

Thank you for hearing my testimony regarding House Bill 928.

As a Pediatrician who has devoted his career to understanding and addressing the health care needs of adolescents, I applaud the legislature's efforts to protect vulnerable pre-teens and children from sexual victimization. In my testimony today, I hope to demonstrate that as health care providers, we are willing and able to work with the legislative body and law enforcement to protect children and teenagers from adults who wish to prey on the young for their own sexual gratification. However, I also hope to explain how this bill, as proposed, would not serve this purpose. Both the effectiveness and effect of forcing health care providers to prioritize the report of any and all cases of sexually transmitted diseases or pregnancy in children under age 13, I believe, would lead us away from the challenge of protecting our children.

Please allow me to explain my background and perspective. Growing up in what was then a rural suburb of Pittsburgh and being raised by a school teacher and a principal, I learned early that protecting children is the collaborative responsibility of parents and professionals. My home away from home has always been with both sets of grandparents who are lifelong residents of Indian Head in Fayette County, and Greensboro in Greene County. From this, I am intimately acquainted with the diversity of the Commonwealth, and have a profound respect for the values and viewpoints of our most rural families. After graduating from the University of Pittsburgh's School of Medicine, I received my medical training in General Pediatrics and Adolescent Health at The Children's Hospital of Philadelphia starting in 1994. I continued to work there as an attending physician until 2006, building a comprehensive adolescent health center that primarily served youth in West Philadelphia and surrounding suburbs. An opportunity to create a new Adolescent Health Center, led me to work at Lehigh Valley Hospital in Allentown. Once that was well established, family needs and professional opportunities led me to my current position at the Children's Hospital of Pittsburgh of UPMC. I am primarily a clinician, but have also conducted research

in the areas of teen pregnancy, sexually transmitted diseases, and health risk behaviors. Having lived and worked in these regions of the state while providing care exclusively to older children and teens from all walks of life, I believe that I can offer some unique insights into what happens when a child under the age of 13 is diagnosed with a sexually transmitted disease or pregnancy. You can trust that I have copious clinical experience helping children and families heal both physically and emotionally from these very traumatic experiences. My experience tells me that involving law enforcement can be a very important, even crucial, element of protecting the safety of the child. To this end, I am fully supportive.

However this bill, as written, raises many concerns. As a physician who has taken the Hippocratic Oath to first do no harm, and second to provide aid and care, my first duty is for the protection and safety of the child. This requires that there is a sound doctor-patient relationship, which in these circumstances is often a doctor-family relationship. When we are addressing the health care needs of vulnerable youth, establishing a trusting relationship with the patient is central to having open and honest discussions that aid in effective treatment. We are called legally and ethically to contact child protective services or local law enforcement if we suspect that our patients have been subjected to, or are at risk for, abuse, neglect, or maltreatment. When making these reports we take into account many factors about the child and their environment, as Pennsylvania's mandated reporting laws allow for some application of our clinical knowledge and experience. Because of this small degree of flexibility, reporting can be accomplished in partnership with families and child protective agencies. This preserves and often strengthens the doctor-family relationship, as maintaining continuity of regular health care is an essential component of healing.

A mandate that our first duty is to contact the Child Predator Unit based on a single piece of information would have an absolute chilling effect on our ability to work with families and community child protective agencies. Adolescents and

their families generally expect that they can confide intimate personal details to their health care provider in order to improve their health. Even a perceived threat to this doctor-patient relationship would run the risk that families would not seek help, or withhold information that is crucial to the care and protection of that child. This effect would not be limited to children under 13. Simply stated, while this bill may be viewed as a way to aid the valiant efforts of the Child Predator Unit, it would significantly impede our ability to provide optimal health care to individuals and families.

These are my conclusion as a health care provider, but I am here to provide medical evidence and opinion that will help the esteemed members of the Judiciary committee to draw your own. I hope you will understand if I use frank terminology, and I assure you that what I say is within the mainstream of medical discourse. First, a single act of penetrative intercourse is not a guarantee that a child will become pregnant or acquire a sexually transmitted disease. In fact, most female children aged 12 or younger are either premenstrual or anovulatory, meaning that their reproductive organs are too immature to conceive a pregnancy. The term 'Sexually transmitted disease' is a broad categorization of viral, bacterial, and parasitic pathogens that can be spread through sexual contact, but may not exclusively be transmitted in this manner. For example, genital Herpes and Warts are diseases that are typically spread through skin to skin contact, and not through penetrative intercourse. As such, a child with a benign flat wart on their hand may in fact transmit the virus to their own genital area. Bacterial pathogens, such as Gonorrhea and Chlamydia, are typically spread through penetrative intercourse. When these bacteria infect the reproductive organs of younger teens, they can require treatment that can last weeks. A delay in initiating treatment can result in complications that are not uncommon, such as infertility, chronic pain, damage to vital organs, and even death. This is not to mention the impact of pregnancy or STD on the psyche of a young child, requiring long term care to prevent severe behavioral health consequences. From a public health perspective, many of these pathogens are

more likely to affect certain segments of our population, such as African-Americans who reside in large cities, and individuals of limited socio-economic means. Therefore, in my role as a physician, it is of paramount importance that I maintain a non-judgmental, respectful, and continuous relationship with patients and families who are affected by these unfortunate occurrences. Impediments to the maintenance of this relationship caused by mistrust or fear put the health of some of the most vulnerable children at risk.

If there remains in your minds any doubt about my motives for speaking out against this bill, please know this. I am the father of 3 children, ages 5, 9, and 11. There is not an hour that goes by when I am not with them that I do not worry about their safety. I firmly understand and applaud the Attorney General's Child Predator Unit efforts and progress at protecting all of our children from predators. In fact, I am currently working with the Attorney General's office towards this goal, and welcome future opportunities for continued collaboration. I cannot emphasize enough that forcing me to be a blunt instrument of the law would greatly diminish my capacity to work with families towards fulfilling my first duty, which is to provide for the care of my patient. I worry that the ripple effect of this law would lead many individuals and families away from seeking help from health care professionals. Not only would this jeopardize the health and well-being of injured children, it could move all of us further from the goal of eliminating the threat of child predators.

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