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AN ACCOUNT OF SHADOW PEOPLE WITNESSED IN A NEAR-DEATH HOSPITAL SETTING

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INTRODUCTION

This dossier is the result of an interview conducted by the author in December of 2018. It documents an incident that occurred in a South Florida hospital in the mid- to late 1990's. Personal identifiable information has been omitted out of respect for the interviewee's privacy.

The interviewee is a Caucasian Hispanic female of Cuban-American descent, approximately fifty-five years of age at the time of the interview. She self-reported the following information as to the reliability of this account. She does not use illicit drugs or abuse prescription medications. She has never been diagnosed with a mental condition, nor has she been prescribed medication for any. The medications she takes regularly are not anticipated to have any influence on her lucidity or her ability to accurately recall events from memory. She has no substance abuse or dependency concerns.

During the interview she did not appear to exhibit any serious failings of memory or of her ability to express herself. She appeared lucid before, during, and after the interview. She provided complete, coherent responses to the questions posed. She was not paid, offered, or promised anything in return for relating this account. She requested her personal information remain confidential.

* * *

When I woke up, I was not where I had been when last I had closed my eyes.

I remembered I was at my sister's birthday party. She had just turned twenty-eight, and we celebrated in the backyard of my in-laws' house. They had a big lawn that could accommodate a lot of people.

I was standing by the pool, nursing a wine cooler and talking with some friends, when the color drained out of the world. Everything fell to shades of black and white. Then came the pain. The drink slipped out of my hand and shattered against the pool deck. My knees gave out. I fell. Someone scooped me up off the ground and put me on a cot. There was the sound of a claxon. A bright light shone in my eyes. People in surgical garb stood at either side of me.

When next my eyes opened, I was in a hospital room. The bed's headrest was raised. I was in a seated position, my torso at a forty-five degree angle from my legs.

Across from where I lay was a counter with a stainless steel sink. Set into the wall above the sink was a mirror. In it, I could see my reflection, as well as the intravenous bags that hung from a pole behind my bed. The bags dripped fluids into my bloodstream through an octopus of tangled piping. The countertop was covered in teddy bears, floral arrangements, and balloons that read: *Get Well Soon!*

The door was partly ajar. A shadow stood at the threshold and knocked, then stepped in from the corridor.

"Ms. Sanchez?"

It was the nurse. I meant to respond, but my throat was so dry I could not manage even a squeak. I could hardly move—between the fading effects of general anesthesia and the *I-feel-it-in-my-bones* level of exhaustion, the best I could manage was to follow her with my eyes.

"How are you feeling? Any pain? Any discomfort?"

The dull hurt in my abdomen was killing me. The pain was beneath the skin, inside my body; an itch too deep in the flesh to scratch—assuming I could move my arms in the first place. Much as I struggled to raise them, they remained at my sides, limp, leaden, and dead.

Was I dead?

Is this how it felt to die?

My sense of place returned as the nurse adjusted the intravenous piping. I couldn't be dead. I was in a hospital, which meant I was still alive. I would have come to a different conclusion altogether if I'd awoken in a funeral parlor. Thankfully, this was not the case.

The hospital room was dark. The blinds had been drawn. It was night outside my window. A digital clock near the ceiling broadcast the time in giant, burning red numbers.

7:53 p.m.

Things were starting to make sense again. I had undergone emergency surgery for a ruptured appendix. That evolutionary vestige turned biological time-bomb had gone off during my sister's party. The pain of having one of my internal organs explode and paint my insides with festering waste had sent me into shock.

Along with growing lucidity came the realization of how close I had come to dying. When doctors suspect appendicitis, they act quickly to get the organ out of you before the infection can spread. If it ruptures before they can remove it, you've got septicemia—blood poisoning. Then it's only a matter of time before those harmful microbes take up residence in your lungs, kidneys, and liver, and then it's lights out for good.

I crushed my eyes shut from the pain in my midsection. The morphine drip was doing nothing for my discomfort. If you've never had an appendicitis surgery, the recovery feels like you're a drug mule, except that instead of swallowing a dozen balloons stuffed with cocaine, the inside of your belly feels like you're smuggling live sea urchins.

"Everything seems to be in order, Ms. Sanchez," the nurse piped up.

I had forgotten she was there. Straining my eyes to their far right corners, I could see only the tail of her impeccably white scrubs as she stepped back from the IV pole behind my head.

My ears perked to the sound of a watery cough coming from my extreme left. This was a double-occupancy hospital room. I had the side with the window. From beyond the curtain that split our room down the middle, my roommate sounded like he was drowning. His heart rate monitor let up a rapid-fire *beep-beep-beep-beep*.

