

Janice J. Ophoven, M.D.

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May 16, 2007

Molly Lane
Morgan Lewis Counselors at Law
One Market, Spear Street Tower
San Francisco, CA 94105

Re: State of Texas vs. Cathy Henderson

Dear Ms. Lane,

This correspondence is in response to your request for a summary of my opinions regarding the death of Brandon Baugh. As you are aware, I am providing an opinion based on the scene and autopsy videos, autopsy report and autopsy photographs. I have also been provided with the testimony of Dr. Bayardo, Dr. Sperry, and Dr. Veasey as well as the birth and well child medical records of Brandon and medical records from Megan.

My clinical practice is pediatric forensic pathology. I have completed a residency in pediatrics, pediatric pathology, and a fellowship in forensic pathology. During my career, I have participated in the care of children and young adults in such areas as:

- Pediatric practice in rural and urban settings,
- Management of a clinical laboratory for a children's hospital,
- Diagnosis of solid tumors in children and adolescents,
- Participation in and development of systems to evaluate quality of care [quality assurance]
- Evaluation of medical care with unexpected or negative outcomes to identify areas for improvement [risk management]

I have conducted hundreds of autopsies in children and young adults for the purpose of making a diagnosis of cause and manner of death.

In addition, I have dedicated my clinical practice to research and education in forensic pediatric pathology and have written and taught workshops for a variety of professionals including physicians, coroners and medical examiners, law enforcement, pediatric caregivers, first responders, and members of the legal profession on such issues as:

- Forensic analysis of injuries and death of children
- Death investigation in childhood
- Munchausen's syndrome by proxy
- SIDS and homicidal asphyxia

In preparation of this report I have reviewed the following materials:

Materials

- Trial Testimony of Dr Roberto Bayardo
- Trial Testimony of Kris Sperry
- Trial Testimony of Sparks Veasey III
- Autopsy Report
 - Toxicology report
 - Black & White photo copied autopsy pictures
- Austin Medicenter medical record for Megan Baugh
- Dr Betina Vaello's medical records for Brandon Baugh
 - Medical record Summary
 - Prenatal Information
 - Newborn records
 - Referral Notification Forms
 - Growth Charts

Janice Ophoven, MD

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Assessment Plan
 Well-Child Check-up-2 mos
 Well-Child Check-up-2 wks
 Lab reports
 Vaccination Administration record
 Dr Bettina Vaello's medical records of Megan Baugh
 History
 Insurance Card
 Growth Chart
 New Patient Information
 On-Call record
 Round Rock Community Hospital Medical records for Brandon Baugh
 Admitting form
 Newborn record
 Newborn Identification
 Physician's Progress report
 Lab report
 Gestational Age Assessment form
 Classification of newborn
 Newborn Standing Orders
 Infants Daily records
 Nursing Progress Notes
 OB Admitting record
 Labor Progress Chart
 Labor and Delivery Summary
 Birth Certificate Information Sheet
 Color Photos of Autopsy-30
 Color photo-copied pictures of autopsy
 Color photo-copied pictures of the scene
 X-Ray film -1
 CD-Video of crime scene and autopsy
 Report Dr. J. Plunkett - May 9, 2007
 Report Dr. K. Monson - May 11, 2007
 Slides - #PA94-62 - 8 slides
 Dr Stephens report
 Cathy Henderson's Clemency letter

Findings

Brandon Baugh was born on 10/16/1993 to 25-year-old Melissa a Gravida 2, Para 2, 35+ week gestation by VBAC, < 12 hours of labor. Melissa was monitored during pregnancy for slow weight gain and IUGR. Apgars were 9 and 9 at one and five minutes respectively. Brandon's birth weight was 4 pounds 8 ounces, OFC 12 ½, length 18 inches. He was diagnosed as premature and with IUGR [intrauterine growth retardation]. He was discharged with mother in stable condition.

Growth curves show weight at age 2 months 9 pound 8 ounce.; 22.5inches; OFC 38 cm.; 12/13/1994 His growth and development appeared to be normal.

Brandon was in the care of Cathy Henderson and reportedly died on or around 01/21/94. Brandon's body was found -18 days later, buried in a cardboard box. The body was in a state of early decomposition.

