file Chaldean

THE WHITE HOUSE

WASHINGTON

June 7, 1996

Ramsey F. Dass, M.D.
President American Chaldean and Arab Forum
4601 Coolidge
Oak Park, Michigan 48237

Dear Dr. Dass,

I was pleased to have had the opportunity to meet with you and the other members of the Chaldean-American community to discuss the plight of the people of Iraq, particularly the children. During our discussion, you raised several issues of interest.

First, since our meeting, Iraq and the United Nations reached an agreement on UN Security Resolution 986. As a result, the opportunity for long-needed relief to reach all of the people of Iraq will be created. The Resolution allows Iraq to sell up to $2 billion of oil every six months to purchase food, medicine, and other humanitarian supplies. In central and southern Iraq, these goods will be distributed by the existing government rationing system but with UN observers monitoring the process to ensure that supplies are distributed equitably throughout the population and are not diverted by the regime as political favors. In northern Iraq, distribution of humanitarian goods will be organized and implemented by the UN itself, in conjunction with humanitarian relief organizations already operating in this part of the country. We expect that this carefully-watched and managed program should mean a measurable improvement in the lives of all Iraqis and alleviate the humanitarian tragedy created by Saddam Husayn.

Second, you asked about delivering humanitarian relief to Chaldeans in Iraq. There is no US law or policy that prohibits such aid deliveries. Indeed, our policy has been to encourage private groups and other Non-Government Organizations (NGOs) to try to provide humanitarian supplies to ordinary Iraqis. However, because of the international sanctions, US laws and Administration policies toward Iraq, humanitarian aid to Iraq must conform to a number of strictures. First, as part of the UN sanctions against Iraq, all air travel to and from Iraq is forbidden. Second, all humanitarian goods shipped to Iraq must meet stringent US regulations designed to help ensure that the supplies are delivered to the intended recipients and are not diverted by the regime to its followers. Third because of the US

passport ban on Iraq, US citizens generally are prohibited from traveling to Iraq.

If the Chaldean-American community would like to send humanitarian relief supplies, you will have to apply for an export license through the Department of the Treasury's Office of Foreign Assets Control (OFAC). This process is somewhat lengthy because all such applications need to be referred to the UN Sanctions Committee for approval. Combined with OFAC staffing constraints, this means that requests to send humanitarian goods to Iraq normally take 3-6 months to process and complete.

In addition, any humanitarian supplies the Chaldean-American community would like to send to Iraq will have to be transported in a specific fashion. First, because of the ban on air travel, it will have to be carried by truck. Second, because American citizens may not travel to Iraq, you will have to find others willing to transport the supplies and oversee distribution for them. One way to handle this would be to find friends or co-religionists who are not US citizens but would be willing to perform this task. Another better way, might be to entrust the supplies to one of the NGOs already operating in Iraq. The International Committee of the Red Cross (ICRC), Iraqi Red Crescent, Catholic Relief Services, Caritas, and other secular and religious-based organizations all have established mechanisms for sending humanitarian supplies from the United States to communities in Iraq. The Chaldean-American community might be best served by making agreements to have one of these organizations oversee the actual transport and distribution of goods in Iraq.

If your community is interested in pursuing this option you should contact Steve Pinter of OFAC at (202) 622-2480. We have alerted Steve to your interest in this issue and he is standing by to provide the information and forms you will need to begin the process.

Third, you also expressed your interest in bringing sick children out of Iraq. In this case as well, there is no US law or international prohibition that would make it impossible to bring sick Chaldean children out of Iraq for medical treatment. However, there are, again, certain strictures that must be observed. First, the children would have to be brought out of Iraq by car or truck (or ambulance, if necessary) overland to Jordan or Turkey. Second, US citizens could not go into Iraq to bring them out. Third, the children would have to apply normally for visas for medical treatment in the United States, assuming that this is where the community would propose to treat them.

If the Chaldean-American community would like to pursue this initiative, you should begin by contacting Mr. Frank Seaver of the International Committee of the Red Cross at (202) 936-4079. We have spoken with Mr. Seaver about your interest in this matter and he is expecting a call. Judy Chavchavadze at the State Department's Bureau of Population, Refugees and Migration also might be able to provide some useful information. She can be reached at (202) 663-1036. Alternatively, the United Nations Department of Humanitarian Affairs suggested you contact Ms. Noel Berney of the British group Kurdish Life Aid, at (United Kingdom) 44-191-281-2608. Kurdish Life Aid has undertaken similar humanitarian missions in the Kurdish controlled areas of northern Iraq and Ms. Berney may be able to provide some guidance or assistance. Likewise, the ICRC suggested that Seep Loan at the US Catholic Conference, (202) 541-3073, amy also have information that could be useful on such an initiative.

To begin the process of arranging for visas, you should send a letter explaining your intentions and asking for further information to the US Embassy either (or both) in Jordan or Turkey, because any Chaldean-Iraqi children to be treated in the United States will have to get US visas from our embassies in Amman or Ankara. Copies of this letter also should be sent to the Visa Office at the State Department's Turkish Desk in the Bureau of European and Canadian Affairs [(202) 619-6582] or to the Jordan desk in the Bureau of Near Eastern Affairs [(202) 647-1022].

While technically possible, our investigation into this subject has suggested that, in practice, bringing sick children out of Iraq for treatment will be very difficult. First, the Iraqi regime generally opposes this practice. Saddam's officers insist that all of Iraq's children are sick and malnourished and the only solution is to lift the sanctions. Consequently, they routinely deny such requests. Second, there is a huge number of Iraqis who have applied for US and other Western visas, any of whom are sick or have other compelling reasons to want to leave the country. Unfortunately, they cannot all be accommodated. Third, the overland trip from Baghdad is long and grueling (14 hours across the Syrian desert) while the routes from Iraq into Turkey are controlled by the Kurdish Democratic Party -- who maintain a loose order in their territory and with whom it is never easy to make these sorts of arrangements. Northern Iraq is also unsettled because of the pressure along the broader from PKK terrorist elements. In short, while it may be possible to transport sick Chaldean children out of Iraq for treatment, it will not be easy.

And finally, you should be aware that it is possible to obtain a waiver to the passport ban. There are four potential categories of US citizens who may be considered for a waiver. In the case of the Chaldean-American community, you could reasonably expect to fall into the category of humanitarian assistance. If you wanted to apply for a waiver to the passport ban to either transport goods into Iraq or to help bring sick Chaldean-Iraqi children out, you would have to do so through the Office of Passport Policy and Advisory Services in the Department of State's Bureau of Consular Affairs. Their telephone number is (202) 955-0231. We have attached a Tab A, the State Department's Consular Information Sheet on Iraq which contains relevant information regarding travel by American citizens to Iraq.

Passport waivers are difficult, but not impossible to obtain. There are, however, two importnant preconditions. First, the United States generally only provides waivers for travel to northern Iraq, which is the only part of the country not under the control of Saddam Husayn's regime. Since Iraq's seizure of Daliberti and Barloon (the two American contractors who accidentally strayed into Iraq from Kuwait) and Saddam's efforts to manipulate the United States and the UN to obtain their release, we have made it a matter of policy to prohibit travel anywhere except northern Iraq. Second, you would have to apply for the waivers in association with one of the NGOs providing humanitarian aid in northern Iraq. This last provision is to ensure that anyone who applies for a passport waiver for humanitarian reasons can provide reasonable assurances that he or she will be in Iraq for humanitarian purposes.

I hope this information is helpful to you and the members of your community.

With best wishes, I am

Sincerely yours,

Hillary Rodham Clinton

Attachment
Tab A Consular Information Sheet on Iraq
cc:Representative David Bonior

U. S. Department of State
Bureau of Consular Affairs
Washington, DC 20520
For recorded travel information, call 202-647-5225.
To access the Consular Affairs Bulletin Board, call 202-647-9225.
For information by fax, call 202-647-3000 from your fax machine.

Consular Information Sheet

Iraq

September 15, 1994

Warning: The Department of State warns all U.S. citizens against traveling to Iraq. Conditions within the country remain unsettled and dangerous. The United States does not maintain diplomatic relations with Iraq and cannot provide normal consular protective services to U.S. citizens. U.S. passports are not valid for travel to, in or through Iraq, unless they are specially endorsed by the U.S. Government. There is a U.S. trade embargo which severely restricts financial and economic activities with Iraq, including travel-related transactions.

Country Description: The Republic of Iraq is governed by the repressive Revolutionary Command Council. Iraq has a developing economy that was seriously damaged in the 1991 Gulf War. U.N trade sanctions have also affected the economy. Islamic ideals and beliefs provide the conservative foundation of the country's customs, laws and practices. Tourist facilities are not widely available. The work week in Iraq is Sunday through Thursday.

Entry Requirements: Passports and visas are required. On February 8, 1991, U.S. passports ceased to be valid for travel to, in or through Iraq and may not be used for that purpose unless a special validation has been obtained. Without the requisite validation, use of a U.S. passport for travel to, in or through Iraq may constitute a violation of 18 U.S.C. 1544, and may be punishable by a fine and/or imprisonment. An exemption to the above restriction is granted to Americans residing in Iraq as of February 8, 1991 who continue to reside there and to American professional reporters or journalists on assignment there.

In addition, the Department of the Treasury prohibits all travel-related transactions by U.S. persons intending to visit Iraq, unless specifically licensed by the Office of Foreign Assets Control. The only exceptions to this licensing requirement are for journalistic activity or for U.S. government or United Nations business.

The categories of individuals eligible for consideration for a special passport validation are set forth in 22 C.F.R. 51.74. Passport validation requests for Iraq should be forwarded in writing to the following address:

Deputy Assistant Secretary for Passport Services
U.S. Department of State
1111 19th Street, N.W., Suite 260
Washington, D.C. 20522-1705
Attn: Office of Passport Policy and Advisory Services
Telephone (202) 955-0231 or 955-0232
FAX (202) 955-0230

The request must be accompanied by supporting documentation according to the category under which validation is sought. Currently, the four categories of persons specified in 22 C.F.R. 51.74 as being eligible for consideration for passport validation are as follows:

[a] Professional reporters: Includes full-time members of the reporting or writing staff of a newspaper, magazine or broadcasting network whose purpose for travel is to gather information about Iraq for dissemination to the general public.

[b] American Red Cross: Applicant establishes that he or she is a representative of the American Red Cross or International Red Cross traveling pursuant to an officially-sponsored Red Cross mission.

[c] Humanitarian considerations: Applicant must establish that his or her trip is justified by compelling humanitarian considerations or for family unification. At this time, "compelling humanitarian considerations" include situations where the applicant can document that an immediate family member is critically ill in Iraq. Documentation concerning family illness must include the name and address of the relative, and be from that relative's physician attesting to the nature and gravity of the illness. "Family unification" situations may include cases in which spouses or minor children are residing in Iraq, with and dependent on, an Iraqi national spouse or parent for their support.

[d] National interest: The applicant's request is otherwise found to be in the national interest.

In all requests for passport validation for travel to Iraq, the name, date and place of birth for all concerned persons must be given, as well as the U.S. passport numbers. Documentation as outlined above should accompany all requests. Additional information may be obtained by writing to the above address or by calling the Office of Passport Policy and Advisory Services at [202] 955-0231 or 955-0232.

U.S. Treasury Restrictions: In August 1990 President Bush issued Executive Orders 12722 and 12724, imposing economic sanctions against Iraq including a complete trade embargo. The U.S. Treasury Department's Office of Foreign Assets Control administers the regulations related to these sanctions, which include restrictions on all financial transactions related to travel to Iraq. These regulations prohibit all travel-related transactions, except as specifically licensed. The only exceptions to this licensing requirement are for persons engaged in journalism or in official U.S. government or U.N. business. Questions concerning these restrictions should be addressed directly to:

Licensing Section
Office of Foreign Assets Control
U.S. Department of the Treasury,
Washington, D.C. 20220
Telephone: (202) 622-2480; Fax (202) 622-1657

Areas of Instability: Hostilities in the Gulf region ceased on February 27, 1991. United Nations Security Council Resolution 687, adopted on April 3, 1991, set terms for a permanent cease-fire, but conditions in Iraq remain unsettled. Travel in Iraq is extremely hazardous, particularly for U.S. citizens.

Regional conflicts continue in northern Iraq between Kurdish ethnic groups and Iraqi security forces. In southern Iraq, governmental repression of the Shia communities is severe.

U.S. citizens in Kuwait working near the Kuwait-Iraq border are in jeopardy of detention by Iraqi security personnel. In 1992 and 1993, a number of U.S. citizens and other foreigners working near the Kuwait-Iraq border were detained by Iraqi authorities for lengthy periods under harsh conditions.

Medical Facilities: Basic modern medical care and medicines may not be available. Doctors and hospitals often expect immediate cash payment for services. U.S. medical insurance is not always valid outside the United States. Supplemental medical insurance with specific overseas coverage has proved useful. The international travelers hotline at the Centers for Disease Control, telephone (404) 332-4559, has additional useful health information.

Information on Crime: Reports of crime in Iraq are increasing, especially in the larger cities. The loss or theft of a U.S. passport abroad should be reported immediately to local police, and the U.S. Interests Section or the nearest U.S. Embassy or Consulate. Useful information on

safeguarding valuables, protecting personal security, and other matters while traveling abroad is provided in the Department of State pamphlets, "A Safe Trip Abroad" and "Tips for Travelers to the Middle East and North Africa." They are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Drug Penalties: U.S. citizens are subject to the laws of the country in which they are traveling. Penalties for possession, use or trafficking in illegal drugs are severe, and convicted offenders can expect jail sentences and fines.

Terrorism: Tension in the Persian Gulf region remains high because of continuing Iraqi defiance of U.N. Security Council resolutions. As a result, the risk of terrorism directed against U.S. citizens in Iraq remains a continuing concern.

Registration: There is no U.S. Embassy in Iraq. The U.S. government is not in a position to accord normal consular protective services to U.S. citizens who, despite this warning, are in Iraq. U.S. Government interests are represented by the Government of Poland, which, as a protecting power, is able to provide only limited emergency services to U.S. citizens.

Embassy Location: There is no U.S. Embassy or Consulate in Iraq. The U.S. Interests Section of the Embassy of Poland is located opposite the Foreign Ministry Club (Masbah Quarter); P.O. Box 2447 Alwiyah, Baghdad, Iraq. The telephone number is (964) (1) 719-6138, 719-6139, 719-3791, 718-1840.

No. 94-219

This replaces the Consular Information Sheet dated August 31, 1993 to update the section on areas of instability, and to show the new address and phone numbers of the Deputy Assistant Secretary for Passport Services, U.S. Department of State.

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

May 16, 1996

MEMORANDUM FOR THE FIRST LADY

THROUGH: MARK R. PARRIS

FROM: KENNETH POLLACK

SUBJECT: Your Request Regarding Humanitarian Relief to Chaldean Iraqis

Melanne Verveer has made us aware of your desire to help the Chaldean-American community provide some relief to their co-religionists in Iraq. We have made inquiries into this topic and have turned up results which can be passed on to the Chaldean-Americans.

In response to our conversation with Melanne, we address three issues she indicated were of interest to you:

1. Could United Nations Security Council Resolution 986 be pushed along any faster to allow for large-scale purchases of food and medicine for the Iraqi people?

2. Could the Chaldean-American community ship humanitarian goods to their co-religionists in Iraq?

3. Could the Chaldean-Americans bring sick Chaldean-Iraqi children out of Iraq for medical treatment?

UNSCR 986 Negotiations

Unfortunately, on this issue, the ball is entirely in Iraq's court. As you are aware, the Iraqis currently are negotiating with the UN over an implementation plan for Resolution 986. The Iraqi regime has consistently attempted to twist the implementation plan so that Iraq would control both the purchasing and distribution of goods allowed under the Resolution. This would allow the regime to purchase weapons and other items prohibited by the UN and distribute any food or medicine purchased to its loyalists. The Iraqi regime has repeatedly diverted funds and supplies in this way and if they are not forced to accept the Resolution as written, we have every expectation that they will do the same with the proceeds of the oil sales permitted by Resolution 986. It remains unclear whether Saddam Husayn is willing to give up the propaganda value he believes he derives from the suffering of the Iraqi people and

agree to implement Resolution 986. We are doing everything we can to encourage him to do so.

Delivering Humanitarian Relief to Chaldeans in Iraq

There is no US law or policy that prohibits such aid deliveries. Indeed, our policy has been to encourage private groups and other Non-Government Organizations (NGOs) to try to provide humanitarian supplies to ordinary Iraqis. However, because of the international sanctions, US laws and Administration policies toward Iraq, humanitarian aid to Iraq must conform to a number of strictures. First, as part of the UN sanctions against Iraq, all air travel to and from Iraq is forbidden. Second, all humanitarian goods shipped to Iraq must meet stringent US regulations designed to ensure that the supplies are delivered to the intended recipients and are not diverted by the regime to its followers. Third, because of the US passport ban on Iraq, US citizen's generally are prohibited from traveling to Iraq.

If the Chaldean-Americans would like to send humanitarian relief supplies to their co-religionists in Iraq, they will have to apply for an export license through the Department of the Treasury's Office of Foreign Assets Control (OFAC). This process is somewhat lengthy because the United Nations sanctions against Iraq necessitate referring all such applications to the UN Sanctions Committee for approval. Combined with OFAC staffing constraints, this means that requests to send humanitarian goods to Iraq normally take 3-6 months to process and complete.

In addition, any humanitarian supplies the Chaldean-Americans would like to send to Iraq will have to be transported in a specific fashion. First, because of the ban on air travel, it will have to be carried by truck. Second because American citizens may not travel to Iraq, the Chaldean-Americans will have to find others willing to transport the supplies and oversee distribution in Iraq for them. One way to handle this would be to find friends or co-religionists who are not US citizens but would be willing to perform this task. Another, probably better way, would be to entrust the supplies to one of the NGOs already operating in Iraq. The International Committee of the Red Cross (ICRC), Iraqi Red Crescent, Catholic Relief Services, Caritas, and other secular and religious-based organizations all have established mechanisms for sending humanitarian supplies from the United States to communities in Iraq. The Chaldean-Americans might be best served by making arrangements to have one of these organizations oversee the actual transport and distribution of goods in Iraq.

If the Chaldean-Americans are interested in pursuing this option they should contact Steve Pinter of OFAC at (202) 622-2480. We

have alerted Steve to your interest in this issue and he is standing by to provide ~~the Chaldean-Americans~~ the information and forms ~~they~~ you will need to begin the process.

Bringing Sick Children out of Iraq

13 In this case as well, there is no US law or international prohibition that would make it impossible to bring sick Chaldean children out of Iraq for medical treatment. However, there are, again, certain stirctures that must be observed. First, the children would have to be brought out of Iraq by car or truck (or ambulance, if necessary) overland to Jordan or Turkey. Second, US citizens could not go into Iraq to bring them out. Third the children would have to apply normally for visas for medical treatment in the United States, assuming that this is where the community ~~Chaldean-Americans~~ would propose to treat them.

If the Chaldean-Americans community would like to pursue this initiative, you ~~they~~ should begin by contacting Mr. Frank Seaver of the International Committee of the Red Cross at (202) 963-4079. We have spoken with Mr. Seaver about your interest in this matter and he is standing by for a call ~~from the Chaldean-Americans.~~ Judy Chavchavadze at the State Department's Burea of Population, Refugees and Migration also might be able to provide some useful information. She can be reached at (202) 663-1036. Alternatively, the United Nations Department of Humanitarian Affairs suggested ~~the Chaldeans~~ you contact Ms. Noel Berney of the British group Kurdish Life Aid, at (United Kingdom) 44-191-281-2608. Kurdish Life Aid has undertaken similar humanitarian missions in the Kurdish controlled areas of northern Iraq and Ms. Berney may be able to provide ~~the Chaldean-Americans~~ some guidance or assistance. Likewise, the ICRC suggested that Shep Loman at the US Catholic Conference, (202) 541-3073, may also have information that could be useful on such an initiative.

To begin the process of arranging for visas, ~~the Chaldeans~~ you should send a letter explaining ~~their~~ your intentions and asking for further information to the US Embassy either (or both) in Jordan or Turkey, because any Chaldean-Iraqi children to be treated in the United States will have to get US visas from our Embassies in Amman or Ankara. Copies of this letter also should be sent to the Visa Office at the State Department and to either the State Department's Turkish Desk in the Bureau of European and Canadian Affairs [(202) 619-6582] or to the Jordan Desk in the Bureau of Near Eastern Affairs [(202) 647-1022].

While technically possible, our investigation into this subject has suggested that, in practice, bringing sick children out of Iraq for treatment will be very difficult. First, the Iraqi regime generally opposes this practice. Saddam's henchman insist

that all of Iraq's children are sick and malnourished and the only solution is to lift the sanctions. Consequently, they routinely deny such requests. Second, there is a huge number of Iraqis who have applied for US and other Western visas, many of whom are sick or have other compelling reasons to want to get out of the country. Unfortunately, they cannot all be accommodated. Third, the overland trip from Baghdad is long and grueling (14 hours across the Syrian desert) while the routes from Iraq into Turkey are controlled by the Kurdish Democratic Party -- who maintain a loose order in their territory and with whom it is never easy to make these sorts of arrangements. Northern Iraqi is also unsettled because of the pressure along the border from PKK terrorist elements. In short, while it may be possible to transport sick Chaldean children out of Iraq for treatment, it will not be easy.

Waivers to the Passport Ban

~~As a final note~~, you should be aware that it is possible to obtain a waiver to the passport ban. There are four potential categories of US citizens who may be considered for a waiver. In the case of the Chaldean-Americans, ~~they~~ could reasonably expect to fall into the category of humanitarian assistance. If ~~the Chaldean-Americans~~ wanted to apply for a waiver to the passport ban either to transport goods into Iraq or to help bring sick Chaldean-Iraqi children out, ~~they~~ would have to do so through the Office of Passport Policy and Advisery Services in the Department of State's Bureau of Consular Affairs. Their telephone number is (202) 955-0231. We have attached at Tab A the State Department's Consular Information Sheet on Iraq which contains relevant information regarding travel by American citizens to Iraq.

Passport waivers are difficult, but not impossible to obtain. Two important preconditions exist, however. First, the United States generally only provides waivers for travel to northern Iraq, which is the only part of the country not under the control of Saddam Husayn's regime. Since Iraq's seizure of Daliberti and Barloon (the two American contractors who accidentally strayed into Iraq from Kuwait) and Saddam's efforts to manipulate the United States and the UN to obtain their release, we have made it a matter of policy to prohibit travel anywhere except northern Iraq. Second, ~~the Chaldean-Americans~~ would have to apply for the waivers in association with one of the NGOs providing humanitarian aid in northern Iraq. This last provision is to ensure that anyone who applies for a passport waiver for humanitarian reasons can provide reasonable assurances that he or she will be in Iraq for humanitarian purposes.

Attachment
Tab A Consular Information Sheet on Iraq

U. S. Department of State
Bureau of Consular Affairs
Washington, DC 20520

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Consular Information Sheet

Iraq

September 15, 1994

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safeguarding valuables, protecting personal security, and other matters while traveling abroad is provided in the Department of State pamphlets, "A Safe Trip Abroad" and "Tips for Travelers to the Middle East and North Africa." They are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

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No. 94-219

This replaces the Consular Information Sheet dated August 31, 1993 to update the section on areas of instability, and to show the new address and phone numbers of the Deputy Assistant Secretary for Passport Services, U.S. Department of State.

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

May 29, 1996

MEMORANDUM FOR MELANNE VERVEER

THROUGH: MARK R. PARRIS

FROM: KENNETH POLLACK KP

SUBJECT: Terms of UNSCR 986

As you requested, we provide below a brief description of the terms of UN Security Council Resolution 986 as they pertain to the question of relief for Chaldean Iraqis.

Insert 1

Iraq's acceptance of UN Security Resolution 986 will create the opportunity for long-needed relief to reach all of the people of Iraq. The Resolution allows Iraq to sell up to $2 billion of oil every six months to purchase food, medicine, and other humanitarian supplies. In central and southern Iraq, these goods will be distributed by the existing government rationing system but with UN observers monitoring the process to ensure that supplies are distributed equitably throughout the population and are not diverted by the regime to its cronies. In northern Iraq, distribution of humanitarian goods will be organized and implemented by the UN itself, in conjunction with humanitarian relief organizations already operating in this part of the country. We expect that this carefully-watched and managed program should mean a measurable improvement in the lives of all Iraqis and alleviate the humanitarian tragedy created by Saddam Husayn.

