ACH. C.J.'s parents continually alerted various ACH staff members and doctors about C.J.'s breakthrough headaches and nothing was done to formally assess why they were occurring.

30. During C.J.'s stay in the PICU, nothing was done to monitor the intracranial pressure in his head and there were no measures taken to explore whether C.J. needed additional imaging studies such as an MRI, MRA, or CT angiogram to explore additional pathologies. Furthermore, the initial CT scan revealed a substantial amount of blood at the base of C.J.'s skull outside of the blood vessels, yet ACH's staff and doctors in the PICU did not find it necessary to monitor the blood flow with a Transcranial Doppler to check for ischemic injury.

31. C.J.'s parents stood by helplessly and watched as their 14 year old son became a shell of his former self. C.J. was scared, confused, disoriented and unable to communicate or verbalize his complaints with his parents. It was clear that C.J. had suffered a severe traumatic brain injury and that his life was in grave danger. For some reason, ACH and its staff wrongfully and recklessly assumed otherwise.

32. Despite apparent brain injury issues, approximately 38 hours after admission, in the early morning of Thursday, March 25th, attending neurosurgeon Dr. Benjamin Elbersen, operating under the supervision of Dr. Eylem Ocal, made the inexplicable decision that it was appropriate to downgrade C.J.'s level of care out of the PICU.

33. It should be noted that, upon information and belief, C.J.'s file had been marked as "self-pay" upon admission to ACH, or uninsured, despite the fact that C.J. had proper medical insurance and ACH had been informed of his insurance. Upon information and belief, the incorrect perception that C.J. was uninsured and needed expensive care, along with his background, negatively impacted his treatment at ACH.

34. After C.J. was downgraded, he was transferred on Thursday morning to the rehabilitation floor at ACH where he was forced to participate in physical and occupational therapy despite his clear inability to do so because of his poor neurological and mental state.

35. Marie became increasingly concerned with the lackadaisical approach taken by the ACH staff and various doctors and began to ask questions concerning his care and treatment especially considering his inability to meaningfully participate in rehab.

36. In the afternoon of Friday March 26th, Marie asked Dr. Esther H. Tompkins and resident Dr. Sean A. Lam from the Physical Medicine and Rehabilitation department, about the need to conduct an MRI of C.J.'s brain. Dr. Tompkins indicated that an MRI could not be performed because of the braces on CJ's teeth and since there was no dentist on staff it would be delayed until the following Monday.

37. The delay in performing an MRI was not due to any safety concerns, but rather because the doctors felt that CJ's braces would produce artifacts on the imaging. Apparently, the ACH staff felt the need for an MRI was not urgent, a mistake that proved to be fatal.

38. It is noted multiple times in the ACH medical records that an MRI of CJ's brain would need to be performed. The fact that the doctors and staff at ACH all agreed to delay it is inexcusable. There was no good reason to delay it and the potential artifacts that the braces may have caused does not provide a legitimate basis to delay an MRI of a life threatening brain injury. C.J.'s braces may or may not have produced artifacts on the MRI but the artifacts would be confined to the area of the braces. The braces would not have interfered with imaging on areas of the brain such as the base of the skull and the parietal-temporal lobe where the initial CT scan identified severe injury.

39. Marie also inquired as to the congenital cyst that was seen on the initial CT scan of C.J.'s brain. On Friday afternoon, she asked Dr. Lam about the cyst as well as surgical options. Dr. Lam indicated that neurosurgery was still following and would likely see the patient in the morning.

40. On Friday, Marie alerted the nursing staff numerous times about C.J.'s progressing and unbearable headaches to no avail. There were no neurological checks performed. Instead, ACH staff continued to attempt to treat his headaches with medications that clearly were not working. On Friday night, C.J. expressed to his parents that he did not want any more medication because it wasn't helping.

41. On Saturday morning, March 27th, there was no evaluation of C.J. by neurosurgery. Instead, CJ's attending neurosurgeon, Dr. Ocal, left ACH on Saturday March 27th and was not scheduled to return until April 5th. Before she left, she briefly introduced her colleague, Dr. Tanaka, to C.J. and the family. Dr. Tanaka mentioned that Dr. Ocal had introduced her to C.J.'s parents at that time only "in case of necessity during her absence." Dr.

