

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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Senate Bill 654

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House Judiciary Committee
Task Force on Health Care Law

Hearing Room No. 1
Ground Floor, North Office Building
Harrisburg, Pennsylvania

Wednesday, September 5, 2001 - 10:05 a.m.

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BEFORE:

Honorable Kelly Lewis, Majority Subcommittee Chairman
Honorable Jerry Birmelin
Honorable Pat Browne
Honorable William Gabig
Honorable Steve Maitland
Honorable Ron Marsico
Honorable Harold James
Honorable Kathy Manderino
Honorable John Pallone
Honorable James Roebuck
Honorable Ed Staback

TS001-131

ORIGINAL

ALSO PRESENT:

Karen Dalton
Majority Counsel to Judiciary Committee

Mike Schwoyer
Majority Chief Counsel to Judiciary Committee

Judy Sedesse
Majority Administrative Assistant

Mike Rish
Minority Executive Director

Jane Mendlow
Minority Research Analyst

Beryl Kuhr
Minority Counsel to Judiciary Committee

Cathy Hudson
Minority Administrative Assistant

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Written Testimony Submitted By:

Terri Houck, Director of Governmental Relations
County Commissioners Association of Pennsylvania

Shelly Yanoff, Executive Director
Philadelphia Citizens for Children & Youth

Bundles of Joy, Inc.

1 CHAIRPERSON LEWIS: Good morning. I'd like to
2 welcome everyone to the Pennsylvania House of
3 Representatives Judiciary Committee Task Force on Health
4 Care Law hearing today on Senate Bill 654. My name is
5 Representative Kelly Lewis. I'm from the 189th District in
6 Monroe County, Pennsylvania.

7 And I'd like to welcome our presenters today
8 and any guests in the audience. And I'd like to have the
9 front table introduce themselves as, to my right, starting
10 with Karen.

11 MS. DALTON: Karen Dalton, counsel to the
12 committee.

13 REPRESENTATIVE MAITLAND: Steve Maitland,
14 State Representative from the 91st District in Adams County
15 and a member of the Judiciary Committee.

16 MS. MENDLOW: Jane Mendlow, House Judiciary
17 Committee Research Analyst with Representative Kevin Blaum.

18 MS. KUHR: I'm Beryl Kuhr. I'm counsel to the
19 Minority Chair, Kevin Blaum.

20 CHAIRPERSON LEWIS: Thank you. We're honored
21 today to have the Senator from the 27th Senatorial District
22 here, Senator Edward W. Helfrick, to present testimony.
23 Senator Helfrick.

24 SENATOR HELFRICK: Thank you, Mr. Chairman.
25 Mr. Chairman, some years ago when I left the House of

1 Representatives for the Senate, everybody said that was a
2 big improvement on the House. They also said there was a
3 slight improvement on the Senate. So I think with all
4 these improvements that we had here, we ought to be able to
5 come up with a pretty good piece of legislation today.

6 Mr. Chairman, thanks for inviting me here to
7 speak to the committee about the importance of enacting
8 legislation to protect and save the lives of an untold
9 number of newborn children, helpless babies, fellow human
10 beings. We're all aware of the term safe haven
11 legislation.

12 This could be the most important law in
13 Pennsylvania that will affect newborn children. I commend
14 the committee for its interest in this bill, and I commend
15 Representative Marsico for introducing the House version.

16 Mr. Chairman, in July, an employee of the
17 Sunbury Municipal Authority in my district was about to
18 empty the contents of a garbage dumpster into a compactor
19 at the Sunbury Transfer Station. He saw what appeared to
20 be the arm of a doll protruding from a garbage bag.

21 On closer examination, he discovered the body
22 of a full-term newborn baby girl. The police investigation
23 has resulted in the arrest of the baby's mother for murder.
24 Her boyfriend has been charged with disposing the baby's
25 body in the garbage dumpster.

1 The coroner confirmed that the newborn child
2 had drowned and that toilet paper was shoved down her
3 throat. The doctor who performed the autopsy cried during
4 the examination of such a horrible, senseless destruction
5 of a living human being.

6 Mr. Chairman, think of the lives that have
7 been touched by this tragedy. A newborn baby has been
8 murdered. Her mother has been charged with a crime that
9 carries a possible death sentence. Her father is accused
10 of dumping her body with trash and faces a long jail
11 sentence.

12 The man who discovered the child in the trash
13 compactor will remember this terrible event for the rest of
14 his life. Concerned Northumberland County citizens have
15 held candlelight services to pray for the child and have
16 signed hundreds of petitions urging us to enact safe haven
17 legislation to protect children's lives.

18 Mr. Chairman, safe haven legislation passed in
19 the Senate by unanimous support, 50 to 0. I would hope you
20 can enact safe legislation with equal support. And
21 somewhere, there is a loving couple who could have adopted
22 this child and would have brought happiness to her and
23 fulfillment to their own lives.

24 I have served in this Legislature with you for
25 many years. And I know you care as much as I do for our

1 fellow human beings, whether they are newborn babies or
2 senior citizens in nursing homes. This is why we need to
3 act as soon as possible to enact safe haven legislation.

4 It's not important to me whether we enact my
5 bill or Representative Marsico's bill, but we must act. We
6 need a bill that encourages a mother, in most cases a
7 young, inexperienced, first-time, unmarried mother, to take
8 her newborn to a safe haven for care.

9 In many cases, these young mothers are scared
10 of the responsibilities of raising a child and have hidden
11 their pregnancies from their family and their friends. In
12 order to make safe havens work as intended, these scared,
13 inexperienced, young mothers should not have to identify
14 themselves. And I believe no questions should be asked.

15 Therefore, I have grave concerns over language
16 in the House Bill requiring identification bracelets. This
17 could discourage usage of safe havens and endanger
18 children. We have no statistics and no way of knowing how
19 often these horrendous acts are committed. Even one time
20 is more than enough.

21 The other major difference in the Senate and
22 the House bills concerns the procedure governing care and
23 custody of the child once it is delivered to the safe
24 haven. My bill uses the Juvenile Act, while yours uses the
25 Child Protective Services Act.

1 I'm not an expert on custody issues and,
2 frankly, have no strong preferences in this regard. Both
3 the Senate and the House bills seek the same purposes:
4 Protect children at once and provide for a procedure for
5 the custody of the child.

6 Mr. Chairman, I am convinced that when a young
7 mother decides to kill and dispose of her child, she
8 destroys her life as well. As long as she lives, she'll
9 never enjoy her life with the evil deed hidden in her mind.
10 I urge you to help these young mothers and give them an
11 alternative.

12 In conclusion, Mr. Chairman, I believe
13 everyone in this room would like to be in the right place
14 at the right time to save another person's life. Enacting
15 safe haven legislation gives each of us the chance to save
16 innocent newborn children.

17 Mr. Chairman, in my heart, I think this is
18 probably one of the most important pieces of legislation
19 that we can enact. You know -- and I have no preference
20 whether it's the legislation I introduced or whether it's
21 the legislation Representative Marsico introduced, Marsico
22 introduced.

23 What I want to see is the legislation enacted.
24 I would hope that this is a great alternative for the
25 young, scared, most of the time unwed mother. Give her a

1 better opportunity. And I think we as legislators, the
2 most important job we have here is to protect human lives.
3 And I take that very serious, and I'm sure you do.

4 And thanks once again for giving me the
5 opportunity to be here today to urge swift passage of this
6 legislation. Thank you.

7 CHAIRPERSON LEWIS: Thank you very much,
8 Senator Helfrick. And I think it's everyone's goal to get
9 the acceptable language together today and in the future to
10 get this to a House and Senate vote. Thank you very much.

11 At this time, I'd like to have our
12 Representatives that just walked in introduce themselves,
13 starting with Representative Gabig.

14 REPRESENTATIVE GABIG: I'm Representative Will
15 Gabig from Carlisle, representing parts of Cumberland and
16 York County, the 199th Legislative District.

17 REPRESENTATIVE STABACK: Ed Staback from
18 Lackawanna and Southern Wayne.

19 REPRESENTATIVE MANDERINO: Good morning.
20 Kathy Manderino, Philadelphia County.

21 CHAIRPERSON LEWIS: Thank you,
22 Representatives, for attending today. At this time, I'd
23 like to entertain any questions for the presenter.
24 Representative Manderino.

25 REPRESENTATIVE MANDERINO: Thank you. Good

1 morning, Senator.

2 SENATOR HELFRICK: Good morning.

3 REPRESENTATIVE MANDERINO: I realize that the
4 language in the bill before us as currently amended by our
5 committee is actually the Marsico language. And he is
6 going to be testifying. But one of the questions that I
7 had is an issue that you also raised in your testimony
8 about the difference between your 2 bills, and that dealt
9 with the whole issue of the identification bracelet.

10 And I would just want to ask you, while you
11 have the chance, to elaborate on what your concerns are
12 that you see with that part of the language in front of us.

13 SENATOR HELFRICK: Yes. It's a pointless
14 legislation at work. In other words, if we pass
15 legislation that really doesn't work, it's not, it's not
16 worthwhile doing it. In my opinion, when a young girl is
17 put in this position where she has hidden a pregnancy from
18 everyone, she doesn't want to go and be identified.

19 What I would like to really see is to see that
20 young girl be able to go in, drop that child off, and no
21 questions whatsoever asked. I think that's the simplest
22 solution because I think that's the, that's the way it will
23 work.

24 Once the young girl has to identify herself
25 and get a bracelet and go through all that, I think she's

1 going to be too scared to do that. I think she'll take the
2 other alternative, not because she wants to. But I can, I
3 can appreciate the feeling of that young girl, what she
4 doesn't know in this life and how scared she is and maybe
5 scared of her parents finding out and different things like
6 that.

7 She's going to look for some other
8 alternative. And we got to make it as easy -- in plain
9 English, we have to make it as easy as possible for her.
10 That's what I believe. It's not a cure-all. I understand
11 that. But it's a -- I think our first responsibility is to
12 save the life of that child. Everything else past that is
13 secondary.

14 REPRESENTATIVE MANDERINO: One of the other
15 distinctions that I noted between the language in your bill
16 and in the Marsico bill, which I think is an important
17 distinction that we have to consider, is language that the
18 Marsico bill has with regard to the person giving up or
19 leaving the baby for a safe haven and whether they actually
20 have lawful custody.

21 As written in the Marsico bill, we have this
22 term lawful custody, which I have questions about. How do
23 we know if the person leaving the baby there actually has
24 lawful custody? But in your bill, we didn't even have a
25 definition of lawful custody.

1 So then I would ask the question of you, How
2 do we as lawmakers address the issue of if we're not going
3 to ask any questions -- and I, and I understand the
4 motivation. But if we're not going to determine who's
5 leaving this baby, is it their baby to leave, all that kind
6 of stuff, how do we deal with this whole issue of whether
7 that baby was lawfully that person's to give away, to give
8 up?

9 SENATOR HELFRICK: I can understand your
10 concern. And I thought quite a bit about that myself. But
11 again, I went right back to the fact that the first thing
12 we have to do is save that child's life. Everything else
13 is secondary after that.

14 I thought about the part that, you know, maybe
15 the mother would sometime come back and want to try to get
16 custody of the child, you know, or even she'd have to go
17 through the same adoption procedure as anybody else, or the
18 father. But of course, today, we have DNA that would
19 prove, you know, whether she's actually the mother or the
20 father is the father.

21 Whether -- what we could do if she brought the
22 baby there and it wasn't hers to bring there is -- I don't
23 know how we can solve that through legislation. I honestly
24 don't know how we can solve that through legislation. But
25 I believe once we have the child in hands and the child is

1 safe, you know, we can, we can look at methods to try and
2 determine if it's right.

3 In other words, something's going to come up.
4 Somebody else is going to come and say she couldn't bring
5 it here or this or that. And at that point, I'm sure you
6 could just prove whether it was hers or whether it was
7 somebody else's.

8 But whether we can put that into legislation
9 to make this legislation work, I'm not sure if we can do
10 that.

11 REPRESENTATIVE MANDERINO: In your thinking
12 about this bill -- and it's clear that you've given it a
13 lot of thought -- did you explore -- and I'm just thinking
14 about this now -- but did you explore the option of instead
15 of identifying one particular place where this is a safe
16 haven or this isn't a safe haven and then have to get into
17 this kind of distinction, we call the police because it was
18 left in an apartment building but we don't call the police
19 because it was left at a hospital or, I mean, something
20 like that?

21 Have you thought at all about the whole issue
22 of just how we, whether we should, should decriminalize the
23 child abandonment and take it out of the criminal code and
24 put it over into child welfare or something like that and
25 what, what might be the potential downfalls of that?

1 SENATOR HELFRICK: Well, in this particular
2 case, it should be decriminalized. In this particular case
3 where they voluntarily bring it up to a safe haven, I think
4 that should be decriminalized. It definitely should be
5 decriminalized.

6 In other situations where a person abandons a
7 child somewhere else, no, I don't believe so.

8 REPRESENTATIVE MANDERINO: And finally -- I
9 apologize for taking so much time -- we have a whole child
10 welfare system. We have Children and Youth agencies,
11 Department of Human Services in my city, et cetera. I'm
12 sitting here wondering, wouldn't that almost make the
13 better place for a safe haven, to, to turn your child over
14 there and then we're not having these artificial
15 distinctions between adoption law and safe haven law and,
16 and the criminal system versus the social service system?

17 I mean, I'm just -- I'm troubled by all
18 aspects of this. And I'm just trying to figure out what
19 other options there are as well.

20 SENATOR HELFRICK: Yeah. I can understand
21 that. And I believe that. But getting back to if we don't
22 have a living, viable child, we have nothing. Everything
23 else is just hogwash. We have done nothing there. And
24 once -- I'm just fearful if we don't make a very simple
25 piece of legislation like we're talking about here, we

1 don't have legislation that's going to work.

2 I mean, getting right back to the basics.

3 First, we need that young girl to deliver a living, viable
4 child to somebody. We got to give her a reason to do it so
5 she's not scared and figure she's not going to go there.
6 And when she gets there, the police aren't going to be
7 after her or anything else like that.

8 That's what we want to do here. And any other
9 springs we put in, I'm just afraid it won't work. And if
10 it doesn't work, why have it? Why even go to all this
11 trouble? I know there's tough questions. And I don't
12 agree with that. But my belief is that we must first have
13 a living, viable child delivered somewhere, not to a trash
14 compactor.

15 REPRESENTATIVE MANDERINO: Thank you. Thank
16 you, Mr. Chairman.

17 CHAIRPERSON LEWIS: Thank you, Representative.
18 Are there any other questions from the panel?
19 Representative Gabig.

20 REPRESENTATIVE GABIG: Just to follow up on
21 Representative Manderino's questions, which I did not find
22 lengthy. I found it very informative, the exchange there.

23 SENATOR HELFRICK: Will you speak up a little
24 louder?

25 REPRESENTATIVE GABIG: I found the exchange

1 there between you and Representative Manderino very
2 enlightening. But what other -- other than this sort of,
3 the anonymous part of your bill, what are the other major
4 differences between your bill and Representative Marsico's
5 bill?

6 SENATOR HELFRICK: Todd, would you explain
7 that?

8 MR. ROUP: Mr. Gabig, as the Senator
9 testified, the major difference is what happens following
10 the abandonment with care and custody of the child. The
11 Senator's bill follows the Juvenile Act, which basically
12 puts the county and Children and Youth services in charge.

13 The House bill follows the Child Protective
14 Services Law. And I believe that's the reason to hold the
15 hearing today, to try to determine what is the best
16 scenario once there is a case of abandonment.

17 CHAIRPERSON LEWIS: Todd, could you just
18 identify yourself for the Task Force?

19 MR. ROUP: My name is Todd Roup. I'm Senator
20 Helfrick's Executive Assistant.

21 CHAIRPERSON LEWIS: Thank you.

22 REPRESENTATIVE GABIG: Thank you. Thank you,
23 Mr. Chairman.

24 CHAIRPERSON LEWIS: Are there any other
25 questions? (No response.) I'd also like to give

1 Representative Pallone a chance to identify himself and his
2 legislative district.

3 REPRESENTATIVE PALLONE: Thank you, Mr.
4 Chairman. John Pallone. I represent Allegheny and
5 Westmoreland County in the 54th Legislative District.
6 Thank you.

7 CHAIRPERSON LEWIS: Thank you, Representative
8 Pallone. And Senator, thank you very much for your
9 testimony and getting this bill from Northumberland County
10 and those concerned citizens to Harrisburg. We appreciate
11 that.

12 SENATOR HELFRICK: Thank you. And I'm sure
13 your committee will give equal consideration like we did.
14 I feel certain of that, confident of that. Let's put it
15 that way. Thank you.

16 CHAIRPERSON LEWIS: Absolutely. Thank you.
17 Our next presenter is Representative Ronald S. Marsico of
18 the 105th Legislative District. Representative Marsico.

19 REPRESENTATIVE MARSICO: Good morning. Good
20 morning, members of the committee, Mr. Chairman. Thank you
21 very much for giving me the time and the opportunity to
22 present my testimony with this legislation. I also want to
23 thank Senator Helfrick and his staff for introducing this
24 concept in the Senate and their hard work with this.

25 I'm here today to voice my support for Senate

1 Bill 654, the Infant Protection Act. As amended by your
2 committee in June, this bill is virtually identical to the
3 infant protection legislation I introduced back in April to
4 help save the lives of infants who might otherwise be left
5 for dead in a dumpster or public restroom.

6 Pennsylvania needs this law because we must do
7 everything we can to save the lives of these newborns.
8 While we certainly don't want to encourage parents to
9 resort to abandonment, our first priority must be to
10 protect the child.

11 By creating safe havens at our hospitals, as
12 the Infant Protection Act provides for, we give these
13 desperate parents another option, an option that allows the
14 child to live. The law provides a safe way for a person
15 having lawful custody of a newborn to take that child to a
16 hospital.

17 As long as the child is less than 28 days old
18 and there are no signs the child has been a victim of
19 abuse, the parent will not be prosecuted for abandonment.
20 It also offers immunity to hospitals, meaning they will
21 face no civil liability or criminal penalty for complying
22 with the law. Most importantly, by having the child
23 brought to a hospital, we can ensure the child is
24 immediately examined and gets the care he or she needs.

25 Another important component of this bill is

1 the identification bracelet the hospital is required to
2 provide to the person leaving the baby. The bracelet gives
3 its possessor standing to participate in proceedings under
4 the Juvenile Act in the event that he or she wants to
5 regain custody -- let me repeat that -- in case in the
6 event that he or she wants to regain custody of the child.

7 However, the child will not be returned to
8 that parent without a court hearing. That's probably one
9 of the major differences, as pointed out, both in my bill
10 and Senator Helfrick's bill. Ultimately, our goal with
11 this law is to prevent the tragic consequences of many
12 child abandonment cases.

13 I want to reiterate that we do not encourage
14 young parents to abandon their children. But for those who
15 believe the only way out is to abandon or even kill the
16 child, we must provide another alternative. We must do
17 everything to protect that child.

18 Let me just add that we worked a lot of the
19 legislation, the details of the language with the, out with
20 the Pennsylvania Hospital Association, the Pennsylvania
21 District Attorneys Association, and the Pennsylvania
22 Catholic Hospitals Association.

23 So again, I thank you for the opportunity
24 today and certainly am anxious to join the panel and ask
25 some questions of the other testifiers.

1 CHAIRPERSON LEWIS: Thank you, Representative
2 Marsico. At this time, I'd entertain any questions from
3 the Task Force. Representative Gabig.

4 REPRESENTATIVE GABIG: Just briefly, Mr.
5 Chairman. I want to compliment you, Representative
6 Marsico, for your leadership on this issue as well as the
7 Senator. I don't think I said that when he was up here. I
8 think I'm certainly very supportive of the intent.

9 As a former prosecutor that had to deal with
10 child abuse cases, including child murder cases, I think
11 that the goal here is a very worthy and noble goal. And
12 I'm sure like my fellow colleagues up here, we're just
13 trying to work out the best way and procedure to accomplish
14 that goal. So thanks for your testimony and thanks for
15 your leadership.

16 CHAIRPERSON LEWIS: Thank you, Representative
17 Gabig. Representative Manderino.

18 REPRESENTATIVE MANDERINO: Thank you. Good
19 morning, Representative Marsico.

20 REPRESENTATIVE MARSICO: Good morning.

21 REPRESENTATIVE MANDERINO: Representative
22 Staback and I were actually trying to figure out the whole
23 issue of what happens and what time limit, if any, and how
24 the whole issue of reclaiming the child or reclaiming
25 custody would work.

1 And I understand from your testimony that
2 that's the role of the identification bracelet. And I
3 guess if we didn't have that identification bracelet, well,
4 I guess you could do DNA testing. There would be other
5 ways to figure out if this was, was the parent or not.

6 But I don't know if you can, can answer this.
7 I'm going to ask the question just in case somebody in the
8 future or maybe afterwards probably better somebody on ours
9 and/or Senator Helfrick's staff can answer this.

10 But I don't understand the specific
11 difference -- and if that's one of the things we're
12 supposed to be determining -- between whether or not this
13 is something that will then come under the Juvenile Act or
14 whether this is something that will come under the Child
15 Protective Services Act.

16 And I suspect that that has a lot to do with
17 the details of what happens after the fact, which are very
18 important effects that we need to consider. And if you
19 have anything that can help enlighten me on that, I would
20 appreciate it. And if not, maybe our staff can kind of
21 brief us afterwards on the technicalities of those 2 acts
22 and how they would operate in these instances.

23 REPRESENTATIVE MARSICO: Thank you for your,
24 for your question. I always look forward to your questions
25 and your insight and your knowledge of the law. I always

1 respect your questions. Let me say that the bill is linked
2 to the State Juvenile Act, like I had mentioned before.

3 The reason we did that was to provide -- we
4 feel it's important that we provide parental rights with
5 regard to that, to the act and that the -- once, for
6 example, a parent or an uncle, a relative, or a grandparent
7 that may want to regain custody, they would go through the
8 county's Children and Youth services, through the Juvenile
9 Act, and then ask for a custody hearing through the courts.

10 We think that's very important that there
11 would be parental rights involved initially with this. So
12 I don't know if I answered your question. But I think
13 that, again, it goes through the Juvenile Act and then
14 through Children and Youth services in the counties.

15 I think staff may be able to help with the
16 interpretation of that question as well.

17 REPRESENTATIVE MANDERINO: Thank you.

18 CHAIRPERSON LEWIS: Karen, could you provide
19 some insight on that?

20 MS. DALTON: Sure. This language that's in
21 Senate Bill 654 was recommended to us by Jim Anderson. And
22 formerly, Jim Anderson being the Executive Director of
23 Juvenile Court Judges Commission. As the members know,
24 there's more than one way to get into the Juvenile Act.

25 Under the CPSL, if a child is brought in and

1 placed in protective custody because the child is abused,
2 there are procedures to notify the parents; there are
3 procedures to take custody of the child. Senator
4 Helfrick's bill mentions the Juvenile Act.

5 Representative Marsico's version that's now in
6 Senate Bill 654 follows the CPSL, but you still get to the
7 Juvenile Act. It's just another way to get in there. But
8 it was just Jim Anderson's private suggestion which
9 Representative Helfrick decided to, to adopt to model the
10 CPSL, thinking that that was probably just a little bit
11 finer tuned with respect to procedure.

12 But you still get to the Juvenile Act.
13 Representative Manderino asked me that in the end if the
14 parental rights are the same. The answer is absolutely
15 yes, the rights are the same.

16 REPRESENTATIVE MARSICO: As always, thanks for
17 your help, Karen.

18 MS. DALTON: Sure.

19 CHAIRPERSON LEWIS: Thank you, Representative
20 Manderino. Are there any other questions? Jane Mendlow.

21 MS. MENDLOW: Representative Marsico, I was
22 wondering if you could help in one respect in advising us
23 as to whether or not you had considered any other avenues,
24 any other programs that were effective in reaching a
25 particular population of parents who are desperate, have

1 kept their pregnancy a secret, have not turned to
2 traditional medical care, maybe have had -- in fact, for
3 the most part, it seems they've had their babies outside of
4 the hospital setting?

5 Have you, in your studies and work on this
6 issue, come across other programs that have been effective
7 in reaching that population?

8 REPRESENTATIVE MARSICO: I could tell you that
9 we have not, that I have not examined any other programs.
10 We have -- this legislation concept was brought to us by
11 the Senate and of course by other states that have
12 adopted -- I think there was 25 other states or 23 other
13 states -- 15 other states have adopted and 23 others are
14 considering the legislation.

15 So we went this way, took this approach. I
16 have not -- although, I know that some of the testifiers
17 later on will testify some of the local hospitals have
18 taken this safe haven concept and, on their own with the
19 cooperation, of course, with the District Attorney of
20 Dauphin County, for example, have actually enacted this
21 concept in our county. But I have not taken any other
22 approaches.

23 CHAIRPERSON LEWIS: Thank you. And thank you,
24 Representative Marsico, for your presentation. And if
25 you'd care to, you can join us up on the Task Force panel

1 as well.

2 REPRESENTATIVE MARSICO: Thank you.

3 CHAIRPERSON LEWIS: Next on our agenda, we
4 have Christopher P. Markley, Esquire. He's the Senior Vice
5 President of Community and Governmental Relations for
6 Pinnacle Health Systems. And also presenting is Marlene
7 Guarneschelli, who's the Secret Safe Place Program
8 Developer with Pinnacle Health Care System. Christopher
9 and Marlene, thank you for coming today.

10 MR. MARKLEY: Thank you very much for the
11 opportunity to testify. As Representative Marsico noted,
12 Pinnacle Health System here in Dauphin County has developed
13 a program similar to what would be contemplated by the
14 legislation. And we did that back last winter and actually
15 opened it in the spring, and Marlene will talk a little bit
16 about that.

17 But we have some perspective then, from having
18 gone through the program and trying to set it up, on issues
19 that need to be considered and some of the practical
20 operational factors that a hospital is going to encounter
21 and some of the needs that a hospital will have in
22 implementing this type of a program.

23 So first, I'm going to ask Marlene
24 Guarneschelli to testify. Marlene is really a community
25 activist that came to us with the idea for this program,

1 and she's going to talk about how it developed.

2 MS. GUARNESCHELLI: Good morning. My name is
3 Marlene Guarneschelli, and I live here in the Harrisburg
4 area. I prompted the development of the Secret Safe Place
5 for Newborns at Pinnacle Health Hospitals. After reading
6 about the program developed in Mobile, Alabama, I was
7 determined to find a way to bring this concept to Central
8 Pennsylvania.

9 I approached Pinnacle Health administrators
10 hoping to find the support needed to launch this effort.
11 Pinnacle Health not only offered their support but was also
12 successful in establishing a program with the cooperation
13 of the Dauphin County District Attorney and Dauphin County
14 Social Services for Children and Youth.

15 I have attached this brochure, which was
16 developed for this program. The Secret Safe Place program
17 at Pinnacle Health has been in place since April of this
18 year. The 2 emergency rooms located at Harrisburg Hospital
19 and Community General Osteopathic Hospital are equipped
20 with bassinets, instructions, and program literature for
21 mothers.

22 Mothers are given the option of bringing the
23 baby directly to a staff member or placing the baby in the
24 bassinet and leaving. If placed in the bassinet, mothers
25 are directed to push a button before leaving. This button

1 sets off an alarm alerting staff to the placement of a baby
2 in the bassinet.

3 The alarm does not stop sounding until the
4 bassinet is checked. There are also cameras in place at
5 each location so that staff can monitor the areas should a
6 mother neglect to press the button.

7 I believe an integral part of this program is
8 to educate the community about Secret Safe Place for
9 Newborns so women know they have options. To that end, I
10 feel it is important to establish lines of communication
11 through advertising, hot lines, or whatever means necessary
12 to be able to reach those in need of this service before
13 they need it. A statewide program would provide much more
14 visibility to the public.

15 Finally, legislation is desperately needed to
16 assure immunity from prosecution and liability to both the
17 health care givers and the mothers and to prompt other
18 communities in Pennsylvania to adopt similar programs.
19 Women in such dire straights do not need criminal
20 punishment. They need our help.

