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Thank you to Chairman Bob Mensch and his colleagues on the Senate Aging and Youth Committee for the invitation to come and testify about my perspective concerning the current definition of child abuse and the effect the proposed changes may have on mandated reporters. First of all some background concerning my experience in this field. I am a Board Certified General Pediatrician with a subspecialty interest in the evaluation of children who have been maltreated. From 1978 to 2004 I had a solo practice in General Pediatrics in Sunbury, Pennsylvania. In the late 1980s Northumberland County led the state in the number of reported cases of child abuse per capita by 3-4 fold as well as the number of actual cases per capita by 3-4 fold. I was asked to evaluate most of those cases since I was the only pediatrician in Northumberland County. This led to some additional education for me and the establishment of the Center for Child Protection at Sunbury Community Hospital which was based on a center where I trained in San Diego. In 2004 I made the transition to Geisinger Medical Center where I continue to do work as a General Pediatrician and the Medical Director of the Children's Advocacy Center of the Central Susquehanna Valley. Over the years I have evaluated more than 5000 children who have been referred for an evaluation of child maltreatment from a 30 county area in Central Pennsylvania.

As a Pediatrician who specializes in the evaluation of child maltreatment in Central Pennsylvania I am often asked how can I do this work. My answer is, "How can I not?" In the middle of the last century, after decades of dedicated health care delivery to children, pediatricians began documenting alarming cases of children who were physically, sexually and emotionally victimized by those charged with their care. Since then an elaborate system of identification and legally mandated professional reporting of child abuse was put into place that identifies more than 600,000 abused and neglected American children each year. As a pediatrician who has dedicated most of my professional life to the care of these children in Central Pennsylvania, I can speak to an unrelenting stream of cases of this preventable condition that affects so many children, stealing their childhood, and paving the way for abuse of their own children and lifetime of comorbid physical ills as well as dysfunctional behaviors. We need to address this preventable problem not only for the children but for society.

The Center For Disease Control and Prevention (CDC) has released data to show that only one year of confirmed cases of child abuse and neglect (2008) costs $124 billion in 2010 dollars. It is estimated that the direct and indirect cost dealing with child abuse in the United States is 110 million dollars per day. It is estimated that if your future productivity as an adult is decreased just by 5% because of childhood abuse, then we are dealing with a 90 billion dollar problem per year in the USA. The report goes on to document that in fiscal year 2008, U.S. state and local child protective services received more than 3 million reports of children being abused or neglected – about 6 complaints per minute, every day. These data complement many other critically important studies,

notably the ongoing adverse childhood experiences (ACE) studies of Felliti and Anda (1998-current) that relate childhood exposure to abuse or household dysfunction to several leading causes of death among adults. The researchers felt that traumatic life experiences during childhood and adolescence were far more common than generally recognized. Further, these traumatic experiences were interrelated and were associated decades later with health, mental health and behavioral problems. Ultimately the researchers came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often life-long. Eight categories of adverse experiences were initially studied. The selected adverse childhood experiences were defined as: emotional, physical or sexual abuse; physical neglect and emotional neglect; growing up in a household were someone was an alcoholic or a drug user, mentally ill, or suicidal; where the mother was treated violently, and/or where a house hold member had been imprisoned during the patient's childhood. Over 17000 middle-class Americans were enrolled.

The researchers found startling information in that child abuse in a very middle-class population is remarkably common, largely unrecognized, and 50 years later will be impacting the person's physical and behavioral health. Not only were adverse events common (only a third of members had none), but as the ACE Score increased, the negative effects were cumulative. Compared to persons with an ACE sore of "0" those with a score of "4" or more were: twice as likely to smoke cigarettes; twelve times more likely to have attempted suicide; seven times more likely to experience alcoholism; ten times more likely to have injected street drugs (an ACE Score of 6 or more raised the risk to 4,600% compared to an ACE Score of "0"); 260% more likely to have Chronic Obstructive Pulmonary Disorder; 250% higher risk for contracting a sexually transmitted disease; 240% more likely to contract hepatitis; 460% more likely to be suffering from depression; 1220 % increase in attempted suicides; an ACE score of 6 or more shortened life expectancy by 20 years.

As a Pediatrician dealing with child maltreatment I have never doubted this concept: that as I help to protect the health of my young patients, particularly those who have been abused or neglected, it will impact them across their entire lifespan. I have worked through the last 35 years with social workers, law enforcement and judicial professionals in efforts to identify, prevent and treat child abuse and neglect. The system has given hope to millions of children and has saved lives but it is far from perfect. The numbers belie our efforts to treat the problem systemically. In addition to nearly 600,000 new substantiated cases of child maltreatment each year there continues to be 1700 deaths per year due to abuse and/or neglect.