The nurse pivoted suddenly at her hip. I couldn't see her face, but just by her posture, I could feel the tension coming off her. She rounded my bed and darted behind the curtain. No sooner had she disappeared behind it than all the room lights flickered on.

"Code blue!" she yelled. "Code blue, room 317-A!"

A cadre of nurses plowed in through the door. One of them yanked the center curtain aside to make room for another who wheeled in lifesaving equipment on a cart.

It was an old man. His hospital gown was open at his chest. He thrashed like we was on fire. It took three orderlies to keep him from tearing at the tube in his mouth and the lines attached to his arm.

My eyes were pegged as far left as they could go. It took much effort, but I managed to rock my head to the side to get a better look. Between the press of bodies, I caught glimpses of the elderly patient. No longer was he trying to free himself from his restraints. Instead, he looked as though he were trying to resist the nurses holding him down.

The man wriggled an arm free of the grip of a female orderly, then threw an elbow into the face of a male nurse. Blood trailed in the air as the nurse spun away, clutching his split lip.

The patient then swiped at their faces with fingers hooked into claws. A female orderly recoiled in time for the blow to miss her, but not fast enough for her hair to clear the sweep of his grasping hand. The patient balled his fist and tugged, wrenching the girl's head sideways. She lost her footing and toppled onto the patient's bed.

Another nurse reflexively let go of the patient to help his coworker, and realizing his mistake, dove back onto the patient as he sprang up in bed. The old man could not have weighed more than one hundred pounds. The male nurse who had tackled him was easily double his weight, and yet he struggled to restrain him.

A thought occurred to me: how could this ninety-year-old man have so much fight in him that six nurses couldn't hold him down?

The room lights flickered, then cut out. The nurses were gone. In their place were photo negatives—black as night at their cores and shimmering like a heat mirage at their extremities; shadows in the shape of people. The lights returned, and the shadows remained, even under the full florescent brilliance.

A scream caught in my throat. I wanted to run, to cry, to help him, but I could not move, let alone draw a breath to yell for help. All I could do was watch.

The old man kicked away one of the shadows by his feet. It backpedaled a few steps, then dove headfirst onto him, pinning both his legs against the hospital bed. The press of shimmering dark bodies gelled together. No one shadow was distinguishable from the other. Their combined weight crushed the fight out of him. His body went limp. The heart rate monitor screamed.

Suddenly, there was the sound of an electrical discharge. The patient jerked up in his bed, his spine arched like the back of a spoon. With an animalistic grunt, he dropped to the hospital bed once more.

The shadows vanished, with the nurses taking their place. They had begun unhooking the AED's electrodes.

By appearances, the patient was more dead than alive. Sweat matted his flyaway hair to his brow. He lay on his bed pallid and motionless; his glassy eyes staring into the ceiling. A sickly yellow tongue hung out of his dry mouth. The only observable proof that he still lived was the cardiograph, which beeped to the steady rhythm of his heart.

One by one, the nurses filed out into the hall, except for the one assigned to our room. She stayed behind to document the incident on her laptop. The room was silent, short of the soft rattle of her fingers on the keyboard and the occasional beep from the equipment. I drifted into a heavy, troubled sleep, rousing suddenly when my roommate let up a horrific groan.

I could not have slept long, as the nurse was still at her workstation when I stirred.

The patient was awake, but far from alert. He was engrossed in murmuring a nonsense litany to himself. I picked out a word here and there when he spoke above a whisper. It was all word salad, punctuated by an occasional shout and a fit of hacking coughs afterward.

The staff had since tied his wrists to the bedrails. Any hospital worker will tell you this measure is intended to keep a patient from getting out of bed when he is at risk of injury from falling, but I knew better. He was restrained not for his safety, but for the hospital workers' wellbeing. Had the old man's swipe connected with the girl orderly's face, he'd have gouged her eyes from their sockets in one pass.

A man stepped in from the hall and rapped lightly on the doorframe to announce his arrival. It was the hospital's chaplain. A priest in his fifties, he was bald except for a rim of salt-and-pepper hair that encircled his head at the level of his ears. In his hands was a small prayer book bound in leather. He and the nurse exchanged words briefly—I could not hear what they said—and then he sat down at the patient's bedside.

The priest had hardly opened his book to read aloud when the atmosphere in the room grew heavy. The patient's breathing became ragged. He sounded like a dog at the end of a hunt. His nostrils flared with sharp inhalations which he forced out just as quickly. His eyes—wide, wild, and on fire from within—were locked on the hospital chaplain.