21 I hope that you as a governing body will
22 provide women with avenues to receive that help without
23 condemnation or prosecution and with the option of complete
24 anonymity. Thank you.

25 MR. MARKLEY: As Marlene said, she did

1 approach us with an interest in establishing this program
2 once she had learned about it from Mobile, Alabama.
3 I -- one of my roles is general counsel to Pinnacle Health
4 System. And so I immediately had some concerns from a
5 legal perspective in, when Marlene first told me about this
6 because some of the concerns were, as a hospital, if we
7 have an infant dropped off, we have certain mandatory
8 reporting obligations to the district attorney's office,
9 the police, Children and Youth relating to child abuse and
10 child endangerment.

11 And so, you know, one of the first questions
12 is if there's an anonymous drop-off of a child, then do we
13 violate our reporting requirements by not getting further
14 information and by not taking some steps to identify the
15 mother and call the police regarding that action? So that
16 was one of the, the first questions we had.

17 Second was the concern about getting in the
18 middle of a custody dispute. As pointed out, if a mother
19 would drop off a child and, but without having told the
20 father about it or not having, you know, discussed it with
21 the father and the hospital, you know, doesn't have any
22 protective legislation, then they could potentially be sued
23 for any role they had in taking custody of the child and
24 become embroiled in a custody dispute with the parents or,
25 you know, relatives of the child.

1 And third, a concern about providing medical
2 treatment to the child without any consent from any
3 authorized party. You know, hospitals really need to rely
4 on the consent of the patient or, in the case of minors,
5 the consent of a parent in order to provide treatment.

6 So we really need to look to, you know, some
7 form of authority that would have custody of the child to
8 authorize medical treatment. One of the things you have to
9 realize and one of the, I think, the benefits of using
10 hospitals for this type of program is that many of these
11 infants are going to be born, you know, prematurely; they
12 may be born outside of a hospital in conditions that aren't
13 ideal for that kind of birth; they may be born to a mother
14 that hasn't received any prenatal care during her entire
15 pregnancy.

16 And so the risks involving these children is
17 pretty great, and that's why there's a benefit to being in
18 a hospital. But there's also an anticipation that there
19 would be medical treatment necessary for the child in that
20 type of situation. And hospitals would like to be able to
21 look to someone to say yes, you should do this or no, you
22 shouldn't do that with respect to that treatment.

23 So those issues all were, were kind of
24 identified when we first looked at the program. We were
25 fortunate in Dauphin County, as was pointed out, is that we

1 were able to work cooperatively with the Dauphin County
2 District Attorney's Office and the Dauphin County Children
3 and Youth and work through some of these issues.

4 And I actually asked the Dauphin County
5 District Attorney to give me a letter regarding, you know,
6 his willingness to not prosecute in some of these
7 circumstances, like, for, you know, failure to report a
8 child if they were dropped off. And so we were able to get
9 some comfort from some of the issues that arose.

10 It certainly didn't address all 3 of those
11 issues that I identified, and nothing short of legislation
12 would. But we thought at that point that the benefits of
13 the program would outweigh the, you know, the risks that
14 may occur with respect to, you know, some of these issues.

15 So that's how we got to the point of
16 establishing the program in April. And Marlene described
17 that we do have a bassinet outside where there can be an
18 anonymous drop-off of the child without even interacting
19 with a hospital employee.

20 Now, this isn't some remote location. I want
21 to assure you that it's in the ambulance bay to the
22 emergency room so that, you know, there's frequent traffic
23 in that area. And it is also monitored by videotape, as
24 was indicated, and by live camera so that, you know, we
25 would see if someone were to drop off a child and not press

1 the button as is requested.

2 Our experience has caused us, you know, to
3 review the legislation and to have some questions. And I'd
4 like to just raise some concerns, I guess, regarding the
5 current form of the legislation. And one of those concerns
6 really identifies the bracelet that we've, has been
7 discussed.

8 In our current program, if a mother drops off
9 a child, they're provided with an informational packet that
10 really describes, you know, what happens to the child, what
11 they need to do if they wish to reestablish their parental
12 rights, who they need to call, phone numbers, and that type
13 of thing.

14 We don't do -- we do, if the mother, you
15 know -- under our protocol, if the mother would present the
16 child to someone there, that person would then discuss with
17 the mother any medical history that the, you know, infant
18 may have or that the mother may have in order to aid with
19 treatment of the child.

20 But again, there is the option where they
21 could anonymously drop the child off. We're concerned that
22 the bracelet may have sort of a chilling effect on people
23 that don't want to have direct involvement with hospital
24 personnel and are afraid that somehow that bracelet would
25 be used to track them down or try to identify them at a

1 future time.

2 So, you know, that -- the other problem would
3 be that if we are, as required by the law, required to
4 provide them with the bracelet, then we would have to have,
5 you know, a definite interaction with them. They wouldn't
6 have the option of, you know, dropping the baby off in a
7 bassinet because then we couldn't fulfill our obligation to
8 present them with the bracelet, you know, as described in
9 the law.

10 So that, you know, that would cut down on one
11 of the options that we have, you know, in our current
12 program. I would also be concerned, you know, what would
13 happen if the mother, in the state of mind she's in, did
14 receive the bracelet and then, you know, threw the bracelet
15 away and then somehow that prejudiced her later right to
16 claim custody, you know, if there was too much emphasis
17 placed on that bracelet as a means of identification at a
18 future time because in this mental condition that these
19 mothers may be in, they may not be ever-anticipating
20 wanting to reclaim custody but 10 days later, you know,
21 things may have changed and they may have wished they had
22 kept the bracelet or done something to, you know, enable
23 that.

24 The second concern I have just in reading the
25 legislation -- and it just may be the drafting -- but it

1 appears to me that this is mandatory for all hospitals to
2 institute the program as it's written. And I would be
3 concerned. You know, we have voluntarily undertaken this.

4 But there are hospitals in the state that
5 really don't have the facilities; they don't have
6 pediatricians available; they don't have neonatal intensive
7 care units available; and they may not have full-service
8 emergency rooms 24 hours a day.

9 And so I would just be concerned about making
10 it a mandatory obligation on all hospitals as opposed to
11 something they could voluntarily undertake and then receive
12 this immunity as long as they run it in accordance with the
13 legislation. And I don't know if that's what was intended
14 or if that's just the way, you know, by definition that it
15 appears to be, you know, currently.

16 The other issue that we noted was that we
17 would prefer if there was some immediate custody decision
18 or if the legislation would provide that immediately upon,
19 you know, the hospital receiving the baby, they can call
20 Children and Youth; and Children and Youth immediately
21 becomes the custodian of that infant because that would
22 address our need for someone to direct medical treatment.

23 We would have Children and Youth to look to to
24 be able to authorize treatment and make medical decisions
25 if there was a, you know, immediate need for those types of

1 decisions. We don't want to see a delay where there was
2 sort of a vacuum where no one had custody and it wasn't
3 able to identify who we would look to for those types of
4 decisions.

5 And then finally, the thing that hasn't been
6 addressed by, by anyone so far is the reimbursement issue.
7 And hospitals, unfortunately, have to look at that. In, I
8 think, Senator Helfrick's bill, there's a provision that
9 said the infant would immediately become eligible for
10 Medicaid coverage upon Children and Youth taking custody of
11 that child.

12 And that would provide, you know, some
13 opportunity for a hospital to receive some compensation for
14 care that was provided to the infant at the time it was
15 dropped off. And again, some of these children may end up
16 in a neonatal intensive care unit and could ring up, you
17 know, substantial hospital bills in a short period of time
18 given the level of care that may be required.

19 And so that was an important provision from a
20 hospital standpoint, is that there would be Medicaid
21 coverage for the infant as of the time that Children and
22 Youth accepted custody.

23 So those are the areas. We commend both the
24 House and the Senate for looking at this legislation, and
25 we think it's essential to encourage more hospitals to

1 institute this type of program. And there's just a couple
2 of the operational things that we've identified. But we'd
3 be happy to answer questions.

4 CHAIRPERSON LEWIS: Well, thank you to both of
5 you for your presentation. And the program that you have
6 operating right now sounds very good. I'd like to open it
7 up for questions to the Task Force members at this time.
8 Representative Marsico.

9 REPRESENTATIVE MARSICO: Thank you, Mr.
10 Chairman. Good morning, and thanks for your testimony and
11 your hard work with this issue. I want to commend both of
12 you for what you've done in Dauphin County. Let me ask
13 you, have you had any babies dropped off since your, the
14 initiation of this program?

15 MS. GUARNESCHELLI: Not so far, but that isn't
16 necessarily a bad thing.

17 REPRESENTATIVE MARSICO: I agree with that.
18 You were talking about the information package that you
19 provide and that you suggest that that be part of this
20 legislation. Actually, we do have that actually as a
21 suggestion by the Pennsylvania Hospital Association.

22 Like I said, we sat down and tried to get some
23 suggestions and recommendations. It's not a perfect bill.
24 We're looking for ideas. We're looking for help in putting
25 this together, this bill as well as Senator Helfrick's

1 bill. Although, on page 9 of the bill -- I don't know if
2 you have it in front of you -- but it does say that the
3 Department of Welfare would provide training curriculum for
4 the use by the hospitals and health care providers at
5 hospital regarding this chapter.

6 It also will promulgate regulations to
7 implement this chapter and also to provide
8 information -- which is, I think, on the previous
9 page -- to the public regarding the general health of the
10 infant, et cetera. That may need to be worked out somewhat
11 more, but we're certainly willing to do that. Thank you
12 for your comments.

13 MR. MARKLEY: And one of the things that we
14 thought about -- because we reviewed the legislation and
15 looked at it in terms of if it passed in this form, how
16 would we implement it? And one of the things we looked at
17 with identification bracelets is that we could put a
18 bracelet inside the informational packet that is, you know,
19 available for when the infant is dropped off and that that
20 bracelet could then be matched to a bracelet that we put on
21 the child if they were dropped off.

22 But we would not in that instance physically
23 be providing that bracelet to the mother because they would
24 be taking it as part of a packet. And so if there was some
25 way to, you know, make that less mandatory on the hospitals

1 to have to, you know, that in order to get the protection
2 in the act, that they have to provide it.

3 If you said made available, it has to be made
4 available, then that's different than saying provide. So
5 that, you know, that kind of thing could help with the
6 anonymous drop-off if you intended or wanted to permit that
7 type of, of drop-off of a child.

8 REPRESENTATIVE MARSICO: Thank you.

9 CHAIRPERSON LEWIS: Representative Gabig.

10 REPRESENTATIVE GABIG: I guess I'll come back
11 to the issue that Representative Manderino raised
12 initially, the issue of anonymity. There seems to be 2
13 competing values that we're talking about. And I think if
14 I understood your testimony, you seem to think that
15 anonymity will encourage women, expectant mothers or
16 mothers in this situation to come in.

17 But having seen a lot of very ugly things in
18 life, it seems to me if someone would kidnap this child or
19 take this child against the mother's will with malice
20 towards that mother and towards the child and drop at this
21 safe haven where there's no ability later on to then track,
22 to prosecute a kidnapping case and return that, recover
23 that child and return it to the mother or the parents, I
24 think that, that is the issue that we're struggling with up
25 here in terms of the complete anonymity.

1 I don't think we want to encourage that
2 problem. So I think that's what we're struggling with up
3 here. And I just would be interested in your response to
4 that.

5 MS. GUARNESCHELLI: Well, I mean, Chris can
6 probably tell, perhaps, a little more than me. But I guess
7 our idea -- we've thought of those things, and I've thought
8 about those things myself. And first of all, if someone
9 else is maliciously dropping off this child, first of all,
10 they are on tape. I mean, they are recorded.

11 We have cameras proving who dropped this baby
12 off. So if you need to identify that person later on, we
13 would have the means of doing so for prosecution. If it's
14 determined that the person is not the parent dropping that
15 off, that child off and you need to find that person, there
16 is some way to do it.

17 Regarding having the person who wants to
18 reclaim this child being proved the parent, I believe we're
19 favoring the blood tests, DNA, as you mentioned, as means
20 of providing definite custody. I believe that would be a
21 very definitive way over anything else to determine who is
22 the parent.

23 And once that's determined, the blood work
24 between the child and the mother, then, you know, you can
25 be assured then at that point that who you have is the

1 right person.

2 MR. MARKLEY: I think just to add further with
3 the kidnapping situation, that certainly would be
4 difficult. And the whole notion of, you know, lawful
5 custody, someone dropping off a baby with lawful custody I
6 think would put a hospital in a bind to try to identify
7 whether, you know, if a woman showed up with a baby and
8 said that she's Mary Smith and this is her baby and she
9 wanted to drop it off, we would have no way of verifying
10 that or knowing whether that was indeed her baby at that
11 time.

12 And so we would have the same dilemma, you
13 know, whether it was truly a mother dropping off a child or
14 somebody who kidnapped a child and dropped it off. You
15 know, we wouldn't be able to really pursue that at that
16 time.

17 So I think the way we kind of view it is that
18 once we have received the child and given it whatever, you
19 know, treatment it needs and get it into a safe
20 environment, then Children and Youth can sort that out
21 later. That becomes them working with the police
22 department or the district attorney's office to figure out
23 if there has been a local kidnapping and if there is an
24 infant and identifying that infant.

25 But that's something that the hospital's not

1 in a position to do at the time the infant's dropped off.

2 MS. GUARNESCHELLI: The number one goal of the
3 hospital -- I'm sorry -- is to provide safety for this
4 child. It's the number one goal, is first get the child
5 safe and then sort out custody and, you know, whether
6 there's anything unlawful going on once the child is safe.

7 REPRESENTATIVE GABIG: I guess that's the
8 stage that I'm talking about, the initial drop-off. And
9 now it is a kidnapping situation. And if it was anonymous
10 versus being some identifiable event that occurred, how are
11 you ever going to prove that case, prosecute that case,
12 recover that child and return it to, to the mother?

13 That's a problem I have with the complete
14 anonymity. And I understand your problem to encourage it
15 by putting up walls or barriers, psychological or whatever,
16 that the mother would lose that chance. And as the Senator
17 indicated, we're not going to have to worry about a
18 kidnapping charge.

19 But that's, I think, what Representative
20 Manderino raised. And it's also a concern that I have.
21 The other question that I had regarded the medical
22 treatment and whether Children and Youth should be
23 assigned.

24 I mean, why can't somebody just from the
25 hospital -- I mean, I'd rather have a doctor making those

1 medical decisions than somebody -- I mean, with all due
2 respect to my good friends -- at Children and Youth saying
3 they don't know the child. And why wouldn't the doctors or
4 hospitals, if we gave them some kind of immunity, wouldn't
5 they be in the best position to make those kinds of
6 decisions?

7 MR. MARKLEY: Well, I think one of the
8 decisions that you can anticipate is, you know, whether
9 there's, you know, a child is not able to be saved, you
10 know, whether they're terminal and no further treatment
11 should be provided to the, to the child.

12 And health care providers are generally very
13 uncomfortable making those types of decisions, you know,
14 when the child's in your facility and receiving care from
15 them. It could almost be viewed as a conflict of interest
16 if they're making a decision that no, this child no longer
17 needs care.

18 And that's why in all circumstances hospitals
19 and physicians look to a family member or look to the
20 patient. In the, you know, foster care situation, they
21 look to Children and Youth, they look to guardians so that
22 the physician in the hospital isn't put in that situation
23 of having to, you know, to make a decision to stop
24 treatment.

25 It's easy to make the decision to provide

1 treatment. And, you know, hospitals would tend to go in
2 that direction. But if a decision needs to be made to stop
3 treatment, that's when you'd like to have an independent
4 party evaluate it and make a decision.

5 REPRESENTATIVE GABIG: Thank you. Thank you,
6 Mr. Chairman.

7 CHAIRPERSON LEWIS: Thank you, Representative
8 Gabig. Are there any other questions? Representative
9 Pallone.

10 REPRESENTATIVE PALLONE: Thank you, Mr.
11 Chairman. Mark, I admire the hospital for instituting the
12 program. I think it's a model for other programs and
13 particularly this legislation. And we're dealing with the
14 issue of anonymity and whatnot.

15 The protection of the child is the paramount
16 issue. I'm going to go so far as to ask the
17 question -- and it may seem ridiculous because we've
18 reached such a sad state in our society where we're
19 abandoning children. But the legislation right now only
20 exempts the criminality issue if I present the child and it
21 is not a victim of child abuse, for example.

22 Would it encourage that abusing parent, for
23 example, to be able to drop that child off without fear of
24 prosecution because they've regained a moment of clear
25 thinking and saying, Hey, I'm either going to abuse this

1 child or turn it over without prosecution?

2 Do you think that would have any impact on the
3 incidence of drop-off for care?

4 MR. MARKLEY: Well, one of the, you know, the
5 concern certainly with anonymity is if you have an abused
6 child dropped off anonymously. But I think the act
7 provides essentially that these provisions in the immunity
8 only apply if there aren't evidence of abuse.

9 I know our program really, you know, looks at
10 that, that we would -- the first thing we would do is
11 examine that child. And if there was evidence of child
12 abuse, we would still contact the authorities. And they
13 would go ahead and pursue, you know, their normal
14 investigation and, you know, prosecution for that abuse.

15 I think that what we're really trying to avoid
16 is the notion that just dropping the child off in and of
17 itself is a form of, you know, abuse or endangerment. And
18 I think that's really what the act is intended to, you
19 know, protect.

20 But if we saw an abused child that, you know,
21 had evidence of, you know, having been abused in some
22 fashion, we would still report that and would do whatever
23 we could to assist the police in identifying that mother.

24 REPRESENTATIVE PALLONE: That's your current
25 program?

1 MR. MARKLEY: Right, our current program.

2 REPRESENTATIVE PALLONE: The prosecution isn't
3 your paramount mission. It's to protect the child.

4 MR. MARKLEY: Right, right.

5 REPRESENTATIVE PALLONE: Okay. Thank you.

6 CHAIRPERSON LEWIS: Thank you, Representative
7 Pallone. Representative Staback.

8 REPRESENTATIVE STABACK: Thank you, Mr.
9 Chairman. Currently, in Pennsylvania, there are a number
10 of women who are in jail, in prison because they abandoned
11 their infant children or, worse yet, because they murdered
12 an infant child.

13 Can you tell me, to the best of your
14 knowledge, has there ever been any studies done or
15 interviews done among these women to determine why they
16 committed the crimes that they did? And more importantly,
17 what could have been done to prevent the crimes?

18 MS. GUARNESCHELLI: I think there have been at
19 least a number of studies or interviews, you know, maybe
20 official studies down to talk shows where this issue has
21 been addressed. Women have been asked. And the bottom
22 line number one reason was always panic.

23 They -- these women are in total denial of
24 their pregnancy. It's amazing what you can deny in your
25 own mind if you want to. And they will avoid this subject.

1 Once they're pregnant, they'll avoid this whole subject as
2 long as possible. They'll keep trying to hide the
3 pregnancy from everybody.

4 The fear comes from what are my parents going
5 to think or my guardians going to think of me, what are my
6 peers going to think of me, what am I going to do with this
7 child? So in their minds, they try to stick their heads in
8 the sand and basically forget about it for a while and hope
9 that something will arise magically for them to solve the
10 problem. And it, of course, usually never does.

11 So here they've reached this point where they
12 now are in crisis. They're at 9 months. Their labor is
13 upon them, and they have no idea what they're going to do.
14 They've never really thought about it, thought it through.
15 And they -- basically, their fear takes over; and they
16 don't even think at this point.

17 Women have physically told other people that
18 this is what happens. They physically just cannot think
19 about it, and they will run and just try to get rid of the
20 problem. To them, they've only thought of this as the
21 problem. It's not a child in many cases in their minds at
22 this time.

23 It is something they just want to run away
24 from. And so they find whatever means they can to get the
25 problem away so they can go on with their lives. And this

1 is where we try to avoid this, you know. I personally, I
2 want to get the word out to as many women as possible ahead
3 of time before they reach this panic state because once
4 they're panicking, they're not thinking and there's nothing
5 you can do.

6 Hopefully, if they know there is a place where
7 they don't have to think about it, they don't have to worry
8 what's going to happen to me, you know, what's going to
9 happen to my child, they can just leave a baby somewhere at
10 a safe place, then in their minds, their problem is solved.

11 Many times what happens is afterwards, these
12 women start thinking about it. Once the initial panic
13 phase is over, some of these women then start realizing,
14 Oh, you know, I didn't have to worry this bad. My parents
15 do accept me if they do find out about the pregnancy later
16 on.

17 And all those fears they worried about ended
18 up being not realistic. It was all in their head. So
19 therefore, some of them will try to reclaim their child
20 back. But, you know, it's this phase when they're in that
21 9-month term and their labor is coming upon them, they
22 don't think. And that's usually what happens.

23 That's the reason why. That's why -- this
24 encompasses all socioeconomic areas. This is not a poor
25 inner city problem. This can happen anywhere to any woman,

1 young, old, older, affluent people as well. It's just
2 simply if they fear that somebody is going to look down
3 upon them, they're disappointing people because they got
4 pregnant and they're not married. They don't think. They
5 just run.

6 REPRESENTATIVE STABACK: Tell me, if I wanted
7 to acquire the results of some of those studies, where
8 might I look for them? Or better yet, are you in a
9 position to make them available?

10 MS. GUARNESCHELLI: Well, perhaps I could. I
11 never -- I'm trying to think. The person I have worked
12 with mostly in developing this program initially before I
13 approached Pinnacle and Ed Marsico was John Tyson, who is
14 the district attorney from Mobile, Alabama.

15 His state, or his area has provided the first
16 program, Secret Safe Place for Newborns. And I contacted
17 him and got a lot of information from him. I have saved
18 some articles from magazines and such. I know certain
19 programs on TV that have shows devoted to this issue. And
20 those are where the interviews came, from some of the women
21 directly as well. I could try to see if I could find some
22 of that information for you.

23 MR. MARKLEY: The Alabama program I think has
24 had 10 infants that have been turned in to the Secret Safe
25 Place since its inception so that --

1 MS. GUARNESCHELLI: And none -- since the
2 program started, no abandonment.

3 CHAIRPERSON LEWIS: I'd suggest we also may
4 have subsequent testimony that might answer some of your
5 questions as well.

6 REPRESENTATIVE STABACK: Thank you very much.

7 CHAIRPERSON LEWIS: Thank you, Representative
8 Staback. Representative Manderino.

9 REPRESENTATIVE MANDERINO: Thank you.

10 Following up on the earlier conversation with
11 Representative Gabig about the lawful abandonment issue, I
12 just wanted to point out to members that I don't think it's
13 sufficient enough for us to rely on the fact that Pinnacle,
14 who happens to be testifying in front of us now, has set up
15 a program that has a surveillance video camera because that
16 is not a requirement of the legislation and not something
17 that I think we can rely on in law.

18 Having said that, in terms of that that's not
19 a good thing to rely on in terms of identification, I guess
20 I'm, I'm -- well, let me just stop with that point. The
21 other question in the beginning of your testimony, Ms.
22 Guarneschelli -- good Italian name -- one of the points
23 that you made is that we want to be able to get help to
24 these mothers and that they are often doing what they're
25 doing because of a state of panic and not clear thinking.

1 Is it good enough to kind of stop here? I
2 mean, how -- if we just do what either of these pieces of
3 legislation are proposing, how -- it seems to me like we're
4 saying it's good enough for our public policy to stop short
5 of trying to get help to that mother because how are we
6 doing it?

7 How are we doing it through these pieces of
8 information? How are you doing it through your -- this
9 isn't by way of criticism. How are you doing it through
10 your program at Pinnacle? I guess maybe the information
11 that's in the packet that you hand out kind of tells them
12 what resources are available and where they ought to seek
13 help. Is that what you do?

14 MR. MARKLEY: Right. The
15 information -- there's 2 things. If a mother actually
16 interacts with one of our staff members, then they're
17 offered the opportunity to get a medical exam themselves
18 because they may have just delivered and they may have
19 their own medical issues.

20 So they're offered that opportunity, you know,
21 at that point again to -- even if they want to do it on an
22 anonymous basis, they can receive a medical exam and
23 treatment there in the emergency room. And then they are
24 provided with the information packet that talks about, you
25 know, resources available in the county and how to go

1 about, you know, if they want to reclaim their child at a
2 later point, how they would go about doing that and who
3 they would contact.

4 So that's the, you know, kind of what's
5 directed at providing them with some help. It certainly
6 doesn't deal with all of their psychological issues or
7 things they may be going through. But, you know, it's,
8 again, sort of hard to do that without mandating some kind
9 of identification and registration of those people at that
10 time.

11 REPRESENTATIVE MANDERINO: Yeah. And I
12 understand. As you can see, everyone up here is struggling
13 with the, wanting to save children's lives and get healthy
14 babies and then the very complicated aspects that go along
15 with that.

16 But from what I have read and heard just in
17 the popular media, even states that have instituted
18 these -- and I do think that Representative Kelly is right,
19 that some folks are going to testify later about what, what
20 the findings. They have a longer track record.

21 But my general understanding is that they are
22 not often used and that they are not in places that have
23 them. Although, you just intimated that maybe Mobile,
24 Alabama is a, is an exception to the rule. But the rule
25 seems to be that the abandonment is still happening in

1 nonsafe haven places.

2 So I guess the other point is -- and I do note
3 that the bill -- I think both versions of the bill have a
4 notification to police and child welfare requirements. You
5 may not have to collect all of the information that you
6 currently have to collect, but you do have to notify.

7 And I guess I would suggest that that's
8 probably our better safeguard against lawful versus
9 unlawful abandonment because I would assume that we would
10 still go through the same procedures that we go through now
11 in terms of public notification, news coverage of this baby
12 having been dropped off so that the general public is aware
13 and if somebody is out there looking for a baby that is
14 missing, they will know who and where to contact it.

15 So you're not at all suggesting any changes in
16 the, in the requirement to notify, just in the, how much
17 information you have to gather from the person dropping it
18 off; am I correct?

19 MR. MARKLEY: That is correct.

20 REPRESENTATIVE MANDERINO: Thank you. Thank
21 you, Mr. Chairman.

22 CHAIRPERSON LEWIS: Thank you, Representative
23 Manderino. Are there any other questions? Ms. Dalton.

24 MS. DALTON: Good morning. Thank you both for
25 coming. Mr. Markley, I have a couple questions for you.

1 Let's leave aside for a second this legislation. Let's
2 leave aside for a second the program that you have at
3 Pinnacle. Let's just talk for a second about someone that
4 comes in. We won't identify who because we'll say it
5 doesn't matter.

6 But somebody comes in with a child who's
7 clearly been abused, who's black and blue, who's got broken
8 ribs. It's an infant. Tell us the steps you now take
9 under the Child Protective Services Act, if you would, step
10 by step with respect to treatment, decisions, and payment.

11 MR. MARKLEY: With respect to the, the
12 treatment, that's the paramount. Obviously, the first
13 thing if a child is, you know, needs immediate medical
14 treatment in an emergency, we would provide emergency
15 treatment to that child.

16 We also have a reporting obligation under the
17 Child Abuse and Protection Act where we would then notify
18 the police that we have a child that has been abused. We
19 would also notify Dauphin County Children and Youth, you
20 know, regarding that. And they would then send a
21 caseworker over that would then begin to, if the parent was
22 on the scene, dealing with the parent or, you know, to
23 further investigate, you know, the potential for abuse and
24 the evidence that we have.

25 We also have, you know, almost forensic people

1 available in the hospital that would take pictures of the
2 child. Particularly with sexual abuse, we have a whole
3 program dealing with sexually abused children and working
4 with the district attorney's office to make sure that
5 that's properly investigated and documented and everything,
6 you know, is done in accordance with what's required
7 through the district attorney.

8 At that -- we would not -- the child would not
9 be, become eligible for Medicaid or would not be on any
10 kind of state insurance program until such time as they
11 were taken into, you know, a foster care program or custody
12 from the parents would be interrupted so that, you know, in
13 that situation, we wouldn't have immediate eligibility for
14 Medicaid and we would have to look to the parents if they
15 had insurance or if they didn't have insurance, if they
16 were on Medicaid for the actual treatment that was
17 provided. So that's where we would look from a payment
18 standpoint.