AMERICAN-CHALDEAN AND ARAB FORUM
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May 9, 1996

Mrs. Hillary Rodham-Clinton
First Lady of the United States of America
The White House
Washington, D.C. 20515

Dear First Lady Rodham-Clinton:

The American Chaldean and Arab Forum is dedicated to advancing the public policy and goals of Chaldean Americans and Arab Americans in the United States. Promoting the cultural heritage and education of Chaldean Americans and Arab Americans in the United States. Strengthening the role of Chaldean Americans and Arab American in the political process, by developing relationships with other American groups and political organizations.

The American Chaldean Arab Forum congratulates the president and his staff in promoting the peace in the Middle East. Also to thank the President and his administration in their understanding in promoting and building bridges with various ethnic Americans including the American Chaldean and Arabs. Many of us are disturbed with the plight of the people we left behind in the Middle East. Whether in Lebanon due to the recent conflict or in Iraq due to the United Nations sanction imposed on Iraq people as a consequence of the Gulf War since 1991. On many occasions members of our forum has met with the President, Vice-President, and various members of legislation.

Our visit today is to talk to you as a great first lady and also a mother about the plight of the people of Iraq especially the children. The sanction imposed onIraq has affected the people in every aspect. Especially in the field of health and food affecting the children, mothers, and elderly. According to the United Nations and other medical humanitarian reports, "*Since the end of the Gulf War in 1991, some 576,000 children have died in Iraq as the direct result of sanctions imposed by the United Nations. This was the conclusion of a survey coducted in Baghdad by two scientists for the Food and Agriculture Organization (FAO)." According to the FAO " malnutrition among children has reached epidemic proportions. Twenty-eight percent of Iraqi children are stunted in growth, compared to 12 percent in 1991. Deaths related to diarrheal diseases have tripled. Water and sanitation have deteriorated and hospitals are functioning at 40 percent of capacity. The mortality rate among children has increased to five times the level before the war. Infant deaths, which have doubled since the war, are continuing to rise at an alarming rate. The World Health Organization quoted " five years of sanctions had set Iraqi health care back a half a century, and most Iraqis had been on a semi-starvation diet since the 1991 Gulf War."

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The International Red Cross stated " A recent WFP/FAO mission to Iraq reported an alarming incidence of malnutrition, affecting large sectors of the population. It stated that more than 4 million people are at severe nutritional risk, including 2.4 million children under five, about 600,000 pregnant/nursing women."

Our goal in collaboration with the Children of the War Foundation (American based organization) is to sponsor and bring the U.S. Iraqi sick children in 1996 for medical treatment. These sick children will, with the government approval, come to the U.S. at our expense and remain here for no more than 30 days. We would like to start with five sick children, with other groups of five to follow soon thereafter.

We respectively request your assistance through the American embassy in Amman, Jordan in obtaining visas for these children.

We also respectively request that you also assist us to obtain a permission from the UN so that our charted plane would be allowed to land in Habbaniya, West of Baghdad. Our plan is to have a number of American humanitarians and physicians to travel to Iraq to achieve goals similar to what Peace Corp does in Third World countries.

Americans have consistently been in the forefront of providing humanitarian assistance for the needy world wide. As Americans, our high morals compel us to provide as much assistance as possible to those misfortunate children. This country was formed based on human dignity and other basic human rights which are denied to the children of Iraq.

May god bless you, your family, and God Bless America.

Sincerely,

Ramsay F. Dass, M.D.
President
AMERICAN-CHALDEAN AND ARAB FORUM

RFD/dsm

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THE EFFECTS OF SANCTIONS UPON THE IRAQI PEOPLE

SOURCES: Harvard University Team;
International commission on Gulf crisis (supported by MAcArthur and Merck foundation);
Iraqi Red Crescent.

* The Harvard University team which had visited Iraq confirmed in it's field report, published in June 1992, that the rate of children's mortality in Iraq had increased from 32.5 cases per 1000 live births during the period 1985-1990 to 92.7 cases per 1000 during the Gulf War period. The said team was unanimous in stating, after it's second visit to Iraq in 1992, that such an exceptional increase was due to the continuation of the medicine and food embargo and the lack of medicines and antibiotics and medical appliances.

* UNICEF has warned that the health of children in Iraq is being subjected to danger because of lack of funds. It went on to say in a statement published on July 20th, 1993 that the current situation is by far worse than it used to be before the Gulf War, and that the children's mortality has greatly increased and that many afflictions with plagues and maladies among children has appeared.

* The nutritional status of children under five years of age had radically been affected by the sanctions.

* Percentage rates of infants born under 2.5 kgs. of weight (5.5lb..) had increased during the sanctions years due to the shortage in calories from monthly rate of 4.5 during 1990 to 10.8% in 1991, 17.6% in 1992, 19.7% in 1993, 19.6% in January and 21.2% in February 1994.

* Some of the contagious diseases that were eradicated years ago had started to show among children specially polio, cholera and scabies. A great increase has been registered in a number of other diseases such as typhoid, measles, pneumonia, viral jaundice, hydatid cysts, fever, malaira and diphtheria.

* Iraqi hospitals also suffer from a shortage in life-saving medicaments for heart, diabetic, hypertension, asthma and glands patients.

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* The above mentioned Harvard University team report states that Iraqi children suffer from a host of emotional and mental disturbances, troubled sleep, inability of concentration due to the difficult circumstances caused by the Gulf War. The report also states that 57% of women suffer from pathological cases among them insomnia, loss of weight and migraine.

* The latest reports indicate that most of the medical equipment related to the maladies of the eyes, heart, kidneys, internal diseases and hypertension had stopped functioning due to the lack of spare parts related with the maintenance operations. These equipment that were imported from western companies can no longer offer treatment and diagnostic services.

* Before the imposition of sanctions, Iraq used to import 400 - 500 million dollars worth of medicaments, pharmaceuticals and medical appliances annually which were at the disposal of patients, free of charge. International aid in this field does not supply more than 5-10% of Iraq's actual needs for medicaments.

Please send to Melanie VerVeer. For chemistry File

Chapter 3:
The Economic Well-Being of Children

I Introduction

Despite the strong growth in the economy, the share of children in poverty has increased from 14% in 1969 to 20% in 1996. This increase in child poverty is attributable to an increase in the share of children living in single-parent families and to a decline in wage growth at the bottom of the income distribution.

Since 1993, however, these trends have reversed. The child poverty rate has decreased by two percentage points from 1993 to 1996 and the share of children living in single parent families has stabilized. These trends have been associated with improvements in other measures of children's material well-being. Since the early 1990s, the incidence of hunger has decreased, the share of children living in inadequate housing has decreased, and there has been an increase in the consumption of critical health services such as prenatal care and immunizations. There have also been notable improvements in children's health status, reflected in declines in infant and child mortality rates and in decreases in the incidence of low birth-weight births.

Despite the improvements, many children remain economically vulnerable. In 1996, one in five children lived in families with incomes below the poverty level, one in four lived with a single parent, one in three lived in inadequate housing, one in seven did not have health insurance, and one in thirty-three lived in a household with an insufficient food supply. These factors place children at risk of both contemporary and future hardship, as many of these factors may be critical to the social and economic development of children.

The current administration has adopted a range of strategies to improve the economic and social well-being of children. The first is to increase financial support for single parents by strengthening the child support enforcement system. The second is to increase support for working parents through the Earned Income Tax Credit and through subsidies for child care

expenses. The third is to expand children's health insurance coverage through the Child Health Block Grant. The final strategy is to enrich children's educational opportunities, by expanding the Head Start program and by establishing higher standards for elementary and secondary schools.

The first part of this chapter describes recent economic and demographic trends which have influence the well-being of children. This section is followed by a discussion of programs designed to improve the economic status of families with children. The second part of this chapter includes information on specific aspects of child well-being: the availability of food, the adequacy of housing, the accessibility of health care and health insurance, and the quality of children's educational environment. Each of these sections also include discussions of recent policies intended to improve child well-being.

II. Changes in Family Composition and Work Effort of Mothers

A. Changes in Family Structure

Although the share of children living in single parent families has increased more than three times since 1960, it has recently stabilized, remaining at 27% from 1993 to 1995. These trends are critical to children's well-being because children in single parent families are more likely to be poor, and they are more likely to be disadvantaged as young adults.

As shown in figure 1, the share of children living in single parent families has increased from 9% in 1960 to 27% in 1993 and has remained at 27% through 1995. The 18 percentage point increase in the share of children living with a single parent from 1960 to 1995 reflects both a 10 percentage point increase in the share of children living with a divorced or separated parent and a 9 percentage point increase in the share living with an unmarried parent. During the same period, the share of children living with a widowed parent declined by 1 percentage point. By 1995, 16% of all children lived with a divorced or separated parent, 9% lived with a never married parent, and only 1% lived with a widowed parent. Although the fraction of children living with a

single father has been increasing, most children living with one parent lived with their mother in 1995 (87%).

[Insert Figure 1]

This increase in the share of children living in a places children at increased risk of economic deprivation for several reasons. The first is that children living with a single parent receive lower levels of financial assistance from the absent parent than children in comparable two-parent families. Research on the impacts of divorce and separation has shown that at the time of divorce or separation, the income of fathers (typically the absent parent) relative to their needs increases, while the income of mothers and children relative to their needs declines.[1]

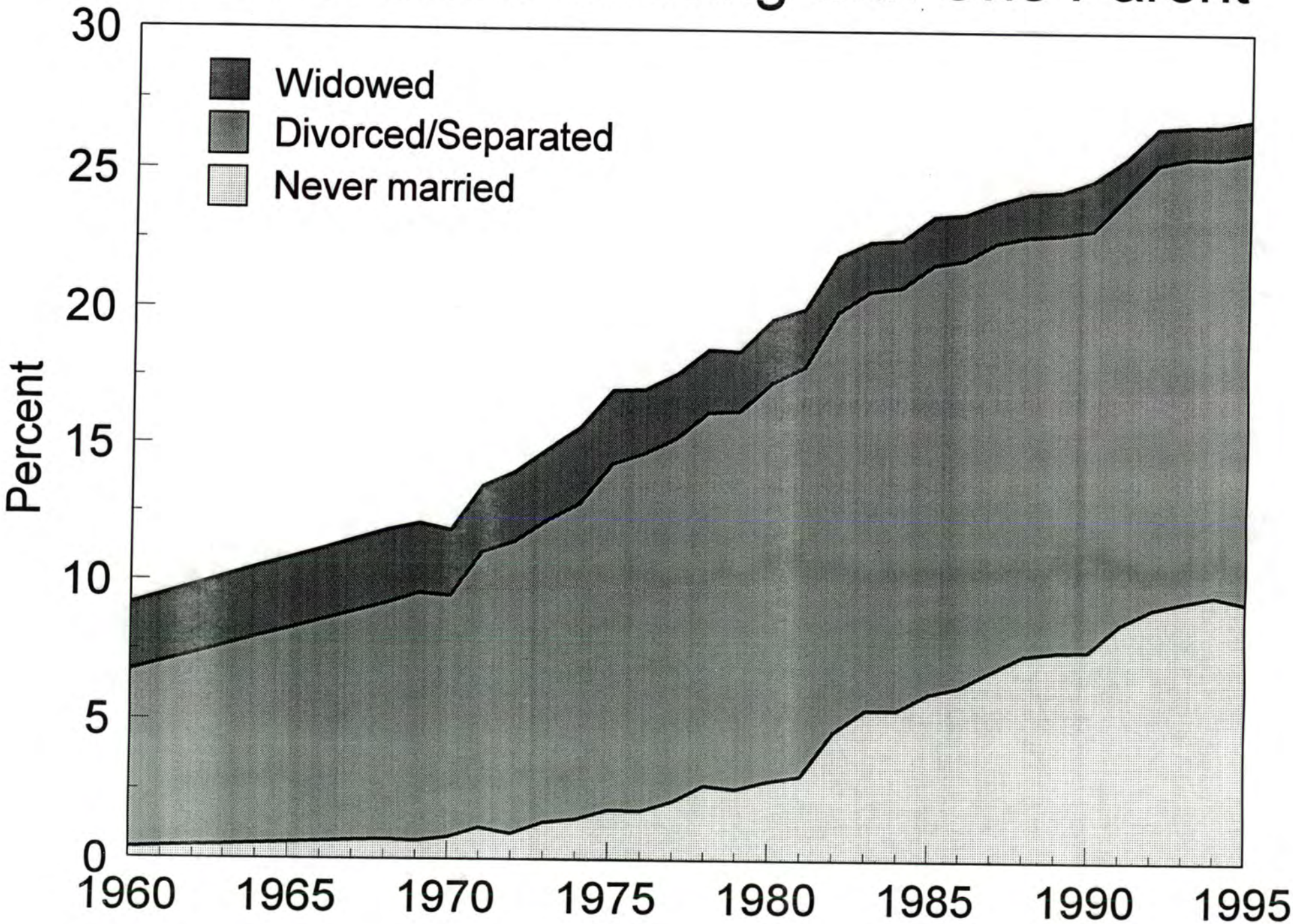
Second children in single parent families receive less parental attention and guidance than children in two parent families, because they have much lower levels of contact with the absent parent. For example, a recent survey found that young adults raised in single mother families reported low levels of contact with their absent fathers: 24-36% reported no contact with their father between the ages of 1 and 18, whereas 60-90% reported that they saw their father less than one time per week. In addition, children in single parent families may receive less attention from the care-taking parent, who must juggle the dual roles of supporting the family and caring for children.

Finally, children in single parent families may have weaker ties to the community because their family is more likely to move to a new household following divorce or separation. This may disrupt the child's ties to school and the community, and thus diminish access to critical community resources.

Research has suggested that growing up in a single parent family is linked to longer-term measures of the child's well-being. A recent study suggests that, even after controlling for race, parental education, location, and number of children in the family, children raised in single parent families are much more likely to drop out of school and to have a teen birth than children in two

Figure 1

Percent of Children Living with One Parent



parent families. In addition, children in single parent families achieve somewhat lower scores on standardized academic tests and are somewhat less likely to complete college.

Some of these difference in outcomes for children in single parent families relative to two parent families may reflect differences in unmeasured parenting ability between parents in single parent families and parents in two parent families rather than true impacts of marital status. To the extent that this is true, many of these differential outcomes might still persist even if parents were to reunite.

C. Work Effort of Mother:

Over the past twenty years, there has been a substantial increase in employment rates of women with children. This implies that children are increasingly reliant on their mother's incomes as a means of economic support. In addition, these trends have substantially increased the demand for non-maternal day care.

Since 1975, the employment rates of women with children has increased substantially, with employment rates for all women with children increasing from 42% in 1975 to 66% in 1996. Until recently, the largest increases have been for married women with children, who had increases in employment rates of 23 percentage points, compared to 12 percentage points for divorced and separated, and 11 percentage points for never married women. Since 1993, however, the employment gains have been larger for single women. From 1993 to 1996, employment rates increased by 6 percentage points for single women with children, and by 7 percentage points for divorced, separated or widowed mothers, compared to 4 percentage points for married women with children.

The net result of these changes is that by 1996, a very large proportion of mothers were working. In this year, 68% of all married women, 72% of all divorced, separated or widowed women, and 49% of all single women with a child under age 18 were employed. The trends are comparable for women with young children as well. As a result, 60% of all married women, 62%

of all divorced/separated, or widowed women, and 44% of all never married women with a child under age six were working in 1996.

[Insert Figure 2 here]

One important implication of these trends is that the demand for non-parental child care has increased substantially. Between 1977 and 1993, the number of children under 5 who had employed mothers and who were in non-parental child care more than doubled. By 1995, there were almost 10 million children under 6 who had employed mothers and who were in non-parental child care. Child care can often represent a substantial financial burden to low-income parents without access to subsidized care. In 1993, poor families with children under age 5 in which the mother worked spent an average of 18% of their monthly income on child care; for non-poor families the comparable number was 7%.

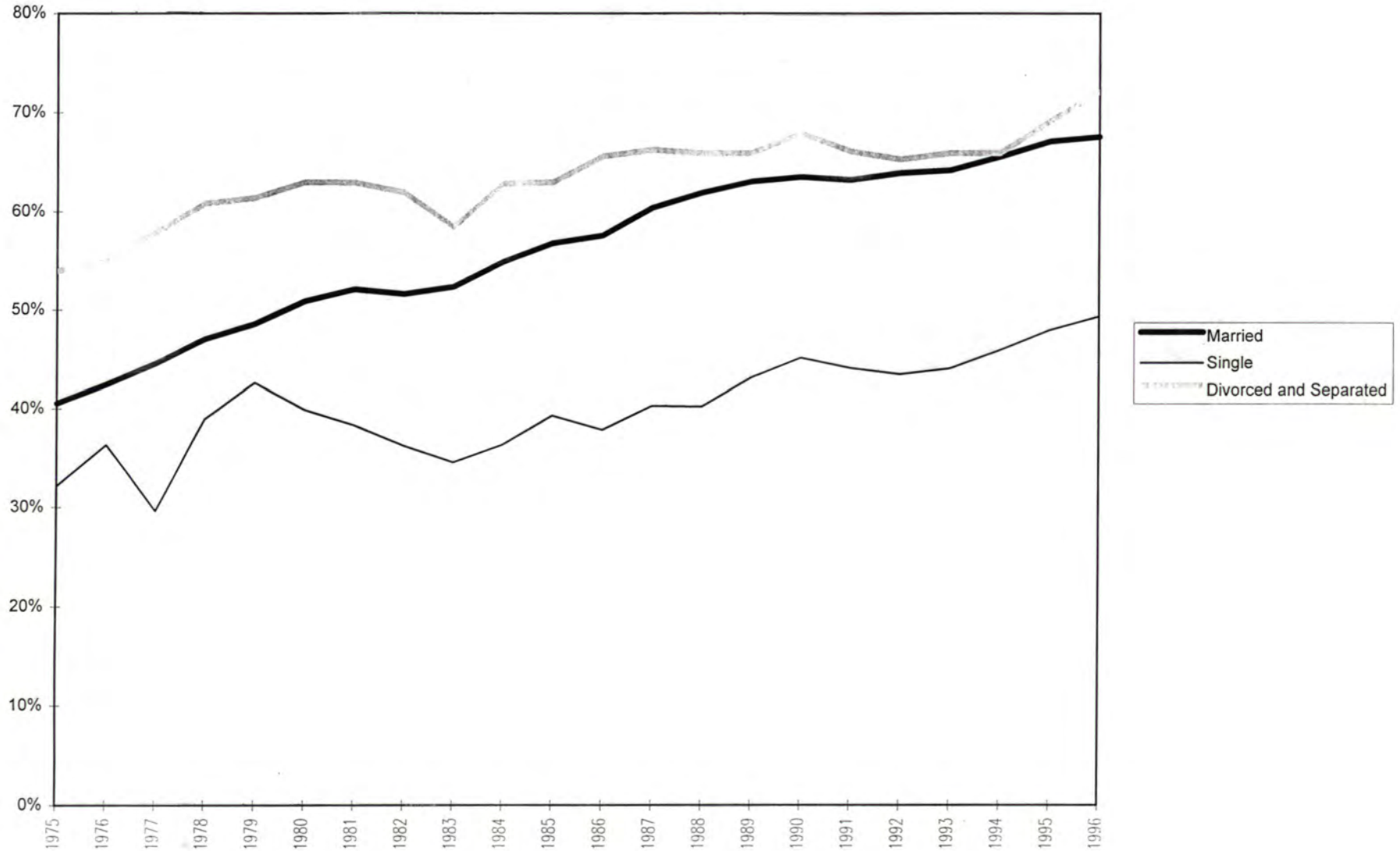
III. Trends in the Economic Well-Being of Children

A. The Link Between Income and ChildWell-Being

There are several theories for why poor children may be disadvantaged relative to non-poor children. The first, is that they consume lower quantities of inputs which are critical to their development, such as food, shelter, medical care, and education because their parents have less money available to invest in them. The second is that poor children live with parents who are under relatively high levels of economic stress, and thus may have fewer emotional resources available to nurture their children. A final theory suggests that poor children may be disadvantaged because they live in neighborhoods with fewer resources and fewer connections to mainstream economic activity.

A large literature has shown that children in poor families are more disadvantaged than children in higher income families on a broad range of indicators. This literature may over-estimate the true impact of income on child well-being, however, if income is related to other

Employment Rates of Women With Children Under 18 by Marital Status



unmeasurable factors likely to influence the child's ultimate performance such as parental orientation towards work or parental labor market productivity.

A recent study has related child outcomes to parental income measured before and after the child outcome occurred (such as graduation from high school or the score on a cognitive test). The study found that the impact of income measured AFTER the event occurred had a larger impact on child outcomes than income measured before the outcome. Since it is unlikely that income measured after the event occurred directly influenced the child's performance, it is likely that it reflects the fact that parental income is correlated with other parental characteristics which also influence child outcomes. The study found that once one controls for unmeasured parental characteristics which are associated with income, the impact of income child well being is smaller (although it does not disappear). These results suggest that while income per se does have an impact on measures of child well-being, such as test score performance, teen child-bearing, and high school graduation, other differences between low income and higher income families, such as parents' orientation to work and education, also play an important role in determining children's chances for success.

B. Trends in Child Poverty Rates

The poverty rate is defined as the share of the population living in families below a defined level of need called the poverty line (which was equal to $15,911 for a family of two adults and two children in 1996). Although there are problems with our current measure of poverty, most of the analysis in this section will be based on this measure because there is consistent data available for this measure.

As shown in the following figure, the child poverty rate declined sharply in the 1960s from 27% in 1960 to 14% in 1969. Since 1969, it gradually trended upwards to 22% in 1983 and has remained above 20% since then. In 1993, nearly 23% of all children were poor, and the child poverty rate was at its highest level in thirty years. Since 1993, poverty rates have declined

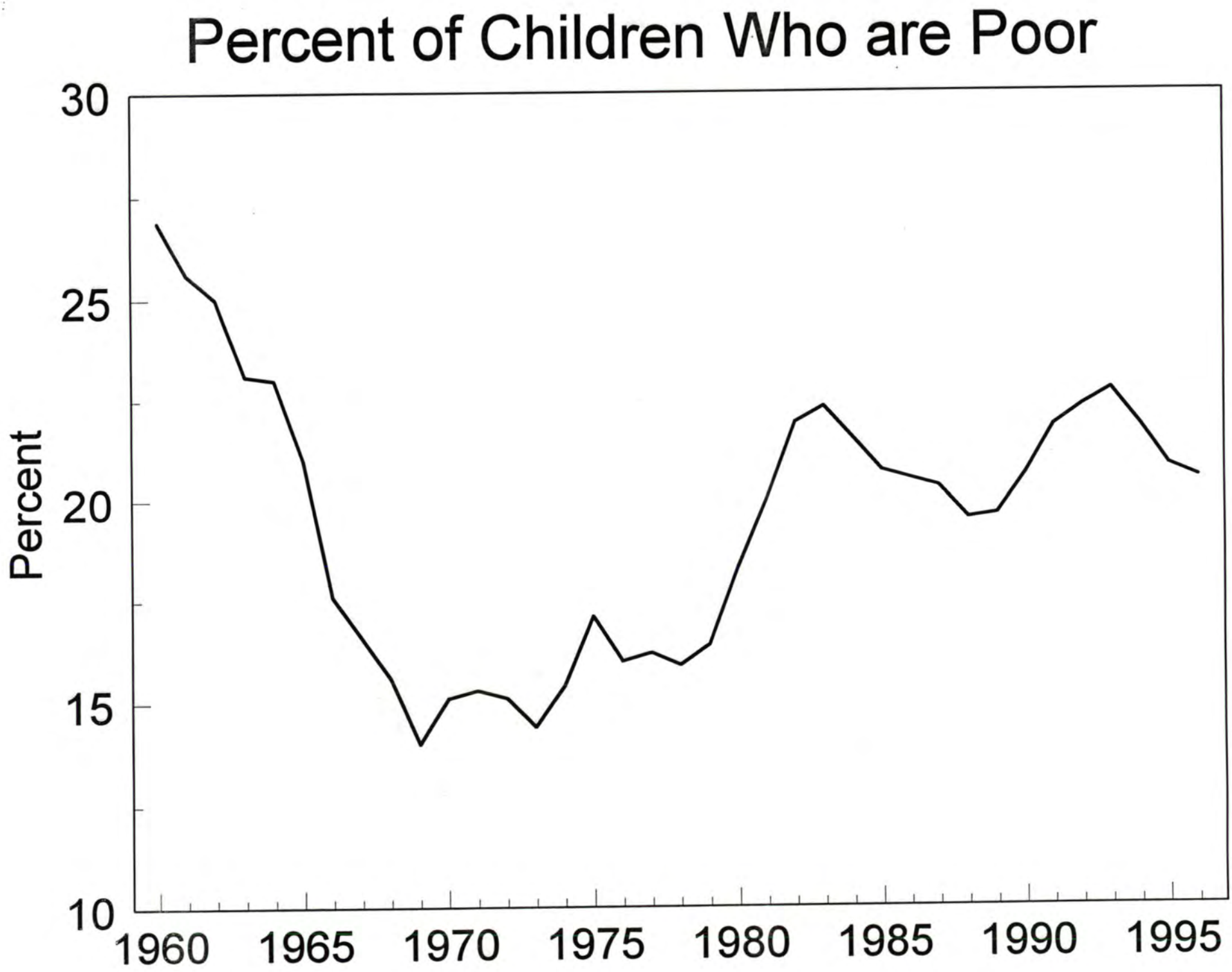
by 1.9 percentage points to 20.5% in 1996. The poverty decline from 1993 to 1996 was larger for Black children and children in female headed families, who had reductions in poverty of 6.2 and 4.4 percentage points respectively.