In 2009 Pennsylvania officials reported that 43 children died from abuse. That Pennsylvania figure may well exclude cases confirmed by medical diagnosis but not substantiated as abuse based on our state's narrow definition of child abuse. The bottom line is that according to Pennsylvania child abuse statistics, between 2002 and 2010, at least 377 (but probably many more) Commonwealth children have died from child abuse – the size of an entire elementary school in many of our communities. Pennsylvania's narrow definition of child abuse does not accurately reflect what our

children are experiencing. Without reliable data the state cannot address the safety, health and vulnerability of Pennsylvania's children. There are 2.8 million children in Pennsylvania. Last year 3, 508 were listed as victims of child abuse. This translates to a rate of 1.4 per 1000 children compared to a national rate of 9.3. More than 120,000 calls were made last year to Childline, the state child abuse hotline. Fewer than 25,000 resulted in an investigation. Some of those calls would have resulted in a General Protective Services referral. Why aren't the GPS referrals tracked at a central location? Wouldn't it be important to know that a high risk family has had multiple GPS referrals as they move from one county to another? Pennsylvania investigates abuse at a rate of 8.3 per 1000 reports compared to the national rate of 40.3. About 15% of the investigated reports were ultimately labeled as child abuse which is far less than the national average of approximately 35%. It is also troubling that there is a perception that the other 85% are false reports. In fact, many of those cases would be considered abuse in any other state. For example, if a baby suffers or even dies from abusive head trauma but the perpetrator cannot be determined, the baby is not counted as a victim of child abuse under Pennsylvania's current definition. It defies logic to exclude this as child abuse.

Special mention and praise is made to this committee over the last year for being tuned into the very significant and real difficulties with how child abuse has been defined in the past. The expansion of the definitions is certainly a step in the right direction. There are, however, several areas of concern which I would like to address. First of all the statement about "forcefully shaking a child if the child is under one year of age" should be changed to "forcefully shaking an infant or a child". There is no reason to ever shake an infant or a child. Indeed, there have been many reported cases of shaking causing the same damage to a child greater than one year of age as it does to a child less than one year of age. In fact, there is a report of an adult who was shaken and had the same damage done to his brain that would have occurred to an infant. For the same reason the "forcefully slapping a child if the child is under one year of age" clause should be changed to "forcefully slapping an infant or a child".

It is clear that our child protection system needs greater accountability and transparency including the review and evaluation of concerns voiced by children and families, mandatory reporters, persons involved in the child protection system and members of the general public that provide policymakers with the information necessary to formulate systemic changes when appropriate. Perhaps there are persistent systemic problems within the child protection system that need to be addressed by an independent agency.

Around 1874, in New York City, a 9 year old girl named Mary Ellen was discovered by some concerned people in a dreadful condition. She was shackled to a bedpost, emaciated, beaten, bruised severely and barely existing on a diet of bread and water. This case was brought to the attention of the police and the courts so that the child could be removed from those squalid, abusive and cruel conditions. Unfortunately, at that time, the legal system could do nothing to prevent Mary Ellen from being abused. Children had no rights or advocates. The parents who so brutally mistreated Mary Ellen had an almost sacred right to "discipline" and "control" her as they deemed appropriate.

There were no laws to protect a 9-year-old child from a situation that would be unfit for animals. Therein was the solution to Mary Ellen's dilemma. The Society for the Prevention of Cruelty to Animals was approached and persuaded to assist the child because she was a member of the animal kingdom and, at the very least, deserved the same level of care that an animal would receive. Mary Ellen was brought into the courtroom on a stretcher and through the auspices of the SPCA had her day in court. The SPCA made its point in court. Mary Ellen was removed from the quagmire that had been her living nightmare. In 1875, a new society was formed – The Society for the Prevention of Cruelty to Children. As a pediatrician who has spent most of my career caring for sick infants and children, I wonder whether our society has learned from what happened over one century ago.

Consider the case of Khalil:
Khalil lived in the safe and loving care of his foster parents until he was 3. At birth Khalil was removed from his mother because she had tested positive for drug use while she was pregnant with him. The Department of Human Services (DHS) had already removed seven other children from the care of Khalil's parents because of addiction, neglect and mental health issues. In 2009, over the fierce objections of Khalil's social worker, his foster parents and his court-appointed child advocate, Khalil returned by a judge's order to his parents after they had passed 3 drug tests, obtained an apartment and took a parenting class. Khalil's parents started abusing him immediately after DHS stopped monitoring them.