An autopsy was performed on 2/8/94 by Dr. Bayardo. His examination describes a partially crumpled white cardboard box [15" x 11" x 8"] sealed across the length with transparent tape. Lining the box, folded in two, there was a white baby blanket. The baby was face down inside the box on the baby blanket. The baby was clothed in a pajama-jumper and he was wearing a diaper. The body was in a moderate degree of decomposition. There was no residual rigor mortis and there was a slight degree of anterior dependent lividity. Autopsy identified the following:

1. Body length 25"; weight 5200 grams
2. Left parietal soft tissue swelling
3. Massive subgaleal hemorrhage left occipital and parietal region

4. Massive comminuted, depressed fracture of the skull appearing centered over the left parietal bone:
crossing the suture lines
5. Bilateral thin layer subdural and diffuse subarachnoid hemorrhages
6. No brain trauma observed
7. Brain weight 640 grams
8. Decomposing body

Cause of death: Severe closed head injury

Manner of death: Homicide

At the time of the trial, testimony from Dr. Bayardo, Sparks Veasey III, and Dr. Kris Sperry, forensic pathologists, concluded that cause of death was blunt force impact trauma to the head consistent with a single blow.

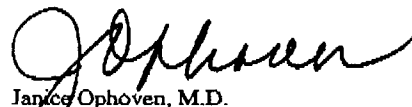
My review of the materials I have received to date indicate the cause of death is blunt force trauma to the head. The pattern of injury is consistent with a single impact. The circumstances of the impact cannot be determined with certainty from the physical autopsy evidence alone. Dr. Monson's report summarizes the biomechanical approach to assessing head injury potential for fall mechanics in Brandon's case. In recent years the introduction of biomechanical analysis to head injury evaluation in infancy has vastly improved understanding of head injury criteria or potential in childhood head trauma. In the past there was often unfounded speculation about the injury potential for a particular fall without a scientific basis for those opinions. In many cases, the report of a simple fall is obviously not sufficient to explain the medical facts of a case. However, in cases without evidence of prior abuse, with what appears to be a single impact and the report of a fall, it is necessary to study the potential fall mechanics to verify the plausibility of an accidental event. In these cases many forensic pathologists, myself included, will request a biomechanical analysis prior to determining that a fall can reasonably be excluded from the differential diagnosis. The analysis performed by Dr. Monson indicates that a fall can explain the injury. Sworn testimony was given indicating that a fall could not have caused these injuries without a scientific basis and in my opinion reflecting incorrect conclusions.

Dr. Plunkett's report summarizes the history of theories and misunderstandings that has taken place within the medical community regarding head injury in childhood. What were initially theories and speculation have become dogma without scientific verification. Each case must be evaluated on the basis of the scientific evidence specific to that case. Interpretation and opinions must be based on verifiable scientific methods.

In the past, the characteristics of a fracture of the type seen in Brandon [complex, depressed, crossing suture lines] were assumed to denote an abusive injury. However, current scientific experience reflects a more conservative analytical approach to skull fracture evaluation. The nature of the fracture itself cannot be used to determine whether the injury is due to an accident or inflicted injury. There is good evidence to support a finding that it would take a lesser impact to the head to kill an infant than an older child or adult. There is no scientific evidence to support a theory that an infant's skull is less vulnerable to impact than an older child or adult. Even a serious fracture such as this would not in and of itself be fatal. It is the effects of the biomechanical forces on the brain, brainstem and spinal cord that determine survivability after the impact. The determination of accident vs. inflicted injury is determined from analysis of how the injury occurred or could have occurred. In the absence of a history of trauma it would be appropriate to conclude that the injuries are the result of abuse. In cases where there is a history of an accident, the analysis becomes much more difficult. In cases of children that have no evidence of prior abuse, no evidence of acute fresh injuries in a pattern diagnostic of assault and the injury is consistent with a single impact consistent with a fall, accidental injury must be considered.

If you have any additional questions, or should you need additional information, please do not hesitate to contact me.