[PUT FIGURE 3 HERE]

Despite the recent improvement, child poverty rates remain high in 1996. In 1996, 20% of all children had incomes below the poverty level; in addition, 9% were in extreme poverty (less than 0.5 times poverty level) and 43% were poor or near poor (less than 2 times poverty level). The poverty rate was 1.25 times higher for children age 6 than for children age 6-17, 2.5 times higher for black and Hispanic children than for white children and nearly five times higher for children in families with a single female parent than in families with a married couple. Over one-quarter of children in single parent families had incomes below 0.5 times the poverty line, while three-quarters had incomes below 2 times the poverty line.

Table I: Poverty Rate of U.S. Children

	< 0.50 Poverty Line	< 1.0 Poverty Line	< 2.0 Poverty Line
TOTAL	9.0	20.5	43.2
Under 6	10.5	22.7	46.2
6-17	7.4	18.3	40.7
White	6.3	16.3	38.1
Black	20.6	39.9	68.0
Hispanic	14.7	40.3	72.0
Female Headed	25.8	49.3	76.3
Two Parent	2.8	10.1	31.0


Percent of Children Who are Poor
Percent
30
25
20
15
10
1960
1965
1970
1975
1980
1985
1990
1995

C. The Impact of Demographic Change

The following table shows how the poverty rate of children would have changed since 1959 if the demographic composition of children remained constant. For each of four groups (white female headed-no husband present, white other family, non-white female-headed, non-white other family) this analysis recomputes the poverty rate in each year assuming the population shares remained at their 1959 levels, but allowing within group poverty rates to change over time.

This table reveals three important points. First, demographic change does not explain the steep decline in child poverty rates from 1959 to 1969. If family and racial composition had stayed at its 1959 levels, child poverty rates would have decreased even more than they did from 1959 to 1969 (14.0 vs 12.7 percentage points). Second, demographic change does appear to explain a large share of the increase in child poverty rates from 1969 to 1993. If the demographic composition of the child population had remained at its 1959 levels, the child poverty rate would have increased by 2.9 percentage points as opposed to 7.9 percentage points. Thus, demographic shifts explain 63% of the total increase in child poverty over this period. Finally, demographic change explains very little of the decline in poverty rates since 1993. Had the population shares remained constant, child poverty would have declined by 1.7 percentage points, compared to the actual change of 2.2 percentage points. This suggests that changes in demographic composition explain 22% of the total decline in poverty since 1993.

Table II: Impact of Demographic Changes on Child Poverty Rates

	1959	1969	1993	1996
Actual Poverty Rate	26.9	14.1	22.0	19.8
Poverty Rate Holding %White & % in Female-Headed Households at 1959 Level	26.9	12.8	15.7	14.0
Impact of Demographic Change Since 1959	0	1.3	6.3	5.8

D. The Impact of Macroeconomic Conditions

Table III investigates the extent to which the recent trends in poverty may be linked to macroeconomic performance over these periods. As shown, the over 13 point decline in child poverty from 1959 to 1959 is clearly linked to high economic growth rates and declining unemployment rates. The changes in both the 1970s and the 1980s are more puzzling, however, since child poverty increased in both periods despite continued rates of high economic growth. While the increase in child poverty in the 1970s may be partially explained by an increase in the unemployment rate, the increase in the 1980s remains unexplained, because the unemployment rate decreased from 1979 to 1989.

Table III: Changes in Child Poverty Rate vs Unemployment and Economic Growth Rates

	Change in Child Poverty Rate	% Change in Median Family Income	% Change in Real GNP/Pop	Change in Unemployment Rate
1959-69	-13.3	39.7	34.4	-2.0
1969-79	2.4	10.6	22.9	2.3
1979-89	3.2	4.2	18.3	-0.5
1989-93	3.1	-7.3	1.0	1.6
1993-96	-2.2	5.4	5.5	-1.5

Studies in the early 1990s have examined the cause of the higher than anticipated poverty rates in the 1980s. These studies have concluded that the most likely explanation is an increase in wage inequality and decline in real wages at the bottom of the income distribution. One study compared poverty changes during two periods (1963-69 vs 1983-89) with similar economic

growth rates and similar changes in unemployment, but with very different changes in poverty rates. After ruling out a number of potential explanations, the author concluded that the most likely explanation for the sluggish poverty declines in the 1980s was because of failure of weekly wages to increase with GNP for families in the bottom income quintile.

A second study directly linked poverty rates with labor market conditions (mean wages, wage inequality, and unemployment) across the nine U.S. Census regions during the period from 1973 to 1991. This study found that changes in these labor market conditions can explain all of the increase in the aggregate poverty rate from 1979 to 1989. However, for families with children, the model cannot fully explain the increase in poverty from 1979 to 1989. This suggests that there may be additional factors driving child poverty upwards over this period.

During the 1990s, the changes in child poverty rates are roughly what one would expect given the changes in economic growth rates and unemployment. From 1989 to 1993, the increase in child poverty rates coincided with an increase in the unemployment rate and a low level of GNP growth. From 1993 to 1996, unemployment fell and GNP growth rates improved; and as a consequence, the child poverty decreased by 2.2 percentage points.

E. Impacts of transfers on child poverty

Although at any point in time, government transfers move a large proportion of children out of poverty, changes in the generosity of the transfer system explain only a small part of the changes in child poverty since 1979. These changes are more directly linked to changes in pre tax and transfer income poverty, which is determined by family earnings and demographic characteristics.

Table IV indicates the proportion of children who are poor in 1979, 1989, 1993 and 1996 under three different definitions of income. The first row indicates pre tax and transfer income, and primarily reflects changes in family earnings and demographic composition. The second includes cash transfers as well as other cash income; this is the income definition used in the

official definition of poverty. The third includes cash transfers, taxes and a broad range of in-kind benefits such as housing and medical care. (Note that as the income is expanded one might also want to expand the poverty threshold definition as well: see box on the next page).

As shown, transfers move a sizeable share of poor children out of poverty. In 1996, cash transfers alone moved 13% of all poor children out of poverty. This calculation may be misleading, however, since it excludes important in-kind benefits such as food stamps and medical care insurance, as well as tax subsidies such as the earned income tax credit. When these additional subsidies are included, the tax and transfer system moves 40% of children out of poverty in 1996.

While transfers may have an important impact on poverty at a point in time, they do not play a large role in explaining the changes in child poverty since 1979.

- From 1979 to 1989, pre-transfer poverty rates increased by 2.2 percentage points, while post-transfer poverty rates increased by 3.2 to 3.8 percentage points. Thus, increases in pre-transfer poverty explain between 60 and 70% of the increase in child poverty over this period.
- From 1989 to 1993, all of the increase in poverty is attributable to an increase in pre-transfer poverty, since, during this period, expansions in transfers worked to offset the increase in poverty.
- From 1993 to 1996, most of the decline in poverty is attributable to a 2.2 percentage point decline in pre-transfer poverty. In addition, changes in the tax and transfer system decreased the child poverty rate by nearly an additional percentage point. This reflects the expansions in the Earned Income Tax Credit since 1993.

Table IV: Impact of Government Taxes and Transfers on Child Poverty

Income Definition	1979	1989	1993	1996
Before Taxes & Transfer Income (primarily earnings)	0.201	0.223	0.263	0.236
Including Cash Transfers (official defn)	0.164	0.196	0.227	0.205
Including taxes +cash and in-kind transfers	0.114	0.152	0.175	0.140
Poverty Reduction from CashTransfers	-0.037	-0.027	-0.036	-0.031
Poverty Reduction from all Taxes & Transfers	-0.087	-0.071	-0.088	-0.096

IV. Policy Initiatives to Support Families with Children

A. Increased Child Support Enforcement

Since currently only a minority of single parent families receive payments from absent parent, strengthening the child support system has the potential to improve the economic well-being of children in single parent families.

Starting in 1975, the federal government has provided financial support to states to establish child support systems. These child support programs have primarily been targeted towards women receiving Aid to Families with Dependent Children; however, they have recently expanded to reach more of the non-AFDC population as well. Since then, legislation has been

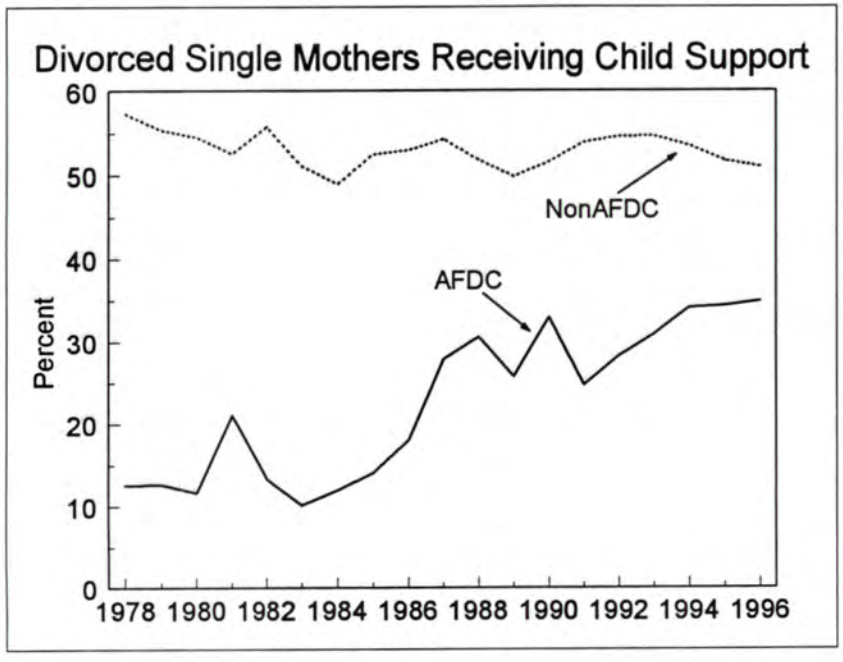
passed to make the system more effective in establishing paternity, in imposing child support awards, and in enforcing existing awards. Key innovations include the requirement that states establish numerical guidelines for the courts in determining child support awards (required by state legislation in 1984 and further strengthened in 1989), and the requirement that wage witholding be used to collect child support payments (required for delinquent child support accounts in 1984, for new AFDC cases in 1989, and for all other new cases in 1994). Finally, legislation in 1993 required states to set up new procedures to establish paternity, including hospital based programs which make it possible to voluntarily establish paternity at the time of birth. These programs have been shown to be highly effective in locating parents and in establishing paternity.

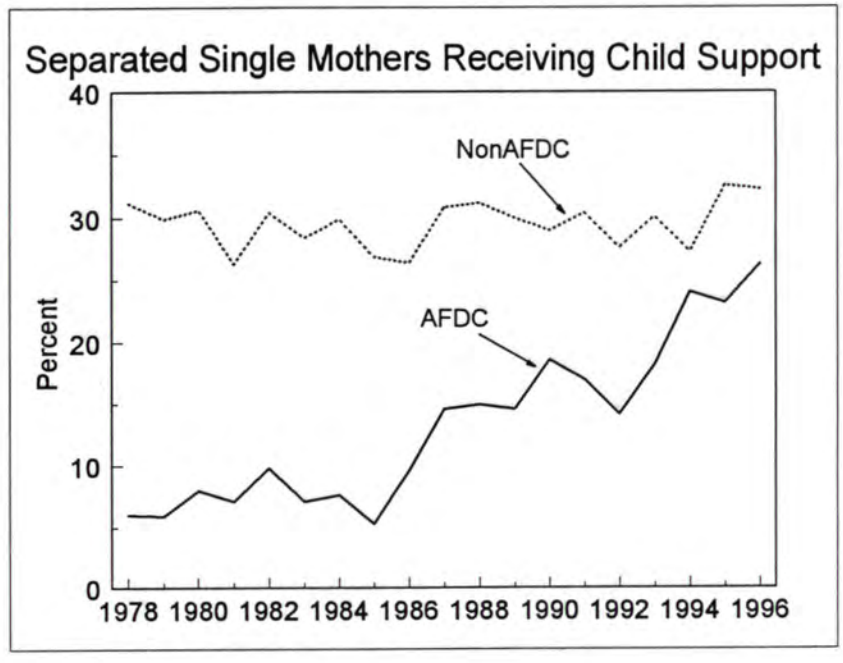
Figure 4 illustrates how these policy initiatives have affected the share of women receiving child support payments by marital status and AFDC status. As shown, for all marital status groups, there have been substantial increases in the share of AFDC recipients receiving child support payments receiving child support payments. For non-AFDC recipients, there have also been large increases in the share of single women receiving child support, but there have been no gains for divorced or separated women. Since the early 1990s, there have also been substantial increases in the number of paternities established through the child support system: the number of paternities established has increased by 150% since 1990, and by nearly 100% since 1992.

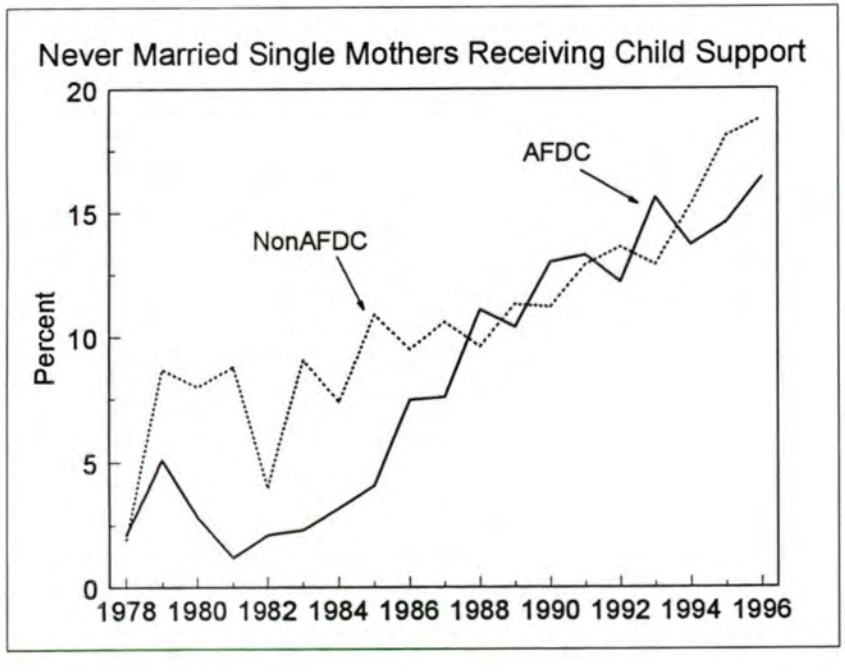
[Insert Figure 4 here]

The Personal Work Opportunity Act of 1996 will further strengthen and enhance the child support enforcement system. Key provisions include:

- Expand Paternity Establishment: The system strengthen and expands state voluntary paternity establishment programs, and offer states new authority to enforce mandatory paternity establishment. States would be required to meet new federal standards with respect to paternity establishment for nonmarital births, or face federal sanctions. Each year, states would be


Divorced Single Mothers Receiving Child Support
Percent
60
50
40
30
20
10
0
NonAFDC
AFDC
1978 1980 1982 1984 1986 1988 1990 1992 1994 1996


Separated Single Mothers Receiving Child Support
Percent
40
30
20
10
0
NonAFDC
AFDC
1978 1980 1982 1984 1986 1988 1990 1992 1994 1996


Never Married Single Mothers Receiving Child Support
Percent
20
15
10
5
0
AFDC
NonAFDC
1978 1980 1982 1984 1986 1988 1990 1992 1994 1996

required to make progress towards the goal of establishing paternity for 90% of all non-marital births (or to establish paternity for 90% of all children born out of wedlock who are receiving child support enforcement services).

- Expand State Administrative Powers: State child support authorities will be given new authority to order genetic testing, to obtain information in public or private records (including issuing subpoenas), and to secure assets to repay child support arrearages. This will help states establish a more expedited system to enforce child support orders.
- Establish Centralized Payment and Disbursement System: States will be required to establish a centralized child support payment and disbursement unit. By consolidating payments to one agency, states will be able to track progress in meeting child support awards more closely.
- Establish Centralized Information Systems: States will be required to establish four new centralized data bases: a registry of child support orders, a list of all paternity establishments, a data set of all new hires in the state, and a record of all child support collections and disbursements. Information from the registry of child support orders and the new hires data base. will be forwarded to the federal government for creation of federal new hires and child support awards data bases. This will make it possible to track delinquent payers across state lines.
- Increased Interstate Enforcement: States will be required to implement the Uniform Interstate Family Support Act by 1/98. This states gives one state jurisdiction in establishing and enforcing child support orders (usually the child's home state) and requires states to cooperate with other states in enforcing child support orders.

B. Day Care:

The federal government subsidizes purchase of day care both through tax subsidies and through direct subsidies to low income families with children. These programs are described below.

The federal government offers two key tax subsidy programs to offset the costs of day care for working families. Since most families with below poverty incomes do not have positive tax liabilities, these programs are primarily targeted towards higher income families. These programs include:

- Child and Dependent Care Tax Credit: The Child and Dependent Care Tax Credit is a non-refundable tax credit for taxpayers who incur work-related child care expenses. Under this program, families can receive a tax credit for up to 30% of allowable expenditures on child care. Allowable expenditures are capped at $2400 for a family with one qualifying dependent and $4800 for a family with two or more qualifying dependents. The 30-percent credit rate is reduced by 1 percentage point for each $2000 of adjusted gross income above $10,000 until it reaches its minimum level of 20 percent. An estimated 6.2 million tax filers claimed this credit in FY96, at an average credit of $445 per claim.
- Employer Exclusion for Child Care Benefits: Employers can exclude up to $5000 of expenditures on child and dependent care from employees' taxable income and social security earnings if: I) the employer directly provides child care services for the employee, or ii) the employee makes direct contributions to a dependent care account to finance day care. Total expenditures on this program are estimated to be roughly one-third of the expenditures on the Child and Dependent Care Tax Credit for FY98.

For families with very low incomes, the federal government offers a block grant to states to finance child care subsidies:

- The Child Care and Development Block Grant Program: Reflecting this administration's concern with the affordability of child care, the federal government consolidated four different block grant programs into one program, the Child Care and Development Block Grant Program, and greatly expanded expenditures available for child care subsidies. Estimated expenditures under this program are 2.9 billion in FY 1997, and are projected to be $4 billion over the programs it replaced over the six years FY 1997 to 20002. Under this program, states are given a

block grant to pay for subsidies for child care for parents who are working or participating in work-related activities or education programs. States are given wide discretion in designing eligibility thresholds and in designing the amount of the subsidy. However, they are required to use the funds to serve families with incomes below 85% of state median income. In addition, they must allocate at least 70% of the funds towards families who are either recently or currently receiving public assistance, currently transitioning from public assistance or who are at risk of going on public assistance, or who are at risk of needing public assistance without a child care subsidy. Estimates based on experience with the previous block grant programs suggest that states are likely to target this money to very low income families: under previous programs, over 85% of families funded were under 150% of poverty and all but 1% were below 200% of poverty.

C. Expansions to the Earned Income Tax Credit

In order to help working families with children, the current Administration has expanded the Earned Income Tax Credit by nearly 40% for families with one child and by nearly 120% for families with two or more children since 1993.

The Earned Income Tax Credit is a refundable tax credit designed primarily for low income families with children. For families with one child, the credit is equal to 34% of family earnings to a maximum of $2210; above incomes of $25,760 the EITC is phased out at a rate of 16 cents for each dollar earned. For families with two or more children the credit is equal to 40% of family earnings to a maximum of $3656; and EITC benefits are phased out at a rate of 21 cents for each dollar of earnings over $29,290. Finally, there is also a small EITC benefit available for families without children equal to a maximum of $332 in 1997.

D. Welfare Reform

[to be written]

III. Measure of Children's Material Well-Being

A. Availability of Food:

Measures of food consumption based upon nutrient intake suggest that both poor and non-poor children have average intakes of basic nutrients which are well above the U.S. Recommended Daily Allowances. However, a non-trivial share of low income children live in households in which the food supply is unstable or insufficient. The fraction of children living in households where there is "sometimes or often not enough to eat" has decreased since the early 1990s, suggesting that the incidence of food insecurity among children has decreased.

One critical measure of child well-being is whether they live in families with an adequate and sufficient food supply. Measures of food sufficiency have been shown to be correlated with direct measures of nutrient intake at a household level. One study found that calory intake was 13% lower for food insufficient households and that intakes of 13 other nutrients were from 8 to 18 percent lower in households which did not have sufficient quantities of food than in otherwise comparable households with a sufficient food supply.

Estimates based on the U.S. Department of Agriculture's Continuing Suvey of Food Intakes of Individuals suggest that in 1995, nearly 3% of all children lived in households where "there sometimes or often was not enough to eat." The incidence of food insufficiency was substantially higher for low income children than for high income children: nearly 9% of children in families with incomes below 133% of the poverty level lived in households with an insufficient food supply, compared to 1% of higher income children. As shown, there appears to have been an improvement in this measure since the early 1990s. While around 12% of low income children lived in household without enough food to eat in the early 1990s, just under 9% lived in households with insufficient food in 1995.

Children in Households Reporting that There is Sometimes or Often "Not Enough to Eat"

	1989	1990	1991	1994	1995
All Children	5.3%	3.8%	3.5%	2.4%	2.9%
Children in Households at or below 130% poverty	12.2%	13.1%	11.9%	7.8%	8.7%
Children in Households above 130% poverty line	3.0%	0.5%	0.5%	0.6%	1.3%

Source: Federal Interagency Forum and Child and Family Statistics, 1997; and special tabulations of the U.S. Department of Agriculture's Continuing Survey of Food Intakes by Individuals by the U.S. Department of Agriculture, Food Surveys Research Group

These estimates of food security may overstate the prevalence of hunger among children, since adults typically forgo food before decreasing the amount of food they give their children. The U.S. Department of Agriculture's Division of Food and Consumer Service has recently developed a more comprehensive measure of food sufficiency, based upon a supplementary questionnaire added to the April 1995 Current Population Survey. In households classified as "food insecure with moderate hunger", adults in the household have reduced food intake to the point that they repeatedly experience hunger, whereas household who are classified as "food insecure with severe hunger" report that both children and adults in the household have experienced hunger.

The estimates from the USDA survey suggest that in 1995, 4.4% of households with children under age 18 were food insecure with moderate hunger evident, and 0.9% of households with children under 18 were food insecure with severe hunger. These proportions were substantially higher for low income households. Nearly 5% of households with incomes below

50% of the poverty level, and 3.1% of households with incomes below 100% of the poverty level were classified as food insecure with severe hunger.

Estimates based upon the actual nutrient intakes of children in a given day suggest that on average children in both poor and non-poor households are consuming an adequate quantity of key nutrients as measured by the U.S. Department of Agriculture's Recommended Daily Allowances. According to estimates from the U.S. Department of Agriculture's Continuing Survey of Food Intakes for Individuals, poor children under age 5 had adequate average consumption levels of food calories and of 14 of 15 key nutrients in 1994-95 (the one exception is zinc). For children age 6-11, the pattern is roughly similar, although there is some evidence that poor children do not consume enough Vitamin E, Calcium and Zinc. These deficiencies are much smaller for higher income children. Finally, for poor children age 12-17, there is much stronger evidence of insufficient consumption of calcium, phosphorus, magnesium, iron and zinc; these deficiencies are also found among non-poor children.

