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Book Reviews

Hazardous Waste Goes to Hollywood

A Civil Action, by Jonathan Harr. Vintage Books, 1995. 500 pp. \$28.00 hardback. \$13.00 paperback.

Richard Whisnant

Jonathan Harr has written a rare book: a work of nonfiction about a complex legal topic, which is engaging, provocative, a bestseller, and soon to be a major motion picture. *A Civil Action* is both hard to put down and hard to forget. The book and its author earned the National Book Critics Circle Award in 1995. On the eve of its release as a movie, *A Civil Action* provokes questions about hazardous waste, water supply contamination, cancer caused by the environment, and the ability of the legal system to respond to each of these concerns.

The Case and the Characters

Harr's protagonist, Jan Schlichtmann, is a plaintiff's lawyer in Boston. In search of "getting rich while doing good," Schlichtmann represents seven families from Woburn, Massachusetts, who have lost children or other family members to leukemia. For nine years, from 1980 to 1989, Schlichtmann leads the Woburn plaintiffs in battle against two Fortune 500 companies whose dumping of hazardous waste allegedly caused the children's disease and ultimate death.

As the case unfolds through Harr's supple prose, Schlichtmann is transformed from a paradigm of successful plaintiff's lawyer—driving Porsches and dressing in custom-tailored suits—to a character portrayed as a pitiful, irresponsible, greedy tort attorney who is in emotional breakdown and personal bankruptcy. The plaintiffs

recover some money but get little satisfaction from their settlement. The companies admit no wrongdoing, despite apparently ample proof of dumping and perjury. At the end of the case and the book, Schlichtmann, the plaintiffs, and the reader are left wondering about the American legal system's handling of "toxic tort" cases (the name used in legal circles for cases involving alleged injuries from exposure to toxic substances). In Harr's portrayal, nine years of investigations, abundant discovery, a multitude of motions and hearings, a trial, and millions of dollars in litigation costs fail to bring much closure to the issues in Woburn. This makes it all the more remarkable that the book is so compelling to read and has drawn such interest from Hollywood.

Along the tortuous path to Woburn's inner circle of litigation hell, Harr paints vivid, novelistic pictures of characters and courtroom scenes. There is Facher, the wizened senior litigator and archetypal Bostonian penny-pincher who represents Beatrice Foods, one of the defendants. Facher teaches trial advocacy on the side at his alma mater, Harvard Law School, where he grills students into tearful submission. "Behind Facher's thick glasses, his eyes were heavily lidded, as if he were on the verge of dozing. During class and in the courtroom, he often pursed his lips in a skeptical and disapproving manner, like a candystore proprietor guarding the goods against young hooligans."¹ Late at night, in the large Boston law firm where he presides over eighty litigators, Facher sits in dark storage

rooms thinking about his cases and worrying about his cats, his only companions since his divorce. He used to practice his cross-examinations on his wife. "I can't prove it," he once mused, "but I bet trial lawyers have more marital problems than any other type of lawyer."²

Judge Walter Jay Skinner, another graduate of Harvard Law School, presides over the Woburn trial. He is a man "of great rectitude and decorum."³ He refers to his wife as "Mrs. Skinner" and sentences lawyers to take classes on trial practice for filing poorly researched and written briefs. He walks "with his knees bent, his back bowed deeply forward at the waist, his head craned upward to see where he [is] going, like a man carrying a heavy but invisible load."⁴ Judge Skinner seems to have strong opinions about the Woburn case and, to the chagrin of Schlichtmann and the other lawyers for the plaintiffs, even stronger respect for Facher, whom he has known since law school.

Anne Anderson, the lead plaintiff, receives a strong characterization early in the book. In the first fifteen pages, she learns that her son Jimmy has leukemia. Harr paints a compassionate portrait of the Andersons and their son's illness and ultimate death. But like the rest of the plaintiffs, Anne Anderson fades out of focus as the narrative moves on. The book becomes the book of Schlichtmann, and Schlichtmann grows more and more disconnected from his clients. Eventually he stops returning their phone calls. In the end Anne Anderson and some of the other plaintiffs have a dispute with Schlichtmann over his fees and expenses. After the book was published, there was more acrimony. Harr sold the movie rights to *A Civil Action* to Robert Redford and Disney/Touchstone; the plaintiffs sold the rights to their story to another producer. The ensuing confrontation erupted briefly

in the Massachusetts legislature, which considered a bill to prevent the use of real people's likenesses without their permission in films made in the Commonwealth.