19 MS. DALTON: When you take these, this infant
20 that I've hypothetically created into protective
21 custody -- say it's not the parent that brings the child
22 in -- and you notify CYS, as you must under the law, and
23 they come in, do you then look to CYS to make medical
24 decisions for that infant?

25 MR. MARKLEY: Not until there has been some,

1 you know, custody proceeding with respect to the infant,
2 you know. So they would not -- if there's, you know, an
3 immediate decision that was made and there was no one
4 available, you know, we would probably, you know, document
5 that we did talk with Children and Youth and got, you know,
6 their permission rather than having no one's permission.

7 But if we're not in a position where anyone is
8 available, you know, we would go ahead and provide the
9 treatment and, you know, really worry about it after the
10 fact. That's what -- a lot of our treatment decisions come
11 down to that, that we don't have an immediately available
12 source to provide that authority; but we still need to
13 provide the treatment.

14 MS. DALTON: Right. Under the CPSL then, you
15 would wait -- well, you wouldn't wait. But you'd want the
16 first level of juvenile hearings to go forward, the
17 restraining order hearing to see if you're going to keep
18 the child in protective custody longer than 24 hours.

19 And Senate Bill 654 mirrors that, what we're
20 just talking about with respect to the Child Protective
21 Services Act. But we'll take a look at the Medicaid
22 language. That was in the first version of Senator
23 Helfrick's bill, and it didn't make it into this version.
24 Thank you very much, Mr. Chairman.

25 CHAIRPERSON LEWIS: Representative Pallone.

1 REPRESENTATIVE PALLONE: Thank you, Mr.
2 Chairman. I have one additional question as a follow-up on
3 Representative Staback's questions. Does your current
4 program include a component for prebirth counseling? And
5 if it does, do you openly advertise that?

6 MS. GUARNESCHELLI: Well, we do have -- of
7 course, we have pamphlets being developed for this so that
8 if they do seek any kind of medical care, for whatever
9 reason, themselves or because of their baby, their unborn
10 child, then there is some pamphlets and things available to
11 them.

12 There's also a hot line. If they are even
13 considering, you know, what to do with their child
14 afterwards, they can contact this number -- the information
15 is in English and Spanish at this point -- where they are
16 told what options they have. And we do try to encourage
17 counseling for them. You know, I don't know --

18 MR. MARKLEY: One of the other things is
19 that -- a big aspect of this program, as Marlene touched
20 on, is really marketing it and getting the information out
21 to the public. And we have, you know, we're working on a
22 series of marketing efforts, including working with all
23 the, you know, local middle schools and high schools and
24 local colleges and areas where, you know, you could have
25 potential for pregnant women than would be in this kind of

1 situation. We'll also be doing a certain amount of, like,
2 radio and television advertising, you know, to make sure
3 people know these programs are available.

4 On a whole separate line, we also have a whole
5 series of prenatal programs that are available to people
6 without regard to, you know, whether they can pay for the
7 services. So, you know, that if someone comes in seeking
8 prenatal care, they would probably go that route as opposed
9 to the Secret Safe Place route because that's, you
10 know -- we would try to then work with them and they could
11 work through normal channels if they were interested in
12 adoption or, you know, working with them.

13 We have social workers that could provide them
14 with information if they were interested in those types of
15 options. The Secret Safe Place is, as pointed out, really
16 when they've gotten to the end and haven't made any prior
17 arrangement and suddenly they need to deal with the infant.

18 REPRESENTATIVE PALLONE: So there's really no
19 secret safe place prebirth program that I can come
20 anonymously --

21 MR. MARKLEY: Right.

22 REPRESENTATIVE PALLONE: -- and talk about
23 what my options might be or whatever?

24 MS. GUARNESCHELLI: There are people who we
25 refer these women to who will take over. It's not the

1 Pinnacle Safe Place program per se that does it. But we
2 refer them to proper people who will help them in the
3 system if they're thinking along those lines.

4 But this program that I developed basically
5 deals with the crisis situation when these women are at
6 that point.

7 REPRESENTATIVE PALLONE: Postdelivery. Or
8 nothing predelivery of the child?

9 MS. GUARNESCHELLI: Well, we sort of channel
10 them in another direction where someone else who might be
11 better able to counsel them.

12 MR. MARKLEY: If they call us in the 8th month
13 and say I'm going to have this baby, I don't know what I'm
14 going to do about it, what we would do is refer them to a
15 social worker that could help them work through adoption
16 options and put them in touch with an adoption agency or
17 some kind of a program that would help a mother deal with
18 that kind of side of it.

19 REPRESENTATIVE PALLONE: And are all those
20 programs, if you know, available through all medical
21 facilities that would be dealing with --

22 MR. MARKLEY: I think all medical facilities
23 have social workers and have the ability to, you know,
24 contact county resources with respect to, you know,
25 adoptions. And there are adoption agencies working, I

1 think, at almost every place, you know, where there's a
2 hospital.

3 REPRESENTATIVE PALLONE: I think you suggested
4 earlier, though, that not all hospitals can deal with the
5 pediatric needs.

6 MR. MARKLEY: Right. They might not be able
7 to deal with the crisis situation. I think that's one of
8 the concerns we had. You know, if a hospital chose not to
9 participate in this program because they don't have 24-hour
10 pediatric coverage or they don't have a 24-hour emergency
11 room -- because there are hospitals in the Commonwealth
12 that don't have 24-hour emergency services -- you know,
13 they might not be an appropriate place to have, you know, a
14 safe haven or a secret safe place.

15 And so it should be voluntary on their behalf
16 whether they want to participate or not.

17 REPRESENTATIVE PALLONE: But they would most
18 likely have these other referral agencies.

19 MR. MARKLEY: Right. If they had the time to
20 deal with the referral situation, they'd be able to access
21 those referrals.

22 REPRESENTATIVE PALLONE: Thank you.

23 MS. GUARNESCHELLI: I'm really trying to work
24 on right now getting the word out through as many channels
25 as possible so that any woman, not just today who's going

1 through this but in the future, a year, 10 years from now,
2 can be aware of this program and they know, when they hear
3 Secret Safe Place for Newborns, they know what that's about
4 instantly.

5 I'm working on funding right now. I think to
6 address what Representative Manderino -- I'm sorry -- what
7 she had brought up was a question as to why some of these
8 programs are not working in other areas. And although
9 there is -- I don't have any hard statistics on this.

10 But the general feeling seems to be that the
11 programs that do work are effective in their advertising.
12 That is the only way these women are going to know about
13 the program and to take advantage of it. That's my number
14 one goal right now is I need to get the word out.

15 I'm hoping this bill, if made into law, will
16 be just another means for them to hear about it, to know
17 that there is something safe for them to do.

18 CHAIRPERSON LEWIS: Christopher and Marlene,
19 I'd like to thank you for your presentation. I'd just like
20 to keep the Task Force meeting moving along if we could
21 because we're running so far behind schedule. Go ahead.

22 MS. MENDLOW: I'm sorry. But I would like to
23 know, your hospital right now -- if you read the bill, you
24 probably have some way to give us some assistance on this
25 point. Currently, the bill talks about providing immunity

1 from prosecution in cases involving infants who are less
2 than 28 days of age.

3 And what I'd like to know is in other states,
4 they've had some difficulty on this point, you know, where
5 doctors not having birth records or anything really can't
6 always fix the age of the child. And I was wondering if
7 anyone in the hospital has thought about that.

8 And if this is not something you want to
9 discuss now, if you wish to give us some information about
10 that point.

11 MR. MARKLEY: Yeah. I think that the age that
12 you're going to cut this off is going to, you know, by its
13 very nature, going to be arbitrary. I think our current
14 program is 72 hours. We don't even go 28 days. Yeah, we
15 accept infants that have been born within the previous 72
16 hours, again, because we want to deal with that crisis
17 period.

18 And we don't want somebody, you know, that's
19 had a baby and 3 weeks later -- you know, at least in our
20 initial design of the program, we hadn't intended it for
21 somebody who's had 3 weeks, taken care of the baby for 3
22 weeks and then suddenly decided I don't like being a mother
23 and then goes and drops the baby off.

24 So that we had limited ours to a shorter
25 window of time. You know, again, 72 hours, you don't know

1 whether the baby's 72 hours or 96 hours or -- you know,
2 you're going to have to use a best guess. But I think any
3 type of time limit is going to be a little bit difficult
4 to -- but, you know, I think the idea is not to have a
5 3-year-old dropped off and, you know, because there's a
6 custody dispute and they want to be rid of them or
7 suddenly, you know, someone wants to leave town and just
8 abandons their child at the emergency room.

9 You know, that's a fear that we would have,
10 too, is that this doesn't just become, you know, some kind
11 of an abandonment place for unwanted children of any age.
12 We need to keep it limited to the women that are really in
13 this panic period and have no other options.

14 MS. GUARNESCHELLI: I think our thoughts were
15 as long as if the baby is a newborn, it looks young, very
16 young, again, the first goal is to get that child safe.
17 Worry more about the age specifics later. It's just to get
18 the child in if it's a newborn.

19 Again, like you said, a 3-year-old is a little
20 different story. But if it is a newborn, we want to get
21 the child in, get it in safe custody and get medical
22 treatment, if necessary. And then the rest of it is sorted
23 out at a later point.

24 CHAIRPERSON LEWIS: Thank you once again.
25 Next on our agenda, we have Wayne Stevenson, the Acting

1 Director of Children, Youth and Families with the
2 Pennsylvania Department of Public Welfare and also --

3 MR. STEVENSON: This is Mary Whalen, the
4 Special Assistant at the Office of Children, Youth and
5 Families.

6 CHAIRPERSON LEWIS: Wayne.

7 MR. STEVENSON: How do you do? Thank you. I
8 appreciate being given the opportunity to provide you with
9 the Department's position on Senate Bill 654. As you're
10 aware, the intent of this legislation is to develop
11 procedures that would permit the custody of a newborn
12 infant to be transferred from a parent to a health care
13 provider at a hospital. The parent would not be subjected
14 to any negative legal consequences due to his or her
15 transferring the custody of the child.

16 On behalf of the Department, I want to express
17 strong support for the intended purpose of 654. We have
18 all been horrified by the stories we have read in the media
19 about babies being abandoned in dumpsters, along the side
20 of the road, or in public restrooms.

21 In 1998, the US Department of Health and Human
22 Services Survey counted 105 infants abandoned in public
23 places, of which 33, or 31 percent, died. These infants
24 are usually abandoned because the mothers are fearful, feel
25 isolated, and are unable to reach out for support from

1 individuals in their life.

2 Although it is important to provide
3 protections to parents so that they feel they can safely
4 leave their infant with trained medical professionals, what
5 is most important is the health and safety of the infant.
6 There is no time when an individual is more innocent or
7 vulnerable than at birth.

8 Newborn infants should be given an opportunity
9 to grow and develop in a nurturing and safe environment.
10 They should not have to suffer a tragic fate because of the
11 fear and anxiety that his or her mother is experiencing
12 over the child's birth.

13 This legislation may also help the child
14 before birth. This is because stress in the life of the
15 mother while she is pregnant can have an effect on the
16 development of the child. A mother that is overwhelmed by
17 her pregnancy, unwilling or unable to discuss the pregnancy
18 and not certain of how to respond after the child is born
19 may feel some relief if she knows that she can anonymously
20 leave her child in a safe and secure place.

21 Although we strongly support the intended
22 purpose of 654, we do have concerns with some of its
23 specific provisions. And I want to outline those concerns
24 about the current version as well as provide you with some
25 recommended amendments.

1 The bill requires that a person transfer
2 possession of the infant to a health care provider at the
3 hospital and requires that the health care provider
4 distribute an informational pamphlet to the person
5 transferring possession of the infant.

6 In addition, Senate Bill 654 requires that the
7 person transferring custody of the infant receive from the
8 health care provider an identification bracelet. We
9 strongly recommend that the bill be amended to strike these
10 provisions.

11 Under these requirements, an individual would
12 not be able to leave the newborn infant at the hospital
13 without having contact with a health care provider. While
14 these provisions are well-intended, a distraught individual
15 who is struggling with the birth of a newborn will most
16 likely not want to discuss his or her actions with anyone
17 or receive any materials related to transferring the
18 custody of the newborn infant.

19 These requirements may lead to parents feeling
20 that they cannot anonymously leave a newborn with a health
21 care provider and ultimately discourage them from taking
22 the newborn to the hospital.

23 In Section 6406(a), reporting possession of
24 infants, requires that, quote, A health care provider at a
25 hospital shall make a report within 24 hours to the county

1 agency and the police department regarding an infant
2 transferred under Section 6405 relating to the accepting
3 possession of infants.

4 We recommend that this language be amended to
5 require that the county Children and Youth agency be
6 notified immediately by telephone regarding the
7 transferring of custody of the infant. If a county
8 Children and Youth agency is notified immediately, the
9 county agency can take the appropriate actions.

10 In addition, we recommend that the police not
11 be notified. Section 6340(a)(10) of the Child Protective
12 Services Law requires that law enforcement officials
13 receive certain reports of child abuse. We do not believe
14 that a separate reporting system should statutorily be
15 created for these cases.

16 Section 6409(a), duties of the county agency
17 and the police department, requires that the police
18 department shall investigate the circumstances surrounding
19 the birth and transfer of possession of an infant if it is
20 determined that the infant is a victim of child abuse.

21 We recommend that the bill be amended by
22 striking this subsection. The Child Protective Services
23 Law has specific provisions regarding the investigation of
24 child abuse cases. These include the requirement that
25 county agencies are responsible for investigating

1 allegations of child abuse. Again, county agencies are
2 required to report certain reports of child abuse to law
3 enforcement officials.

4 In Section 6409(d), duties of county agency
5 and police department, requires that in no case shall
6 protective custody under this chapter be maintained longer
7 than 72 hours without an informal hearing under Section
8 6332 relating to informal hearing.

9 If, at the hearing, it is determined that
10 protective custody shall be continued and the infant is
11 alleged to be without proper care or control or is alleged
12 to be a dependent child under Section 6302(a) relating to
13 definitions, the county agency shall, within 48 hours, file
14 a petition with the court under Chapter 63 relating to
15 juvenile matters alleging that the child is a dependent
16 child.

17 We recommend that the bill be amended by
18 striking these lines. The Juvenile Act outlines the
19 requirements and procedures regarding finding a child
20 dependent and subsequently his or her disposition. Once
21 the county agency takes custody of the child, the agency is
22 legally required to follow the established procedures in
23 both the Child Protective Services Law and the Juvenile
24 Act.

25 Section 6413, duties of the Department,

1 requires that the Department make available a training
2 curriculum, promulgate regulations, publicize the
3 provisions regarding infant protection, provide health care
4 providers and hospitals with informational pamphlets
5 regarding infant protection, and report to the General
6 Assembly on whether a dedicated toll-free telephone line
7 regarding infant protection would be useful, feasible, or
8 cost-effective.

9 We do not believe that it is necessary to put
10 these provisions in statute. This initiative would not
11 result in enough phone calls to sustain a dedicated
12 toll-free phone line. Questions regarding this initiative
13 could be handled through our existing resources such as
14 ChildLine, our toll-free child abuse hot line; our regional
15 Children and Youth offices; and the Department's web page,
16 dpw.state.pa.us.

17 In fact, one of the responsibilities of
18 ChildLine is to receive calls on alleged child abuse and/or
19 neglect cases and refer these cases to the appropriate
20 county Children and Youth agency. With regard to
21 promulgation of regulations, we do not have licensing or
22 other enforcement authority over hospitals.

23 In summary and closing, I want to reiterate
24 that the amendments we are proposing to this bill would
25 provide a parent, most likely a mother who has just gone

1 through the trauma of giving birth, with the security of
2 knowing that she can leave her newborn infant with a caring
3 medical professional without having to face negative legal
4 consequences or be identified as the person leaving the
5 infant. In this way, the health and safety of the infant
6 would be protected.

7 Thank you for providing me with the
8 opportunity to testify on this important legislation. And
9 I'll be happy to take any questions.

10 CHAIRPERSON LEWIS: Thank you, Wayne. Are
11 there any questions at this time? Representative Gabig.

12 REPRESENTATIVE GABIG: Thank you, Mr.
13 Chairman. Mr. Secretary, I have one sort of broad question
14 that's been the theme that we've been talking about and a
15 more specific one. So I'll ask the more specific one so I
16 don't forget it.

17 You have several recommendations in here in
18 terms of amending the bill. Would it be possible that you
19 could provide us with something what the bill would look
20 like with those several amendments? You see what I'm
21 saying? Like, if we could have something like here's the
22 bill we would like because you do have several substantive
23 amendments in there.

24 If you could do that, it would probably make
25 it a little easier for me to go through what the bill would

1 look like in the end.

2 MR. STEVENSON: I think what we're trying to
3 do is not duplicate laws that are already in existence and
4 seem to be working well. The Juvenile Act and the Child
5 Protective Services Law provide certain provisions, and
6 they would kick in once a child is abandoned at the
7 hospital.

8 At this point under the Child Protective
9 Services Law, the hospital could take emergency custody.
10 That would initiate a call. And this is in practice. A
11 call would come to the child protective services agency,
12 the county child welfare agency.

13 They would file an emergency petition with the
14 juvenile court, and there would be a 72-hour dispositional
15 hearing at that point to confirm the allegations of
16 dependency. So all of that would kick in, and it would not
17 be necessary to include all of that in this legislation.

18 So basically, this would provide for a safe
19 haven for the child to be dropped off where medical
20 attention could be provided.

21 REPRESENTATIVE GABIG: No, no. I understand
22 that. And I honestly appreciate a lot of the advice to
23 amendments. All I'm -- technically, you say strike this,
24 strike this, add this. And if I could just see the bill
25 that had those things done to it, it will make it a little

1 easier for me to study and see and understand the bill that
2 you would like.

3 MR. STEVENSON: We could do a mock-up of that,
4 if you'd like, and submit that to the committee.

5 REPRESENTATIVE GABIG: Exactly. I guess
6 that's the term I was looking for. Secondly, the broader
7 issue, the policy issue, you said at the beginning of your
8 testimony that the bill was designed -- I think you used
9 the term parents. But the term that they use is the term
10 someone, a person with lawful custody.

11 And that gets back to my whole issue. It
12 seems to -- it just doesn't talk about mothers or parents
13 and giving them immunity from prosecution. It says
14 somebody with lawful custody. And if you get back to the
15 situation where somebody takes that child and basically
16 puts them in the system where you very well might never
17 find that child again, it seems to me it becomes very
18 difficult to prosecute that kidnapping case with that
19 anonymous drop-off.

20 And so I guess that's, you know -- again, I
21 have -- I appreciate -- I think we're all on the same page
22 in terms of the intent of the legislation. But I'm still
23 very much struggling with that particular issue on the
24 anonymous anonymity of dropping off at the secret safe
25 haven versus somehow trying to identify the person that is

1 dropping off the child.

2 So -- but I very much appreciate your
3 recommendations to strengthen this piece of legislation.
4 Thank you, Mr. Chairman.

5 CHAIRPERSON LEWIS: Thank you, Representative
6 Gabig. Representative Manderino.

7 REPRESENTATIVE MANDERINO: Thanks. Following
8 up on Representative Gabig's last line, you're recommending
9 immediate -- I think the bill says 24-hour notice to the
10 county agency and the police. You're saying immediate
11 notice to the county agency, no need to notify the police
12 unless child abuse?

13 MR. STEVENSON: Right.

14 REPRESENTATIVE MANDERINO: Okay. In
15 practicality -- I don't really know how it works now -- but
16 it would seem to me that an important component of this
17 legislation in terms of our concern about lawful custody
18 and abandonment or safe haven and kidnapping and that whole
19 kind of issue is whether or not the word gets out as it
20 does -- I mean, today, you watch the news. And if a baby
21 was abandoned anywhere, it's on the news.

22 Who does that notifying? Will that still
23 happen if we take the police out of the loop? You know,
24 how do we assure that kind of word gets out that if anybody
25 has any claim or right of concern about this child who's

1 been left here, here's your public notice to come forward?

2 MR. STEVENSON: I think in any situation,
3 certainly in any abandonment but certainly in a newborn
4 abandonment, there is normally a process to go through to
5 terminate parental rights if you're going to proceed under
6 the Juvenile Act and dependency and move that then into the
7 Adoption Act.

8 So there would be a due diligence to find the
9 parents, both mom and dad, because you would have to do
10 that in order to terminate parental rights. Or if
11 you've -- following due diligence, then you would have to
12 just file under the abandonment thing. You wouldn't have a
13 parent.

14 But normally, there is a process in practice
15 that agencies follow to try to locate the child's parents.

16 REPRESENTATIVE MANDERINO: Maybe you need to
17 explain to us a little bit more how that works so that I
18 have any bit of confidence that it would have an ability
19 to -- I mean, I see the news report the night and the next
20 day after the baby is left on the doorstep.

21 I don't see a news report a month later that
22 says, Hey, this baby still hasn't been claimed. I don't
23 see that news report. So I guess my question is, I don't
24 know what somebody behind the scenes is going through to
25 try to identify that and --

1 MR. STEVENSON: There's not now an established
2 procedure to do that, if that's the answer you're looking
3 for. There really isn't at this point. I think that
4 generally the juvenile court is looking for and the
5 orphan's court is looking for some due diligence to try and
6 identify the parents.

7 And that might be a notice. That might be
8 getting into the community and talking with families in the
9 neighborhood.

10 REPRESENTATIVE MANDERINO: One of the concerns
11 that Jane Mendlow raised with the last testifier was the
12 whole notion of the age of the child. And I do think that
13 that was an important point that we hadn't discussed
14 heretofore, that many of us are thinking about newborns the
15 first day, the first 3 days, maybe even within the first
16 week. But I'm not sure anybody was thinking of a
17 4-week-old, month old child.

18 In terms of how things kick in from your end,
19 does it make a difference? And do you have any advice as
20 to what this bill should or shouldn't do in terms of the
21 age level?

22 MR. STEVENSON: I think that the bill is
23 intended for that newborn. And the sooner we can intervene
24 with that newborn, the greater the chances for survival and
25 a normal life developing. I think the theory is based on

1 the notion that these parents, particularly the mother, is
2 isolated, does not have a support group, does not have
3 those she can turn to.

4 It becomes -- as the child gets older and time
5 goes on, it becomes less and less likely that those kinds
6 of situations will result where the child would not be
7 known to somebody else and that infant not be identified as
8 a life in the community.

9 I think that this bill is intended to -- the
10 mother has hidden her pregnancy from others for 9 months.
11 Hiding an infant for 4 weeks is highly unlikely I think.
12 But I don't think it should be beyond -- I mean, I think
13 there should be some cutoff point because, as was the
14 previous testifier, abandoning children should not be
15 encouraged as a way of dealing with the problems.

16 REPRESENTATIVE MANDERINO: My final question
17 is -- and I concur with your assessment. I don't think the
18 volume is going to be such that we should be mandating in
19 legislation a dedicated toll-free line, et cetera. But
20 what I do think is if we're going to pursue something like
21 this, I think that if we have -- I don't know how much we
22 have learned from what other states have done.

23 But I do think one thing that we have learned
24 is that if these mothers don't know about it, you haven't
25 done anything to help anybody.

1 MR. STEVENSON: Right.

2 REPRESENTATIVE MANDERINO: So have -- and
3 there was just an article in this past Friday's New York
4 Times about a young 19-year-old woman who abandoned her
5 baby in a well-lit apartment building and was prosecuted
6 under the law for abandonment. This was in Indiana. They
7 passed a safe baby law 6 months before.

8 But this young woman, in her panic, in her
9 fright, she wasn't even aware of it. So my question is, I
10 mean, I think if we are going to do this, that we have an
11 obligation to do more than just the feel good part of it.
12 And we have, at the very minimum, an obligation to vest
13 some teeth with this legislation in terms of education,
14 publicity, et cetera.

15 I think that to have individual, rely on
16 individual hospitals publicizing their program is going to
17 be a hit or miss kind of thing. Who would the proper
18 entity be to vest -- and I'm saying that vest knowing that
19 in our realm, that means you probably got to put some
20 dollars, you should put some dollars in to make it happen.

21 But who would that entity be? Would it be
22 your particular department or someplace else in state
23 government? And if so -- not necessarily off the top of
24 your head -- but give some thought and get back to us some
25 information about what might it cost to have an effective

1 publicity campaign statewide on this kind of program.

2 MR. STEVENSON: If I could respond off the top
3 of my head. And we can add some of that into what we're, a
4 mock bill. It seems to me that there should be some
5 initial public relations around this bill, announcing it,
6 and making that information available to the public. And
7 certainly, the Department of Public Welfare can take a lead
8 in that.

9 But I think that if we're going to be
10 effective, that this information needs to be imbedded in a
11 variety of different places in the community, in the
12 schools, in your health providers as well as social
13 services and not think of just one place. It really does
14 need to be imbedded in -- for instance, we have, we have a
15 website for a Statewide Adoption Network, for instance.

16 It's information that should be imbedded in
17 that generally so that the example earlier of the woman 8
18 months pregnant calling up and saying what am I going to
19 do, get her information through the Statewide Adoption
20 Network to get counseling to help her think through this
21 issue.

22 And we also have 800 lines in terms of
23 ChildLine, et cetera, and getting referrals. But the
24 schools are working with kids. That's where kids are. And
25 of course, I'm thinking naturally teenage mothers. But

1 there are young adults who are also in the community; and
2 they, too, need to learn about this option as well.

3 REPRESENTATIVE MANDERINO: Thank you. Thank
4 you, Mr. Chairman.

5 CHAIRPERSON LEWIS: Thank you, Representative
6 Manderino. Are there any further questions? (No
7 response.) I'd like to thank you for your presentation,
8 Wayne and Mary. Thank you very much. We've been joined by
9 Representative Pat Browne. If he'd like to introduce
10 himself and tell us his legislative district for the
11 record.

12 REPRESENTATIVE BROWNE: Pat Browne, 131st,
13 Lehigh County.

14 CHAIRPERSON LEWIS: Thank you, Representative
15 Browne, for that hunting season presentation. Next on our
16 agenda, we have the Honorable Edward M. Marsico, Junior,
17 the District Attorney of Dauphin County; Gary E. Tennis,
18 Esquire, the Chief of the Legislation Unit of the
19 Philadelphia District Attorney's Office and --

20 MR. TENNIS: Anthony Rosini, the District
21 Attorney of Northumberland County, Chairman Lewis. Thank
22 you for having us here. I just want to introduce Mr.
23 Rosini first. He has to leave at noon. He has a meeting
24 with the Attorney General up in Northumberland County at
25 1 o'clock. So we were going to ask if he can go first.

1 CHAIRPERSON LEWIS: That would be fine.

2 MR. TENNIS: So I'll turn it over to him.

3 MR. ROSINI: Thank you, Gary. Thank you, Mr.
4 Chairman, and good morning, and members of the Task Force.
5 My name is Anthony Rosini. I'm the District Attorney of
6 Northumberland County. And I'm here to testify in support
7 of the safe haven legislation in Senate Bill 654.

8 And I note that Senator Helfrick is my
9 Senator. I live in his district. I was here for his
10 remarks, and I concur totally in the remarks that he gave
11 earlier and the perspective that he provided. Some of my
12 testimony will echo some of his testimony, but I think it
13 bears repeating because the case that was related to you
14 that I'm going to relate is the perfect example of why we
15 should have a safe haven legislation.

16 I want to tell you about the incident we had
17 in Northumberland County that occurred approximately 10:30
18 a.m. on July 16th of this year. The operator of the
19 Sunbury Municipal Waste Transfer Station observed something
20 unusual as the municipal waste truck was emptying its
21 contents into the hopper at the transfer station. The
22 hopper area is an area where municipal waste is dumped from
23 collection trucks and compacted for transfer to a landfill.