The federal government funds several programs which are intended to increase the availability of food to low-income children. These include:

--Food Stamps

--School Lunch and School Breakfast

--WIC

Average Nutrient Intakes as a % of Recommended Daily Allowances

	Poor Children Age 6-11		Poor Children Age 12-19		Nonpoor Children Age 6-11		Nonpoor Children Age 12-19	
Nutrient	Males	Females	Males	Females	Males	Females	Males	Females
Food Energy	108%	83%	91%	82%	102%	94%	99%	87%
Protein	275	211	180	140	245	213	179	147
Vitamin A	150	120	119	88	149	123	114	109
Vitamin E	91	78	86	82	101	95	95	86
Vitamin C	245	191	202	151	235	223	229	179
Thiamin	184	136	145	121	176	152	150	128
Riboflavin	199	150	146	132	189	165	157	137
Niacin	164	125	135	116	164	140	148	125
Vitamin B-6	142	106	113	98	138	113	121	104
Folate	296	219	159	124	294	238	191	136
Vitamin B-12	338	358	317	248	335	272	290	187
Calcium	133	92	86	62	115	104	98	67
Phosphorus	167	123	127	90	152	137	138	94
Magnesium	164	119	86	76	148	131	94	77
Iron	164	121	152	91	160	129	173	91
Zinc	109	88	96	80	108	93	96	84

Source: U.S. Department of Agriculture Continuing Survey of Food Intakes by Individuals, 1994 and 1995 data release.

B. Adequacy of Housing:

The following table gives estimates of the prevalence of housing problems among households with children in the United States. As shown, low income households with children are more likely to report structural housing problems than other families. In 1995, 13% of very low income households with children reported moderate or severe physical problems with their housing, compared to 7% overall. In addition, 17% of very low income household reported living in crowded living circumstances (more than one person per room), compared to 6% overall. Finally, 34% report that they were spending more than 50% of their incomes on rent, compared to 11% of all households with children.

The data on trends suggest that there has been a slight improvement in housing conditions for low income households in the 1990s. In 1993 and 1995, very low income households report somewhat lower rates of structural problems or crowding than in 1983 and 1989. In addition, the proportion with a housing cost burden of over 50% declined somewhat in 1995. These improvements do not appear to be related to an increase in the fraction of families receiving rental assistance, since the percentage of families reporting that they received rental assistance has remained relatively constant since 1989.

Housing Conditions for U.S. households with Children

	1978	1983	1983	1993	1995
All Households					
Any Problem	30	33	33	34	35
Moderate or severe physical problems	9	8	9	7	7
Crowding	9	8	7	6	6
Cost Burden more than 50%	6	11	9	11	11
Very Low Income Renter					
Any Problem	79	83	76	75	71
Moderate or severe physical problems	19	18	18	14	13
Crowding	22	18	17	14	17
Cost Burden More than 50%	31	38	36	38	34
Receiving Rental Assistance	23	23	29	28	27

Source: Federal Interagency Forum on Child and Family Statistics 1997 and special tabulations on the Annual Housing Survey and American Housing Survey for 1995 by the U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

IV. Health Status and Health Insurance

A. Health Status

[to be written]

B Health Insurance

Over the past eight years, children's health insurance coverage through the Medicaid program has increased due to expansions in children's eligibility for Medicaid. These increases in Medicaid coverage were offset by reductions in private health insurance coverage; and as a consequence, the proportion of children with any health insurance coverage has remained roughly constant since 1988. These changes are critical to the well-being of children, since they affect both access and quality of medical care.

Health insurance is a critical factor in children's well being, because it increases access to health care services which in turn may promote child health. Research has shown that uninsured children receive fewer medical services than insured children. For example, one study found that, controlling for demographic characteristics, income, area of residence, and health status, uninsured children have 70% fewer outpatient visits and 75-85% fewer inpatient days than children with health insurance. A second study showed that uninsured children with injuries were 73% less likely to have medical attention for their injury than insured children. Uninsured children are also less likely to have a routine source of medical care, to receive routine check-ups or to have received timely prenatal care.

Some of the best evidence on the impact of health insurance on children's health outcomes has considered the impact of expanding health insurance coverage of low income children through the Medicaid program. Research has shown that the introduction of the Medicaid program in the mid-1960's was associated with large increases in physician visits of low income children, while the number of visits by high income children remained relatively constant. The net result was that,

while low income children had 40% fewer doctor visits per capita than higher income children in 1964, they had only 17% fewer visits in 1971.

Recent research on the impact of Medicaid eligibility expansions in the 1980s and early 1990s has also found that the Medicaid expansions have led to increases in children's consumption of health care and to improvements in child health. One study has found that the Medicaid eligibility expansions which doubled the fraction of children eligible for Medicaid from 1984 to 1992 were associated with significant increases in the number of children visiting a doctor or entering a hospital in the prior year; and with large reductions declines in child mortality. A second study found that expansions in Medicaid eligibility from 1979 to 1992 were associated with decreases in late prenatal care and with decreases in the incidence of low birth weigh births and infant mortality. This latter study, however, found that the results were largely attributable to expansions in the early 1980s which expanded Medicaid eligibility to a targeted group of very low income women and children, rather than to the much broader expansions in the late 1980s which expanded eligibility to higher income women and children.

In recent years, a series of legislative mandates and options have substantially expanded the eligibility of pregnant women and children for Medicaid. Prior to 1987, Medicaid coverage was primarily tied to eligibility for the Aid to Families with Dependent Children program, which meant that it was mostly restricted to children in very low income single parent families. By 1996, Medicaid was available to all pregnant women and children under age 6 with incomes below 133% of the poverty level, and to all children under age 12 with incomes below 100% of the poverty level. (States were required to phase in coverage of poor children born after September 30, 1983, until all children under age 19 are covered.) In addition, many states also chose to set their financial eligibility thresholds at levels which were above the required levels.

The net result of these expansions is that the proportion of children with health insurance has expanded markedly. The share of all children with Medicaid coverage has increased from 16% in 1988 to 22% in 1996 while the share of children with incomes below the poverty level

covered by Medicaid increased from 57% to 63% (See following chart). However, during this period the share of children covered by non-Medicaid insurance sources also declined, primarily due to a decline in employer provided health insurance. As a consequence, the total share of children with health insurance remained relatively constant, decreasing from 87% in 1988 to 85% in 1996 for all children, and increasing from 75% to 77% for poor children.

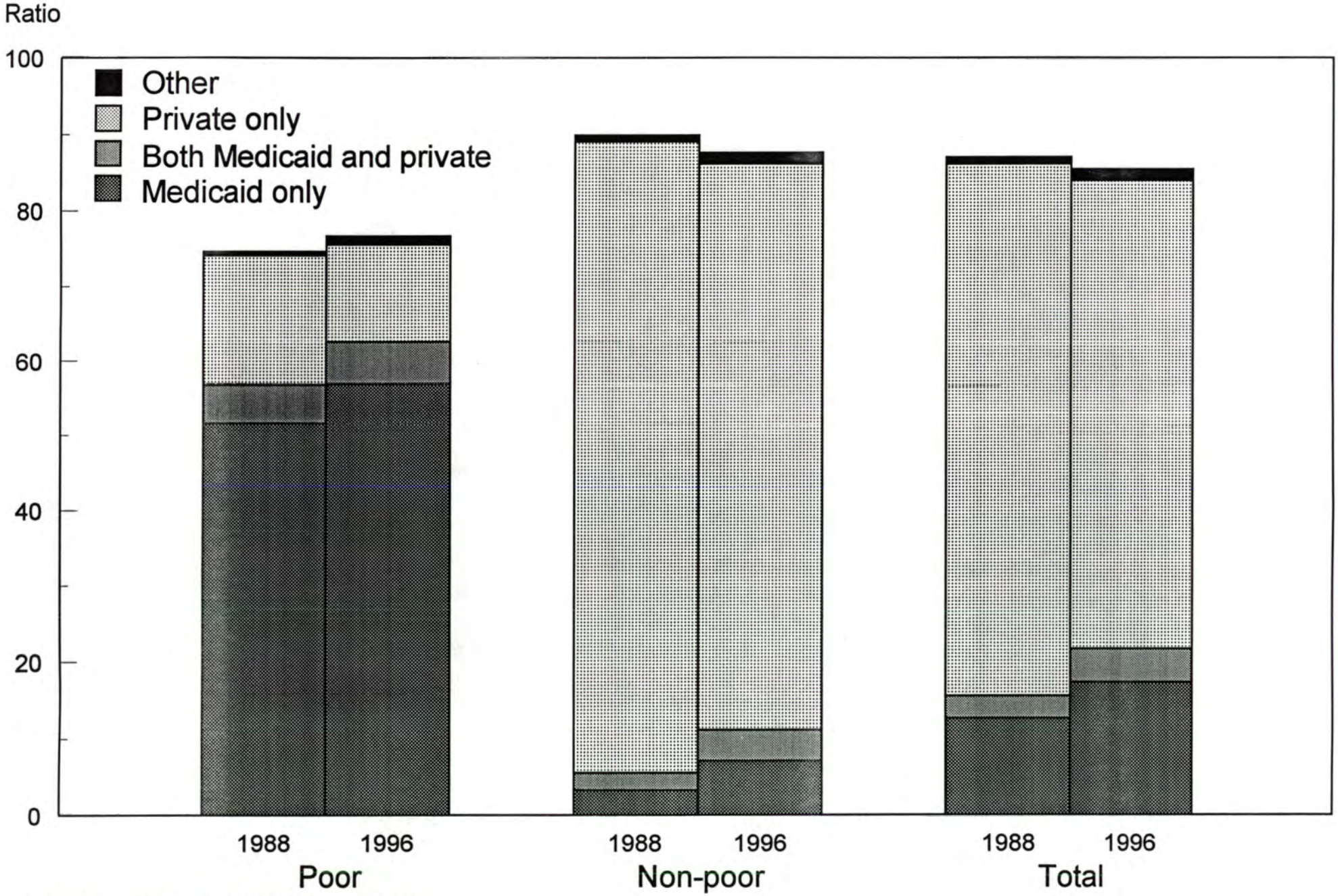
[Insert Figure 5 here]

One critical question is why the fraction of children covered by employer provided health insurance declined so substantially from 1988 to 1996. Since these declines coincided with declines in employer coverage for groups not affected by the Medicaid expansions, such as single men and higher income children and adults, some of this decrease is attributable to general labor market developments. In addition, some of the decline in employer provided health insurance may also result from families dropping their private insurance to take advantage of Medicaid. The precise extent to which the Medicaid expansions "crowded out" already existing insurance is open to contention. One study found that between 50 and 75% of the recent expansions in Medicaid coverage from 1987 to 1992 were to pregnant women and infants who would have received insurance from other sources. Two other studies have found much lower estimates of "crowd-out" with estimates ranging from 0% to an upper bound of 25%.

The following table shows the proportion of children who are uninsured and the composition of the uninsured population in 1996 by age and poverty status of children. This table makes two points clear. First, it is evident that a substantial share of currently uninsured children are eligible for Medicaid. Although all children under age 12 with incomes below the poverty level are eligible for Medicaid, 19% of children under age 6 and 23% of children under age 12 live in families which report they have no insurance coverage. These two groups of children represent 20% of the uninsured and 63% of the uninsured poor. For these children, the failure to enroll in Medicaid may not limit their access to hospital services, since many hospitals now are capable of enrolling eligible children into Medicaid when they enter the hospitals. However, it

Chart 7-x
caption line 1

Insurance Coverage of Children Under 18



Source: Department of Commerce

may deter them from accessing important preventative services which could improve their health status. Second, the table also indicates that the majority of children remaining uninsured in 1996 have incomes over the poverty level. Thus, efforts to further reduce the share of children without health insurance will have to be addressed at higher a income population.

Share of Children Uninsured and Composition of Uninsured Population in 1996

	Share of Population	Share of Uninsured
POOR CHILDREN	0.233	0.319
Under age 6	0.185	0.096
Age 6-11	0.229	0.106
Age 12-17	0.303	0.117
NON-POOR CHILDREN	0.127	0.681
Under age 6	0.124	0.216
Age 6-11	0.125	0.226
Age 12-17	0.131	0.239
TOTAL	0.148	1.000

Source: Department of Commerce, Bureau of the Census, Tabulations from March

C. Recent Initiatives to Expand Children's Access to Health Insurance

In order to make further progress in improving childrens' access to health insurance, the Balanced Budget Act of 1997 established a Child Health Block Grant which offers states $20.3 billion in new federal funding to states over the next five years to expand health insurance programs for low income children. States have the option of using the funding to expand Medicaid, to start a new health insurance program or both. States must use their allocation to

cover children below 200% of the poverty level, and they must cover certain services such as preventive and well-baby care. States must contribute some of their own funds to the program in order to receive the federal funds allocated to them, and they must maintain Medicaid eligibility standards which are not more restrictive than their June 1997 levels in order to receive the Child Health Block Grant money.

IV. Education

A. Early Childhood Education

Research has shown that early childhood education can have an important impact on children's test scores, and can have long-lasting impacts on child well-being. The share of children enrolled in the Head Start program has increased dramatically over the past few years, reflecting the current Administration's high priority on early childhood education.

Head Start is a federal program which supports enriched preschool programs for disadvantaged children between the ages of three and five. Federal guidelines require that 90% of all children served be from families with incomes below the federal poverty level. These programs offer disadvantaged children and their parents a range of services which focus on education, social and emotional development, health and nutrition.

Most studies of the short-term effects of the Head Start program have shown that participation in Head Start is associated with large short term gains in cognitive test scores, which typically dissipate between 1 and 3 years after entry to regular school. Studies have found that children in Head Start are more likely than non-participants to receive medical services, such as routine checkups, dental care and immunizations.

The most well-known studies of the long-term effects of enhanced preschool are based on an evaluation of the Perry Preschool Project in Ypsilanti, Michigan. This program had more intensive interventions than the typical Head Start program, and it involved a small number of cases. However, the results are encouraging because they show large increases in the probability

of graduating from high school, and in the probability of being employed or in post-secondary education after high school In addition, program participants had fewer teen pregnancies and lower arrest rates than children in the control group.

A more recent national evaluation of the Head Start program which controls for sibling fixed effects in measuring the impact of Head Start has found that participation in Head Start is associated with increases in performance on the Peabody Picture Vocabulary Test for white and Hispanic children over age eight. In addition, participation in Head start is associated with a reduction in the probability of repeating a grade for white and Hispanic children. Finally, this study found that both white and black children who participated in Head Start were more likely to be immunized against measles than other children not in Head Start.

Due to the federal government's continued support of the Head Start program, the number of children enrolled in the Head Start program has increased from 451,000 in FY89 to 752,000 in FY93. The current Administration has set the goal of further expanding the Head Start program so that 1 million children are enrolled in Head Start by 2002. In addition, starting in FY95, the Administration piloted its new Early Head Start program for children under age three. This program served 5000 children in FY95, and an additional 5000 children in FY96.

B. Elementary and Secondary Education

[To be written]

ChildServ 100 YEARS
HELPING CHILDREN BUILD BETTER LIVES SINCE 1894

The ChildServ

February 9, 1995

Ms. Melanne Verveer
Deputy Chief of Staff
Office of the First Lady
The White House
Washington, D.C. 20500

Dear Ms. Verveer:

Mr. James Parks of the Washington Bureau of the AFL-CIO, kindly gave me your name and suggested that you might be able to assist me.

I represent a child welfare agency, ChildServ, which recently celebrated its 100th anniversary of helping children to build better lives. Next year we would like to sponsor a symposium on issues most urgent to children and we would like to extend an invitation to Mrs. Clinton to serve as our keynote speaker.

Mrs. Clinton's interest in the well-being of children along with her interest in HIPPY (Home Instruction Program for Preschool Youngsters) makes her an excellent choice for our program. Mrs. Clinton, as I am sure you know, was very instrumental in introducing the HIPPY program in the United States when she resided in Little Rock. ChildServ was the first organization to develop the HIPPY program in Chicago and our success rate has been phenomenal.

The president of our agency, Mr. James C. Jones and I, along with other staff will attend the upcoming conference sponsored by the Child Welfare League of America in Washington, March 1-3. Would it be possible for Mr. Jones to meet with you to discuss our request, in detail.

I have included information on our program, for your review. Please feel free to contact me should you have any questions/concerns or if you are agreeable to meeting with a member of our staff.

My thanks, Ms. Verveer, for your consideration on this matter.

Sincerely,

Toni Lieteau

Toni Lieteau
Director
Marketing & Communications

It will just be Toni.

United Way Agency

8765 W. Higgins, Suite 450 • Chicago, Illinois 60631 • 312.693.0300 • FAX 312.693.0322

ACCREDITED

A special supplement to the Northern Illinois Conference edition of the *United Methodist Reporter* January 20, 1995

ChildServ 100 YEARS

ChildServ is a United Way agency affiliated with the Northern Illinois Conference of the United Methodist Church (UMC). It is licensed by the Illinois Department of Children and Family Services and accredited by the Council on Accreditation of Services for Families and Children. ChildServ has 22 locations throughout Cook, Lake and DuPage counties.

This supplement describes a few of the agency's programs to empower children and families in disadvantaged areas of the conference. ChildServ receives generous support for its programs from the United Methodist Church. We hope you will be heartened by what you read here. We invite you to share in our mission to serve children and families.

1994: A Year in Review

It's been a year that we will never again experience – ChildServ's 100th anniversary! And, we have had a celebration that will long be remembered as we begin our second century of helping children and providing for their well-being. ChildServ, formerly the Lake Bluff Children's Home, began its centennial celebration last year at the Tangley Oaks Educational Center with a Centennial Brunch. Friends and supporters were on hand to wish the Agency well and applaud the accomplishments of the past. This occasion was made more special as former administrators returned to Lake Bluff to participate in the celebration. Margaret Brooks, the senior of the previous administrators and who served as the agency's superintendent from 1942-1954, came from Colorado and former staff were delighted to see her. Former executive directors Robert Beers (1954-1961), Robert Petracek (1961-1967), and Coyd Taggart (1967-1984) were joined by Alice Jeffords, widow of Erskine Jeffords, who served not only as an executive director, but also as the agency's executive secretary. Mr. Jeffords was affiliated with the agency from 1946-1966. These former directors recalled activities and programs under their leadership and spoke of their delight in the agency's development over the years. The Centennial Brunch served as a "kick-off" for the activities that were to follow during the year, recognizing 100 years of service by loyal and dedicated staff, friends and supporters. Let's take a look at other festivities that made 1994 such a remarkable year for ChildServ.

International expert on preventing child abuse keynotes first annual symposium

ChildServ's Annual Meeting and first annual **Symposium** featured Dr. Richard D. Krugman, international expert on the prevention of child abuse, as the keynote speaker for both events. Held at the Bethany Methodist Home and Hospital in Chicago, the Annual Meeting hosted over 100 friends and Society of ChildServ members.

The inter-disciplinary symposium drew a crowd from various disciplines and was cosponsored with Cook County Hospital and Cook County Children's Hospital.

Child Abuse and Neglect Crisis: Interdisciplinary Challenges provided an educational forum for professionals in child welfare areas, who problem.

Cook County Public Guardian Patrick T. Murphy, Attorney Marilyn J. Wood, former Assistant Chief Counsel with the Illinois Department of Children and Family Services, Dr. Michele A. Lorand, director of Cook County Children's Hospital's Child Protective Services Unit, Social Work Coordinator Brenda Chandler, also in the Cook County Children's Protective Services Unit, and Ramon L. Nieves, Jr., vice president for Programs, ChildServ, served as speakers and panel leaders. Dr. Agnes D. Lattimer, medical director of Cook County Hospital and Chairperson of the ChildServ Board of Trustees, served as the event's moderator.

The symposium was of particular interest not only because of its topic and speakers, but because a

ChildServ's float displayed a favorite photo taken from the agency's archives and enlarged just for this event.

Lake Bluff origins recalled in annual July 4 parade

And what would be more appropriate than returning to the agency's birthplace to participate in the annual **Lake Bluff July 4 parade**.

Friends and volunteers worked diligently, with the assistance of ChildServ Lifetime Trustee Millie Brown and devoted friend of ChildServ Dawn Weston, in designing a ChildServ float. Our participation in this event reacquainted ChildServ with long-standing friends of the Lake Bluff Children's Home, thanks to the wonderful work of the Rev. Orrell Ruth and the members of the Grace United Methodist Church.

Grace United Methodist Church continues to be a big supporter of the agency as shown by this banner designed for the July 4 parade.

Luncheon brings back residents who were instrumental in laying foundation for ChildServ agency of today

200 walkers 'step out for kids'

The 1994 **"Step Out for Kids" Walk-a-Thon** also highlighted the agency's centennial as over 200 walkers and volunteers joined this event held along Chicago's scenic lake shore, which raised awareness and funds for the programs and services of ChildServ.

Now an annual event, the ChildServ Walk-a-Thon brings out participants of all ages to support the mission of the agency.

Perfect weather greets golfers

Golf enthusiasts had a perfect day during the **1994 Charity Golf** event held at the Boulder Ridge Country Club.

Under the direction of Board of Trustee Marcus Acheson and sponsored by Continental Bank (now Bank of America), this year's event raised a substantial amount to be added to the ChildServ coffers which will enable the agency to continue its mission.

Board of Trustee and event organizer Marcus Acheson (far right) with other golfers. They are (left to right) Art Murray, Lyle Logan, Diane Bazarian and Rem Hiller.

gram, provided insightful and riveting comments on her experience with the program.

Because of the success of this event, ChildServ, along with Cook County Hospital, will host another symposium in '95.

100 years of ChildServ recipes ready

In keeping with the centennial theme a cookbook has been developed: *100 Years of ChildServ Recipes*. This book includes recipes from former residents and staff of the Lake Bluff Children's Home and ChildServ staff and friends. Featuring family favorites and other recipes that have been passed from generation to generation, or friend to friend, these mouth-watering dishes are sure to please even the most discriminating palate.

Cookbooks are available for $8 by contacting ChildServ at (312)693-0300.

residents, fortunately, we have been in touch with some former residents and staff who were instrumental in laying the foundation for the Agency.

Former residents and staff of the Lake Bluff Children's Home and ChildServ Board of Trustees and staff spent an enjoyable afternoon reminiscing as well as looking toward the future. We were again honored to have Margaret Brooks ing, but all spoke of the love received.

Everyone had a great time. If you know of residents and former staff who have lost touch with the Agency, ask them to contact ChildServ. Even though our centennial celebration is over, the new year promises to be just as exciting and we want to include all of our friends.

Lois Brooks, William Brooks and their mother Nancy Brooks (far right) were pleased to be able to chat and recall their association with the LBCH with Margaret Brooks (no relation).

Dr. Agnes D. Lattimer (left) and President James C. Jones honored Margaret Brooks for the time and support she has given to the Agency over the years.

From left to right above, Rev. and Mrs. Orrell Ruth and Dawn and Arthur Weston joined Vice President of Church Consultation Mason E. Scholl (center) to celebrate friends coming together.

Whirlwind year sets stage for second century of commitment to children

While this has been a whirlwind year, festivities came to a close all too soon with the Gala Celebration at the Goodman Theatre. Friends and supporters gathered to extend best wishes as ChildServ embarks on its second century and to enjoy a magnificent performance of the Dickens classic, *A Christmas Carol*.

Past President/CEO Dr. David Kirk was on hand as the centennial came to a close and had a chance to chat with a devoted ChildServ supporter Genevieve Kroeger.

The festivities are over, but the commitment remains strong. The Board of Trustees and ChildServ staff are focused on achieving the agency's mission of believing that every child is a person of worth entitled to God's gift of wholeness of life. ChildServ's 35 programs help meet the needs of children by empowering communities and families with children through advocacy, prevention, early intervention and out-of-home treatment services.

With continued support and blessings of our friends, ChildServ will forge ahead into its second century and lead the way in helping children to build better lives.

Vice President of ChildServ Personnel Iris Baudendistel and friend Marian Vargo joined in the celebration.

Friends and supporters came from far and near to congratulate ChildServ on its centennial. The Webbers from Wisconsin extended their best during the festivities.

Long-standing friends and supporters Millie and Chuck Brown enjoyed the performance and reception.

Reading a proclamation from Mayor Richard M. Daley, James C. Jones proudly announced November 11 as ChildServ Day in the city of Chicago.

A special supplement to the Northern Illinois Conference edition of the *United Methodist Reporter* January 20, 1995

ChildServ 100 YEARS

This is a publication of ChildServ
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ChildServ is a not-for-profit organization affiliated with the United Methodist Church.

ChildServ is a United Way agency licensed by the Illinois Department of Children and Family Services and accredited by the Council on Accreditation of Services for Families and Children.

Friends of ChildServ (left to right) Marwin Spencer, Linda Zackman and Margie Nicolson join James Jones during the initial meeting of the auxiliary group.