Touchstone surmounted this difficulty and completed filming early in 1998, and the movie version of *A Civil Action* is expected to be out before the year's end. Schlichtmann will be played by John Travolta—a somewhat ironic choice, given that one of Schlichtmann's few acknowledged shortcomings in the book is that he doesn't dance well. But the book seems destined for the big screen, given its riveting quality and its cinematic style—each section focusing on a character and a particular scene in a way that moves the plot incessantly forward.

A Civil Action takes a prominent place in the genre that has come to be known as "faction": factual accounts that read like novels but describe historical events. To Harr's credit, his book portrays a plaintiff's lawyer and a major toxic tort lawsuit in a credibly realistic way. The long hours of document review, witness preparation, investigations, and theorizing about the case culminate in occasional courtroom highs and periodic moments of despair.

Harr is unable to escape one limitation of the genre, however. In rendering *A Civil Action* so compelling a story and in portraying the characters to maximize their interest, he ends up explaining the events in Woburn and in the courtroom mostly from the protagonist's—Schlichtmann's—point of view. The book falls short when read from some other important points of view in the litigation: the plaintiffs themselves, the defense counsel, the defendants, the judges, or interested observers of the events in Woburn. Hollywood probably will further this myopia.

Short of the author treating each

character's viewpoint separately, somewhat as in *The Canterbury Tales*, I cannot imagine telling the story of a lawsuit compellingly without limiting the point of view. This limited point of view is a problem, though, because "faction" purports to tell *the* story of things that *really happened*. For millions of readers and moviegoers, *A Civil Action* will define what occurred in the Woburn case. At best, however, *A Civil Action* tells the story of what happened through the eyes of a plaintiff's lawyer. To his credit, Harr includes passages that attempt to show the world from other characters' points of view. But these short accounts give way before the sheer volume and power of Schlichtmann's presence. Despite this limitation, the book manages to treat its topic skillfully, interestingly, and in a way that raises important questions about environmental regulation and the courts.

Safety of the Water

One question that *A Civil Action* raises for readers is How safe is the water? The Woburn residents first noticed a problem with their drinking water in November 1964, when a new well (Well G) came on line. Three years later, Well H, 300 feet from Well G, was added to the system. The residents of east Woburn, who got most of the water from Wells G and H, began complaining about the water's taste, odor, and rust-colored appearance. The state health department threatened a shutdown of the wells because of poor bacterial quality. But the city engineer and the city's consultants declared the water "absolutely safe" and touted the plentiful supply into which they had tapped. Throughout the 1970s, local pressure forced periodic closing of the two wells, but the city turned back to them whenever there was a need for more water. Harr presents the city engineers as



David James. © Touchstone Pictures. All rights reserved.

John Travolta stars as a personal injury attorney in Touchstone Pictures'/Paramount Pictures' *A Civil Action*. This new release is based on Jonathan Harr's "factional" account of a Massachusetts lawsuit over deaths from leukemia, allegedly caused by dumping of toxic waste.

completely nonresponsive to the complaints. "We do all the tests that are necessary," the city engineer would tell [the father of one child who dies from leukemia]. "It's perfectly portable."⁵

In spring 1979 the Woburn police were called in to investigate midnight dumping of barrels in northeast Woburn. The dumper was never caught, but an astute state environmental inspector called for tests of the water in Wells G and H. They revealed contamination by a common industrial solvent: 267 parts per billion of trichloroethylene (TCE) in Well G, 183 parts per billion in Well H. Four other contaminants, including tetrachloroethylene (commonly known as "perc" and widely used in the dry cleaning industry) also showed up.

The United States Environmental Protection Agency (EPA) classifies TCE and perc as "probable" carcinogens. Although this classification is far from enough evidence to prove that the water caused the deaths of Woburn children from leukemia, it certainly casts the town and its engineers in a harsh light. Far from protecting the citizens, they were

ignorant of the quality of their water and insistent that no further testing was needed. They were wrong. Children died, perhaps as a result of an engineer's defensiveness and a town's nonresponsiveness.