Sincerely,



Janice Ophoven, M.D.
Pediatric Forensic Pathologist

Janice Ophoven, MD

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Janice Jean Ophoven, M.D.
Curriculum Vitae

Date and Place of Birth: January 21, 1947, Minneapolis, MN

Education:

Undergraduate Education:

1960-1964 Alexander Ramsey High School, Roseville, MN

1964-1969 BS - University of Minnesota, Minneapolis, MN

Medical Education:

1967-1971 MD - University of Minnesota, Minneapolis, MN

Post Graduate Education:

6/71-6/72 Internship, Department of Pediatrics, University of Minnesota, Minneapolis, MN

7/75-6/76 Residency, Pediatrics, Department of Pediatrics, University of Minnesota, Minneapolis MN

7/75-12/79 Residency, Anatomic Pathology, Department of Laboratory Medicine and Pathology, Specialty Training – Pediatric Pathology, University of Minnesota, Minneapolis, MN

1978-1979 Specialty Training in Pediatric Pathology, University of Minnesota, and Minneapolis Children's Medical Center, Minneapolis, MN

1/80-12/80 Fellowship in Forensic Pathology, Hennepin County Medical Examiner's Office, Minneapolis, MN

Medical School Honors:

1971 Upjohn Award - Student most likely to make an important contribution to medicine, awarded by faculty upon graduation.

1970-1971 Member of Disadvantaged Student Selection Committee.

1970-1971 Medical School Class Vice President.

Additional Training:

General Pediatrics internship and residency training, University of Minnesota

Medical Licensure:

Minnesota - 1974 to Present

Missouri - 1973 - 1974

Board Certification:

Janice Ophoven, MD – Curriculum Vitae
5/15/2007

American Board of Pathology - 1981

American Board of Forensic Pathology - 1981

American Board of Quality Assurance and Utilization Review - 1988

Professional Experience:

- 1/81-present Independent Consultation in Pediatric Forensic Pathology
- 09/03-present Forensic Pathologist, St. Louis County Medical Examiner's Office
Assistant Coroner / Medical Examiner
- 5/03-present Contract Forensic Pathologist, Minnesota Regional Coroner's Office
Assistant Coroner / Medical Examiner for the Counties of: Houston,
Carver, Chisago, Dakota, Fillmore, Goodhue, and Scott
- 6/91-2003 Principal consultant and owner, The Crackleberry Group (Healthcare
Consulting)
- 1/02-11/03 Forensic Pathologist, Midwest Forensic Pathology
Assistant Coroner for the Counties of: Anoka, Crow Wing, Meeker, Mille
Lacs and Wright
- 8/94-3/97 Vice President for Medical Policy, Allina Health Care
- 1/89-6/96 Medical Director of Quality Management, St. Paul Children's Hospital
- 5/89-1992 Deputy Medical Examiner, Hennepin County Medical Examiner's Office,
Minneapolis, MN
- 1/88-10/88 Director of Medical Review, Health Risk Management, Inc. (Managed
Health Care), Minneapolis, MN
- 4/85-6/88 Director, St. Paul Children's Hospital Laboratories, St. Paul, MN
- 1/81-3/85 Associate Director, St. Paul Children's Hospital Laboratories, St. Paul,
MN
- 1/80-12/80 Forensic Pathology Fellowship, Hennepin County Medical Examiner's
Office, Minneapolis, MN
- 7/75-12/79 Anatomic Pathology Residency, Department of Laboratory Medicine and
Pathology, Specialty Training - Pediatric Pathology, University of
Minnesota, Minneapolis, MN
- 7/75-6/76 Residency, Department of Pediatrics, University of Minnesota,
Minneapolis, MN
- 1/75-6/75 Private Practice, Group Health (Health Maintenance Organization)
Minneapolis/St. Paul, MN
- 1/73-9/74 Private Practice in Pediatrics, Sedalia, Missouri; also consultant for Rural
Health Care Delivery Program funded by American Academy of
Pediatrics

Memberships:

- Pediatric Pathology Society
- Ramsey County Medical Society
- Minnesota Medical Association
- American College of Physician Executives
- American Medical Association
- National Association of Medical Examiners
- American Academy of Forensic Sciences

Areas of Special Interest:

- Pediatric Forensic Pathology.
- Special areas of interest: MSBP, infanticide, infant apnea and suffocation, head injury / shaken infant.
- Changing Environment of Medical Care with Emphasis on Clinical Quality, Health Care Systems Analysis and Policy.
- Developmental and Gestational Pathology.
- Pediatric Laboratory Medicine.
- Pediatric Hematopathology.
- Pediatric Pulmonary Disease.