Then, inexplicably, the patient froze. The priest did not have to say a word—even he looked perplexed. I'm not sure how to describe what happened, other than to say that the old man looked as though he had dried up.

His skin was bleached white, having taken on the appearance of petrified wood. His body went into an unnatural posture. Lying flat on his back, he stretched himself out like a board—head tilted back all the way, arms at his sides, legs perfectly straight, fingers and toes pointed. With only his heels and the backs of his shoulder blades touching the cot, he was sweating profusely from the tension of maintaining this pose.

His jaws were clenched shut. His lips were drawn in a grimace showing his gnashed teeth. Saliva bubbled at the corners of his mouth. His eyes were deep-set, ringed in dark circles that you could mistake for bruises. Throughout all this, the patient's gaze remained on the priest, until at last he closed his eyes as if to communicate that he was not interested in anything the priest had to say.

Despite being somewhat put off by the patient's behavior, the priest began to recite from his book. Shortly into his prayers, the room became shrouded in darkness. Strangely, the lights were still on. It was as though a heavy fog had formed around the overhead lights. Some light still made it through, which was how I could tell the lights were on, but the room was plunged into oppressive shadow.

Neither the priest nor the nurse seemed to notice this change. I started doubting what I was seeing, chalking it up to the residual effects of my medicines.

Then came the stench. The room was filled with such a noxious odor that my stomach heaved, threatening to empty itself all over the hospital floor.

Noting my discomfort, the nurse looked up from her work and called out, “Are you okay, Ms. Sanchez?”

My throat was still too dry to permit me to speak, but by now I could move a little.

I nodded.

It was a lie.

I was not okay at all.

“Just let me know if you need anything,” she replied, setting her eyes back on the computer screen.

I accepted the possibility that the dark cloud around the light fixtures might just all have been in my head. I also accepted the idea that the shadow people accosting my roommate might have been a hallucination. But there was no way that the stench was anything but real.

It smelled of rancid meat.

No, worse.

My family used to have a ranch out west. Once, when I was in my teens, I found the body of a sheep that had been preyed upon. I never learned what got it—the grown-ups had said it was likely a coyote, but even they were not certain. Its wool was caked with dried blood that had since formed a ruddy brown crust. The flies that devoured what was left settled onto the carcass so tightly that they formed a buzzing carpet of tiny black bodies.

When an animal first starts to decay, it lets up a distinct odor. It bears an undertone that is sickly-sweet, but it is by no means pleasant. The scent only gets worse as decomposition advances. The smell of a carcass putrefying in the sun for days is worse than that of a clutch of rotten eggs, or feces, or bad milk. It was the most horrible odor I had ever experienced.

That same smell pervaded the hospital room.

It was the stink of death.

Just when I’d considered that thought, the dark cloud dissipated. Once again, the room was lit to its brightest. The priest sat in his chair, doubled over, reciting from the book in his hands.

The patient lay still.

Maggots the size of my thumb were eating his face.

This time, it was me who was flailing about in bed. I wanted to get up and run, though much as I tried, I simply could not get my body to cooperate. The best I could do was thrash from side to side as if trapped in a nightmare, and I still don’t know how I managed that—the meds had me feeling so weak.

I caused such a ruckus that the nurse ran to my bedside. She grabbed me by the shoulders and held me down, asking what was wrong. I couldn’t answer out loud. With my eyes, I motioned to the elderly patient. In doing so, I saw the priest had risen from his chair. He had turned to face me, alarm plainly registering in his face.

My heart froze when I looked past him at the old man in the bed. His head was turned ninety degrees to lock stares with me. His bulging eyes were open to their fullest, to the point where they might roll out of their sockets.

I knew it couldn't be real, but somehow, his features had taken on unnatural edges. His face had become a grotesque theatre mask. His nose was pointed, his teeth nearly fangs, and the lines on either side of his mouth were dark and deep like chasms. His lips pulled back in a sneer so crooked that it could be mistaken for comical under different circumstances. No one made faces like that except comic book villains, and yet there was no mirth in his face, only pure and unbridled malice. That face froze the blood in my veins. If looks could kill, his glare alone would give FEMA cause for concern.

All of a sudden, the machines monitoring his vital signs let up an alarm. The man was wracked with pain. He jerked and twisted as though he'd been jabbed with a live wire. Then, the next instant, his body slackened, his vitals having dropped to zeroes and flatlines.