Today North Carolina and the federal government require water suppliers to test for chlorinated organic compounds, including TCE and perc, at least annually—more frequently if the systems are new or if the compounds are detected in

any samples.⁶ TCE can be detected in drinking water at 0.5 parts per billion. Currently, for regulatory purposes, the water is considered contaminated at 5 parts per billion, ten times the detection level.⁷ Although both compounds are widely present in North Carolina groundwater in very low concentrations, they have not been much of a problem in drinking-water supplies. According to the North Carolina Department of Environment and Natural Resources, of the approximately 3,100 water systems regulated in North Carolina, only three have had enforceable violations for TCE in the last three years. Of those, two now are shut down, and the third has installed special treatment technology.⁸ Thus the state's regulatory process has responded to cases like Woburn's by requiring testing and correction for solvent contamination in drinking water. Still, it is troubling that chlorinated solvents occur in groundwater across much of the state, even at very low levels. They almost always are the result of past spills or dumping of solvents. Whether chlorinated solvents degrade over time into more innocuous compounds is not clear. They also

are notoriously difficult to assess in the groundwater and to clean up.

Detection of Cancer Clusters

Another question that the book raises is How well equipped are the state and the nation to detect and respond to cancer clusters? Cancer is a group of about 100 different diseases characterized by uncontrolled growth and spread of abnormal cells. Four of every ten North Carolinians will have some type of cancer in their lifetime. This year more than 15,000 North Carolinians will die of cancer, or around forty-three per day. In the nation and in North Carolina, one of every four deaths is from some kind of cancer.⁹ So cancer as a whole is a common disease. The causes of the different cancers are not well understood and may be complex. Cancers often have a long latency period before expressing themselves. All these factors lead to understandable public concern, especially when someone becomes aware that several people in a neighborhood are suffering from the same form of cancer.

A "cancer cluster" is an abnormally high incidence of a given type of cancer among people who live or work in the same area. Over the last twenty years, the federal Centers for Disease Control and Prevention have studied thousands of apparent cancer clusters but found very few that they believe to be genuine. Using statistical techniques to determine whether an actual cancer cluster exists is not always easy. For one thing, few Americans stay in a given location or job long enough to isolate exposures that they may have in common.

Childhood leukemia, the problem in Woburn, is a rare form of cancer. In North Carolina from 1991 to 1995, there were 3.7 cases and 1.1 deaths annually from childhood leukemia for every 100,000 children.¹⁰ Despite the

rarity of leukemia, cancer is the chief cause of death by disease in children under age fifteen. Mortality rates have declined 62 percent since 1960, however.¹¹ Woburn had the relative luxury of a massive study by the Harvard School of Public Health to assess whether its cluster was real or a statistical fluke. Still, there was—and is—debate in the public health field on the ability of statistical techniques to pick out instances of excess cancers. The initial problem in Woburn was to figure out how many actual cases of childhood leukemia there had been within the area of interest to the plaintiffs. Beyond this data-gathering problem, there was the inherent difficulty of drawing lines for comparison purposes: Was the population of interest all the residents of Woburn in a given time period? Just those in east Woburn? Just those on a few streets where several of the plaintiffs lived? There is a methodological trap called the “bull’s-eye effect,” which is explained in the book. It comes from drawing the “targets” after the “shots” have been fired. This always makes it look like the shots hit the bull’s-eye. Similarly, by drawing a ring around a small group of houses whose occupants one expects to have experienced excess cancers, one may exclude houses whose occupants also have been exposed to the water and should be included for a proper comparison. Harr does an admirable job explaining difficult problems such as this clearly and succinctly.

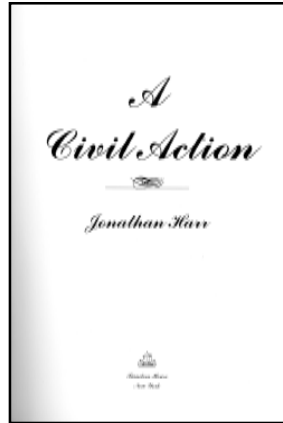
In North Carolina today, there is a systematic approach to the monitoring and the analysis of cancer incidence and mortality. The North Carolina Central Cancer Registry monitors cancers and also investigates reports of clusters. The registry receives about fifty cluster reports a year. It follows up each report with a standard investigation protocol, beginning with information and education materials for

the person making the report, followed by statistical analysis if the person still believes a problem to exist after reviewing the registry’s information. Some high-profile examples of recent investigations in North Carolina include the Paw Creek community in Mecklenburg County, the residents in the vicinity of the PCB (polychlorinated biphenyl) landfill in Warren County, and the neighborhood around the Trinity Foam plant in Guilford County.

