

Testimony of George Lithco
Advocacy Coordinator, SKIPPER Initiative
submitted to
**the Subcommittee on Human Resources of the
House Ways and Means Committee
United States House of Representatives
Hearing on Child Deaths Due to Maltreatment
July 12, 2011**

July 26, 2011

My name is George Lithco.

I am an attorney in private practice, and my wife Peggy is a elementary school arts teacher. We reside at 1011 Dutchess Turnpike, Poughkeepsie, New York.

I offer this written testimony for the record of the Subcommittee's hearing on Child Deaths from Maltreatment.

I have had opportunity to read the GAO Report on Child Maltreatment, review the testimony of the witnesses before the Committee, and view the video record of the hearing.

While the charge of the GAO report is limited, it is apparent from the record of the hearing that the members of the Subcommittee and the witnesses who testified share a deep and abiding concern about preventing child fatalities, not merely compiling an accurate record of those deaths.

We commend Chairman Davis, Ranking Member Doggett and the members of the Subcommittee for their interest knowing what can be done to prevent deaths from child maltreatment.

While I and the other members of the SKIPPER Initiative have no formal training in child welfare or child protection, we have learned much about prevention.

Dr. Jenny noted at the beginning of her testimony that she was probably the only person in the room who had watched a child die.

I share that experience. Only once, but it was a very personal experience.

It was watching our son die.

Our education began on November 30, 2000, when our eleven month old son, "Skipper," was shaken by an "informal" child care provider. She did not fit the "high risk" abuse: she was a 51 year old grandmother with four children of her own.

That day, she was also caring for her grandson and one other toddler: both, it turned out, were coming down with a cold and were cranky. Skipper was teething. When he spit up on her during an afternoon feeding, she confessed that she lost control and shook him.

Skipper died three days later. Our tragedy, but only one of many that became the child death statistic for 2000.

Shortly after our son died, we began working with family, friends and concerned parents as The SKIPPER (*Shaking Kills: Instead Parents Please Educate and Remember*) Initiative.

The SKIPPER Initiative works with parenting educators, hospitals, child care programs and local, state and federal agencies to increase awareness of the vulnerability of young children - children as old as 5 years of age - to inflicted head injuries, to educate everyone who cares for young children about the danger of shaking children.

Most of all, we educate parents and caregivers about what they can do to help protect children and keep them safe from injury, starting with talking to all of a child's caregivers about the need to be prepared for the inevitable frustrations that are part of caring for children.

Shortly after our son was shaken, we learned about a prevention program that was started by Dr. Mark Dias at Children's Hospital of Buffalo in 1998. He is a pediatric neurosurgeon treats children with inflicted head injuries. Dr. Dias speaks frankly about the event that inspired him to develop a simple education program for new parents: one night, he was up late with his infant son, became frustrated with his son's crying, and suddenly realized why parents shaken their child.

The program has been remarkably successful: since it began, the cases of inflicted head injury in the Buffalo area dropped by 50%. It has sustained that reduction for 13 years.

Now, hospitals in New York and many other states offer new parents the opportunity to learn what they can do to help keep their child safe. Child care providers are required to be trained about shaken baby syndrome and abusive head injury. In our county, foster care parents and high schools students have that opportunity.

We have advocated for prevention legislation in other states: as an example, I submit our testimony to the State Legislature in Hawaii for the committee's files. I also offer a summary of state legislation related to shaken baby syndrome/abusive head trauma.

As a result of our experience and education, I offer the following comments on the issue before the Subcommittee - Child Deaths from Maltreatment:

1. Even though the deaths of children under age 5 represent the most substantial proportion of child deaths, they are significantly underreported for a variety of reasons.

The community of parents and advocates know that children are remarkably resilient, and even when their brains are devastated by inflicted trauma, they can survive for years. Deaths from maltreatment can occur years later, and while the official cause of death may be the immediate one, the unrecognized cause is the consequence of maltreatment.

2. While I do not believe it discussed in the report or witness testimony, I have been told on more than one occasion that a decision not to classify injuries to a child as abuse were deliberate decisions motivated by the desire of an individual to avoid the criminal justice system.

In one instance, a doctor bluntly explained to a parent that since the evidence in her child's death was equivocal, and he had been a prosecution witness in a similar case that had, in his view, not only wasted a great deal of time, but subjected him to cross-examination that he found

humiliating, he would not draw any conclusion about whether injuries were inflicted. There is other anecdotal evidence which suggests that happens in an undetermined number of cases.

