

A Tragic Medical Journey

A Troubled Start at Birth:

- **Alarming Signs:** Expert analysis shows that when baby M was discharged from the hospital, he already exhibited critical warning signs. He had a cephalohematoma suggestive of a head injury and bloodshot eyes that indicated strangulation from the umbilical cord. Disturbingly, video evidence captured the infant appearing lifeless.
- **Lack of Proper Follow-Up:** Despite these grave indicators, the infant was sent home without any examination to determine the cause of his abnormal appearance. No additional bruises or lacerations were noted at that time.

Reassurance in Routine Exams:

- **Multiple Wellness Visits:** Baby M was brought in for several pediatric wellness visits. Each examination was completely normal—there were no bruises, lacerations, or signs of abuse. Both his parents and grandparents, who saw him every day, as well as his pediatricians, never reported any evidence of mistreatment.
- **Normal Pre-ER Exam:** Most importantly, the last examination conducted just prior to the subsequent emergency trauma was entirely normal, further underscoring that no abuse was evident.

The Onset of a Medical Crisis:

- **Initial Respiratory Distress:** Approximately two months after his birth, baby M suffered respiratory distress and was taken to urgent care. The physical exam then was negative—no signs of bruising, lacerations, or any indicators of abuse; all reflexes were normal, and there was no need for pain medication.
- **Second Respiratory Episode:** One week later, during another breathing episode, MICHAEL HASSEN was forced to perform mouth-to-mouth resuscitation as baby M stopped breathing en route to urgent care. Upon arrival, another examination revealed the same normal findings.
- **Catastrophic ER Incident:** While being examined the infant stopped breathing again, he was rushed to the ER. During a frantic attempt to intubate him, doctors accidentally misplaced the endotracheal tube, puncturing his lung. This error caused further trauma, leading to nine unsuccessful intubation attempts over a three-hour period and necessitating CPR. The infant was then airlifted to a trauma center, where further assessments showed his condition had deteriorated dramatically—his lung had collapsed, and all four of his limbs were broken.

An Unjust Accusation

False Charges Amid Medical Negligence:

Despite overwhelming evidence that baby M's injuries resulted from a tragic sequence of medical missteps, Child Protective Services was contacted. Instead of addressing the glaring medical negligence, MICHAEL HASSEN has been falsely accused of child abuse. There is **no evidence** to show that MICHAEL HASSEN did anything other than try to save his child in an emergency.

Detention Without Due Process:

- **Over a Year Without a Hearing:** Michael has been detained for more than one year without a hearing. During this entire period, no evidence has been offered that implicates him in any abuse.
- **Inexplicable Accusations:** The District Attorney's office has been unable to explain how MICHAEL HASSEN could have abused his child and yet not a single report—from doctors during routine wellness visits, from daily observations by his mother and grandparents, or from any physical exam—has indicated that baby M suffered any abuse prior to the ER trauma.

Call-for-Action

I believe that justice demands the immediate release of MICHAEL HASSEN and full accountability for the medical failures that have torn apart a family. We call on you to stand with us:

- **Release MICHAEL HASSEN Now:** The evidence overwhelmingly shows that MICHAEL HASSEN was acting out of desperate love and care, not malice. His continued detention is a grave injustice.
- **Hold the Healthcare System Accountable:** Wake County Healthcare System must answer for the failure to properly assess and follow up on baby M's critical condition at birth. Their negligence set off a chain of tragic events.
- **Demand Systemic Reforms:** This case exposes systemic failures. We must reform pediatric care protocols, ensure thorough follow-ups for high-risk births, and guarantee that emergency care practices are scrutinized and improved.