Auxiliary group begins at ChildServ

We are excited that our new auxiliary group, the Friends of ChildServ, has recently been formed. This group comprises high-energy professionals from a wide range of disciplines – from corporate executives to athletes.

These new friends will bring new resources and fresh perspectives, with a commitment to help ChildServ care for children and families in need.

ChildServ Service League turns 25!

The Second Time Around Gift Shop, opened and maintained by the agency's Service League members, also celebrated its 25th anniversary this year!

The work of these devoted women has enabled programs and services to continue and expand, as this group has provided nearly $1 million in financial support to the agency over the years.

Members encourage all who have not, and those who have visited the shop (at 4123 Oakton Street, Skokie), to return to browse and pick up great bargains. The Second Time Around Shop is open Tuesday through Saturday, 10 a.m. - 4 p.m.

In memory of ...

Board of Trustees, administrators, staff and friends of ChildServ were saddened to learn of the recent death of Ms. Margaret Brooks.

Ms. Brooks served as the Superintendent for the Lake Bluff Children's Home from 1942-1954, but remained a loyal friend and supporter until she died.

Last year Ms. Brooks joined the agency for its "Kick-Off" celebration and later, this past summer, for the Alumni Luncheon.

A memorial service was held for her in Boulder, Colorado. She was 95 years old.

Jones takes reins of leadership

If celebrating its 100th birthday was not enough excitement for the agency, ChildServ also welcomed a new President and Chief Executive Officer this year.

James C. Jones became the agency's first African-American leader when he joined the staff this past summer.

Jones, former Executive Vice President at the Central Baptist Children's Home, is no stranger to child welfare issues. For the past 19 years Jones has focused his career on issues that affect children and ways to bring about positive change.

A graduate of Northwestern University's J. L. Kellogg Graduate School of Management, Jones began his career as an Adult Education Instructor and later as a Social Worker, both in Newark, New Jersey. His professional career in Chicago began in 1975 when he joined the staff of the Central Baptist Children's Home.

James C. Jones
ChildServ
President/CEO

His career with Central Baptist has covered nearly 20 years. During this time he served as a Family Counselor and Foster Care Caseworker; Program Supervisor; Senior Supervisor in the Primary Educational Resource Center and Family Counseling Program; as both Director of Programs and Deputy Director for the Cook County Services Division and as the Executive Vice President. In this last position, Jones was responsible for a $12 million operational budget encompassing 40 distinct programs for 2,000 families in 11 area sites.

In joining the staff of ChildServ, Jones will be faced with similar challenges and anxiously looks forward to initiating additional innovative programs for the 22 sites ChildServ comprises. "I am not only encouraged, but impressed by the dedication shown by the Board of Trustees, staff and supporters for ChildServ," Jones said. "This will enable the agency to continue to emerge as an innovative leader in the field of child well-being services as we begin the work before us."

ChildServ offers programs to empower children and families

Therapeutic Foster Care:

ChildServ administers four major programs to foster care children with special needs:

Project 90:

Provides comprehensive care for boys who have been sexually abused and are now abusing other children. This is believed to be the only program of its kind in the country.

Specialized Foster Care:

Teen Mom Foster Care:

Some teen moms are unable to continue living with their natural parents. ChildServ obtains foster care for them which may begin during or after their pregnancy, and also arranges for pre-natal and post-natal care.

HIPPY Graduation

HIPPY Graduation

HIPPY (Home Instruction Program for Preschool Youngsters):

HIPPY is a family literacy program that helps parents in disadvantaged communities prepare their four- and five-year-old children for school.

Emphasis is placed on the importance of the parent's role as the child's first teacher. The program helps parents become involved in their child's education.

Kids' Place

Kids' Place (Lugar Para Ninos):

A drop-in center where pre-teen children get help with their homework and enjoy supervised play, this program encourages creativity and is a powerful alternative to gang involvement.

Family Home Day Care:

This program recruits and trains community residents, who become licensed by the state, to provide day care in their homes for the children of young parents. Providers often become mentors for the young mothers, helping them build their parenting skills.

Parent Empowerment Program (PEP):

This in-home program provides services to parents with children whose ages range from newborn to three-year-olds. Young mothers are taught what to expect as a child develops, together with in-depth information concerning the impact of a mother's care on that development.

Tutoring:

An in-school program for children who are experiencing classroom learning problems. Tutors for this program are all volunteers.

Interweave:

Professional, early intervention counseling for children who are exhibiting emotional problems in school. Families of the children are involved as counselors and strive to understand and mitigate problems.

Licensing and Adoptions:

This program licenses foster home and adoption conversions and offers Preparation for Adult Living (PAL): a method of teaching children how to live independently after leaving the foster home.

Family Foster Care:

ChildServ provides family foster care for children in the Chicago metropolitan area who are removed from their homes because of abuse or neglect. The goal of this program is to return the child to the natural parents, whenever possible. If returning a child is not possible, the agency explores adoption or long-term placement. In every case, ChildServ seeks to do what is in the best interest of the child.

Group Homes:

ChildServ operates three group homes: two are for girls and one is for boys. Each home provides a safe, home-like environment for children 13 to 17 who have behavioral and family problems. The primary goal is to return the child to its natural home. If this is not possible, alternative arrangements are made.

The professionals who manage the homes give the children a feeling of genuine warmth and security.

Church-Community Consultation:

Working with congregations and community groups throughout Northern Illinois, this program provides technical assistance and consultation to groups who are developing programs that address community issues affecting the quality of life for children and families.

care-givers.

Moms' Place (Lugar Para Madres):

This drop-in center is for mothers of infants and toddlers. Activities help to develop attainable goals among both children and mothers. ChildServ staff provides mothers with life skills training while their children engage in supervised play in a nearby room.

Moms' Place

Moms' Place

Moms' Place

Armour Child and Family Services:

Providing general counseling and therapy at times of stress to families with children, the Armour program helps parents and children cope with a myriad of issues, including school problems, difficult children, separation or divorce, and bereavement.

Ecumenical Child Care Network:

A national, interdenominational network of individuals who work from a faith perspective, advocating for high quality, affordable, equitable child care and education for all God's children.

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ChildServ 100 YEARS

HELPING CHILDREN BUILD BETTER LIVES

Vol. 1 No. 3 Fall 1994

POLO FARMERS HOST CHILDSERV KIDS

There is an old African proverb which says, "It takes an entire village to raise a child." This day was a moment when the village for these young people expanded to include both the streets in their Chicago neighborhoods and the small farming community of Polo, 125 miles away. Perhaps by reaching out often enough to our neighbors, near and far, we may just influence the climate for a more peaceful and just world.

(Story on page 3)

REMINDER

The season is here again, when thoughts of charitable giving seem to affect us most. It is not too late to take steps to receive maximum tax benefits for donations made in 1994, but do it now!

Charitable gifts made by December 31 can help save you dollars while helping others.

Locations of Services

ChildServ, Beverly
9415 S. Western Ave.
Chicago, IL 60620
312/233-5100

ChildServ, Group Home Services
1555 Naperville-Wheaton Rd.
Naperville, IL 60563
708/778-7250

ChildServ, Hamlin
1633 N. Hamlin St.
Chicago, IL 60647
312/292-4250

ChildServ, Humboldt Park
1845 N. Kedzie Ave.
Chicago, IL 60647
312/489-7156

ChildServ, IIT
10 W. 35th St., 9th Flr.
Chicago, IL 60616
312/567-7660

ChildServ, Lake County
36325 N. Maple Ave.
Ingleside, IL 60041
708/587-6655

ChildServ, Park Ridge
1580 N. Northwest Highway
Park Ridge, IL 60068
708/298-1500

ChildServ, Rogers Park
6613 N. Ashland Ave.
Chicago, IL 60626
312/973-3662

SIGA Center
1103 Greenwood
Waukegan, IL 60087
708/662-0633

1/94 4k

ChildServ Programs and Services

Armour Child and Family Services
Chicago: Beverly
Downers Grove
Lake County
Naperville
Park Ridge

Church Community Consultation
Northern Illinois

Community Services North
Home Instruction Program for Preschool Youngsters (HIPPY)
Chicago: Humboldt Park

Tutoring • Home School Connection • Interweave
Chicago: Rogers Park

Kids' Place/Lugar Para Niños
Chicago: Humboldt Park
Rogers Park

Mom's Place/Lugar Para Madres
Chicago: Humboldt Park
Lake County

Family Home Day Care
Lake County

Family Foster Care
Chicago: Humboldt Park

SIGA Center
Lake County

Community Services South
Family Home Day Care
Chicago: IIT

PEP (Parent Empowerment Program)
Chicago: IIT

IMRI
Chicago: Grand Boulevard

HIPPY
Chicago: IIT

Interweave • Teen Mom Foster Care
Chicago: IIT

Family Foster Care Services
Chicago: Home-of-Relative
Regular Foster Care

Therapeutic Foster Care Services
Chicago: Beverly
Medically complex • HIV • Specialized

Group Homes
Downers Grove • Naperville • Lisle

helping children build better lives since 1894

ChildServ

Administrative Offices
8765 W. Higgins Road, Suite 450
Chicago, IL 60631
312/693-0300

Dedicated to serving children and families

ChildServ is a child welfare agency serving children and families in the Greater Chicago Area.

The agency was founded in 1894 as the Methodist Deaconess Orphanage, a refuge for homeless children from the streets of Chicago. It later distinguished itself as Lake Bluff/Chicago Homes for Children, setting a standard for residential care for abused, neglected and delinquent girls and boys.

Today, as ChildServ, we are a wide-ranging agency providing community-based programs and services that meet the needs of children and families in cities and suburbs.

Filling needs, finding answers

At ChildServ, we believe every child is entitled to God's gift of wholeness of life.

We practice our belief by helping children and families help themselves to a better life. When we succeed, we prevent child abuse and neglect.

Our programs attack problems at the family and community level...to help people find solutions that work for them.

We take a many-faceted approach to cover the needs of children, families and communities:

prevention services
early intervention
placement
counseling & therapy
consulting services
advocacy

We go where the need is, adapting and adjusting as we go. We develop new programs and services as we see new problems and circumstances.

ChildServ is a United Way Agency
Affiliated with the United Methodist Church
and accredited by the Council On Accreditation of
Services for Families and Children

Community-based, human-faced

ChildServ works with local community and church-based organizations to assess the need for child-and family-oriented programs and services.

Based on that assessment we develop programs to meet the needs of those communities.

We are not bound by programs and methods of the past. We seek innovative new solutions to new problems. We are proud to pioneer new and effective ways to serve.

If it's good for kids, we do it.

She avoided situations where she might have to use English.

She agreed to participate in HIPPY because the program lets her work with her four-year-old in Spanish. But something happened.

"My boy, he began to translate things back into English for me. Pretty soon I discovered I was learning just as much as he was.

"After a while, my family educator told me about a class in English as a second language, and she helped me enroll. Pretty soon I was looking for chances to use English.

"Soon I think it will be good enough for me to go to cosmetology school. Before HIPPY I never even dared think about it, even though it's something I've wanted to do for years."

Luisa Rivera, Dorothy Taylor and Charles Meadows are not exceptions. They are typical of the growth and hope HIPPY brings families in the program. Social services professionals call this empowerment, helping people take control of their lives.

You support the empowerment of children and families throughout Northern Illinois when you contribute to Childserv.

ChildServ

1580 N. Northwest Highway
Park Ridge, IL 60068-1456
312-694-2727
708-298-1500

ChildServ is a child welfare agency affiliated with the Northern Illinois Conference of the United Methodist Church, licensed by the Illinois Department of Children and Family Services and accredited by the Council on Accreditation of Services for Families and Children.

ACCREDITED

United Way Agency

6/91 10k

"HIPPY taught me that I can do a whole lot of things I never thought I could do. And you know what? I'm good at it, too."

HIPPY: Turning Lives Around

HIPPY is short for Home Instruction Program for Preschool Youngsters. It is a home-based program that shows disadvantaged parents how to help their four- and five-year-old children prepare for success in kindergarten and the classroom.

Developed in Israel with the support of the U.S.-based National Council of Jewish Women, the program is active in countries on five continents and 13 of the United States.

ChildServ introduced the program in two Chicago neighborhoods in 1989. It has since been expanded.

HIPPY uses paraprofessional home visitors (family educators) and role playing to teach parents how to teach their children. The method helps parents with poor education succeed as their children's first teacher. The Chicago program uses specially developed bilingual materials for Hispanic parents who speak little or no English.

By the end of its first year, HIPPY children were testing on a par with or above those in conventional Head Start programs. The first HIPPY children also ranked at or near the top of their kindergarten class, according to reports from their teachers.

ChildServ developed the program to create this kind of results for the children. But equally remarkable is what the program has done for the parents who participate. Here are some of their stories in their own words. The names and some details have been changed to protect the privacy of the families.

Dorothy Taylor is raising four children in a disadvantaged West Side neighborhood. Sometimes she works two jobs to make ends meet. That does not leave a lot of time to get involved in her children's school.

"Frankly, I never wanted to get involved. I hated school, and I dropped out. But I want something better for my kids. I used to figure there was nothing I could do for them, so I left it all up to the teachers, and I never went near the school unless there was a problem.

"My girlfriend got me into the program with my four-year-old, and I liked it. And my little girl really took to it, too.

"Then I got to be a family educator, and I discovered that I had something that could help other people. It made me feel real good....

"HIPPY taught me that I can do a whole lot of things I never thought I could do. And you know what? I'm good at it. Even got my GED."

Charles Meadows, Sr., was married and a father when he was barely out of high school. A series of frustrating, dead end jobs strained his family life, and when HIPPY came along, Chuck saw a chance to spend quality time with his son.

He also discovered something about himself he never suspected."I was bored in high school, and I never did as well as I should've. But when I started the program with Chuck, Jr., I found out I really liked teaching him.

"It gave me a whole something new to do with my life. So now I'm in college studying early childhood development."

Luisa Rivera lives in a neighborhood in Humboldt Park where she never has to speak English. When she had to visit school for her older children, she always took along an interpreter.

CARNEGIE TASK FORCE
ON MEETING THE NEEDS OF YOUNG CHILDREN

A Program of Carnegie Corporation of New York

437 Madison Avenue
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Fax: (212) 754-4073

4 December 1992

President-elect Bill Clinton
1120 Vermont Avenue, N.W.
Washington, D.C. 20270

Dear Bill:

I am writing to request a meeting before the inauguration, if possible, to share with you information on an increasingly urgent policy matter. This country needs to develop a far-sighted and cost-effective national strategy to better meet the needs of families with children under the age of three.

As you may recall from our conversation on your last visit to South Carolina, I chair the Carnegie Corporation Task Force on Meeting the Needs of Young Children. The task force has clarified the vital needs of children in the earliest years and will recommend a series of actions to foster healthy child development and constructive family functioning under contemporary American conditions.

I have enclosed David Hamburg's essay, *Healthy Development in the Earliest Years*. This brief piece reflects his current thinking about our country's youngest children. Other background material on the task force is also enclosed.

The goal of the task force is to help define a national agenda for children under the age of three. An analysis of the following policy concerns has been initiated: preparation for parenthood and family life; high quality child care; primary and preventive health care; the impact of poverty and dangerous environments on children; family support; children with special needs; and services that work for children and their families. Although a comprehensive report of the task force's efforts will not be issued until early 1994, David Hamburg and I would, nonetheless, welcome the opportunity to be of assistance now to your administration.

I suggest a meeting now because the task force is in a sound position to offer creative and reasoned advice to inform the administration's early planning on key policy issues for children. The task force's work on two efforts could prove especially useful to you and other policy planners. This work will be reviewed by the full task force membership at its next meeting in late February 1993, however the following core materials will be available by early January 1993.

First, the task force is completing a survey of twenty-five recent national and state level reports. This analysis substantiates an emerging consensus on key issues and policy recommendations that address the multiple problems facing children and families in this country. The report builds on the 1989 National Academy of Science's Forum on the Future of Children and Families report, *Social Policy for Children and Families* and examines closely the recommendations for the period between preconception and three years of age.

The second effort centers around three policy issues that your administration and Congress will probably address over the next few months—family and medical leave, health care reform, and expanded Head Start. Although it is premature for the task force to make broad recommendations officially, we would like to share with you the following materials that we are developing:

- **An analysis of state and private sector family and medical leave initiatives.** This working paper will detail what we already know about the costs of various leaves as well as their impact on worker productivity and family functioning. An analysis of the costs associated with state disability insurance systems will be included as well as policy options for a step-wise approach towards a paid leave.

- **A "down payment plan" for health care reform.** We are able to identify the components of a comprehensive benefits package that would be beneficial for all expectant mothers and families with children 0-3. Such a package is a cost effective way to reduce the price of later health care coverage. Indeed these measures have life-long significance for disease prevention and health promotion. Our working paper will summarize the utility of specific services in relation to short-term costs and long-term savings.

- **Expansion of Head Start for very young children.** This working paper will provide background information about current efforts utilizing the principles of Head Start for children under the age of three. It will also examine the key elements for a Head Start expansion directed towards infants, toddlers and their parents.

The new administration and Congress now have the historic opportunity to address "the other deficit" of human capital that is threatening the economic future of our country. For too long, we have ignored this nation's youngest children. Work that puts our nation's youngest children first strikes me as an especially good place to start. David Hamburg and I look forward to meeting with you to discuss these essential matters.

Sincerely,

Dick

Richard W. Riley

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HEALTHY DEVELOPMENT IN THE EARLIEST YEARS

David A. Hamburg

The United States is truly a great nation, yet we are inadvertently doing immense damage to our children. In this unique society—probably the most technically advanced, affluent, and democratic the world has ever known—the crucially formative years of early childhood have become very dangerous for millions of American children. However, now there is a terrific new opportunity to prevent much of the damage.

Within the scientific and professional communities, a remarkable degree of consensus is emerging on the conditions that positively influence child development. Much has become known through research about ways that parents and others can meet the essential requirements for healthy development. Moreover, there has been an upsurge of innovative programs in community organizations, churches, schools, and youth-serving organizations providing child care, support, and guidance for parents as well as growth-promoting experiences for children and adolescents. Such useful interventions draw upon knowledge of the family crucible and child development.

The Dilemma of Today's Children

Over extended years of growth and development, the human child experiences a prolonged period of immaturity and vulnerability—the longest of any known species. Much has to be acquired, much mastered, much tried and found wanting, much discovered and put to use. Overwhelmingly, this learning time is spent in close relationship with adults who offer nurturing love, protection, guidance, stimulation, and support. Coping abilities are acquired in a social context, largely through the sequence of observation, imitation, and practice as well as of exploration and discovery. For the caregivers, it is an enduring, long-term, highly challenging commitment.

Historically, several circumstances have been conducive to meeting essential requirements for healthy child development:

1) an intact, cohesive, nuclear family, dependable in the crunch;

2) a relationship with at least one parent who is consistently nurturing, loving, enjoying, teaching, and coping;

3) easy accessibility to supportive extended family members;

4) a supportive community, whether it be a neighborhood, religious, ethnic or political group, but some larger group beyond the family that is helpful;

5) parents experienced with child rearing during the years of growth and development or having access to ongoing formal or informal education for parenthood;

6) a perception of opportunity during childhood with a tangible basis for hope of an attractive future; and

7) some measure of predictability about the adult environment that permits a child's gradual preparation to cope with it and take advantage of its real opportunities.

With the advent of the Industrial Revolution, however, the rate of scientific and technological innovation in Western Europe took off, creating profound transformations in the organization of economic, political, and social life, with psychological and other ramifications that continue to the present day. The ancient and powerful motivation of parents to do well by their children now occurs in a setting quite different from any that our ancestral parents knew. In the past three decades—a moment in human history—the change in regular patterns of contact between American children and their adult relatives is remarkable. Not only are their mothers home much less, but there is little if any evidence of increased time by fathers at home to compensate. Overall, the time parents spend with children has declined by about half in the past 30 years. Moreover, only about 5 percent of American children see a grandparent regularly, a much lower level than was the case in earlier times. Powerful institutions of society such as business and government have done little to facilitate family availability for children or to strengthen the competence of families in the rapidly changing circumstances of the late 20th century. These problems are compounded by high mobility as well as erosion of strong neighborhood ties and other social supports. So we now live in a time of substantial family disruption, manifested in a variety of ways and involving considerable jeopardy to child development in all strata of society.

Who can provide vital growth-fostering experiences for healthy child development? If some traditional sources of such strength have become weakened by enormous historical changes, then how can children best be served? If substitutions are necessary, how can they be provided? When is it sensible to intervene? Often it is necessary to start intervention early with family-equivalent functions. The pivotal institutions are schools, churches, community organizations, and the health care system—all augmented by educational functions of the media.

A developmental sequence of interventions starts with early prenatal care (with medical and educational components) and goes on to preventive and primary health care, parent education, social supports for young families, high-quality child care, and preschool education.

The early years can build the foundation for a long, healthy life span characterized by curiosity and learning throughout its course. Health and education are closely linked in the development of vigorous, skillful, adaptable young people. Investments in health and education can be guided by research of biomedical and behavioral sciences in ways likely to prevent much of the damage now being done to children and adolescents—and thereby contribute substantially to a dynamic economy and flourishing democratic society in the next century.

Meeting the Needs for Healthy Development in the Earliest Years

Of great importance is the recognition that many of the causes of damage to children are interrelated. They are also potentially preventable at reasonable cost. Prenatal care, a vivid example, is now weak or absent for at least one-quarter of this nation's mothers. Yet it has a powerful capacity to prevent lifelong damage and is dramatically cost-effective. High-quality, early prenatal care for all pregnant women, therefore, is the first essential building block for the healthy development of children. Vigorous outreach efforts need to be made to bring poor young women into prenatal care early. Models that demonstrate this can be done already exist.

The essential components of prenatal care are, besides medical care, education for health and social support services. Education helps parents understand the importance of protecting the vulnerable brain of the growing fetus so that the child can reach full mental potential. Utilizing the instinctive motivation of the pregnant mother as well as the expectant father, it also imparts ways to care for themselves and their prospective baby. The educational component of prenatal care can be expanded to include a constructive examination of options for parents in their life course. This can lead to job training or other opportunities likely to improve prospects for the future of the mother and father and their new family.

A major facilitating factor is the ready availability of a dependable person who can provide social support for the health and education of the mother through her months of pregnancy and beyond. In one valuable set of innovations, pregnant girls are connected with "resource mothers." These are women living in the same neighborhood as the adolescent mother. They have assimilated life experiences in a constructive way, have successfully raised their own children and have learned a lot that can be useful regarding life skills most relevant for the young mother. They convey what they have learned about the problems facing the young mother and in general provide sympathetic, sustained attention as well as gateways to community resources. Such examples highlight the crucial value of social support for health and education throughout childhood.

Evidence is accumulating on early interventions in the first few years that can shape a person's lifelong course in a healthy, learning, constructive way. Such interventions include well-baby care with an emphasis on disease prevention and health promotion; parent education to strengthen competence and build close parent-child relationships; social support networks in which parents give mutual aid to foster health and education for their children and themselves; child care of high quality outside the home; preschool education in the Head Start mode.

Well-baby care oriented to prevent lifelong damage is vital not only for child health but also for building parental competence. Immediately after delivery, health-care providers assess the newborn's health and inform the parents. The attachment between mother and baby is fostered, and preparation for coping with predictably difficult episodes is undertaken. In addition to providing immunizations during infancy, health- care practitioners also monitor the child's growth carefully to detect nutritional problems and treat infectious diseases. Pediatricians and other health-care providers nowadays provide well-informed guidance and emotional support to help families attain healthy lifestyles. They answer parents' questions and anticipate questions about growth and development, stress, and coping. They provide vital services—for example, early treatment of ear infections and correction of vision and hearing deficits that interfere with education and normal development of language and other essential skills.

Since pediatricians and other physicians are often in short supply, particularly in poor city neighborhoods and remote rural areas, it is essential to extend their reach. We need to enlist the aid of nurse practitioners, physicians' assistants, home visitors, parent support group workers, and public health workers. They can have an important role in building parental competence—through guidance about meeting essential requirements for healthy child development and as a gateway to community resources.

A substantial amount of research in child development makes clear that early childhood intervention programs can also help parents to become teachers of their own children to develop mutually beneficial parent-child relationships. Child and family

resource programs provide services in the home and at a center, depending on the problem at hand. They deal more broadly with the health, education, and counseling of families with children from infancy to school age.