Tanaka, also a neurosurgeon, did not perform any neurological checks or examinations on Saturday.

42. CJ's parents stayed with him throughout his stay at ACH and pleaded with ACH and its caregivers to pay attention to his worsening symptoms to no avail. Videos recorded of the "rehabilitation" sessions clearly indicate that he was in no condition to be performing physical rehabilitation exercises. The video footage of C.J. attempting to perform rehabilitation exercises is highly disturbing. He looks withdrawn, somnolent, and disoriented to time and place.

43. Early in the morning of Saturday, March 27th and continuing throughout the day and into Sunday, March 28th, C.J. was complaining of intense headaches and the ACH records show that he was holding his head back, with his neck extremely tense. He is still having difficulty opening his eyes, is also unable to retain fluids, and was spitting out his water, which is consistent with neurological decline.

44. Marie continued to ask for an MRI, and it was not performed.

45. On Sunday afternoon, Marie reported to developmental pediatrician, Dr. Fernando Vargas that C.J. was not sleeping well the night before because he was moaning and tossing and turning at various times throughout the night. She also stated that C.J. was "arching his neck back" overnight as well. Marie additionally reported C.J. was receiving minimal relief of his headaches with Tylenol, oxycodone and heat packs.

46. None of the staff at ACH did anything to ascertain why the intense headaches and arching of C.J.'s neck were occurring. Instead, C.J. was given more medication that masked the problem.

47. On Sunday night, C.J. began experiencing episodes consistent with central nervous system "storming." The medical term for storming is paroxysmal sympathetic

hyperactivity, which occurs in severely brain injured patients and is indicative of hypoxic injuries, intracerebral hemorrhages, and hydrocephaly, and can have devastating consequences if left untreated. The storming here included back arching, extensor posturing, tachycardia and tachypnea. ACH staff then, finally, made the decision to transfer him back to the PICU where he finally received a repeat CT scan that evening – *five full days after he was admitted*.

48. The CT scan showed global edema and advancing hydrocephalus, which had been a concern that was ignored since admission. Despite these findings, C.J. still did not receive an MRI until Monday, March 29th — now into the *sixth day* after his admission with a traumatic brain injury. ACH had continued to hold on to the inexcusable idea that his braces needed to be removed and a dentist was not available until that morning. C.J. was sedated and intubated for the MRI due to his declining mental state and storming activity.

49. The MRI revealed increased intracranial pressure, advanced hydrocephalus, and global edema. But by the time the MRI was finally run, it was too late and C.J.’s brain injury had progressed to a point where nothing could be done to intervene.

50. On the following Tuesday afternoon, Dr. Tanaka and Dr. Elberson examined C.J. and then spoke with his parents. Marie expressed frustration about C.J.’s ongoing and intractable headaches throughout his stay. She also expressed that C.J. should have never left the PICU and an earlier MRI may have revealed the progressing brain injury.

51. Clearly, C.J. did not receive the proper neurological checks and examinations that he required during his time on the rehabilitation floor and there was no one there to properly assess him while his condition worsened.

52. In a note that should only be described as a “CYA” note, Dr. Tanaka mentioned C.J.’s congenital cyst as a possible reason for an accelerated cerebral edema. Marie told Dr.

Tanaka that C.J.'s traumatic brain injury, concussion, congenital cyst, and intractable headaches should have been taken into account and deep consideration to more closely monitor the possibility of a progressing brain injury.

53. C.J. underwent two brain death examinations, the first on Tuesday, March 30th and the second on March 31st, both of which confirmed brain death. C.J. was determined to be dead by neurological criteria at 10:32pm on March 31, 2021. His grieving parents made the decision to donate C.J.'s organs so that he might help others live, and as such C.J. was kept viable for donation reasons until April 2, 2021. The family continued to sit by his side until he was ultimately pronounced deceased.

54. C.J. had an extremely bright future ahead of him. He was an All-American athlete who played baseball, football, basketball and track & field. He was invited to USA Baseball for three consecutive years. At the time of his death, he had already earned a dual athletic scholarship for baseball and football at LSU, his parents' alma mater.