24 The operator of the hopper area, Michael
25 Kerstetter of Sunbury, stopped the operation of the

1 compactor to examine what he thought looked like a baby's
2 leg protruding from a broken garbage bag. After examining
3 the items of garbage from a distance and then using a pole
4 to remove some of the debris, Kerstetter, along with the
5 truck operator, Larry Treas, confirmed that they had seen
6 the body of a small baby in the trash.

7 A call to the 911 center was made. And the
8 police as well as the coroner's office, district attorney's
9 office, and other entities responded. The Deputy Coroner,
10 James Kelley, of the Northumberland County Coroner's Office
11 and troopers from the Pennsylvania State Police Records and
12 Identification Division processed the hopper at the
13 transfer station. They uncovered the body of what appeared
14 to be a newborn child in with the trash.

15 The child had apparently been placed in a
16 garbage bag that burst when the truck ran its own smaller
17 compactor. The body was removed by Deputy Coroner Kelley
18 and placed on a plastic tarp with some of the material that
19 surrounded the body.

20 While processing the material around the body,
21 pieces of junk mail with names and addresses were
22 recovered. Officers used this information to determine the
23 area of Sunbury from which the body had originated. The
24 county detective and an officer from the Sunbury Police
25 Department, Jamie Quinn, as well as Corporal Richard

1 Bramhall of the Pennsylvania State Police immediately went
2 to that area and began interviewing individuals. They were
3 looking for a woman who had recently been pregnant but had
4 no child.

5 After interviewing several individuals, these
6 officers ultimately identified the mother and father of the
7 child. A full report of the autopsy of the child's body
8 has not yet been received. But a preliminary report
9 indicates that the child was a normal, full-term, female
10 infant. There was no evidence of any medical disease. The
11 baby had open and normally formed alveoli.

12 I am informed that these findings indicate
13 that the child had taken a breath after birth and was
14 therefore born alive. The preliminary cause of death has
15 been listed as consistent with asphyxia or drowning.

16 The investigation revealed that the mother of
17 the child had given birth to the baby in a tub of water and
18 allowed the baby to drown. The mother then inserted a
19 piece of what appeared to be toilet or tissue paper into
20 the child's throat, which was recovered during the autopsy.

21 The community -- and I think at the urging of
22 our county coroner -- has named the baby Baby Mary. The
23 mother of the child was 32 years old and had told people
24 she did not want another child. She had other children who
25 were taken from her by Children and Youth services, and she

1 would not cooperate in any contacts by CYS in the past and
2 certainly would not have gone to them to give up her child.

3 This case has touched the hearts of our local
4 community. The deputy coroner donated a casket and funeral
5 services. The local cemetery donated a grave plot, and
6 almost 200 people attended the funeral. But I think we
7 need to do more for the children that are living to prevent
8 another tragedy like this.

9 I can't tell you that a safe haven legislation
10 would have affected the mother's decision in this case. I
11 can't tell you that Baby Mary would have lived if such a
12 program were in effect. But I can tell you, without any
13 program or legislation, Baby Mary had no chance for life.

14 I believe that giving women who have unwanted
15 children the opportunity to take them to a place where they
16 can be dropped off with no questions asked, free from any
17 interference by any government agency, may save the lives
18 of some, if not all, of these children.

19 And I concur with Representative Manderino
20 that a well-advertised, publicized program has the
21 potential to be effective. I also note that I have had
22 conversations with Senator Helfrick with regard to the
23 issue of anonymity, and I believe that it is extremely
24 important that the parents of the child be permitted to
25 remain anonymous.

1 I believe the parents of unwanted children are
2 more likely to take advantage of a safe haven if they are
3 totally free from government interference. Obviously,
4 there must be some protections for the child. And in
5 reviewing the bill, I believe, that's before you, there are
6 options that cover that.

7 Some parents may find themselves in a position
8 where they are unable to care for a child and are unwilling
9 to turn over the child to a government agency. They may
10 not want to have the interference in their lives or public
11 embarrassment that that would cause.

12 If a parent is able to drop off a child at a
13 hospital anonymously, he or she may lose those inhibitions
14 and take advantage of a safe haven program. And I want to
15 commend District Attorney Marsico for establishing a
16 program here in Harrisburg in Dauphin County. A program
17 safe for the parents as well as the children is important.

18 In the Sunbury case, the mother of the child
19 was adverse to any government influence but may have
20 responded to a hospital program if it was available.
21 Again, as I said earlier, I cannot guarantee that such a
22 program will work; but I can guarantee that taking no
23 action will result in the loss of more innocent children's
24 lives.

25 I recognize that there are many complicated

1 issues involved here. But I think it's important for you
2 to focus on the life, of saving the life of the child. As
3 a prosecutor, we are in a better position to prosecute any
4 cases that had been mentioned earlier with a live victim
5 rather than a dead body. Thank you very much.

6 CHAIRPERSON LEWIS: Thank you, District
7 Attorney Rosini. Are there any questions from the panel
8 for District Attorney Rosini? He's on a tight schedule
9 today. (No response.) Seeing none, thank you very much
10 for your testimony and traveling down to Harrisburg today.

11 MR. ROSINI: Thank you for your help.

12 CHAIRPERSON LEWIS: Thank you.

13 MR. MARSICO: Good morning. My name is Ed
14 Marsico. I am the District Attorney of Dauphin County.
15 And I am also here today to support the legislation
16 introduced by Senator Helfrick to provide for safe havens
17 in the Commonwealth of Pennsylvania.

18 Unfortunately, as prosecutors, too often we
19 are called to the scene of a crime where a newborn child
20 has been abandoned by a parent. In recent years in Dauphin
21 County, we've had 2 newborns killed by their parents. One
22 was placed at the bottom of a clothes hamper, and the other
23 was placed in a portable toilet at a neighborhood
24 playground on Mother's Day.

25 In both cases, the abandoning parent was

1 prosecuted on murder charges. I would rather never have to
2 prosecute another case like that again in my career. They
3 are troubling cases to deal with for all involved. While
4 both of these women chose to kill their babies knowingly
5 and deliberately, I believe that it is incumbent upon us to
6 offer alternatives to parents of a newborn who decide they
7 may want to abandon a child. Accordingly, like many other
8 prosecutors across the nation, I have partnered with others
9 in my community to try to see that this does not happen
10 again.

11 Marlene Guarneschelli, who you heard from
12 earlier, was really the woman who spearheaded the effort
13 here in Harrisburg. She contacted me several months ago
14 with the idea of starting a program that would provide a
15 safe haven for mothers who are faced with this type of
16 situation.

17 She convinced me and the Pinnacle Health
18 System as well as our county Children and Youth services
19 department to begin a program that we had entitled, as
20 you've heard, Secret Safe Place for Newborns. That was
21 after many meetings on the part of the hospital staff,
22 myself, and Mrs. Guarneschelli.

23 As you've heard, at 2 local hospitals, we now
24 have a bassinet placed inside the emergency room. It's
25 next to a buzzer that is a place where a parent can drop

1 off a newborn basically with no questions asked. By
2 bringing a newborn to the hospital setting, we can assure
3 the child safe, prompt medical attention. And the mother,
4 if in need of such attention, can also receive medical
5 assistance.

6 I know there is many programs throughout the
7 Commonwealth and throughout the country where people are
8 trying to combat this problem. And there's been places
9 where you can drop off a baby on a porch, at a church. And
10 there are a lot of different ideas. To me, it made the
11 most sense to have this at a hospital.

12 Some of us were concerned that perhaps even a
13 hospital was too much of an institutional setting for
14 someone that was in fear of being identified. But
15 nevertheless, we determined that a hospital setting is a
16 place where the child, if it's in need of medical
17 attention, as many children are, can receive it promptly
18 and saving the life of that child became the top priority.

19 No legislation will certainly serve as a
20 cure-all. But as prosecutors, we must work with you, our
21 legislators, to attempt at any way possible to save these
22 lives. Our efforts in Dauphin County to get our program up
23 and running have been successful so far. Publicity is a
24 key component of that effort. Hopefully, that will make a
25 difference here.

1 In Dauphin County, we have had a community
2 group offered to help fund raise. In fact, they held a
3 fund-raiser here this summer that they entitle a Backyard
4 Bash, a picnic, so to speak, where monies raised were given
5 to help us publicize our program locally here and in our
6 schools. I think that's a key component of any program.

7 We have had phone calls to the program;
8 although, we've had no babies dropped off. But we did have
9 a phone call where a woman inquired about the program and
10 was told about it. She actually was from outside of
11 Dauphin County but had seen news reports about it,
12 nevertheless called and was given some referral information
13 as well.

14 What effect that had, we don't know.
15 Certainly, we would rather see every parent welcoming a
16 newborn happily into their household. Where a parent is
17 planning to abandon a baby, we must provide an option to
18 protect that child.

19 For these reasons, on behalf of the
20 Pennsylvania District Attorneys Association, I want to
21 express my support for Senate Bill 654. And thank you for
22 the opportunity to be here today. I'll be glad to take any
23 questions at this time.

24 MR. TENNIS: Would you like me to testify
25 first and then --

1 CHAIRPERSON LEWIS: Maybe Gary can present the
2 testimony, and we'll question you both at the same time.

3 MR. TENNIS: Great. Good morning, Chairman
4 Lewis, Representative Marsico, other members of the Task
5 Force. My name is Gary Tennis. And I thank you for the
6 opportunity to offer remarks in support of the bill on
7 behalf of the Pennsylvania District Attorneys Association.

8 I won't waste your time going item by item
9 through the bill. You're already familiar with that. Last
10 spring, our executive committee voted to support House Bill
11 1582 introduced by Representative Marsico and voted to
12 support Senate Bill 654 in so long as it had certain
13 amendments, which Senator Helfrick graciously agreed to and
14 were put into the bill in the Senate.

15 The specific protections we wanted were that
16 only hospitals be deemed safe havens; that police stations
17 not be included; and that the bill clarify that there's no
18 immunity where there appears to be child abuse. That
19 arguably was in the bill to begin with, but we wanted to
20 make sure that that was very clear.

21 We had a vigorous discussion in the executive
22 committee about the proposal even with the changes. Like
23 any piece of legislation, you're hearing today that it has
24 its pros and cons. But the concern that overrode all
25 others was the desire to save the lives of innocent babies

1 who might otherwise be abandoned to die.

2 These tragedies where newborn babies are left
3 to perish are absolutely heartbreaking, and we must do
4 everything in our power to stop them. We recognize, as
5 prosecutors, that our role is to attempt to -- currently,
6 coming late -- to attempt to salvage some justice after the
7 tragedy's occurred. And we know also that we're not child
8 custody experts.

9 I've been advised of 3 major concerns of,
10 points of concern about the bill from people that are
11 concerned about the bill. First is the argument that
12 there's a lack of hard evidence proving that the programs
13 were effective.

14 Second is the argument that there are other
15 ways to address these problems that may be more effective.
16 And third, some have expressed concerns that individuals
17 who would have used conventional adoption procedures with
18 all of its protections and safeguards will instead use this
19 shortcut safe haven approach.

20 Although we really lack the expertise to give
21 conclusive answers to these objections, I'd like to provide
22 a few thoughts the committee may want to consider when it
23 weighs the evidence presented today and decides what to do.

24 As to the first issue of the effectiveness of
25 these programs, one critical question -- and we've heard it

1 talked about ad nauseam today. And I'll weigh in with
2 that -- is how well-publicized the safe haven programs are,
3 particularly among at-risk populations, which would be
4 probably high school age.

5 Apparently in Texas, where little was
6 accomplished by their safe haven program -- and in fact,
7 several babies were abandoned apparently after the safe
8 haven program went into effect -- there was really little
9 or no publicity about the program.

10 By way of contrast, in Mobile, Alabama, where
11 there was an aggressive publicity media campaign, 6 babies
12 were brought to emergency rooms. And in addition, 2 teen
13 mothers who called the hot line were given direction and
14 guidance that eventually led to them choosing traditional
15 adoption procedures. The conclusion to be drawn is just
16 common sense. As Representative Manderino had said, safe
17 haven programs will work only if the people know about
18 them.

19 The second issue, if there are more effective
20 ways to reduce the number of abandoned baby deaths, then
21 the General Assembly should definitely aggressively pursue
22 those policies and those approaches. From the Pennsylvania
23 DAs Association's perspective, our ultimate interest is
24 doing everything possible to save these children's lives,
25 whether that means more outreach, education, counseling, or

1 other approaches.

2 And I believe that our association would
3 support any reasonable legislation that will accomplish
4 that goal. Different means for accomplishing the goal
5 doesn't, don't necessarily have to be mutually exclusive.
6 So just because there are other things that could be done
7 also doesn't mean that this shouldn't be done.

8 The last concern I heard was whether
9 individuals will use safe havens law who otherwise would
10 have used just ordinary, the regular adoption procedures.
11 I think certainly common sense would say you'd have to
12 concede that in most situations where a baby's brought into
13 a hospital under the safe haven law, that we often usually
14 won't know for sure whether that baby otherwise would have
15 been put up for adoption or whether it would have been
16 abandoned to die.

17 But it seems probable that at least some of
18 those babies would have been abandoned to die. And if that
19 is the case, then it's the position of the Pennsylvania
20 District Attorneys Association Executive Committee that
21 preventing those deaths must be our overriding concern.

22 For these reasons, the PDAA Executive
23 Committee supports Senate Bill 654 and also stands ready to
24 work with this Task Force to make any further improvements
25 on the bill or explore other means for preventing these

1 terrible tragedies. Thank you.

2 CHAIRPERSON LEWIS: Thank you both for your
3 testimony and for your background, also the District
4 Attorneys Association position. Those are great
5 recommendations. Are there any questions from the Task
6 Force? Representative Gabig.

7 REPRESENTATIVE GABIG: Thank you, Mr.
8 Chairman. Welcome, Mr. District Attorney Marsico and Gary
9 Tennis. I've often wanted to say that to my good friend Ed
10 Marsico, who I used to serve with in Dauphin County as an
11 Assistant DA many, many years ago. Today's my birthday.
12 I'm feeling a little old here. A long time ago.

13 This is a terrific effort, I think. And I
14 think we all agree with the intent. And I'm a cosponsor of
15 this bill; although, you might not have been able to notice
16 it by some of my questions today. But I think the -- I'd
17 like to ask a couple of factual questions, and you might
18 not be able to answer them.

19 I think we heard testimony about 3 criminal
20 cases, all involving mothers and very, very newborns. I
21 mean, the one case in Northumberland just, maybe just
22 barely was born and immediately killed upon birth. And the
23 cases that you mentioned, Mr. Marsico, I think were similar
24 type cases.

25 And I guess the question I had with the

1 language is it uses the term person with lawful custody
2 versus, say, mother. And it also has the 28 day versus
3 some shorter time to deal with these cases where we're
4 talking about the panicking mother.

5 And it just gives me that concern about, you
6 know -- you've also handled cases, I know, of paramours
7 and, who are not the father and they kill the child of a
8 woman. So he, instead of killing that child, takes that
9 child from New York, comes down here. And are we opening
10 up too broad of an area to deal with the more narrow case
11 scenario that you sort of discussed here?

12 MR. MARSICO: I think the -- I mean,
13 arbitrarily you're going to have to decide how many days
14 you want in the legislation. I think Mr. Markley, when he
15 testified earlier about Pinnacle, said we arrived at the
16 shorter term basically because that's the overriding
17 concern we have, what we've seen from the research we've
18 done.

19 The person with lawful custody, I realize
20 where that could be a concern also because oftentimes it is
21 a paramour, a boyfriend that's involved in these
22 situations. But again, I think there's steps that we can,
23 you know, if that's the case, just like we do in criminal
24 cases where we're prosecuting those individuals, we can
25 identify them.

1 You know, I know you've been concerned about
2 the anonymity provision in the act. And that certainly was
3 a concern of mine, thinking as a prosecutor that, Boy, I'd
4 like, you know, what if there is something wrong? I want
5 to be able to identify who did something to harm that baby.

6 But nevertheless, our fear was that when you
7 take away that anonymity provision, then you're going to
8 have a reluctance of the parent, and most likely the
9 mother, to come forward in those situations. And now, you
10 know, if a child's dropped off, you know, behind the
11 Capitol Building, we have no way, other than investigative
12 techniques, of locating that individual and figuring out
13 who did it.

14 So we'd really be, I think, Representative
15 Gabig, you know, in the same position that we are in some
16 of these cases now where we don't know who the person is
17 that's abandoned the baby. We have to use our
18 investigative techniques to identify them.

19 If there's going to be a custody concern,
20 which hopefully there would be because the baby would be
21 alive and continuing to thrive, we can now determine
22 paternity through DNA procedures somewhere down the line in
23 a court proceeding.

24 MR. TENNIS: Just to follow up on that
25 kidnapping issue, I think it may be worth this Task Force

1 exploring. There may be things already available, or maybe
2 they need to be developed -- I understand there are 28, 29
3 states that have adopted legislation along this line --
4 some kind of a clearinghouse or data bank of information
5 both for kidnapped infants and also taking the same
6 information so that whenever there is a baby dropped off in
7 a safe haven, that that information, in addition to being
8 provided to local police, is provided to this national data
9 bank so that you have -- I think you could have a situation
10 you're talking about.

11 Someone may kidnap a baby in North Carolina,
12 bring it to Pennsylvania and drop it off. And I think
13 that, I think there are ways in the 21st Century now, with
14 the Internet technology and computer technology, that we
15 should be able to, without tremendous expense, be able to
16 set up a data bank so that people know where to check for
17 the babies. They can find out where all the babies that
18 have been dropped off in the country at any given point in
19 time.

20 I think that the -- because I think that the
21 concerns that both of you expressed are really critical
22 ones. And they should be, have to be addressed.

23 REPRESENTATIVE GABIG: What are your
24 thoughts -- I know it's not part of your prepared
25 testimony. Maybe you want to look at it before you

1 respond -- of making that a statutory obligation on
2 somebody's part to check into, if there's this national
3 data base as you say, to do that soon after the drop-off?

4 MR. MARSICO: I think that's something you
5 want to examine. I think Representative Manderino, in her
6 questioning earlier, pointed out that you see the publicity
7 day one and then you don't. You never hear day 25, Hey, we
8 still have this child or, you know, we're still looking for
9 the lawful custodians of this child.

10 So there should be some way of determining
11 that. Again, there isn't a widespread instance of
12 abandoning babies, fortunately. So I don't think that
13 would be that difficult to do.

14 REPRESENTATIVE GABIG: Well, there's somewhat
15 of a reporting problem there, too. A lot of these aren't
16 even ever discovered. But I mean, that's beside the point.

17 MR. MARSICO: Right.

18 REPRESENTATIVE GABIG: The last question I
19 have regards the, Mr. Secretary Stevenson's recommendation
20 that a report not go to law enforcement as currently
21 required under the proposed statute, that it only go to
22 Children and Youth versus the dual track. What would your
23 response be to his recommendation?

24 MR. MARSICO: Well, I believe there are
25 already provisions that would require the reporting to law

1 enforcement authorities if there's any suspected abuse.
2 Frankly, I think that provision being in there only helps
3 law enforcement get in more quickly to do an investigation
4 as quickly as possible. So I'd rather see that provision
5 kept in.

6 REPRESENTATIVE GABIG: Thank you, Mr.
7 Chairman. Thank you, gentlemen.

8 CHAIRPERSON LEWIS: Thank you, Representative
9 Gabig. Representative Manderino.

10 REPRESENTATIVE MANDERINO: Thank you. I guess
11 we're into good afternoon. While I have law enforcement in
12 front of me, let me ask you some crime questions. In the
13 specific instance that the District Attorney from
14 Northumberland County, the story that he told us, there was
15 clearly, based on the evidence, a chargeable crime of
16 murder or attempted murder or something where you had a,
17 evidence of a live birth, of a drowning and suffocation.

18 MR. MARSICO: Correct.

19 REPRESENTATIVE MANDERINO: An actual intent,
20 intent kind of issue where somebody intended the harm. In
21 other instances and in what we're talking about with regard
22 to developing any kind of safe haven, we're talking about
23 what crime, the crime of endangering the welfare of a
24 child, the crime of recklessly endangering another?

25 I mean, what is the chargeable crime; and is

1 it a malicious intent crime? Is it -- I don't know if I'm
2 wording this right.

3 MR. MARSICO: I think I know what you're
4 saying. Obviously, in his scenario, you had some type of
5 intentional act that caused the death of that child. Where
6 the child is merely abandoned, say, with no other action
7 other than the abandonment, that's what you're focusing on?

8 I think that could fall into a variety of
9 different categories. One could argue that was third
10 degree murder, that there's malice that one possesses by
11 putting a child -- if I were to take a child and --

12 REPRESENTATIVE MANDERINO: How do we charge
13 now, or does it just depend on every district attorney
14 decides what charges to bring?

15 MR. MARSICO: The facts of the case and the
16 DA's decision. Probably what most likely happens is a
17 charge of criminal homicide is brought generally. And if
18 it were to proceed to trial, the fact finder would
19 ultimately decide what degree of criminal homicide it were
20 to be.

21 I think one can argue even taking a child and
22 placing it in the woods, what else could your intent be for
23 that to happen to a newborn? I think one could argue the
24 only result that's going to happen to that newborn is
25 death. So I think arguably you could make a case of first

1 degree murder.

2 Obviously, you would not have as much evidence
3 of specific intent as in the Northumberland County scenario
4 that we heard about from Mr. Rosini. But more than likely,
5 it would probably be a third degree murder where there's
6 some malice but not a specific intent to kill or even an
7 involuntary manslaughter where you have gross negligence
8 resulting in a death.

9 REPRESENTATIVE MANDERINO: Okay. But I guess
10 I would argue the baby still alive in the trash bag in the
11 woods who happens to be found before it dies is a lot
12 different than the baby found wrapped in a blanket left in
13 a well-lit vestibule of an apartment building.

14 MR. MARSICO: Certainly.

15 REPRESENTATIVE MANDERINO: Okay. Is there any
16 way, given how our laws are written, that you can -- and
17 again, if what we're saying is, A, we want, ultimately we
18 want to do whatever we can to protect that child; and B, we
19 want to help a frightened, confused, and panicked mother at
20 that immediate stage of panic and abandonment, is there any
21 way that we can somehow separate or delineate the way we
22 classify the crimes for which folks could be charged in
23 this instance to say these are ones where clearly there is
24 some problem, some panic, some nonmalicious intent and we
25 ought to decriminalize these and get these folks into

1 family services, et cetera, versus these are the ones where
2 we need law enforcement to protect that larger societal
3 interest and to prosecute a crime?

4 MR. MARSICO: I think certainly you could do
5 that, tweak the existing laws to do that because as you
6 said, putting the baby in the woods, abandoning it is
7 certainly different than doing it at a downtown apartment
8 building where there's going to be a lot of different
9 people. Even though I think one could make a case, both
10 would constitute reckless endangerment in a sense.

11 Certainly, as a prosecutor, you'd have a much
12 better case in the woods scenario than the apartment
13 scenario. I like to think -- and what I said to Pinnacle
14 Health when they were determining whether to go ahead with
15 this program was, Look, if somebody brings a baby to a
16 hospital, even if it's the front lobby before we have this
17 program set up, and drops the kid off there and takes off
18 and there's no other harm to the child, I'm not going to
19 prosecute that case.

20 I want to encourage people to do that. That's
21 a step. And the same thing probably in that apartment
22 scenario. As a prosecutor, you and the General Assembly
23 have vested discretion in us whether or not to charge. I
24 am not going to charge in a case like that where the
25 ultimate goal is saving the child's life and seeing that no

1 harm occurs.

2 So while I think statutorily you could examine
3 as part of this Task Force maybe having a different grading
4 of the offense of endangering welfare of a child for the
5 one scenario versus the other, I still think ultimately
6 it's going to come down to an individual prosecutor's
7 decision do I even charge in a case, you know -- say a
8 mother were to come to Harrisburg Hospital this afternoon,
9 not go to the emergency room where we have everything set
10 up but go to the other side of the hospital and drop it
11 off.

12 Of course, I'd rather it be where we set up
13 our program. But I'm going to be hard-pressed to prosecute
14 someone in that case.

15 REPRESENTATIVE MANDERINO: Thank you. Thank
16 you, Mr. Chairman.

17 MR. TENNIS: Just one more quick response. I
18 think that often when we think of the mother being
19 prosecuted is we're going to be coming in and seeking a
20 conviction for the greatest offense and trying to put them
21 in a state prison and state penitentiary. That isn't often
22 what happens.

23 After a conviction and sentencing, often there
24 are kind of what would be termed, I guess, more
25 constructive interventions in the sense of counseling

1 services being provided. We know certainly in the drug and
2 alcohol area, with the leadership of the legislature,
3 increasingly sentencings involve putting people into drug
4 and alcohol treatment or providing other kinds of services.

5 So sometimes that criminal justice
6 intervention can be the most, can be an effective positive
7 force even in the life of a mother in this instance rather
8 than just a negative situation.

9 CHAIRPERSON LEWIS: Thank you. Thank you,
10 Representative Manderino. Are there any questions?
11 Representative Marsico.

12 REPRESENTATIVE MARSICO: Thank you, Mr.
13 Chairman. Thanks, guys, for being here. I appreciate your
14 time and your effort with this legislation. Just for your
15 knowledge, this legislation, Senate Bill 654, was amended
16 in the House Judiciary Committee with my legislation. I
17 forget the House Bill number. Okay.

18 So the legislation we're talking about today
19 is the amended version of the House Bill. Okay. Which
20 is -- there's like 3 or 4 areas that are different from the
21 Senate Bill. One is, there was much discussion today about
22 the identification bracelet that the hospital is required
23 to provide to the person leaving the baby.

24 And I just wanted to get your thoughts. The
25 reason that -- a very important component of this

1 legislation is to provide family rights. If a mother does
2 abandon the baby, we want to make sure that the father or
3 the grandparents or the uncle or the aunt have an
4 opportunity, through the courts, to gain custody or perhaps
5 even the mother after a change of mind, a change of heart
6 after so many days.

7 Again, there's been much discussion about
8 this. And I know there's not support for an identification
9 bracelet. I just want to again see what your thoughts are
10 on that.

11 MR. MARSICO: Sure. And I'm speaking not on
12 behalf of the District Attorneys Association but as a DA in
13 Dauphin County. My own thoughts are that having sat
14 through a lot of meetings when we developed our program
15 here locally, our gut feeling was anything that reeks of
16 government intervention might frighten someone away.

17 And personally, I think the identification
18 bracelet has that effect. I do not like that idea because
19 I think if someone thinks, Well, now I got to wait here. I
20 got to get a bracelet before I can drop off my baby. Maybe
21 it is easier if I just drop the baby off somewhere else.

22 There are provisions. What we've said up here
23 in Harrisburg is that the child be brought, given to a
24 hospital employee. The hospital employees have all been
25 trained by Pinnacle to ask a few questions: Is there any

1 family medical history that we should know about; were
2 there any complications during delivery; and do you need
3 medical attention?

4 The mother or whoever would drop the child off
5 is free to answer or not answer. We'd hope they'd answer
6 those questions. And they're also told none of that
7 information will be used to identify them later. And in
8 discussions with our county Children and Youth agency, they
9 assured us that they will, they will assume custody of the
10 child once it's placed in the hospital after appropriate
11 postnatal care is delivered.

12 But at a future court proceeding, there is
13 nothing to prevent the mother from reinstating her parental
14 rights, nothing to prevent the father from seeking his
15 parental rights. All of that can occur in the normal way
16 through court procedures.

17 And I really don't see what effect -- the
18 identification bracelet I think would just be one piece of
19 evidence that the court would have to weigh in determining,
20 A, whether or not this is actually the person that dropped
21 the child off or not.

22 But merely because the person dropped the
23 child off doesn't necessarily mean that's the person who
24 has lawful custody. So I really don't see what you're
25 gaining by that identification bracelet. I know we all

1 struggle with that concept of anonymity.

2 And believe me, as a prosecutor, it runs
3 against my grain to do that. But if our ultimate goal is
4 encouraging a distraught parent to bring this newborn, a
5 living, breathing child, to a place where it can get
6 attention, I think we have to do everything we can to do
7 that.