Emergency staff rushed back in to resuscitate him. Without anyone's saying so, everyone knew their efforts would amount to nothing. I am not a doctor, but even I could have pronounced him dead on the spot. They wheeled him out into the hall, and that was the last I saw of him. The housekeeping crew brought in a new bed and dressed it with fresh sheets. Before long, the room was returned to its pristine state. There was no way anyone could tell a man had died there. I checked out of the hospital with a clean bill of health shortly afterward.

Every so often, I think back on the evening I spent with that nameless stranger. I have never been one to believe in the paranormal, but then again, I have never outright denied the possibility of its existence either. So far as I am concerned, the jury is still out.

As for what I observed that night, my doctor says it is entirely plausible that my medicines caused me to experience things that aren't real. I am inclined to take his word on that. I haven't touched painkillers since my surgery, and nothing like what occurred that night has happened since.

But if there is anything this series of events has proven beyond a doubt, it is that evil is real. In that brief moment in which we locked eyes, I could feel the spite he held for me as surely as you can feel heat coming off a fire. What reason would he have to hate me? We barely knew each other in the short time we shared a room. For most of that time, one or the other of us was unconscious. And yet he meant me ill. I shudder to think what he might have done to me, for no reason other than that I was there, if the state of his health would have permitted him.

And yet there was something more. I was not the sole target of that malice. Rather, it was a global, all-encompassing hatred directed at everything at once and nothing in particular – the nurses, the orderlies, me, and even the old man himself.

I refuse to believe such evil finds its origins in human hearts. If I am correct, then it must come from something else, although where from, I cannot begin to guess. But no matter the answer, I am certain it was in the hospital room with us that night.

I pray I never again experience anything so terrible.

ANALYSIS

In general, any visual manifestation of a supernatural or preternatural being may be termed an apparition. The topic merits additional attention if we are to parse it thoroughly. An apparition can be distinguished from a locution, whereby the latter, according to St. John of the Cross, “are certain distinct and formal words that the [witness’s] spirit receives, whether or not recollected, not from itself but from another.”¹ It is understood here that by “from another” St. John means these thoughts do not originate from oneself; rather, they come from an otherworldly source. Apparitions and locutions are sometimes experienced simultaneously, though not always. At a minimum, an apparition involves seeing an event, whether by virtue of the physical senses or via the intellect.

The object of an apparition is a being that is at least preternatural; it is that which is seen. By preternatural is meant a phenomenon that is *beyond*—but not necessarily *above*—what is understood to occur in the order of nature. In contrast, the supernatural describes precisely that which surpasses nature. Supernatural events do not occur without divine intervention. Thus, a phenomenon may be called supernatural only when its origin is of God or the holy angels carrying out the will of God. Demons, hauntings, ghosts, black magic, and suchlike are preternatural. Preternatural occurrences may not be as well understood as events in material existence, but, in general terms, enough about them can be known to conclude that they operate in a manner beyond the natural order.

Shadow figures number among the many paranormal phenomena that have entered the public consciousness. Beneath this umbrella term fall shadow clouds and shadow people. I will not conjecture as to whether they are real. However, I will express here that it is the opinion of many that they exist. Moreover, I will not weigh in on the veracity of this particular account, though it bears mentioning that the majority of those who claim to have seen them maintain that these phenomena are categorically malevolent. A minority opinion holds that these apparitions are not always evil, but this view is untenable. The mere fact of shadow people’s presence should be proof enough of their ill intentions. If you awoke in the middle of the night to find an intruder dressed in black in your bedroom, your first thought would not be that he arrived there by accident, or that he means no ill will.

Shadow clouds have been described as churning clouds of blackness, similar to the formation of a funnel cloud when viewed from a distance, except the manifestation occurs near to the witness. They have also been referred to as “black mass.”² These clouds are silent and imperceptible except by sight, oftentimes only barely. Despite looking at times like a tornado, they do not appear to generate wind, nor are they created or affected by local atmospheric conditions. There is a granularity to their appearance, as though they were clouds of billowing black dust, but the particles that appear to be caught inside them do not seem to be made of physical matter. These particles will pass through matter without disturbing it. Yet, when these shadows appear in dark places, they are always darker than the ambient shadows around them, such that they obscure what is behind them.

¹ St. John of the Cross. *The Collected Works of Saint John of the Cross*. Washington, DC: ICS Publications, 1991.

² Not to be confused with the Satanic ritual that bears the same name.

Unlike freak weather patterns, these shadow clouds have manifested indoors. Fans will neither cause nor disperse them. If they are interposed between the viewer and a light source, turning the light on reveals that the cloud is opaque to a degree. It will shroud the light source so that little if any light will pass through, despite that the light may be seen shining around the edges of the cloud. Their appearance does not instill wonder but instead incites fear.

