

110TH CONGRESS
1ST SESSION

S. 1204

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2007

Mr. DODD introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Shaken Baby Syn-
5 drome Prevention Act of 2007”.

6 SEC. 2. FINDINGS.

7 Congress finds the following:

8 (1) Shaken Baby Syndrome is a term used to
9 describe the constellation of symptoms, trauma, and
10 medical conditions resulting from the violent shak-

1 ing, or abusive impact to the head, of an infant, tod-
2 dler or other young child.

3 (2) Shaken Baby Syndrome is a form of child
4 abuse affecting between 1,200 and 1,600 children
5 every year.

6 (3) Children who are age 1 or younger ac-
7 counted for 41.9 percent of all child abuse and ne-
8 glect fatalities in 2005, and children who are age 4
9 or younger accounted for 76.6 percent of all child
10 abuse and neglect fatalities in 2005.

11 (4) The most recent National Child Abuse and
12 Neglect Data System figures reveal that almost
13 900,000 children were victims of abuse and neglect
14 in the United States in 2005. That abuse and ne-
15 glect caused unspeakable pain and suffering to the
16 Nation's most vulnerable citizens.

17 (5) It is estimated that between one-quarter
18 and one-third of Shaken Baby Syndrome victims die
19 as a result of their injuries, while one-third suffer
20 permanent, severe disabilities including paralysis,
21 seizures, loss of hearing or vision, cognitive impair-
22 ments, and other disabilities, often resulting in a
23 lifetime of extraordinary medical, educational, and
24 care expenses.

1 (6) Shaken Baby Syndrome is preventable. Prevention programs have demonstrated that educating
2 new parents and other caregivers about the danger
3 of shaking young children, healthy strategies for
4 coping with infant crying, infant soothing skills, and
5 how to protect children from injury can bring about
6 a significant reduction in the number of cases of
7 Shaken Baby Syndrome.

20 (9) Education programs can give parents
21 healthy strategies for dealing with a crying infant
22 and change the knowledge and behavior of parents
23 of young children.

24 SEC. 3. PUBLIC HEALTH CAMPAIGN.

25 (a) IN GENERAL.—

24 (3) COORDINATION.—In carrying out the public
25 health campaign, the Secretary shall also coordinate

1 activities with providers of other support services to
2 parents and other caregivers of young children.

3 (b) ACTIVITIES.—

4 (1) IN GENERAL.—In carrying out the public
5 health campaign, the Secretary shall carry out the
6 activities described in paragraphs (2) through (4).

7 (2) NATIONAL ACTION PLAN AND STRATE-
8 GIES.—The Secretary shall—

9 (A) develop a National Action Plan and ef-
10 fective strategies to increase awareness of op-
11 portunities to prevent Shaken Baby Syndrome
12 through activities that comprehensively and sys-
13 tematically provide information and instruction
14 about healthy strategies for parents and other
15 caregivers concerning how to cope with a crying
16 infant and related frustrations; and

17 (B) coordinate the Plan and effective strat-
18 egies with evidence-based strategies and efforts
19 that support families with infants and other
20 young children, such as home visiting programs
21 and respite child care efforts, which have a role
22 to play in prevention of the syndrome.

23 (3) COMMUNICATION, EDUCATION, AND TRAIN-
24 ING.—The Secretary shall carry out communication,
25 education, and training about Shaken Baby Syn-

1 drome prevention, including efforts to communicate
2 with the general public by—

3 (A) disseminating effective prevention
4 practices and techniques to parents and care-
5 givers through maternity hospitals, child care
6 centers, organizations providing prenatal and
7 postnatal care, organizations providing pro-
8 grams for fathers, and organizations providing
9 parenting education and support services;

10 (B)(i) producing evidence-based edu-
11 cational and informational materials in print,
12 audio, video, electronic, and other media, giving
13 special attention to educating young men and
14 English language learners through the mate-
15 rials; and

16 (ii) coordinating activities carried out
17 under clause (i) with national and Federal
18 awareness activities, such as the activities ac-
19 companying Shaken Baby Awareness Week, to
20 the extent possible;

21 (C) carrying out Shaken Baby Syndrome
22 training, which shall aim—

23 (i) to ensure that primary care pro-
24 viders, home visitors, parent educators,
25 child care providers, foster parents and

1 others involved in the care of young chil-
2 dren, and nurses, physicians, and other
3 health care providers, are aware of ways to
4 prevent abusive head trauma and other
5 forms of child maltreatment, and the need
6 to secure immediate medical attention in
7 cases of head trauma; and

16 (4) SUPPORTS FOR PARENTS AND CARE-
17 GIVERS.—

1 (B) SUPPORTS.—To the extent practicable,
2 the supports provided under this paragraph
3 shall include the provision of a 24-hour phone
4 hotline, and the development of an Internet
5 website for round-the-clock support, for—

(i) parents and caregivers who struggle with infant crying and related concerns;

9 (ii) parents and caregivers of sur-
10 viving children who suffer serious injuries
11 as a result of shaking or an abusive impact
12 to the head, as a young child; and

13 (iii) parents and family members of
14 children who do not survive such shaking
15 or abusive impact.

16 (c) SHAKEN BABY AWARENESS ADVISORY COUN-
17 CIL—

(A) Shaken Baby Awareness advocacy organizations, including groups formed by parents and relatives of victims;

(B) child protection advocacy organizations;

(C) organizations involved in child protection and child maltreatment prevention;

(D) disability advocacy organizations;

(E) pediatric medical associations;

(F) psychologists, child development professionals, or family studies professionals;

(G) professional associations or institutions involved in medical research related to abusive head trauma;

(H) academic institutions;

(I) parenting support organizations, including those providing programs targeted towards fathers;

(J) organizations who come in contact with families and caregivers of infants, toddlers, and other young children; and

(K) other Federal and State agencies involved in child abuse prevention activities.

(3) PERIOD OF APPOINTMENT; VACANCIES.—

13 (A) to develop recommendations regarding
14 the National Action Plan and effective strate-
15 gies described in subsection (b)(2); and

16 (B) to develop recommendations related to
17 support services for families and caregivers of
18 young children.

19 (5) PERSONNEL—

1 chapter 57 of title 5, United States Code, while
2 away from their homes or regular places of
3 business in the performance of services for the
4 Council. Notwithstanding section 1342 of title
5 31, United States Code, the Secretary may ac-
6 cept the voluntary and uncompensated services
7 of members of the Council.

8 (B) DETAIL OF GOVERNMENT EMPLOY-
9 EES.—Any Federal Government employee may
10 be detailed to the Council without reimburse-
11 ment, and such detail shall be without interrup-
12 tion or loss of civil service status or privilege.

13 (6) TERMINATION OF COMMITTEE.—Section 14
14 of the Federal Advisory Committee Act (5 U.S.C.
15 App.) shall not apply to the Council. The Secretary
16 shall terminate the Council when the Secretary de-
17 termines, after consultation with the Council, that it
18 is no longer necessary to pursue the goals and carry
19 out the activities of the Council.

20 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

21 There are authorized to be appropriated to carry out
22 this Act \$10,000,000 for fiscal year 2008 and such sums
23 as may be necessary for each of fiscal years 2009, 2010,
24 and 2011.