Appointments:

- Committee Member, MN Department of Health, Division of Family Health - *Infant Death Investigation Guidelines: To Investigate Sudden, Unexplained Deaths of Infants 0 – 24 months of Age. A Guide for Emergency Medical Services, Law Enforcement and Medical Examiners/Coroners.* Fall 2002
- Child Mortality Review Panel, Minnesota Department of Human Services. 1987 to 1999
- Co-chairman Guidelines Subcommittee Governor's Task on Violence. 1996
- Forensic Consultant to Midwest Resource Center for Child Abuse. 1987 to 1995
- Quality Assurance Director, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1995
- Peer Review and Quality of Care Standards & Guidelines, Senior Consultant, Medicolegal Management, Morrison, CO. 1989 to 1994
- Pediatric Forensic Consultant and Deputy, Hennepin County Medical Examiner's Office, Minneapolis, MN. 1986 to 1994
- Executive Committee, Medical Staff, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1994
- Invited member: Physician Advisor - PMDRG's National Association of Children's Hospitals and Related Institutions, Alexandria, Virginia. 1991 to 1992
- Ramsey County Medical Society Board of Trustees, Hospital Based Physician Representative. 1990 to 1992

- Physician Advisor Board and Physician Advisory Council on Quality. Health One (Hospital Management Corporation) Minneapolis, Minnesota. 1989 to 1991
- Invited member: Task Force on Quality Care and Invited member: Council on Research and Information, National Association of Children's Hospitals and Related Institutions, Alexandria, Virginia. 1989 to 1991
- Invited workshop participant: Special Issues of Child Abuse. Invited presentation: Identification of the Perpetrator in Child Abuse: The Medical Perspective. American Association of Forensic Scientists, National Meeting. Cincinnati, Ohio. February 1990
- Chair - Medical Services Committee, Ramsey County Medical Society. 1986 to 1988
- Board of Directors, Ramsey County Medical Society, St. Paul, MN. 1986 to 1988
- Practice Committee, Pediatric Pathology Society. 1986 to 1988
- Physician Coordinating Committee, Blue Cross and Blue Shield. 1986 to 1988
- Small Area Variations Advisory Committee, Blue Cross and Blue Shield. 1986 to 1988
- Medical Practices and Planning Committee, Minnesota Medical Association, 1984 to 1988
- Clinical Medical Director, St. Paul Children's Hospital, St. Paul, MN. 1982 to 1988
- Consultant and speaker for KTCA (public television) educational production, Newton's Apple. 1982 to 1988
- Clinical Assistant Professor, University of Minnesota, Department of Laboratory Medicine and Pathology. 1986
- Secretary and Board of Trustees Member, Minnesota Medical Association. 1986
- SGCPD Perinatal Protocol Contributor. 1985 to 1986
- Regional Forensic Pathologist Representative to National Center for Missing and Exploited Children. 1984 to 1986
- Minnesota Society of Clinical Pathologists - Professional Relations Committee. 1984 to 1986
- Chairman of Minnesota Medical Association Subcommittee on Organ Transplantation. 1984 to 1986
- Consultant with Dr. Jocelyn Hicks for District of Columbia Hospital Re: Laboratory consolidation project with St. Christopher's Hospital, Philadelphia, PA. Spring 1985
- Executive Committee Member, Study Group of Complications of Perinatal Care, Pittsburgh, PA. 1984 to 1985
- Visiting Faculty to Mayo Clinic, Lectureship on Issues in Pediatric Laboratory Medicine. September, 1984

Research:

- Investigation of childhood injury and child abuse
- Physician Engagement and Participation in Health Care Redesign/Medical Reengineering. 1987 to present
- Nutritional Assessment of the Neonate. 1984 to 1989
- Histopathologic alterations of tracheobronchial respiratory epithelium in high frequency jet ventilation. 1983 to 1989
- Burroughs-Wellcome Exosurf project group: Tracheobronchiopulmonary Morphometric Analysis - Study Pulmonary Pathologist for 10 institutional protocol. 1987 to 1988
- Multifactorial computer analysis of histopathologic classification of lung tumors. Veterans Administration Hospital, Minneapolis, MN. Abstract presented IAP meetings February 1980. 1978 to 1980.
- Bile Acid Research, Gastroenterology Laboratory, University of Minnesota, Minneapolis, MN. June – September 1967; June – September 1968