In 2012, a medical examiner testifying during the preliminary murder hearing for Khalil's parents needed 61 minutes to fully list and describe the sea of scars that covered 6 yo Khalil's emaciated 29 pound body. He stated that Khalil had been severely beaten over a long period of time adding that Khalil had 15 visible scars across his face alone. Loop-like and linear scars covered his body as he was regularly beaten with belts and extension cords. His mother claimed that she beat Khalil with a belt almost every day or threw books and shoes at him if he was "misbehaving or messing in things he had no business in". In his final months, confined to his bedroom and vomiting nightly, his parents continued beating him because "they felt that he was vomiting on purpose". In the last 8 months of his life, DHS staff assigned to Khalil's siblings spent time with Khalil during 8 supervised visits at a DHS facility and the family's apartment but failed to recognize that he was a child in great danger.

It is clear from Khalil's tragic death that the system that has given hope to millions of children and has saved lives is far from perfect. In addition to nearly 600,000 new substantiated cases of child maltreatment each year there continues to be 1700 deaths nationwide per year due to abuse and/or neglect. How could a judge send Khalil back to a family where 7 other children had been removed because of addiction, neglect and mental health issues? How could a judge send Khalil back to a family over the fierce objections of Khalil's social worker, his foster parents and his court-appointed child advocate? How can a judge end up making life-and-death decisions about child placement without sufficient information? Custody courts that are making important choices about children and their care must conduct a thorough assessment of each

child's needs and the prospective caregivers' capacity to meet them. Unfortunately, decisions are sometimes made without even obtaining families' DHS records. The records in this case would have also shown that Khalil was thriving in the care of a distant relative during the first year of his life. His mother petitioned for custody which was granted by a judge's order. Five days later the child was hospitalized for severe neglect and placed in foster care.

Our system failed to protect Khalil from being tortured. In the months before his death child-welfare workers had observed bruising, loss of weight and other symptoms of child abuse but were reportedly satisfied by his mother's explanations. Those workers must be trained intensively to recognize the signs of abuse. Better communication is needed between health care and social workers about signs of injury or malnutrition. Every mandated reporter including physicians should be required to have a certain number of continuing education credits per year in the area of child abuse and neglect. We must do a better job. It is disheartening to realize that 50% of the children who died due to abuse over the last 8 years were in some way already involved with our child protection system.

Preventing child abuse and protecting children is a shared community responsibility. Children that were involved in the DHS system respectfully deserve continuing community connections (churches, schools, neighborhoods, doctors, dentists) and watchful eyes to keep them safe. Each of us has a part to play. Khalil's parents rarely let him out of the apartment. He was "home schooled". However, there were family members who had witnessed the abuse but failed to act. We all must be willing to report suspected abuse or neglect.

Finally, Khalil's parents should have faced greater hurdles in order to regain custody when he was placed in foster care as a 1yo. Chronic addiction, neglect, serious mental health issues and failure to care for so many other children should have set the bar very high. Instead they had to comply in a minimal fashion at a threshold more appropriate for a merely overwhelmed new parent. Parents with this kind of history should face huge hurdles, including thorough proof of sobriety, performance requirements, in-depth psychological evaluation and intensive parenting education. Children deserve special advocates, diligent lawyering, thorough judges, expeditious litigation and better communication between DHS and the courts.

Consider, for example, the death of 8 month old Brandon Schaible: His parents let Brandon’s 2yo brother Kent die of a vaccine-preventable pneumonia in 2009 without medical care because of their allegiance to the First Century Gospel Church. They were convicted of involuntary manslaughter and sentenced to ten years probation which required them to take their surviving children to doctors and get medical care if a child became sick. Probation officers visited this family of six or more children once a year. Baby Brandon was seen by a doctor once when he was 10 days old. He suffered for a week with diarrhea and respiratory difficulties before he died. After Herbert and Catherine Schaible let their toddler Kent die without medical care in 2009, they openly told authorities both before and after they were convicted of manslaughter that they

would do the same thing with another child. The religious exemption clause forced child protection services to withdraw from monitoring the Schaible family five days after Kent died. Longer term monitoring was certainly needed. The religious exemption to child abuse statute (23 Penn. Stat. 6303(b)(3) needs to be repealed. The Commonwealth needs to send a clear, consistent message that its children have equal protection under the law. Therefore, all parents must have a duty to provide medical care when needed to prevent substantial harm regardless of their religious beliefs.