55. C.J. had the potential to do great things with his life and it was clear that he would have received a top notch education and likely would have went on to play college sports and possibly professional sports. ACH robbed C.J. of his bright future and now C.J.'s parents will live with the thoughts of what could have been had C.J. survived.

COUNT I – NEGLIGENCE
AGAINST DEFENDANT ARKANSAS CHILDREN'S HOSPITAL

56. The facts and allegations recited in paragraphs 1 through 55 are incorporated by reference and made a part hereof as if they were set out verbatim herein.

57. ACH owed a non-delegable duty to C.J. to exercise reasonable care in treating, diagnosing, evaluating, monitoring, supervising and otherwise caring for and maintaining the

health and safety of C.J. with the degree of skill ordinarily possessed and exercised by hospitals in the same or similar locality.

58. ACH was negligent in its care and treatment of C.J. and departed from acceptable medical standards of care by, *inter alia*:

- a. Failing to hire, place, staff, grant surgery privileges to, and otherwise provide duly qualified and adequately trained physicians, interns, residents, nurses, technicians, and other medical, support personnel and care providers, so as to provide adequate care to the patients who entrust themselves to the care of ACH;
- b. Failing to train its nurses, care providers, technicians, residents, and other employees with the proper policies and procedures to meet the medical, monitoring and supervisory needs of C.J.;
- c. Failing to train its nurses, care providers, technicians, and other employees as to proper policies, precautions and procedures for caring for patients with brain injuries;
- d. Failing to properly supervise the acts and/or omissions of its employees and/or agents;
- e. Failing to otherwise adopt and/or follow policies and procedures which could have been reasonably expected to ensure proper patient treatment, communication, monitoring, and supervision for patients with brain injuries such as C.J.'s brain injury;
- f. Failing to otherwise adopt and/or follow policies and procedures which would ensure that proper, accurate, and complete medical documentation occurred during the care of a patient;

- g. Failing to act as a reasonable hospital, teaching hospital, and/or reasonable person in the same or similar locality would under the same or similar circumstances; and, generally acting with negligence, imprudence, and lack of expertise under the circumstances.

59. As to the negligent acts and/or omissions set forth above, they constitute both ordinary negligence and professional negligence and are contrary to the laws of the state of Arkansas as well as contrary to the applicable standard of care for hospitals in this locality or in a similar locality.

**COUNT II – VICARIOUS LIABILITY AGAINST
DEFENDANT ARKANSAS CHILDREN’S HOSPITAL**

60. The facts and allegations recited in paragraphs 1 through 59 are incorporated by reference and made a part hereof as if they were set out verbatim herein.

61. ACH and its employees, agents, and/or servants, including but not limited to Dr. Ocal, Dr. Tanaka, and Dr. Elberson, owed a duty to C.J. to exercise reasonable care in treating, diagnosing, evaluating, monitoring, supervising and otherwise caring for and maintaining the health and safety of C.J. with the degree of skill ordinarily possessed and exercised by hospitals, physicians, and other health care professionals in the same or similar locality.

62. ACH, by and through its employees, agents, and/or servants, including but not limited to Dr. Ocal, Dr. Tanaka, and Dr. Elberson, were negligent in rendering care and treatment to C.J. and departed from acceptable medical standards of care by, *inter alia*:

- a. Failing to properly monitor C.J.’s brain injury;
- b. Failing to properly diagnose and treat C.J.’s brain injury;
- c. Failing to timely perform the necessary diagnostic testing to further evaluate C.J.’s brain injury;

- d. Failing to properly supervise C.J. during and throughout his stay at ACH;
- e. Failing to timely surgically intervene to prevent C.J.'s brain injury from progressing and leading to brain death;
- f. Failing to perform the proper testing to identify and treat the particular brain injuries of C.J.;
- g. Failing to administer the proper and appropriate medications that would have prevented the progression of C.J.'s brain injury; and
- h. Failing to retain C.J. in the PICU for a sufficient period of time to properly monitor, diagnose, and treat his brain injury.

63. At all relevant times, the employees, agents, and servants of ACH, including but not limited to, Dr. Ocal, Dr. Tanaka, Dr. Elberson, were acting in the course and scope of their employment, agency, and/or servitude with ACH and therefore ACH is vicariously liable for their negligent acts and/or omissions.