3. While children can be isolated at any time, vulnerable children and vulnerable parents are especially isolated between birth and school enrollment. The literature shows a significant correlation between parents with psychological dysfunction and child abuse deaths during this time. When depression, mental illness or other factors are present that result in homelessness or isolation, the death of a child can easily go unnoticed and unreported.

Caylee Anthony is merely one example.

While we acutely understand the significance of a child's death, I respectfully submit that there are two even larger issues that should be before the Subcommittee.

1. The national significance of surviving an act of maltreatment with inflicted injuries.

We have learned that the risk of inflicted injury is substantial: nationwide, the best estimate - from a study reported in the Journal of the American Medical Association - is that one child is shaken for every 2400 children born. Perhaps 300 children die from those inflicted injuries, and twice as many survive with one or more significant neurological injuries.

There is great personal cost to the families of many survivors, as they direct their energies to the care and well being of their child.

The available national data suggests that 80,000 children annually suffer physical abuse. In view of the consequences of surviving inflicted injuries, and particularly the consequences for the most vulnerable children, those children should be counted, and counted accurately.

2. The cost of surviving maltreatment.

The burden of inflicted injury lies directly on federal, state and local taxpayers.

As the Subcommittee is undoubtedly aware, Medicaid pays for approximately 41% of US births; and in all likelihood, pays for a comparable share of medical and rehabilitation care for surviving children

Yesterday, I learned a child shaken in Ohio has now survived one year. The cost of his medical care for that year is nearly \$1,000,000. In the words of his grandmother "thank God Medicare is paying his bills."

Gabbi Poole from Florida has survived 16 years with two-thirds of her brain damaged by inflicted injuries. The injuries were inflicted by her father: she was adopted by her grandmother. So far, the cost of her medical care and rehabilitation care is more than \$7,000,000.

Other costs follow when there is death or injury to a child.

Some are obvious: in addition to medical costs and rehabilitation, the costs of investigation, prosecution and incarceration of a perpetrator - in New York, a full trial may cost \$250,000 and a year in jail costs the state \$44,000.

Some are not so obvious: the loss of income taxes when a parent foregoes work to remain at home with a child, the learning disabilities inflicted up the child that require school districts to fund special education and reasonable accommodations, long term SSI benefits, long term health consequences for parent and child that are associated with adverse events and the stress of long term care. In many cases, all of the surviving children may be placed in foster care.

Yet, compelling evidence suggests those costs may only be the tip of the iceberg.

As we are learning with veterans who survive IED blasts, the greatest toll of maltreatment may be the unknown number of maltreated children who suffer subtle but long-term neurological trauma from inflicted head injuries.

The literature suggests that two to five percent of children under 2 years of age may suffer from physical abuse, and that a significant proportion of those children will suffer “mild” brain trauma. A 2009 report by the another House subcommittee found that 53% of abused children suffer from learning disabilities. In contrast, only 16% of children who aren’t abused have disabilities. The consequence of such trauma is similar to those experienced by veterans..

In essence, one largely unrecognized cost of inflicted head injury is inflicted learning disabilities and other cognitive disabilities. Through our school districts, we pay the cost of those injuries for twelve years.

A reasonable estimate of the overall toll of inflicted head injuries in the United States: \$2.5 billion a year.

At a time when all levels of government are under stress, the Subcommittee, and indeed the Ways and Means Committee as a whole, should understand the fiscal consequences of maltreatment, both the loss of revenue and the burden of the unavoidable expenses that result so that federal policy is informed and that opportunities to reduce that cost are identified.

For example, I note that the federal budget provides approximately \$5 billion dollars for foster care programs in the states, yet only \$297 million for “prevention”, including the construction of child abuse prevention centers.

I believe the cost and benefit of educating parents and caregivers, versus treating the consequences of maltreatment, is clear and compelling.

The evaluation literature clearly exists to show that prevention programs do more than prevent death and injury: they don’t just pay for themselves, but provide a sound return on the public investment that makes them possible.

We need a strategy that does more than just spend money on consequences. We need sustainable programs that can survive times of recession, when the need is greatest. We need program that readily translate to new communities and different cultures.

