

Torn Family Trust

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UM Professor Calls Critics of Child Abuse Experts “Denialists” and Calls for Attacks against Them

An Open Letter to the UM Board of Regents from the Torn Family Trust

Dear Members of the Board of Regents:

At the September Board meeting you heard from three people who were falsely accused of abusing their own children and from several members of the Torn Family Trust, which advocates for the falsely accused. At your February meeting you heard from Matt Eckman, on behalf of the Board of the Torn Family Trust about the letter that was sent by the University spokesperson in response to our protests. The reason we keep coming to talk to you is because of the preeminent role of the University of Michigan in educating medical professionals, social workers and law enforcement about the medical aspects of child abuse.

This month, Dr. Peter Strouse, a UM Professor of radiology, Chief of Pediatric Radiology and a member of the Mott Children’s Hospital child protection team wrote an editorial that was published in the journal *Pediatric Radiology*¹. In this editorial, Dr. Strouse coins a new slur for any physician or expert who would criticize the “bulk of the scientific literature and the experience of the overwhelming majority”. We are now to be called child abuse “Denialists”. With this slur he intends to put us in the same category as those who deny the holocaust or who deny climate change. With this he pretends that advocates for the falsely accused deny all child abuse rather than criticizing the “experts” who rely upon poorly designed, often self-serving, research to claim their infallibility in the diagnoses of child abuse.

He states;

“Child abusers tear families apart — not hospital child protection teams, child abuse pediatricians and governmental child protective services. It’s the abusers. This is a problem.”

With this statement he shows no insight into his role in tearing families apart with false allegations of child abuse.

Consider the role of “denialists” in the advancement of medical science. That is to say some brave soul challenged the status quo and soon a few more joined in – doing original research- and critiqued existing literature. Without “denialists” we would still have “mainstream” agreement that bloodletting was beneficial for almost every ailment.

¹ Strouse PJ, “Child Abuse: We have a Problem” *Pediatr Radiol*. 2016 Feb 17. [Epub ahead of print]

There have now been four recent Michigan cases of persons who were charged under the rubric of shaken baby syndrome that have been overturned by the Michigan Supreme Court or the Appeals Court. There have also been a number of acquittals. Dr. Strouse wants the readers to believe that these setbacks in court are due to defense experts who are giving false testimony in order to make money rather than because juries do not find the testimony of the prosecution's child abuse experts convincing.

He states;

“Child abuse denialism has as its base a very small number of physicians who perpetuate false science while ignoring the bulk of the scientific literature and the experience of the overwhelming majority. The child abuse denialists come from various disciplines — radiology, pathology, pediatrics, endocrinology, neurosurgery, emergency medicine, orthopedic surgery, even psychiatry. The names are familiar, they reference one another in the literature and they show up in court, often together and all too frequently. The tactics of denialists are well established: (1) manufacture doubt, (2) identify alleged conspiracies, (3) create impossible expectations of research, (4) use false experts, (5) misrepresent logical fallacies, (6) selectively cite the literature. The denialists create the appearance of scientific and medical controversy when, in almost all cases, there is none. Rather than providing clarification, the denialists' tactics are to confuse judges and jurors, to bias the news media and to mislead the public.”

In truth, it is very difficult to testify for the defense in these cases because of the attacks against these physicians and their careers by the “mainstream” child abuse pediatricians who are trying to protect their “turf”. Dr. Strouse calls for the censure and even the firing of physicians who would testify for the defense;

“Participation by the denialists in the legal adjudication of child abuse is a growing threat to the health care of children and the well-being of children and families. The court system seems ill-equipped to properly censure the denialists in spite of their deceitful and unethical behavior. Ideally, the legal system would practice peer-review by unbiased observers, but this does not occur. Institutions that harbor denialists, whether they be private practices or esteemed academic institutions, should carefully consider their employment. Denialism is tarnishing the name of several prominent academic institutions. Licensing bureaus could have a role by limiting practice. Admirably, the British General Medical Council has curtailed the activity of some rogue witnesses who were dubiously deemed medical experts [20]. Finally, professional societies must carefully consider whether the unethical activity of these denialists challenges the missions and by-laws of the organization [21, 22]. If an organization's mission is to improve the health care and well-being of children and families, it should question condoning the activities of denialists by allowing them to continue membership and to continue to use society membership as evidence of expertise. The American Association of Neurological Surgeons is applauded for censuring one such denialist for documented and repeated unethical behavior [23]. Unfortunately, the threat of litigation, or more correctly, the threat of monetary costs to respond to such litigation even when frivolous, effectively quashes similar actions.”