8 Worry about saving the life of the baby
9 first. Everything else is secondary in my mind.

10 CHAIRPERSON LEWIS: Representative Browne.

11 REPRESENTATIVE BROWNE: Thank you, Mr.
12 Chairman. Thank you, gentlemen, for your testimony. Just
13 a quick follow-up on the conversation on practices in
14 district attorneys' offices regarding the application of
15 the abandonment statute.

16 District Attorney Marsico, you said in your
17 practice, you wouldn't take a case where a mother dropped
18 off an infant into a hospital setting, you wouldn't charge
19 them for abandonment. Is that the common practice among
20 district attorneys in Pennsylvania?

21 MR. MARSICO: I would think. I mean, I think
22 you'd be hard-pressed to argue down the line to 12 members
23 of your community that this person is criminally harming
24 their child when they've taken the steps of, you know, at
25 least coming to the hospital.

1 Believe me, I prosecuted personally the case
2 of the child that was put in a Port-O-Potty. And that was
3 that mother's third child that she placed in that
4 Port-O-Potty intentionally and left it to die driving right
5 by a hospital a short distance away from that park.

6 I would much rather any attempt at having
7 prosecute that case, any attempt to get to a hospital. I
8 think all of us as prosecutors are going to be more than
9 likely not to charge in those situations.

10 REPRESENTATIVE BROWNE: If you had -- just
11 from your experience and, Gary, your same experience in
12 terms of what would happen if it was a case like that, if
13 an infant was brought to a hospital in a blanket, it was
14 taken care of by the hospital professionals, was placed
15 with the county Children and Youth and was put in a very
16 safe setting and that case was brought to court in front of
17 a jury, do you think the inevitable result of that -- I
18 don't know if there's a case like that -- would be that the
19 mother would be acquitted of the charges?

20 MR. MARSICO: I'd like to think most
21 prosecutors wouldn't bring charges in a situation like
22 that. Gary, you might --

23 MR. TENNIS: Well, I'm not aware of any cases
24 like that being brought. But you're saying hypothetically
25 if they were, would a jury convict?

1 REPRESENTATIVE BROWNE: Would a jury convict?

2 MR. TENNIS: Well, I think you'd have a pretty
3 hard time getting -- you'd have to have unanimity on guilt
4 beyond a reasonable doubt. I think you'd have a pretty
5 tough --

6 REPRESENTATIVE BROWNE: Is that a reflection
7 on the jury's reasonable people standard or how the law is
8 written?

9 MR. MARSICO: I think both really, how the law
10 is written -- and I don't know that you want to change the
11 law to criminalize that other than what we already have on
12 the books. And I think 12 members of the community are
13 going to say, Look, they came to this point. Everybody's
14 heard the stories.

15 You know, every juror would have heard stories
16 over the years about children being abandoned in dumpsters
17 or other horrible places. So I would think they'd say this
18 person took the step of getting this child some help.
19 Let's do what we can.

20 MR. TENNIS: By the way, Representative
21 Browne, we have not done a survey of all the DAs on the
22 issues. So there may be cases that we're just not aware
23 of. Usually, you hear people talk about these kind of
24 cases. And in conversation, we've never heard any like
25 that brought.

1 REPRESENTATIVE BROWNE: Thank you. Thank you,
2 Mr. Chairman.

3 CHAIRPERSON LEWIS: Thank you, Representative
4 Browne. Ms. Mendlow.

5 MS. MENDLOW: Yes. I have a brief question
6 for Mr. Tennis. In your testimony, you mentioned that
7 there's a possibility that outreach, education, counseling,
8 or other approaches might also be very important in terms
9 of prevention of infant abandonment.

10 And I was wondering if you felt that without
11 some kind of counseling programs out there that would offer
12 information about options for adoption and how to handle
13 that, if we might not inadvertently promote the idea of the
14 infant abandonment.

15 So I guess the issue, I guess, I'm pushing or
16 asking about is if you, your association would be
17 supportive of basically any kind of information or
18 education out there that, if legislation should be passed,
19 might be available on this type of program in a hospital,
20 that it not be done in isolation but in conjunction with
21 explaining to vulnerable young adults about the possibility
22 of the need for getting appropriate counseling so that they
23 might look at some other options that in the end might be
24 more satisfying and more helpful for the entire family?

25 MR. TENNIS: Yeah. My expectation -- of

1 course, any particular issue has to be looked at on its own
2 merits. But my expectation is that our association would
3 be fully supportive of any kind of resources at all that
4 you can get to that have been shown to be effective both in
5 helping the young mother and in saving the life of the
6 children.

7 So I think we would -- as I said, it is just
8 my expectation based on working with the DAs. But I feel
9 fairly confident that we'd be very supportive of that.

10 CHAIRPERSON LEWIS: Thank you, Ms. Mendlow.
11 I'd just like to add with the custody support matters,
12 there's often the shortcut through the PFA, Protection From
13 Abuse Act, which is sometimes used commonly, sometimes
14 abused, so to speak.

15 But it's been a way for some people to get
16 quick relief and also protect families from abusive
17 situations. And if this, if this in any way encourages
18 people to use the safe haven thing, we should encourage
19 that. And it might be a way for us to get publicity on
20 this matter quickly.

21 MR. MARSICO: I totally agree with that. And
22 we've seen those abuses in the past. And if this would
23 help, I think we should get some more publicity for it.

24 CHAIRPERSON LEWIS: I want to thank you for
25 your testimony. And thank you again for providing that

1 insight. Thank you. Next up, we have Nina
2 Williams-Mbengue, the Policy Specialist with Children and
3 Families Program for the National Conference of State
4 Legislatures. And you also have a guest with you as well.

5 MS. WILLIAMS-MBENGUE: Yes. This is Carmen
6 Schulze from the Child Welfare League of America, and she's
7 going to turn slides for me. Good morning, or good
8 afternoon, Mr. Chairman and members of the Task Force. On
9 behalf of the National Conference of State Legislatures,
10 I'd like to thank you for this opportunity to come here and
11 talk about states' abandoned infant legislation.

12 I will briefly discuss what we know about
13 infant abandonment, provide an overview of some of the key
14 aspects of the state legislation, describe some state
15 experience with the new laws, and discuss some of the
16 policy implications for lawmakers. And I'll just go over
17 this briefly. Some of this has been referred to.

18 What do we know about infant abandonment?
19 Unfortunately, very little. There was a Health and Human
20 Services media survey done that indicated some numbers, as
21 has been mentioned before. 105 babies abandoned in public
22 places in 1998.

23 Again, states do not collect this information.
24 Most states don't collect separate data on infants
25 abandoned in this manner. And at this point, the federal

1 government does not require or ask that they do so. That's
2 part of the problem. Likewise, research -- we have very
3 little research on the mothers who abandoned their
4 children.

5 There have been some studies, which I do have,
6 on mothers who commit infanticide which suggest that
7 they're very much in isolation and denial of their
8 pregnancies. They do not access any prenatal care at all.
9 And they do seem to come from various racial, ethnic, and
10 socioeconomic backgrounds.

11 What's been the state response so far? We've
12 been tracking the legislation. And we see that 35 states,
13 including 19 in the 2001 session, now have some type of
14 safe haven legislation. And this is since 1999 when Texas
15 adopted the first law.

16 As you know, all of the statutes generally
17 promise that women who drop off unharmed infants at
18 designated safe locations, such as hospitals and fire
19 stations and police stations, will either not be prosecuted
20 or they can use their action as an affirmative defense to
21 prosecution.

22 Let's see. Immunity is generally granted to
23 employees who have to accept and care for the infants. The
24 age ranges of the infants do vary from 72 hours old or up
25 to 30 days old or younger. Twenty-four states specifically

1 allow for anonymity in which the person leaving the child
2 is not required to disclose any information.

3 And we're assuming that the other states
4 that's not mentioned in the legislation, they're presuming
5 anonymity. Twenty-two states of the 35 address the issue
6 of anonymity and the termination of parental rights of the
7 infant in several different ways.

8 They either state that the act of surrendering
9 the infant terminates parental rights and they waive their
10 notice to any type of hearing of a judicial proceeding, or
11 the legislation does provide for some type of notice to the
12 parents, or they require the departments to conduct a
13 reasonable search or diligent search to locate the
14 biological parents.

15 Some of the other provisions including studies
16 of the issue: Five state legislatures have requested
17 additional studies, and this may include trying to find out
18 what's going on or just reports on the numbers of infants
19 abandoned in this manner.

20 Other provisions covered as is in your
21 proposed bill: The use of identification bracelets given
22 to parents dropping off the infant. A lot of states are
23 requiring a check of the state or local or national missing
24 child registry to make certain that the child has not been
25 kidnapped.

1 States have also dealt with sort of custody,
2 how the parent can request custody of the infant. And
3 public awareness seems to be a critical issue. Twelve
4 states that we can see so far require media and public
5 awareness campaigns to publicize the law. And some states
6 are requiring a search of the putative father registry,
7 another way to find out if there's a parent that would care
8 for the child.

9 How effective have the laws been? I actually
10 contacted all 16 states that passed legislation in 1999 and
11 2000. I just contacted their department of human services.
12 And first, I found out that a number of states are not
13 officially collecting data at all.

14 Either the statute did not require them to do
15 so or they're in a state that is state supervised/county
16 administered and there's no central repository for
17 collecting the data or they don't separate abandoned,
18 newborns abandoned publicly from abandoned children. So
19 they don't track it. And some states said, Well, they're
20 not separately tracking safe haven infants. They can
21 probably pull the numbers out if they had to from the
22 material that they had.

23 So far, the laws appear to be having a
24 somewhat limited effect. As of August 31, according to my
25 telephone survey, an approximate total of 33 babies have

1 been legally relinquished through the new laws. And I
2 broke them down in the slide, and there's a copy of the
3 slides in the handouts.

4 I found that 35 infants were illegally
5 abandoned since the passage of the laws. In other words,
6 those babies were still left by roadsides. And an
7 additional 7 were illegally abandoned and found dead. And
8 I'm sure that's an undercount of infants.

9 All the numbers are approximate because they
10 include unofficial counts. Media counts in several states
11 said that they, you know, they're not officially collecting
12 but they've heard through the media -- like Alabama, I
13 think 5 or 6 babies have been turned in through the new
14 law.

15 And these numbers include, for example, 5
16 infants surrendered through the Texas safe haven law but
17 only since the beginning of a public relations campaign in
18 Texas. Texas had 12 illegal abandonments before their
19 publicity campaign began but after their law was passed.

20 Michigan had 9 illegal abandonments, which
21 they're calling attempts. And they include one case in
22 which a mother changed her mind, another case in which a
23 mother contacted emergency medical services who picked the
24 infant up. But this could not be considered a safe haven
25 baby because it didn't technically count. It wasn't turned

1 into a hospital.

2 And there was one case and the only one that
3 we've heard so far like this in which a judge ruled that
4 the abandonment was inappropriate for a safe haven. And
5 apparently, the judge felt that the hospital did not
6 provide the parents with enough information about their
7 legal rights.

8 And we're assuming that the infants that, you
9 know, didn't make it into the safe haven law, that the
10 parents would be treated accordingly, prosecuted if they
11 knew them, if they could contact the parent.

12 While the other states that I spoke with
13 reported that the children have gone pretty rapidly through
14 the termination of parental rights process and were even
15 preadoptive or adoptive homes.

16 Other areas that states looked at: Again, the
17 public awareness seems to be a really key issue. Also,
18 collecting as much information on the infants, especially
19 medical information, as possible. The age limit of infants
20 was a concern that came up because a number of states
21 mentioned that they had infants that they couldn't count
22 because they were a day or 2 or 3 beyond the statutory age
23 requirement.

24 And I assume probably the parent wouldn't be
25 prosecuted. Some states said they were treating them as

1 such; and other states said, Well, they couldn't. Also,
2 states seem to be saying it's important to conduct a search
3 of the missing child registry in the state or nationally
4 and also the use of DNA testing for maternity and paternity
5 and also to screen for medical problems.

6 And just a few of the areas of concern that we
7 notice that we're still hearing from other lawmakers or
8 from child welfare experts: One is the anonymity provision
9 conflicting, as I mentioned before, with the termination of
10 parental rights hearings.

11 And as I said, states are attempting to
12 address this issue by providing some type of notice or
13 search for the biological parents in an effort to include
14 them in any judicial proceeding. So states would want to
15 carefully look at their termination statutes to make sure
16 they're not conflicting with the safe haven legislation.

17 The anonymity provisions also allow the parent
18 or whoever is dropping the child off to walk away without
19 providing any medical information that might be critical to
20 the child's future health. Others are concerned about the
21 father's rights.

22 You have fathers who might very well want to
23 be involved in their children's lives, but they may be
24 unaware of the child's birth. And again, several states
25 have tried to address this by requiring searches of their

1 putative father registries.

2 And the folks that we talked to, they
3 recommend that states do examine all of the existing
4 statutes relating to adoption, paternity, custody, judicial
5 proceedings, and anything associated with child abandonment
6 as well as clarifying your definitions of infant
7 abandonment in statute. And I think Carmen may talk a
8 little bit more about some of the federal legislation.

9 Adoption advocates are particularly concerned
10 about the lack of information about the adoptee's
11 background and what effect this will have on the child and
12 its family in the future. They also point out that, you
13 know, legislation may not be necessary because most states,
14 as we heard before, will not necessarily prosecute women
15 who give birth and relinquish their newborns in the
16 hospital. And in addition, of course, every state allows
17 women to voluntarily relinquish their infants legally for
18 adoption.

19 A major area of concern seems to be the lack
20 of data. And collecting, somehow collecting information on
21 the infants and their mothers would be extremely useful in
22 crafting policy. States will also want to know the numbers
23 of infants that have been abandoned prior to the new laws
24 in order to judge whether or not the laws are effective.

25 And I did find that when I called states,

1 again, they had not necessarily been collecting this type
2 of information. So there was not a baseline. One state
3 official that I spoke to recommended something that one of
4 the prosecutors talked about, states forwarding the data
5 that they're able to collect to some type of central
6 clearinghouse where the data can then be researched in
7 order to develop a profile of mothers who engage in this
8 type of behavior to better target your prevention and
9 intervention efforts.

10 I do know that there was federal legislation
11 introduced calling for a collection of data, perhaps stored
12 in the Bureau of Justice Statistics so that it could be
13 looked at on a national level.

14 Many child welfare experts state that while
15 safe haven legislation is a good idea, it needs to be part
16 of a larger effort to enhance services for women who are at
17 risk of abandoning their infants.

18 This would probably involve experts from the
19 fields of child welfare, mental health, youth services, the
20 health field, teen interventions and working with young
21 parents to examine the existing system of services and
22 hoping that such an examination might provide answers as to
23 why this population of parents is unwilling or unable to
24 use the services that are out there.

25 Some critics are concerned that states are not

1 viewing safe haven programs as part of their child abuse
2 prevention efforts. Has infant abandonment been considered
3 in the state's child abuse prevention efforts? Does your
4 child abuse prevention strategy, does it target young women
5 at risk of abandonment?

6 These are just a few questions that
7 policymakers may want to ask as they work with public
8 health and child protection, child abuse prevention, mental
9 health and others to develop a comprehensive strategy to
10 prevent infant abandonment and other types of child abuse
11 and neglect.

12 And finally, a concern that we do hear from
13 other lawmakers is about encouraging parental
14 irresponsibility. Since we know so little about the women
15 who are dropping off the infants, what conditions and
16 situations they're in and why they're doing this, I guess
17 there's no proof, other than some of the numbers that we're
18 getting now, that the legislation will discourage the
19 mothers from leaving the infants in unsafe places.

20 And for women who might otherwise seek help
21 from family or traditional social services, we don't know
22 if, you know, the enactment of these laws is just
23 encouraging them to use the safe havens rather than the
24 traditional network of support.

25 A Kansas official I spoke to stated that in

1 their program, they were targeting social service and
2 community service providers to educate them about the law.
3 And they were setting up a website specifically geared for
4 the service providers so that they might offer this as one
5 option to their women clients at risk.

6 So it's not as though there was a statewide
7 campaign. But for example, if you have a woman that's
8 using a mental health or medical clinic, if she's offered
9 the legal adoption alternatives and pre- and postnatal care
10 in addition to this type of program, they just felt that
11 that might be more effective in sending out a different
12 message.

13 And again, we're still tracking the
14 legislation and what's happening with states at NCSL. We
15 do have a website, and it's in your material. And you can
16 feel free to call me, and I'll be glad to follow up on any
17 information that you might need and see what's happening
18 with other states' efforts.

19 CHAIRPERSON LEWIS: We definitely thank you
20 for that information. I think it answered a lot of
21 questions that we had earlier in the Task Force meeting,
22 especially on the numbers. And those are disturbing
23 numbers across this country.

24 Are there any questions of the Task Force?
25 Representative Manderino.

1 REPRESENTATIVE MANDERINO: Thank you. Thanks
2 for being here. I'm not sure if you can answer this
3 question. And if not, maybe somebody who comes later from
4 the Child Welfare League or from the Adoption Council can.
5 But I'm looking at an article that was just in this
6 Friday's New York Times, which you were quoted in. So you
7 probably have read it.

8 "Few choose legal havens to abandon babies."
9 And a subheading is, "An untested idea politicians found
10 easy to embrace." And they talk about that folks who are
11 proponents of the law say that if only more money is put
12 into publicizing it, it would work.

13 And then folks who -- I don't know necessarily
14 oppose -- but are very concerned about the law say one of
15 the points that you make is that the problem goes much
16 deeper and we don't really know if the folks who are
17 abandoning in safe havens are folks that would have
18 abandoned in unsafe places before or folks that would have
19 used a more traditional social service.

20 And there's at least some that speculate that
21 the women most likely to respond to any publicity campaign
22 are ones who were not likely to have endangered their child
23 to begin with. Now, having said that, I guess the bottom
24 line question becomes, What is the harm?

25 I mean, even if states spend money in

1 campaigns encouraging the use of safe havens versus
2 traditional support services, if I understood what happens
3 after they leave the child at a safe haven and at least the
4 way we're talking about our law written so that it kind of
5 gets to the, to the Child Service Protective Law and the
6 Juvenile Act and the court proceedings with regard to
7 termination of parental rights, won't they still then have
8 the opportunity for traditional support services?

9 I guess I'm sitting here thinking I'm not sure
10 this is a good idea. I'm not sure it's a bad idea. But
11 I'm looking to see what the potential harm to the infant is
12 if we do this. And I've heard cautionary flags, but I
13 haven't really heard that we know that there is some
14 specific harm to the child. And I don't know if you can
15 help me identify that there is.

16 MS. WILLIAMS-MBENGUE: Yeah. I'm not sure
17 about that. I think it does point to the critical need for
18 states to start collecting information and understand why
19 this is happening in the first place. I spoke to a few
20 people that maybe have attended some of the trials and
21 gotten somewhat of a profile on the mothers that do this.

22 I think that would be a place to start, the
23 information that we do have, women that have been
24 prosecuted because I don't think we really understand
25 what's going on, why there is a small population of women

1 that are doing this.

2 I mean, we do know that there's something like
3 30,000 infants as of 1998 in that same survey that are
4 abandoned every year in hospitals. And those are the
5 border babies or the babies where the moms are addicted to
6 drugs or HIV-infected.

7 So then we have the smaller population of
8 infants that, where the mothers are not taking advantage of
9 that and we don't know, you know, what, you know, what is
10 the problem, what is the profile. So I think it's really
11 hard to understand, to make that, you know, designation of
12 whether or not they would have benefitted or not.

13 I can't see -- I'm probably not the person to
14 answer that. But I certainly can't see where there would
15 be any harm to the infant. I just think the other thing
16 that we're leaving out is the mother walking away. What is
17 her situation? Does she have more children at home that
18 are in danger? Will she go on and do the behavior again?
19 Was this the results of rape or incest or something like
20 that?

21 It's possibly a lost opportunity. I see the
22 whole thing as a great opportunity to try and provide more
23 services for children and try and cut down on this
24 happening in some way. And this is the beginning of a
25 discussion to look at the system.

1 REPRESENTATIVE MANDERINO: Thank you. Thank
2 you, Mr. Chairman.

3 CHAIRPERSON LEWIS: Thank you, Representative
4 Manderino. Representative Gabig.

5 REPRESENTATIVE GABIG: I think -- I appreciate
6 the testimony regarding the other states. And I notice
7 that you said that several of the other states had
8 statutory obligations to check these national registries;
9 is that correct?

10 MS. WILLIAMS-MBENGUE: Yes, that's right. A
11 few states, yes.

12 REPRESENTATIVE GABIG: And maybe from your
13 research, you might be available -- I mean, this might
14 answer my whole problem with the kidnapper. Is the medical
15 technology such that, you know, the baby's dropped off at
16 the hospital and there's somebody out there looking for
17 this kidnapped child and they're on the registry and to
18 identify the mother or the parents and the child, does the
19 medical technology exist, is DNA advanced enough to say,
20 All right, this child, we know that DNA, the parents come
21 and we think that's our child or can we check to see if
22 it's our child, can we test our DNA to see if this recently
23 dropped off child at the secret haven is our child?

24 Is there existing medical technology, to your
25 knowledge, that is out there?

1 MS. WILLIAMS-MBENGUE: I believe so. I don't
2 know the exact mechanics of how that would work. I would
3 assume that they would do DNA testing, that there's
4 some -- if a parent is registering a child as missing and
5 it goes onto a data base and there's some match-up, then
6 they can do DNA testing. That's how it would be done.

7 It would be done through law enforcement. The
8 legislation that I've seen requires a contact with law
9 enforcement to conduct that search of that registry.

10 REPRESENTATIVE GABIG: Thank you very much. I
11 appreciate your testimony. Thank you, Mr. Chairman.

12 CHAIRPERSON LEWIS: Thank you, Representative
13 Gabig. Are there any other questions? We're going to take
14 a very short and quick and prompt 5-minute break to give
15 our stenographer a little chance to not move her fingers so
16 quickly. We're going to be back in 5 minutes. And at that
17 time, we'll have Patti Weaver as our next presenter.

18 (A brief recess was taken.)

19 CHAIRPERSON LEWIS: I want to call our Task
20 Force meeting back to order. We've just recently taken a
21 5-minute break, give or take a few minutes. But we're glad
22 to be back. We have with us Patti A. Weaver, the founder
23 and President of A Hand to Hold. And you also have a guest
24 with you as well.

25 MS. WEAVER: This is Roz Meston. She's the

1 Director of A Hand to Hold.

2 CHAIRPERSON LEWIS: What was her last name?

3 MS. WEAVER: Meston, M-e-s-t-o-n.

4 CHAIRPERSON LEWIS: Thank you.

5 MS. WEAVER: I'd like to just start out by
6 thanking you for the opportunity to be here to discuss the
7 now revised Senate Bill 654. A Hand to Hold is a
8 hospital-based program in Allegheny, Lawrence, and Fayette
9 County; and it involves a network of 19 hospitals. And by
10 the way, not all of our hospitals have OB/GYN or pediatric
11 wards.

12 I'd like to start out today just by showing
13 you what the media or what the public knows us as by
14 showing you our new television commercial and the message
15 that we're trying to convey to young mothers. What's
16 interesting about this whole baby abandonment issue is
17 there are a lot of organizations that are doing a lot on a
18 shoestring.

19 And this was given to us by an organization in
20 Long Island. So they've -- we've pretty much, we've been
21 operating on a shoestring. We've done an awful lot
22 considering. This is our commercial.

23 (A brief video was played.)

24 MS. WEAVER: I also want to say, frankly, I
25 started working a year and a half ago with then US Senator

1 Melissa Hart in asking her to initiate some kind of safe
2 haven legislation. When we began, there were only a few
3 states that had any kind of legislation. Now there are 35
4 states.

5 The problem that we're dealing with today in
6 Pennsylvania and across the nation is young mothers who are
7 throwing away unwanted babies, leaving them in places to
8 die like trash cans, rivers, toilets, and woods. These are
9 newborns, healthy, full-term newborns, infants sometimes
10 with their umbilical cords attached. They're people who
11 are thrown away.

12 And although the young mothers who throw away
13 their babies may not want the baby, there are millions of
14 couples across the United States who are unable to have
15 children who would be absolutely delighted with any baby.
16 And the baby to them would be a gift of immeasurable worth,
17 a person who could bring them more joy than they ever
18 imagined, a treasure.

19 What I think the safe haven law should do is,
20 number one, facilitate the transfer of unwanted babies as
21 quickly and as easily as possible from the mothers who
22 don't want the babies to the mothers who do want the
23 babies; and secondly, save as many lives as possible.

24 And to do so, the law must be reasonable,
25 written with the birth mother in mind, treat both the

1 mother and the baby fairly, compassionately, respectfully,
2 confidentially, honestly, and in a simple straightforward
3 manner.

4 How big is the problem? There is a number
5 that has been, it's from the US Department of Health and
6 Human Services from a 1998 study which says there are 105
7 babies that are abandoned a year. This number is grossly
8 misleading because it's an understatement of how many
9 really are abandoned.

10 I spoke with an epidemiologist and scientist
11 in that same US Department. And she does, she studies
12 infanticide. And what she has told me is she believes the
13 person who wrote the article was a summer intern and got
14 the number from news articles. But she frankly believes
15 that the number is at least 10 times that reported number
16 of 105.

17 So what we're really dealing with is now an
18 issue where we're dealing with maybe 1,000 or more babies a
19 year in the United States that are abandoned. And why do
20 these mothers abandon their babies? Most of these mothers
21 abandon because, well, they're young teenagers and they're
22 in denial about their pregnancy.

23 And they haven't told anyone that they are
24 pregnant. Sometimes they're in denial to the point where
25 they don't really realize that they are pregnant until the

1 baby is being born. A lot of them never wanted the babies
2 in the first place. They just want to get rid of them as
3 quickly as possible.

4 Now, there is another segment of girls who
5 abandon their babies. And these are mothers who keep their
6 babies for a little bit. They think the babies are cute
7 and adorable and they're fun. And then the novelty wears
8 off. And the reality of long hours, hard work, sleepless
9 nights, expenses and restrictions associated with a newborn
10 become too much.

11 And at this point, it's kind of like puppies
12 at Christmas where people buy them because they're great.
13 If you go to the pound in January, you can find some
14 purebred dogs that nobody wants anymore.

15 This is not a new problem that we're dealing
16 with. In the past, there was a solution. And the
17 solutions were foundling homes and orphanages which were
18 recognizable, established places to leave unwanted babies
19 quickly and with little hassle. But we have nothing that's
20 equivalent to that today.

21 Referring to that New York Time article,
22 contrary to what was written -- and I think that the
23 journalism there, that reflects no research whatsoever into
24 any of the current results. But those programs do work.
25 Tim Jaccard's program of the ATM Children of Hope has

1 received 11 babies in the year 2000, 11 babies year to date
2 in 2001. Plus he also encouraged 36 separate mothers to
3 put their 36 babies up for adoption through his program.

4 John Tyson's Secret Safe Place for Newborn
5 programs in Mobile, Alabama has received 11 babies in 3
6 years. Debi Faris's Safe Arms program in California has
7 received 6 babies in the past 8 months. And the Texas Baby
8 Moses program has received, the child welfare I believe
9 said 6 babies; but that was once they began advertising.

10 And really, when you convert these numbers
11 onto an annual basis, that's more like 41 babies or so a
12 year. And that's only covering 20 percent of the country.
13 So it's got to prove that the accuracy of that 105 is way
14 off because they're saving an awful lot of babies.

15 What my organization is is a baby abandonment
16 program that serves Western Pennsylvania, 3 counties. We
17 firmly believe that if we provide a safe, legal,
18 acceptable, well-publicized place to drop off unwanted
19 babies quickly and anonymously, just like foundling homes,
20 that we will receive babies.

21 Our organization is a year old. And our
22 mission is to save the lives of babies that might otherwise
23 be abandoned by providing the birth mothers with a positive
24 alternative to abandonment. With each baby that we save,
25 we also save the mother from the lifelong memory that she

1 has destroyed or abandoned her baby.

