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Rush to judgment, rush to death in Phoenix

Brain-injured son targeted for organ donation, says father

Clouds covered the moon and stars as the bicyclist pedaled his black 15-speed mountain bike eastbound on Lower Buckeye Road in Phoenix, Arizona, the night of November 3, 2015.

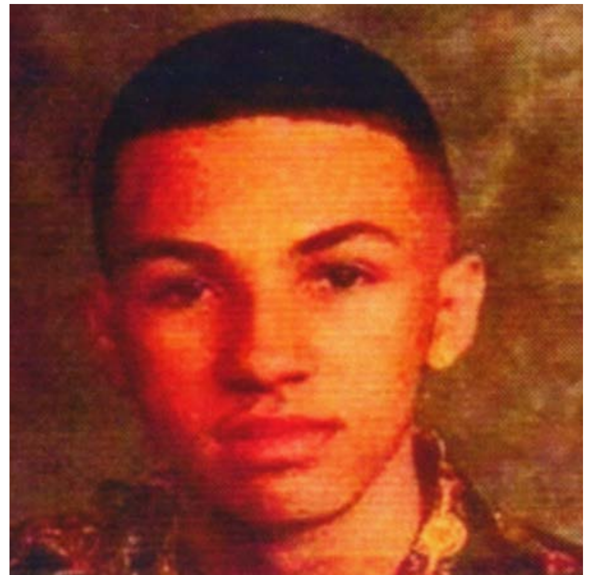
At 8:42 p.m. Mountain Standard Time, a driver in a gray 2004 Dodge 4-door sedan, also heading eastbound, struck the bicycle from behind.

"I kind of bumped him," the 25-year-old driver, Al'darius Martinez Martez Ware, told Detective Forrest Wright of the Maricopa County Sheriff's Office.

Ware then swerved hard to the right, smashed through a block wall and came to rest in the front yard of 7001 West Lower Buckeye Road.

Evidence later indicated that Ware may have crossed over the fog line with headlights off before striking the unaware bicyclist.

The property owner, Rafael Hernandez, called 911.



Paul Robinson, Jr., suffered a traumatic brain injury after his bicycle was struck by an auto.

Arriving on the scene within minutes, Unit 34 of the Phoenix Fire Department found the bicyclist lying unconscious in the street, with blood in his mouth, 4-5 cm. cuts to each eyebrow, and breathing on his own, although labored. A nurse who had stopped at the accident to render aid was holding him and comforting him.

A wallet with identification could not be found. Early Sheriff's Office reports described him as "an unidentified male thought to be in his mid-20s." A question mark appeared in the early record of his nationality, leading to the belief that he might be an illegal alien and possibly homeless.

Catastrophic injury

"I spoke to police multiple times, patient's name not known, could not therefore find family" was the initial physician's report at Banner University Medical Center Phoenix, where the victim was taken. "Patient may have been homeless," the reporting physician speculated.

"This was a 20-something-year-old male with a devastating brain injury following an auto versus pedestrian accident," Banner physician David A. Wilson stated in an Assessment and Plan report at 11:50 MST that evening.

"His physical exam findings are consistent with a devastating injury with no demonstrable brainstem reflexes and no signs of neurological

function. . . .

"Given the CT findings and the patient's grim neurological examination, this is a catastrophic injury, which is not compatible with functional survival," Wilson concluded.

By the following day, however, officials had located the victim's father, Paul E. Robinson, and had identified the victim as Paul D. Robinson, Jr., 34.

Paul Robinson, Sr., 57, had spent 26 years in the medical field: six years as a clinical specialist in the Army and the remainder as a nurse in Milwaukee, Wisconsin.

From the start, Robinson had strong misgivings about the handling of the case by both the Sheriff's Office and Banner University Medical Center.

The Sheriff's Office "profiled" his son as a homeless and as an illegal alien, he contends.

"Racism took place at the scene of the accident," says Robinson.

"That rush to judgment at the scene was followed by a rush to judgment at the hospital; they believed that he was 20 years old—a prime candidate for organ donation, he told *Defend Life*.

"That influenced their decision not to properly treat him," administering palliative care rather than aggressively treating his traumatic brain injuries.

"The only value to his life appeared to have been as an organ donor," he concluded.

Robinson's protracted disputes with hospital staff concerning procedures of which he was highly critical ended tragically on December 1.

That evening, he said tearfully, "My son suffocated in my arms."

The Expiration Document on Paul Robinson's Preliminary Cause of Death gives a terse description of what happened next:

"Pt [Patient] was observed to be pulseless and apneic.

"No cranial nerve responses observed.

"There was no movement of extremities to noxious stimuli.

"Pt was pronounced dead with family at the bedside and then was taken to the OR [Operating Room] for DCD [Donation by Cardiac Death]."

With proper treatment, Paul Robinson, Jr., would still be alive: 'But the goal was to get his organs.'