64. As to the negligent acts and/or omissions set forth above, they constitute both ordinary negligence and professional negligence and are contrary to the laws of the state of Arkansas as well as contrary to the applicable standard of care for hospitals in this locality or in a similar locality.

COUNT III – NEGLIGENCE AGAINST DEFENDANT ELYEM OCAL, M.D.

65. The facts and allegations recited in paragraphs 1 through 56 are incorporated by reference and made a part hereof as if they were set out verbatim herein.

66. Dr. Ocal owed a duty to C.J. to exercise reasonable care in treating, diagnosing, evaluating, monitoring, supervising and otherwise caring for and maintaining the health and

safety of C.J. with the degree of skill ordinarily possessed and exercised by physicians in the same or similar locality.

67. Dr. Ocal was negligent in its care and treatment of C.J. and departed from acceptable medical standards of care by, *inter alia*:

- a. Failing to properly monitor C.J.'s brain injury;
- b. Failing to properly diagnose and treat C.J.'s brain injury;
- c. Failing to timely perform the necessary diagnostic testing to further evaluate C.J.'s brain injury;
- d. Failing to properly supervise C.J. during and throughout his stay at ACH;
- e. Failing to timely surgically intervene to prevent C.J.'s brain injury from progressing and leading to brain death;
- f. Failing to perform the proper testing to identify and treat the particular brain injuries of C.J.;
- g. Failing to administer the proper and appropriate medications that would have prevented the progression of C.J.'s brain injury; and
- h. Failing to retain C.J. in the PICU for a sufficient period of time to properly monitor, diagnose, and treat his brain injury.

68. As to the negligent acts and/or omissions set forth above, they constitute both ordinary negligence and professional negligence and are contrary to the laws of the state of Arkansas as well as contrary to the applicable standard of care for hospitals in this locality or in a similar locality.

COUNT IV – NEGLIGENCE AGAINST DEFENDANT TOMOKO TANAKA, M.D.

69. The facts and allegations recited in paragraphs 1 through 56 are incorporated by reference and made a part hereof as if they were set out verbatim herein.

70. Dr. Tanaka owed a duty to C.J. to exercise reasonable care in treating, diagnosing, evaluating, monitoring, supervising and otherwise caring for and maintaining the health and safety of C.J. with the degree of skill ordinarily possessed and exercised by physicians in the same or similar locality.

71. Dr. Tanaka was negligent in its care and treatment of C.J. and departed from acceptable medical standards of care by, *inter alia*:

- a. Failing to properly monitor C.J.'s brain injury;
- b. Failing to properly diagnose and treat C.J.'s brain injury;
- c. Failing to timely perform the necessary diagnostic testing to further evaluate C.J.'s brain injury;
- d. Failing to properly supervise C.J. during and throughout his stay at ACH;
- e. Failing to timely surgically intervene to prevent C.J.'s brain injury from progressing and leading to brain death;
- f. Failing to perform the proper testing to identify and treat the particular brain injuries of C.J.;
- g. Failing to administer the proper and appropriate medications that would have prevented the progression of C.J.'s brain injury; and
- h. Failing to retain C.J. in the PICU for a sufficient period of time to properly monitor, diagnose, and treat his brain injury.

72. As to the negligent acts and/or omissions set forth above, they constitute both ordinary negligence and professional negligence and are contrary to the laws of the state of Arkansas as well as contrary to the applicable standard of care for hospitals in this locality or in a similar locality.

COUNT V – NEGLIGENCE AGAINST DEFENDANT BENJAMIN ELBERSON, M.D.

73. The facts and allegations recited in paragraphs 1 through 56 are incorporated by reference and made a part hereof as if they were set out verbatim herein.

74. Dr. Elberson owed a duty to C.J. to exercise reasonable care in treating, diagnosing, evaluating, monitoring, supervising and otherwise caring for and maintaining the health and safety of C.J. with the degree of skill ordinarily possessed and exercised by physicians in the same or similar locality.