In a time when one-third of parents in the United States say they don't have sufficient knowledge about raising children, when 10 million children under the age of 5 are in some form of child care for part of a week, we need education that enlists the natural desire of parents and caregivers to protect children.

The GAO Report on improving data on deaths from child maltreatment is a necessary first step, but not sufficient by itself to understand the true scope, consequences and costs of maltreatment, or to direct national policy.

I believe that the Subcommittee - and, indeed, the Congress as a whole - would benefit if the GAO is directed to do two things:

1. assemble the evidence with respect to the toll on children who survive maltreatment, their families and their communities, the number of such survivors, and the cost of those injuries, informed by reasonable estimates of prevalence; and

2. identify existing best practices, the cost of implementing those practices, and the benefit of those practices if efficiently and effectively adopted, and provide a cost benefit analysis to the Congress, and to the states, that will serve to direct federal and state investment in an effective, efficient and profitable manner.

I appreciate the opportunity to provide our testimony on the subject of this hearing.

I would be pleased to provide additional information to the Subcommittee staff, amplifying our comments above and providing source materials.

Respectfully submitted,

George Lithco

Statement of Submission

Testimony of George Lithco is submitted on behalf of the SKIPPER Initiative and “Skipper” Lithco.

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State Legislation

State	Adopted	Location	Status	Organizations	Statutory Reference
Washington	1993	Hospital(B)	Active	WPCCAN	Rev. Code Wash. (ARCW) § 43.121.140
California	1994	Hospital(B) Childcare	Regional	PCA California	Cal Health & Saf Code § 24520
Tennessee	1996	Hospital(B) Childcare Awareness Campaign			Tenn. Code Ann. § 68-143-103 Tenn. Code Ann. § 68-143-102
Indiana	1999	Hospital(B) Childcare			Burns Ind. Code Ann. § 16-41-40-5
Florida	2002 2004	Hospital(B) Childcare	Regional		Fla. Stat. § 411.233 Fla. Stat. § 402.305
Pennsylvania	2002	Hospital	Active		11 PS 2123 et seq.
Missouri	2004	Hospital(V)	Active	Missouri CTF	§ 191.748 R.S.Mo
New York	2001 2003 2004 2006 2006	Hospital Childcare Hospital(V) School Awareness Campaign	Active Regional	NYS OCFS	 NY CLS Pub Health § 2803-j NY CLS Educ § 804-b NY CLS Pub Health § 2745
Minnesota	2005	Hospital(V) Childcare	Active		Minn. Stat. § 144.574 Minn. Stat. § 245A.1445
Illinois	1991 2005	Hospital(B) Hospitals(V) Childcare			(Ch. 127 p 55.62) 20 ILCS 2310/2310-305 20 ILCS 2310/2310-305
Texas	1999 2005	Childcare Hospital		PCA Tx – SBA	Tex. Hum. Res. Code § 42.0421 Tex. Health & Safety Code § 161.501
Virginia	2005	Hospital(B)			Va. Code Ann. § 32.1-134.01
Wisconsin	2006	Hospital(V) Childcare School	Active		Wis. Stat. § 253.15 Wis. Stat. § 253.15 Wis. Stat. § 121.02
Nebraska	2006	Hospital(V) Childcare Awareness Campaign			R.R.S. Neb. § 71-2103 R.R.S. Neb. § 43-2606 R.R.S. Neb. § 71-2104
Rhode Island	2006	Hospital			R.I. Gen. Laws § 40-11-17
Massachusetts	2006	Hospital			

Pending Legislation

Hawaii	2007	Hospital/child care(B)		To Governor [enacted]
South Carolina	2007	Hospital/child care(V)		To Governor [enacted]
Iowa	2007	Hospital/child care(V)		Senate Committee review
Alabama	2007	Hospital(B)		Senate Committee suspend
Oregon	2007	Hospital/campaign		Passed Assembly
Ohio	2007	Hospital/campaign		Passed Senate [Enacted]
California	2007	Demonstration project		Senate/House Committees review