2 Our focus is narrow. We discuss only live
3 babies. We advocate adoption as a good choice. And this
4 is how our program works: With A Hand to Hold, a mother
5 can leave her unwanted newborn up to 30 days old with
6 emergency room nurses at participating hospitals.

7 The babies are then placed by the hospital
8 social service workers with the hospital's social service
9 agency, private or public, and then up for adoption. As
10 long as the baby is unharmed, the drop-off is confidential.
11 There are no questions asked, and the mother does not need
12 to give her name. Services are free to the mother. And
13 Mercy Hospital's labor and delivery nurses staff the
14 24-hour hot line.

15 With our program, if a mother changes her mind
16 and she wants to get her baby back and we deem that she is
17 fit to have it back, she can do so. We try to encourage
18 her to come back within 30 days, to not prolong the
19 process.

20 In the absence of safe haven law, we have also
21 had District Attorney Steven Zappala and the other DAs in
22 the other counties make a public statement, which is on the
23 back of the brochure that you have in my testimony, which
24 says that they will not be prosecuted if the baby is
25 unharmed.

1 Over the past 3 years, there have been
2 several -- I'm sorry. Over the past year, there has been
3 several mothers who we have helped. And we haven't really
4 started airing our public service announcement. The only
5 way we're getting our message out has been through talk
6 shows, through just announcements for the programs joining,
7 the program starting, the addition of new counties.

8 But what we can say is in the last year, we
9 have not lost one baby in Allegheny County. And we're also
10 getting calls from mothers. And we do know that there are
11 mothers who are going to hospitals and having their babies
12 in the hospitals, then saying I don't want the baby
13 anymore, you take care of it, which has been something that
14 we have advocated on the talk shows because we know from
15 our research that unwanted babies that are born in
16 hospitals are safer than those that are born at home.

17 The hospitals that are helping us with the
18 program are enthusiastic about the program. And not one
19 hospital has declined, not even hospitals that don't have
20 labor and delivery or pre, or pediatric wards. And
21 Children's Hospital has a child advocacy center.

22 The director of that program says that she
23 believes that what we're doing is a critical step to
24 prevent injuries. And there's a little quote from her
25 here. But when you make your law, I want you to think of 3

1 distinct cases of mothers who have abandoned their babies.
2 One was a baby that was abandoned in Oakland, which is a
3 portion of Pittsburgh.

4 And this baby was left with a note attached
5 that said, "This is Jacob. Please help him. He's 6 days
6 old. I can't keep him. I'm only 12. He's very good
7 baby." And it was left with him. So it was a young
8 mother.

9 In a second case, in the summer of 1998 in the
10 Pittsburgh area, a baby was thrown from a car window. And
11 the baby was not seriously harmed remarkably. But the baby
12 was adopted into a loving home where the adoptive mother
13 claims that the little girl is very bright and that the
14 only thing wrong with her is that she's spoiled by her
15 brothers and her parents.

16 In a third case which occurred in the winter
17 of 2000 in Allentown, another mother took her baby to the
18 curb with the trash. She then called the police and said
19 that she heard something in the trash. The police
20 discovered the baby alive and questioned the mother, who
21 denied being the birth mother.

22 Interestingly, the mother, this birth mother
23 was living with her mother. And her mother claimed that
24 she had no idea that her daughter was pregnant and that the
25 baby found in the trash can was in fact her granddaughter.

1 As has been discussed before, the average
2 birth is a traumatic experience. It's physically very
3 exhausting work to deliver a baby. The mothers may go many
4 nights afterwards without sleeping if they're taking care
5 of their child. And the child -- if they're unable to make
6 them happy, the child can cry itself to sleep; and that can
7 be numerous hours. So we're dealing with a fragile
8 situation.

9 With this in mind, I'd like to just discuss
10 some of the specifics that you have in your House Bill and
11 say, first of all, I like the fact that the bill
12 establishes hospitals as safe havens. They make sense.
13 They're open 24 hours a day, 7 days a week and can provide
14 medical care and attention if the mother needs it. Also,
15 they have established social services in place.

16 Second, the bill promises the mother the
17 freedom from prosecution as opposed to a defense to
18 prosecution; and it ensures the mother her anonymity if she
19 chooses. Third, you provide immunity from prosecution to
20 the hospital employees, the hospital, and the medical
21 staff. They deserve that. They're our number one
22 volunteers with this program.

23 Also, you provide for Medicare funding for
24 payment of services, which the doctors and physicians
25 deserve. Your time frame of 28 days I think is a good time

1 frame in that it covers that second wave of mothers, the
2 ones who keep the babies thinking maybe they're cute and
3 adorable and then change their mind later on.

4 Debi Faris, who has something called the
5 Garden of Angels in Southern California where she has dead
6 babies, 46 at this point, says that 28 days, 30 days would
7 cover almost all of her babies.

8 I also would like a person having lawful
9 custody as opposed to just the mother being able to
10 transfer the baby. The mother may be physically exhausted
11 and incapable of doing that or she may be too timid and/or
12 embarrassed going into that environment. And to some
13 people, hospitals are scary places.

14 What I don't like about Senate Bill 654 and do
15 recommend changing are as follows: Just as an overview,
16 I'm not in favor of anything that would complicate the
17 drop-off process or increase the difficulty of implementing
18 the program in any hospital.

19 One, I'm not in favor of the identification
20 bracelets or mandatory pamphlets. Genetic testing can be
21 done with 97 percent accuracy. And the pamphlet should be
22 given. But, you know, I don't think they should be,
23 necessarily be mandatory.

24 Second, I don't favor making CYS the exclusive
25 recipients of the abandoned babies. Our hospitals have

1 indicated to us that they choose to have public or private
2 organizations. They want the choice. Some think that the
3 private organizations provide better care, better homes,
4 and quicker placement.

5 And if that's true, by all means, I think that
6 the private agencies deserve to have, receive the babies.
7 And to some girls, the CYS alone, the fact that it is a CYS
8 organization, that is a scary thing.

9 Third, I don't favor requiring the mother to
10 attend a mandatory hearing to get her baby back. The
11 primary objective of our program is to save the lives of
12 babies that might otherwise be abandoned. And anything in
13 the design of the program that makes it threatening or
14 unfriendly jeopardizes the effectiveness and may result in
15 the loss of lives.

16 Having to go to court and be at the mercy of
17 the law is extremely intimidating. Also, the best person
18 to evaluate a mother, whether or not she's capable of
19 handling the baby, I think is a physician because they
20 would be able to determine whether or not she has the
21 proper mental health to handle that; and they would be able
22 to make that judgment. Also, physicians are used to making
23 life and death decisions, which this is.

24 Fourth, the issue of termination of the
25 mother's rights. I firmly believe that the mothers who

1 abandon their babies are different from the mothers who
2 work with adoption agencies. In the best interest of the
3 babies, I think they should be adoptable after about 30
4 days of the drop-off. If the mother doesn't return for the
5 baby within 30 days, her rights should be severed.
6 Likewise for the father.

7 An adoption attorney in Pennsylvania said most
8 birth parents are confident with their decision to abandon
9 the child and want the matter resolved as quickly as
10 possible. Rarely does a parent come to the termination
11 hearing such that long waiting periods of termination
12 hearings serves no purpose but to delay the process of the
13 infant's abandonment.

14 In the California program run by Debi Faris
15 and the New York City program run by Tim Jaccard, they
16 encourage mothers to sign adoption papers at the point of
17 transfer. And Debi told me the other day she's had 6
18 mothers who do that; they don't have any qualms about it;
19 and they never come back; they never ask for their babies
20 back.

21 And I think this is something that we really
22 need to consider with our own program, asking them to sign
23 off if they'd like that. You at least have the identity of
24 the mother. Fifth, I think for other programs that are
25 offering safe havens or organizing, I think that we deserve

1 immunity from prosecution also.

2 Six, the safe haven program, for it to be
3 effective, it will need to be publicized. In Texas, they
4 received no babies until they publicized their program.
5 Seventh, rather than have a state-run agency run this
6 program, it would make sense to have A Hand to Hold or
7 other people who are working with this to be involved with
8 this and maybe in partner with the state in doing this.

9 We've done a lot of the research and have
10 done, put an awful lot of work into this and know the
11 issues. I know the, what the hospitals want and need.
12 Eight, since Pennsylvania has rural areas without
13 hospitals, we need alternatives or specifically designated
14 drop-off locations such as fire stations or police stations
15 that are open 24 hours a day, 7 days a week to take care
16 of, to receive babies.

17 From a business standpoint, it makes sense to
18 have only one program for the states. There are some
19 economies of scale with advertising. And having one
20 message and keeping it simple and straightforward makes
21 sense. Also, you'd only need one 800 number, one name, and
22 one educational program.

23 To start up and efficiently run a program, it
24 will require extensive search, entrepreneurial skills,
25 teaching experience, and experience in marketing. And the

1 longer you wait, the more lives that may be, you may lose.

2 And we have done extensive research into the issue.

3 We've established our hospital protocol that's
4 been approved by our hospitals. We built a hospital
5 network of 19 hospitals. We have a staff to man an 800
6 number. We've written a brochure. We've produced a web
7 page. We produced a public service announcement,
8 television spot, or radio spot.

9 And we will soon have an educational video.
10 We're waiting for the law to be passed. And with our
11 program specifically, it was designed to be expandable in
12 the state of Pennsylvania. It was really designed to be a
13 state program. And it's easily expandable. You know, if
14 we could modify the public service announcement we have,
15 then you can have, you know, at least a message in very
16 little time.

17 In closing, I'd just like to say that the
18 babies that might die from abandonment now deserve a chance
19 to live, a hand to hold, and a future. And I respectfully
20 request that there's speedy passage of some bill for the
21 state of Pennsylvania. That's all. Thank you.

22 CHAIRPERSON LEWIS: Thank you very much for
23 your testimony and the great work that you guys have done
24 out in the Pittsburgh area. It's very good. Are there any
25 questions? Do we have any questions? Representative

1 Gabig.

2 REPRESENTATIVE GABIG: Thank you. I agree
3 with your sort of analysis of the numbers issue. And I
4 think the one case you talked about with the young girl in
5 Oakland sort of gives a clue as to why it's almost, I think
6 it's fruitless to even go down that route.

7 Many of these young girls that find themselves
8 in this situation -- that girl, for example, was a victim
9 of child rape if she was 12 years old. That's against the
10 law in Pennsylvania. If she's never been pregnant before,
11 she barely even knows what she's going through. It could
12 be an incest situation.

13 And they never told anybody they were
14 pregnant. There's no reporting of the pregnancy. Nobody
15 ever knew it. And so I don't think we'll ever know what
16 the numbers are. You can't in these situations. And I
17 think trying to use whatever social science methods you
18 have, you'll never know that problem.

19 So the fact there is a problem, we know that.
20 And I think your approach is a good approach. I think that
21 this hearing's been good for me in terms of the issue of,
22 one of the primary concerns I had about this kidnap issue
23 because I did prosecute paramours that, nonbiological
24 fathers that kill young infants.

25 And to me, I certainly don't want to encourage

1 that behavior either. That's just as deadly, obviously.
2 But I think with DNA -- and I think you mentioned it. And
3 you must agree with the previous testifier that genetically
4 if we had these clearinghouses, I think is the term that
5 was used, that the parent that was looking for a recently
6 kidnapped child could get on that clearinghouse and, with
7 the genetic DNA testing, would be able to identify the
8 child.

9 Do you agree with that previous testifier that
10 that could be a possible solution?

11 MS. WEAVER: I believe that could be a
12 possible solution. I think that there's, the DNA tests, I
13 think, are 97 percent accuracy. They're not infallible,
14 but they have a very high level of reliability. So I think
15 that would be one way.

16 And we're also, too, we're not talking about,
17 we're not talking about having to do DNA testing on lots
18 and lots and lots of kids. It may just be a few children.
19 And you should be able to determine something fairly
20 reasonably.

21 REPRESENTATIVE GABIG: Secondly -- I think her
22 name is Ms. Mbengue, if I pronounced it correctly -- the
23 previous testifier, she said that several states have
24 statutory obligations on the part of either the hospital or
25 the safe haven or the Children and Youth, I guess, the

1 receiving people or organizations to check these
2 registries, these national registries, that they would be,
3 that would be one of their duties, so to speak, that they
4 have to check these registries to make sure there's not
5 somebody out there looking for this child.

6 What are your thoughts on, on the advisability
7 of that approach?

8 MS. WEAVER: I'm not familiar with the
9 registries other than what I just heard. But I do think
10 that's a good idea. By all means, we don't want to take
11 the babies away from mothers who want the babies. And the
12 mothers, if they want the babies, they deserve to have the
13 babies.

14 What we're trying to do is just prevent
15 unnecessary death or unnecessary harm to infants. So I
16 think by all means, post it. And if someone comes back and
17 says that's my baby, and if it is, by all means, get them
18 back together again. Do the testing, the genetic testing,
19 and find out. And if it is, by all means, let them have
20 them.

21 REPRESENTATIVE GABIG: The one recommendation
22 that you made that I think would be a little difficult is
23 the issue of having the doctors or the medical people
24 decide of a possible subsequent custody issue. I don't
25 know if you heard some of the testimony earlier where they

1 didn't even want to make some of the medical decisions much
2 less the legal decisions. So I don't know if we're going
3 to get them to agree to that part.

4 But anyway, I very much appreciate your coming
5 here and the efforts that you're making. Thank you very
6 much.

7 MS. WEAVER: Can I say this to you? Just with
8 making the decision, a lot of times, they can call in other
9 people to make the decision with them and to do the
10 assessments of homes or whatever is necessary.

11 REPRESENTATIVE GABIG: I think the way it's
12 typically done in Pennsylvania is that the lawyers and the
13 judges would call on the medical people for their expertise
14 versus vice versa. But whatever the system is, that's
15 secondary to the initial effort to save that child.

16 And I commend you for your efforts in that
17 regard. And thank you, Mr. Chairman.

18 CHAIRPERSON LEWIS: Thank you, Representative
19 Gabig. Representative Manderino.

20 REPRESENTATIVE MANDERINO: Thank you. Thank
21 you for your testimony. One of the first things I have
22 written down about your testimony, too, was either I didn't
23 understand or maybe just didn't agree with that suggestion
24 with regard to getting rid of the mandatory court hearing
25 with regard to the return of custody.

1 Unless there's something I don't understand
2 about the process, I guess I can't figure out why you're
3 suggesting that.

4 MS. WEAVER: When I was -- we have had
5 instances where the mothers have, there was one mother who
6 came to our hospital and wanted to give up her baby. She
7 gave birth at a hospital. And she gave her name. She gave
8 her insurance card.

9 And she said, I want to give up my baby and I
10 want to use this program, our program. And we said, Fine.
11 You know, we were setting things up. And then later on,
12 she changed her mind. But what we believe we provided for
13 her was a safety net so that she could sit back and say,
14 Okay, do I really want to keep this baby or don't I?

15 And it gave her a little bit of breathing
16 room. And afterwards, she said, No, you know, I've decided
17 I want to keep the baby. I want to see him. Bring him in.
18 And knowing that she wasn't going to have to go through a
19 legal process at that point to get the baby back and there
20 wasn't anyone who was going to prevent her from having her
21 baby, I think it was probably easier to make the decision.

22 But when she was going to relinquish the baby
23 initially and she knew that the only way I'm going to be
24 able to keep this baby is if I go to court, she may not
25 have had that breathing room right after the delivery to

1 say, You know what, it makes sense that I keep the child.

2 We had another case, too, where a mother was
3 brought in with her baby, called 911. And this is a story
4 that was told to me by the communications director from the
5 City of Pittsburgh. The woman called 911 and said, I think
6 I want to give up my baby.

7 They brought her into a hospital. And they
8 counseled with her, and they realized she really wanted the
9 baby. She just was going through a crisis of some sort.
10 So they allowed her to go back with her baby. But had she
11 relinquished it, she would have had to go through the court
12 proceedings where it seems like it's another intimidating
13 factor for the mother if there is, if they do have to go
14 through court proceedings.

15 If it's only a few days, I believe there's
16 some of the other programs, they just go through
17 counseling, the other programs in the United States. They
18 make the mother go through a little bit of counseling, make
19 sure she's okay, and then they turn it over.

20 REPRESENTATIVE MANDERINO: Okay. Maybe I
21 don't understand. Something isn't sitting right with me
22 about what you're saying. And either it's my lack of
23 knowledge about how things currently work. And I'll try to
24 get that clarified somewhere else.

25 I watch that commercial. I call that 800

1 number. Tell me exactly what happens on the other end of
2 the phone in 2 conditions: 1, I'm a mother who hasn't
3 given birth yet; and 2, I'm a mother who has a new baby.

4 MS. WEAVER: Okay. If it's a mother who
5 hasn't given birth yet, she is directed to get prenatal
6 care from an area hospital, depending on where she lives.
7 They ask her, We're working with these hospitals. What's
8 closest to you? And would you please go for prenatal care?
9 It will help the baby; it will help you should there be any
10 complications.

11 She's directed for care. And then
12 she's -- the hospital -- she's allowed to deliver her baby
13 at the hospital. Then in the case where the mother has the
14 baby -- and this depends somewhat on whether or not she's
15 in Pittsburgh or outside of Pittsburgh proper -- she's
16 asked which hospital she'd like to bring the baby to.

17 And we tell her the hospitals that are near
18 that are participating in the program, what part of town
19 she's in. Okay. We have these hospitals that are
20 participating. If she's calling from Fayette County, there
21 are only 3 hospitals.

22 If she's in Allegheny County, we ask her if
23 she'd like transportation, can she get transportation
24 there. We try to get her to commit to coming in, get a
25 time when she'll be coming in. And once we know that she's

1 coming in, we notify the hospital and say, Okay. There's
2 going to be a girl that's coming in the next 20 minutes.
3 Look for her. She's going to be bringing you a baby. So
4 that the ER is prepared to receive a baby.

5 But we try to get her there. And if she needs
6 transportation, we can have an unmarked paramedic vehicle
7 go and pick her, meet her and take the baby.

8 REPRESENTATIVE MANDERINO: The other part of
9 your testimony that I didn't really understand is a
10 suggestion of immunity from prosecution for private
11 agencies such as yours and what you're doing. What is the
12 risk, what is your liability, what is your concern, and why
13 would we need to consider that?

14 And what's in the back of my mind obviously is
15 not an entity like yours. But every once in a while, you
16 hear these horror stories about private adoptions out there
17 and baby stealing and private entities that are matching up
18 unsuspecting adoptees who want healthy, young, usually
19 Caucasian babies which, you know, et cetera. And you have
20 this whole underground black market thing that's going on.

21 MS. WEAVER: The only reason I would want that
22 is in establishing this organization, we realized we need
23 to keep our, protect ourselves, too. And just knowing
24 the -- my attorney friend said what usually happens is the
25 rule of thumb that they learn in law school is you sue

1 anything that moves. And we figure not being an attorney,
2 I --

3 REPRESENTATIVE MANDERINO: You name all your
4 potential defendants so that at the risk of having left out
5 the one who ends up being culpable, you have not damaged
6 the rights of your client. That's how we like to think
7 about it.

8 MS. WEAVER: All I know is we move, and we
9 don't want to get sued, and we just don't want to get tied
10 up in it. And I just think if there's -- we're not doing
11 anything that's unethical. We're not doing anything
12 that's -- we don't have gross negligence. But I don't want
13 to be vulnerable.

14 I don't want my organization to be vulnerable.
15 I don't want the secret safe place in Harrisburg to be
16 caught up in some kind of lawsuit because there is a
17 mother, or there was some foul play along the way or there
18 is a mother who just decides to sue everyone.

19 And I think, too, being, having a husband
20 who's a physician and knowing hospitals and physicians are
21 our targets. And we're partnering with hospitals and
22 physicians. And, you know, I just don't want to be in any
23 kind of suit.

24 REPRESENTATIVE MANDERINO: And I guess -- and
25 I would just ask that we as a panel look at -- I'm not real

1 comfortable with that suggestion personally. I'm thinking
2 through it a little bit more. But it kind of brings -- one
3 of your other suggestions was not Children and Youth but
4 some private entity like us.

5 And I think that's all the more reason arguing
6 yes, some governmental entity to at least oversee the whole
7 thing as compared to leaving it in the hand of one or a
8 whole mishmash of private organizations. Not that they
9 can't be part of the network.

10 But in terms of who has kind of ultimate
11 responsibility for some of these very important legal
12 rights that are going to follow afterwards, I really do
13 think that does need to stay in our hands.

14 MS. WEAVER: Just in working with the
15 hospitals, I know they all have their own, they've worked
16 with placing children for adoption before mothers have
17 given birth who don't want their children. They've used
18 various agencies. And this is something that they kind of
19 view as their right and their privilege.

20 And in working with them when we established
21 our protocol, they said, We like to work with this agency.
22 Can we work with this agency? We don't really want
23 to -- we don't work with CYS. I've had one that said we
24 love CYS. And so we've had all varying opinions. I think,
25 You know what? They're our volunteers. We need to appease

1 them.

2 REPRESENTATIVE MANDERINO: I understand that.
3 But somewhere along the line, that adoption gets kind of a
4 state stamp of approval, if we want to call it that.

5 MS. WEAVER: Right.

6 REPRESENTATIVE MANDERINO: I think we might be
7 on the same page then. Thank you. Thank you, Mr.
8 Chairman.

9 CHAIRPERSON LEWIS: Thank you, Representative
10 Manderino. Are there any other questions? (No response.)
11 I would like to see -- I'm sorry. Jane.

12 MS. MENDLOW: Hi. Ms. Weaver, I was wondering
13 when you said that -- I think in response to Representative
14 Manderino's questions, you said that one of the first
15 things you would advise a woman who was pregnant and near
16 delivery was that she go to a hospital to deliver the baby
17 if at all possible.

18 Now, one of the things that has been mentioned
19 in various studies and reports and articles consistently is
20 many of these women don't have any health insurance and
21 they're fearful. They feel that they can't afford to go to
22 the hospital. Do you have some insight on that point?

23 MS. WEAVER: With the bill the way it's
24 written both in the Senate version and the House version,
25 it was providing for Medicaid payment to the hospital and

1 the physicians delivering the babies.

2 MS. MENDLOW: But that's if she abandoned the
3 baby.

4 MS. WEAVER: If she abandons it.

5 MS. MENDLOW: I mean, your response about, you
6 know, if the woman calls, if she's kind of panicky, she's
7 not quite sure that she wants to give up her child for
8 final adoption situation. She just knows she's going to
9 be --

10 MS. WEAVER: Well, I know that no hospital is
11 allowed to refuse to provide service. So if she does go to
12 the hospital and she doesn't have, she doesn't have
13 insurance whatsoever, that hospital, separate from our
14 program, that hospital cannot refuse to deliver her baby.

15 And although, you know, we'd like our
16 hospitals to be well-compensated, that is the way that
17 medical care is structured in the state of Pennsylvania.
18 No physician's allowed to refuse care. And quite frankly,
19 from a hospital standpoint, they would much rather have a
20 healthy baby delivered than have someone bring in a baby
21 that's going to spend 2 months in the neonatal intensive
22 care unit and require hundreds of thousands of dollars of
23 care.

24 And the actual out-of-pocket cost for the
25 physician and for the hospital is relatively little. And

1 it is -- they do have -- knowing my husband's a physician,
2 we write off a lot of, a lot of our fees because we have
3 people who don't have insurance and we see them anyway.
4 The hospitals provide the same services. So this is really
5 nothing different than what they --

6 MS. MENDLOW: I'm sorry. Go ahead.

7 MS. WEAVER: This is nothing different than
8 what they were doing before. In fact, I had one physician
9 who said I don't think I like this. I asked if he would
10 adopt it for his network of hospitals. And he said, I
11 don't know if I agree with this.

12 Then he looked at it. He said, You know what?
13 You're asking us to do exactly what we do now. The only
14 difference is you're just saying don't ask the girl her
15 name. And we can do that. This is not a big deal. And he
16 right now is trying to get the entire UPMC Health Network
17 sign on board.

18 And it looks like, it looks promising at this
19 point that that very large network will join our
20 organization.

21 MS. MENDLOW: I just have one other question
22 quickly; and that is, Do you see yourself or your
23 organization as a quasi adoption-related counseling agency?

24 MS. WEAVER: No, not at all. We really don't
25 get into the adoption business whatsoever. What we're

1 trying to do is not reinvent the wheel in any way. We're
2 trying to do things as simply as possible. And when we
3 designed this, our goal was just to get out the message
4 that if you want to drop off your baby, just do it at the
5 hospitals.

6 And we see ourselves more as a strategic arm
7 in terms of being able to organize a network that will
8 work; and secondarily, a marketing arm that will get the
9 message out and that will develop the educational program
10 that will keep the name top of mind before the public.

11 With the cases that we've, that we've had, we
12 really don't say, you know, we don't necessarily recommend
13 one adoption agency over another. Our concern is, as I had
14 said earlier, is that we lose no babies because there is no
15 mechanism.

16 So if the hospitals want the, you know,
17 whoever wants to place them, that's great. But what we
18 believe will happen is we believe there will probably be
19 more babies either found or born because there is this
20 option.

21 CHAIRPERSON LEWIS: Thank you for your
22 questions. Representative Gabig.

23 REPRESENTATIVE GABIG: Representative
24 Manderino just asked a question. And I guess we've been
25 here a long time, and I didn't have the answer for her.

1 Did you say how many babies have been -- what's the
2 term? -- dropped off or --

3 MS. WEAVER: I didn't go into detail. And it
4 is in my testimony. I just wanted to keep things down to
5 15 minutes in my discussion. But we have had a few
6 different instances, and I provided detail in the
7 testimony. But we've had a mother who called the 900, 911,
8 which I mentioned.

9 We've had someone call and say, that said that
10 she was going to give birth. I'm sorry. Number 2, she
11 had, a mother gave birth in a nonparticipating hospital and
12 wanted to give her baby to us. So our message is getting
13 out, but they aren't necessarily hearing what hospitals are
14 participating.

15 But someone did go to the hospital, and she
16 changed her mind. There was another mother who called and
17 said she was in her third trimester, what should she do.
18 And she was referred to a hospital for prenatal care.
19 There was another mother who went to -- let me see.
20 Another mother who gave birth at a nonparticipating
21 hospital. And then 4 hours after delivering her baby, she
22 said, I don't want my baby. You keep it. I'm out of here.
23 Don't call me. And she was a teenager.

24 And the hospital wasn't in our program. They
25 didn't really know our protocol. They did call her back,

1 but she didn't want it. We aren't sure if she heard about
2 our program or not. And this is what she did. The
3 hospital said they never had a case like that in 13 years;
4 it was the first.

5 And we've got to believe that it was related
6 to what we are doing because we have been covered by the
7 media for the past year. And probably the other instance
8 was I did receive a call from an adoption attorney. And
9 she told me that interestingly, there were 2 babies that
10 she had placed for adoption, for private adoption, from
11 hospitals in her area.

12 And she said, I think it's unusual. I think
13 they may be hearing your message. So the message is
14 getting out. And that's really what our focus has been.
15 My background is in marketing. And I think that the
16 message is everything.

17 If you can get it out -- you will receive
18 babies if you get the message out.

19 MS. MESTON: And so far this year, we have
20 lost 2 babies in the Pittsburgh area.

21 MS. WEAVER: It's in the counties outside of
22 Allegheny County.

23 MS. MESTON: In Aliquippa, which is Beaver
24 County, we lost a baby, and in Lawrence County. And we
25 just got Lawrence County on board with us because of that

1 death.

2 MS. WEAVER: In the Beaver County one, the
3 baby was -- well, Lawrence County, too. They were near
4 hospitals. They could have just walked in and just dropped
5 off the baby. And the unfortunate thing is these mothers
6 who abandon their babies in unsafe places, they don't want
7 anyone to find out.

8 Yet with the mother who abandoned her dead
9 baby in one of the counties, everybody knows her name and
10 her face and her story now. So it's -- the tables are
11 turned on her, whereas all she would have had to do was go,
12 you know, another mile literally and drop off her baby at a
13 safe place.

