

Torn Family Trust

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Paul King, Executive Director
University of Michigan C.S. Mott Children's Hospital
1540 East Hospital Drive
Ann Arbor, MI 48109

Dear Mr. King:

In the spring of 2014, C. S. Mott's Children's hospital treated Naomi Burns for a significant illness. After being examined by dozens of doctors, Dr. Bethany Mohr from the Child Protection Team came to the conclusion that Naomi's symptoms were the result of Abusive Head Trauma (AHT), more commonly known as Shaken Baby Syndrome (SBS). Within days Naomi was removed from the custody of her parents by the Department of Human Services (DHS). Subsequently, her father Joshua Burns was convicted of second degree child abuse.

Naomi's case has received substantial media attention which has brought to light questions from many within the community about how C. S. Mott Children's Hospital diagnosed Naomi. As a result of this case, many parents have expressed hesitation to seek care for their children at your institution fearing an accusation of child abuse.

According to the National Center on Shaken Baby Syndrome:

The public is often misled to believe that doctors and investigators arrive at a shaken baby syndrome/abusive head trauma (SBS/AHT) diagnosis through three (3) basic findings [known as the "triad"]: 1) bleeding on the brain; 2) bleeding in the retina and; 3) swelling of the brain. In fact, in cases of injured children, teams of doctors from the local children's hospital put together a differential diagnosis of possible explanations for the injuries, as they do with any illness or condition. These teams consist of pediatric radiologists, neurosurgeons, pediatricians, child abuse experts, and in the worst cases, pathologists. Abuse is not the first diagnosis, but is made only after ruling out all possible alternatives. In many cases one or more types of abuse, including SBS/AHT, is the only explanation for the constellation of findings.

(<http://dontshake.org/sbs.php?topNavID=3&subNavID=317&navID=851>)

The above statement may lead parents to believe that a team of specialists will perform a detailed differential diagnosis before diagnosing AHT. It suggests that multiple doctors' opinions will be taken into account before a diagnosis of abuse is made. It indicates that what is commonly known as the "triad" is not to be used in isolation to diagnose AHT/SBS. All possible alternatives must be considered.

Based on medical records and testimony from expert witnesses, we question if a thorough differential diagnosis was performed in Naomi's case. Reasons supporting our concerns include:

1. Several extenuating factors may have contributed to Naomi's symptoms; symptoms that can mirror SBS/AHT. These factors appear to have been seriously overlooked in forming a differential diagnosis. They include but are not limited to: a traumatic birth complicated by failed vacuum extraction, macrocephaly, craniocephalic disproportion, a short distance fall from her father's lap, a severe gastrointestinal illness, dehydration, the presence of thrombocytosis, increased intracranial pressure, and multiple lumbar punctures.
2. Dr. Mohr obtained a second opinion from a pediatric ophthalmologist (Dr. Alex Levin) but did not disclose his opinion to Naomi's parents. His opinion was not uncovered until pre-trial discovery. Regarding Naomi's thrombocytosis he says: "Either way we have no idea what this might do re retinal bleeding and could be considered to throw the retinal findings into question. We just don't know." It is reasonable to question why this second opinion was not immediately relayed to Naomi's parents and why Dr. Mohr rejected the opinion of a doctor that was far more qualified than she in the field of pediatric ophthalmology.
3. Court records indicate several recognized specialists spent dozens of hours reviewing Naomi's medical records along with relevant peer-reviewed medical research. These doctors wrote medical opinions and testified that while Naomi's symptoms could indicate AHT/SBS, there were other more plausible explanations besides abuse.

A doctor is charged with the sacred task of "first do no harm." Failing to perform a differential diagnosis may result in serious harm including misdiagnosis, removal of children from innocent parents, wrongful convictions, and breaches of public trust.