In the past three years, no reports in North Carolina have appeared to the Central Cancer Registry to be genuine clusters.¹² Of the thousands of alleged clusters that the federal Centers for Disease Control and Prevention have investigated nationally over the past twenty-five years, only a handful have proven genuine in the eyes of the researchers. These have been unusual cases with singular features such as very rare cancers and well-defined exposure patterns. Examples include a cluster of brain cancer cases among workers on the Gulf Coast, apparently related to a petrochemical processor that did give adequate protection to its workers; and a cluster of uterine and cervical cancer cases in San Francisco among women who had received high doses of hormones.¹³

Environmental Toxic Tort Cases in the American Legal System

“Environmental toxic tort” cases are cases involving allegations of injury from exposure to toxins in the envi-



Harr’s riveting book chronicles the effects of industrial pollution on the residents of Woburn, Massachusetts, whose homes are detailed in the endleaf maps of the affected sites.

ronment. *A Civil Action* clearly lays out for readers the problems that plaintiffs in such cases face in proving that their injuries were caused by the defendants. The causation requirements of tort law make sense in the traditional tort context, in which an injury occurs and is obvious within a short time after its cause. With cancers like leukemia, however, many years may elapse between exposure and illness. Further, scientists and physicians do not understand what actually causes many cancers, childhood leukemia among them. How, then, can plaintiffs prove that their child’s leukemia was caused by the defendants?

For the families in Woburn, this exercise took many years, numerous experts, and millions of dollars. In the end there was no proof. An exhaustive statistical study of more than 7,000 Woburn residents by the Harvard School of Public Health concluded that the data “strongly suggests the water from [Woburn] Wells G and H is linked to a variety of adverse health effects.”¹⁴ But in a courtroom, “strongly suggests” and “linked” do not necessarily amount to “actually caused.”

To bolster his case, Schlichtmann hired a California immunologist; a

pathologist to perform an expensive series of studies on the plaintiffs; a full-time assistant to find and record every medical visit and complaint of each of the thirty-three family members who filed suit; a Chicago physician specializing in occupational and environmental medicine to do physical exams of every plaintiff; a cardiologist to do follow-up cardiac work; a biochemist; and a toxicologist. Ultimately, Schlichtmann spent more than \$2 million preparing the case. One of the defendants spent more than \$7 million defending the lawsuit.

Ironically, Schlichtmann never had the opportunity to present the evidence on causation. To make the case more manageable, the judge ordered it to be “trifurcated”—divided into three phases. This case management approach prevented the plaintiffs from presenting their most gripping evidence first: the stories of the families and their children’s deaths. Instead, phase one—the only phase completed because complicated circumstances forced the plaintiffs to settle—focused on whether the defendants’ actions actually caused the drinking water to be contaminated. And the jury’s instructions on this phase, after months of trial, proved so confusing that the jury had to guess how to answer several of the questions. At many junctures in the trial, despite all the years of preparation and the millions of dollars spent by all sides, the fateful moments seemed to turn more on the judge’s trust in and respect for Facher, the senior defense lawyer, than on anything else.

As noted earlier, Harr’s book focuses on Schlichtmann and his view of the case, an understandable focus given that Schlichtmann provided Harr with open access to his files, his office, and his meetings for the nine-year duration of the litigation. In the end, when Schlichtmann falls millions of dollars short of the goals he has for

the lawsuit, Harr leaves the impression that Judge Skinner’s rulings caused this mock-tragic outcome. This question of “blame” for the outcome is one area in which Harr’s “factional” account is subject to criticism. One strongly suspects that if told from any perspective in the Woburn case besides Schlichtmann’s, the primary cause for the unsatisfactory outcome would be much more complex. Some of the fault surely belongs with Schlichtmann himself, for major errors he now freely acknowledges in his handling of the case. And some of the reason is not so much “fault” as an accurate, if disturbing, rendition of the inadequate way in which the American system of civil litigation works with complex cases involving long-latency diseases.