14 So we just, we want to just make sure that we
15 have the mechanisms that make sense that, or will be
16 palatable. And once again, going back to the foundling
17 home and the orphanages, make it as simple as possible and
18 maybe consider the psyche of the mother, the intentions of
19 the mothers then, and assume that they really haven't
20 changed. Mother is the same, I think, now as then.

21 MS. MESTON: I'd like to add, I really do
22 believe that you have the right idea on advertising is the
23 biggest key. And we have just started on August 1st to
24 start our PSA. And we've had people call us indicating
25 that they're seeing it on the television, which is great.

1 We have it on commercials right now. And we
2 have at least 5 different radio stations that are airing it
3 on their PSA times. We are -- as soon as this law is
4 passed hopefully, we will be constructing an educational
5 video, which that's a captive audience. We're talking
6 about children from the age of 12 to 24.

7 So we're talking about pre-high school kids to
8 college. And these are the girls that are doing it. These
9 are our daughters; these are our sisters; these are our
10 aunts; these are people that we know. This is not
11 something that is, that just only hits a certain part of
12 the world. It's hitting us all. It just doesn't, it
13 doesn't eliminate anybody. Okay.

14 And if you think that you're out of that loop,
15 you're not. It's hitting all of our families.

16 REPRESENTATIVE GABIG: Thank you, Mr.
17 Chairman.

18 CHAIRPERSON LEWIS: Thank you, Representative
19 Gabig. Two points I'd like to make. I'm very thankful for
20 your recommendation on the rural areas that lack health
21 care providers. And I think we'll have to take a look at
22 that. And any contract language you can provide us on how
23 to get out on the mothering, getting them back, if you have
24 contract language that you use in your program, if you can
25 get that to our Task Force, we'd be happy to review that.

1 MS. WEAVER: Returning the babies to the
2 mothers?

3 CHAIRPERSON LEWIS: Exactly. Or any other
4 contract language your program uses and your policies and
5 procedures, we'd take a look at that as well. Thank you
6 very much.

7 MS. WEAVER: Thank you.

8 CHAIRPERSON LEWIS: Our next presenter is
9 Carmen Schulze, the Regional Public Policy Associate of
10 Child Welfare League of America. I would like to take a
11 moment just to thank all of our presenters for coming
12 across the country to make their presentations today.

13 Ms. Williams-Mbengue came from Denver,
14 Colorado with her 2 children. We appreciate that. And I
15 understand Carmen came to us via Missouri, as well as
16 Pittsburgh, Philadelphia, and everywhere in between. So
17 thank you for your diligence in getting to our hearing
18 today. Carmen.

19 MS. SCHULZE: Thank you, Mr. Chairman and
20 members of the committee. It is my pleasure to appear on
21 behalf of the Child Welfare League of America. We are a
22 Washington, D.C. based organization with staff around the
23 country, have 1,200 members who are both public and private
24 agencies serving children who are vulnerable, their
25 families, and the everyday challenges that they face.

1 Currently, 60 Pennsylvania agencies, again
2 both public and private, are members of CWLA. I'm going to
3 shorten my testimony significantly because it does, or has
4 already been reflected in the conversations I've heard
5 today.

6 But I do have 3 brief questions to help you
7 think about as you make that broad informed decision to
8 perhaps construct the model statute that other states will
9 want to look at as they revise or initiate their work in
10 their states.

11 And these questions are: Whether
12 Pennsylvania's current child welfare system has the
13 ability, capacity, and authority within its existing
14 statutory framework to address this issue and if it
15 doesn't, why isn't it; whether existing federal laws, both
16 the Child Abuse Prevention and Treatment Act, which we know
17 as CAPTA, and the Adoption and Safe Families Act, which we
18 call ASFA, contains provisions that, if not conflict with,
19 may need to be looked at as far as your draft, particularly
20 the definitions of infant abandonment; and also, how the
21 state will then be expected to meet the outcomes that are
22 prescribed, and those are specific federal legislations;
23 and then what strategies and programs can be identified, or
24 what are the next steps for this area of infant abandonment
25 safe havens?

1 As we look at the first question, whether
2 Pennsylvania's child welfare system has the current
3 authority within its existing statutory framework to
4 address this issue without new legislation or with enhanced
5 legislation, I believe I heard Assistant Secretary
6 Stevenson this morning talking about how to build upon the
7 current child welfare system in the state.

8 And though I'm not familiar with those
9 specific statutes that you have in place, certainly CWLA
10 feels that that is an appropriate place to begin the
11 discussion. And how do you use that infrastructure without
12 duplicating not only new systems but current, adding extra
13 costs on top of that to provide those basic services to
14 that vulnerable child?

15 I've been sitting here today thinking about
16 there's nothing more joyous than celebrating the first
17 birthday of a child. And that is, I think, the focus of
18 your committee's work, is to see that Pennsylvania's
19 children get to celebrate that first birthday and get
20 birthday cake all over their face and those happy pictures
21 that we take at those events.

22 As we look at what the League has done in the
23 area of child abandonment, we did host a symposium on
24 October 12th and 13th of 2000. And one of the symposium's
25 findings at that time was that the laws are being

1 implemented based on personal values and beliefs without
2 data or knowledge of the scope of the problem.

3 Certainly, this committee has been focused
4 today on gathering that information so that you can craft a
5 law and not have it conflict with the current agency's
6 responsibility for public child welfare and child
7 protection but also not conflict with those federal laws.

8 One suggestion that I think you've undertaken
9 and begun is a review of what the current Pennsylvania
10 system might look like. And I've had a reaction today as
11 I've heard about when a child is turned into a hospital, a
12 safe haven, a secret safe haven, whether you should both
13 report to the public child welfare agency and to the police
14 or not.

15 And from the information that I've been able
16 to distill, it sounds like reporting to the police is based
17 on getting that public awareness campaign started. And
18 really, my concern for a vulnerable mother at the time when
19 she is coming to the secret safe haven is if I knew police
20 were going to be notified, would I also feel concerned that
21 that might lead to a criminal investigation?

22 What does that imply to me? Does it imply
23 perhaps that this is the start of the public awareness
24 campaign? And how do you get that rolling? You've had
25 discussions on that. But as I've noted in my written

1 testimony, nothing's for free.

2 Results do cost. Even creating new parallel
3 systems cost. And passing the law without ensuring an
4 adequate level of funding, not only for public awareness
5 but for services for these children and perhaps a mother if
6 she chooses to self-identify, is the key.

7 Let's go -- if you choose to look at the
8 current system, there are some excellent resources out in
9 the, in this area to use. Our agency publishes the
10 Standards of Excellence. These are best practice standards
11 and could help guide the discussion.

12 The Council of Accreditation for children and
13 family services is a way of measuring an organization's
14 compliance with national standards of best practice that
15 have achieved, have been achieved by professional and
16 consumer consensus.

17 And all states, all 50 states will undergo
18 what is known as the Federal Child and Family Service
19 Review that will look at and examine the framework within
20 your organization's work in the states. And all of these
21 can be used as guidelines to looking at the overall
22 snapshot of Pennsylvania's child welfare system.

23 Secondly, do existing federal laws conflict
24 with the intent of S.B. 654 as we read it; and how have
25 they been integrated into other safe haven legislation? As

1 you've heard from NCSL this morning, there has been some,
2 some of the legislation has specifically addressed
3 abandonment.

4 Two pieces of the federal legislation I think
5 that are key to state agencies are in the Child Abuse and
6 Prevention Treatment Act and the Adoption and Safe Families
7 Act. The latter was enacted in 1997, overarching
8 principles of the best interest of the child.

9 So that sounds to me to be very congruent with
10 safe haven legislation. And there the focus is the safety
11 of the child is the paramount concern along with that
12 foster care is a temporary setting and not a place for a
13 child to grow up.

14 The legislations both have specific
15 definitions of abandonment. Those have been identified in
16 your written legislation. I urge you to look at those and
17 think about what kind of ethical dilemma could be created
18 if your legislation on safe haven poses a new and different
19 abandonment definition compared with what is in the federal
20 legislation.

21 And we must always keep the eye on what I
22 think ASFA does. And that is the child, thinking about
23 does this help facilitate adoption of the child; what
24 happens if there is not medical history; will that be a
25 deterrent; what other information could be shared with an

1 adoptive parent that in this instance is critical to gain
2 at that time?

3 And certainly, the whole debate over the ID
4 bracelets, I know that internally, even at the League,
5 we're talking about how does that play out for that mother
6 and could those be transferred to someone else for a price?
7 You know, what are the, again, the ethical dilemmas that
8 could be faced with the challenge now that we do have
9 emerging scientific capabilities to look at parentage?

10 And last but not least, I think that we've
11 heard this over and over again, is that we really don't
12 know what works. We really don't have research what works
13 for prevention. We really don't -- we are starting to know
14 what works for intervention.

15 Your last testimony is a great example of what
16 is an intervention that does work to save kids. We don't
17 have data. We don't have data organized in one place.
18 Some states don't even ask for data to be collected in
19 their state.

20 And I think that those are all important as
21 you look at what programs do work. We know that for young
22 parents, home visitation is key. And is there a way to
23 offer that service to a parent in crisis with a newborn
24 immediately? What avenues can be provided to provide that
25 family support that is obviously lacking for a child and

1 their mother at this time in crisis?

2 Certainly, the League is, again, focused on a
3 vision for making communities a safe place with their child
4 in a safe family. And we are committed to working with our
5 members and providing them with any technical and
6 consultation assistance advocacy on Capitol Hill in D.C.,
7 research to practice in another initiative so that not only
8 Pennsylvania's children but all children get to blow out
9 their first birthday candle. Thank you.

10 CHAIRPERSON LEWIS: Thank you very much for
11 your presentation. Can I entertain some questions?
12 Representative Manderino.

13 REPRESENTATIVE MANDERINO: Thank you. Just a
14 quick question. And actually, maybe it's more of a
15 comment. But I was glad to hear you mention kind of home
16 visitation and things like that. And I'm just sitting here
17 thinking, I mean, I'm struggling with this whole thing.

18 And I have yet to hear any real harm that this
19 kind of legislation brings. I'm just not quite sure I'm
20 confident that it brings good. I mean, at the most, it
21 doesn't hurt. I don't know how much it helps. But
22 wouldn't it be nicer that once I call that 800 number and I
23 say I had a baby yesterday and I don't want this baby and,
24 you know, instead of saying, Well, take it to X, Y, Z
25 hospital and leave it there and they won't ask you any

1 questions, wouldn't it be nice if we could say, Well, you
2 can take it to X, Y, Z hospital and leave it if you're sure
3 that that's what you want to do or we have a visiting nurse
4 that we can send out to you this afternoon, and maybe you
5 want to try that first?

6 MS. SCHULZE: One of the conversation points
7 that I have not heard a lot of discussion today is on
8 funding. And certainly, duplicate systems cost money. So
9 if you're not looking at duplicating but building on your
10 current system, there may be resources.

11 But we really haven't talked about that we
12 could offer funding for that visiting nurse to come out as
13 a prevention strategy from abandonment and, again, give
14 them the option of here's a safe haven for your child or if
15 you feel that you would like somebody to come out today
16 within X hours, we would be glad to contact that
17 organization.

18 That still doesn't preclude you from getting
19 to use the other option that was presented. But I really
20 have not heard a discussion of funding, and that's why I
21 felt that I needed to bring it up because it really is not
22 a neutral-cost bill.

23 REPRESENTATIVE MANDERINO: You mentioned a
24 couple -- and I'm sure that our very competent staff will
25 look at those laws. But I think you raised a good flag in

1 terms of looking at both our state laws and federal laws.
2 From what you have heard today -- because I know that you
3 sat here and listened to all of the testimony -- and your
4 familiarity with the federal laws that you cited, do you
5 have any red flags that have raised?

6 I mean, does it sound like anything that we've
7 talked about so far is in conflict or is going to put us in
8 a conflict?

9 MS. SCHULZE: The one area that I've heard as
10 far as discussion today has been on notification and do
11 you publish what is sufficient notification, do they
12 sign -- I've heard in one instance they've signed some
13 voluntary termination at the time that they dropped off
14 the child.

15 You know, I really don't have that sense in my
16 mind clear about due process rights for the parent along,
17 not only the parent or -- what is it called? -- legal
18 custodian that drops -- or lawful custodian I believe it
19 says -- the lawful custodian that drops that child off.

20 But then if that isn't the other parent, I
21 mean, I'm also worried about the putative father and would
22 caution you to look at their due process rights as far as
23 adoption, notification of termination of parental rights
24 would fall into play.

25 REPRESENTATIVE MANDERINO: Thank you. Thank

1 you, Mr. Chairman.

2 CHAIRPERSON LEWIS: Thank you, Representative
3 Manderino. Representative Gabig.

4 REPRESENTATIVE GABIG: Thank you, Mr.
5 Chairman. And I guess that that issue that you were just
6 responding to is the issue that I, I guess I'm missing.
7 When you get down to -- let's just refer to page 6 on your
8 testimony. And you specifically refer to some of those
9 rights of the father.

10 In the paragraph where you say we got to focus
11 on the child, we agree that we don't want a child discarded
12 in the dumpster but the child is given rights to know their
13 medical or personal history and this is shared with the
14 adoptive parents.

15 I guess as I understand the intent of this
16 legislation, if that child is put in the dumpster and if we
17 could have a rescuer come and pull that child out, we never
18 know who the person was that dumped him in there, well, we
19 can't get there. I mean, that doesn't happen.

20 But this is an alternative. This safe haven I
21 think is the approach to it. And obviously, you're going
22 to lose that medical history and you're going to lose the,
23 knowing who your biological parents were, et cetera. But
24 the alternative of saving a life, I think, is what
25 overcomes that, is more important than that.

1 So I don't, I don't see that as the issue.
2 But I certainly appreciate your -- I don't see that as an
3 issue that would prevent us from moving forward with this
4 legislation or be in conflict with the federal law. But I
5 certainly appreciated your testimony regarding the federal
6 law.

7 I think you're the only one that was able to
8 give us some of those, or at least give me some of that
9 background. And I appreciate that. Thank you. Thank you,
10 Mr. Chairman.

11 CHAIRPERSON LEWIS: Thank you, Representative
12 Gabig. Are there any further questions? (No response.)
13 Seeing none, thank you very much --

14 MS. SCHULZE: Thank you very much.

15 CHAIRPERSON LEWIS: -- for your testimony.
16 Our next presenter is Melissa N. Speck, Policy and
17 Regulatory Analyst for the Hospital and Healthsystem
18 Association of Pennsylvania. Good afternoon, Melissa.

19 MS. SPECK: Good afternoon.

20 CHAIRPERSON LEWIS: And thanks for your
21 patience and everyone else's patience. We've had a very
22 good day of testimony. And it's taking a little longer
23 than we had originally planned, but it's been very good.
24 Welcome.

25 MS. SPECK: Thank you. Chairman and members

1 of the Judiciary Committee, I'm Melissa Speck, Director of
2 Policy Development of the Hospital and Healthsystem
3 Association. HAP represents and advocates for over 250
4 acute and specialty hospitals and health systems in the
5 Commonwealth and the patients that they serve.

6 HAP is pleased to present testimony here today
7 on Senate Bill 654 providing for infant protection. HAP
8 supports the intentions behind Senate Bill 654. However,
9 we feel it's important to note that the coordination of the
10 legal system and the health care system have to complement
11 one another in order to avoid burdensome administrative
12 processes and ensure that the full intent of the bill is
13 not defeated; therefore, we're requesting that the
14 following issues receive additional consideration.

15 And I've kind of divided them into 2 different
16 areas: Terminology, which is more technical type things as
17 the legislation's been drafted; and then some
18 process-oriented issues. The first under terminology is
19 newborn/infant. We've had a lot of discussion. And I've
20 heard several things today with regards to the definition
21 of newborn and infant.

22 The health care community defines infants and
23 newborns separately. Infancy is defined as the stage of
24 life from one month to one year of age, while neonate or
25 newborn is the stage of life from birth to one month of

1 age. We recommend that Senate Bill 654 use the term
2 newborn to mean an infant less than 28 days.

3 The 28 days I think has been the discussion of
4 issue today. But -- and that's not as much of a concern
5 for us as it is that we want to make sure we're talking
6 about newborns; we're not talking about infants; and we
7 have consistency across, across the legislation because
8 they are used interchangeably throughout.

9 The definition of hospital: Currently, in the
10 legislation that's drafted, that the definition be taken
11 from the Emergency Medical Services Act. And as that
12 stands, that definition includes rehabilitation and acute
13 long-term care facilities.

14 There's also been discussion today about why
15 hospitals had been designated as the safe haven. And there
16 was concerns -- I believe Pinnacle had cited that there
17 were concerns with regards to ensuring that there was
18 appropriate mechanisms in place in services being able to
19 be provided to that newborn.

20 We would like to see that definition amended
21 to include what is already included in the Emergency
22 Medical Services Act but add that "has an organized
23 emergency department." That will then, in essence, exclude
24 those facilities such as long-term care and rehabilitation
25 facilities that truly don't have an organized emergency

1 department and would not have the ability to care for that
2 newborn.

3 All hospitals in the state of Pennsylvania and
4 across the country, as was referred to before, are required
5 to treat any patient that walks in their door. And that
6 means to stabilize them and get them transferred then to a
7 facility that can meet their needs. That's under EMTALA.

8 However, if we're looking at legislation and
9 being able to define and designate specific places, it
10 would benefit to have that definition expanded to define
11 that it's only those hospitals that have organized
12 emergency departments.

13 Thirdly, under the technical or the
14 terminology areas is the whole issue around transfer.
15 Again, in the legislation, there needs to be some
16 consistency as it relates to whether the infant is
17 transferred to a health care provider at the hospital or
18 transferred to the hospital. There's a difference.

19 The legislation stipulates that the transfer
20 is made to the health care provider at the hospital in
21 Section 6402(b) and then again in Section 6404(a)(2).
22 However, when we talk about the identification bracelets
23 further in the legislation, we actually then say that the
24 transfer needed to be taken to the hospital rather than the
25 individual. So again, we're recommending this is a

1 technical correction that can easily be accommodated and
2 changed.

3 Now, as it relates to process and procedures,
4 the identification bracelet I believe has come up several
5 times today. We feel that given the intent of the bill is
6 to provide protection to those who voluntarily are
7 relinquishing a newborn, requiring a hospital to issue an
8 identification bracelet actually may subvert that intent.

9 Again, the whole anonymity issue. The
10 bracelet, I think, was provided as a mechanism for persons
11 wishing to be reunited with that newborn and in a standing
12 court procedure. We question whether the lack of issuing a
13 bracelet would prohibit that said person from actually
14 participating in those court proceedings.

15 We're asking you to consider that more likely
16 than not, there's not going to be a sufficient amount of
17 time for that exchange of information and an actual
18 bracelet, identification bracelet. And additionally, we
19 don't feel that the bracelet presumes maternity, paternity,
20 or custody; and therefore, we're asking that that actually
21 be deleted from the legislation.

22 Next, under transfer of custody, designating a
23 hospital as a place in which an unwanted newborn may be
24 relinquished gives the hospital the authority to take
25 protective/physical custody of the child. However,

1 physical protective custody does not equate to legal
2 custody; and therefore, the hospital would not be able to
3 make medical decisions of a nonurgent need.

4 Again, we recognize and fully are responsible
5 for making and treating anybody that walks in under EMTALA.
6 However, when you have a healthy newborn that is presented
7 as an abandoned infant, those are nonurgent decisions that
8 would have to be made.

9 And therefore, we have the following questions
10 in terms of who would have that responsibility, who makes
11 decisions regarding the medically necessary care of the
12 nonurgent nature for a newborn, where is the newborn to be
13 cared for if there are no medical reasons for the newborn
14 to be maintained as an inpatient within the hospital, who
15 will assume financial responsibility for care provided to
16 the newborn?

17 We're recommending that legal custody actually
18 be immediately transferred over to the county agency. That
19 again has come up several times today in terms of the time
20 period for notification and then the subsequent hearings
21 that take place.

22 HAP's requesting that the following language
23 be added so that we can ensure that that custody is
24 immediate and will enable hospitals to treat the newborn as
25 an inpatient if necessary but subsequently be paid for the

1 services:

2 "Transfer of a newborn to a health care
3 provider at a hospital shall be construed as immediate
4 consent for the county agency of the county in which the
5 newborn is delivered to assume legal custody, direct
6 medical care and treatment, and the newborn be considered
7 immediately eligible for medical assistance to ensure
8 payment of medical services provided."

9 We further recommend that the county agency be
10 required to make placements, immediate placement
11 arrangements for that newborn that would not need inpatient
12 care within the hospital. We feel that home placement for
13 these newborns is the most appropriate setting rather than
14 continued hospitalization while the court determines the
15 status of that dependent child.

16 Because this would be a voluntary surrender,
17 there shouldn't be any objection to the county agency
18 assuming immediate legal custody of the newborn and thus
19 giving them the authority to make those medical decisions
20 on behalf of the newborn, assume financial responsibility
21 related to the care and, finally, make appropriate
22 placement.

23 On behalf of Pennsylvania Hospitals and
24 Healthsystem, I thank you for the opportunity to present
25 testimony and would welcome any questions.

1 CHAIRPERSON LEWIS: Thank you for your
2 testimony. I would like to allow Representative James to
3 introduce himself and his legislative district.

4 REPRESENTATIVE JAMES: Thank you, Mr.
5 Chairman. I'm Representative Harold James from
6 Philadelphia.

7 CHAIRPERSON LEWIS: Thank you, Representative
8 James, for coming to our Task Force meeting. We kept it
9 going. Are there any questions of Melissa? Representative
10 Gabig.

11 REPRESENTATIVE GABIG: I would like to
12 explore, Mr. Chairman, if I could, this difference between,
13 I think you called it emergency care and nonurgent medical
14 care. What would be the difference in sort of a practical
15 sense? What are you talking about there? If you have this
16 newborn, it seems like all care would be pretty urgent. Or
17 am I missing something there?

18 MS. SPECK: I think it's probably a fine line.
19 The difference in my mind that I see is you've got a
20 healthy newborn that's dropped off, abandoned from the
21 mother who chose, is choosing not to keep the infant. The
22 infant doesn't need any type of extraordinary medical care.
23 It's stable. Everything is fine.

24 Nonurgent care would equate to things like
25 ensuring the hepatitis shot's given, the drops are given,

1 those kinds of things versus you have an infant that was
2 just born, had complications during delivery and is
3 abandoned at the doorstep, may need life saving measures.

4 There's a difference between those types of
5 things. And again, the hospital gets into a predicament in
6 terms of who can make those decisions. If it's truly
7 emergent, they will have to, by law, take and deal with any
8 emergent situations that they're presented with.

9 Of course, no hospital's not going to treat a
10 child if there's scratches or any types of other things
11 that may have been physically present. But routine types
12 of care are things that are nonurgent and thus have to be
13 looked at in a different vein in terms of who has
14 permission and the authority to grant that care be given.

15 REPRESENTATIVE GABIG: You know, having had
16 some young children fairly recently, you know, they
17 go -- the term infant versus newborn, I guess we're talking
18 about newborns, right?

19 MS. SPECK: Correct.

20 REPRESENTATIVE GABIG: Almost everything
21 they're doing in their -- aren't they -- the first 72 hours
22 you're going to have them, isn't it all going to be routine
23 care of a child that needs everything just to stay alive,
24 needs all that treatment just to live? Am I wrong? Do you
25 see what I'm saying?

1 So there should be a period of time, I guess,
2 that you want to cut off to let's get this child
3 transferred. But for at least the first initial whatever,
4 72 hours or whatever this initial time that the hospital's
5 going to be in custody, 48 hours, whatever that time period
6 you might suggest, they should be getting all the care that
7 any infant would get. Am I -- not just emergency
8 treatment. Am I right about that?

9 MS. SPECK: Right. I think what you're
10 probably referring to is treatment versus care. Treatment
11 implies some medical types of things. And when I had my
12 child, I had to sign that I wanted those shots given, I
13 wanted this done and this done. I had to give that
14 permission. I also had the right to say no, I didn't want
15 those shots administered.

16 Those are the types of things that I'm
17 referring to. That actually putting the hospital in that
18 position for that 72 hours or whatever the defined amount
19 of time would be, the hospital's not the one nor the health
20 care provider should be the one to make that decision. It
21 should be whoever has legal custody.

22 REPRESENTATIVE GABIG: Okay. So you
23 think -- how soon do you think -- you say immediately that
24 the custody should be transferred to Children and Youth?

25 MS. SPECK: Yes, that's what we're

1 recommending. As it's drafted now, I believe notification
2 is required within 24 hours. And in the legislation, it's
3 not clear. And I believe it falls under then the Juvenile
4 Act and the Child Protective Services Act as far as the
5 proceedings that take place after that fact.

6 During that time then, though, you've got that
7 window of 3 days or even over 72 hours if it's granted
8 through the courts. But again, we become more, it may be
9 more of care for the newborn, meeting their basic needs,
10 feeding, changing, burping, those types of things versus
11 the medical care that would be received as an inpatient.

12 Newborns that are born and mom takes the baby
13 home happens generally within 48 hours unless it's a
14 cesarean section. They care for the baby during that time
15 while they're in the inpatient stay, and then they go home.
16 If you're past that phase, then who's taking care of that
17 child?

18 Are we asking the hospital to continue and
19 take care of that child as the custodian or as the
20 surrogate parent during that time, or is it the Children
21 and Youth services county agency that takes custody and
22 then finds the placement at a more immediate pace?

23 REPRESENTATIVE GABIG: Okay. Thank you.
24 Thank you, Mr. Chairman.

25 CHAIRPERSON LEWIS: Thank you, Representative

1 Gabig. Representative Manderino.

2 REPRESENTATIVE MANDERINO: Thanks. I think,
3 following up on Will's question, that this issue, this
4 technical issue would become more of a problem not so much
5 in the routine care but in the, a scenario whereby a baby's
6 dropped off, it was immediately in distress, you acted
7 under emergency procedures, you didn't have to ask, you get
8 the baby stabilized and then all of a sudden, you know,
9 still within some short period of time, 24 hours, or
10 something, you realize that, you know, this is a baby that
11 you have on a respirator that isn't going to be able to
12 maintain life after respirator or something and we don't
13 want the hospitals and the doctors being in a decision to
14 decide that a do-not-resuscitate order is appropriate in
15 this instance.

16 MS. SPECK: That would be a scenario, correct.

17 REPRESENTATIVE MANDERINO: Okay. I understand
18 that part. One of the prior testifiers -- I think it was
19 the women from A Hand to Hold -- had talked about us not
20 making Children and Youth the legal custodian but giving
21 hospitals a choice for some other entity to be a legal
22 custodian.

23 Now, part of my question might be not
24 understanding exactly what she was suggesting. I had an
25 immediate concern about what she was suggesting, and it was

1 particularly in this kind of case. In a case where part of
2 who is taking the legal custody, well, 2 things follow.

3 One that follows is an assurance that payment
4 is going to happen. But another one that comes is who then
5 has the responsibility for making those kind of legal
6 decisions that could be medical decisions that could
7 potentially be life and death decisions? And do we want a
8 lot of other kinds of entities being vested in that, or do
9 we really want it to be the governmental entity that's in
10 charge?

11 I think your testimony was suggesting the
12 governmental entity because that's where the legislation
13 originally took us. But if she's saying, Hey, you know, we
14 have all these hospitals in Western Pennsylvania that are
15 already part of our network and are working with us and
16 some of them don't want it to be Children and Youth, is
17 there anything complicating that decision about who it gets
18 vested with from a hospital perspective?

19 MS. SPECK: As I listened, as I listened to
20 that testimony, the first thing that came to my mind is I
21 think we're walking a fine line between adoption versus the
22 abandoned infant. I think that hospitals across the state
23 have networks for that mother who was in the hospital and
24 after 4 hours has not seen that baby, doesn't want to see
25 that baby, and decides that she wants to sign away her

1 parental rights.