Research has shown that one of the most effective ways to foster healthy development within the first three years of life and beyond is to combine quality child care with the building of parent competence. Quality child care for children fosters developmental and learning gains. Enhancing the competencies of parents improves their ability to provide and sustain the effects of cognitive, social, and health interventions for their child. The effect is particularly striking in high-risk urban poverty populations. Often adolescent mothers involved in these intervention efforts benefit as manifested by going on to higher levels of education. There also is evidence of a beneficial effect on younger siblings. This is a two-generation intervention that benefits young parents and children, even for their entire lifetimes.

Preschool education at ages three and four, especially in the Head Start mode, has become a symbol of hope over three decades. Overall, individuals who have been in early education programs like Head Start have shown better achievement scores in elementary school, are less likely to be classified as needing special education, have higher rates of high school completion and college attendance, and lower pregnancy and crime rates than are comparable students who were not in preschool programs.

The lessons of Head Start have wide applicability. This kind of early stimulation, encouragement, instruction and health care—all with substantial parental involvement—can also be incorporated into a variety of child care settings, and thereby help to reduce casualties. This approach is spreading to younger ages, and the trend deserves support. But Head Start is <u>not</u> best seen as a one-time event—akin to immunization. Rather it is a vital part of a development-promotion sequence throughout childhood.

This sequence of developmentally useful interventions has important applicability to the entire population, but it must be applied in a concerted way to poor and disadvantaged communities. There is much that can be achieved if we think of our entire population as a very large extended family—tied by history to a shared destiny and therefore requiring a strong ethic of mutual aid.

The casualties in early life are now so heavy that they are beginning to drag down the entire nation. The social and economic costs of severely damaging conditions that distort growth and development are terrible—not only in the intrinsic tragedies of these shattered lives but also in effects that hit the entire society, involving rich and poor alike. The costs of disease and disability, ignorance and incompetence, crime and violence, alienation and hatred can no longer be tolerated. Surely present knowledge, evidence, and experience make clear that we can do better than we are now doing to provide

conditions in which all children can grow up healthy and vigorous, inquiring and problem-solving, decent, and constructive.

In recent years, powerful individuals have begun to address the problems of children, including members of both houses of Congress, governors, business leaders, members of the clergy, scientists, and media representatives. If a broad public consensus emerges on the facts, if multi-sector leadership continues to grow, and if constructive policy options are fully considered, then we could see a real transformation in the health and well-being of all our children. Presidential leadership is the key that could unlock the door to a better future.

CARNEGIE TASK FORCE
ON MEETING THE NEEDS OF YOUNG CHILDREN

A Program of Carnegie Corporation of New York

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MEETING THE NEEDS OF YOUNG CHILDREN: A SHARED RESPONSIBILITY, A GIANT OPPORTUNITY

Program Summary

In recent years numerous national commissions have expressed strong concern for the well-being of children and their families. Recognizing the links between economic and family well-being, these commissions note that an investment in people—especially children—is the most important investment a nation can make. Yet even as research underscores the critical importance of the first three years of life, the United States has not been able to provide all young children with a healthy start.

During these early years, many developmental changes take place intellectually, socially, physically, and emotionally. Children begin mastery of language and social and motor skills. The parent-child relationship, forged in this period, forms the basis for subsequent social relations. The nutrition and health care infants and young children receive determine how rapidly they will advance physically and mentally. Child experts and society in general believe that children's early experiences and opportunities profoundly influence development during and beyond the early years. Despite what we know, many children and families are in trouble. Specifically, in 1992:

- Many mothers and young children cannot afford and are not receiving adequate prenatal and preventive health care.

- The United States has no family leave policy and our child care system is inadequate. Group care for infants is particularly substandard: many babies are cared for by a revolving staff that typically has no specialized training in the needs of very young children.

- Across all social classes, parental inattention of children is a growing and disturbing phenomenon.

- Families with young children are experiencing significant economic decline. Over the past two decades, the poverty rate has increased to 23 percent for these families, while 42 percent of all first children are born to unmarried mothers, mothers with no high school diploma, or mothers under the age of twenty.

Common sense and research evidence tell us that how well young children develop ultimately depends on the quality and adequacy of the resources available to them. All adults—parents themselves, adults in the community, government, and the private sector—share responsibility for securing promising futures for young children. Yet, current public and policy debates reflect conflicting values about private and public responsibility for families and children. Many Americans are reluctant to allow government intervention in matters that are historically the purview of the family. The younger the child, the more profound is our society's belief that his or her care and well-being are the private responsibility of the family.

Although children from the time of birth until they enter preschool have historically been the sole responsibility of parents, all families are being influenced by several recent demographic trends. Most notable are the rise in single-parent homes, the increased number of families with young children living at or below the poverty line, and the growing entry of women into the work force. These trends are making supports to family life increasingly necessary.

This need for new supports has contributed to a rising tide of public concern that has prompted government, private agencies, and the business community to be involved in the lives of certain groups of families with children. Supports include programs and services in child care, early intervention, family support and parent education, health, nutrition, and parental leave. As laudable as these efforts are, however, they have been developed in a piecemeal fashion without a coherent national, multi-sector policy agenda.

Carnegie Corporation of New York has a long-standing interest in promoting conditions that help children lead healthy, productive lives. The Carnegie Task Force on Meeting the Needs of Young Children was created to educate parents and the country about very young children: what they are capable of and what opportunities and experiences they need to develop in a healthy way. This will be done through a critical analysis and synthesis of existing information, the stimulation of promising and proven lines of inquiry, and the dissemination of a comprehensive report. Our goal is to assist in marshalling public and political will to help implement a comprehensive national agenda to ensure healthier child development, paying particular attention to vulnerable children. Former governor Richard Riley of South Carolina chairs the twenty-eight member task force that includes scientific, corporate, and government leaders and experts on child development, education, health, social support, and law. The group's composition reflects the different sectors of society it hopes to mobilize for action on early childhood issues.

The task force will produce an integrative and comprehensive report describing current knowledge on the basic needs of young children and their families beginning with prenatal care through the first three years of life. The report will analyze characteristics of successful intervention programs and describe proven or promising strategies that help families to nurture their young children. The report will also focus on strategies to implement promising approaches on a broader scale, through public policy and through

private initiatives.

The country must now turn the spotlight to infants, toddlers and pregnant women, groups that receive the least supports and are the poorest and most stressed. Although this task is daunting, we have the research knowledge and practical experience to know what to do and how to do it. We have a historic opportunity to secure good foundations for our youngest citizens, or face unparalleled risks if we fail to act aggressively. By investing in young children and their families, we are investing in the economic future of our country.

Guiding Principles for the Task Force

In developing the task force's goal of a national agenda for young children, we are guided by five principles. Each principle supports the idea of a shared responsibility among all segments of society in securing promising futures for children.

- **Planned pregnancies in healthy women are the best way to ensure healthy babies.** In the broad sense, planning for parenthood includes educational approaches to understand the responsibilities of family life and the prevention of unwanted or untimely pregnancies. Readily available prenatal care for all pregnant couples is a strategy proven to be cost-effective. The essential components of these enriched services are medical care, health and parenting education, nutrition supplementation, and social supports.

- **Parents are the principal caregivers and teachers of their young children.** Indeed, it is the special kind of long-term relationship with an adult who is strongly attached to the child that fosters the development of human competence and character. Opportunities and experiences provided by parents constitute the fundamental ingredients for understanding oneself and others. This allows the young child to survive and flourish in the wider world.

- **All mothers and fathers need a range of child- and family-oriented supports that allow them to fulfill their roles as parents.** Prenatal care, preventive health care, high-quality child care, and family support and education are all essential. In order to meet parents and children's needs, services much be of high quality, accessible, and adequately financed. In sum, the advancement of social policies for infants, toddlers, and their parents that focus on prevention rather than remediation is a cost-effective strategy, since we know conclusively that healthy early development leads to later school success.

- **Specific family-friendly work policies and practices promote the well-being of children and families.** The presence of supports such as parental leave, a children's allowance, flexible work scheduling, career sequencing, and on-site child care recognizes the importance of the parent-child relationship and the notion of shared work and child care responsibilities. These policies and practices allow parents to

spend more time with their young children, thereby addressing a problem faced by most working parents with young children.

- **Young children and parents are influenced by the community in which they live.** Safe and secure community environments, as well as neighborhood-based family support programs and informal social networks, foster healthy child development and strengthen families.

CARNEGIE TASK FORCE ON MEETING THE NEEDS OF YOUNG CHILDREN

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 13 1995

The Honorable E. Clay Shaw
Chairman, Subcommittee on Human Resources
Committee on Ways and Means
U.S. House of Representatives
Washington D.C. 20515

Dear Mr. Chairman:

This letter expresses the Administration's views on the Chairman's mark for welfare reform legislation under consideration by the House Ways and Means Subcommittee on Human Resources.

The Administration shares the commitment of the Congress and the American people to real welfare reform that emphasizes work, parental responsibility, state flexibility, and the protection of children. Last year, the President submitted a bold welfare reform bill, the Work and Responsibility Act of 1994, which embodied these values. It imposed tough work requirements while providing opportunities for education, training, child care and supports to working people. It included a stringent set of child support enforcement provisions. It required each teen mother to live at home, stay in school and identify her baby's father. It increased state flexibility without sacrificing accountability. And it maintained a basic structure of protections for children.

The Administration looks forward to working cooperatively with the Congress in a bipartisan way to pass bold welfare reform legislation this year. The Administration has, however, serious concerns about a number of features of the Chairman's mark that appear to undermine the values to which we are all committed. The Administration seeks to end welfare as we know it by promoting work, family and responsibility, not by punishing poor children for their parents' mistakes. Welfare reform will succeed only if it successfully moves people from welfare to work.

Work

For years, Republicans and Democrats alike have agreed that the central goal of welfare reform must be work. That is still our goal: People who can work ought to go to work and earn a paycheck not a welfare check. The Administration believes that no adult who is able to work should receive welfare for an unlimited time without working. The Administration believes that from the first day someone comes onto welfare, he or she should be required to participate in job search, job placement, education, or training needed to move off welfare and into a job quickly. It is government's responsibility to help ensure that the critical job placement, training, and child care services are provided. Individuals who are willing to work should have the opportunity to work and not be arbitrarily cut off assistance.

The Administration therefore has serious concerns about the Chairman's mark before you:

- It eliminates requirements that recipients participate in job search, education, work or training as a condition of receiving welfare, and ends any responsibility of state welfare systems to provide education, training and placement services to move recipients from welfare to work. The proposed legislation effectively repeals the bipartisan Family Support Act signed by President Ronald Reagan in 1988.

- The proposed legislation includes only minimal and unenforceable requirements that recipients work. The bill requires only that persons on the rolls for more than 2 years engage in "work activities" loosely defined by the state welfare bureaucracy, rather than a real work requirement. The proposed participation standards are very low. In many ways, the work requirements are even weaker than those in current law.

- The proposed legislation provides no assurance of child care to recipients who work or are preparing to work--even if a state requires them to participate. It offers no promise of child care for those who leave welfare for work or for those who could avoid falling onto welfare if they had some help with child care. While it repeals provisions of existing law that provide funding for child care, this bill is silent on whether any additional funds will be available for subsidized child care for low income working families.

- The proposed legislation repeals the current rule that anyone who leaves welfare for work can receive Medicaid for an additional year to ease the transition. This would further reduce health care coverage and make it harder for people to move from welfare to work.

- The proposed legislation would deny all cash assistance to families that have received assistance for more than five years, even if the adult in the family is unable to find a job or prevented from holding a job because of illness or the need to care for a disabled family member. Children would be seriously jeopardized even if their parents cannot find any work.

The Administration supports an alternative approach that would genuinely transform the welfare system into a transitional system focused on work. It would have strict requirements for recipients to participate in and clear responsibilities for states to provide education, training and placement assistance; it would have serious time limits after which work would be required; it would ensure that children would not be left alone when parents were working by providing assistance for child care; it would put parents to work, not just cut them off; and it would ensure that children can expect support from two parents.

Parental Responsibility

The Administration believes that welfare reform should recognize the responsibility and encourage the involvement of both parents in their children's lives. The Administration considers child support enforcement to be an integral part of welfare reform, particularly because it sends a strong message to young people about the responsibility of both parents to support their children. The Administration was pleased that you had agreed to add child support enforcement to your welfare reform bill, and sorry that your proposals are not yet part of the bill now under consideration. The Administration looks forward to working closely with you on this issue in the coming weeks.

- The only child support provision included in the Chairman's mark is one that allows states to reduce payments to children for the first 6 months if paternity has not been legally established. This provision seems ineffectual and unfair. Even if a mother fully cooperates by giving detailed information identifying the father and his possible location, and even if the state is diligent in pursuing the father, it can easily take 6 months to get paternity legally established. There is no reason why the child should be punished during this period.

The Administration believes that it makes far more sense to deny benefits entirely to any parent who refuses to identify the father or to cooperate in locating him. However, once the mother has done all she can, the family should qualify for aid, and then the state should establish paternity within one year.

The Administration believes that the welfare system should encourage the formation and support of two-parent families. The Administration is therefore concerned about an important omission in the proposed legislation:

- The proposed legislation would encourage the break-up of families by repealing the requirement that states provide cash assistance to two-parent families in which a parent is unemployed or unable to work. It allows states to discriminate against married, two-parent families by treating single-parent families better than two-parent families.

The Administration supports an approach that both encourages the formation of two-parent families and makes sure that both parents take responsibility for children in all cases.

Teen Pregnancy

The Administration and the American people agree that the best reform of welfare would be to ensure that people do not need it in the first place. Welfare reform must send a very strong message to young people that they should not get pregnant or father a child until they are ready and able to care for that child, and that if they do have children, they will not be

able to escape the obligations and responsibilities of parenthood. We must be especially concerned about the well-being of the children who are born to young mothers, since they are very likely to grow up poor.

The Administration therefore has serious concerns about the bill before you:

- The proposed legislation would deny all federal cash benefits for eighteen years to any child born to an unmarried mother under 18, as well as to the parent. This provision appears to punish children for their entire childhood--18 years--for the mistakes of their parents.

- The proposed legislation does not require that teen mothers live at home, stay in school, and identify the child's father. It weakens requirements in current law, and may make the prospects for mother and child even worse.

- The proposed legislation establishes only minimal expectations for states to provide services to unmarried parents, and provides no additional funds to support them.

The Administration supports an alternative approach that would require minor mothers to live at home, stay in school, make progress toward self-sufficiency, and identify the father of the child. The Administration also supports a national campaign to prevent teen pregnancy. It is time to enlist parents and civic, religious, and business leaders in a community based strategy to send a clear message about abstinence and responsible parenting. The Administration also supports a state option not to increase benefits for children born to mothers on welfare. This decision should be made by the state, not the federal government.

State Flexibility with Accountability

The Administration embraces the creativity and responsiveness of states, and the opportunities for real reform when states have the flexibility to design and administer welfare programs tailored to their unique circumstances and needs. Already this Administration has granted waivers to nearly half the states for welfare reform demonstrations. National welfare reform should embody the values of work and responsibility in a way that assures taxpayers that federal money is being spent prudently and appropriately. For reform to succeed, the funding mechanisms for welfare should not put children or states at risk in times of recession, population increase or unpredictable growth in demand.

In this context, the Administration has serious concerns about the proposed legislation:

- The spending cap in the proposed legislation makes no allowances for potential growth in the need for cash assistance because of economic downturn, population growth, or unpredictable emergencies. It could result in states

running out of money before the end of the year, and thus having to turn away working families who hit a "bump in the road" and apply for short-term assistance. It could preclude states from investing in job placement, in work programs, in education and training, and in supports for working families.

- The proposed legislation removes the requirement that states match federal funds with their own state funds. With none of their own money at risk, states will have many fewer incentives to spend the funds efficiently and effectively to improve performance and increase self-sufficiency.

- The proposed legislation provides virtually no accountability. There are no incentives for good performance and virtually no penalties for failure. There is no provision for the recovery of monies paid out fraudulently or in error. There are no mechanisms for ensuring that states are actually spending the money on needy children rather than on state bureaucracies, or for monitoring whether federal money is being used to help parents gain self-sufficiency, require work, and enforce parental responsibility. Indeed, the federal government is forbidden from taking any meaningful steps to ensure program performance and accountability.

The Administration supports proposals that significantly increase state flexibility but also ensure accountability for achieving national goals. The Administration supports a funding mechanism that will not put children and states at risk down the road, and that enables states to succeed in moving people from welfare to work and in supporting working families. The Administration has significant doubts about the ability of a pure block grant funding mechanism to adequately protect both children and states.

Protection of Children

The Administration recognizes that the protection of children is the primary goal both of cash assistance programs and of child welfare and child protective services. Cash assistance programs assist families to care for children in their own homes. Child protection services help those children who are abused or neglected or at risk of abuse by their parents and who need special in-home services or out of home placements to assure their safety. Strengthening families, and where appropriate, preventing removal of children from their homes also are, key goals of child protection services. There are problems in a number of areas.

Denial of Benefits to Children on AFDC

The legislative proposals that would reform cash assistance have a number of provisions that would put vulnerable children at greater risk.

- As noted above, the legislation would deny cash assistance to children of unmarried minor mothers for their entire childhood, to children born while the parent was on welfare, and to children whose parent had received welfare for more than five years, whether or not a job was available or the parent was unable to work. The funding caps could have the effect of denying cash assistance to children when states used up their allocated funds, for whatever reasons. Children in low income working families, who may be forced onto cash assistance in times of economic downturn, could be most affected.

Child Protection Services

Some of these children could well come into a system of child protection services that is already seriously overburdened and that is failing to provide the most essential services. Reported child maltreatment and out-of-home placements have both been increasing sharply. Many state systems are in such distress that they have been placed under judicial oversight. The proposed legislation responds to these increasingly serious problems by consolidating existing programs that protect children into a block grant with nominal federal oversight. The Administration has serious concerns about this approach.

- The proposed legislation caps spending for child protection programs at a level considerably lower than baseline projections. This could lead to uninvestigated maltreatment reports, and to children being left in unsafe homes with minimal services. It could also seriously hamper states' efforts to improve their child abuse prevention and child protection systems.

- The proposed legislation eliminates the adoption assistance programs, and leaves it up to states whether they will significantly sustain the subsidies that enable many special needs children to find permanent homes, and whether they will honor commitments to those adoptive families that now receive subsidies.

- The proposed legislation virtually eliminates federal monitoring and accountability mechanisms. It makes it impossible for the federal government to ensure the protection of children.

- The proposed legislation is silent on the formula for allocating funds to the states. Because of serious imbalances among the states in spending on child protection, it is hard to imagine a formula that would not disadvantage either states that have been heavy spenders, or states that are only beginning to improve their systems.

Substantial improvements need to be made in the child protection system and in the federal role in overseeing that system. The Administration supports a careful and thoughtful review of the programs before actions are taken that might seriously harm millions of vulnerable children.

Denial of Benefits to Disabled Children on SSI

The Administration is deeply troubled by the changes proposed in the program designed to help disabled children--SSI.

- The proposed legislation essentially eliminates SSI benefits for children, with the exception of a small group of children currently receiving benefits. Within 6 months, over one hundred thousand disabled children would lose eligibility for SSI benefits--some would lose medical protection as well. And in the future, no child, no matter how disabled, will be eligible for any cash benefits for SSI, except if cash benefits prevent them from having to be institutionalized. These proposals appear to penalize parents who are determined to care for their child no matter what the economic consequences for the family. SSI recipients are among the neediest and most vulnerable children, in the poorest families.

- Some of the money saved is put into a new block grant for services to disabled children, which would require the creation of a new state bureaucracy to decide on appropriate services. This idea is untested, and no one knows what impact it will have on the most vulnerable of children and the parents who care for them. The 5-year cut off in AFDC for all persons along with the elimination of SSI cash for disabled children may leave these children extremely vulnerable.

The Administration sees the need for careful reform in this area, with its potential for serious harm to extremely vulnerable children. Last year the Congress established a Commission on Childhood Disability to look into these issues in consultation with experts from the National Academy of Sciences. The Commission will provide its report to the Congress later this year. The Administration believes prudence dictates waiting for this short time until this bipartisan commission, following a thorough review of all aspects of this important program, has an opportunity to make recommendations.

Benefits to Legal Immigrants

The Administration strongly believes that illegal aliens should not be eligible for government welfare support. But the blanket prohibition of all benefits to legal immigrants who are not yet citizens is too broad, and would shift substantial burdens to state and local taxpayers. These legal immigrants are required to pay taxes. Many serve in the armed forces, and contribute to their communities. The Administration strongly favors a more focused approach of holding sponsors accountable for those they bring into this country and making the sponsors' commitment of support a legally binding contract.

In summary, the Chairman's mark espouses goals for the reform of welfare--work, parental responsibility, prevention of teen pregnancy and state flexibility--that the Administration and the American people share. But the translation of general goals into specific legislation misses the mark in fundamental ways. The proposed legislation does not represent serious work-based reform. It does nothing to move people from welfare to work, and it does not require everyone who can work go to work. It neither holds state bureaucracies accountable nor cushions state taxpayers against recession. It puts millions of children at risk of serious harm. There are alternative approaches to reform that achieve our mutual goals in far more constructive and accountable ways.

The Administration reiterates its commitment to real welfare reform and its desire to work cooperatively with Congress to achieve it.

The Office of Management and Budget advises that there is no objection to the transmittal of this report to Congress.

A similar letter was sent to Representative Harold E. Ford.

Sincerely,

Donna E. Shalala

cc: Members of the Subcommittee on Human Resources

DRAFT

SUMMARY PAGE

Recommended appropriations/budget numbers for key programs for children and youth

Program	Increase needed in FY 94 $ (Millions)	Total proposed in FY 94 $ (Millions)
Early Childhood		
Head Start	1,000	3,800
Child Care and Development Block Grant	900	1,800
Child Care Food Program	10	baseline plus 10
At-Risk Child Care Program	80	baseline plus 80
Youth Training and Employment		
Job Corps	340	1,300
Youth Opportunity Unlimited	100	100
Youth Title of JTPA	200	896
YouthBuild	60	100
Children and Families in Crisis		
Title IV-B Child Welfare Services	305	600
Family Resource and Support Grants	95	100
Family Unification	29	104
Children's Mental Health Services	145	150
Health		
Immunizations		
Universal Vaccine Initiative	600	600
Center for Disease Control Childhood Immunization Program	286	627

Program	Increase needed in FY 94 $ (Millions)	Total proposed in FY 94 $ (Millions)
Health Centers		
Community Health Centers	296	785
Migrant Health Centers	42	100
Homeless	37	95
National Health Services Corps Loans & Scholarships	28	104
Title V--Maternal and Child Health	185	850
Healthy Start	88	168
WIC Program	361	baseline plus 361
Nutrition		
Mickey Leland Childhood Hunger Relief Act	600	baseline plus 600

DRAFT

Recommended appropriations/budget numbers for key programs for children and youth

Targeted increases in carefully selected programs that support children and families are essential to keeping the new Administration's promises and meeting its goals for America's families. This list is carefully limited, however, because we recognize the severe constraints on total spending imposed by the deficit and by other critical initiatives.

We have focused these proposals on:

- increases needed to fund key Administration children's initiatives (for example, Head Start, immunizations and family preservation);
- increases needed to improve the infrastructures essential to accomplish other key Administration initiatives (for example, investing in health and youth employment services to help pave the way for health care reform, welfare reform, and youth service initiatives);
- programs that meet urgent needs; and
- programs that are just building momentum and need to sustain that.

The list both highlights the key programs for children and provides guidance on which children's programs should be the first targeted for growth.

	Increase needed in FY 94 $ (Millions)	Total proposed in FY 94 $ (Millions)
Early Childhood		
Head Start	**1,000**	**3,800**

This increase is the first increment in the five year guaranteed funding plan for the Head Start program. By FY 1998 the program would assure that all eligible children can be served in high quality programs. These programs would reach out to involve parents; offer full day and full year programs to children whose families need it; and provide the support and help that families with infants and toddlers need.

Child Care and Development Block Grant — 900 — 1,800

Child care is essential to help low-income parents work and yet current federal investments in child care meet only a fraction of the current need. Doubling the appropriation for the child care program will assist more parents to work and more children to thrive.

Child Care Food Program — 10 — baseline plus 10

Over half of all child care centers are operated by for-profit organizations. Many poor children attend these programs. Yet current law makes it exceedingly difficult for for-profit programs that serve low-income children to participate in the Child Care Food Program which provides nutritious meals and snacks. The Child Care Food Program should be amended to permit for-profit child care providers to participate in the program when 25 percent or more of the children they serve are eligible for free and reduced price lunch. This increase is intended to cover the modest cost of that change.