This aspect of *A Civil Action* is no different today in North Carolina than it was in the 1980s in Massachusetts. Complex environmental litigation is inherently difficult for the legal system to sort out. There are many reasons for this. The plaintiffs tend to be numerous and indeterminate, whereas the legal system works best with a single plaintiff or a few plaintiffs who were definitely injured. The defendants also tend to be numerous and indeterminate. Again, the system prefers a clear demarcation of potential responsibility for a given injury. The injuries themselves can occur long after the cause, and there rarely is a consensus on the cause. The cases involve battles of experts, who often push (and cross) the frontiers of accepted science. Judges and juries typically are not prepared to pick through all this uncertainty to do justice. In the past several decades, there have been many calls for reform of the legal system to accommodate such cases better, but no clear path to reform has emerged. The legal system continues to try innovation and experimentation case by case. This is little comfort for the involved parties.

Summary

Harr deserves the credit he has gotten for *A Civil Action* and the revenue he has received from sale of the book and the movie rights. The book is fascinating. Any author who can work such magic on a complex lawsuit must have mastered the writer’s craft. The years of hard work, fact-gathering, and slogging through voluminous transcripts have paid off handsomely for Harr.

The book fails, however, to overcome a problem deeply engrained in the genre. It presents itself as a factual account, when it is actually dominated by a particular, nonobjective point of view and a need to tell a tale in an engaging manner. A reader who is familiar with the other characters or the general situation in which the other characters find themselves may be able to fill in the other points of view in key scenes. Most readers, however, are not equipped to do this, and the book itself does not suggest that doing so is necessary. This is always a danger with “faction.”

The book serves to raise awareness, and no doubt concern, about the regulation of drinking water, the presence of contamination in the groundwater, and the ability of the legal system to cope with complex environmental cases. These legal and policy issues are still present today, although the regulatory system has been tightened in response to cases like Woburn’s. For the many people who feel that the burden of additional regulation on drinking-water supplies or hazardous waste disposal is excessive, the book may cause some rethinking. It shows how bad the situation can be when water providers claim that their product is safe, even though it has not been adequately tested. The book strongly suggests that the common disposal practices of two Fortune 500 companies actually led to the horrible deaths of several innocent young children. For those who

believe that environmental problems are causing long-latency diseases like cancer for which the basic science is still unclear, the book shows how difficult redress in federal court will be. For everyone who has not read it, the book is a good introduction to these topics and a pleasure to read.

Notes

1. Jonathan Harr, *A Civil Action* (New York: Vintage Books, 1995), 86.

2. Harr, *A Civil Action*, 88.

3. Harr, *A Civil Action*, 106.

4. Harr, *A Civil Action*, 106.

5. Harr, *A Civil Action*, 23.

6. See 15A N.C. ADMIN. CODE 18C.1515 (incorporating by reference 40 C.F.R. § 141.24).

7. See 15A N.C. ADMIN. CODE 18C.1518 (incorporating by reference 40 C.F.R. § 141.61). Interestingly the groundwater standard in North Carolina is 2.8 parts per billion, lower than the drinking-water standard. See 15A N.C. ADMIN. CODE 2L.0202(g)(84).

8. Personal communication with Mr. Hornlean Chen, N.C. Division of Environmental Health, Public Water Supply Section, March 31, 1998.

9. N.C. Department of Health and Human Services, State Center for Health Statistics, *Cancer Facts and Figures* (Raleigh, N.C.: NCDHHS, 1997), 2.

10. Figures compiled for the author by the N.C. Central Cancer Registry, March 1998.

11. American Cancer Society, *Cancer Facts & Figures 1997*, available at <http://www.cancer.org/statistics/97cff/97childr.html>.

12. Personal communication with Dr. Rebecca Martin, N.C. Central Cancer Registry. The telephone number to call for investigating apparent cancer clusters is (919) 715-4556.

13. Personal communications with Drs. Stan Music and Rebecca Martin, N.C. Department of Health and Human Services, March 28, 1998.

14. Harr, *A Civil Action*, 133; published as S. Lagakos et al., "An Analysis of Contaminated Well Water and Health Effects in Woburn, Massachusetts," *Journal of the American Statistical Association* 81 (1986): 585. W

A SIDS Mystery

The Death of Innocents, by Richard Firstman and Jamie Talan. Bantam Books, 1997. 632 pages. \$24.95 hardback.