Organs worth $1-$5 million

By 9:30 p.m. on November 3, just 15 minutes after Paul Jr.'s arrival at Banner but well before his father had been contacted, according to a hospital ED Continuing Care Flowsheet, the Organ Donor Network was called to inform them of the patient's status.

"This young man's organs were worth $1-to-$5 million to the organ transplant industry," Dr. Paul A. Byrne told *Defend Life*.

"They looked at him like he was 20 years old, because he was unidentified," he added.

"He was actually 34, but it made no difference; he still had young, healthy organs."

With proper treatment, Paul Robinson, Jr., would still be alive, maintains Dr. Byrne: "But the goal was to get his organs."

Byrne, a neonatologist, clinical professor of pediatrics and past president of the Catholic Medical Association, has written and spoken extensively for decades against organ donation from living donors.

"There are no organs that are suitable for transplantation from a cadaver," he says bluntly.

"Vital organs deteriorate very quickly after a patient is actually dead"—after *true* death, when a person's breathing and heart have stopped for a very short period of time, he explains.

"But when organs are removed from a 'brain dead' donor, all the vital signs of the 'donors' are still present prior to the harvesting of organs, such as: normal body temperature and blood pressure; the heart is beating; vital organs, like the liver and kidneys, are functioning; and the donor is breathing with the help of a ventilator."

No EEG done for 8 days

Robinson's father was gravely troubled by the medical treatment of his son on many counts.

"[T]he ED medical staff knew that he had suffered a traumatic brain injury," he says, but "No attempt was made to treat that condition or monitor his intracranial pressure, which are protocols in any level 1 trauma center.

"Upon Paul Jr.'s arrival at the hospital, his vital signs were high normal and he was breathing on his own; however, that would soon change due to the misdiagnosing the degree of his brain injuries and to intubating him and inserting a

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'Donation by Cardiac Death' is doctor-imposed death

"You've probably heard and read a great deal of positive publicity about the benefits of the organ donor program—information which is provided by those in the medical profession deeply involved in the so-called 'gift of life.,'" writes Dr. Paul Byrne ("Facts About Being an Organ Donor," truthaboutorgandonation.com).

"But when presenting their information, they deliberately leave us believing the donor is already truly dead before the organs are taken. They intentionally omit the in-depth explanation of the necessary procedure a donor must undergo *while still alive*.

"In actuality, it is the excruciating vital organ removal procedure which causes true death of the donor," he states.

"They kill them in the process of organ transplantation," Dr. Byrne told *Defend Life*.

"They make an incision from the neck to the pubis; the physician sees the beating heart—he knows the patient is still alive."

Writes Byrne, "More recently, when there is a desire to get organs while the donor still has obvious brain activity [has not been declared 'brain dead,'], a Do-Not-Resuscitate (DNR) is obtained. Life support is taken away.

"When the donor is pulseless for as short as 75 seconds (but the heart is still beating) the organs are taken—this is called Donation by Cardiac Death (DCD).

"When a heart is taken for transplantation, after about 1 hour of operating, while the heart is beating and blood pressure and circulation are normal, the heart is stopped by the transplant surgeon. Then the surgeon lifts the heart from the donor's chest."

Organ donation involves the removal of organs while the donor is still alive, explains Dr. Paul Byrne.

Organ removal is performed while the patient is given only a paralyzing agent but no anesthetic, writes Byrne.

"Multi-organ excision, on the average, takes three to four hours of operating during which time the heart is beating, the blood pressure is normal and respiration is occurring albeit the patient is on a ventilator.

"Each organ is cut out until finally the beating heart is stopped, a moment before removal."

As for Paul Robinson, Jr.'s death, says Dr. Byrne, "I do know the system killed him; he was not dead on November 3 and not dead until life support was stopped and organs excised on December 1.

"This is doctor-imposed death. It's no longer a *culture* of death; it's a *system* of death—a medical and legal system of death," he charged.

"Some of us have opposed this for a long time."

Dr. Byrne testified on organ donation and 'brain death' before the Pontifical Academy of Sciences at the Vatican in 2005.

He wrote against the Uniform Declaration of Death Act—"a terrible, terrible law"—but was not permitted to testify against it before the President's Commission in 1980.

Dr. Byrne testified on life-death issues to nine state legislatures beginning in 1967.

He opposed Dr. Jack Kevorkian on "Cross-Fire" and has appeared on "Good Moring America," the BBC documentary, "Are Donors Really Dead?" and public television in Japan.

Byrne warns that it is not enough to verbally decline to be an organ donor when you register at your DMV. That is not recorded.

According to the Revised Anatomical Gift Act (2006), you must "opt-out" in writing, using "explicit language."

"Otherwise, it is 'presumed' that you have consented to be an organ donor to be utilized for the purpose of 'organ transplantation, education and research,'" he writes.

Dr. Byrne's website, lifeguardianfoundation.org, offers directions on how to document your decision to refuse to be an organ donor.