At-Risk Child Care Program — 80 — baseline plus 80

Carry-over provisions are common. They ensure that once dollars are available for children, they are not lost if states need time to start up services. However, due to an oversight in original drafting of the statute, it is difficult for programs to carry over At-Risk Child Care funds from year to year. A statutory change is needed to give states more flexibility to assure the ongoing quality of the program. The recommended increase covers that change.

Youth Training and Employment

Job Corps — 340 — 1,300

It is essential to build upon the proven success of the Job Corps in reaching the nation's most disadvantaged poor teenagers and young adults in a cost-effective way by fulfilling the goals of the Job Corps "50-50 Plan," opening 50 new Job Corps centers by the year 2000 and thereby increasing the program's capacity by 50 percent. This increase moves the program in that direction.

Youth Opportunity Unlimited	**100**	**100**

Created in 1992 as part of the legislation amending the Job Training and Partnership Act (JTPA), this program is based on models of proven effectiveness. It is designed to promote intensive investment in education, training, and supportive services in high poverty areas, both urban and rural, with the goal of sending a powerful message of hope and opportunity to teenagers and young adults in each participating area. The program is authorized at $100 million and should be fully funded in FY 1994.

Youth Title of JTPA	**200**	**896**

In 1992, Congress separated the youth and adult programs in JTPA. This action offers an important new opportunity to improve the returns from JTPA by targetting additional federal job investments for those disadvantaged youths who most need help in order to become productive members of America's workforce. This increase reflects that opportunity and the fact that the current program reaches only a fraction of all poor young people who need help.

YouthBuild	**60**	**100**

This program engages disadvantaged teenagers and young adults in the construction and rehabilitation of low-income housing. HUD should use its discretion to increase the amount available in FY 1993 (from the Bush administration's tenant ownership initiatives for public housing--the so-called HOPE programs) to the maximum $40 million authorized level for FY 1993 and overall funding should be increased to $100 million in FY 1994.

Children and Families in Crisis

Title IV-B Child Welfare Services	**305**	**600**

This increase would be, if Family Preservation legislation passes, in the ensured funds portion of the Child Welfare Services Program, authorized under Title IV-B of the Social Security Act. It is needed for services to strengthen and preserve families, with special attention to families with substance abuse problems. This is the cornerstone of the

broader reforms included in the Child Welfare and Family Preservation Act, vetoed by President Bush as part of the urban aid/tax bill. The reforms, which address the crises facing families and child protection agencies across the country, should be passed again early in 1993. (These are budget, rather than appropriations, numbers. They include $275 million in new entitlement funds.)

Family Resource and Support Grants — 95 — 100

The Family Resource and Support Grant program, enacted in 1990, assists states in building and expanding statewide networks of local family support programs designed to help families better nurture, support, and protect their children. The networks will provide the ongoing training and technical assistance that local programs, both centers and home visiting programs, need to aid families before crises erupt.

Family Unification — 29 — 104

The Family Unification program helps families stay together by providing housing assistance, through the Section 8 rental certificate program, to families whose children are at risk of placement in foster care--or cannot return home from care--because the families are homeless or lack adequate housing. Sixteen states now receive or are elibible for certificates. The increase will allow for further expansion to additional states of this critically needed, cost-effective program.

Children's Mental Health Services — 145 — 150

The Grants Program for Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, designed to address the fact that an estimated two-thirds of children with serious emotional disturbances in the U.S. get no care or inappropriate care, was enacted in 1992. It promotes the establishment of local coordinated systems of intensive community-based services for children with serious emotional disturbances, with the services designed to meet their individual and family needs. The very modest $4.9 million appropriated in FY 1993 is allowing the program to start in a couple of states. In FY 1994, a significant increase in funds will permit expansion to additional states.

Health

Immunizations

Universal Vaccine Initiative	**600**	**600**

In most states, less than 60 percent of two-year olds are appropriately immunized against vaccine preventable diseases. One reason is the extremely high price of vaccine on the private market. The Universal Vaccine Initiative would provide vaccines free of charge to all children in the United States through a lower bulk purchase price negotiated with the manufacturers. No child would miss immunizations because his or her family could not afford the charge. The initiative would also create a surveillance and tracking system ($100 million of the $600 million) to remind parents to immunize their children, to monitor local immunization levels, and to help providers and parents know when a child was last immunized to avoid unnecessary duplicate doses.

Center for Disease Control Childhood Immunization Program	**286**	**627**

This investment will fully fund the Immunization Action Plans submitted by the states to the CDC in FY 1992. The plans involve infrastructure expansions, education, and outreach needed to assure that at least 80 percent of all preschool children are fully immunized. Funds are also included to provide adequate supplies of the newly recommended hepatitis B vaccine for the public sector and DTaP, the new and safer pertussis vaccine that is currently unavailable in public clinics; public education and information; and vaccine safety research.

Health Centers

Community Health Centers	**296**	**785**
Migrant Health Centers	**42**	**100**
Homeless	**37**	**95**

National Health Services Corps

Loans & Scholarships	**28**	**104**

The increases in the health center programs and the National Health Service Corps are designed to address the severe shortage of providers in many areas of the country. More than 40 million Americans live in medically underserved areas--two-thirds of whom are children and women of child-

bearing age. Expansions in these programs are critical to assuring that services are actually available in communities across the country under any national health reform plan: theoretical insurance coverage will not provide access if no or too few providers are in the community.

Title V--Maternal and Child Health **185** **850**

The Maternal and Child Health Service Block Grant supports primary and preventive health care for pregnant women and children, services for children with special health care needs, and public health activities such as education and outreach. The increase recommended would provide prenatal care to an estimated 85,000 additional women, primary health services for an estimated 850,000 additional children, and special health care services to an estimated 50,000 additional children with disabilities.

Healthy Start **88** **168**

Healthy Start provides support for infant mortality reduction efforts in 15 cities. Since these programs are in the second year of a five year effort to reduce infant mortality by one half, the Clinton Administration should continue support for existing cities. However, continued funding for the 15 cities should be contingent upon enactment of legislation authorizing the program.

WIC Program **361** **baseline plus 361**

The Special Supplemental Food Program for Women, Infants and Children (WIC) provides nutritional support and counseling to low-income and nutritionally at-risk mothers and children. WIC benefits for pregnant women save over $3.00 in Medicaid costs for every $1 invested by preventing low-birthweight babies. This FY 1994 appropriation moves the program towards full funding by FY 1996.

Nutrition

Mickey Leland Childhood Hunger Relief Act	**600**	**baseline plus 600**

In addition to full funding for the WIC program, key changes are needed in the Food Stamp program to assure that it addresses the needs of children and their families. The Mickey Leland Childhood Hunger Relief Act assures that families with children can deduct their excess shelter costs the same way that people who are elderly or disabled already can. It also encourages the payment and collection of child support by disregarding the first $50 paid as child support each month from being counted as income in determining food stamp benefits, and excluding from income, for food stamp purposes, any legally obligated child support payments made to children outside the household.

NATIONAL GOVERNORS' ASSOCIATION

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February 23, 1995

The Honorable Sam M. Gibbons
Ranking Minority Member
Committee on Ways and Means
United States House of Representatives
Washington, D.C. 20515

Dear Representative Gibbons:

We are writing to express our views on the Personal Responsibility Act, as amended by the Subcommittee on Human Resources. The Governors appreciate the willingness of the subcommittee to grant states new flexibility in designing cash assistance and child welfare programs. We are concerned about a number of the bill's provisions, however, that limit state flexibility or shift federal costs to states.

The Governors believe Congress has at this moment an enormous opportunity to restructure the federal-state relationship. The Governors urge Congress to take advantage of this opportunity both to examine the allocation of responsibilities among the levels of government and to maximize state flexibility in areas of shared responsibility. We believe, however, that children must be protected throughout the restructuring process. In addition, although federal budget cuts are needed, the Governors are concerned about the cumulative impact on the states of federal budgetary decisions. The Governors view any block grant proposal as an opportunity for Congress and the president to provide needed flexibility for states, not as a primary means to reduce the federal budget deficit.

The Governors have not yet reached consensus on whether cash and other entitlement assistance should remain available, as federal entitlements to needy families or whether it should be converted to state entitlement block grants. We do agree, however, that in either case states should have the flexibility to enact welfare reforms without having to request federal waivers.

Federal Standards for Block Grants

If Congress chooses to pursue the block grant approach proposed by the Human Resources Subcommittee, the block grants should include a clear statement of purpose, including mutually agreed-upon goals for the block grant and the measures that will be used to judge the effectiveness of the block grant.

Cash Assistance Block Grant

The Governors believe that a cash assistance block grant for families must recognize the nation's interest in:

- services to children;
- moving recipients from welfare to work; and
- reducing out-of-wedlock births.

Although the Governors recognize the legitimate interest of the federal government in setting broad program goals in cooperation with states and territories, they also believe that states should be free from prescriptive federal standards.

We appreciate the flexibility given to states in the bill to design programs, to carry forward program savings, and to transfer funding between block grants. We must oppose, however, Title I's prohibitions on transitional cash assistance to particular families now eligible for help and ask instead that states be given the authority to make these eligibility decisions themselves. Some states may want to be more restrictive than the bill—by conditioning aid on work, for example, sooner than two years—while other states may decide it is appropriate to be less restrictive.

The federal interest should be limited to ensuring the block grant is used to aid low-income children and families. In the past federal restrictions on eligibility have served to contain federal costs given the open-ended entitlement nature of the Aid to Families with Dependent Children program. Such restrictions have no place, however, in a capped entitlement block grant where the federal government's costs are fixed, regardless of the eligibility and benefit choices made by each state.

Similarly, while Governors agree that there is a national interest in refocusing the welfare system on the transition to work, we will object strongly to any efforts to prescribe narrow federal work standards for the block grant. The Governors believe that all Americans should be productive members of their community. There are various ways to achieve this goal. The preferred means is through private, unsubsidized work in the business or nonprofit sectors. If the federal government imposes rigid work standards on state programs, such standards could prove self-defeating by foreclosing some possibilities, such as volunteering in the community, that can be stepping stones to full-time, private sector jobs. A rigid federal work standard would also inevitably raise difficult issues about the cost and feasibility of creating a large number of public jobs, and the cost of providing child care for parents required to work a set number of hours a week in a particular type of job.

Child Protection Block Grant

Governors view the child protection block grant as overly prescriptive and urge Congress to refocus it on achieving broad goals, such as preserving families, encouraging adoption and protecting the health and safety of children. We also oppose the mandated creation of local

citizen review panels. We believe that it is inappropriate for the federal government to dictate the mechanism by which Governors consult the citizens of their state on state policies.

Block Grant Funding

We appreciate the subcommittee's willingness to create block grants whose funding level is guaranteed over five years rather than being subject to annual appropriations. It is essential, however, that block grants include appropriate budget adjustments that recognize agreed-upon national priorities, inflation, and demand for services. The cash assistance block grant does not include any such adjustments for structural growth in the target populations. While some growth is built into funding for the child protection block grant, it is not clear whether it will be adequate especially given that states are likely to be required by the courts to honor existing adoption assistance contracts. Governors will continue to protect abused and neglected children by intervening on their behalf and we believe that federal funding must continue to be available for these services.

Governors also ask that any block grants include funding adjustments to provide for significant changes in the cyclical economy and for major natural disasters. An additional amount should be set aside each year for automatic and timely distribution to states that experience a major disaster, higher-than-average unemployment, or other indicators of distress. While the bill does include a federal rainy day loan fund, we are concerned that this loan fund will prove to be an inadequate means of addressing sudden changes in the need for assistance. States experiencing fiscal problems will not be able to risk taking out federal loans that they may not be able to repay. Furthermore, one billion dollars over five years may not be sufficient if many states experience economic downturns or natural disasters at the same time, as was the case with the last recession or with the midwestern floods. Finally, an unemployment rate in excess of 6.5% may not be a sufficient proxy for identifying increases in need and should not be the sole trigger for increased aid.

We also urge the committee to change the funding base year and formula for the two block grants. We believe that initial allotments to states for the cash assistance and child protection block grants should be the higher of a state's actual funding under the consolidated programs in fiscal 1994 or a state's average funding during fiscal years 1992 through 1994. This change would help protect states with recent caseload growth from receiving initial allotments far below actual need.

Accountability in Block Grant Programs

We believe that block grants should include a clear statement of purpose, including mutually agreed-upon goals for the block grant and the measures that will be used to judge the effectiveness of the block grant. We are concerned, however, that the reporting requirements in both the cash assistance and child protection block grant go far beyond what is necessary to monitor whether program goals are being achieved. We encourage the committee to restrict reporting requirements to outcome and performance data strictly related to the goals of the program, and hope that those reporting requirements can be mutually agreed upon by Congress, the administration, and ourselves.

We agree that states should be required to use the block grant funding to provide services for children and their families. We do have questions, though, about how broadly the bill's audit provisions would be applied. Would the audit process be used, for example, to determine whether the block grant goal of assisting needy children and families was being achieved? We would also suggest that rather than the federal government reclaiming audit exception funds, that these funds remain available to a state for allowable services to families and children.

Implementation

Governors also ask Congress to recognize that moving to a block grant structure raises many implementation issues. Almost every state is operating at least one welfare waiver project. We believe that states with waivers currently in effect should have express permission either to continue their waiver-based reforms, or to withdraw from the waivers, and be held harmless for any costs measured by waivers' cost neutrality provisions. Savings from individual state's waivers should be included in the state's base. Some states have negotiated a settlement to retain access, subject to state match, to an agreed upon dollar amount of waiver savings. Legislative language converting AFDC to a block grant should not terminate these agreements and thereby preclude states from drawing down the balance of these previously negotiated amounts.

Implementation of block grants would also pose enormous difficulties for state information systems, and we are concerned that there may not be sufficient funding or lead time to allow states to update these systems as necessary to implement the legislation. While states that are ready should be able to implement any new block grants as soon as possible, other states should be allowed at least one year after enactment to implement the new programs. We also believe that a consultative process between Governors, Congress and the administration would be necessary to ensure that the transition to a block grant system is made in an orderly way and that children's needs continue to be met during the transition.

Federal Aid to Legal Noncitizens and Federal Disability Benefits

The Governors oppose the bill's elimination of most federal services to legal noncitizens. The elimination of federal benefits does not change any state's legal responsibilities to make services available to all legal immigrants. Policy adopted by the Governors clearly states that since the federal government has exclusive jurisdiction over our nation's immigration policy, all costs resulting from immigration policy should be paid by the federal government. This bill would move the federal government in the opposite direction, and would shift substantial costs to states.

The Governors also oppose the bill's changes to the Supplemental Security Income (SSI) program. We recognize that the program is growing at an unacceptable rate, and that serious problems exist regarding the definition and diagnosis of disabilities. The changes in the bill go far beyond addressing those problems and represent a substantial and unacceptable cost shift to states. The Governors believe that Congress should wait for the report of the Commission on Childhood Disability before acting to change eligibility for disability benefits to children. We

also ask that Congress allow last year's amendments regarding the substance abuse population to be implemented before enacting new changes in that area. If changes in SSI are enacted that deny benefits to hundreds of thousands of families and children, the result may be a sharp increase in the need for aid from the new cash assistance block grant at a time when those funds would be capped.

Thank you for your consideration of our views on the first four titles of Chairman Shaw's bill. We are also reviewing the child support provisions and will be forwarding our comments on them to you separately.

Sincerely,

Governor Howard Dean, M.D.
Chair

Governor Tommy G. Thompson
Vice Chair

Governor Tom Carper
Co-Lead Governor on Welfare

Governor John Engler
Co-Lead Governor on Welfare

Governor Mel Carnahan
Chair
Human Resources Committee

Governor Arne H. Carlson
Vice Chair
Human Resources Committee

The Child Advocacy Center, Inc.
1351 Springhill Avenue • Mobile, AL 36604
(205) 432-1101

March 23, 1993

Ms. Melanne Verveer
Deputy Chief of Staff
Office of the First Lady
The White House
Washington, D.C. 20500

Dear Ms. Verveer:

As promised, attached are the materials for you and your staff to review prior to Congressman Cramer and my meeting with First Lady Hillary Rodham Clinton and the child policy group on Wednesday, March 31 at 9:30 a.m. at the White House.

The first attachment deals with the National Network of Children's Advocacy Centers, Inc. and the work of more than 100 centers around the country where child victims of sexual and serious physical abuse receive a wide range of services "under one roof".

The second attachment explains the National Children's Advocacy Program Act of 1992 and the implications of full-funding and full-implementation of the provisions of this important piece of legislation. Congressman Cramer authored this legislation last year, and as a first-year member of Congress, got it passed with broad, bi-partisan support.

The third attachment is our Child Advocacy Center brochure and explains in some detail the work of a child advocacy center.

The fourth attachment explains the work of the National Resource Center on Child Sexual Abuse, a federally funded resource center that provides many valuable services to all disciplines who work to help sexually abused children, their families, and their communities.

The fifth attachment deals with a controversial issue in child abuse circles: family reunification versus child protection. Many states, like Alabama, are under court order, based on current federal welfare policy, to keep child victims of sexual and serious physical abuse in the home with the abusers. The results of this policy have caused one promiment former advocate for family reunification, Dr. Richard Gelles, to change his mind. In the attachment he explains why.

I look forward to meeting with you, your staff, and First Lady Hillary Rodham Clinton next Wednesday. Again, thank you very much for arranging this appointment.

Sincerely,

Patrick F. Guyton
Executive Director

PFG:ijn

For Further Information Contact:

Jan Parks, President,
National Network of Children's Advocacy Centers
Tulsa, OK 918-585-5551

Karen Hall, Treasurer
Huntsville, AL 205-532-3460

Claire Ellis, Standards and Membership Chair
Philadelphia, PA 215-275-7192

Copies of " Best Practices: A Guidebook to Establishing a Children's Advocacy Center Program" are for sale through the National Network office in Huntsville, AL (205) 533-5437.

The National Network
of Children's Advocacy Centers
106 Lincoln Street
Huntsville, AL 35801

The National Network of Children's Advocacy Centers

Mission of the National Network of Children's Advocay Centers

The National Network of Children's Advocacy Centers is a not for profit organization comprised of members and affiliates whose mission is to provide technical assistance, training and networking opportunities to help communities establish Children's Advocacy Centers which maintain quality services for helping victims of child abuse, particularly, child sexual abuse.

The Network was formed in 1988 as a response to the proliferation of facility-based child abuse programs and because of the demand from grassroots organizations for help and guidance. The Network, which is made up of volunteers, was incorporated in November, 1990.

Children's Advocacy Centers are a response to the inability of public and private agencies to intervene in the lives of abused children in a meaningful way which does not revictimize them through repetitious interviews and examinations. In many public agencies, the needs of the child victim have become secondary to the structure and demands of the bureaucracy.

Children's Advocacy Centers offer a new way of serving children, designed by professionals and community members who share a philosophy and goal of developing a coordinated intervention system which places the needs of the child foremost, and works to ensure that children are not at risk from further revictimization from the very system designed to protect them.

Membership

Over the past five years, there has been a steady growth in the number of children's advocacy center programs. From the beginning of this concept in Huntsville, Alabama in 1985, there are now over eighty such programs either in existence or in the formulative stage of development. The concern of the National Network board has been that programs which call themselves Children's Advocacy Centers do, in fact, represent the ideals of the Huntsville model, and are providing comprehensive child focused intervention. The National Network is also concerned with regulating these programs and assuring that they meet minimum standards set by the Network board and viewed as crucial to successful intervention in child abuse cases.

Guidelines for full membership

A program must:

1) be a private, not for profit or government based agency.
2) have a safe separate space with assigned personnel designated for investigation and coordination of child sexual and/or physical abuse cases.
3) have an interdisciplinary coordinated systems approach to the investigative process of child sexual and/or physical abuse cases.
4) have an interdisciplinary case review process for purposes of information sharing, decision making, problem solving, and systems coordination.
5) have a comprehensive tracking system with information from each participating agency.
6) have interdisciplinary specialized training for all professionals involved with the victims and families in child sexual and/or physical abuse cases.

Full Member Agencies

Pontiac, Michigan
Tulsa, Oklahoma
Honolulu, Hawaii
Amarillo, Texas
Hendersonville, North Carolina
Hanover Park, Illinois
Philadelphia, Pennsylvania
Baltimore, Maryland
Gadsden, Alabama
Pueblo, Colorado
Santa Monica, California
Decatur, Georgia
Birmingham, Alabama
DuPage County, Illinois
Huntsville, Alabama
Springfield, Illinois
Jefferson Parrish, Louisiana

1st Attachment

NATIONAL LISTING OF CHILDREN'S ADVOCACY CENTERS

ALABAMA

National Children's Advocacy Center
106 Lincoln Street
Huntsville, AL 35801
205-533-5437
Fax: 205-534-6883
Susan Riise, Exec. Director

Calhoun/Cleburne Children's Center
1125 Christine Avenue
Anniston, AL 36201
205-238-0902
No Fax
June Bentley, Director

C.A.R.E. House
P.O. Box 874
108 Blackburn Avenue
Bay Minette, AL 36507
205-937-2273
Ms. Blakely Davis, Director

Prescott House
1730 14th Avenue South
Birmingham, AL 35205
205-930-3622
Fax: 205-325-5266
Mr. Francis Sartain, Director

Northwest Alabama Children's
Advocacy Center
P.O. Box 3077
215 W. Doctor Hicks Blvd.
Florence, AL 35630
205-760-1140
No Fax
Belinda Beasley, Director

DeKalb County Children's Advocacy Center
P.O. Box 173
Ft. Payne, AL 35967
205-997-9700
Elizabeth Rusk, Contact

Child Advocacy Center
P.O. Box 8582
Gadsden, AL 35902
933 3rd Avenue
Gadsden, AL 35901
205-547-5904
Fax: 205-549-8137
Carolyn Gilbert, Director

Child Advocacy Center, Inc.
1351 Springhill Avenue
Mobile, AL 36604
205-432-1101
Fax: 205-432-0330
Patrick Guyton, Director

Child Protect
Children's Advocacy Center
1031 Ann Street
Montgomery, AL 36107
205-262-1220
Fax: 205-262-2252
Kitty Sue Greggory, Exec. Director

Blount County Children's Center, Inc.
Eagan House
P.O. Box 906
106 1st Avenue W.
Oneonta, AL 35121
205-274-7226
Fax: Same Number
Patti Stephens, Director

The Tuscaloosa Children's Center
520 Martin Luther King Jr. Blvd.
Tuscaloosa, AL 35401
205-752-7711
No Fax
Patty Steele, Director

(Prospective Site)
District Attorney's Office
P.O. Box 2524
Opelika, AL 36801
205-749-7148
Fax: 205-745-5161
Barbara Barrington, Contact

(Prospective Site)
4th Judicial Circuit
Dallas County Courthouse
P.O. Box 997
Selma, AL 36701
Carolyn Cox, Contact

CALIFORNIA

San Joaquin County Child Advocacy Center
c/o Mary Graham
500 W. Hospital Road
French Camp, CA 95231
209-468-6185
Fax: 209-468-6136
Robin Ringstad, Clinical Coord.

Child Abuse Services Team (CAST)
401 The City Drive South
Orange, CA 92666
714-935-6390
Fax: 714-935-6543
Cathy Campbell-Singletary, Director

Multidisciplinary Interview Center
3565 Auburn Blvd.
Sacramento, CA 95821
916-978-2080
Fax: 916-978-2097
Laura Coulthard, Project Director

C.A.L.M.
1236 Chapala
Santa Barbara, CA 93101
805-965-2376
Dr. Anna Kokotovic, Contact

Stuart House
1336 16th Street
Santa Monica, CA 90404
310-319-4248
Fax: 310-319-4809
Colleen Friend, Director

CANADA

(Prospective Site)
Metropolitan Toronto Special Committee
on Child Abuse
433 Mt. Pleasant Road
Toronto, Ontario M4S2L8
416-440-0888
Kathy Wayne, Contact

(Prospective Site)
The Children's Aid Society
of Metropolitan Toronto
180 Duncan Mill Road, 2nd Floor
North York, Ontario M3B1Z6
416-924-4646
Corrie Tuyl, Contact

COLORADO

Pueblo Child Advocacy Center
301 W. 13th Street
Pueblo, CO 81003
719-543-6332
No Fax
Teresa Cain, Director

(Prospective Site)
8101 Ralston Road
Arvada, CO 80002
303-421-2550, Ext. 3436
Det. Walt Parsons, Contact

(Prospective Site)
18th Judicial District Child
Advocacy Center
P.O. Box 440702
Aurora, CO 80044
303-797-2404
Nancy Feldman, Contact

(Prospective Site)
Boulder County Department
of Social Services
P.O. Box 471
Boulder, CO 80306
303-441-1052
Maria Ortiz, Contact

(Prospective Site)
El Paso County Child Advocacy
Center Task Force
15 E. Cucharras Street
Colorado Springs, CO 80903
303-520-7100
Ron Johnson, Contact

(Prospective Site)
Four Corners Children's Advocacy Center
1021 N. Mildred Road, Suite A
Cortez, CO 81321
303-565-4436
Robert Heyl, Contact

(Prospective Site)
350 Indiana
Golden, CO 80401
303-273-0732
Betty Bryant, Contact

(Prospective Site)
P.O. Box 20000-5016
Grand Junction, CO 81502-5016
Theresa Spahn, Contact

(Prospective Site)
Chaffee County Child Advocacy Center
Chaffee County Department
of Social Services
P.O. Box 1007
Salida, CO 81202
719-539-6627

(Prospective Site)
Jefferson County CAC Committee
Wheatridge Police Department
P.O. Box 638
Wheatridge, CO 80034
303-235-2933
Joe Cassa, Contact

CONNECTICUT

(Prospective Site)
Coordinating Council for
Children in Crisis, Inc.
900 Grand Avenue
New Haven, CT 06511
203-624-2600
Fax: 203-562-6232
Cheryl Burack-Lynch, Director

DISTRICT OF COLUMBIA

(Prospective Site)
4222 37th Street N.W.
Washington, D.C. 20008
202-724-5375
Edward Drohan, Ph.D.