2 That is a mechanism that's allowed in the
3 hospital and is done, and then an adoption agency may have
4 formed a relationship that can take over. It's different
5 when the baby's left in the bassinet on the back step.

6 REPRESENTATIVE MANDERINO: So if we leave
7 things kind of the status quo as it comes to this, it would
8 be as it is now. When we're getting to the adoption phase
9 of things, we could leave it the way it happens now. And
10 it could be Children and Youth, or it could be some
11 adoption, or it could be whatever.

12 But when we get to the abandonment issue, what
13 happens now, whether it's a safe haven or not -- we don't
14 have safe havens per se under state law -- but right now,
15 the decision-making with regard to that child who is
16 abandoned, not that child who is going to be adopted, is
17 now vested with Children and Youth.

18 MS. SPECK: That's what we would recommend,
19 that it be --

20 REPRESENTATIVE MANDERINO: Is that how it is
21 now?

22 MS. SPECK: Right now if an infant is there,
23 you have to wait until the custody hearings take place.
24 Again, I don't know that there's been many hospitals. The
25 number of cases here in Pennsylvania is not such that

1 there's been a record to show how it takes place. It falls
2 under the Juvenile Act.

3 But again, I think it's a fine line and that
4 we need to make sure we're distinguishing the difference
5 between true abandoned infants versus those infants, or
6 newborns -- excuse me -- those newborns that are up for
7 adoption or the mother that wants to relinquish,
8 voluntarily relinquish their parental rights.

9 REPRESENTATIVE MANDERINO: Thank you.

10 CHAIRPERSON LEWIS: Thank you, Representative
11 Manderino. Do we have any further questions? (No
12 response.) Just a hypothetical for you. What if A Hand to
13 Hold and a Secret Safe Place were a very successful at
14 every single hospital in this state, would we need
15 legislation? What areas do we really need legislation on
16 for this bill?

17 MS. SPECK: Again, I believe it comes down to
18 who has the legal custody during those times because A Hand
19 to Hold is providing that network as is a Safe Place. But
20 the issue truly becomes, when that infant is left on the
21 doorstep, who's making those decisions and who's paying for
22 that care during that time until an appropriate placement
23 is found?

24 CHAIRPERSON LEWIS: Because this is obviously
25 happening right now. There are babies that are abandoned

1 in hospitals.

2 MS. SPECK: And each hospital has a different
3 mechanism for, I believe, taking and saying to an adoption
4 agency that they've got a relationship with or to the
5 county agency. I think you'll see a variety of scenarios
6 across the state. So the legislation would provide a
7 uniform approach to that.

8 CHAIRPERSON LEWIS: And do we want to
9 interfere, though, with the hospital's current network that
10 they've developed over the years?

11 MS. SPECK: Not all hospitals have that
12 network. So this would again -- and I think the
13 legislation also allows for the publicity and ability to
14 raise the awareness in the public so that you can, can
15 provide that mechanism in place and have a mechanism for
16 them to be dropped off safely.

17 CHAIRPERSON LEWIS: Do you know the legal
18 standard for the medical assistance that needs to be
19 established?

20 MS. SPECK: I am not familiar with the details
21 behind that, no.

22 CHAIRPERSON LEWIS: Okay. Well, we'll work on
23 our committee with that. Representative Manderino.

24 REPRESENTATIVE MANDERINO: Today, whether a
25 baby is abandoned at a hospital or a baby is found on a

1 street corner and brought to the closest emergency room so
2 now that baby, if it's still living, ends up in a hospital
3 institution, who pays for the care that's been provided
4 now?

5 Is that something that you're, is
6 uncompensated care? It's not something that you can apply
7 currently under the State Medical Assistance --

8 MS. SPECK: That's correct. They're not
9 eligible.

10 REPRESENTATIVE MANDERINO: Okay. Thank you.

11 CHAIRPERSON LEWIS: Any further follow-up
12 questions? (No response.) Seeing none, thank you very
13 much for your presentation. And if you have anything you'd
14 like to supply afterwards, that would be great, too. Thank
15 you. And last but not least, our final presenter today is
16 Laura L. Bauer, the Legislative Chair for the Delaware
17 Valley Adoption Council. Good afternoon, Laura. Thank you
18 very much for your patience today.

19 MS. BAUER: Sure.

20 CHAIRPERSON LEWIS: And you may proceed.

21 MS. BAUER: Thank you for this opportunity to
22 be with you today to provide testimony on Senate Bill 654.
23 I am here representing the Delaware Valley Adoption
24 Council. We are a consortium of 50 members of the adoption
25 community in Pennsylvania, New Jersey, and Delaware, with

1 the greatest number of our membership from the southeast
2 region of Pennsylvania.

3 We are a diverse group. We represent public
4 child welfare agencies, private adoption agencies,
5 independent adoption attorneys, adoptive parent groups,
6 adoptee and birth parent groups, and other professionals
7 with an interest in adoption.

8 The primary purpose of the Council is to
9 promote the concepts of best practice in adoptions and to
10 facilitate permanency for children. We are proud of our
11 25-year history and our accomplishments. The Delaware
12 Valley Adoption Council applauds all efforts to prevent
13 harm and keep our most vulnerable children safe.

14 We support decriminalizing abandonment when a
15 parent delivers an unharmed newborn to a safe place.
16 However, we stand strongly opposed to Senate Bill 654
17 because of the potential harm that it may unintentionally
18 create in the name of saving babies.

19 The proposed bill aims to effectively address
20 the problem of infant abandonment in public places and
21 infanticide. This is a public concern that triggers an
22 emotional cry for a solution. Senate Bill 654 aims to
23 provide that solution but fails on multiple levels.

24 First and foremost, we must recognize that our
25 state law already allows women to voluntarily relinquish

1 custody of infants in a safe, nonthreatening manner that
2 protects the privacy of the parents and allows the infant
3 to be adopted.

4 The question then that really must be asked is
5 what prevents some women from utilizing the existing
6 services when confronted with an unplanned and unwanted
7 pregnancy, not how can we make abandonment safer.

8 Thousands of infants are abandoned in
9 hospitals across the nation every year. Many of the
10 parents are drug addicted and impoverished. Senate Bill
11 654 does not attempt to address the plight of these
12 children and families.

13 It does seek to impact on what is no more than
14 a handful of individuals who are either unaware of services
15 or are too scared, misinformed, or in such denial of their
16 pregnancies that they deliver their child in unsafe places
17 and simply walk away or try to conceal the birth.

18 There is very little known about these
19 individuals who show so little regard to human life and
20 apparently are unable to consider the consequences of their
21 actions. Therefore, legislation aimed to address the
22 problem is unlikely to meet success without further study
23 and careful consideration.

24 Today, there is no evidence that indicates
25 that these traumatized individuals are any more likely to

1 walk their child into a designated hospital or other safe
2 haven given the promise of anonymity and legal protections.
3 We heard a lot of that today.

4 However, removing the threat of prosecution
5 when an infant is delivered to a safe place does have some
6 merit. Let me provide you with an example of why DVAC
7 members would support such action. Several years ago,
8 there was a highly publicized case in one of the counties
9 in Pennsylvania when an individual abandoned a baby in the
10 stairwell of a small-town hotel on Easter Sunday.

11 The story hit the papers immediately, and the
12 baby was dubbed Baby Bunny Doe. Luckily, the infant was
13 examined at the local hospital and deemed to be in good
14 health and unharmed. The local Children and Youth agency
15 was contacted. And per all the usual CPS law, the baby was
16 declared a dependent child.

17 She was placed into a home with a couple who
18 were approved as both a foster and adoptive family. For 3
19 months, the police investigated and papers ran articles.
20 The media made it clear that the police were hoping to find
21 the parent and would use the full extent of the law to
22 prosecute the person who had abandoned the helpless infant.

23 Meanwhile, CYS was mandated to do everything
24 within its power to locate the birth family members so that
25 family service planning could be provided. No family

1 members came forward, and the individual responsible for
2 abandoning the baby was never found. No surprise when one
3 considers the shame, public humiliation, and criminal
4 prosecution she would have faced.

5 Today, the adoptive family struggles to find a
6 way to explain their child's early beginnings to her
7 without inflicting emotional turmoil and pain. After all,
8 it is painful to learn that you were so insignificant that
9 you were left or dropped off, a much different scenario
10 than that in which a woman makes a careful, unselfish,
11 well-considered adoption plan.

12 For the family, every routine doctor's visit
13 is a reminder of how little they know regarding their
14 child's health risks. Is it possible that the same person
15 who left that baby in a stairwell would have walked her
16 into a hospital given knowledge that it would have been
17 safe to do so?

18 Might well-trained personnel equipped to
19 intervene on behalf of the individual in crisis assist the
20 birth parent in understanding the consequences of legal
21 abandonment for her, other birth family members, and the
22 child?

23 Could informational counseling be offered and,
24 in so doing, likely reduce the potential number of
25 abandonment? Could critical child and family medical and

1 social history be obtained? Members of the Delaware Valley
2 Adoption Council believe it can be done with thoughtful
3 consideration for all these issues. We challenge the
4 legislators to develop law that will be fair and just and
5 give protections to children, birth parents, and adoptive
6 parents alike.

7 So what is wrong with the proposed bill as it
8 reads now? First, we know that total anonymity is
9 dangerous and unworkable. There is no way of knowing if
10 the person leaving the child actually has lawful custody
11 since he or she may be anonymous.

12 The potential for fraud and legal challenges
13 leave those of us in the adoption community who have worked
14 so hard to ensure every individual's right to due process
15 terrified of the potential ramifications. For example,
16 anonymity will make it virtually impossible for the child
17 welfare agency to make diligent efforts to notify parent,
18 guardian, or other family members of the whereabouts of the
19 infant, which is a provision of the bill.

20 As a result, the possibility that there might
21 be a family member who is able and willing to provide care
22 and protection to the child will not matter. Such
23 disregard for kinship ties is in direct conflict with all
24 existing child welfare laws.

25 Next, we are concerned with the language in

1 the bill that states a person accepting possession of the
2 infant may request the infant's medical history. The
3 language implies that the information is of little
4 significance and assumes that a person transferring
5 possession of the infant will be unwilling to provide
6 medical history. The language emphasizes the person's
7 right to not disclose any information.

8 The Delaware Valley Adoption Council strongly
9 opposes these ideas. Decades of experience working with
10 women in crisis, facing unplanned pregnancies and other
11 hardships have taught us that these women can be assisted
12 in making responsible plans for their unborn or newly born
13 child.

14 We are confident that with well-trained and
15 skilled workers, women in desperate crisis willing to
16 legally abandon their infant may be assisted in providing
17 not only the infant's medical background but family medical
18 and social background as well.

19 Over and over again, the adoption community
20 has been reminded of how important medical and personal
21 identity information is to the physical and emotional
22 well-being of adoptees and the adults who parent them. In
23 the past 10 years, the adoption community and the
24 legislators who have mandated a central registry have made
25 tremendous strides to ensure that adoptees and adoptive

1 families are provided with as much nonidentifying
2 background information on biological family as possible.

3 We find no reason for these retro laws that
4 will set back the progresses gained in the past 25 years of
5 adoption practice. We again challenge the lawmakers to
6 include language that will set much higher expectations for
7 hospital personnel who will be responsible to accept
8 possession of infants and to provide provisions for the
9 funding that will be needed to train and hire these skilled
10 counselors.

11 Finally, what may be our most troubling
12 concern is that if this bill passes into law in its current
13 form, will such legislation encourage parental
14 irresponsibility? After all, there is a provision -- and
15 we've heard a lot of testimony -- about the importance of
16 promoting public awareness and publicity about legal
17 abandonment, while it remains mute on publicizing free and
18 confidential counseling.

19 The State of New Jersey has allocated a half
20 million dollars to promote their safe haven law. Busses
21 and billboards advertise the slogan, "No shame, no blame,
22 no name." If you have been an adoption professional long
23 enough, you have probably worked with at least one woman
24 who wishes to bypass the legal formalities or argue that a
25 birth father should have no rights.

1 The members of the Delaware Valley Adoption
2 Council foresee a high risk that women who would otherwise
3 plan responsibly for an unwanted pregnancy may determine
4 that legal anonymous abandonment as an easy and preferable
5 alternative in light of the no questions asked policy.

6 All safeguards provided in the Pennsylvania
7 Adoption Act would be effectively sidestepped. For the
8 child, the result of legal abandonment means placement in
9 the child welfare system, delay in termination of parental
10 rights versus a voluntarily relinquishment and a complete
11 lack of medical history and personal identity information
12 such as race, ethnicity, and even in most of these cases
13 the child's date of birth. Though we are certain that this
14 was not the intent of the legislators, we argue that it
15 will be the effect.

16 In conclusion, we would like to offer some
17 suggestions for legislators to consider. Decriminalizing
18 the act of abandoning infants in designated safe places is
19 not harmful in and of itself. It is possible that it may
20 encourage individuals who are contemplating leaving a child
21 in a public place to do otherwise.

22 We remain doubtful that it will have impact on
23 individuals who abandon infants in very risky places like
24 toilets and dumpsters. Decriminalization alone is a
25 Band-Aid approach to dealing with the problem of infant

1 abandonment and infanticide.

2 It does nothing to address the issues that put
3 these women in crisis. A more comprehensive and preventive
4 approach will include fiscal allocation for increased
5 public awareness regarding free and confidential options
6 counseling, not only information about legal abandonment.

7 Public information will need to include where
8 and how to access counseling services. The stigma
9 surrounding adoptions and the public misperceptions
10 regarding its process will need to be challenged.
11 Initiatives to educate and train school personnel such as
12 teachers, guidance counselors, and nurses on the ways to
13 establish dialogue with children about reproductive health
14 and to provide students with information regarding all of
15 their options should they find themselves pregnant, feeling
16 alone and scared will need to be implemented.

17 These are just a few suggestions that we
18 believe will have a positive effect on protecting infants.
19 The Delaware Valley Adoption Council wishes to extend its
20 thanks to each of you for consideration of this testimony.

21 CHAIRPERSON LEWIS: Thank you very much for
22 your presentation. At this time, I'll entertain questions.
23 Representative Gabig, we've been starting with you.

24 REPRESENTATIVE GABIG: Thank you. Thank you,
25 Ms. Bauer, for your testimony, which if I'm following the

1 testimony that we heard earlier, it sounds a little bit
2 different than most of the stuff we heard today on many
3 issues. Although, if I'm following your line of argument
4 or your testimony -- I'm sorry -- you do think the intent
5 of the bill is sound; is that right?

6 MS. BAUER: We do. We do think that
7 decriminalizing abandonment has its merits.

8 REPRESENTATIVE GABIG: And if I also -- I was
9 listening to you and also trying to read along in your
10 prepared testimony. I think you mentioned a handful of
11 cases, some of which we heard today. This might be a good
12 thing for those either young girls or young women that are
13 in this panic situation, panic pregnancy, and unreported
14 pregnancy.

15 You also, if I'm following your testimony in
16 listening to you, think that the bill might be able to
17 address some of those cases. If 1 or 2 of those panicked
18 young girls or women would take advantage of the safe
19 haven, it would be worthwhile, I guess is my question. Do
20 you agree with that?

21 MS. BAUER: I do agree. We do feel that it
22 may reach the individual who wraps the child in a blanket
23 and leaves the child in a stairwell of a hotel or other
24 public place. We have a lot of doubt whether or not this
25 will truly aim at those individuals who are panicked, who

1 are in such crisis and fear and just total overwhelmness
2 that they will in fact think enough to take the baby to a
3 safe haven.

4 REPRESENTATIVE GABIG: With the public
5 awareness campaign that apparently would go along with
6 this, why do you have those doubts? I mean, won't you
7 think it would reach some people? We heard about some of
8 the examples in Allegheny County and the surrounding areas
9 where perhaps they hadn't quite reached that but because of
10 the intervention and prevention, they seemed to make
11 different decisions that might have otherwise occurred
12 which led to better results than the stairwells.

13 MS. BAUER: What I heard, though, is that
14 through public awareness campaign, there are women who are
15 hearing about this other option and that they are using it.
16 It doesn't necessarily say to me that these are the same
17 women who are leaving the babies in public toilets and
18 dumpsters and things like that.

19 REPRESENTATIVE GABIG: I guess that's a good
20 point. And I guess that goes back to some of the comments
21 that I heard earlier, primarily from Representative
22 Manderino, about this bill, the Senate Bill seems to do no
23 harm at least and if it is an opportunity for at least some
24 of these young girls or women that find themselves in this
25 situation to have that alternative, it certainly would be a

1 good thing.

2 And I guess I didn't hear from you. Do you
3 just want to pitch this bill and not go forward with this,
4 or do you think there's some way to improve it and make it
5 stronger?

6 MS. BAUER: I think that there's ways to
7 improve it. I think we have a lot of concern. I hear, you
8 know, this at the very least will not do any harm. But I
9 think that the Delaware Valley Adoption Council would argue
10 that. It may do some harm in the event that we're
11 encouraging more women to abandon babies rather than place
12 them for adoption or other options.

13 What this means to -- as I had already said,
14 that what this will mean to children is that they weren't
15 thought of enough. There has been a lot of evidence
16 through years of practice in the adoption field that
17 children fare much better emotionally and also physically
18 in some cases when they know their medical history, when
19 they know that their birth parents have made, made an
20 informed decision, a planned decision for them to be cared
21 for by another person.

22 REPRESENTATIVE GABIG: I understand that. And
23 I think you made that clear. But the child that's in the
24 dumpster and has died, he or she doesn't have any benefit
25 of the medical history or any of those quality of life

1 issues. They're dead. So I think that the purpose of the
2 bill is to prevent that from happening.

3 Other children that are adopted that have the
4 benefit of those medical, this is not going to affect them
5 at all. This would only affect the children that, that
6 would otherwise be, you know, the mother would not take the
7 child to the safe haven.

8 MS. BAUER: I think that is part of our
9 argument, that we do not know that it will reach those
10 people who will leave them for dead in a dumpster. But it
11 may encourage more women who would not make those choices
12 to abandon a child versus making other informed decisions.

13 REPRESENTATIVE GABIG: Well, I want to thank
14 you for your testimony. And you raised some interesting
15 issues, a couple of which I had earlier concerns about.
16 But at least we agree that I think the intent is a good
17 idea. And if you had any suggestions for strengthening the
18 bill, I would certainly be interested.

19 And I'm sure the committee would be
20 interested, or the Task Force, I guess, would be interested
21 in hearing them. Thank you. Thank you, Mr. Chairman.

22 CHAIRPERSON LEWIS: Thank you, Representative
23 Gabig. Representative Manderino.

24 REPRESENTATIVE MANDERINO: Thank you. And
25 thank you for your testimony. Sometimes it's hard to be

1 the last one coming up saying something different than
2 everything than went before you. But I think in many ways,
3 you really aren't saying something totally different, at
4 least not from where my head is.

5 And I think that -- and that was -- early on
6 when the prosecutors were here, I just talked about, like,
7 how are the crimes classified and can we decriminalize some
8 classes of cases. I think you make a very good point there
9 because the reality of it is if we get the safe, or if we
10 get the healthy baby with no malicious intent to kill or
11 harm them, I mean, it seems to me as a societal goal in
12 value, we ought to celebrate that and figure out a way to
13 get that baby in a safe and healthy atmosphere and to get
14 that mother the psychological and other help that she needs
15 without fear of prosecution.

16 And as much as I'm not at all questioning the
17 intent of the prosecutors who were here earlier. But I
18 just, you know, as the one person said, Well, if there was
19 no harm to the baby, we wouldn't, we would use our
20 discretion to not prosecute. And I think that many will.

21 But I think this Bunny Doe case is a classic
22 example of -- I mean, who knows what happens. Sometimes
23 the publicity just gets to be too much. It's an election
24 year. And you just got to show that you took action. And
25 I'm not quite sure that I feel confident that the best

1 discretion and the best interests of the child and the
2 mother will always be exercised under all circumstances.

3 And I think from our Task Force point of view,
4 if there is some way to look at the classifications of the
5 crimes and decriminalize abandonment where no end result
6 harm happened and no malicious intent could be established
7 would probably be a more comfortable way for me to go.

8 Having said that, I guess the one harm, if I'm
9 reading in between the lines and also hearing your
10 testimony, the real concrete harm that you seem to point us
11 to is if all of a sudden we start seeing ads that emphasize
12 not come see so and so ABC Counseling and make a plan for
13 your pregnancy or come to ABC Counseling and we can help
14 you understand the adoption process but all of a sudden we
15 start seeing ads that say drop your baby off at the
16 hospital door and we won't ask you any questions, it is a
17 little bit of a different message.

18 But the adoption process, what happens after
19 the abandonment -- and you gave a little bit of a testimony
20 about what you called sidestepping the adoption procedure.
21 I don't understand that process enough. Is it so
22 cumbersome that there are lots of people that don't want to
23 go through it but they go through it because that's the
24 only alternative?

25 And that seems to be your real bottom line

1 concern. I don't want to reduce it to one. But if I'm
2 hearing you correctly, you're almost saying that what you
3 fear is not that the intent of what we're calling the
4 abandoned baby in the dumpster but that whole transition
5 that happened that a number of the agencies have testified
6 before us kind of not confused but mixed together in our
7 mind the whole thing that went from, from deciding to give
8 your baby up for adoption as separated from abandonment.

9 What's going on in that process that you're
10 afraid if we kind of emphasize this abandonment end, that
11 we're going to have some really negative big impact on the
12 legal adoption end, that's the part I don't understand.

13 MS. BAUER: Well, I think one of the, one of
14 the things that the adoption law in Pennsylvania does and
15 does well is it makes sure that relinquishing parents are
16 given due process; that they're notified; that they
17 understand what they are doing; that there's even a
18 provision in the bill that the court needs to determine
19 that the parent was given opportunity for counseling.
20 Abandonment is very different from the things that --

21 REPRESENTATIVE MANDERINO: Okay. But if I can
22 just -- all that -- those due process rights protect the
23 parent relinquishing their parental rights.

24 MS. BAUER: Parental rights, right. Very
25 different from abandonment.

1 **REPRESENTATIVE MANDERINO:** In abandonment, I
2 may not have had that counseling. But aren't, aren't the
3 rights that we're concerned about, whether or not they're
4 being protected, still the rights of the parent
5 relinquishing them and not some right that goes to either
6 adoptee parent or to the child? Am I missing something?

7 **MS. BAUER:** Can you repeat that question?

8 **REPRESENTATIVE MANDERINO:** Well, I'm looking
9 at the child. And I'm saying, What harm am I inflicting
10 on -- never mind. I can talk myself right back into your
11 answer.

12 **MS. BAUER:** Just to -- I don't know if this is
13 going to answer your question or not. But we have heard a
14 lot of sort of mix between what is abandonment versus
15 adoption planning. And we need to be very clear today that
16 abandonment -- there are laws for abandonment.

17 There are existing laws for what happens when
18 a child is abandoned. And we should not go to developing
19 something that would be another track in the case of a safe
20 haven abandonment. If a child is abandoned, Children and
21 Youth agencies are required to be notified to petition the
22 courts for custody; and the courts determine if that child
23 is a dependent child.

24 Then there is a 3-month minimum requirement
25 where a diligent search is conducted -- and that's often

1 with collaboration with the police force -- to find the
2 birth parents or family members. It's not until that
3 3-month period is completed that we can proceed with
4 involuntary termination of parental rights.

5 REPRESENTATIVE MANDERINO: And that's a good
6 thing, I think.

7 MS. BAUER: That's a very good thing.

8 REPRESENTATIVE MANDERINO: And I didn't
9 understand that this bill was changing that. I
10 understood that this bill was, instead of doing what maybe
11 you and I are suggesting -- and maybe because it's not
12 possible -- instead of us saying this particular crime and
13 this particular crime and this particular crime, we're to
14 take them off the crime list, okay, what we're saying is
15 all these crimes still stay here.

16 But in the weighing of the facts and whether
17 or not to charge, we're going to say that you took
18 advantage of abandoning the child so therefore, you know,
19 section 18, section lah, lah, lah, lah of Title 18,
20 endangerment of child welfare, we're not going to charge
21 you with that because you chose to abandon them at a place
22 where we, the government, had designated a safe haven.

23 If that's all we're doing in the law and we're
24 still keeping in place all of the other avenues with regard
25 to the Children and Youth coming in, the due diligence

1 to identify the parents and everyone who might have
2 rights before they're terminated, before they go to
3 adoption -- I'm not asking you are you endorsing this
4 because I understand your position -- are you more
5 comfortable if all that stays in place than you are if we
6 would attempt, through this law, to shorten those time
7 periods or, or cut off the obligation to try to find the
8 putative father or something like that?

9 MS. BAUER: Yes. Yes. The answer is yes.

10 REPRESENTATIVE MANDERINO: Okay. Thank you.

11 CHAIRPERSON LEWIS: Thank you, Representative
12 Manderino. I guess I have to follow up on a question that
13 I think that Representative Gabig and Manderino were kind
14 of getting to, is how do you believe we reach the dumpster
15 case? I think that's the whole purpose of the legislation,
16 but I don't really hear that addressed.

17 MS. BAUER: I'm not sure that we have a
18 definitive answer. And that goes back to we really need
19 more research on why women are dumping their infants into,
20 you know, these toilets and other things. We do believe,
21 though, that by doing more public awareness on options
22 counseling -- free and confidential counseling is
23 available.

24 We have existing services that are out there.
25 But, you know, there is a reason, some reason that we don't

1 really know why women are not utilizing these services.
2 But one thing that we believe in is that maybe there needs
3 to be more public awareness campaigns that there is free
4 and confidential counseling, that there are family planning
5 centers in every community, that there are adoption
6 agencies that are willing to discuss, in confidence,
7 options for that individual.

8 CHAIRPERSON LEWIS: Okay. I'm just -- I mean,
9 the dumpster case I think is what we're here for today.

10 MS. BAUER: And again, I say that we believe
11 that with more publicity about what already is out there,
12 we may reach those people. We may. We don't know that
13 yet. We do believe also and support any further studies on
14 who these women are and why they're leaving their children
15 in dumpsters.

16 CHAIRPERSON LEWIS: Okay. Well, thank you.
17 And I definitely like how you expand upon the dangers
18 perhaps of expanding the adoption abandonment versus trying
19 to get to the dumpster case because I think that's really
20 definitive language we have to better develop because we
21 certainly don't want to make it so easy and have busses
22 driving around Pennsylvania publicizing how it's so easy to
23 abandon babies. I don't think that's the goal of anyone
24 here today.

25 MS. BAUER: I don't think that's what the

1 government's in business for.

2 CHAIRPERSON LEWIS: We want to promote strong
3 families, et cetera. Thank you very much for your
4 testimony.

5 MS. BAUER: Thank you.

6 CHAIRPERSON LEWIS: I'd like to -- also, for
7 the record, we have received 3 written submissions: One
8 from the County Commissioners Association of Pennsylvania;
9 one from the Bundles of Joy, Inc.; and a submission from
10 the Philadelphia Citizens for Children and Youth. I accept
11 their written testimony for today's Task Force hearing.

12 And we also will leave the record open for
13 additional submissions to the Task Force. They can present
14 it to myself, to Representative Manderino, or to the
15 Judiciary Committee itself, Karen, attention Karen Dalton.
16 Thank you very much for your time. And have a good day.

17 (Whereupon, at 2:38 p.m., the hearing
18 adjourned.)

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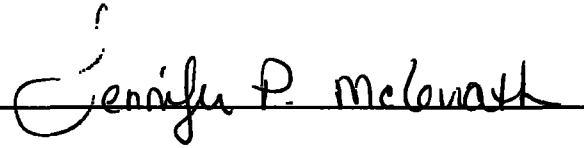
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1 I hereby certify that the proceedings and
2 evidence are contained fully and accurately in the notes
3 taken by me during the hearing of the within cause and that
4 this is a true and correct transcript of the same.

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11 JENNIFER P. McGRATH

12 Registered Professional Reporter

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17 My Commission Expires:

18 April 30, 2005

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24 JENNIFER P. McGRATH, RPR
25 P.O. Box 1383
2nd & W. Norwegian Streets
Pottsville, Pennsylvania 17901