Torn Family Trust supporters are at the University of Michigan Health System today to raise awareness about the Naomi Burns case, and the potential effect of this hospital's diagnostic procedures on other children and families in the community. We ask that you seriously consider the points outlined in this letter. Dr. Mohr referred to Naomi Burns' medical presentation as a "tough case." We beseech you to take a serious look at the methods your hospital employs when diagnosing such "tough cases." Furthermore, we ask that you consider the attached petition from the group Protecting Innocent Families. (<http://tinyurl.com/InnocentFamilyPetition>) This petition calls for an evaluation of the evidence base for the medical diagnosis of child abuse. The University of Michigan Health System is an influential and respected institution. Families seek your help to treat their children and expect this world-renowned hospital to hold to the highest standards of care.

Respectfully,



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Protecting Innocent Families: A Petition for the Evaluation of the Evidence Base for Medical Diagnoses of Child Abuse

As concerned citizens, we are calling for a rigorous scientific evaluation of the evidence base for medical diagnoses of child abuse, including shaken baby syndrome (now called abusive head trauma) and bony abnormalities (often misinterpreted as abusive fractures), to be conducted by the National Academy of Sciences or a blue ribbon panel of impartial experts.

Many of us are calling for this review because false accusations happened to us, our family members, our friends, or members of our communities. Others have encountered parents and caretakers who were falsely accused or convicted in our professional capacities, often as attorneys, doctors or psychologists, or through our own review of cases or our understanding of the literature.

We are concerned that, each year, doctors accuse hundreds to thousands of parents and caretakers, often with long histories of excellent childcare, of abusing children based on controversial interpretations of medical findings, ranging from tiny hemorrhages to abnormal bone formations. Other times they accuse parents of obtaining too much, too little, or inappropriate medical care. The penalties range from removal of the children to death row for the accused.

These diagnoses may be responsible for one of the largest groups of wrongful convictions to be addressed by the legal system: the conviction of hundreds to thousands of parents and caretakers for crimes that did not occur. No one is immune: the accused include doctors, nurses, psychologists, daycare providers, and others who have devoted their lives to children. Some of the children were sick; others collapsed suddenly. Some had strokes; others had falls or other accidents. Some died; others are fine. There is only one common theme: In each case, the caretaker and witness accounts were ignored in favor of unproven medical hypotheses.

The controversies surrounding these diagnoses have been apparent for decades, with misdiagnoses routinely reported in the media, including the New York Times, NPR, Frontline and ProPublica. In the reported cases, the findings attributed to abuse reflected natural or accidental causes, including prenatal or birth conditions, stroke, seizures, infection, sepsis, Vitamin D deficiency, coagulopathies, metabolic or genetic traits (including sickle cell disease, Ehlers-Danlos and osteogenesis imperfecta), venous malformations, prescription error, and/or household accidents. Some cases have illustrated that even when the findings result from abuse, common but unproven medical opinion about the timing of symptoms can point investigators to an innocent caretaker. The exonerations continue – but so do the accusations, with families remaining separated and hundreds of parents or caretakers in prison, convicted of crimes that did not occur.

Although the problems are systemic and the accusations closely resemble medico-legal travesties of the past, there has been little effort to examine the scientific basis for these claims or to hold

accountable those who mislead the courts by presenting medical hypotheses as fact or who retaliate against those with opposing views. To address these issues, all voices must be heard.

False accusations undermine trust in doctors and our system of justice. Even when charges are dismissed, caretakers acquitted, or verdicts overturned, families are emotionally and financially devastated, with many unwilling to speak out because they are still traumatized or they fear stigma or retaliation. Doctors and other experts who question or criticize these diagnoses also suffer retaliation, including threats against their jobs and licenses.

We call upon the medical profession, courts, legislators and the innocence movement to evaluate the evidence base for medical diagnoses of child abuse and to prevent the destruction of families based on flawed diagnoses. More information on the issues and a sampling of cases may be found at <http://protectinginnocentfamilies.wordpress.com/>.