FLORIDA

Jacksonville Sex Assault Treatment
Center for Adults and Children
P.O. Box 40279
Jacksonville, FL 32203-0279
904-549-4600
Fax: 904-549-4627
Deborah Thomas, Program Coord.

The Children's Center
Office of the State Attorney
Jackson Towers
1500 N.W. 12th Ave., Ste. 901
Miami, FL 33136
305-545-3331 X270
Fax: 305-547-4823
Raquel Cohen, M.D., Director

(Prospective Site)
Deputy Court Administrator's Office
700 East Twiggs Street, Suite 102
Tampa, FL 33602
813-272-7179
No Fax
Nancy Yanez, Contact

GEORGIA

Augusta Child Advocacy Center
1834 Fenwick Street
Augusta, GA 30904
404-738-7863
No Fax
Maria Curran, Director

Georgia Center for Children, Inc.
211 Grove Street
Decatur, GA 30030
404-377-9768
Fax: 404-371-8729
Nancy Copelan-Aldridge, Director

Coastal Children's Advocacy Center
P.O. Box 9926
Savannah, GA 31412
401 E. 40th Street
Savannah, GA 31401
912-236-1401
No Fax
Kris Rice, Executive Director

Rainbow House
P.O. Box 1239
Warner Robins, GA 31099
108 Elmwood
Warner Robins, GA 31093
912-923-5923
No Fax
Meg Couillard, Executive Director

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12 E. 4th Avenue
Rome, GA 30161
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Fax: 706-291-5163
Janet Aycock, Contact

(Prospective Site)
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Carla Abshire, Contact

(Prospective Site - June 1993)
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Columbus, GA 31908
706-571-4790
Vicki Prophet, Contact

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Honolulu, HI 96817
808-548-6021
Fax: 808-595-6978
Judy Lind, Director

Children's Advocacy Center of East Hawaii
1290 Kinoole Street
Hilo, HI 96720
808-935-5437
Cathy M. Lowder, Prog. Director

Children's Advocacy Center of West Hawaii
77-6403 Nalani Street
Kailua-Kona, HI 96740
808-326-2828
Marianne Okamura, Prog. Director

Children's Advocacy Center of Kauai
4332A Hardy Street
Lihue, HI 96766
808-241-1492
Sara L. Silverman, Prog. Director

Children's Advocacy Center of Maui
1773A Wili Pa Loop
Wailuku, HI 96793
808-244-1024
Delores Lamoureux, Prog. Director

ILLINOIS

Mutual Ground
P.O. Box 843
Aurora, IL 60507
708-897-8383
Fax: 708-897-8439
Linda Healy, Director

LaRabida Children's Hospital
and Research Center
East 65th Street at Lake Michigan
Chicago, IL 60649
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Fax: 312-363-7664
Mary Martone, Contact

Williamson County Child Advocacy Center
417 N. 14th
Herrin, IL 62948
618-942-3800
Fax: 618-942-6941
Kathy Schimpf, Director

The Children's Advocacy Center
of Northwest Cook County
640 Illinois Blvd.
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Ms. Erin Sorenson, Exec. Director

Amy Center
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618-244-2100
Fax: 618-244-9283
Michael A. Morris, Exec. Director

Child Advocacy Center
1001 East Monroe
Springfield, IL 62703
217-522-2241
Fax: 217-522-8687
Betsy Goulet, Director

Lake County Children's Advocacy Center
323 N. West Street
Waukegan, IL 60085
708-360-6870
Fax: 708-360-6850
Laura Notson, Director

DuPage County Children's Center
505 N. County Farm Road, 3rd Floor
Wheaton, IL 60187
708-682-7915
Fax: 708-682-7047
Renee Toomey, Director

(Prospective Site)
Child Protection Network
102 North Center Street, Suite 303
Bloomington, IL 61701
309-827-0074
Fax: 309-888-5209
Ramona Alexander, Contact

INDIANA

Child and Family Advocacy Center
401 South Second Street
Elkhart, IN 46514
219-522-6089
Fax: 219-522-0465
Melissa Steinmetz, Director

Children's Advocacy Center
P.O. Box 154
Evansville, IN 47701
100 E. Sycamore
Evansville, IN 47708
812-421-5428
Fax: 812-421-5503
Virginia Combs, Supervisor

Marion County Family
Advocacy Center, Inc.
251 East Ohio Street, Suite 650
Indianapolis, IN 46204
317-684-6300
Fax: 317-684-6354
John Nolan, Interim Director

LaPorte County Child Abuse
Prevention Council
"Dunebrook"
7451 W. Johnson Road
Michigan City, IN 46360
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Betty Brewe, Director

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2719 Marine Street
South Bend, IN 46614
219-234-9230
Peggy King, Contact

IOWA

(Propsective Site)
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319-556-5004
Joan Casey, Contact

KENTUCKY

Children First
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Louisville, KY 40202
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Jean Tanner Kimberlin, Director

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Children's Advocacy Center
116 N. Upper Street, Suite 300
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Marlyn Gibbs, Exec. Director

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Lisa Furseth, Director

(February 1993)

2nd Attachment

NATIONAL CHILDREN'S ADVOCACY PROGRAM ACT OF 1992.

1) **Establishes a children's advocacy program.** The Administrator of the Office of Juvenile Justice and Delinquency Prevention, in coordination with, the Director of the National Center on Child Abuse and Neglect and the Director of the Office for Victims of Crime, shall establish a children's advocacy program to refocus attention on the child victim and to provide support for the nonoffending family members by assisting communities to develop child-focused, community-oriented, facility-based programs designed to improve the resources available to children and families. The program will also enhance coordination among existing community agencies and professionals involved in the intervention, prosecution, and investigation systems that respond to child abuse cases.

2) **Most qualified applicants will be selected to operate program.** Selected applicants shall assist in developing and establishing children's advocacy programs across the country which provide communities with a multidisciplinary response program to child abuse. Selected applicants shall be experienced in providing remedial counseling to children and their families; have experience in serving as a center for training and education and as a resource facility; and have a facility where children who are victims of sexual and physical abuse and their nonoffending family members can go for the purpose of evaluation, intervention, evidence gathering and counseling. Proposals that will best result in developing multidisciplinary approaches to respond child abuse cases will be selected.

3) **Requires presentation of a management plan.** Applicants must submit a management plan that outlines the activities expected to be performed; outline who will conduct activities; establishes the time frame over which the activities will take place and defines the overall program management and direction.

4) **Regional diversity of selected applicants.** To the greatest extent possible and subject to available appropriations, at least 1 applicant shall be selected from each of the 4 census regions.

5) **Funding of program.** ~~$10~~ 15 million is authorized to provide applicants with the financial and technical assistance and other incentives that are necessary to carry out the program.

6) **Evaluation of multidisciplinary approach activities.** The Administrator of the Office of Juvenile Justice and Delinquency Prevention, in coordination with, the Director of the National Center on Child Abuse and Neglect shall regularly monitor and evaluate the activities of the applicants selected.

7) **Establishment of Children's Advocacy Advisory Board.** Composed of 12 members, experienced in child abuse issues, to provide guidance and oversight in implementing the selection criteria and operation of the program.

Remarks by CRAMER (D-AL) on H.R. 4729
INTRODUCTION OF THE NATIONAL CHILDREN'S ADVOCACY PROGRAM
[CR page E-925, 115 lines]

INTRODUCTION OF THE NATIONAL CHILDREN'S ADVOCACY PROGRAM

HON. BUD CRAMER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 1, 1992

Mr. CRAMER. Mr. Speaker, today marks the first day of National Child Abuse Prevention Month as designated by Congress. During this period of time, we are reminded that millions of children are needlessly being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled.

The fact that more than three children die from physical abuse or chronic neglect each day in the United States calls into question our country's commitment to its young. The U.S. Advisory Board on Child Abuse and Neglect reports the number of child maltreatment cases is increasing so steadily that our Nation faces a state of emergency. More than 2 1/2 million children in the United States are crying out for someone to rescue them from a life of tortuous abuse.

Today, I hear their cries and am throwing out the life preserver. I am introducing the National Children's Advocacy Program Act of 1992. This bill focuses attention on the child victim by assisting communities to develop child-focused, community-oriented, facility-based programs designed to improve the resources available to children and families.

I come to Congress as a former district attorney in Madison County, AL. I have seen abused and neglected children fall through the cracks of our judicial system and be victimized by simply reporting the crimes committed against them.

One child sexual abuse case that I prosecuted best describes the problem facing communities throughout America. A 12-year-old girl, I will call Lisa, had been sexually abused by her father and her step-father for most of her life. One day she told her grandmother about the nightmare she lived. Her grandmother notified the authorities in hopes the system could help. Instead, the abused child was placed on a conveyor belt system that only exploited her injury.

Lisa was taken to an intimidating and cold interrogation room at the local police department. The male officers on duty refused to question her. They, instead, asked her grandmother to write down what she knew about the allegations in a report.

Lisa and her grandmother were then sent to the Department of Pensions and Security [DPS], where four social workers with child protection services interviewed the young girl about her abuse.

The next stop for Lisa was a medical clinic. After waiting several hours, she was examined by a doctor who initially refused to check Lisa for sexual abuse. She was then passed to a therapist who told her not to discuss the abuse with anyone.

When the case came before the grand jury, almost a year had passed. Lisa had told her story to at least 15 people. She was scared, distressed and traumatically abused by a system that was suppose to help. The child victim would not talk. We in the district attorney's office had no case. Another child molester was to be set free, free to abuse again.

Who was at fault? Not Lisa. She was the victim, a victim of child abuse and a victim of the conveyor belt system. Her grandmother best described the injustice when she told me, "I'm trying to understand this system, but you all are just not ready for us." She was right.

Police were uncomfortable interviewing child sexual abuse victims. Doctors, fearing involvement in the litigation, were reluctant to do medical exams. Social workers did not know how to prepare a child for testimony while mental health professionals could not agree on whether it was beneficial for the child to testify. Prosecutors failed to realize the pressure on victims and families who had to repeatedly tell their story in front of strangers.

The conveyor belt system exists in communities from Maine to Alabama to Hawaii. Our current policy is not adequately responding to child abuse and neglect. The Federal Government must begin to facilitate community efforts to protect children.

The National Children's Advocacy Program Act will redirect our Federal policy in child abuse and neglect. It is a strong initiative that will help minimize the trauma child victims suffer. It will provide the nonoffending family members with needed services and assist them in regaining maximum functioning. Moreover, my approach will help hold more offenders accountable for their actions.

The program will enhance coordination among existing community agencies and professionals involved in the intervention, prevention, investigation and prosecution systems that respond to child abuse cases. It's time to replace the conveyor belt system with a support system for the child.

The National Children's Advocacy Program calls for the establishment of a multidisciplinary team of professionals representing mental health, prosecution, medicine, child protective services, victim services, law enforcement and the judiciary. Working together, these professionals can develop an investigative protocol promoting cooperative working relationships. The team addresses the plight of each individual child and issues a joint recommendation in the best interest of each child.

The child is brought to a facility which is both agency-neutral and child-focused. The building's rooms and offices provide a consistent, friendly and supportive place for any interviews with the child and the nonoffending family members. The center is decorated to provide a warm, comfortable and protective environment for young children and adolescents. The purpose is to enable the young victims to feel safe and secure while they deal with the emotional trauma of their abuse.

To minimize the number of interviews a child must endure, the initial interview is conducted jointly by a law enforcement detective and a social worker. The victim and the nonoffending family members are informed of the judicial system and the rights of the victim.

Law enforcement officials are capable of building a strong case against the offender with dependable testimony of the abused victim and the coordination the experts dealing with child abuse and neglect.

Huntsville, AL is blessed. We have a children's advocacy program in place that works. However, other communities are not as fortunate. They need help, help and leadership from the Federal Government. The Federal Government must provide the technical assistance needed to fight this tragic social syndrome before it consumes our country.

As novelist John Steinbeck said, "The greatest terror a child can have is that he is not loved; and rejection is the hell he fears." Let us not reject our children. They are the future generation that will either lead this nation or allow its downfall. We must protect them.

The National Children's Advocacy Program Act is the child protection blueprint our country so desperately needs if it is ever going to successfully combat child abuse.

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New law will benefit child advocacy centers

Will eventually increase funding

By DEBBIE BRELAND
Staff Reporter

A major piece of national legislation affecting child advocacy centers across the country is "an exciting development for everyone working in children's justice," said Pat Guyton, executive director of the Mobile Child Advocacy Center.

"It establishes the child advocacy center approach as the norm for federal policy in dealing with child abuse issues in the United States," Guyton said.

He explained that the child advocacy center approach is the "multi-disciplinary approach of bringing the child to one central location to provide a wide range of services."

The legislation, called the National Children's Advocacy Program Act of 1992, also emphasizes, as a federal policy, "protecting the child and the child's interests over and above using extreme measures to hold the family together," Guyton said.

It authorizes the appropriation of federal funds in the future for child advocacy centers around the country, although no funds were appropriated this year, Guyton said.

The legislation also authorizes the federal government to evaluate child advocacy centers around the United States "so we know which programs work best and which don't," Guyton said.

The act sets up a children's advocacy advisory board to guide the program, he said.

"Hopefully, federal funding will be available to us down the road through this," Guyton said.

"For the state of Alabama, it will mean more child advocacy centers in the future. We have nine now. There is a total of about 90 operational right now across the United States," Guyton said.

"A freshman congressman from Alabama, Bud Cramer of Huntsville, introduced the legislation and got it passed, which was a tremendous feat for him," Guyton said. The legislation was passed last month.

Cramer was founder of the first Child Advocacy Center in the United States, constructed in Huntsville in 1984.

Everything about the Center is designed to make children feel secure.

A place for children's justice.

The Child Advocacy Center

1351 Springhill Avenue
Mobile, Alabama 36604
(205) 432-1101

Team Review Meeting

Investigative tools such as puppets and anatomical dolls are used in team interviews by professionals.

Printing of this brochure was made possible in part by a Bureau of Justice Assistance grant (BJ86-06-0001) of the Alabama Department of Economic and Community Affairs, Law Enforcement Planning Division, with matching local government support from the City of Mobile and the Mobile County Commission.

The children photographed for this brochure are not abused children.

THE CHILD ADVOCACY CENTER

Yes, I wish to become a Friend of the Child Advocacy Center

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP ____

HOME PHONE _____ BUSINESS PHONE _____

SIGNATURE _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO:
AND RETURN TO:

THE CHILD ADVOCACY CENTER
1351 Springhill Avenue
Mobile, Alabama 36604
(205) 432-1101

I, the undersigned hereby agree to pay **The Child Advocacy Center** the sum of:
PAYABLE: ☐ Quarterly ☐ Monthly
(Check One) (Mar., June, Sept., Dec.) (12 months)

☐ Annually for _____ years.

☐ Payment in full on _____.

TOTAL GIFT $

PAYMENT HEREWITH $

BALANCE PLEDGED $

THE CHILD ADVOCACY CENTER

The Child Advocacy Center, Inc.

The Child Advocacy Center, a private non-profit agency, is a result of the cooperative effort of local government, medical, mental health, educational, and social services agencies. The Center is designed to coordinate the Mobile community's response to the problem of child abuse. Past experience has taught us that no single agency can possibly meet all the needs of physically and sexually victimized children and their families. Experience has also taught us that taking child victims from agency to agency over and over for multiple interviews traumatizes the children and, in fact, revictimizes them.

Working together, representatives from the Department Human Resources, the Mobile County District Attorney's Office, the Mobile County Sheriff's Office, the Mobile Police Department, mental health agencies, physicians, and other public and private agencies formed the Child Advocacy Center, Inc. in 1985. The Center became fully operational in March of 1988.

The Center, located in a house at 1351 Spring Hill Avenue, provides a warm, nonthreatening environment where professionals responding to child abuse reports meet with their young clients. Designed to be a "special place" for any child who walks through its doors, everything at the Center conveys that the child is important and respected by the adults who work here.

The Child Advocacy Center provides the following comprehensive services:

- Coordinating interviews and investigations with all agencies and professionals from the initial screening to the final disposition.
- Gathering evidence, verbal testimony, medical documentation, and all other relevant evidence necessary for criminal prosecution and custody proceedings.
- Providing swift, vertical prosecution in all child abuse cases referred for prosecution.
- Coordinating efforts in preparing child victims and their families for the criminal justice process and preventing further victimization.
- Offering mental health therapy intervention for child victims and their families so that the healing process can begin.
- Providing multidisciplinary training in all areas of child abuse for professionals from participating agencies.
- Coordinating local efforts in child abuse education and prevention including educational programs in local schools.

THE CHILD ADVOCACY CENTER: WORKING TO HELP VICTIMIZED CHILDREN

By interagency agreement, children victimized by sexual abuse and severe physical abuse are directed to the Child Advocacy Center after an initial determination is made by the Department of Human Resources. Here specially trained professionals from law enforcement agencies, child protective services, and the District Attorney's Office conduct team interviews in rooms designed to appeal to children. Careful attention is given to the interview method and approach. Team interviewing reduces the number of interviews required of the child and subsequently the trauma to the child.

Following the team interview process the child and family may be referred for mental health therapy. Therapy is a crucial component in the child's recovery from the trauma of victimization.

After the initial interview is complete, the case is presented at a weekly team review meeting at the Center. Focusing on the best interests of the child, the team of law enforcement officers, child protective service workers, mental health therapists, physicians, and prosecutors review the cases to determine the appropriate action to take. This may include changing custody of the child, requesting medical exams, seeking additional information from law enforcement agencies, asking for further interviews and investigation, referring the case for prosecution, or holding the case over for further review.

If a case is considered for criminal prosecution, a victim advocate is assigned to assist the child and family through the criminal justice system, and the case is referred to the Director of the Child Abuse Prosecution Unit, who is an Assistant District Attorney working full-time at the Center.

THE CHILD ADVOCACY CENTER: THE COMMUNITY RESPONSE TO CHILD ABUSE

The Child Advocacy Center serves the needs of victimized children and their families. These young people and their families tell us that their experience with our community's new way of dealing with child abuse is therapeutic. The professionals who serve them are working together more closely than ever before and finding more satisfaction in the positive resolution of a greater number of cases, while more offenders are being held accountable for their crimes.

Protecting children from abuse is everyone's responsibility. Only by working together as a community will we be able to begin the process of reducing this menace. To report suspected cases of child abuse call the Department of Human Resources at 432-0553 at any time. In life threatening situtuations, contact local law enforcement: Mobile Police Department at 434-7211 or Mobile County Sheriff's Office at 690-8633.

Because the Child Advocacy Center is the Mobile community's response to the problem of child abuse, the Center depends on broad community support for its continued operation and success. The Child Advocacy Center and the children we serve need your help. Please become a Friend of the Child Advocacy Center by returning the attached card with your contribution today.

Prosecutor interviews child in relaxed non-threatening environment.

Joint interviews by law enforcement and child protective workers reduce trauma to the child.

3rd Attachment

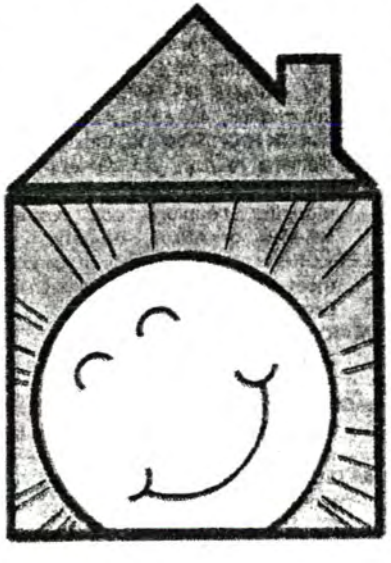
Alabama's oldest newspaper

MOBILE REGISTER

Mar. 1, 1993
Since 1813

City Edition

Child Advocacy Center celebrates a birthday



By BETTY JO LAGMAN
Living Today Writer

The Child Advocacy Center is celebrating its fifth birthday this year — a milestone in its fight to ensure local abused children can celebrate their birthdays, too.

Staff members, volunteers and community leaders will commemorate the anniversary during an open house from 4:30 until 6:30 p.m. today.

A ceremony will honor two groups of volunteers, and a new 950-square-foot addition to the rear of the facility, located at 1351 Spring Hill Ave., will be dedicated.

Nine women, volunteer victim advocates who work for the center and district attorney's office, will be presented Points of Light awards — medallions, awarded last year by former President George Bush, on red, white and blue ribbons.

Three others will be recognized and presented plaques for work they have done at the center, in addition to helping the children.

Pat Guyton, executive director, said the new addition to the facility will be used to house investigators assigned to the Child Protective Service unit. It will also provide office space for other legal enforcement agents and will free up other parts of the center for use as therapy and interview rooms.

Since its opening March 1, 1988, the Child Advocacy Center has achieved national recognition in several areas. Most importantly, it is the second out of 100 in the United States to have all services to children located under one roof.

Guyton said he's particularly proud to have all programs and services that deal with children who have been victims of either sexual abuse or serious physical abuse together at the center.

"Six child abuse investigators and a supervisor from the Department of Human

Please see ADVOCACY on 3D ▸

Guyton

Advocacy

▸ Continued from 1D

Resources are the most recent additions," he said. They were assigned full-time to the center the first of February and join other professionals from the sheriff's department, district attorney's office, mental health workers and others who are located there.

This means, Guyton said, that a child can come to one location and have all services within the one facility. "They won't have to go from agency to agency," and it reduces the number of times a child has to be interviewed, he said. This also reduces the trauma to a child, and "the healing process can begin early," he said.

In addition, Guyton said, "everybody working together under one roof makes for better case management."

In addition to the 748th Points of Light award, the center in 1990 won the JCPenney "Golden Rule" award for volunteer services by a group in Mobile. The outstanding group award was presented by Volunteer Mobile and JCPenney.

The center has also been nominated for full membership into the National Network of Children's Advocacy Centers Inc.

Guyton said the Child Advocacy Center grew out of the work of the Mobile County Child Abuse Committee which was formed in 1983 to investigate this community's response to the exploding reports of child abuse, especially child sexual abuse.

Most of the committee members became founding members of the board of directors of the center in 1985. They will be among those honored this evening at the open house.

Services provided by the center to children in the community has grown from 270 the first year to 800 each during the fourth and fifth years. "That's approximately 3,000 child victims served," Guyton said.

Funding is provided by a federal Victims of Crime Act grant administered by the Alabama Department of Economic and Community Affairs, an appropriation from the Alabama Legislature, contracts for services with both the mayor and City Council of Mobile and Mobile County Commission, and private donations from fund raising.

Looking ahead to the next five years, Guyton foresees several challenges:

- Continue training of all professionals who work at the center, so that all involved in child abuse services understand the roles and responsibilities of the other disciplines working there.
- Better inform the general public and the civic, service, community, religious and educational organizations about the facts of and dangers of child abuse, particularly child sexual abuse.
- Increase mental health therapy services to child abuse victims and to adult survivors of child sexual abuse.
- Fully implement the child abuse prevention curriculum into all Mobile County Public Schools. A pilot program was begun in 1991 at Alba elementary, middle and high schools in Bayou La Batre.
- Fund raising — on-going and always for increasing needs and programs.