Consider, for example, the 492 cases of measles in Philadelphia which occurred in 1991 among children associated with the Faith Tabernacle and First Century Gospel Churches which refuse immunizations. Six of those children died from an easily preventable disease.

Consider, for example, the death of 9-year-old Benjamin Reinert. Someone reported his illness to Child Protective Services who visited the family twice, but the father, who believed in faith healing, told the social workers the boy just had “a sore foot.” The worker noted that the foot was “not swollen or bruised” and believed the father’s claim that the boy had only a minor injury. The next day the boy died of leukemia. The medical examiner found that the boy was severely anemic, his brain was swollen, and the cause of death was acute lymphoblastic leukemia. Acute lymphoblastic leukemia is the most common type of childhood cancer and has a cure rate of more than 90%. The Philadelphia Department of Human Services was quick to use the words of the statute to justify their actions on the case. Commissioner Alba Martinez said the DHS had “closely monitored the situation, but could not obtain a court order because the boy’s injuries did not appear life-threatening.” While they did not appear life threatening to the social workers, the symptoms would have concerned many others. A pale face along with pain so severe that the boy could not walk in addition to a boy who remained in bed and was too tired to talk should raise concerns. Most reasonable parents would at least call a health care professional for advice about those symptoms. The Pennsylvania law, however, exempts the faith-healing parents from civil abuse charges when they refuse to get medical help. Instead, it directs county social workers to “closely monitor” the sick child and to intervene only if long-term damage is threatened. But social workers cannot monitor a child’s condition as closely as parents can and should. Furthermore, social workers are not competent to diagnose. They do not have the training to know when a child has a life-threatening illness. In the Faith Tabernacle cases, they are dealing with children whose religion prohibits immunizations, well-child checkups, medication, medical diagnosis and even home monitoring of illnesses as with a thermometer. In cases similar to this it would be important to require child protection workers to consult with state-licensed health care providers when they are investigating reports of suspected medical neglect. It would also be important authorizing a court to order a medical diagnosis if the caseworker is unsure as to whether the child has a trivial, self-limiting illness. Under current law the child protection workers are directed to seek a court order only when the failure to provide medical care “endangers the child’s life or development or impairs the child’s functioning.” In many cases a medical diagnosis may be needed to make that determination.

Pediatrician Seth Asser has published a study of 172 deaths of children when medical care was withheld on religious grounds. He found that 140 of the children would have had at least a 90% likelihood of survival with medical care. Brandon and Kent Schaible as well as Benjamin Reinert and the children who succumbed to measles died because their parents' religious convictions would not permit them to seek medical attention. These children died of medical conditions that could have been easily treated. The parents' rights were obviously followed but what about the rights of the children. Why is it that in our enlightened society one can harm a child by withholding common medical treatments and escape with relative impunity? How can parents as well as an alleged 'bona fide' religion and more importantly, our Commonwealth, stand idly by while an innocent child dies of something entirely preventable and/or treatable?

The American Academy of Pediatrics asserts that (1) the opportunity to grow and develop safe from physical harm with the protection of our society is the right of every child; (2) the basic moral principles of justice and of protection of children as vulnerable citizens require that all parents and caretakers must be treated equally by the laws and regulations that have been enacted by state and federal governments to protect children; (3) all child abuse, neglect, and medical neglect statues should be applied without potential or actual exemption for religious beliefs; (4) no statute should exist that permits or implies that denial of medical care necessary to prevent death or serious impairment to child can be supported on religious grounds; (5) state legislatures and regulatory agencies with interests in children should be urged to remove religious exemption clauses from statutes and regulations.

Never in modern history has there been a greater need to care for our children. In the age of instant information we see devastating evidence not only worldwide, but here at home of children subject to relentless violence, physical abuse, sexual assault, hunger, preventable diseases and inadequate or no educational opportunities. Healthy futures for these children are by no means certain. Prevention of child abuse is possible. There are many examples of research based, effective preventive programs that help families create a healthy environment for themselves and their children. We must enhance these services, develop new ones, and make the investment to keep our children safe. This is a complex problem that requires a series of thoughtful solutions. There is not one easy answer to how we as a nation can best protect our children. Federal and state leaders must support vulnerable families, fund child abuse prevention and build a strong, multidisciplinary child welfare system. As we look to the future and what is at stake for these children, I hope that state and federal legislators will have the same resounding answer to the question of how they can do this work: "How can we not?"