Voluntary Regional Hospital-Based Education Programs

<u>State</u>	<u>Start</u>	<u>Brochure</u>	<u>Status</u>	<u>Sponsor Organization</u>	<u>Contact</u>
		Video			
Arizona	2004	Hospital(V)	Active	PCA Az	
Oregon	2006	Hospital(V)	Active	Legacy	
Massachusetts	2004	Hospital(V)	Active	Central Mass - MCC	
Ohio	2003	Hospital(V)		PCA Ohio	
Maine	2002	Hospital	Active	Don't Shake Jake	
Minnesota		Hospital		Twin Cities Metro	
Connecticut	2005	Hospital		CT CTF	
Iowa		Hospital		Univ of Iowa	
New Jersey	2004	Hospital		Steve Kairys	
New York	1998	Hospital(V)	Active	Upstate NY SBS	
New York	2004	Hospital(V)	Active	HV SBS Prev	
Utah		Hospital(V)	Active		
California	2005	Hospital		(Sacramento)	
	2005	Hospital		(Linda Loma)	
Ontario CA	2006	Hospital(V)	Active	Richard Volpe	
Quebec CA	2004	Hospital	Active	St. Justine	

Voluntary Individual Hospital-Based Education Programs

<u>State</u>	<u>Start</u>	<u>Brochure</u>	<u>Status</u>	<u>Sponsor Organization</u>	<u>Contact</u>
		Video			
Iowa, Council Bluffs				Jenny Edmundson Hospital	

Voluntary Regional Awareness Programs

Alberta CA	2005		Active	
Colorado	2006		Active	Kempe Children's

Testimony submitted to
the Legislature of Hawaii
in support of Senate Bill 1750

February 18, 2007

My name is George Lithco. I am an attorney in private practice, and my wife Peggy is a elementary school arts teacher. We reside at 1011 Dutchess Turnpike, Poughkeepsie, New York.

On November 30, 2000, our eleven month old son, "Skipper," was shaken by an "informal" child care provider. She was a 51 year old grandmother with four children of her own, who was also caring for her grandson and one other toddler that day. Skipper died three days later.

We offer this written testimony in support of Senate Bill 1750, introduced by Senator Hanabusa. It will help parents and caregivers protect the children of Hawaii from death or serious injury as the result of being shaken.

That risk is substantial: nationwide, the best estimate is that one child is shaken for every 2400 children born. The good news is that the risk can be cut in half by a simple program that educates parents before they leave the hospital.

We applaud Senator Hanabusa for his initiative in sponsoring this bill. The number of states that have adopted legislation to ensure that all new parents have the opportunity to learn how to protect their child from shaking injuries is still relatively few: Pennsylvania, New York, Missouri, Illinois, Nebraska, Wisconsin, Rhode Island and Massachusetts - although South Carolina, Iowa and New Jersey are also considering legislation this year.

Our support for this bill comes from our personal tragedy, but our tragedy is not unique. We live in Dutchess County, New York, a quiet, relatively affluent suburban county of 225,000 people. It is home to Vassar College, Marist College, the Culinary Institute of America, Franklin D. Roosevelt's home and three large IBM manufacturing facilities.

Even so, there were 7 shaking cases here between June of 2000 and March of 2003. Three of those children died and two suffer significant brain injuries.

Research reported in the Journal of the American Medical Association in August, 2004 estimates that there are 1400 to 1600 cases each year where a caregiver inflicts head injuries on a child so severe that medical attention is required. Like Skipper, one-quarter of those children die. Half of the surviving children suffer serious disabilities.

Since our son died, we have been working with family, friends and concerned parents as The SKIPPER (*Shaking Kills: Instead Parents Please Educate and Remember*) Initiative to educate everyone who cares for young children about the danger of shaking children as old as 5 years of age, and the need for caregivers to be prepared for the inevitable frustrations that are part of caring for children.

Educating new parents about the danger of shaking, the need to cope with the inevitable moments of frustration, and ways that they can help protect their child from injury is the single most important way to protect babies - and children as old as 5 years of age - from shaking injuries.

We have learned that it is not sufficient just to give parents written information. They have to hear it and realize it will help them protect their children. And they have to learn how to talk to every caregiver who takes care of their child and make a commitment to do that.

It is not easy. If you have a young child yourself, or if you are a grandparent or know a relative, friend or employee who has a child under age 5, have you talked about the danger of shaking, or even the SIDS “Back to Sleep” campaign, with other caregivers of that child? The babysitter? The child care provider? By the time they are three, 77% of children have at least one other caregiver besides their parents.