Past Responsibilities:

- Principal and Chief Medical Officer of the Crackleberry Group. Independent consultants in Health Care: Credentialing, External Peer Review Design, Clinical Guidelines Development, Medical Staff Transformation, Process Reengineering, Conflict Management
- Vice President for Medical Policy, Allina Health Care System. Includes system wide health care policy strategies, credentialing, outcomes, guidelines, clinical process improvement, and physician participation in quality initiatives.
- Medical Director of Quality Management Department. Includes the development, coordination and management of quality assessment, utilization review and risk management of the Medical Services at St. Paul Children's Hospital.
- Management of laboratory services, consultation in pediatric laboratory medicine and pathology in private practice at a teaching pediatric hospital.
- Multiple hospital and organized medicine committee responsibilities with special interest in quality assessment and improvement.
- 24-hour hospital and Midwest Resource Center responsibilities for coordinating laboratory evaluation and directing documentation of child abuse and neglect.
- Teaching responsibilities including Phase D students and pediatric residents - a formal extension of the Hennepin County Medical Center Pathology, Ramsey County Medical Center Pathology and University of Minnesota Laboratory Medicine and Pathology training programs.
- Director of Medical Review at Health Risk Management, a full service company specializing in managing health care costs. Duties included: Recruiting, managing and training medical staff; criteria development; case management program development; Quality Assurance Development and Implementation; medical information resource development and dissemination.

Current Responsibilities:

- Consultation service in Forensic Pathology with emphasis on child abuse and neglect.
- Research and education in child abuse and neglect. Audiences to include physicians, clinical staff, local law enforcement, medical and legal groups.

- Assistant Coroner / Medical Examiner at Minnesota Regional Coroner's Office and St. Louis County Medical Examiner's Office.

Bibliography:

1. Ophoven J: Forensic Pathology in Pathology of the Fetus and Newborn, 2nd ed. Enid Gilbert-Barness, Elsevier, 2006 Estimated Print Date .
2. Ophoven J: Forensic Pathology in Pathology of the Fetus and Newborn, ed. Enid Gilbert-Barness, Mosby, Philadelphia, 1997.
3. Study Group for Complications of Perinatal Care (SGCPC): Perinatal Autopsy Protocol: A Model, Armed Forces Institute of Pathology, 1994.
4. Ophoven J: Pediatric Forensic Pathology in *Pediatric Pathology*. eds. T. Stocker, L.P. Dehner, Lippincott Pub. Philadelphia 1991
5. Ophoven J: Pediatric Forensic Pathology Handbook - An Annotated Bibliography with Commentary. 1988, revised 1989.
6. Tuna I, Bessinger F, Ophoven J, Edwards J: Acute Angular Origin of Left Coronary Artery from Aorta: An Unusual Case of Left Ventricular Failure in Infancy. *Pediatric Cardiology* 10:39-43, 1989.
7. Amarnath U, Ophoven J, Mills M, Murphy E, Georgieff M: The Relationship Between Decreased Iron Stores and Neonatal Hypoglycemia in Large-for-dates Newborn Infant. *Acta Paed Scand*. Submitted September 1988
8. Georgieff M, Chockalingam U, Sasanow S, Gunter E, Murphy E, Ophoven J: The Effect of Antenatal Betamethasone on Cord Blood Concentrations of Retinol-Binding Protein, Transthyretin, Transferrin, Retinol and Vitamin E. *Journal of Pediatric Gastroenterology and Nutrition*. Accepted, August 1988.
9. Georgieff M, Amarnath U, Murphy E, Ophoven J: Serum Transferrin Levels in the Longitudinal Assessment of Protein-Energy Status in Preterm Infants. Submitted to the *Journal of Pediatric Gastroenterology*, January 1988.
10. Velasco A, Ophoven J, Priest J, Brennom W: Paratesticular Malignant Mesothelioma Associated with Abdominoscrotal Hydrocele. *Journal of Pediatric Surgery* 23:11 (1988) 1065-1067
11. Chockalingam U, Murphy E, Ophoven J, Weisdorf S, Georgieff M: Cord Transferrin and Ferritin Levels in Newborn Infants with Prenatal Uteroplacental Insufficiency and Chronic Hypoxia. *Journal of Pediatrics* 1987; 111:283-6
12. Mammel, Ophoven, Lewallen, Gordon, Sutton, Boros: High-frequency ventilation and tracheal injuries. *Pediatrics* 1986; 77:608.
13. Boros, Mammel, Lewallen, Coleman, Gordon, Ophoven: Necrotizing tracheobronchitis: A complication of high-frequency ventilation. *Journal of Pediatrics*, 1986.
14. Georgieff, Sasanow, Mammel, Ophoven, Pereira: Cord Pre-Albumin Values in Newborn Infants: Effect of Prenatal Steroids, Pulmonary Maturity and Size for Dates. *Journal of Pediatrics* 1986; 108:972-976.
15. Tilleli J, Ophoven J: Hyponatremic Seizures as a Presenting Symptom of Child Abuse. *Forensic Science International*. 30 (1986) 213-217.
16. Chockalingam U, Murphy E, Ophoven J, Georgieff M: The influence of gestational age, size for dates, and prenatal steroids on cord transferrin levels in newborn infants. *Journal of Pediatric Gastroenterology and Nutrition*. Accepted.