Jill D. Moore

In 1996 North Carolina lost 101 children to the medical mystery known as SIDS—sudden infant death syndrome.¹ SIDS touches local governments in many ways. Emergency responders and hospital personnel must listen and respond helpfully as a traumatized parent recounts the horror of discovering an unresponsive infant. Medical examiners must confirm the SIDS diagnosis. Child fatality prevention teams may review the death. In rare instances, following investigation, police may recategorize a case initially believed to be SIDS as a homicide. The Death of Innocents tells the story of a series of homicides misdiagnosed as SIDS in the early days of SIDS research and investigation. I strongly recommend the book. However, I hope readers will bear in mind that SIDS is a genuine medical phenomenon and that the instances in which SIDS provides an alibi for a homicidal parent are thankfully rare.

In the fall of 1964, a young couple in upstate New York brought home their first-born son. Three months later they buried him. Eric Allen Hoyt thus became the first of Waneta and Tim Hoyt's children to live briefly and die suddenly. Over the next seven years, the Hoyts lost four more children. Julie, the third-born, died at forty-eight days of age. Jimmy, an apparently robust two-year-old, died only three weeks later.

In the spring of 1970, Waneta Hoyt called the rescue squad and reported that four-week-old Molly, her fourth-born, was blue and not breathing. Molly was revived en route to the emergency room. She was admitted to

the hospital and subjected to a battery of tests, which revealed nothing. Her puzzled pediatrician referred the Hoyts to Alfred Steinschneider, a physician at New York's Upstate Medical Center in Syracuse who studied infants' breathing patterns. That single referral had a profound influence on the next two decades of SIDS research and practice, culminating in an astonishing criminal investigation that placed Waneta Hoyt—and, in effect, Steinschneider's "apnea" theory of SIDS—on trial. In his studies Steinschneider had observed that normal infants experience apnea, or pauses in their breathing. Perhaps, he reasoned, some unlucky infants never emerged from their apnea episodes but simply died. He had noted that some infants had more prolonged or more frequent periods of apnea than others, and he theorized that these infants might be at high risk for SIDS. He hypothesized that infants with prolonged apnea suffered from some unknown defect, possibly familial in origin. If so, perhaps such infants could be identified in advance, monitored at home, and revived if they stopped breathing for too long.

Molly Hoyt spent most of her brief life in the hospital being studied by Steinschneider. She died at eleven weeks of age, less than twenty-four hours after being discharged to her home.

Just one year later, the Hoyts' fifth and last biological child,² Noah, was admitted to the hospital and placed under Steinschneider's surveillance immediately on birth. Noah left the hospital twice, only to be readmitted quickly after he reportedly stopped breathing at home. Noah was discharged from the hospital a final time

in July 1971. He died less than twelve hours later. He was eighty days old.

In 1972 the prestigious medical journal *Pediatrics* published a paper by Steinschneider that reported his clinical observations of the last two Hoyt children (whom he identified only as M.H. and N.H.) and described his apnea theory. The response was extraordinary. The medical community and an emerging social movement of parents who had lost children to SIDS embraced the theory with enthusiasm. Researchers pursuing the apnea idea—including Steinschneider—sought and received huge amounts of federal funding. An entire industry emerged as devices for monitoring infants' breathing patterns in their homes were developed and sold to thousands of parents of children believed to be at risk.

There was only one problem, according to the authors of *The Death of Innocents*. Steinschneider's theory was seriously flawed, if not plainly wrong. The authors contend that the research on which it was based was methodologically suspect and that much of the data supporting the theory was fabricated. Worse, Firstman and Talan argue, Steinschneider's paper had provided an alibi for a serial killer. In the spring of 1994, nearly twenty-three years after her last biological child's death, Waneta Hoyt confessed to police that she had suffocated each of the five children. She was subsequently convicted on five counts of second-degree murder.

The unfortunate results of the meeting of Waneta Hoyt's oddly damaged psyche and Alfred Steinschneider's undisciplined ambition constitute the central tale of *The Death of Innocents*. The authors recognized, however, that the story of how this "collaboration" came under scrutiny two decades after it occurred is equally riveting. The book therefore opens with the case of Stephen Van

Der Sluys, a Syracuse resident who suffocated his first three children and almost got away with it. In the course of prosecuting Van Der Sluys, a district attorney happened across Steinschneider's twenty-year-old paper and became convinced that the cases it described were homicides. His pursuit of the woman who was identified in the paper only as Mrs. H. is a fascinating, against-all-odds detective story.