We have learned that nearly all parents and caregivers have “heard” of Shaken Baby Syndrome, yet many do not realize how dangerous shaking can be to babies. Many more do not realize that shaking can inflict injury on infants and toddlers. The American Academy of Pediatrics warns of the danger to children as old as five years of age. And most parents do not realize that in most states, even licensed child care providers are not trained about the danger of shaking young children.

Parents assume that day care professionals, foster parents, grand-parents, siblings, babysitters and other trusted caregivers know about the danger of shaking. But some recent surveys indicate that 25-50% of the general public are not aware of the danger of shaking young children.

That was born out by our experience when we began offering child care organizations training about Shaken Baby Syndrome. Nearly 50% of the licensed day care provider we surveyed in our training classes tell us that they didn’t know that children up to age 5 are vulnerable to shaking injuries.

In New York, the Legislature has required that training about SBS be included as part of the licensing procedure for new providers. We had the opportunity to work with New York’s Office of Children and Family Services on a statewide teleconference dealing with Shaken Baby Syndrome in child care settings. That program, called “Skipper’s Story”, was seen by more than 6,000 licensed providers and is now part of the licensing curriculum for new child care providers.

But we still tell parents that they cannot assume that any caregiver knows about that danger. We know the danger of assumptions.

Moments of frustration and anger are an inevitable part of raising children. New parents increasingly confront increased economic pressures and have unrealistic parenting expectations, at the same time as they are losing the support of extended families and other social support networks. As the need for two incomes increases, more parents are forced to rely on some form of child care.

There are no good long term statistics on the incidence of shaking injuries. However, from the surveys that have been done and anecdotal evidence, it seems clear that the increased pressures on inexperienced caregivers are causing more shaking incidents and inflicted injuries.

The toll on our children is enormous. Not just for those who die - according to a study published in the Journal of the American Medical Association, about 300 a year - but for those children who live with serious brain injuries and those who suffer learning disabilities.

For every fatality, two children live with permanent disabilities.

The good news is that education of new parents makes a dramatic difference in the incidence of Shaken Baby Syndrome. In 1998, with the support of the Hoyt Children and Families Trust Fund, Dr. Mark Dias developed a simple program at Children’s Hospital of Buffalo to educate new parents.

It uses a short video called “Portrait of Promise”, which tells the story of three children and their families who have been affected by Shaken Baby Syndrome, seven minutes of a nurse’s time, and a “commitment statement” signed by the parents after watching the video, to educate new parents and ask them to make a commitment to never shake their child.

The April, 2005 edition of *Pediatrics*, the journal of the American Academy of Pediatrics, reported on the extraordinary success of this program. Since it was introduced in the Buffalo area, the rate of shaking incidents decreased by nearly 50%, and few of the cases that have occurred since the program began involved parents who had seen the video and signed the commitment statement.

Under the auspices of the Upstate New York SBS Prevention Project, the Dias program has been expanded to serve nearly 40 hospitals in western and upstate New York that have approximately 39,000 births a year. A second regional program was set up in the Hudson Valley of New York that supports 21 hospitals that have approximately 26,000 births a year. The regional trauma center that used to get one shaken baby case every quarter has only received two in 20 months.

We also know of regional or statewide programs based on the Dias model in Pennsylvania, Massachusetts, Michigan, Utah, Arizona, Oregon and Ohio. In 2004, New York and Missouri adopted legislation that requires hospitals not just to offer new parents information on the causes and consequences of Shaken Baby Syndrome, but the opportunity to watch this video.

We hope we can use this opportunity to share some lessons we have learned from helping to implement that program at Vassar Brothers Medical Center in Dutchess County, New York.

Shortly after Skipper died, we found out about the Dias program. With the support of Vassar Brothers Medical Center and the Junior League of Poughkeepsie, the program started at Vassar in August of 2001. Over the next year, it was extended to the five other hospitals that serve Dutchess County.

Vassar serves the City of Poughkeepsie and surrounding areas of Dutchess County. It has 28 birthing suites, and averages about 2,500 births a year. In August of 2001, it became the first hospital in New York south of Albany to offer Shaken Baby prevention education to new parents.

The issue of SBS was added to the discharge protocol. A nurse discusses SBS awareness, advised new parents that three awareness brochures were included in their maternity information handbook, and invited them to watch the Portrait of Promise video. After the video, they sign a short evaluation form that asks if they have learned about the danger of shaking young children.

The nurse’s message is simple: “as you probably realize, there have been several cases of shaken baby syndrome in Dutchess County. We know you’re concerned about it, and want to help you learn how to protect your baby by watching this short video.”

