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per year are "falling through the cracks" each year.

In the past, the State Legislature appropriated funding for those immunizations. It has only been in the last couple of years that the department was able to cover those costs through federal money. With cuts in federal funding, the department needs the state to help pick up these costs. The agency is asking for \$3,254,999. The governor's recommendation falls short of the agency's request by approximately \$353,000.

Sen. Bernest Cain, D-Oklahoma City, asked Nida how he proposed to reach the 90,000 non-immunized children. Nida said the money would mandate universal coverage for all children. As common practice, Nida explained that private doctors were already referring their patients on to the Health Department to receive their shots.

Nida explained that staff time accounted for most of the cost in universal coverage. The Health Department is mandated by federal law to not turn any child away. "This is a program that involves no bureaucracy," said Brent Van Meter, Deputy Commissioner for Special Health Services. "This money goes straight to the people."

Nida explained that the agency may not lose its federal funding this year. However, the powerful pharmaceutical lobbies in Washington demanding full price for the vaccines, could "kill" the federal contract.

The committee touched on other items including infectious disease control, family planning and teen pregnancy. Members plan to tour a facility that provides programs for teen mothers and their children. "

FROM: MARTA MCCLOSKEY

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CHILD ABUSE CASES UNDERREPORTED, DOCTOR TELLS HOUSE COMMITTEE

■(GIT) The number of child abuse cases in Oklahoma is dramatically underreported, according to an Oklahoma City pediatrician who testified before the House's Children, Youth and Family Services committee Thursday.

Dr. John Stemke, from the department of pediatrics at Children's Hospital in Oklahoma City, told the committee that the death of two-year-old Ryan Luke in McAlester last year was just one of many similar cases in the state.

Dr. Stemke said cases of physical abuse differed greatly from those of sexual abuse. Child abuse investigators appear "to work overtime to show that a case is not child abuse," while those involved in the investigation of alleged sexual abuse "overrespond," Dr. Stemke said.

Asked by Rep. Laura Boyd what legislators could do to distinguish between parental discipline and physical abuse, Dr. Stemke explained that it was the opinion of many in the medical profession that if injuries, such as broken bones, result from the striking of a child, then it should be considered child abuse.

Dr. Stemke, who chairs the hospital's Child Protection Committee, estimated that some 1,400 cases of suspected child abuse pass through his hospital each year, resulting in an average of one death per month.

Dr. Stemke also said that he and other physicians are working with the medical examiner's office to improve reporting procedures in cases involving child deaths.

For example, Dr. Stemke said, a child may show no outward signs of injury and may be believed to have died from Sudden Infant Death Syndrome, but the autopsy reveals other serious injuries which the medical examiner may not be able to say were the cause of death.

"We would like the medical examiner to say in those cases that he could not determine the cause of death and that there were signs of physical abuse," Dr. Stemke said.

That, Dr. Stemke said, would mean law enforcement and other agencies would not automatically close their investigations into the child's death.

Dr. Stemke also urged the lawmakers to find ways to get agencies that have contact with families with children to share information.

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