

SKIPPER Initiative

Shaking Kills: Instead Parents Please Educate and Remember

1011 Dutchess Turnpike

Poughkeepsie, NY 12603

February 25, 2013

Hon. Danté Bartolomeo, Co-Chair
Hon. Diana S. Urban, Co-Chair
Select Committee on Children
Room 011, Capitol Building
Hartford, CT 06106

Re: HR 6464

Dear Senator Batolomeo, Representative Urban and Members of the Committee:

The SKIPPER Initiative was formed when our son "Skipper" was shaken by a child care provider in 2000. Since that time, we have worked with hospitals, child care organizations and federal, state and local agencies to increase awareness of the vulnerability of young children to inflicted head injuries, and to educate parents and caregivers on how they can help keep children in their care safe from injury.

We have submitted testimony to state legislatures in New York, Illinois, Ohio, California, and, most recently, Hawaii in support of legislative efforts to prevent SBS.

Our primary concern is prevention, but please accept this letter as testimony on HR 6464, which proposes to increase the penalty for inflicting injuries on a child by shaking, a form of abusive head injury commonly known as Shaken Baby Syndrome.

We would draw the Committee's attention to the fact that while HR 6464 proposes an increase in the felony classification charged for shaking a child up to age three (3), the American Academy of Pediatrics has issued a technical memoranda on Abusive Head Trauma/Shaken Baby Syndrome that notes children as old as five (5) years of age are vulnerable to this form of inflicted head injury.

- <http://pediatrics.aappublications.org/content/108/1/206.full.html>

We urge that the Committee invite the views of Dr. Carole Jenny, a child abuse physician at Hasbro Children's Hospital and Chair of the AAP Committee on Child Abuse and Neglect, and Dr. John Leventhal, a member of the Department of Pediatrics at Yale University School of Medicine, on whether the bill should be amended to reflect the correct age of vulnerability. Both have substantial experience in child abuse and are familiar with the vulnerability of young children to inflicted head injury.

We also urge the Committee to consider whether Connecticut ought to have legislative provisions that do more than just penalize the consequences.

We are aware that the Children's Trust Fund has worked with hospitals in Connecticut to implement a voluntary education program for new parents. Indeed, we were pleased and delighted to be able to work with the staff at Sharon Hospital in 2004 to implement a program for new parents as part of our efforts to initiative prevention education at all of the hospitals that serve our home county in New York.

In reviewing the 2013 DCF Legislative Update, we learned that DCF has continued to serve at risk populations and provide support for prevention efforts, and we applaud that commitment.

We have learned much in the course of our efforts to increase awareness of the vulnerability of young child to inflicted head injury, and how to educate parents and caregivers so they can help protect children from such injuries. The lessons we have learned were most recently summarized in testimony we offered to the State Legislature of Hawaii when it was considering a bill that would require hospitals to offer prevention education to all new parents. We have attached a copy of that testimony for your review.

The majority of states, covering two-thirds of US births, now have legislation that requires hospitals to provide educational resources to parents.

We urge you to consider similar legislation in Connecticut.

Even though our understanding is that many hospitals continue to work with CTF to provide prevention education, legislation does more than ensure the obligation exists: as our own pediatrician told us after New York legislature passed such a requirement in 2004, it made it much easier for him to offer the education to parents in his practice because he didn't have to explain why he was raising the issue with every family that came to his office. He could just say that it was a state requirement so all new parents would know how to protect their child from injury.

It works in New York.

The Upstate Shaken Baby Syndrome Prevention Project began at Kaleida Children's Hospital in Buffalo, New York in 1998. In 2004, it reported a sustained reduction in abusive injuries in the Buffalo catchment area of 50%, and that experience has continued.

[-http://pediatrics.aappublications.org/content/115/4/e470.full](http://pediatrics.aappublications.org/content/115/4/e470.full)

Of course, there are costs, but a ten year review by the Office of the Child Advocate suggests that three young children will die every year as the result of abuse, and national statistics suggest the number to survive with serious injuries, will be twice that number.

The cost of just one incident, like the child who suffered inflicted injuries in Old Saybrook last year, and who is now in a special foster home placement, could approach \$1 million. Reducing that number by 50% would not only save children's lives, but save the costs of medical care, rehabilitation for survivors, and investigation, prosecution and incarceration of the perpetrators.

In closing, I would like to quote from a story involving Backus Hospital in Norwich. It describes training conducted by the Children's Trust Fund for hospital staff to implement a prevention education program for new parents.

It nicely sums up the essential point – providing education for all new parents normalizes it.

Two factors contribute to shaken baby syndrome: the adult is stressed and frustrated, and these feelings are intensified when the baby is crying.

"No one wakes up in the morning with the intent of harming their baby," said Ms. Rivera. "It's an action that comes on without warning and happens with an adult's momentarily loss of control."

The younger the child, the higher the risk - babies have a large head compared to the rest of their body size, their neck muscles are still loose and their brains are not fully developed.

The biggest risk factor is lack of parent education, said Ms. Rivera.

"They need to know why not to shake their baby; what happens when they do; and that the baby's brain continues to physically grow until the age of five and therefore is susceptible to severe damage from shaking," she said.

All attendees at Tuesday's training program received materials, including videos, posters, talking points and evidence-based prevention programs to bring back to their worksite for educating their co-workers.

It's a message should be universally delivered to every parent to avoid singling anyone out, said Lori Frances Chini, Program Supervisor for the Children's Trust Fund.

"Making it a 'normal' message helps parents receive the information easier. Parents are the most common perpetrators and childbirth is a time of almost universal contact between parents and the medical community. They trust you as the professional," she said.

Connecticut does not legally mandate shaken baby syndrome education in schools, hospitals or daycare facilities, nor does it keep statistics on the number of deaths caused by shaken baby syndrome.

"It is our responsibility to protect our families," said Ms. Dameron.

<http://backushospital.org/backus-educates-on-shaken-baby-syndrome.html>

That article was written in 2006.

I invite the members of the committee to ask someone they know who has given birth recently what they learned about Shaken Baby Syndrome at the hospital where they gave birth, and whether they learned how to talk to the other caregivers of their child about helping to protect that child from injury.

I suspect you will learn there is still work to be done.

We would be pleased to respond to any questions or comments, and provide further information on prevention actions in New York and other states.

Thank you for your consideration.

Sincerely,

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SKIPPER Initiative
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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 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. As 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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