To date, the parents of nearly 11,000 babies have chosen to participate in the Shaken Baby prevention program. With the assistance of the Junior League of Poughkeepsie, we conducted a follow up survey of a representative sample of those parents.

The results are compelling:

1. **Parents remember the information.** 100% of the parents surveyed say that they remembered the SBS video; 93% said it was the most memorable part of the SBS education program;

2. **Parents recommended the video.** 100% of the parents recommend that all new parents watch the video;
3. **Parents use the information.** 86% of the parents report that they are talking with other caregivers about the danger of shaking injuries. This is especially important because the *Zero to Three Foundation* reports that **48%** of babies between birth and 6 months of age are regularly cared for by someone other than their parents;
4. **Most parents only get information in the hospital.** Even though there were seven (7) shaking incidents in Dutchess County since 2000, only 21% of parents reported that they received any information about SBS from their pediatrician or other community sources after discharge;
5. **Brochures are not sufficient.** Although Vassar gives all new parents three (3) different SBS awareness brochures in their instruction book for new parents, 10% of the parents we surveyed say they don't remember getting a brochure (those members of the Legislature who have raised children will understand).

We are using these lessons and our experience working with Dr. Dias, the Hoyt Trust Fund for Children and Families, the New York State Office of Children and Family Services and the New York State Department of Health to promote the extension of the program here in New York.

There is a compelling need for education. The best information available, which includes baseline data developed by Dr. Dias, indicates approximately 1 child in 2400, on average, will be shaken seriously enough to require medical attention.

According to the National Center for Health Statistics, Hawaii had 18,114 births in 2003: that means approximately eight children will be shaken, on average, every year seriously enough to require medical care. And that doesn't include those who will suffer "mild" brain traumas that are not detected.

If that number is reduced by half, four children would not be shaken. One would not die and two would not suffer permanent disabilities. It is not uncommon for the medical and rehabilitation costs of one surviving child to exceed \$100,000 a year. Add those costs every year, and the costs of the "tail" of SBS become a significant burden on the state.

In Hawaii, Medicaid pays for 33% of the births, and therefore is likely to pay for one-third of the medical costs. When all of the costs incurred by health insurers and the unreimbursed costs for hospital treatment to the other costs of SBS - investigation, prosecution and incarceration of the perpetrators; shattered families; lost earnings; special education and SSI payments to survivors - the benefit of effective prevention is obvious.

That is why we believe SB 1750 should be amended to include an opportunity for parents to watch an educational video. The hospital education program is a vitally important element in preventing shaking injuries to children for a number of reasons.

1. It is an effective and efficient opportunity to educate nearly all new parents. Prenatal and postnatal education misses a substantial number of families. Even when families do enroll, it is not less common for the father to attend classes, yet fathers and boyfriends are responsible for the majority of shaking injuries.

2. The video is *significantly* more memorable than brochures or other traditional means of “pushing” information to parents. Not only does it contain a constant message, but it features parents of shaken children talking to new parents about how they can prevent their child from being injured.

As our survey shows, when the message is delivered by video it is much less abstract and much more compelling. It is not a happy video to watch, but parents commonly tell us they appreciate the knowledge and they think it is important that all new parents see it.

Although SBS information has been available in New York for nearly 10 years, few parents just ask for it or recognize how important awareness is to their child’s safety. Relying on parents and caregivers to “pull” brochures or other available information has been, and will be, ineffective to protect babies and infants from the risk of shaking injuries.

3. We believe the message is more effective when delivered by a health professional or hospital volunteer in the hospital setting. We have found that even pediatricians and other health professionals find it difficult to initiate a discussion about the danger of shaking because it typically has had a connotation of “child abuse.”

In Dutchess County, where there have been six SBS cases in the last three years, fewer than one-quarter of the parents (21%) who we surveyed said their pediatric office had provided information about the causes or consequences of shaking a young child.

Moreover, relying on an expectant mother or a new mother to deliver this important message to the spouse and other caregivers in many cases is not only unrealistic, but unfair to the mother and to the other caregiver. Most importantly, it is unfair to the child.

Both parents should get this education for a neutral third-party who has been trained to present the information in a positive, non-accusatory manner that emphasizes helping the parents prevent injury to their child.