17. Georgieff M, Chockalingam U, Sasanow S, Gunter E, Murphy E, Ophoven J: The effect of antenatal betamethasone exposure on nutritional protein and fat-soluble vitamin levels in premature newborn infants. Submitted to Lancet.
18. Whitley C, Langer L, Ophoven J, Gilbert E, Gonzalez C, Mammel M, Coleman M, Rosenberg S, Rodrigues C, Sibley R, Horton W, Opitz J, Gorlin R: Fibrochondrogenesis: Lethal Autosomal Recessive Chondrodysplasia with Distinctive Cartilage Histopathology. *Amer J of Med Gen*, 1985; 19:265-275.
19. Boros, Mammel, Coleman, Lewallen, Gordon, Bing, Ophoven: Neonatal High-Frequency Ventilation: Four years experience. *Pediatrics* 1985; 75:657.
20. Ophoven, Boros, et. al. Tracheobronchial histopathology associated with high-frequency jet ventilation. *Critical Care Medicine*, July 1984; 12:829-832.
21. Gorlin, Langer, Ophoven, Gilber, Mammel, Coleman, Rosenbery, Rodrigues, Hirton, Opitz, Whitely: Fibrochondrogenesis: A Recently Recognized Chondrodysplasia. Presentation at American Society of Human Genetics - Virginia, 1983; *Am J Genetics* 35:91A, 1983.
22. Mayer JE, Ewing SL, Ophoven J, Sumner HW, Humphrey EW: Influence of histologic type of survival after curative resection for unidentified lung cancer. *Journal Thoracic and Cardiovascular Surgery*. 1982; 84:641.
23. Ophoven J: Infectious mononucleosis: Part 2. Serologic Aspects. *Lab Med* 1979; 10:203.
24. Dehner LP, Sibley RK, Sauk JJ Jr., Vickers RA, Nesbit ME, Leonard AS, Waite DE, Neeley JE, Ophoven J: Malignant melanotic neuroectodermal tumor of infancy. A Clinical, pathologic ultrastructural and tissue culture study. *Cancer* 1979; 43:1389-1410.

Abstracts & Presentations:

1. Iowa Public Defender Agency. "An Approach to Sexual Injury Physiology" June 22, 2005
2. Iowa Public Defender Agency. "Head Injuries in Childhood; An Evolving Challenge" June 22, 2005
3. North Memorial Hospital: Long Hot Summer Conference. "Unexpected Child and Infant Death: Is It Always Abuse?" March 5, 2005.
4. CACJ/CPDA Capital Case Defense Seminar. "Scientific Evidence in Sexual Crimes." February 20, 2005.
5. CACJ/CPDA Capital Case Defense Seminar. "Head Injuries in Childhood: An Involving Challenge." February 19, 2005.
6. Minnesota Bureau of Criminal Apprehension Training and Development – Death Scene Investigation. "Basics of Child Abuse and Infant Deaths." February 3, 2005.
7. California Public Defender Agency Sexual Crimes Seminar. "Understanding Child-Victim Physiology." October 23, 2004.
8. Minnesota Division International Association for Identification. "Childhood Death Investigation: Unexpected/Unexplained Childhood Deaths." September 16, 2004.
9. St. Louis County Medical Examiner's Office. "Childhood Death Investigation: Unexpected/Unexplained Childhood Deaths." March 8, 2004.
10. CACJ/CPDA Capital Case Defense Seminar. "Head Injuries in Childhood: An Evolving Challenge." February 14, 2004.
11. MN Women Physicians' Retreat. "The Child and Forensic Medicine: A reflection on children in crisis." Co-presented with Susan Roe, MD. October 4, 2003.