In contrast, shadow people look like the shadows cast by human beings except there is no person or creature nearby which would produce the shadow in question. They will sometimes manifest two-dimensionally, which is to say they might look indistinguishable from normal shadows cast upon a surface. When they move into open air and away from the surface against which they are cast, they vanish from sight, but are still present. At other times, as in the account above, these shadows have been witnessed moving in three-dimensional space. While they still resemble two-dimensional shadows, they remain visible while crossing into the open air, unlike ordinary shadows, which require a backing surface against which they might be seen.

Accounts are seldom wherein these beings are seen not just by the victim himself but by onlookers. Such has been witnessed in hospital settings, as here, particularly among terminally-ill and elderly patients. While such accounts are rare, they almost unanimously speak of patients in their death throes thrashing at the air as if fending off attacks from a mob of unseen persons. The bodily movements of these dying patients do not resemble involuntary convulsions; rather, they look more like volitional, albeit desperate, attempts at self-defense, discernable as punches, kicks, grabs, and attempts to wrestle away intangible assailants. From time to time, patients have vocalized the presence of these attackers with such expressions as: "Get them off me!"

Along with claims of the existence of these entities are scores of explanations for why they are active in the world. Theories have been put forth that point to inter-dimensional travel, portals to the afterlife, extraterrestrial activity, astral projection, "men in black"³ and even the repercussions of particle physics experiments conducted at CERN—each of which we must discard as unreliable.

Judging by accounts relating what these entities are capable of, shadow people closely resemble spirits. Shadow figures have been reported as appearing seemingly from nowhere and vanishing just as suddenly. Despite looking opaque, they can pass through matter without disturbing it; though they are capable of manipulating physical objects. Witnesses report being pushed or struck by these entities. Others maintain they have been choked by them, while still others claim they have seen these entities kill a human being.

To the extent shadow people exist, we must apply what we know to be true about spirits and not make leaps of logic to support fanciful ideas. An apparition can either be genuine or not. It is not genuine if it is the product of a hallucination, an elaborate hoax, or faulty memory. If the apparition is the result of no apparent natural cause, this is evidence of it being genuine, though not necessarily conclusive evidence.

³ Hollis, Heidi. *The Secret War: The Heavens Speak of the Battle*. Lincoln: Writers Club Press, 2001.

Once an apparition is deemed genuine, it must be studied further to determine whether it is divine or preternatural. The method by which this is performed is called spiritual discernment. In general terms, discernment involves looking at the circumstances before, during, and after a genuine apparition to determine whether or not it is from God. Sometimes, the discernment process results in an apparition that is genuine and not from God. When this is the case, the only conclusion left to be drawn is that the event was preternaturally inspired; that is to say, brought about by demons.

In light of the circumstances presented in this account, it remains anyone's guess as to whether the apparition described is genuine. However, assuming that it is, then it is safe to say that it was preternatural in nature.

First, demons torment mankind and mock God. Both are attested to in this account.

Second, the account comports with others which relate a vehement battle for one's soul at the moment of death. It is for this reason Catholics pray: "Holy Mary, mother of God, pray for us now and at the hour of our death." A soul is forever rewarded in heaven or damned to hell based upon its choices prior to bodily death. Because death marks the end of the time during which demons can influence human choices, it is a critical moment for Satan to make a concerted last-ditch attempt at wresting a soul from divine happiness. This behavior on the part of the shadow entities dovetails with the demonic *modus operandi*.

Third, God does not abide futile miracles, but performance of "lying wonders"⁴ falls squarely into the demonic wheelhouse. Satan can appear as an angel of light.⁵ If he thinks it will further his aims, then it would not be beneath him to appear as the Blessed Virgin herself, as has occurred in the false apparitions at Garabandal, Spain.

Demons know that people are naturally curious. When elements of adventure and the promise of some esoteric discovery are added to the equation, the attraction becomes irresistible to some. As proof of this, look to all the ghost-hunting television shows that have cropped up in recent years. The unfortunate truth is that satisfying this curiosity nets people the knowledge equivalent of a booby prize. The demons' efforts are calculated to distract us from things that actually matter, such as the state of our souls and the reality of hell. Thus, if it feeds people's spiritual idleness to believe in shadow people and to chase these apparitions, then demons are more than happy to oblige.

In closing, do shadow people exist? The answer is no. But can demons masquerade as shadow figures if it would lead people away from God? Certainly, yes.

END OF REPORT

⁴ *The Holy Bible: Douay-Rheims Version*, 2 Thessalonians 2:8-10.

⁵ 2 Corinthians 11:14.