Dr. Strouse fails to see that he is calling for the medical establishment to try to obstruct a wrongfully accused person from receiving an adequate defense by making it even more difficult for critics to point out the flaws in the shaken baby syndrome dogma.

One of the University's own faculty members was falsely accused of abuse when he took his child to the emergency room with a broken leg. If the University's experts were to be believed, such a fracture cannot be anything other than abuse. After he was cleared of these accusations, he responded by organizing a day long symposium on the problems with diagnosing abuse last November. The symposium was sponsored by the LS&A college and the Law School. The Medical School was invited to participate but refused. This is yet another demonstration of how these child abuse experts want to deny that any controversy exists and how they try to avoid scientific debate.

Dr. Strouse states;

Debate is healthy and new ideas are encouraged; however, poor science, fabrication and perpetuation of unsubstantiated hypotheses pose a substantive threat to the integrity of our medical literature.

In truth, it is the majority of the child abuse literature on shaken baby syndrome that is poor science, fabrication and perpetuation of unsubstantiated hypotheses. Very little of the medical literature on shaken baby syndrome is experimental and most of those studies do not support the "mainstream" dogma. Engineering studies consistently show that shaking cannot generate as much force as a short fall yet the "mainstream" dogma is that short falls cannot cause severe injuries but shaking can. The "mainstream" experts dismiss these studies by claiming that even the most sophisticated anthropomorphic dummies that are used in automobile crash test reconstruction are not good enough to simulate shaking a baby. When asked for their own data there response is "we cannot shake babies for an experiment".

This means that most of the literature that is cited as support for the shaken baby syndrome theory is of the "case series" variety. These studies are nearly all flawed by the biased selection of which cases are included in the series and by circular reasoning. In a Michigan case that will soon go to trial, the defendant says that the toddler fell down a flight of stairs. The prosecution's case is based entirely on the opinion of the child abuse specialist who claims that "stairway falls never result in a fatal head injury". All studies that support this opinion excluded cases of "suspected child abuse". Any child who had a subdural hematoma and retinal hemorrhages would undoubtedly be categorized as "suspected child abuse" and would have been eliminated from the study. It thus becomes a self-fulfilling prophecy that none of the children in the study had subdural hematomas and retinal hemorrhages.

The "mainstream" experts do not respect the jury's decision in these cases. An article by Kemp, et al², expresses this explicitly in their methods.

"Cases where there were unexplained injuries elsewhere in the body, other than head injury, but no conviction (all diagnosed at case conference except two who died)

² Kemp AM, Stoodley N, Copley C, Coles L, Kemp KW, "Apnoea and brain swelling in non-accidental head injury" Arch Dis Child 2003 88: 472-476

This shows how the child abuse experts believe in their own infallibility even if a jury disagrees. Inclusion of these cases in studies calls into question the validity of the study.

There are certainly cases of child abuse that are easy to diagnose but if all cases were easy there would be no need for a specialty of child abuse pediatrics. It is that need to justify their specialty that drives these “experts” to create medical literature that supports their opinions in the hard cases. Dr. Strouse states;

As professionals, our approach is unbiased and based upon sound science and collective experience. Child abuse must be diagnosed when it presents. Other diagnoses are always considered and must be recognized and differentiated from child abuse when they present. Certainty or uncertainty of the diagnosis of child abuse is honestly expressed. In general, physicians involved in the diagnosis of suspected child abuse take inordinate care to get the diagnosis right and to avoid false accusations.

This is also the gist of the letter that was received by the Torn Family Trust in response to our protests. If it were true, the child abuse experts at the UM College of Medicine would be happy to participate in scientific debate and defend their opinions but their refusal to participate in the recent symposium sponsored by the LS&A college and the Law School shows that they are not willing to defend their opinions in open scientific forums.

The Torn Family Trust asks this Board to encourage study and open debate on these issues by all parties. It is contrary to the tradition of great educational institutions to hide from real debate and instead make personal attacks on their critics. The history of science says that the truth will eventually be revealed by further study and debate. We hope that this Board will assure that the University of Michigan is a facilitator of this process and not an obstructer.