4. The hospital is also the point when new parents are most receptive to information about prevention. Birth makes the experience real and immediate, yet the parents are not yet exhausted and isolated by caring for a new born child.

Once they have heard their baby cry, new parents can truly understand why they will need to develop coping techniques to deal with the frustration and anger that comes when a baby cries inconsolably. Only through experience do they come to learn that frustration and anger is a normal part of caring for infants.

5. Crying is far more common than parents anticipate. A recent research study reported in the *Archives of Pediatrics and Adolescent Medicine* indicates that nearly 20% of all babies will cry inconsolably during the first four months of birth. Dr. Ronald Barr, a researcher at McGill University, reports that crying precipitates 95% of shaking injuries to babies.

Inconsolable crying is frequently cited as the cause of shaking. A 2004 study in *Lancet* reported that 5.6% of new Dutch mothers admitted they had smothered, slapped or shaken their child by six months of age. A 2005 study published in *Pediatrics* reported that 2.6% of mothers in North Carolina admitted they or someone in their household has shaken a child under 2 years of age.

When we talk with parents, new and old, about how crying is frequently cited as the precipitating factor in shaking an infant, stories of their own frustration and uncertainty about dealing with crying are nearly universal. Many new parents have told us that their strong feelings of frustration led to feelings of inadequacy and failure as a parent that they were ashamed to discuss even with their spouse.

Mark Dias is a pediatric neurosurgeon. He tells the story of the moment he was inspired to start the program: he was up early in the morning caring for his infant son and realized that the only difference between his reaction and that of someone who shakes a child is that he knew the consequences.

Our second son was born on March 20, 2002. I have similar memories. Every new parent does. In that moment, they need to know and remember how dangerous shaking can be.

6. The hospital education covers a topic that has not been comfortable for parents or professionals to talk about. One issue that we discovered early on is that many parents are upset or offended by the message that “*you should never, ever shake your baby.*”

Instead, we tell parents that this is information that “*you need in order to protect your baby by educating others who care for your child.*” Nurses and other educators tell us that this makes the education experience much more positive.

The Vassar program is successful because it teaches parents two things: the danger of shaking infants and that they can help protect their child from that danger by educating - in a positive, non-accusatory manner - every caregiver who looks after their child so that they are prepared to cope with frustration.

Educating parents in the hospital to advocate for the safety of their children is the most efficient way we have available, in the short term, to get this important message to those who care for infants.

7. Developing a means to evaluate the effectiveness of individual hospital programs is also critical for two reasons. First, it allows the educators to ensure that they continue to effectively communicate with parents and that parents have been able to use that information to talk to other caregivers. Second, parents will tell you the true value of the program, which is wonderful motivation for the educators and those administering the program.

Other Forums

Initiating a hospital education program offers the opportunity to bring SBS prevention education into two other critical venues: day care settings and school parenting programs.

Once parents become aware of the danger, they recognize the importance of educating all of the caregivers who look after their children. Hospital programs show the community that awareness is important.

The SKIPPER Initiative has made presentations to day care providers, high school students, foster parents and social services about preventing Shaken Baby Syndrome. It is more and more common for us to find that someone has already heard about Shaken Baby Syndrome because of the education program at Vassar. We also hear that message from pediatricians.

That message needs to be available and reinforced in school and child care settings. In that regard, the Shaken/Impacted Baby Syndrome Action would require training for child care providers and education in schools, including an opportunity for students to watch an effective SBS prevention video.

Not only is it important to educate future parents - in local high schools, over 50% of students are babysitting now for siblings, relatives and for hire. They need this education, and the children in their care need for them to have it.

Consider that the *Wall Street Journal* reported last year that nearly 6 million children under the age of 5 are in day care for all or part of a day.

Unfortunately, I have read a number of news reports in the past year about children who have shaken infants in their care: the youngest is a 9 year old boy in Cleveland who allegedly shook one of two 21 month old twins he was watching.

Again, there is good news. We have presented prevention information to students and teachers in nearly 25 middle school and high school classes, and worked with educators who teach parenting at other schools: students are receptive, and they appreciate the opportunity for this education.

We have also worked with our local day care councils to offer education about the causes and consequences of Shaken Baby Syndrome. Providers appreciate the education, but still find it difficult to talk with parents about this issue.