75. Dr. Elberson was negligent in its care and treatment of C.J. and departed from acceptable medical standards of care by, *inter alia*:

- a. Failing to properly monitor C.J.'s brain injury;
- b. Failing to properly diagnose and treat C.J.'s brain injury;
- c. Failing to timely perform the necessary diagnostic testing to further evaluate C.J.'s brain injury;
- d. Failing to properly supervise C.J. during and throughout his stay at ACH;
- e. Failing to timely surgically intervene to prevent C.J.'s brain injury from progressing and leading to brain death;
- f. Failing to perform the proper testing to identify and treat the particular brain injuries of C.J.;

- g. Failing to administer the proper and appropriate medications that would have prevented the progression of C.J.'s brain injury; and
- h. Failing to retain C.J. in the PICU for a sufficient period of time to properly monitor, diagnose, and treat his brain injury.

76. As to the negligent acts and/or omissions set forth above, they constitute both ordinary negligence and professional negligence and are contrary to the laws of the state of Arkansas as well as contrary to the applicable standard of care for hospitals in this locality or in a similar locality.

PROXIMATE CAUSATION

77. As a direct and proximate result of the professional and ordinary negligent acts and/or omissions of the named Defendants as stated herein, C.J. received inadequate evaluation, treatment, and care leading to his tragic, unnecessary, and untimely death.

DAMAGES

78. Plaintiff and all wrongful death beneficiaries are entitled to be compensated for damages as stated below:

- a. Any and all pecuniary injuries sustained, including what C.J. might have reasonably expected to earn in the future;
- b. Loss of services and contributions;
- c. Pain, suffering and mental anguish experienced in the past and reasonably certain to be experienced in the future by the parents, siblings and other family members;
- d. C.J.'s loss of life;
- e. The reasonable value of any and all funeral expenses;

- f. Any conscious pain and suffering of C.J. attributable to the negligence of the Defendants;
- g. All other damages permissible under the Arkansas Wrongful Death Statute and any other applicable law.

79. C.J. left the following persons as heirs and next of kin and they also bring this lawsuit:

- a. Cedrick Harris, Sr.;
- b. Marie Ferdinand-Harris;
- c. NAME: Elijah Ferdinand – 15 Yrs old, sibling
- d. NAME Ace Harris – 7 Yrs old, sibling

JURY TRIAL DEMANDED

80. Plaintiff hereby demands a jury trial on all issues so triable.

WHEREFORE, Plaintiff, MARIE HARRIS, as Personal Representative of the Estate of CEDRICK HARRIS, Jr., a deceased minor, prays that she recovers judgment against Defendants on behalf of the Estate of CEDRICK HARRIS, Jr., and on behalf of the wrongful death beneficiaries of CEDRICK HARRIS, Jr., as listed herein, for compensatory damages, pre-judgment interest and post judgment interest, reasonable expenses and costs, and for all other just and appropriate relief.

Respectfully submitted,

THE BRAD HENDRICKS LAW FIRM

500 C Pleasant Valley Drive

Little Rock, AR 72227

(501) 221-0444

(501) 219-0608 (fax)

BY: 

GEORGE R. WISE, JR., ABN 78171

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
_____ DIVISION

**MARIE FERDINAND-HARRIS and
CEDRICK HARRIS, Sr., as Personal Representatives
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JOHN AND/OR JANE DOES 1-10**

DEFENDANTS


AFFIDAVIT

Comes now the undersigned and solemnly swears that the following facts and information are true and correct to the best of my knowledge and belief:

1. I am the attorney for the Plaintiffs in the attached pleading.
2. Neither my clients nor I know the identity of the John and/or Jane Doe defendants who are unknown parties or insurance carriers for any entity or individual not susceptible to a direct cause of action.
3. Upon determining the identity of the unknown parties or insurance carriers responsible for the injuries and damages sustained by Plaintiffs, I will timely amend the Complaint to specifically designate the names of the unknown parties.

This Affidavit is filed in accordance with Ark. Code Ann. § 16-56-125.




George R. Wise, Jr., ABN 78171
The Brad Hendricks Law Firm
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gwise@bradhendricks.com

VERIFICATION

STATE OF ARKANSAS)
) ss
COUNTY OF Pulaski)

I, George R. Wise, Jr., state upon oath that the facts and allegations contained in the foregoing Affidavit are true and correct to the best of my knowledge, information, and belief.


George R. Wise, Jr.

SUBSCRIBED AND SWORN TO before me, a Notary Public, on this ____ day of August, 2021.



Notary Public

My Commission Expires:

6/16/2022