12. MN Bureau of Criminal Apprehension. Child Abuse Investigation. "Forensic Pathology of Child Abuse." April 16, 2003
13. 6th Annual LaCrosse Children Maltreatment Conference. "Trauma and the Abused Child" and "Munchausen Syndrome by Proxy." April 4, 2003.
14. Chippewa Valley Technical College Investigators' Annual In-service. "Child Abuse and Neglect" presented by Janice Ophoven, MD and Susan Roe, MD. December 12, 2002.
15. South Carolina State Child Fatality Advisory Committee. Child Fatality Conference - Investigating and Prosecuting Fatal Child Maltreatment. "Forensic Pediatric Autopsy." September 25, 2002
16. Midwest Forensic Pathology. Forensic Nursing III. "Overview of Child Abuse, Vulnerable Adult Abuse, and Domestic Violence." February 28, 2002; May 24, 2002
17. MN Bureau of Criminal Apprehension. Child Abuse Investigation. "Forensic Pathology of Child Abuse." April 17, 2002
18. MN Forensic Pathology, PA. 3rd Annual All Deputy Coroner Meeting. "Munchausen Syndrome by Proxy." April 6, 2002
19. MN Bureau of Criminal Apprehension. Death Scene Investigation Training and Development. "Identifying the Details: Shaken Baby Syndrome and Munchausen Syndrome by Proxy." February 5, 2002
20. Stearns Benton County Child Protection Agency. "Shaken Baby Syndrome - Challenges and Implications." April 27, 2001
21. St. Cloud Hospital. Physicians' Forum. "Shaken Baby Syndrome." March 2, 2001
22. Partners Healthcare Consulting. "Moving into the Driver's Seat – Physician's Guide to Controlling their Future." Invited speaker: "Navigating the Road to Effective Care Management." October 5, 2000
23. MN Bureau of Criminal Apprehension and Ramsey County Medical Examiners' Office. Midwest Homicide Investigative Conference. "A Practical Approach to the Investigation of Child Abuse Homicide." September 7, 2000
24. Niagara County Child Fatality Team Training. Keynote Presentation. "The Investigation of Fatal Child Abuse from the Medical Perspective." June 20, 2000
25. The Alaska Academy of Trial Lawyers 4th Annual Litigators' Conference. "Science and the Law – Out of the 'Frye'ing Pan." April 2000
26. South Carolina Law Enforcement Division. "The Investigation of Fatal Child Abuse from the Medical Perspective." October 1999.
27. Minnesota Bureau of Criminal Apprehension, Child Abuse II Seminar, May 1999.
28. Invited Speaker *Health Care Forum, Managing Change* October 1997.
29. Invited Speaker *Masters 7 Conference for Advanced Death Investigation, Munchausen's Syndrome by Proxy*, St. Louis, MO. July 1997.
30. IHI Workshop with B. Bushick MD; Measurement and Integrated Health Care Systems, workshop presentation, December 1995.
31. The Investigation of Infant Deaths: An Interdisciplinary Symposium, "Coroners / Medical Examiners and Pathologists: Bridging the Roles", June, September 1994
32. Women in Medicine: Finding a Balance - invited keynote speaker and workshop presentations, Breckenridge Colorado, August 1994
33. BCA Law Enforcement Training Seminar, Forensic Issues in Child Abuse, Spring 1994, St. Cloud, MN