In response to requests by nearly every provider for posters that can serve as “icebreakers”, we have prepared a series of awareness posters for day care centers. I have forwarded a few examples. We are working with the child care licensing agency to make them available statewide to schools and hospitals, as well as child care providers, in order to create a continuum of awareness.

Costs

Dr. Dias estimated that an expansion of the Upstate New York SBS Prevention Project statewide would cost \$10 per birth (which would include five nurse coordinators for program support, and an extension of his associated data collection and research on the effectiveness of the program).

Our experience is simpler. The initial costs of implementing the program at a local hospital would be \$750 for videos, dedicated TV/DVD players and written materials.

We were aware that some hospital administrators express concern about the burden on overworked nursing staffs. The nursing staff at Vassar and the other local hospitals has been remarkably supportive of the program. Nearly 75 % of the parents at Vassar watch the video before they leave.

It may take seven minutes of a nurse’s time to introduce the video, answer questions and have the parents complete an evaluation form/commitment statement. Vassar and other hospitals have incorporated that procedure into their discharge routine and the hospital administrator has told us it not a significant burden.

We know that nurses and other healthcare professionals want to help parents learn how to keep their children safe. If you ask the nurses at maternity hospitals in Hawaii to help prevent shaken babies they will do this.

This program not only prevents injury to children, but makes economic sense.

There are models for sharing the cost savings of prevention. In Utah, Dr. David Corwin convinced private insurers and the State Medicaid program to share the cost of educating parents by making a payment for SBS education for each birth, using the analogy that education essentially is a “vaccination” against shaking injuries that saves the Medicaid program money that will otherwise be spent on treating shaking injuries.

For instance, the Utah Medicaid program pays \$6 per birth. In Hawaii, the American Academy of Pediatrics reported that Medicaid covered about 33% of births in 2000, or about 5,997 children. Using the 1 shaking case per 2,400 births incidence rate, it would be reasonable to anticipate that 2 or 3 children a year would require medical treatment.

Spending \$6 to educate the parents of every baby that Medicaid pays for would cost about \$36,000 a year. But if only one of those shaking cases were prevented, the Medicaid program would not have to spend an average of \$75,000 in medical and other costs each year. The benefit is obvious.

Of course, the State has should also have to add into that equation the costs of rehabilitation for survivors, special education for children who develop learning disabilities, and the costs of investigating, prosecuting and incarcerating the perpetrators. These are all costs that the taxpayers are paying today.

Absent education, significant liabilities can result. Merced County in California was recently held liable for \$8.3 million for negligently placing a child with a foster parent who shook her so hard she went blind. And the Cochran Law Firm filed suit against New York City seeking \$500 million in damages for a child who was allegedly shaken in foster care.

Shaken baby prevention not only saves the lives of young children, and prevents tragedies that affects the lives of their families, but it is cost effective.

Conclusion

We support SB 1750, but urge you to add a requirement that hospitals offer parents an effective opportunity to learn how to protect their children by offering a video education program based on the Dias model.

If the members of the Legislature have any doubt about the need for education in hospitals, schools and child care centers, I urge them to ask family, friends and acquaintances with young children whether they have experienced moments of frustration and anger when caring for their child.

Then ask them whether they know about the danger of shaking injuries.

New parents are bound up in a world of unexpected complexity. It will be difficult for them, but it is the single point when they can best inform you about the reality of becoming a parent, about the need for parenting education and how they feel about learning how to protect their child from shaking injuries.

Take testimony from those high school and middle school students who babysit. Or those who have children of their own. Ask them if they know that danger of shaking infants and young children.

Listen to those voices. They will tell you that this is a necessary thing.

And also listen to the voices you will not hear.

In New York, the silent voices of children include our son, Dale Anderson, Jr., Brittney Sheets, and Cynthia Gibbs. They died between November 2000 and June 2001. They were all shaken by a child care provider. Listen to the ventilator that breathes for the foster care child who was shaken in Wappinger Falls in 2003 and now lives in a nursing home on Staten Island.

If we all had learned about the danger of shaking young children and how to protect them by talking to all caregivers about the danger, those voices might not be still today. If you visited President Roosevelt's home at Hyde Park this summer or brought your child to Vassar College this fall, you might hear their laughter as they ran and played in the fields.

And the State of New York would not be paying to incarcerate the four women who shook them.

We can't change the past. But you and the other members of the Legislature have the opportunity to change the future for some of the children who will otherwise be shaken this year.

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