The book is much more than a true-crime story, however. It also is a scathing indictment of Steinschneider and the medical research establishment that allowed shoddy research to go unquestioned. Steinschneider is portrayed as a ruthlessly ambitious scientist who sacrificed his integrity to his theory, falsifying data and ignoring the pleas of experienced nurses to consider the possibility that Waneta Hoyt was killing her children. The authors accuse the medical world at large not only of accepting Steinschneider's theory too quickly and without adequate scrutiny but also of wearing blinders: according to Firstman and Talan, many doctors simply refused to believe that a mother was capable of killing her own children.

The authors pointedly note the influence of business interests on the rapid spread and acceptance of the apnea theory, emphasizing that individuals and medical research institutions profited from the development of the home-monitoring industry. Poignant examples describe the stress-filled existences of parents who ordered their entire lives around the home monitoring of their children. The authors fault physicians for continuing to promote home monitoring when research failed to demonstrate the validity of the apnea theory or the effectiveness of home monitoring.

On a more subtle level, the book also is critical of the political and social environment of the 1970s and 1980s. The authors charge the "SIDS

movement"—a loosely defined term apparently referring to the political, fund-raising, and support groups composed primarily of bereaved parents—with creating an environment in which it was unacceptable to view the grieving parents of a dead baby with suspicion.

When it was first released in October 1997, Firstman and Talan's book touched off two fiery controversies. First, the book harshly criticizes the infant-monitoring program at Massachusetts General Hospital, which has operated for two decades on the apnea theory of SIDS. The authors accuse physicians at that revered hospital of providing an outlet and an alibi for psychologically disturbed parents who deliberately induce medical problems in their children because they thrive on the attention of physicians and hospital staff. In the fall of 1997, Boston newspapers made much of this aspect of the book, filling several columns' worth of copy with exchanges between the authors and Massachusetts General spokespersons.

The other controversy related to the book's focus on the sensational but rare cases in which faulty diagnoses of SIDS covered up multiple infanticides in a single family. The authors acknowledge at several places in the book that SIDS is a legitimate, if ill-understood, medical phenomenon and that the proportion of infant deaths attributed to SIDS that were actually infanticides is probably quite small. But the media flurry that accompanied the book's release probably obscured those points and may have contributed to some SIDS parents' believing that the book devalued their loss and subjected their motives to renewed scrutiny.³

These controversies demonstrate that *The Death of Innocents* is a very powerful book indeed. Moreover, it is a sensational read. Firstman and Talan's thorough documentation of

three decades of SIDS theories and research becomes a bit tedious, but it is essential to their argument that Steinschneider's work ultimately served as an unfortunate and prolonged distraction from the goal of understanding and preventing SIDS. In the book's conclusion, the authors briefly describe how the "Back to Sleep" health education campaign, which encourages parents to put newborns to sleep on their backs rather than their stomachs, has caused the SIDS rate to fall significantly for the first time since the phenomenon was named and studied. The authors express regret that the back-to-sleep idea did not gain prominence when it was

first suggested in the 1960s. They attribute this failure to the "clamor over the apnea theory."

When I completed the book, I felt dissatisfied on only two counts. The first is minor. I had hoped to understand Waneta Hoyt better. What could have led her repeatedly to give birth to children whom she would not permit to live? The authors speculate some but do not fully explain this behavior, probably because they cannot. All their investigative reporting failed to turn up the innermost workings of Waneta Hoyt's mind.

The second count of dissatisfaction is serious but cannot be attributed to these authors. All the investigative re-

porting in the world has not shed light on the central tragedy of *The Death of Innocents*—the *still* unsolved medical mystery known as SIDS.

Notes

1. Wade Rawlins, "Child-Abuse Deaths Climb in '96," *News & Observer* (Raleigh, N.C.), April 28, 1998.

2. After the deaths of their five biological children, the Hoyts adopted a child, who survived to adulthood.

3. Readers who are particularly interested in this issue should visit the Web site of the National SIDS Alliance. Correspondence between the alliance's leadership and the authors of *The Death of Innocents* is published at <http://sids-network.org/abusesainfo.htm>.

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