34. Development and presentation of three-day workshop with focus on responsibilities in data management and credentialing. Medical Staff Transformation, Middletown Regional Hospital, Middletown, Ohio, March 1994
35. Design and Focus External Peer Review with Medical-Legal Management Inc. 1985-to 1994
 - Evansville, Indiana
 - Jacksonville, Florida
 - Boston, Mass.
 - Amarillo, Austin, Fort Worth, Texas
 - St. Jose, California
36. Invited Participant, Minnesota Bar Association Annual Trial Lawyer Course, Expert Witness. Bemidji, MN. 1986, 1987, 1988, 1992, 1993, 1994
37. ATLA National Conference - The Catastrophically Injured Infant, Nov 13-14, 1993, Reframing the Causation Issue into a Forensic Context, Atlanta, GA
38. California Ambulatory Surgery Association Research Group, Model for Clinical Guidelines - Best of Practice Model, Lake Tahoe, Fall 1993
39. Colorado Medical Society Woman's Section, The Role of Fear in Health Care Politics, Fall 1993, Snowmass, CO
40. Alaska Trial Lawyers Association, Annual Meeting, full day workshop on Medical Legal issues in Child Abuse, Fall 1993, Anchorage Alaska
41. APQC [American Productivity and Quality Center] "Achieving Results Through Benchmarking" - Benchmarking Week - May 19, 1993, Washington, DC. *Developing "State of the Art" Guidelines for Pediatric Care*
42. Sixth Annual John I. Coe Symposium, Placental and Perinatal Pathology, April 16, 1993, Forensic Issues in Perinatal Medicine Minneapolis, MN
43. Quality Challenge Award Recipients on behalf of the Children's Hospital of St. Paul, MedisGroups National Meeting, April 1993, Washington, DC
44. MediQual National Symposium "Insight", Spring 1993, Washington DC, 2 workshops *MedisGroups and Clinical Guidelines The National Pediatric Network*
45. Development and Implementation - 2 day Clinical Guidelines Exercise, Presbyterian St. Luke's Hospital, Denver Colorado, 1993
46. Multiple Medical Staff Seminars / Presentations on MedisGroups and Health Care Quality including Alliant Health Care Systems, Louisville, KY 1993
47. National Association of Medical Examiners Annual Conference, Milwaukee, WI, Forensic issues in Child Abuse, A Review, Fall 1992
48. Wisconsin Children's Hospital, Annual Retreat, Full day workshop on Medical Staff Transformation, Fall 1992
49. MediQual National Symposium, April 1992, Workshop, Recruiting Physician Participation in Data Management and Clinical Guidelines, Spring 1992, Saddlebrook, Florida
50. Quality Assurance in Anatomic Pathology, Lab Medicine and Pathology Grand Rounds, University of Minnesota, 1992
51. MediQual National Symposium, Spring 1991, Data and Peer Review, Hilton Head, SC
52. Invited Workshop Presentation: Pediatric Forensic Pathology: Wisconsin State Death Investigators Course. Sponsored by the Milwaukee County Medical Examiner, Milwaukee, Wisconsin. Fall 1990

53. Invited Workshop Presentation: Pediatric Forensic Pathology Issues. Sponsored by LCM Laboratories. Sioux Falls, SD. April 1990
54. Invited workshop participant: Special Issues of Child Abuse. Invited presentation: Identification of the Perpetrator in Child Abuse: The Medical Perspective. American Association of Forensic Scientists, National Meeting. Cincinnati, Ohio. February 13, 1990.
55. Invited Workshop Presentation. Pediatric Forensic Pathology at the American Academy of Pediatrics, Orlando, Florida, March 14, 1989.
56. Invited Workshop Presentation, Pediatric Forensic Pathology at the Society for Pediatric Pathology, San Francisco, California, March 5, 1989.
57. Invited Workshop Presentation, Pediatric Forensic Pathology at the Society for Pediatric Pathology, Washington, D.C., February 1988.
58. Georgieff M, Amarnath U, Landon M, Mills M, Ophoven J: Newborn Iron Status of Infants of Diabetic Mothers (IDMS). *Ped Res*. Submitted and Accepted, December 1987.
59. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Transferrin (TF) and Ferritin (FE) as Markers of Uteroplacental Insufficiency (UPI) in Newborn Infants. *Ped Res* Submitted Nov 1986. Published April 1987.
60. Chockalingam U, Murphy E, Ophoven J, Georgieff M: Decreased Iron Status in Symptomatic Large-for-Gestational Age (LGA) Infants. *Ped Res* Submitted Nov 1986. Published April 1987.
61. Georgieff M, Chockalingam U, Murphy E, Ophoven J: Effects of Short and Long-term Prenatal Steroids on Nutritional Proteins in Premature Neonates. Accepted for presentation and published, April 1987.
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